

ID	Request ID	Date Completed	Subject	Request Details	Response
490	490	04/01/2017	Pharmacy/ Prescribing	<p>months with the following:</p> <p>Afatinib (Giotrif) Ceritinib (Zykadia) Crizotinib (Xalkori) Erlotinib (Tarceva) Gefitinib (Iressa) Pemetrexed (Alimta) Nivolumab (Opdivo) Nintedanib (Vargatef)</p> <p>The number of patients with METASTATIC MELANOMA Stage IV (advanced or metastatic), treated in the last 6 months with the following:</p> <p>Ipilimumab (Yervoy) Nivolumab (Opdivo) Ipilimumab AND Nivolumab Pembrolizumab (Keytruda) Vemurafenib (Zelboraf) Vemurafenib AND Cobimetinib Dabrafenib (Tafilar) Trametinib (Mekinist) Dabrafenib AND trametinib Dacarbazine (DTIC)</p>	<p>Drug Patients Prescriptions</p> <p>Afatinib (Giotrif) 0 0 Ceritinib (Zykadia) 0 0 Crizotinib (Xalkori) 0 0 Erlotinib (Tarceva) 0 0 Gefitinib (Iressa) 14 58 Pemetrexed (Alimta) 26 158 Nivolumab (Opdivo) 10 175 Nintedanib (Vargatef) 0 0 Ipilimumab (Yervoy) 0 0 Pembrolizumab (Keytruda) 9 18 Vemurafenib (Zelboraf) 0 0 Cobimetinib 0 0 Dabrafenib (Tafilar) 0 0 Trametinib (Mekinist) 0 0 Dacarbazine (DTIC) 6 41</p> <p>The information shown above is for the period 01 June 2016 to 31 November 2016 the changed request was for number of prescriptions – I have included number of unique patients and total prescriptions. As stated the numbers are not specific to the requested indications.</p>
524	524	04/01/2017	Procurement	<ul style="list-style-type: none"> o MRI scanner o CT scanner o PET scanner o SPECT scanner o Ultrasound scanner o Flexible Endoscope [An estimate of the number and predominant manufacturer brand will suffice] o Catheter Lab X-ray machines <p>Data may be available from radiology or purchasing/contracting departments. Might be difficult for flexible endoscopes, an estimate and the predominant brand/supplier will suffice.</p> <p>2. The year each individual scanner was purchased, the purchase method**, cost and the scheduled replacement year for each individual:</p> <ul style="list-style-type: none"> o MRI scanner o CT scanner o PET scanner o SPECT scanner <p>Purchase methods include:</p> <ul style="list-style-type: none"> o Trust Purchase – trust outright bought the machine and is sole owner. o Lease – trust pays an annual rental fee to the supplier. o Managed Equipment Services (MES) – Single contract with an MES provider including leasing and maintenance. o Charity Purchase – donated by an associated charity. o Private Finance Initiative (PFI) – purchase is financed by a PFI scheme. <p>Please state the total cost for trust purchases and annual payments if lease or MES. Please indicate if equipment was purchased through a group purchasing organisation (e.g. NHS Supply Chain, East England Procurement Hub), a procurement framework or procured by the trust's own framework.</p> <p>3. How each of the following equipment has been purchased (e.g. contract with OEM, NHS Supply Chain catalogue) and how often they are replaced on average:</p>	<p>Manufacturer Siemens Siemens Phillips Siemens Siemens Toshiba Siemens Model no. Magnatom Symphony 1.5T Aera Intra Master Gradients T1.5 Magnet Somatom Definition AS Somatom Sensation (16 Slices)</p> <p>Aquillion Prime Aquillion Prime Year purchased 2006 2014 2003 2016 2004 2014 2014 Cost £110,000 PFI MES PFI MES PFI MES PFI MES Replacement date 2018 2021 2013 2023 2023 Unknown 2024 Purchase method PFI MES Charitable Donation PFI MES PFI MES PFI MES No. of scans performed 8000 approx 6000 approx 16500 approx 6500 approx 6300 approx No. of scans performed by external providers & cost per scan 150 Alliance medical £120 None None None None None Maintenance Provider and cost Phillips £252,000 for 4 years preventative maintenance PFI MES Philips £231,480 for 5yr preventative maintenance PFI MES PFI MES PFI MES 5year agreed maintenance to be invoiced annually = £369,949.19 Staff Hours Mon-Frid 8am – 8pm Mon-Frid 8am – 8pm Mon-Frid 8am – 8pm Mon-Frid 24/7 Mon-Frid 8am – 8pm Mon-Frid 8am – 8pm Mon-Frid 8am – 8pm SPECT NM Ultrasound 7 machines</p>
624	624	04/01/2017	Performance/ Activity	<p>I am making a request under the Freedom of Information Act. Please can you give me the following information – for each question, I would like to get figures for April 1999 to the present, broken down by tax year, but if this is not possible or you only have figures for some of that period please give me those that you have.</p> <ul style="list-style-type: none"> • How many staff have undertaken training under the Widening Access Training (WAT) scheme while employed at the trust? • How many of the trust's employees or former employees have applied to it for a refund of income tax and/or national insurance they paid while training on a WAT scheme? • How many of those applicants received such refunds? • What was the total amount paid out in such refunds? <p>In addition to the above, please could estimate the total number of staff employed by the trust who could still be owed a refund of tax or national insurance they overpaid while on a WAT scheme.</p>	<p>This requests asks for info going back to 1999. We were three separate organisations then, merging around 2006 and the community services in 2011. The data has not been kept in any central form. The course that I would recognise as widening access we haven't used since 2010. Again records are not available (such as they were) due to staff having left retired etc. HMRCs definition of widening access is much wider. They decide which courses will be refunded. Not all staff have gone through the Trust to make the claim as staff can do it direct.</p> <p>No we are unable to estimate the number of staff who may be due a refund</p>

Dear Sir/Madam,
Please can I submit the following FOI request in relation to ambulance handover times at A&E at your hospital trust?

Many thanks
Amy Welch

- How many ambulances had to wait longer than the national target of 15 minutes for patients to be taken into hospital between end of Oct 2015 and end of Oct 2016?
- How many ambulances had to wait longer than the national target of 15 minutes for patients to be taken into hospital between end of Oct 2013 and end of Oct 2014?
- How many ambulances had to wait longer than one hour for patients to be taken into hospital between end of Oct 2015 and end of Oct 2016?
- How many ambulances had to wait longer than one hour for patients to be taken into hospital between end of Oct 2013 and end of Oct 2014?
- How many ambulances had to wait longer than 2 hours for patients to be taken into hospital between end of Oct 2015 and end of Oct 2016?
- How many ambulances had to wait longer than 2 hours for patients to be taken into hospital between end of Oct 2013 and Oct 2014?
- What is the longest time an ambulance has had to wait at a&e for patients to be taken into hospital in the past 12 months (Oct 2015-Oct 2016)?

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We do not hold this information it is captured by Nwas and reported back to us. We have provided the time bands we are reported against. We are unable to provide the time of the longest waiter as this is not provided. The handover time is the time the ambulance arrives at A&E to the time the care of the patient is handed over to the A&E staff. The patients are not delayed coming into the hospital but delayed within the hospital.

Ambulance Handover Times

Year	15m-60m	60m-75m	>75m
2013-2014	12721	106	26
2015-2016	18327	616	449

634 634 04/01/2017 Service Information

1. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times have you reported service closure of elective pathway?
2. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times have you reported an effect on the patient experience?
3. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times has there been occurrence of serious harm due to staffing levels?
4. How many times have you fallen below your safer staffing target since the introduction of the NHS Improvement Agency rules (20 November 2015)?
5. How many of the below have been reported due to insufficient staffing numbers since the introduction of NHS Agency Rules in November 2015?
 - a). Patient falls
 - b). Pressure Ulcers

Kind regards
Ben Sutcliffe

1. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times have you reported service closure of elective pathway? Never
 2. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times have you reported an effect on the patient experience? There have been no reported effects on patient experience directly correlated to the Agency Rules
 3. Since the introduction of NHS Improvement Agency Rules (20 November 2015) how many times has there been occurrence of serious harm due to staffing levels? Same answer as point 2
 4. How many times have you fallen below your safer staffing target since the introduction of the NHS Improvement Agency rules (20 November 2015)? Please see NHS Choice website for safe nurse staffing information. No episodes have been identified as a direct consequence agency rules
 5. How many of the below have been reported due to insufficient staffing numbers since the introduction of NHS Agency Rules in November 2015?
 - a). Patient falls
 - b). Pressure Ulcers
- There have been no reported patient falls or pressure ulcers reported due to insufficient staffing numbers since the introduction of Agency Rules

648 648 04/01/2017 Service Information

The information I am requesting is as follows:
1. How much money has the Trust spent on cyber security measures in the following financial years:

- a. 2016-17 (so far)
- b. 2015-16
- c. 2014-15
- d. 2013-14
- e. 2012-13

- i. If data for the current financial year is incomplete or unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FOI requests, then please provide the data for as many recent years as possible.

2. How many cyber-attacks has the Trust experienced in the following financial years:

- a. 2016-17 (so far)
- b. 2015-16
- c. 2014-15
- d. 2013-14
- e. 2012-13

- i. If data for the current financial year is unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FOI requests, then please provide the data for as many recent years as possible.

3. How were each of these cyber threats dealt with? If this request exceeds the FOI cost limit, then please provide as much explanation as possible of how the Trust dealt with the most recent cyber threats.

4. What was your Trust's total spending budget for the following financial years:

- a. 2016-17
- b. 2015-16
- c. 2014-15
- d. 2013-14
- e. 2012-13

If you are unable to answer all these questions due to cost limits, please respond to questions 1, 2 and 3, or prioritise the questions from top to bottom. For the information requested, any external documents relating to this issue, such as from public meetings, minutes of discussions with the board, and any relevant emails,

- a. 2016-17 (so far) - £470,000
 - b. 2015-16 - £198,000
 - c. 2014-15 - £150,000 (estimate)
 - d. 2013-14 - £150,000 (estimate)
 - e. 2012-13 - £150,000 (estimate)
 - i. If data for the current financial year is incomplete or unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FOI requests, then please provide the data for as many recent years as possible.
2. How many cyber-attacks has the Trust experienced in the following financial years:
 - a. 2016-17 (so far) - 0
 - b. 2015-16 - Three
 - c. 2014-15 - Unknown
 - d. 2013-14 - Unknown
 - e. 2012-13 - Unknown
 - i. If data for the current financial year is unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FOI requests, then please provide the data for as many recent years as possible.
3. How were each of these cyber threats dealt with? If this request exceeds the FOI cost limit, then please provide as much explanation as possible of how the Trust dealt with the most recent cyber threats.
Incident 1 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.crypt), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single user. No police involvement, no perpetrator caught.
Incident 2 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.crypt), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single user. No police involvement, no perpetrator caught.
Incident 3 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.odin), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single

653 653 04/01/2017 Service Information

			Dear East Lancashire Hospitals NHS Trust, I am writing to you today to request the following information: On average how many patients receive intravenous cancer drug therapies (includes monoclonal antibodies (mAbs)) on a daily basis across all hospital chemotherapy day units in your organisation/Trust? I thank you for taking the time in dealing with my request and I look forward to your reply.	
655	655	04/01/2017	Service Information	Kind Regards 42 per day Department 2012 2013 2014 2015 2016 Royal Blackburn 156 200 243 265 251 Burnley General 36 55 39 42 32 Accrington Minor Injuries <5 <5 <5 <5 Under 18s > 4 hours Department 2012 2013 2014 2015 2016 Royal Blackburn 13 32 24 30 33 Burnley General <5 12 <5 <5 <5 Please give the breakdown for under 18s and over 18s attendances (and if possible a further breakdown of ages for under 18s). Over 18s Department 2012 2013 2014 2015 2016 Royal Blackburn 2016 2074 2188 2471 2041 Burnley General 347 368 393 379 318 Accrington Minor Injuries 9 <5 <5 12 <5 If possible, for each year, please state how many people waited longer than the four hour waiting target. Over 18s > 4 hours Department 2012 2013 2014 2015 2016 Royal Blackburn 359 458 427 537 743 Burnley General 72 72 48 52 65 Accrington Minor Injuries <5 <5 <5 <5 <5 If the trust is in charge of more than one hospital, please give separate information per hospital please. Please would you contact me immediately if any clarification is required. Many thanks Best regards
657	657	04/01/2017	Service Information	Dear Sir/Madam Please can I have the following information on Windows Screen Lock: Has your organisation implemented Windows screen lock as an information security measure? If yes, approximately, when was it implemented? Has it been implemented across the whole organisation or has it been partially implemented in certain areas? If partially implemented what areas are covered? After how many minutes does the screen lock? If it is different timings for different areas what are they? I look forward to hearing from you. Carly
680	680	04/01/2017	ICT	Has your organisation implemented Windows screen lock as an information security measure? No
				Dear East Lancashire Hospitals NHS Trust. My name is James Dickinson and I am requesting the protocol for your Accident and Emergency X-ray projections for the wrist following trauma in the Royal Blackburn Hospital. I will be using this information in a study I am currently doing, comparing the standard projections done following wrist trauma in X-ray between different trusts in the UK. The protocol for the standard/routine projections should be held by the radiology staff in the X-ray department for reference and I would like an electronic copy to be emailed to my email address If a copy is not held by the department, a summary of the standard X-ray projections (including any additional projections routinely done should fractures of the scaphoid be suspected) will be sufficient.
681	681	04/01/2017	Performance/ Activity	Document attached

			<p>Within your trust how many unique patients with Advanced Prostate Cancer have been treated in the past 12 months?</p> <p>Dear Sir,</p> <p>How many patients with Advanced Prostate Cancer have received ;</p> <p>Abiraterone (Zytiga)</p> <p>Cabazitaxel (Jevtana)</p> <p>Docetaxel (Taxotere)</p> <p>Enzalutamide (Xtandi)</p> <p>Radium-223 (Xofigo)</p> <p>Bicalutamide (Casodex)</p> <p>Within your trust how many unique patients with Hepatocellular Carcinoma have been treated in the past 12 months?</p> <p>How many patients with with Hepatocellular Carcinoma have received;</p> <p>Bevacizumab (Avastin)</p> <p>Everolimus (Afinitor)</p> <p>Lapatinib (Tyverb)</p> <p>Sorafenib (Nexavar)</p>		
700	700	04/01/2017	Performance/ Activity	<p>We don't record the clinical indication for cancers in the pharmacy system. We are unable to provide this information</p>	
704	704	04/01/2017	HR /Staff	<p>- Contact email address</p> <p>- Contact phone number</p> <p>1) Does your occupational health department have any departmental guidelines relating to pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances? Yes/No</p> <p>2) If yes to (1), please provide these guidelines or policies in full as a single PDF. -----</p> <p>3) Does your theatre department have any department-specific guidelines for pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances? Yes/No</p> <p>4) If yes to (3), please provide these guidelines or policies in full as a single PDF. -----</p> <p>5) If no internal guidelines are available, does your Trust use any external guidelines (from Royal Colleges, etc) relating to pregnant staff who work in theatres? Yes/No</p> <p>6) If yes to (5), please provide these guidelines in full as a single PDF, or web link. -----</p>	<p>Name of Trust East Lancashire Hospitals NHS Trust</p> <p>- Contact email address FOI@elht.nhs.uk</p> <p>- Contact phone number 01254 733200</p> <p>1) Does your occupational health department have any departmental guidelines relating to pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances? Yes</p> <p>2) If yes to (1), please provide these guidelines or policies in full as a single PDF. -----</p> <p>3) Does your theatre department have any department-specific guidelines for pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances? Yes</p> <p>4) If yes to (3), please provide these guidelines or policies in full as a single PDF. -----</p> <p>5) If no internal guidelines are available, does your Trust use any external guidelines (from Royal Colleges, etc) relating to pregnant staff who work in theatres? Yes/No</p> <p>6) If yes to (5), please provide these guidelines in full as a single PDF, or web link. -----</p>
708	708	04/01/2017	Corporate Policy/ Decisions	<p>Contract review date for all</p> <p>- Number of Sites</p> <p>- Number of Lifts</p> <p>- Direct contact details of person responsible for these services</p>	<p>4 sites</p> <p>30 lifts</p> <p>Contact: Andrew Crossley, Electrical Supervisor 01282 804368</p>
712	712	04/01/2017	HR /Staff	<p>Please would you forward me the full staffing structure (inclusive of names and full job titles) of your following departments.</p> <p><input checked="" type="checkbox"/> Information Technology (operations and project)</p> <p><input checked="" type="checkbox"/> Information Governance</p> <p>Organisational Structure attached. It is the policy of the Trust not to release the names and email addresses of staff except for those at the most senior levels of the organisation to reduce malicious email attacks on the Trust's IT systems. Individual post holders can be contacted through our switchboard on 01254 732000</p> <p>Please can you also advise:</p> <p><input checked="" type="checkbox"/> What the total spend on Temporary/Interim staff has been in the last twelve months</p> <p><input checked="" type="checkbox"/> Which/if any recruitment consultancies have been used to provide these staff</p>	<p>Please would you forward me the full staffing structure (inclusive of names and full job titles) of your following departments.</p> <p><input checked="" type="checkbox"/> Information Technology (operations and project)</p> <p><input checked="" type="checkbox"/> Information Governance</p> <p>Organisational Structure attached. It is the policy of the Trust not to release the names and email addresses of staff except for those at the most senior levels of the organisation to reduce malicious email attacks on the Trust's IT systems. Individual post holders can be contacted through our switchboard on 01254 732000</p> <p>Please can you also advise:</p> <p><input checked="" type="checkbox"/> What the total spend on Temporary/Interim staff has been in the last twelve months</p> <p>None in these areas</p> <p><input checked="" type="checkbox"/> Which/if any recruitment consultancies have been used to provide these staff</p> <p>None in these areas</p>

			<p>information regarding the provision of services for Attention Deficit Hyperactivity Disorder (ADHD) within your organisation. If you are not the appropriate officer, please do pass the request on to the correct individual.</p> <p>As noted in the NICE Quality Standard for ADHD (https://www.nice.org.uk/guidance/qs39), can you please provide information on:</p> <ul style="list-style-type: none"> • What proportion of children and young people with symptoms of ADHD have been referred to an ADHD specialist for assessment in the past 12 months (Quality Statement 1) • What proportion of adults with symptoms of ADHD without a childhood diagnosis of ADHD have been referred to an ADHD specialist for assessment in the past 12 months (Quality Statement 2) • What proportion of adults who were diagnosed with ADHD as children or young people and present with symptoms of continuing ADHD have been referred to general adult psychiatric services in the past 12 months (Quality Statement 3) • What proportion of parents or carers of children with symptoms of ADHD who meet the NICE eligibility criteria have been offered a referral to a parent training programme in the past 12 months (Quality Statement 4) • What proportion of children and young people with moderate ADHD have been offered a referral to a psychological group treatment programme in the past 12 months (Quality Statement 5) • In the past 24 months, what proportion of eligible patients with ADHD who are starting drug treatment go on to have their initial drug dose adjusted and response assessed by an ADHD specialist (Quality Statement 6) • In the past 24 months, what proportion of eligible patients with ADHD who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment (Quality Statement 7) <p>In addition, can you please provide information on:</p> <ul style="list-style-type: none"> • The number of people with symptoms of ADHD who have come into contact with your service in the past 12 months: <ul style="list-style-type: none"> o Children and young people o adults 	<p>specialist for assessment in the past 12 months (Quality Statement 1) ELHT do not provide specialist services – we provide a range of generic psychiatric and community paediatric services which between them manage symptoms of ADHD.</p> <ul style="list-style-type: none"> • What proportion of adults with symptoms of ADHD without a childhood diagnosis of ADHD have been referred to an ADHD specialist for assessment in the past 12 months (Quality Statement 2) ELHT do not provide adult ADHD services – these are provided by Lancashire Care Foundation Trust. • What proportion of adults who were diagnosed with ADHD as children or young people and present with symptoms of continuing ADHD have been referred to general adult psychiatric services in the past 12 months (Quality Statement 3) N/A • What proportion of parents or carers of children with symptoms of ADHD who meet the NICE eligibility criteria have been offered a referral to a parent training programme in the past 12 months (Quality Statement 4) Parent training programmes are currently under development, although a number are offered by 3rd sector organisations under contract from the CCG • What proportion of children and young people with moderate ADHD have been offered a referral to a psychological group treatment programme in the past 12 months (Quality Statement 5) Children can be referred to group treatments from any source including school or primary care. ELHT does not hold this data. • In the past 24 months, what proportion of eligible patients with ADHD who are starting drug treatment go on to have their initial drug dose adjusted and response assessed by an ADHD specialist (Quality Statement 6) Services are provided by Community Paediatricians and Child Psychiatrists. All young people and children on ADHD medication under their care will have a review during a 12 month period. The Trust does not hold data that can be collated on titrated medication as this is contained within individual patient records. • In the past 24 months, what proportion of eligible patients with ADHD who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment (Quality Statement 7) As above. <p>In addition, can you please provide information on:</p> <ul style="list-style-type: none"> • The number of people with symptoms of ADHD who have come into contact with your service in the past 12 months: <ul style="list-style-type: none"> o Children and young people ELCAS: @ 300 o adults N/A
676	676	03/01/2017 Service Information	<p>Under the Freedom of Information Act, please provide the following information for your Trust:</p> <ol style="list-style-type: none"> 1) Does the Trust have a Continence Product Formulary? 2) If yes to Q1, please provide a copy 3) How often is the Continence Product Formulary reviewed? 4) What date was the Continence Product Formulary last reviewed? 5) What date will Continence Product Formulary be next reviewed? <p>Thanks in advance for your assistance with this request.</p>	<p>1) The Trust does not have a continence product formulary</p>
627	627	30/12/2016 Performance/ Activity	<p>FREEDOM OF INFORMATION ACT REQUEST</p> <p>In each of the last three financial years (13/14), (14/15) and (15/16) what is the largest bill for the treatment of a foreign patient who was not entitled to free NHS care that you have written off in that you now see no realistic prospect of ever being paid for it.</p> <p>For each of these three bills please state (i) the amount that has been written off and (ii) the main specialism of care that was provided eg (cardiology, orthopaedics, etc) and (iii) the nationality of the patient.</p> <p>NOTE: This question relates to the financial year that the bill was written off, NOT when the treatment was received.</p> <p>Yours Sincerely, Matthew Davis</p>	<p>Fin year Amount written off Speciality Nationality</p> <p>13/14 £0</p> <p>14/15 £3,228.50 Orthopaedics Pakistan</p> <p>15/16 £20 Cardiology Pakistan</p>
638	638	30/12/2016 Finance	<p>This is a request under the Freedom of Information Act.</p> <p>I request that a copy of the following documents be provided to me: Trust Guidelines for Venous Thromboembolism (VTE) Prophylaxis in Surgical Patients. I would like you to include all surgical specialities at your trust, and specific guidelines you have for extended VTE prophylaxis in patients undergoing surgical procedures.</p> <p>In addition, I would like to know the approximate number of Colorectal resections performed at your trust in each year.</p> <p>In order to help to determine my status to assess fees, you should know that I am an affiliate of the North West Research Collaborative (NWRc). This is an educational institution, and this request is made for a scholarly or scientific purpose and not for a commercial use.</p> <p>The North West Research Collaborative (NWRc) is a research group set up by surgical trainees in the North West Deanery. Our objective is to produce surgically focussed, high quality research.</p> <p>I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to patient safety and the prevention of venous thromboembolism in surgical patients.</p> <p>Thank you for your consideration of this request. If possible please respond by email.</p> <p>Sincerely,</p> <p>Dr Robert Cooke</p>	<p>Policy attached</p> <p>Number of Colorectal Resections performed</p> <p>Count of Patient</p> <p>year Total</p> <p>2013/14 231</p> <p>2014/15 269</p> <p>2015/16 251</p> <p>2016/17(Apr - Nov) 141</p> <p>Grand Total 892</p>
650	650	30/12/2016 Corporate Policy/ Decisions		

660	660	30/12/2016 Performance/ Activity	<p>On the basis of the Freedom of Information Act 2000, please may I request a response to the five question-sets laid out in the attached Excel file, pertaining to the Radiopharmaceuticals.</p> <p>Please could you return your responses electronically toelisabeaumt@gmail.com.</p>	We don't have a PET CT here at East Lancs
661	661	30/12/2016 Service Information	<p>Dear Freedom of Information manager,</p> <p>On the basis of the Freedom of Information Act 2000, please may I request a response to the three question-sets laid out in the attached Excel file.</p> <p>Please could you return your responses electronically toelisabeaumt@gmail.com. I look forward to hearing from you.</p>	We don't have a cyclotron here at East Lancashire
668	668	30/12/2016 Service Information	<p>I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000. I require information on NHS buy back services.</p> <p>A) Do you offer Speech and Language Therapy services which are sold to schools directly?</p> <p>B) If the answer to question 'A' is yes, please could you provide a copy of the marketing brochure for the services provided? If it is a separate document, please could you also provide a price list for the services provided?</p> <p>C) Do you offer Occupational Therapy services which are sold to schools directly?</p> <p>D) If the answer to question 'C' is yes, please could you provide a copy of the marketing brochure for the services provided? If it is a separate document, please could you also provide a price list for the services provided?</p> <p>E) Do you offer Physiotherapy services which are sold to schools directly?</p> <p>F) If the answer to question 'E' is yes, please could you provide a copy of the marketing brochure for the services provided? If it is a separate document, please could you also provide a price list for the services provided?</p> <p>G) If the answer to question 'A' is yes, then what did you charge schools for Speech and Language services during the last financial year (2015/16)?</p> <p>H) If the answer to question 'C' is yes, then what did you charge schools for Occupational Therapy services during the last financial year (2015/16)?</p> <p>I) If the answer to question 'E' is yes, then what did you charge schools for Physiotherapy services during the last financial year (2015/16)?</p> <p>I would like the above information to be provided electronically. 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. If this request is too wide or unclear then I would be grateful if you could contact me to "advise and assist" on my request. Thank you.</p>	We do not provide any of the services direct to schools
669	669	30/12/2016 Service Information	<p>Provision of Delayed Transfer of Care / Bed Blocking Services and Rapid Response Services</p> <p>The details we require are as follows:</p> <ul style="list-style-type: none"> • Is the above service provided in-house or contracted out to an external supplier(s); and if externally outsourced: <ul style="list-style-type: none"> o Who were the suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages?* o Contract values of the above framework/contract (and any sub lots), year to date o Start date & duration of framework o What is the nature of the service/s provided? o Is there an extension clause in the framework/contract and, if so, the duration of the extension? o Has a decision been made yet on whether the framework/contract are being either extended or renewed? o Who is the senior officer (outside of procurement) responsible for this contract or service provision? o If no contract/ framework is in place confirmation that these services are conducted in-house or outsourced to a third party provider <p>*For clarity, the details of the successful and unsuccessful suppliers are kept in the strictest confidence.</p>	We provide this service in house
670	670	30/12/2016 Service Information	<p>Following my request for understanding of Neurology arrangements through the England and Scotland:</p> <p>With this in mind can you please address the following questions:</p> <p>How many substantive Consultant Neurologists work for the Trust?</p> <p>How many Locum Neurologists work for the Trust?</p> <p>Does the Trust employ Clinical Nurse Specialists related to Neurology?</p> <p>What professionals are included in the delivery of the Outpatient Neurological service?</p> <p>What professionals are included in the delivery of the Inpatient Neurological service?</p> <p>What escalation plans are in place for the organisation relating to Neurology?</p> <p>Thank you in advance for your response</p>	Neurology services are provided by Lancashire Teaching Hospitals -freedomofinformation@lthtr.nhs.uk Associate Director Quality and Safety Assistant Director Safety and Risk Assurance RiskManager Legal Support Team Safety and Risk Team
671	671	30/12/2016 Service Information	<p>Under the FOI Act, I would like to request all relevant structure/ organisation charts for the Legal and Risk Division of ELHT.</p>	Health and Safety Team

673	673	30/12/2016	Service Information	requesting a breakdown of your managerial structures by division. Please can you confirm your managerial and organisational structure to include but not limited to - Clinical Director, Service Manager, Business Manager, Directorate Manager, Secretaries, Rota Co-ordinators. Please can you provide contact information for each point of contact to include, email address, telephone number and postage address.	Please refer to http://www.elht.nhs.uk/about-us/organisational-structures.htm . The email convention is <code>firstname.surname@elht.nhs.uk</code> and all staff can be contacted by name through our switchboard on 01254 263555
701	701	30/12/2016	Performance/ Activity	In your trust, how many patients with a diagnosis of Hidradenitis Suppurativa have been treated in the last 12 months [latest available] ? *Hidradenitis Suppurativa has a diagnosis code of L73.2 Of these patients how many have been treated with the following: Adalimumab Etanercept Infliximab Infliximab Biosimilar Ustekinumab	Admissions between 01/12/2015 - 30/11/2016 number of admissions with a Primary or Secondary Diagnosis of Hidradenitis Suppurativa 69 number of individual patients admitted with a Primary or Secondary Diagnosis of Hidradenitis Suppurativa 46 treated with one of the listed treatments 5
503	503	29/12/2016	HR /Staff	Please provide me with an up to date Organisational Structure chart for The Learning Disabilities Services including all manager NAMES, contact details and job titles.	East Lancashire Hospitals NHS Trust does not provide paediatric Learning Disabilities Services – these are provided by Lancashire Care Foundation Trust. As such, we do not have an organisational structure.
533	533	29/12/2016	Service Information	Fylde Office Service Bureau Ltd has been providing admin and clerical staff to the NHS for in excess of 20 years to the NHS, including Blackpool Teaching Hospitals NHS Trust and also Blackpool Clinical Commissioning Group. We are in a good position locally to provide to East Lancs and feel that our expertise and reputation within the area ensures that we match good calibre candidates for NHS job roles. I have tried in the past to offer our recruitment services to your Trust, but have been unsuccessful at every turn. I am therefore writing under the Freedom of Information Act 2000 to request details of the expenditure by East Lancs during 2015 and also the available figures for the current year to date on non-clinical and non-medical agency staff. Whilst I understand that the NHS is trying to reduce the use of agency staff in a bid to cut costs I believe we can save the Trust money by using our recruitment services over other agencies. In providing this information could you please include details of all agencies through which such staff have been engaged, the hourly rates charged during the periods concerned and also the full contact details of all Appointing Managers responsible for the hiring of non-clinical and non-medical agency staff. Fylde Office Service Bureau Ltd is an approved supplier of the Crown Commercial Service Framework Agreement RM971 for Non Medical and Non Clinical Staffing. I thank you in anticipation and look forward to receiving the documentation.	There are a number of responses on our disclosure log at http://www.elht.nhs.uk/Downloads-docs/Corporate/2016/FOI%20Disclosure%20log%202016.pdf in relation to the use of agency staff. The following log numbers may be of assistance to you: 457, 452, 469, 511, 519, 90, 42, 204, 53, 466, 450, 141, 216, 304, 187, 198, 12, 78, 150, 6, and 180
565	565	29/12/2016	Service Information	1. Does your trust provide an erectile dysfunction clinic and can you provide the total number and addresses of all NHS erectile dysfunction clinics within your trust? If you do not know who should we ask? 2. Does your trust provide psychosexual clinics and can you provide the total number and addresses of all NHS psychosexual clinics within your trust? If you do not know who should we ask? 3. Does your trust provide counselling and sex therapy services and can you provide the details of any NHS counselling services and sex therapy services that treat men with erectile dysfunction within your trust? If you do not know who should we ask? 4. Does your trust provide PDE5-I and if so which one? 5. Does your trust prescribe 'tadalafil (Cialis)' tablets for men who experience erectile dysfunction as a result of prostate cancer treatment? 6. At what dose are the 'tadalafil (Cialis)' tablets prescribed? 7. Is the daily dose of 'tadalafil (Cialis)' tablets (2.5/5mg) available/prescribed? 8. Does your trust prescribe the Vacuum erection device for men who experience erectile dysfunction as a result of prostate cancer treatment? 9. Does your trust offer Penile implant surgery (semi-rigid or inflatable implant devices) for men who experience erectile dysfunction as a result of prostate cancer treatment?	We do not provide the services
567	567	29/12/2016	Finance	Please can you provide me with information about the total amounts collected by the Trust/Hospital in relation to the NHS Injury Costs Recovery Scheme (was RTA) for the year 2015/16.	£2,262k
584	584	29/12/2016	Performance/ Activity	I would like to access information with regards to non-small cell lung carcinoma (NSCLC) pathology testing offered by your institution; this testing will likely be performed in pathology/histopathology laboratories. The information required is detailed below: 1) What is the volume of NSCLC pathology samples tested in house? 2) Does your laboratory process EGFR samples in house? (Yes/No) • If Yes, what is the number of samples being tested per year/month? 3) Does your laboratory process ALK samples in house? (Yes/No) • If Yes, what is the number of samples being tested per year/month?	1) What is the volume of NSCLC pathology samples tested in house? 39 NSCLC cases diagnosed in last 12 months 2) Does your laboratory process EGFR samples in house? (Yes/No) No • If Yes, what is the number of samples being tested per year/month? 3) Does your laboratory process ALK samples in house? (Yes/No) NO • If Yes, what is the number of samples being tested per year/month?

Our details:

Names: Dr. Se-Yeon Park (syark0691@gmail.com) and
Dr. Sijo Francis (sijo.francis@stgeorges.nhs.uk)

Address: Neonatal Unit, St Georges' Hospital, Blackshaw Road, Tooting, London. SW17 0QT

Would you be able to provide the following information in electronic format please (spreadsheet attached):

1. The type of neonatal unit you have (NICU, Local Neonatal Unit or SCBU). If you have more than one site, please provide the highest level.

2. The region your hospital is in from this list (trusts will only be identified by region in the analysis):

- a. South East
- b. London
- c. North West
- d. East of England
- e. West Midlands
- f. South West
- g. Yorkshire and Humber
- h. East Midlands
- i. North East

3. Activity (in bed days) for the following Healthcare Resource Groups (HRGs):

- a. XA01Z
- b. XA02Z
- c. XA03Z
- d. XA05Z

4. Your 2015/16 and 2016/17 Tariff for the above HRGs. Please provide your full tariff including any MFF enhancements.

5. Current neonatal nursing vacancy rate (% of expected) at

- a. Band 5
- b. Band 6
- c. Band 7

Please contact us if further clarification is required with regards to the information requested.

2015/16 activity (in bed days) 2015/16 tariff 2016/17 projected activity* 2016/17 tariff

XA01Z 1,956 £1,054 2,359 £1,065.46

XA02Z 2,005 £740.34 2,271 £748.39

XA03Z 6,828 £464.08 6,127 £469.12

XA05Z

*based on month7 projected

Highest level of care provided in your trust 3

Region North West

Nursing vacancy rate Band 5 6.90%

Band 6 7.90%

Band 7 0

605

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29/12/2016 Performance/ Activity

I am lodging an official request for information under the Freedom of Information Act.

1. How many times has your organisation been a victim of a cyber attack in the last two years?

2. How many times has your organisation been a victim of a ransomware attack in the last two years? In each case, was a ransom paid and if so how much was paid?

3. For each of the cyber and ransomware attacks, please provide a summary of the incident. This should include details of who was targeted, how they were targeted, what the immediate impact was, for instance was patient or staff data targeted, and if so in what way and how many people's data was affected? For each of the attacks, please also detail whether the police became involved, and whether the perpetrator or perpetrators were caught?

I would like this information to be sent to me via andrew.gregory@mirror.co.uk

Excluding numerous general spam email attempts with malicious links which are generally immediately blocked we have not been a victim of an attack as far as we are aware with the exception of the items below. To verify the outcome of every spam attack would be too costly and probably impossible to discover.

2. How many times has your organisation been a victim of a ransomware attack in the last two years? In each case, was a ransom paid and if so how much was paid?
Three times – Nothing paid

3. For each of the cyber and ransomware attacks, please provide a summary of the incident. This should include details of who was targeted, how they were targeted, what the immediate impact was, for instance was patient or staff data targeted, and if so in what way and how many people's data was affected? For each of the attacks, please also detail whether the police became involved, and whether the perpetrator or perpetrators were caught?

Incident 1 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.crypt), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single user. No police involvement, no perpetrator caught.

Incident 2 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.crypt), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single user. No police involvement, no perpetrator caught.

Incident 3 – Single machine attack, suspected user activating malware link in spam email, some user files encrypted on a network share (.odin), files recovered from secure backup, shared files could have affected multiple users if access needed. Attack detected and remediated immediately so only affected this single user. No police involvement, no perpetrator caught.

619

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29/12/2016 Performance/ Activity

621	621	29/12/2016 Performance/ Activity	<p>Further to my colleague James' email below, I am writing to kindly request a response from you to the attached survey.</p> <p>I believe it has now been 20 working days since this request was sent to you but we would be grateful if you could please respond by the extended deadline of November 15th at the very latest.</p> <p>Please do not hesitate to contact me if you have any questions in relation to this.</p> <p>Kind regards, Joanna</p> <hr/> <p>From: VTEaudit Sent: 11 October 2016 15:11 To: VTEaudit Subject: Freedom of Information Request - APPTG</p> <p>Dear Freedom of Information Officer,</p> <p>Please find attached a Freedom of Information request from the All-Party Parliamentary Thrombosis Group. I would be grateful if you could please send your response back to this email address within the time limit specified by the Freedom of Information Act (2000).</p> <p>Sincerely, James Le Grice All-Party Parliamentary Thrombosis Group Secretariat</p>	<p>FREEDOM OF INFORMATION REQUEST</p> <p>FOI request into compliance of Trust Venous Thromboembolism (VTE) prevention policies with national VTE guidance</p> <p>Name: Dr Uma Krishnamoorthy Position: Chair of Trust Venous Thromboembolism Committee (Consultant Gynaecologist & Clinical Director to Medical Directors Office) Acute Trust: East Lancashire Hospitals NHS trust Email:uma.krishnamoorthy@elht.nhs.uk Please note that additional paper or electronic copies are available on request from the All-Party Parliamentary Thrombosis Group secretariat</p> <p>Please return your completed response to the All-Party Parliamentary Thrombosis Group secretariat: James Le Grice All-Party Parliamentary Thrombosis Group Secretariat c/o ICG 52 Grosvenor Gardens London SW1W 0AU Email: VTEaudit@insightpa.com Tel: 020 7054 9967</p> <p>Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information: Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.</p> <p>QUESTION ONE – WRITTEN VTE PREVENTION POLICY</p> <p>a) Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy. (Tick one box)</p> <p>Yes <input type="checkbox"/></p> <p>are awaiting completion of Disclosure and Barring Service (DBS) checks?</p> <ul style="list-style-type: none"> • We currently have 10 nurses/midwives awaiting DBS clearance <p>2) How long is the average wait for DBS approval for new starters at your organisation?</p> <ul style="list-style-type: none"> • Average time for DBS clearance is seven days <p>3) How many parking spaces at your hospitals are exclusively for staff use and how much do they pay to use them?</p> <p>This information is available at query 323 of our disclosure log at http://www.elht.nhs.uk/Downloads-docs/Corporate/2016/FOI%20Disclosure%20log%202016.pdf</p> <p>4) What is your FTE nursing and midwifery staff establishment (from Band 5 upwards)? 2,521.49 FTE</p>
625	625	29/12/2016 HR /Staff	<p>Under the terms of the Freedom of Information Act 2000 I would like answers to the following 4 questions:</p> <ol style="list-style-type: none"> 1) How many nurses and midwives (from Band 5 upwards) waiting to take up employment with your trust are awaiting completion of Disclosure and Barring Service (DBS) checks? 2) How long is the average wait for DBS approval for new starters at your organisation? 3) How many parking spaces at your hospitals are exclusively for staff use and how much do they pay to use them? 4) What is your FTE nursing and midwifery staff establishment (from Band 5 upwards)? <p>Dear Sir or Madam</p> <p>Under the Freedom of Information Act, please could you provide me with the total annual cost of private patient taxi services, excluding voluntary car services and patient transport services, e.g. ambulances for 2015/16 (the data that was previously gathered and published as part of ERIC returns:http://hefs.hscic.gov.uk/ERIC.asp)</p> <p>Yours faithfully Claire Miller</p>	
628	628	29/12/2016 Transport/ Car Parking		<p>This information is not held centrally. Taxis are booked at ward level.</p>
635	635	29/12/2016 Service Information	<p>Dear FOI officer,</p> <p>Please provide me with the following information under the terms of the Freedom of Information Act 2000.</p> <ul style="list-style-type: none"> • How many times did your hospital trust have to call out pest control between the financial years 2014/15 and 2015/16? • Please further detail each specific incident as far as possible? (For example: what type of pest was seen: rat; cockroaches; ants' nest etc and where was it spotted: staff locker room; electrical cupboard; kitchen; ward) • Please describe any proofing/housekeeping/hygiene recommendations – and/or precautions to be observed by trust staff - given by pest control contractors to help eliminate causes of infestation. • Please provide an up-to-date copy of your hospital's pest control policy if you have one. <p>Please respond within the 20 days set out under statute, in this case by Tuesday 13 December.</p> <p>Best wishes, Stephanie</p>	

Dear East Lancashire Hospitals NHS Trust, As part of a national project to map services for women experiencing multiple disadvantage, I would like to request the following information from your organisation:

1) What services are you currently commissioned to deliver specifically for women affected by:

substance use problems
mental health problems
homelessness
involvement in offending

2) For each type of service commissioned:

Who is the service manager and what are their contact details?

How many women can they support at any one time?

When does the current contract end?

Yours faithfully,

Jennifer Holly

Project Manager

AVA

As an acute Trust we provide services in hospital - your request would be more appropriately directed to each of our Clinical Commissioning Groups foieastlancashireccg@lancashirecsu.nhs.uk and MLCSU.FOITeam@nhs.net

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29/12/2016 Service Information

- 1) How many Community Neurology Specialist Nurses have been funded since April 2013 – please can the figures be broken down by year? HR
- 2) Who funded and provided the nurses each year? HR
- 3) Of these nursing positions, how many were solely dedicated to treating Parkinson's Disease patients, broken down by financial year since April 2013? HR
- 4) And how many of the Community Neurology Specialist Nurses specialise in Parkinson's Disease but treat other neurology patients, broken down by financial year since April 2013? HR
- 5) How many patients have been referred to specialist neurology nurses, broken down by financial year since April 2013? Information
- 6) Of these patients, how many have been referred because of having Parkinson's Disease, broken down by financial year since April 2013? Information
- 7) What is the average waiting time for neurology patients to see a specialist neurology nurse, broken down by financial year since April 2013? Information
- 8) What is the average waiting time for Parkinson's Disease patients to see a specialist neurology nurse, broken down by financial year since April 2013? Information
- 9) How much money has been spent by the provider(s) on specialist neurology nursing positions, broken down by financial year since April 2013? HR
- 10) How much money has been spent by the provider(s) on dedicated Parkinson's Disease nursing positions, broken down by financial year since April 2013? HR
- 11) How many times have proposals been rejected to fund new Community Neurology Specialist Nurses, broken down by financial year since April 2013? Information not held
- 12) How many times have proposals been rejected to fund a dedicated Parkinson's Disease nurse position, broken down by financial year since April 2013? Information not held

Please let me know if you need any clarification on the above request – I can be contacted by email or by phone (see below).

If my request cannot be fully dealt with, please let me know and the reasons why.

Kind regards,

Rhiannon

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29/12/2016 Service Information

The Trust does not provide a neurology service - this is provided by Lancashire Teaching Hospitals

645	645	29/12/2016 Finance	<p>I would like to request information under the Freedom of Information Act. 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:</p> <ul style="list-style-type: none"> * 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 <p>1. Contract Category: Please see select from the categories provided; Banking Services; Financial Audit Services; Card Processing Services</p> <p>2. Existing Supplier Name for each contract</p> <p>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.</p> <p>4. Annual Average Spend for each contract</p> <p>5. Contract Duration: What is the duration of the contract please include any available extensions within the contract.</p> <p>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.</p> <p>7. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.</p> <p>8. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provided, please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY</p> <p>9. Contact Details: I require the full contact details of the person within the organisation responsible for this particular contract.</p> <p>10. Notes: Please provide me with any further information with regards to this contract this could include any contract extension available as well as information on renewals or plans for future tenders.</p>
682	682	29/12/2016 HR /Staff	<p>2. Supplier Names</p> <ul style="list-style-type: none"> 360 Assurance Audit North BDO Ltd Deloitte LLP East Coast Audit Consortium Ernst & Young GE Finnamore Grant Thornton LLP KPMG Mazars LLP Mersey Internal Audit Agency Moore Stephens LLP North Yorkshire Audit Services PriceWaterhouse Coopers LLP RSM UK Consulting LLP TIAA West Yorkshire Audit <p>3. Contract Description</p> <p>This agreement will provide an independent, effective, professional and proactive audit opinion of the accounts and annual financial reports for External Audit Services. The Internal Audit activity will evaluate and contribute to the improvement of governance, risk management and control processes. Counter Fraud Services will look to minimise the risk of corruption and fraud through the expertise of a local counter fraud specialist. The Well Led Review will support and provide NHS Foundation Trusts with an independent and assured review to ensure they maintain and develop the effectiveness of their governance controls.</p> <p>4. Annual average spend</p> <ul style="list-style-type: none"> Internal audit £112,530 External audit £86,583 <p>5. Contract duration</p> <p>3 Years (with option to extend for a further 12 months)</p> <ul style="list-style-type: none"> Acute Medicine Agency - Admin & Clerical 1,868.72 Agency - Assoc Specialist 1,751.18 Agency - Fy1 & Fy2 94,470.22 Agency - Pams 356.94 Agency - Registrar 72,343.74 Agency - Staff Grade 14,829.42 Agency Nurse - Qualified 123,798.93 Agency Nurse - Unqualified 31,848.73 Consultant Agency 311,502.65 Acute Medicine Total 652,770.53 Anaesth & Critical Care Agency - Admin & Clerical 7,783.92 Agency - Fy1 & Fy2 583.11 Agency - Registrar 936.94 Agency - Staff Grade 780.98 Agency Nurse - Qualified 18,512.38 Agency Nurse - Unqualified 1,968.31 Consultant Agency 25,124.15 Anaesth & Critical Care Total 55,689.79 Business Support Unit Agency - Fy1 & Fy2 5,087.41 Agency - Other Non Clinical 0.00 Agency - Registrar 17,340.30 Agency - Specialist Advisor 23,663.00 Agency Nurse - Qualified 152,825.46 Agency Nurse - Unqualified 35,526.42 Agency-Interim Snr Manager 28,835.70 Business Support Unit Total 263,278.29 Cancer Services Agency - Admin & Clerical 609.84 Agency - Fy1 & Fy2 33,006.85 Agency - Registrar 43,504.46 Consultant Agency 106,720.26 <p>Dear Sir / Madam,</p> <p>Under the freedom of information act 2000, I am writing to formally request the following information:</p> <ol style="list-style-type: none"> 1. Staff Numbers - Average headcount of permanent and non-permanent staff over the entire 2015/16 financial year or just the headcount as at Thursday, March 31st 2016. 2. Staff Cost – Total staff cost during the 2015/16 financial year split into permanent and non-permanent staff. 3. Agency Hours – Hours worked by agency staff in the 2015/16 financial year split by speciality/grade depending on how you report this within your trust. 4. Agency Spend – Total amount spent on agency staff in the 2015/16 financial year split into the categories or speciality/grade used by the trust. 5. Do you use a direct engagement model within your trust? Direct engagement model means the Trust pays agency staff directly and then pays the agency commission separately. The alternative to this is to pay the agency a lump sum for any work done by agency staff and the Agency in turn pays their own staff. <p>I would greatly appreciate it if you could supply all this information for the year 2015/16 (April '15 to March '16). This will be very valuable information towards my ongoing research.</p> <p>I look forward to hearing from you regarding this information.</p>

606	606	23/12/2016 Performance/ Activity	<p>Colorectal Cancer? Of these how many are treated with the following therapies;</p> <p>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) Many thanks for your help</p>	<p>Bevacizumab 1 Cetuximab 9 Panitumumab 0 Aflibercept 0 Oxaliplatin 38 Irinotecan 24 5-Fluorouracil 52 Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI] 21 Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX] 29 Capecitabine and oxalipatin (CAPOX / XELOX) 7 Capecitabine and irinotecan (CAPIRI) 3</p>																														
615	615	23/12/2016 Performance/ Activity	<p>I write under the terms of the Freedom of Information Act to request the following information. Please can you provide me with the number of patients that left the Trust's waiting list in each of the last five financial years (please see table below). Please provide the overall total of patients who left the waiting list, and where possible supply breakdown figures according to reason (please see table below). I look forward to hearing from you as soon as possible within 20 days.</p>	<p>Waiting list numbers 1st April 2011 - 31st March 2016</p> <table border="1"> <thead> <tr> <th>Financial Year</th> <th>Patients who died</th> <th>Treatment no longer required</th> <th>Patients treated privately</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>257</td> <td>2522</td> <td>33</td> <td>2812</td> </tr> <tr> <td>2012/13</td> <td>229</td> <td>2079</td> <td>24</td> <td>2332</td> </tr> <tr> <td>2013/14</td> <td>247</td> <td>2597</td> <td>38</td> <td>2882</td> </tr> <tr> <td>2014/15</td> <td>240</td> <td>2167</td> <td>37</td> <td>2444</td> </tr> <tr> <td>2015/16</td> <td>223</td> <td>2558</td> <td>22</td> <td>2803</td> </tr> </tbody> </table>	Financial Year	Patients who died	Treatment no longer required	Patients treated privately	Total	2011/12	257	2522	33	2812	2012/13	229	2079	24	2332	2013/14	247	2597	38	2882	2014/15	240	2167	37	2444	2015/16	223	2558	22	2803
Financial Year	Patients who died	Treatment no longer required	Patients treated privately	Total																														
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616	616	23/12/2016 Service Information	<p>Investigation of venous thrombo-embolism (VTE) prophylaxis in patients undergoing orthopaedic surgery</p> <p>To whom it may concern, I am requesting some information under the Freedom of Information act.</p> <p>I would be grateful if you could answer the questions in the following proforma and email your response to todrgeorgemiller@gmail.com with the words 'VTE FOI' in the subject heading line. Please complete the proforma below by deleting as appropriate.</p> <ul style="list-style-type: none"> - Name of Trust - Contact email address - Contact phone number <p>1) Do you have a specific trust guideline for venous thrombo-embolism (VTE) prophylaxis in patients undergoing trauma & orthopaedic surgery? Yes/No 2) If yes to (1), please provide full details of your trust VTE prophylaxis guidelines for patients undergoing all forms of trauma & orthopaedic surgery 3) If no to (1), please provide reasons why not (if known).</p> <p>If your trust has VTE prophylaxis guidelines, these may be found on your trust intranet.</p> <p>Many thanks for your co-operation and please do not hesitate to contact us if you have any questions.</p>	<p>The information that we are able to provide is detailed below and in the attachments: Investigation of venous thrombo-embolism (VTE) prophylaxis in patients undergoing orthopaedic surgery</p> <ul style="list-style-type: none"> - Name of Trust East Lancashire Hospitals NHS Trust - Contact email address - Contact phone number <p>1) Do you have a specific trust guideline for venous thrombo-embolism (VTE) prophylaxis in patients undergoing trauma & orthopaedic surgery? Yes 2) If yes to (1), please provide full details of your trust VTE prophylaxis guidelines for patients undergoing all forms of trauma & orthopaedic surgery Appendix4 of trust VTE Policy CP17.4 Part 1 Venous Thrombo embolism(VTE): Reducing the Risk/Prophylaxis on pages 17-19 is on VTE Prophylaxis for Trauma and Orthopaedics Patients. Please see attached. 3) If no to (1), please provide reasons why not (if known). If your trust has VTE prophylaxis guidelines, these may be found on your trust intranet. Please see attached Trust Policy on VTE Part 1 and Part 2</p>																														

		<p>Dear FOI Officer, Under the Freedom of Information Act 2000, I would like to request the following information regarding car parking at your hospital sites.</p> <ol style="list-style-type: none"> 1. Are your car parks managed by a private contractor? If yes, please provide the name of the contractor. 2. How many parking enforcement tickets were issued in your car parks between 1st April 2015 and 31st March 2016? 3. What is the cost of a parking enforcement fine in your car parks? 4. How many parking enforcement ticket appeals did you receive between 1st April 2015 and 31st March 2016? 5. How many parking enforcement ticket appeals were successful between 1st April 2015 and 31st March 2016? <p>I would prefer to receive this information in electronic format to the email address danielle@redmarlin.co.uk. If for any reason you feel this request is unclear, please do not hesitate to contact me on 01926 832395. 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>Regards, Danielle Gunn</p> <p>Name Ms Danielle Gunn Contact Address Red Marlin Ltd 3rd Floor 9 Euston Place Royal Leamington Spa Warwickshire CV32 4LN</p>	<ol style="list-style-type: none"> 1. Are your car parks managed by a private contractor? If yes, please provide the name of the contractor. Yes – Indigo 2. How many parking enforcement tickets were issued in your car parks between 1st April 2015 and 31st March 2016? 1852 3. What is the cost of a parking enforcement fine in your car parks? £35 if paid in 15 days. £65 standard. 4. How many parking enforcement ticket appeals did you receive between 1st April 2015 and 31st March 2016? 754 5. How many parking enforcement ticket appeals were successful between 1st April 2015 and 31st March 2016? 89%
622	622 23/12/2016 Transport/ Car Parking	<p>nasal cannula oxygen equipment in bronchiolitis.</p> <p>In order to compete my project;</p> <p>I would just like to know when (month & year) this equipment was FIRST purchased for your PAEDIATRIC ward (not neonatal) at Burnley General Hospital.</p> <p>I have attached my official questionnaire which explains the project more thoroughly and lists the official names / product codes of the equipment. (Please note it is not the purchase date of the accessories (they have similar names) but the initial purchase date of the device itself please.)</p> <p>I appreciate you are very busy and would be extremely grateful for your help locating this information. Please let me know if you require any further information to make this request.</p> <p>I look forward to hearing from you. Thank you for your time.</p>	Please see attachment.

1. Is payroll managed:- Payroll is Outsourced (B)
 A. in-house
 B. outsourced
 C. combination of in-house and outsourced
2. How many payroll staff does the trust / health board currently employ (please provide the number of WTEs)? - non as outsourced
3. How many payslips did the organisation process in-house in 2015/16? - non as outsourced
4. Please provide details below of 3rd parties / external providers used to provide payroll services to the trust / health board:
- Staffing Group(s) Substantive or Temporary? Frequency of Payroll e.g. monthly, weekly, fortnightly No. of Staff on the Payroll (average) Average monthly cost of payroll service provision 2016/17 YTD Annual cost of payroll services provision 2015/16 Which 3rd party do you use for payroll service? What type of payroll service do they provide? (Bureau – partly outsourced whereby you retain a payroll team in-house or Fully Managed – where all the payroll expertise resides with the service provider) When does this contract expire?
- £ £
 ALL ALL Weekly and Monthly 9667 48,000 573,000 Elfs Shared Service Fully Managed Rolling annual contract
 **1 some of these staff members are bank and are not currently active
5. Do you use any other 3rd party payroll software to process the payroll? If so, please provide:- N/A
 a. Name of supplier:
 b. Annual cost:
 c. Contract end date:

Dear East Lancashire Hospitals NHS Trust,
 I am making this request for the purpose of research.
 Please provide the HR information requested in the attached document. Please provide this information by completing and returning this document.
 If you require clarification please don't hesitate to contact me via email.
 Thank you for your assistance.
 Yours sincerely,
 Mr E James

626 626 23/12/2016 Finance

1. Do you currently offer an in-house clinical testing service for PD-L1?
 Yes
 No
 Evaluating
 Validating
 Send-out PD-L1 testing to another laboratory
 If you have selected Evaluating or Validating above, when do you predict that your PD-L1 test will be available for clinical use?
 If you have selected send-out testing above, to which laboratory do you send samples for PD-L1 testing?
 University Hospitals, Birmingham
2. If you are offering, or sending out, for PD-L1, when is this testing typically being conducted? For example, is it being tested for in parallel with ALK/EGFR in lung cancer or after these tests? Is it tested at diagnosis or on request following an MDT meeting?
 In parallel with ALK/EGFR, at diagnosis
 If you offer, or send-out for, PD-L1 testing, please also provide as much of the following information as you are able:
3. What is the number of samples being tested (or sent-out) for PD-L1 (per month or per year, whichever is easier to determine, delete below as appropriate)? Please break this down by tissue type if possible.
4. How many methods do you (or the lab to which you send-out your samples) have available to test for PD-L1?
 One
 Two
 Three
 >3
5. For the number of PD-L1 methodologies available as stated in question 4 above, please state how many are being performed using a kit and how many using a laboratory developed test?
 Number of kit methods offered =
 Number of LDT methods offered =

I would like to access information with regard to PD-L1 testing offered by your institution as detailed in the document attached; this testing will likely be performed in pathology/histopathology laboratories. The document is mostly multiple choice tick box questions/answers and I believe that this information will be readily available and not time consuming to complete. If your institution does not currently offer PD-L1 testing in-house then I would please ask that the request is still sent to the relevant laboratory as there are questions included regarding whether they send samples for this testing to be conducted in other laboratories and also whether they have any plans to introduce this testing in-house in the future. If your institution does not in fact have any testing laboratories then do please let me know and accept my apologies for my error in thinking that you did.

507 507 22/12/2016 Service Information

			<p>- Yes - No</p> <p>a) If so how many were performed in 2014-15 financial year? b) How many were performed for investigation of Myocarditis?</p> <p>2) How many patients in 2014-15 were diagnosed with Myocarditis in the trust? 3) Does the Trust refer patients to other centres or trusts for Endomyocardial Biopsy? 4) If so which centres or trusts do you refer to? 5) Does your trust receive referrals from other centres or trusts for Endomyocardial biopsy? 6) If so which trusts?</p>	<p>Do any hospitals in the trust perform Endomyocardial Biopsy? - No</p> <p>a) If so how many were performed in 2014-15 financial year? NA b) How many were performed for investigation of Myocarditis? NA</p> <p>2) How many patients in 2014-15 were diagnosed with Myocarditis in the trust? Unable to provide accurate numbers 3) Does the Trust refer patients to other centres or trusts for Endomyocardial Biopsy? Yes 4) If so which centres or trusts do you refer to?, UHSM, Manchester 5) Does your trust receive referrals from other centres or trusts for Endomyocardial biopsy? NO 6) If so which trusts? NA</p>
559	559	22/12/2016 Corporate Policy/ Decisions		
561	561	22/12/2016 Finance	<p>1. Please state what the income was to the Trust from parking income in patient car parks in (i) the (14/15) financial year and (ii) the (15/16) financial year? 2. What is the highest hourly rate for parking charged to patients in any of your car parks? Note: If the figures you hold on parking income relate to all income and it is not possible to differentiate between patient and staff parking income then please provide me with a combined figure but please state that this is the case.</p>	<p>This information is available in our disclosure log - ID 323 and 357 at the following address:http://www.elht.nhs.uk/Downloads-docs/Corporate/2016/FOI%20Disclosure%20log%202016.pdf</p>
603	603	22/12/2016 Service Information	<p>relating to facilities management.</p> <p>A. Lift Service and Maintenance B. Air Conditioning and Ventilation Servicing and Maintenance C. Cleaning and Janitorial D. Mechanical And Electrical Maintenance E. Property Maintenance And Day To Day Repairs</p> <p>In regards to the types of contracts I have displayed above can you please send the Council's primary contracts? Or can you please send me the contract that are above £1000. Also, so that I understand the information you have provided to me please state information if the Council doesn't have any contract I have stated within this request.</p> <p>1. Contract Type – Please use the list I have provided above 2. Existing Supplier – Please state the supplier for each contract 3. Annual Spend- Please can you provide me with the spend for each individual supplier 4. Contract Duration- please note if there are any extensions period available and if so what? 5. Contract Start 6. Contract Expiry 7. Contract Review 8. Contract Description- a small description of the type of services included within each contract. 9. Number of sites covered for each contract e.g. the Council may have a maintenance agreement with a supplier that covers several sites/buildings. 10. Can you also send me the contact details of the person within the Council that is responsible for each one of these contract your have submitted.</p>	<p>Please see attached spreadsheet detailing contracts for sites except Royal Blackburn Hospital (RBH). RBH contracts are held with our PFI Partners.</p>
515	515	21/12/2016 Pharmacy/ Prescribing	<p>Under the Freedom of Information Act, I am writing to request hospital prescribing data for Ribavirin 200mg, 400mg and 600mg (Tablets and Capsules). The data is required for all generic and branded prescriptions and should have the below information: Coverage period: January 1, 2015 to December 31, 2015 BNF Code BNF Presentation Name Net Ingredient Cost in £. Quantity Prescribed.</p>	<p>BNF code for all items is 05.05.05. the cost has not been included as prices are based on contract prices and as such is commercial in confidence. Drug description and pack size Qty RIBAVIRIN 200mg CAPSULES (140 caps) 7056 RIBAVIRIN 200mg CAPSULES (168 caps) 21096 RIBAVIRIN 200mg CAPSULES (84 caps) 10666 RIBAVIRIN 400mg TABLETS (56 tabs) 56 Grand Total 38874</p>
541	541	21/12/2016 Service Information	<p>Between July 2015 and June 2016, NHS England statistics show that there were 7 patients who spent longer than 12 hours from decision to admit to admission at East Lancashire Hospitals NHS Trust. I would like to know of those patients, what the longest wait over 12 hours was during this period.</p>	<p>43 hours</p>

			<p>negligence?</p> <p>2. In the financial year 2015/16, how much did the Trust spend in-house on managing clinical negligence claims?</p> <p>To clarify what I mean by "managing clinical negligence claims", can you please include spend on any of the following:</p> <ul style="list-style-type: none"> • Identification of clinical negligence claims • Investigation and assessment of clinical negligence claims (including, for example, an assessment of the Trust's legal liability, the probability of the claim succeeding, estimated claim value) • Communication with claimants and their legal representatives • Reporting clinical negligence claims to the NHS LA • Any legal advice relating to clinical negligence claims • Supporting the NHS LA, including their panel solicitors, to investigate and defend clinical negligence claims (including liaising with the NHS LA throughout the claims process) <p>Please only include in-house spend (e.g. do not include the premium which the Trust pays to the NHS LA, or any spend incurred by the NHS LA on the Trust's behalf)</p> <p>For your reference, some of the work which the Trust will have to carry out in managing a clinical negligence claim is set out in the Pre-Action Protocol for the Resolution of Clinical Disputes (https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/prot_rcd), the attached NHS LA documents, and the attached Quick Reference Guide produced by Portsmouth Hospitals NHS Trust. Your Trust's own policies should also provide a guide as to what work is involved in managing a clinical negligence claim.</p> <p>3. In the financial year 2015/16, how much did the Trust spend in-house on managing all personal injury claims (e.g. clinical, employer's /public liability etc.)?</p> <p>To clarify what I mean by "managing all personal injury claims", can you please include spend on any of the following:</p> <ul style="list-style-type: none"> • Identification of personal injury claims • Investigation and assessment of personal injury claims (including, for example, an assessment of the Trust's legal liability, the probability of the claim succeeding, estimated claim value) • Communication with claimants and their legal representatives • Reporting personal injury claims to the NHS LA 		
552	552	21/12/2016	Incidents		I have attached the risk management policy which answers questions 1. We cannot answer questions 2 and 3 as we do not record the information. There are 3 staff; 2 at Band 5 Agenda for Change (salaries available at NHS Employers) and one band 4. There is a risk manager but that post is not dedicated to just claims management. All costs are covered by NHSLA or solicitors they instructed.
				<p>1) Please provide, in full, the antibiotic guidelines used by your trust.</p> <p>2) Is antibiotic prophylaxis routinely given for urinary catheter removal after any joint replacement? : yes/no</p> <p>3) If yes, which is given and how?</p> <p>4) If yes, what proportion of patients with urinary catheters receive it?</p>	<p>http://www.elmmb.nhs.uk/formularies/</p> <p>Yes :antibiotic prophylaxis is routinely given for urinary catheter removal after any joint replacement</p> <p>Gentamycin IV is usually given</p> <p>All patients with hip and knee replacements should receive it</p>
563	563	21/12/2016	Service Information		
571	571	21/12/2016	Corporate Policy/ Decisions	<p>I am writing to you to request a full breakdown of the operating costs in respect of the public and staff car parking at the Royal Blackburn Hospital for the period 2014/2015 to date. I would also like a full breakdown of any profits made from the operation of the car parking service and who this money is attributed to.</p> <p>I am dental core trainee with a keen research interest in the provision of dental extraction under various anaesthetic modalities. The anaesthetic choice can have a considerable impact on patients' dental treatment experience and huge implications on the use of the NHS resources. However, currently no centrally collected data is available on the anaesthetic modality for dental procedures. In light of this, I am undertaking a project to investigate the number of episodes of dental procedure under different anaesthetic modalities. I would be grateful for your response to my Freedom of Information request.</p> <p>For each institution within your trust that offers provision of dental treatment under general anaesthesia (eg. oral and maxillofacial departments, dental hospitals, community dental services), please provide the number of episodes of dental extraction performed under general anaesthesia (GA), sedation, and local anaesthesia (LA) for adults (18 years or older) and children (under 18 years) between 1st October 2015 and 30th September 2016 in the following format:</p> <p>Institution name & Trust name (One table for each institution)</p> <p>Dental Procedure</p> <p>(Examples of codes below) Number of episodes of dental extraction under GA Number of episodes of dental extraction under sedation Number of episodes of dental extraction under LA</p> <p>Adults</p> <p>(18 years or older) surgical removal of impacted wisdom tooth</p> <p>surgical removal of wisdom tooth NEC</p> <p>surgical removal of retained root of tooth</p> <p>unspecified surgical removal of tooth</p> <p>full dental clearance</p> <p>extraction of multiple teeth NEC</p> <p>unspecified simple extraction of tooth</p> <p>Any other codes for dental extraction</p> <p>Total number of EPISODES</p> <p>(If an episode was given more than one code, count this as one episode)</p> <p>Children</p> <p>(Under 18 years) surgical removal of impacted wisdom tooth</p> <p>surgical removal of wisdom tooth NEC</p>	<p>The car parks are operated by our PFI partners and the information is held by them.</p> <p>Anaesthetic Type</p> <p>AgeBand Procedure GENERAL ANAESTHETIC LOCAL ANAESTHETIC LOCAL / SEDATION</p> <p>Adult (18 +) SURGICAL REMOVAL OF WISDOM TOOTH NEC 181 13 <5</p> <p>EXTRACTION OF MULTIPLE TEETH NEC 167 10 5</p> <p>SURGICAL REMOVAL OF IMPACTED WISDOM TOOTH 175 <5 <5</p> <p>SIMPLE EXTRACTION OF TOOTH UNSPECIFIED 51 16 9</p> <p>SURGICAL REMOVAL OF TOOTH NEC 47 12 <5</p> <p>FULL DENTAL CLEARANCE 57 <5</p> <p>SURGICAL REMOVAL OF RETAINED ROOT OF TOOTH 37 8 <5</p> <p>UPPER DENTAL CLEARANCE 23 5</p> <p>SURGICAL REMOVAL OF IMPACTED TOOTH NEC 24</p> <p>LOWER DENTAL CLEARANCE 8 <5</p> <p>SURGICAL REMOVAL OF TOOTH UNSPECIFIED <5 <5</p> <p>Adult Total 771 71 19</p> <p>Child (<18) EXTRACTION OF MULTIPLE TEETH NEC 863</p> <p>SIMPLE EXTRACTION OF TOOTH UNSPECIFIED 66</p> <p>SURGICAL REMOVAL OF IMPACTED TOOTH NEC 36</p> <p>SURGICAL REMOVAL OF TOOTH NEC 13 <5</p> <p>SURGICAL REMOVAL OF RETAINED ROOT OF TOOTH 6</p> <p>SURGICAL REMOVAL OF WISDOM TOOTH NEC <5</p> <p>SURGICAL REMOVAL OF IMPACTED WISDOM TOOTH <5</p> <p>SURGICAL REMOVAL OF TOOTH UNSPECIFIED <5</p> <p>SIMPLE EXTRACTION OF TOOTH OTHER SPECIFIED <5</p> <p>SURGICAL REMOVAL OF TOOTH OTHER SPECIFIED <5</p> <p>Child Total 994 <5</p> <p>Grand Total 1765 72 19</p>
609	609	20/12/2016	Performance/ Activity		

				<p>Paula.taylorson@elht.nhs.uk</p> <p>2. How much is spent on clinical waste per annum? (£) £271,726</p> <p>3. How many tonnes of clinical waste are sent for alternative treatment (last financial year/12 months if possible)? None currently – we are segregating but until we are confident each area has its correction it all goes for incineration. It is hoped we will be in a position at some point in the next financial year to send some clinical waste for alternative treatment.</p> <p>4. How many tonnes of clinical sharps waste are produced per annum? 64.63</p> <p>5. How many tonnes of offensive waste is produced per annum? 45.02</p> <p>6. How many tonnes of waste is sent for landfill/waste to energy? 719.90</p> <p>7. How many tonnes of waste is sent for recycling? 366.18</p> <p>8. When does the domestic waste and recycling contract expire? October, 2018</p> <p>9. Who currently provides the domestic and recycling waste services? SITA & Shirley's Recycling, Shred It</p> <p>10. Who currently provides the clinical waste services? SRCL</p> <p>11. When does the clinical waste contract expire? August, 2017</p> <p>12. How much is spent on domestic waste per annum? (£) £159,570</p> <p>13. How much is spent on recycling waste per annum? £86,139</p> <p>14. How many tonnes of food waste is segregated and recycled per annum? We do not record food waste in tonnes</p>
613	613	20/12/2016	Performance/ Activity	<p>mailto:josephbramley@outlook.com]</p> <p>Please can we make a freedom of information request to see a copy of the winning tender / contract for asbestos surveys within your NHS authority.</p>
614	614	20/12/2016	Procurement	<p>I am a Clinical Engineering student in my third year, I would like to research further into Radio Frequency Identification (RFID) technology involvement in hospitals across the UK. Your answers will help me gain some statistical data to use towards my dissertation. Thanking you in advance.</p> <p>1. How many beds are in your trust?</p> <p>2. How many Medical Devices are managed by your trust?</p> <p>3. How many Clinical Technicians/Engineers are in your Trust?</p> <p>4. Do you use RFID tracking technology, if yes, Please answer the below questions.</p> <p>a. For what purpose do you use RFID? (ie. Records, Patients, Medical Devices, Security etc.)</p> <p>b. What were the initial setup costs of the supplier? (0-10k, 10-20k, etc.)</p> <p>c. How many medical devices are tagged?</p> <p>d. Do you use Passive or Active Tagging?</p> <p>e. Approximately how long does it take to perform a ward audit using RFID?</p> <p>f. What are the main medical device types tagged?</p> <p>5. How long does it take your EBME department to perform a ward audit (for Non-RFID users)?</p>
632	632	20/12/2016	Service Information	<p>I am writing to advise you I have established that the information you requested is not held by the Trust.</p> <p>Approximately 1000</p> <p>2. How many Medical Devices are managed by your trust? Approximately 10,000</p> <p>3. How many Clinical Technicians/Engineers are in your Trust? Currently, eight Whole Time Equivalent qualified engineers and two (WTE) apprentices</p> <p>4. Do you use RFID tracking technology, if yes, Please answer the below questions. Yes</p> <p>a. For what purpose do you use RFID? (ie. Records, Patients, Medical Devices, Security etc.) Medical devices</p> <p>b. What were the initial setup costs of the supplier? (0-10k, 10-20k, etc.) RFID tags were factored into a commodatum agreement for new infusion pumps and therefore 'up-front' capital was not required</p> <p>c. How many medical devices are tagged? EBME envisage tagging around 1000 devices over the next 12-months</p> <p>d. Do you use Passive or Active Tagging? Active</p> <p>e. Approximately how long does it take to perform a ward audit using RFID? Electro Bio-Medical Engineering (EBME) have a web-based programme that displays 'real-time', the status and location of tagged assets</p> <p>f. What are the main medical device types tagged? Infusion devices</p> <p>5. How long does it take your EBME department to perform a ward audit (for Non-RFID users)? Unclear as to what specific type of audit is meant in this question. EBME have an asset management system, from which departmental assets can be identified. If the audit involved physically tracking these assets, then it would relate to the time taken by a person to walk-round and verify. This is dependent on department size, number of devices in any respective area, and the ease of</p>

477	477	19/12/2016 Finance	<p>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</p>	<p>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</p> <p>Amounts Written Off 2011-2016</p> <p>2012 Data not available 2013 9,332.00 2014 - 2015 6,079.00 2016 20.00</p> <p>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>
479	479	19/12/2016 Service Information	<p>1) Name of your trust 2) Names of the hospitals in your trust 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: Breast surgery Cardiac Surgery Cranial surgery Gastric surgery Large Bowel surgery Limb amputation Small Bowel surgery Spinal surgery Vascular surgery 4) In the same periods and categories, what were the infections recorded 5) In the same periods and categories, how many patients in your Trust were readmitted to be treated for SSI 6) In the same periods and categories, how much financial reimbursement for readmissions relating to SSIs has your Trust received 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 8) In the same period what was your budget for infection prevention and control</p>	<p>East Lancashire Hospitals NHS Trust 2) Names of the hospitals in your trust This information is available at http://www.elht.nhs.uk/hospitals-and-trust-locations/ 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: Breast surgery Cardiac Surgery Cranial surgery Gastric surgery Large Bowel surgery Limb amputation Small Bowel surgery Spinal surgery Vascular surgery Surveys were not undertaken for these categories during the time period requested with the exception of vascular surgery where the following is recorded: Year and Period No. Operations Inpatient & Readmission Post discharge confirmed Inpatient & Readmission, post-discharge confirmed and patient reported No % No % No % 2012 Q3 79 2 2.5 0 0 2 2.5 2013 Q3 74 1 1.4 0 0 1 1.4 4) In the same periods and categories, what were the infections recorded all showed Metcillin Sensitive S. aureus 5) In the same periods and categories, how many patients in your Trust were readmitted to be treated for SSI Number of Admissions within 30 days of discharge with a Primary Diagnosis code of T81.4 (Infection following Procedure) KornerEpisodePrimaryDiagnosisCode T81.4 Count of DistrictNumber Readmitted_for_SSI YMD2 READMISSION</p>
489	489	19/12/2016 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? From 1st January 2013 – 31st December 2013. From 1st January 2014 – 31st December 2014. From 1st January 2015 – 31st December 2015. From 1st January 2016 - 10th July 2016 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. 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>
535	535	19/12/2016 HR /Staff	<p>Please provide me with an up to date Organisational Structure chart for the DOLS including all manager NAMES, contact details and job titles.</p>	<p>Head of Safeguarding - Kathy Bonney 01282 425071 MCA/DOLS Lead - Paul Harper 01282 425071</p>

			<p>years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted? Unfortunately it is too onerous a task to get this information due to significant organisational changes.</p> <p>2. What was the total amount spent on occupational therapy services within your Trust in each of the following financial years: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted? It is too onerous a task to get this information due to significant organisational changes.</p> <p>3. Of these, how many occupational therapists were/are working on acute medical wards in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted? – see below</p> <p>4. Of these, how many occupational therapists were/are working in Accident & Emergency departments in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted? – see below</p> <p>Year A&E Band Medical Assessment Band Acute Medical Band</p> <p>2011-12 1.0 7 1.0 6 2.0</p> <p>2.0</p> <p>2.0</p> <p>3.0</p> <p>0.5 7</p> <p>6</p> <p>5</p> <p>4</p> <p>3</p> <p>2012-13 1.0 7 1.0 6 2.0</p> <p>1.0</p> <p>2.0</p> <p>3.0</p> <p>0.5 7</p> <p>6</p> <p>5</p>
582	582	19/12/2016 HR /Staff	<p>How many occupational therapists were/are employed within your Trust in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?</p> <p>What was the total amount spent on occupational therapy services within your Trust in each of the following financial years: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?</p> <p>Of these, how many occupational therapists were/are working on acute medical wards in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?</p> <p>Of these, how many occupational therapists were/are working in Accident & Emergency departments in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?</p>
594	594	19/12/2016 Service Information	<p>• The total number of antenatal ultrasound scan images purchased by patients in the last financial year detailing the number of scan images sold per site (if the trust has multiple sites that offer this service)</p> <p>• The price charged for an individual antenatal ultrasound scan image at each hospital offering this service within the trust</p> <p>Please also indicate if the trust offers this service to other / neighbouring trusts or if the trust contracts another / neighbouring trust or organisation to undertake the service on its behalf.</p> <p>We cannot provide the level of detail requested.</p> <p>The trust charges £5 per patient for scan images but also offers a wallet / Frame for them to purchase if they wish.</p> <p>We do not record how many patients choose to do this.</p> <p>The current system requires them to pay through a ticket machine which then issues them with a token to take to exchange for their purchase.</p> <p>I will try and find out whether or not we can retrieve any information from the machine about number of patients and forward this later if possible.</p> <p>ELHT – Integrated MSK, Pain & Rheumatology Service Response</p> <p>1. The names of the hospitals, clinics or other settings in which you provided acupuncture treatments.</p> <ul style="list-style-type: none"> • Physiotherapy Department Burnley General Hospital • Physiotherapy Department St Peter's Primary Health Care Centre, Burnley • Physiotherapy Department Pendle Community Hospital, Nelson • Physiotherapy Department Rossendale Primary Health Care Centre, Rawtenstall • Physiotherapy Department Accrington Pals Primary Health Care Centre, Accrington • Physiotherapy Department Accrington Victoria Hospital Care • Physiotherapy Department Clitheroe Physiotherapy Centre (Now relocated to Clitheroe Community Hospital) • Physiotherapy Department Royal Blackburn Hospital • Physiotherapy Department Barbara Castle Way Primary Health Care Centre, Blackburn • Physiotherapy Department Darwen Health Centre • Out patients Pain Management Service, Burnley General Hospital <p>2. The number of acupuncture treatments provided and the number of patients treated at each of these locations.</p> <p>Note: data not available for all years</p> <p>2011 2012 2013 2014 2015</p> <p>Pain management 167 425 237 370 386</p> <p>2011 2012 Apr12-Mar13 Apr13-Mar14 Apr14-Mar15 Apr-Dec 15</p> <p>Accrington PALS No data No data 211 398 100 92</p> <p>Accrington Victoria Hospital 175 376 176 205</p> <p>Barbara Castle Way HC 152 317 151 40</p> <p>Barnoldswick Medical Centre 10 11 25 0</p> <p>Burnley General Hospital 252 663 229 166</p> <p>Clitheroe Community Hospital 203 509 782 290</p> <p>Darwen Health Centre 51 72 46 46</p> <p>Pendle Community Hospital 66 274 213 116</p> <p>Rossendale Primary HC 168 195 170 73</p>
598	598	19/12/2016 Service Information	<p>Under the Freedom of Information Act 2000, please provide the following for the years 2010 to 2015 inclusive:</p> <ol style="list-style-type: none"> 1. The names of the hospitals, clinics or other settings in which you provided acupuncture treatments. 2. The number of acupuncture treatments provided and the number of patients treated at each of these locations. 3. The types of clinicians who provided these treatments, eg physiotherapists, doctors, acupuncturists. 4. The total cost of providing acupuncture treatments at each of these locations. 5. The cost of acupuncture needles purchased included in the total cost. <p>Please interpret my request in the broadest possible terms. If you have any doubt as to whether any information falls within the scope of my request, please assume that it does and include it in your response. Please quote my reference MISC-2016-09-acupuncture-2181 in all correspondence and please acknowledge receipt by return.</p> <p>Please provide the information by email in either Adobe Portable Document Format (pdf), Microsoft Word .docx or .doc format, Microsoft Excel .xlsx or .xls format, Microsoft Powerpoint .pptx or .ppt format or, if appropriate, in the body of the email. Information supplied in pdf format should be text searchable using Adobe Reader. All responses and documents must permit printing and content copying and not be protected by a password.</p>

I am writing to request data under the Freedom of Information Act 2000 on A&E waiting times at your trust.

We are doing a project to understand NHS A&E waiting times, in order to create an app which will direct patients to the most appropriate source of care - Pharmacy, GP, or hospital A&E.

For each discrete A&E department within your trust, I would like to understand when longest and shortest waiting times to be seen are.

If applicable, please provide data for majors, minors/urgent care departments separately.

In particular, I would like in spreadsheet form:

- Average A&E waiting times (total time in A&E, i.e. time to discharge or admission) for each hour of the day for a 365-day period*, starting 1 September 2015 and ending 30th August 2016.

*Please provide average waiting time for patients arriving in each hour.

- Number of A&E attendances hourly across the same period.

I have attached a template you may choose to fill in, as an aid.

We would prefer waiting times to be given in minutes but we will also accept data that is given in hours.

I'm happy to discuss any refinements or issues that might arise from the request – over the phone or by email.

604 604 19/12/2016 Performance/ Activity

See attachment.

Equality Impact Assessment form V8
Equality Impact Assessment Template

Department/Function	Estates & Facilities
Lead Assessor	Jimmy Maguire, (Acting Director of Estates & Facilities)
What is being assessed?	Introducing car parking charges for all Blue Badge holders at all ELHT hospital sites (BGH, RBH, AVH, BGH, CCH)
Date of assessment	02/12/2016
Why are the proposals being made - for what reason?	ELHT is proposing to abolish free parking for blue badge holders to meet its income targets, the income generated will go to support front line services for all.

To improve fairness on how charges are applied to different groups of patients and staff. The measure will bring ELHT car parks in line with facilities provided by other NHS agencies and private sector providers. A lot of our partners, such as hospitals, councils and many universities, charge blue badge holders. To ensure that the application of parking charges is fair, equitable and transparent.

request a copy of the completed Equality Analysis or Equality Impact Assessment and information/ report on the engagement and involvement of local people which includes information about which groups were engaged, where this engagement took place, what dates the engagement took place and what the outcomes were of the engagement prior to the decision being taken to charge disabled people for parking.

553 553 16/12/2016 Corporate Policy/ Decisions

Dear Sir / Madam,

Please could you let me know the following:

- 1) Does your organisation have a defined Medicines Information service/team?
- 2) If so, please can you let me know the email address for the medicines information manager and the general email address for the medicines information team (or one or the other, if both isn't possible).

Many thanks for your help
Matt

Matt Williams

- 1) Does your organisation have a defined Medicines Information service/team? Yes
- 2) If so, please can you let me know the email address for the medicines information manager and the general email address for the medicines information team (or one or the other, if both isn't possible).Christine.Woffindin@elht.nhs.uk

630 630 16/12/2016 Pharmacy/ Prescribing

On what date was the information (or data in relation to Crohn's disease) first added to the East Cheshire Health Economy Forum?

-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?

-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?

-Finally, could you provide a link/attach to your response the latest versions of your patient pathways for Crohn's Disease and Psoriatic Arthritis?

491 491 15/12/2016 Pharmacy/ Prescribing

The information required will be on thewww.elmmb.nhs.uk website

522	522	15/12/2016	Service Information	<p>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 T406 - Poisoning: Other and unspecified narcotics T409 - Poisoning: Other and unspecified psychodysleptics [hallucinogens] T436 - Poisoning: Psychostimulants with abuse potential 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</p> <p>T40.9 Poisoning by other & unsp 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>
546	546	12/12/2016	Service Information	<p>Question 1: How many patients has your Trust treated for cancer (of all types) in each of the past four years?</p> <p>a) 2015 b) 2014 c) 2013 d) 2012</p> <p>Question 2: Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) [VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9] in each of the past four years?</p> <p>a) 2015 b) 2014 c) 2013 d) 2012</p> <p>Question 3: Of the patients treated for cancer who also had a diagnosis of VTE in each of the past four years, how many:</p> <p>2015 2014 2013 2012</p> <p>Were receiving chemotherapy? Had metastatic disease? Had localised disease? Were treated for brain cancer? Were treated for lung cancer? Were treated for uterine cancer? Were treated for bladder cancer? Were treated for pancreatic cancer? Were treated for stomach cancer? Were treated for kidney cancer?</p> <p>Part 2: Mortality</p> <p>Question 4: In how many patient deaths within your Trust was cancer (of any type) listed as the primary cause of death in each of the past four years:</p> <p>a) 2015 b) 2014</p>	<p>1st January 2012 - 31st December 2015</p> <p>Month</p> <p>2012 2013 2014 2015</p> <p>Grand Total</p> <p>January 1311 1469 1619 1495</p> <p>February 5894 1304 1344 1490 1379 5517</p> <p>March 1317 1398 1624 1566 5905</p> <p>April 1217 1379 1596 1570</p>
547	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> <p>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)</p>	<p>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> <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</p>
583	583	01/12/2016	Performance/ Activity	<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>1st Nov 2015 – 1st Nov 2016</p> <p>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</p> <p>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</p> <p>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</p>

			<p>Could you provide me with information about your 2016 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.</p> <p>Within the response, please include:</p> <ul style="list-style-type: none"> * 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 		
473	473	30/11/2016	ICT	See attachment.	
545	545	30/11/2016	HR /Staff	See attachment.	
				<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	611	28/11/2016	Finance	<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>	
573	573	23/11/2016	Corporate Policy/ Decisions		
577	577	23/11/2016	Service Information	<p>Could you please send me a structure chart with names and job titles of your HR and IT department?</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?</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>The information we are able to provide is detailed in the attachment.</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>
578	578	23/11/2016	Service Information	<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>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>	
581	581	23/11/2016	Performance/ Activity		
585	585	23/11/2016	Finance	<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>The information we are able to provide is detailed in the attachment.</p> <p>The systems within the Trust are not sophisticated enough to provide this level of information.</p> <p>1. How many qualified Social workers did you have working on a temporary (agency) basis on 30 August 2016? 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? NIL</p>
586	586	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>
588	588	23/11/2016	HR /Staff		

				<p>Bilirubinometer/kernicterus FOI</p> <p>1. How many community midwives does your trust employ? 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? 4. Where are your trust's bilirubinometers stored? 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? 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? 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. 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>
589	589	23/11/2016	Service Information	<p>Bilirubinometer/kernicterus FOI</p> <p>1. How many community midwives does your trust employ? 2. How many live births was your trust responsible for in financial year 2015/16? 3. How many bilirubinometers (device to measure bilirubin in the blood) does your trust have available for use by community midwives? 4. Where are your trust's bilirubinometers stored? 5. What training is provided to community midwives in the use of bilirubinometers? 6. How much does your trust spend per annum on purchasing bilirubinometers? Please provide figure for financial year 2015/16 7. Does your trust have a policy for treatment of neonatal jaundice? 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? 9. What is your average discharge time for babies and mothers following a live birth? 10. Do you record cases of brain damage caused by high bilirubin levels in babies with neonatal jaundice (kernicterus)? 11. If yes to the question above then please provide figures for the number of cases for all financial years where data is available. 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>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 Inflixtra (Infliximab) - biosimilar Cimzia (certolizumab) N/A Simponi (golimumab) N/A Taltz (ixekizumab) N/A N/A Stelara (ustekinumab) N/A Otezla (apremilast) N/A</p> <p>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 publicly, 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. 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>
590	590	23/11/2016	Pharmacy/ Prescribing	<p>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.</p> <p>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 Inflixtra (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</p>
591	591	23/11/2016	ICT	<p>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.</p> <p>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?</p>

			<p>1) How many people have been admitted to A&E so far in 2016 as a result of taking ecstasy? 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?</p>	
593	593	23/11/2016	Performance/ Activity	<p>We do not collect this information.</p> <p>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)?</p> <p>2015/2016 Number of K041 complaints</p> <p>March 2015 April 2015 May 2015 June 2015 July 2015 August 2015 September 2015 October 2015 November 2015 December 2016 January 2016 February 2016 March 2016</p> <p>2016/2017 Number of K041 complaints</p> <p>April 2016 May 2016 June 2016 July 2016 August 2016 September 2016</p> <p>Question 2: How many open PALS / Informal concerns did you have as a Trust on the last calendar day of each month during 2015/2016 and 2016/2017 (to date)?</p> <p>2015/2016 Number of open PALS / Concerns March 2015</p>
595	595	23/11/2016	Performance/ Activity	<p>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)?</p> <p>2015/2016 Number of K041 complaints</p> <p>March 2015 April 2015 May 2015 June 2015 July 2015 August 2015 September 2015 October 2015 November 2015 December 2016 January 2016 February 2016 March 2016</p> <p>2016/2017 Number of K041 complaints</p> <p>April 2016 May 2016 June 2016 July 2016 August 2016 September 2016</p> <p>Question 2: How many open PALS / Informal concerns did you have as a Trust on the last calendar day of each month during 2015/2016 and 2016/2017 (to date)?</p> <p>2015/2016 Number of open PALS / Concerns March 2015</p>
596	596	23/11/2016	HR /Staff	<p>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.</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> <p>4-May-2012 Ward/Adjacent areas 25-Mar-2013 Injury from equipment Claim successfully defended</p> <p>20-Aug-2013 Hospital buildings (inside) 15-Apr-2014 Injury from equipment 1765 Payment before proceedings served</p> <p>20-Mar-2012 Hospital grounds (outside) 25-Oct-2013 Injury from equipment Claim closed by NHSLA</p> <p>29-Oct-2013 Hospital grounds (outside) 2-Dec-2015 Fall in car park 4200 Payment before proceedings served</p> <p>13-Apr-2012 Hospital buildings (inside) 10-May-2013 Accidental injury from colleague 1671.25 Payment before proceedings served</p> <p>31-Mar-2015 Health Centre 5-Aug-2016 Slip on wet floor 3250 Payment out of Court after proceedings served</p> <p>21-Sep-2013 Ward/Adjacent areas 5-Jun-2015 Injury from patient Claim successfully defended</p> <p>27-Feb-2016 Patient's Home 25-Oct-2016 Dog attack 0 Claim closed by NHSLA</p> <p>8-Feb-2015 Ward/Adjacent areas 18-Oct-2016 Needlestick injury 2000 Payment out of Court after</p>
631	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>
520	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>
539	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>
544	544	28/10/2016	Performance/ Activity	<p>Burnley 5743</p> <p>Blackburn 630</p> <p>Rossendale 51</p> <p>2. How many adult accident and emergency admissions did you have per hospital over 2015?</p> <p>Blackburn 32411</p> <p>Burnley 241</p> <p>Pendle 4</p> <p>3. How many pediatric accident and emergency admissions did you have per hospital over 2015?</p> <p>Blackburn 5705</p> <p>Burnley 320</p>

556	556	28/10/2016	ICT	<ul style="list-style-type: none"> • Fixed contract exceeding 1 year • Fixed contract less than 1 year <ol style="list-style-type: none"> 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? <ul style="list-style-type: none"> • Yes • No 8. Do you have NHS Mail? <ul style="list-style-type: none"> • Yes • No 9. Do you have NHS Mail 2? <ul style="list-style-type: none"> • Yes • No 10. What kind of Microsoft Licensing Agreement do you have? Please select from the below: <ul style="list-style-type: none"> • 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) 	<ol style="list-style-type: none"> 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
557	557	28/10/2016	ICT	- The number of computers currently owned, maintained or used which run the operating system Windows XP.	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.
558	558	28/10/2016	Procurement	<p>Part 1 – Generic, non-commercially sensitive information:</p> <ol style="list-style-type: none"> 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. <p>Part 2 – Specific information:</p> <ol style="list-style-type: none"> 1. Digital Dictation <ol style="list-style-type: none"> a. Please confirm how many licences the Trust currently has; and b. Please confirm annual expenditure on Annual Support Fees. 2. Speech Recognition <ol style="list-style-type: none"> a. Please confirm how many licences the Trust currently has; and b. Please confirm annual expenditure on Annual Support Fees. 3. Outsourced Transcription <ol style="list-style-type: none"> a. Please confirm how many lines or minutes he Trust currently sends to Outsourced Transcription; and b. Please confirm annual expenditure. 	<p>Part 1 – Generic, non-commercially sensitive information:</p> <ol style="list-style-type: none"> 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 <p>Part 2 – Specific information:</p> <ol style="list-style-type: none"> 1. Digital Dictation <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> a. Please confirm how many licences the Trust currently has; and b. Please confirm annual expenditure on Annual Support Fees. 3. Outsourced Transcription <ol style="list-style-type: none"> a. Please confirm how many lines or minutes he Trust currently sends to Outsourced Transcription; and b. Please confirm annual expenditure. <p>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</p> <p>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</p> <ul style="list-style-type: none"> • 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	564	28/10/2016	Finance	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

579	579	28/10/2016 HR /Staff	<p>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</p> <p>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</p> <p>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</p> <p>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.</p>	<p>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</p>
587	587	28/10/2016 Performance/ Activity	<p>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?</p> <p>2. What is the cost to yourselves of providing public health funerals for each year since 2006? And in the year 2000?</p> <p>3. Please can you tell me the age of the oldest and youngest person who had a public health funeral.</p> <p>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).</p> <p>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.</p>	<p>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</p> <p>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</p> <p>3. Please can you tell me the age of the oldest and youngest person who had a public health funeral. 68 and 87 years</p> <p>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</p> <p>5. If it is recorded, was their family unable to pay or unwilling to? Unrecorded</p>
501	501	11/10/2016 HR /Staff	<p>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:</p> <p>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.</p> <p>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.</p>	<p>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:</p> <p>2010 2011 2012 2013 2014 2015 Bank 1 0 114 136 110 150 FTT 24 24 55 58 56 63 Perm 1804 1909 2333 2296 2393 2412</p> <p>a. The average experience, measured in number of years as a registered nurse. 2.9 Years</p> <p>b. The average age. 43.98</p> <p>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</p> <p>d. How many of them are registered with NMC. 2681</p> <p>e. How many of them are male.</p>

			<p>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</p>	
505	505	11/10/2016 HR /Staff	If you require any more information, please let me know in advance for your assistance.	<p>A) We do not currently have any post CCT fellowships. 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</p>
551	551	11/10/2016 ICT	<p>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?</p>	<p>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? 2013/14 = 8 dismissed, 9 action short of dismissal, 5 no formal action 2014/15 = 3 dismissed, 2 action short of dismissal, 2 no formal action 2015/16 = 1 dismissed, 2 action short of dismissal, 2 no formal action, 1 resignation, 1 outcome pending 4. What is the longest suspension during the three year period? 333 days</p>
504	504	10/10/2016 HR /Staff	<p>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@lth.com</p>	<p>All alleged disciplinary related issues c. What were the outcomes of these suspensions? 2013/14 = 8 dismissed, 9 action short of dismissal, 5 no formal action 2014/15 = 3 dismissed, 2 action short of dismissal, 2 no formal action 2015/16 = 1 dismissed, 2 action short of dismissal, 2 no formal action, 1 resignation, 1 outcome pending 4. What is the longest suspension during the three year period? 333 days</p>

510	510	10/10/2016 Service Information	<p>1. How many coeliacs in your trust currently receive free gluten-free products on prescription?</p> <p>2. Could you indicate which of the following products your trust prescribes, and if applicable the total cost per product to your trust (including admin, procurement, VAT and delivery costs)</p> <p>400g White Sliced Bread Brand Yes No Total Cost Lifestyle Healthcare Ener-g Juvela Warburtons Gluten Free (Case of 4) Genius Glutafin</p> <p>3. How much does your trust spend annually on prescribing gluten-free food products for coeliac sufferers, including procurement, admin costs and delivery?</p>	
540	540	10/10/2016 ICT	<p>1. How many staff do you currently have?</p> <p>2. How many IT network accounts do you have for logging on to the network currently?</p> <p>3. How many Full Time Equivalent (FTE) staff (including vacancies) do you have that are responsible for Information Governance (IG)?</p> <p>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)?</p> <p>5. Please state the make/model version number (as applicable) for the following IT security controls on your IT network;</p> <p>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)</p> <p>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)?</p>	<p>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</p> <p>3. How many Full Time Equivalent (FTE) staff (including vacancies) do you have that are responsible for Information Governance (IG)? 2</p> <p>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</p> <p>5. Please state the make/model version number (as applicable) for the following IT security controls on your IT network;</p> <p>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)</p> <p>We cannot provide this as this information can potentially pose a security risk.</p> <p>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</p>
542	542	10/10/2016 Service Information	<p>1. How many children aged under 18 were admitted to each of your accident & emergency departments in the below years due to self-harming?</p> <ul style="list-style-type: none"> • 2015-16 • 2014-15 • 2013-14 <p>2. Can you provide an age breakdown of admittances for each of these years?</p> <p>3. Can you provide an injury breakdown for each of these years?</p>	<p>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</p> <p>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</p> <p>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 Head injury <5 7 <5 abdomen injury <5 <5 Overdose / Self poisoning 36 40 41</p>

555	555	10/10/2016 Service Information 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	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 year ageband 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 <10 16 <5 <5 10 - 19 7 <5 <5 <5
560	560	10/10/2016 Procurement 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.	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 01/05/2014 31/05/2017 Integrated Theatre Karl Storz In 2013, 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
525	525	05/10/2016 Service Information	

			<p>SENT: 04 AUGUST 2016 10:49</p> <p>To: Cc: Butcher Jane (ELHT) Medical Staffing Subject: New junior doctor contract</p> <p>Dear Doctor,</p> <p>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.</p> <p>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.</p> <p>Regards, Jane</p> <p>Jane Butcher Head of Medical Staffing Ext 84166 01254 734166</p>
528	528	14/09/2016 Performance/ Activity	<p>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.</p> <p>Please provide any attachments with emails. If any information is exempted, please state how much information has been removed/redacted.</p> <p>Regards, Edward Thomas</p> <p>* 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</p>
			<p>2. How many dermatology consultants work within the Trust? 3. How many speciality dermatology nurses work within the Trust (including dermatology clinical nurse specialists and dermatology nurse practitioners)? 4. Does the Trust have standards to support healthcare professionals to deliver psychodermatological care? 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? 6. Does your Trust produce local guidelines to support the management of adult Atopic Dermatitis (L20.9)? (yes / no) 7. What is the 'Friends and Family Test' score for the Trust's dermatology services? 8. What is the average time to treatment from referral for adults with Atopic Dermatitis (L20.9) in the Trust? 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: a. first attendance – single professional b. first attendance – multi-professional c. follow up attendance – single professional d. follow up attendance – multi-professional 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: a. first attendance – single professional b. first attendance – multi-professional c. follow up attendance – single professional d. follow up attendance – multi-professional.</p> <p>11. Please outline which of the following treatments are available to adult patients with Atopic Dermatitis (L20.9) in the Trust, according to the local formulary. Treatment Yes / No Available as a first line treatment option for appropriate adult patients with Atopic Dermatitis (yes/no) Available as a second line treatment option for appropriate adult patients with Atopic Dermatitis (yes/no) Available as a third line treatment option for appropriate adult patients with Atopic Dermatitis (yes/no)</p>
446	446	02/09/2016 Corporate Policy/ Decisions	<p>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? 98.5%</p> <p>8. What is the average time to treatment from referral for adults with Atopic Dermatitis (L20.9) in the Trust? 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>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.</p>
506	506	02/09/2016 Performance/ Activity	<p>If you are unable to answer the last 2 questions, I'd still like the answers to the first two.</p> <p>Please see document attached</p>
			<p>This request relates to UK Legislation, specifically TM44 Air Conditioning Inspections.</p> <p>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>
509	509	02/09/2016 Service Information	<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>

Comment: The Council is able to provide the data requested only from July 2015. The Council can be contacted at:Accessoinformation@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

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?

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

523 523 02/09/2016 Service Information

Please provide all emails sent/received or cc:d in by your Director (or Head) of Human Resources concerning the new Junior Doctor's contract, in the last 2 months up to 4/8/16. Please make sure to include anything on the contract's imposition, including any consequences for not implementing it. Please provide attachments.

Please see pdf document attached

529 529 02/09/2016 Performance/ Activity

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

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

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 available.

Please do not send us documents that are out of date even if the document state 2012-2016, I require the updated 2016 version. This is the most critical part of this project is that we gain the most recent version of the documents.

530 530 02/09/2016 Corporate Policy/ Decisions

Please can you provide all document in PDF format. Also please do not send scanned documents as this will

Please see attached documents

			<p>I should like to request the following information:</p> <p>Does the Trust outsource, in whole or part, any element of the car parking and security services?</p> <p>If yes please can you provide the following information:</p> <ol style="list-style-type: none"> 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 <p>If No please can you provide the following information:</p> <ol style="list-style-type: none"> 1. Annual in-house cost of providing Security service 2. Annual in-house cost of providing car parking service <p>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:</p> <p>220 Ipswich Road Colchester Essex CO4 0EP</p> <p>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>Does the Trust outsource, in whole or part, any element of the car parking and security services?</p> <p>Both parking and security services are provided by our PFI partner Consort</p> <p>If yes please can you provide the following information:</p> <ol style="list-style-type: none"> 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 <p>If No please can you provide the following information:</p> <ol style="list-style-type: none"> 1. Annual in-house cost of providing Security service 2. Annual in-house cost of providing car parking service 	
532	532	02/09/2016	Transport/ Car Parking	<p>If the information requested contains sections of confidential information, please blank out or remove these from your response to my colleague's request. We have three questions about the source of referrals data that you have provided:</p> <ol style="list-style-type: none"> 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? 	<ol style="list-style-type: none"> 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
526	526	01/09/2016	Performance/ Activity		
461	461	22/08/2016	Finance	<ol style="list-style-type: none"> 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. 	<p>financial year (15/16) 92428 invoices</p> <p>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</p> <p>3) Please state the total value of moneys recovered by each provider in the period(s) reviewed. £856,622.24</p> <p>4) Please state the total amount paid to any external parties for this review work. £50,369.87</p>
498	498	22/08/2016	Service Information	<p>I am undertaking a short study as a volunteer for All Rise (http://www.allrisesaynotocyberabuse.com/)</p> <p>I have two questions - based on the time period January 2013 - July 2016</p> <ol style="list-style-type: none"> 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? 	<ol style="list-style-type: none"> 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? Yes
508	508	22/08/2016	Performance/ Activity	<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>	<p>Total Admin & Clerical Nursing & Midwifery (including unqualified) AHPs Medical & Dental Estates & Facilities Scientific</p> <p>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</p> <p>Please state the organisation's average time-to-recruit in weeks for substantive vacancies for each staffing group during the financial year: 65.09 - - - - -</p> <p>Please indicate which staff groups, if any, your trust uses value/behavioural-based recruitment for: Executive level Only</p> <p>Total Admin & Clerical Nursing & Midwifery (including unqualified) AHPs Medical & Dental Estates & Facilities Scientific</p> <p>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</p> <p>Please state the organisation's average time-to-recruit in weeks for substantive vacancies for each staffing group during the financial year: 70.95 - - - - -</p> <p>Please indicate which staff groups, if any, your trust uses value/behavioural-based recruitment for: Executive level Only</p> <p>Please note as we do not record time to hire at staff group level we have provided the Trust average.</p>

511	511	22/08/2016 Finance	<p>I am researching HK 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>	See spreadsheet attached
519	519	22/08/2016 HR /Staff	<p>Staff Bank</p> <p>Do you use a nurse bank? Is it outsourced?</p> <ul style="list-style-type: none"> - 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? <p>Do you use Agency Nurses?</p> <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> • band 5 general nurses • band 5 specialist nurses • HCAs 	<p>Q1: Do you use a nurse bank? – We have our own in-house staff bank service which includes Nurses</p> <p>Q2: Is it outsourced? – No</p> <p>Q3: Is your outsourced bank used via a framework, eg, CCS, HTE, LPP? – Not applicable – in-house staff bank service</p> <p>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.</p> <p>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.</p> <p>Q6: What was your spend on agency nurses during 2015/2016? – £3.3m on agency for qualified nurses.</p> <p>Q7: Which framework do you use for agency nursing staff? – We use the Crown Commercial Services (CCS) framework for our Nursing staff.</p> <p>Q8: Are you meeting the NHS Improvement Price Caps on;</p> <ul style="list-style-type: none"> • Band 5 General Nurses • Band 5 Specialist Nurses • HCAs <p>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).</p>
521	521	22/08/2016 HR /Staff	<p>Medical Locums</p> <ul style="list-style-type: none"> - What was your agency spend on medical locums during 2015/2016? - Do you source your locums via: <ul style="list-style-type: none"> 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)? <p>AHP/HSS Staff Groups</p> <ul style="list-style-type: none"> - 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? <p>Other staff groups</p> <ul style="list-style-type: none"> - 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? 	<ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> 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 - Which framework do you use to source your agency workers in this area? CCS
537	537	22/08/2016 Service Information	<p>Does your organisation:</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

538	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) 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
550	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	
443	443	11/08/2016 Corporate Policy/ Decisions	Many thanks for your reply. Is the consent form hand-written or pre-printed (i.e. With the benefits and risks already printed on it)? If it/they are pre-printed will you please email a copy?	
481	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>11. How do you provide training to medical staff when a new blood pressure monitor is introduced in your hospital? (e.g. manual handbook, training sessions from suppliers)</p> <p>12. How the supply chain is established in your organisation when you order new blood pressure monitors? (e.g. supplier delivers the products, courier or take out?)</p> <p>13. Do you provide feedback to your suppliers? If "yes" how? (e.g. emailing, calling, submitting a form)</p> <p>14. What is the average useful life of a single blood pressure monitor?</p>	<p>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 Timesco 49 Topaz 20 Welch Allyn 3 Wenzhou 6</p>
487	487	09/08/2016 HR /Staff	<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>
516	516	09/08/2016 Corporate Policy/ Decisions	<p>Can you please let me know under FOI, whether your trust:</p> <ul style="list-style-type: none"> 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. 	<p>MRSA screening guidance for NHS (2014). No</p> <ul style="list-style-type: none"> 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

			<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 <input type="checkbox"/> Details about any physiological outcomes (e.g. heart rate, blood pressure) shown to benefit from Reiki 	
527	527	09/08/2016	Service Information	We do not offer complimentary therapies to patients as we are not commissioned to provide a service.
				<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 ?)</p>
531	531	09/08/2016	HR /Staff	The Trust uses CISCO telephone systems.
				<p>What ERP (Enterprise Resource Management) or Finance system is currently used at the council? financials</p> <p>2. When does your contract expire? 12 month rolling contract</p> <p>3. Do you have any planned upgrades of the software? If so, when? Yes late 2017</p> <p>4. Are you planning to go to market for a different ERP/ Finance system? If so, when? Yes</p> <p>5. How many users / licenses of the system do you have at the council? Outsourced not known</p> <p>6. Who is the person responsible for your ERP / Finance system? Please provide full name, title and contact information if possible. Outsourced</p> <p>7. Do you have a particular business charter in place that encourages your supplier to pay the rest of their supply chain early? No</p>
453	453	08/08/2016	Finance	
				<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?</p> <p>Information request – 1</p> <p>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 speciality (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).</p> <p>Information request – 2</p> <p>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 speciality (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).</p> <p>Information request – 3</p> <p>The number of individual Agency Staff members who worked during each calendar month 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 speciality (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).</p>
469	469	08/08/2016	HR /Staff	<p>See pdf documents attached</p> <p>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.</p> <p>If you narrow the scope of your request the Trust may be able to provide the information free of charge because it would cost 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</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 ensure there are no treatment delays and our patients all receive 1st class quality of care.</p>														
483	483	08/08/2016	Service Information	<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>														
488	488	08/08/2016	ICT	<p>The contracts was never provided can you do this now please</p> <p>Please provide me with an up to date Organisational Structure chart for CAMHS including all manager NAMES, contact details and job titles.</p>														
497	497	08/08/2016	HR /Staff	<p>Please see pdf attached. All staff members can be contacted through ELCAS reception on 01282 804806.</p>														
513	513	08/08/2016	Pharmacy/ Prescribing	<p>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: 														
440	440	04/08/2016	Service Information	<p>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.</p> <p>Question B</p> <p>The number of discharges by ELHT for the last 6 financial years is:</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>133503</td> </tr> <tr> <td>2011/12</td> <td>135960</td> </tr> <tr> <td>2012/13</td> <td>139425</td> </tr> <tr> <td>2013/14</td> <td>142624</td> </tr> <tr> <td>2014/15</td> <td>142328</td> </tr> <tr> <td>2015/16</td> <td>144866</td> </tr> </tbody> </table> <p>(a) total number of patients discharged by the Trust between 11pm and 6am in each of the last six financial years</p> <p>(b) total number of patients discharged by the Trust in each of the last six years</p>	Fiscal Year	Count	2010/11	133503	2011/12	135960	2012/13	139425	2013/14	142624	2014/15	142328	2015/16	144866
Fiscal Year	Count																	
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			<p>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)</p> <p>2. Transactional Recruitment Services This relates to the administration of recruitment administration - from approval to conditional offer - through NHS jobs.</p> <p>3. Resourcing Services This relates to the sourcing of permanent candidates (e.g. through NHS Professionals or 3rd party agencies)</p> <p>a) Who is the Trust's service provider (in-house or 3rd party provider)?</p> <p>b) If outsourced to a 3rd party provider, what is the name of the service provider you use?</p> <p>c) If outsourced to a 3rd party provider, what is the value of the contract per annum (excluding transition fee)?</p> <p>d) If outsourced to a 3rd party provider, what was the transition fee paid?</p> <p>e) If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?</p> <p>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?</p> <p>i. If yes, who is the Trust's contact for discussing these services and what are their contact details?</p> <p>ii. If not, what is the route through which you will contract these services?</p> <p>g) If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months?</p> <p>i. If yes, who is the Trust's contact for discussing these services and what are their contact details?</p> <p>h) What are the systems that the Trust (and/or 3rd party provider) utilises in conjunction with these services and what function do they perform? Please indicate where any of the service areas apply electronic self service functionality and if so which system is the platform for data submission</p>	<p>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.</p> <p>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.</p>
452	452	04/08/2016 Finance	i) What are the volumes of activity that are associated with each of the services areas per annum?	
454	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 speciality (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 speciality (example provided below) <p>See attached pdf</p>
464	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?</p> <p>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:</p> <p>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?</p> <p>Q5 For your Trust, listing data sets individually, please provide, per calendar year for the period 2006 to 2016 inclusive, the following information: Number of admissions of acute Kawasaki Disease Month of case admission Patient gender Patient ethnicity Age of patient at diagnosis First four items of patient postcode (partial postcode which is non-identifiable)</p>	<p>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 17.5% 2 17% 3 21% 4 13% 5 13% 6 6% 7 4% 9 6% 10 4%</p> <p>The percentage by partial postcode was: BB1 7.5%</p>
468	468	04/08/2016 HR /Staff	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. Details of all the current doctors partaking in training fellowships (or other similar training programmes for post CCT doctors) within your Ophthalmology departments.	We don't have any records of any post CCT doctors undertaking fellowships etc in Gastro or Ophthalmology
472	472	04/08/2016 HR /Staff	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	We don't have any records of any post CCT doctors undertaking fellowships

	<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? Yes No</p> <p>1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)? Yes No</p> <p>1.3 Is the Organisations performance against the action plan reported formally to the board? Yes No</p> <p>2. Governance/Staff Engagement</p> <p>2.1 Is there a board level nominated sustainability lead? Yes No</p> <p>2.2 Do you have a Sustainability Manager in post? Yes No</p> <p>2.3 Do you have an Energy Manager in post? Yes No</p> <p>2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI? Yes No</p> <p>2.5 Within the last twelve months have you undertaken any staff engagement activities? Yes No</p> <p>2.6 Within the last twelve months has the Trusts performance against sustainability been reported to staff throughout all grades? No</p>	<p>1.1 Has the Trust got a board approved Sustainable Development Management Plan (SDMP) which meets the SDU guidance issue? Yes</p> <p>1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)? Yes</p> <p>1.3 Is the Organisations performance against the action plan reported formally to the board? Yes - through a Board subcommittee</p> <p>2. Governance/Staff Engagement</p> <p>2.1 Is there a board level nominated sustainability lead? Yes</p> <p>2.2 Do you have a Sustainability Manager in post? Yes</p> <p>2.3 Do you have an Energy Manager in post? Yes</p> <p>2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI? No</p> <p>2.5 Within the last twelve months have you undertaken any staff engagement activities? Yes</p> <p>2.6 Within the last twelve months has the Trusts performance against sustainability been reported to staff throughout all grades? No</p>	<p>1.1 Has the Trust got a board approved Sustainable Development Management Plan (SDMP) which meets the SDU guidance issue? Yes</p> <p>1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)? Yes</p> <p>1.3 Is the Organisations performance against the action plan reported formally to the board? Yes - through a Board subcommittee</p> <p>2. Governance/Staff Engagement</p> <p>2.1 Is there a board level nominated sustainability lead? Yes</p> <p>2.2 Do you have a Sustainability Manager in post? Yes</p> <p>2.3 Do you have an Energy Manager in post? Yes</p> <p>2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI? No</p> <p>2.5 Within the last twelve months have you undertaken any staff engagement activities? Yes</p> <p>2.6 Within the last twelve months has the Trusts performance against sustainability been reported to staff throughout all grades? No</p>
480	480	04/08/2016 Service Information	<p>diagnosed [any diagnosis position] with neuroendocrine tumours</p> <p>2. Of these how many have carcinoid syndrome (E34.0)?</p> <p>3. Of the patients with neuroendocrine tumours (NETs), how many received with the following treatments:</p> <ul style="list-style-type: none"> • Somatuline Autogel (lanreotide) • Somatuline LA (lanreotide) • Sandostatin LAR (octreotide LAR) • Octreotide • Afinitor (everolimus) • Sutent (sunitinib) <p>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:</p> <ul style="list-style-type: none"> • Somatuline Autogel (lanreotide) • Somatuline LA (lanreotide) • Sandostatin LAR (octreotide LAR) • Octreotide • Somavert (pegvisomant) • Signifor (pasireotide pamoate) <p>*To assist in sourcing the answer to my question specifically in respect of NETs, the below information may be of use.</p> <p>In relation to patients with neuroendocrine tumours, these tumours are typically identified from pathology analysis, but may be coded using various ICD10 codes. The following may be commonly used:</p> <ul style="list-style-type: none"> • C787 - Secondary malignant neoplasm of liver • C786 - Secondary malignant neoplasm of retroperitoneum and peritoneum • C772 - Secondary and unspecified malignant neoplasm of Intra-abdominal lymph nodes • C780 - Secondary malignant neoplasm of the lung • Z850 - Personal history of malignant neoplasm of digestive organs
482	482	04/08/2016 Service Information	<p>diagnosed [any diagnosis position] with neuroendocrine tumours</p> <p>We do not have a specific code for neuroendocrine tumours and are therefore unable to provide this information.</p> <p>2. Of these how many have carcinoid syndrome (E34.0)?</p> <p>We do not have a specific code for neuroendocrine tumours and are therefore unable to provide this information.</p> <p>3. Of the patients with neuroendocrine tumours (NETs), how many received with the following treatments:</p> <ul style="list-style-type: none"> • Somatuline Autogel (lanreotide) • Somatuline LA (lanreotide) • Sandostatin LAR (octreotide LAR) • Octreotide • Afinitor (everolimus) • Sutent (sunitinib) <p>We do not have a specific code for neuroendocrine tumours and are therefore unable to provide this information.</p> <p>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:</p> <ul style="list-style-type: none"> • Somatuline Autogel (lanreotide) • Somatuline LA (lanreotide) • Sandostatin LAR (octreotide LAR) • Octreotide • Somavert (pegvisomant) • Signifor (pasireotide pamoate) <p>There have been a total of 19 patients treated at the Trust diagnosed with E220 or D352 between 1st April 2015 and 31st March 2016. Unfortunately our pharmacy coding does not enable us to tie the treatment to any of these specific patients.</p> <p>*To assist in sourcing the answer to my question specifically in respect of NETs, the below information may be of use.</p> <p>In relation to patients with neuroendocrine tumours, these tumours are typically identified from pathology analysis, but may be coded using various ICD10 codes. The following may be commonly used:</p>

484	484	04/08/2016 Pharmacy/ Prescribing	<p>ordered in the last 12 months:</p> <ul style="list-style-type: none"> 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 <p>The MHRHA explained that chlorhexidine is classified differently for different presentations. These are:</p> <ul style="list-style-type: none"> 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) <p>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.</p> <p>The MHRHA 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.</p> <p>The MHRHA updated their guidance note 8 – what is a medicinal product – in March 2016.</p> <ul style="list-style-type: none"> Has the hospital trust considered either or both MHRHA guidances? At which sub-committee of the board was this MHRHA guidance considered? Please send through agenda, minutes or paperwork from that committee which demonstrates that the guidance was on the agenda, was presented and discussed at the meeting and a decision to follow or not-follow the guidance was made and documented 																						
485	485	04/08/2016 Corporate Policy/ Decisions	<p>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.</p> <p>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.</p> <p>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.</p>																						
486	486	04/08/2016 HR /Staff	<p>1. How many Heart Failure Specialist Nurses did the Trust employ from: 30th June 2015 to 30th June 2016?</p> <p>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)?</p> <table border="1" data-bbox="1187 1149 1807 1204"> <tr> <td>2006</td> <td>2007</td> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> <td>2013</td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td>0</td> <td>1</td> <td>3</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>3</td> <td>3</td> </tr> </table>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	0	1	3	4	4	4	4	4	4	3	3
2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016															
0	1	3	4	4	4	4	4	4	3	3															

			Under the Freedom of Information Act, please could you provide the following information for East Lancashire Hospitals NHS Trust	Yes 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. Number of Procedures Performed 2011 2012 2013 2014 2015 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 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? 3a) Hip Replacements 13 3b) Hip replacement revisions 15 3c) Knee Replacements 11 3d) Knee replacement revisions 16 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? d) What is the maximum length of time patients wait for a knee replacement revision from referral? 4a) Hip Replacements 45 4b) Hip replacement revisions 33
493	493	04/08/2016	Performance/ Activity	1. Does the NHS Trust provide arthroplasty (joint replacement services)? 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. 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? 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? d) What is the maximum length of time patients wait for a knee replacement revision from referral? 5. a) Has the Trust been asked to reduce the number of arthroplasty procedures it carries out at any point over the last five years, by commissioners? b) If Yes, by how many? 6. a) Has the Trust been asked to change the criteria by which patients are selected for arthroplasty procedures? b) If Yes, in what way?
494	494	04/08/2016	Service Information	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 Can I please request to highlight the provider or information to follow those individuals responsible for their given area and reporting line management; 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. I am researching HR within the NHS.
495	495	04/08/2016	Service Information	There is no gain share in place between the Trust and local CCGs Please see pdf documents attached
500	500	04/08/2016	HR /Staff	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. Please see document attached
437	437	03/08/2016	Pharmacy/ Prescribing	Could you please provide me with the following numbers of patients treated in the last 12 months [latest 12 months possible] with the following drugs for the either dermatology or gastroenterology departments. Number of patients treated Adalimumab Apremilast Etanercept Etanercept Biosimilar Golimumab Infliximab Infliximab Biosimilar Secukinumab Ustekinumab Vedolizumab Others Drug name : patients Adalimumab 337 Golimumab 27 Vedolizumab 9 Ustekinumab 54 Secukinumab 7 Etanercept 403 Infliximab biosimilar 5 Infliximab 128

496	496	29/07/2016	Service Information	<p>1. Details of any hospitals within your Trust which were carrying out scoliosis correction surgery in 2006</p> <p>2. Whether spinal cord monitoring was available at the hospitals listed in your response to question 1</p> <p>3. The type of spinal cord monitoring available at the hospitals listed in your response to question 1</p>	<p>1. Details of any hospitals within your Trust which were carrying out scoliosis correction surgery in 2006 We did not do this procedure – any patients requiring scoliosis correction surgery would be transferred to Preston</p> <p>2. Whether spinal cord monitoring was available at the hospitals listed in your response to question 1 No spinal cord monitoring offered</p> <p>3. The type of spinal cord monitoring available at the hospitals listed in your response to question 1 N/A</p>
433	433	14/07/2016	Corporate Policy/ Decisions	<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>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 - 3rd party provider or in-house?</p> <p>c. If 3rd party provider is used 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 Auditing and LOLER testing of this equipment managed? In-house or 3rd party provider</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 N/A</p> <p>c. Is the 3rd party service & maintenance contracted? Yes or No N/A</p> <p>d. If Yes what is the contract term? (Including any extension periods). N/A</p> <p>e. What is the expiry date of this contract? 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 Yes</p> <p>b. If No - How is service & maintenance of this equipment dealt with – alternative 3rd party provider or in-house? N/A</p> <p>c. If 3rd party provider please state company name N/A</p> <p>d. Is this 3rd party service contracted? Yes or No N/A</p> <p>e. If Yes what is the contract term? (Including any extension periods). N/A</p> <p>f. What is the expiry date of this contract? N/A</p> <p>g. How is the decontamination of these products managed? In-house or 3rd party provider In-house</p>
462	462	14/07/2016	Service Information	<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>

426	426	13/07/2016	Corporate Policy/ Decisions	<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>"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 number of Employment Tribunal claims which Mr Agrawal has brought against it. Those Employment Tribunal proceedings are ongoing. Legal fees billed but not yet paid 9. Fees of £3306.00 are outstanding. Agency Locum Doctor and Consultant Expenditure</p>
457	457	13/07/2016	HR /Staff	<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 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>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	465	13/07/2016	HR /Staff	<p>the total Agency spend within Gastroenterology over the following months, December 2015 January 2016 February 2016 March 2016 April 2016 May 2016</p>	<p>Job Descriptions attached Month Expenditure (£) 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>
466	466	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 (£) 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>
467	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 (£) 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	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</p> <p>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</p> <p>3. The number of times the hospital(s)/organisation paid the attackers since January 2012 to the date of this request. 0</p> <p>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</p> <p>5. Any emails sent or received by the hospital(s)/organisation discussing ransomware attacks. 0</p> <p>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>
475	475	13/07/2016	Service Information	<ul style="list-style-type: none"> 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 	<p>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</p>
476	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? In house</p> <p>2) If this In House, is this an On Premise or a SaaS solution? On premises</p> <p>3) Please provide the full name and version of the ITSM software application in use? 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. £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) 34</p> <p>6) When is the contract due for renewal? 2017</p> <p>7) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud? NHS Procurement Framework</p> <p>8) What are your published procurement thresholds for tendering purposes? As per national agreement</p> <p>9) What is the Authorities strategy with regards to Cloud solutions as opposed to In House installations? No defined strategy</p> <p>10) Has the organisation ever procured through the G Cloud Framework? Yes</p>	<p>1) Is your IT Service Management function and associated software application based In house or Outsourced to a 3rd Party? In house</p> <p>2) If this In House, is this an On Premise or a SaaS solution? On premises</p> <p>3) Please provide the full name and version of the ITSM software application in use? 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. £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) 34</p> <p>6) When is the contract due for renewal? 2017</p> <p>7) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud? NHS Procurement Framework</p> <p>8) What are your published procurement thresholds for tendering purposes? As per national agreement</p> <p>9) What is the Authorities strategy with regards to Cloud solutions as opposed to In House installations? No defined strategy</p> <p>10) Has the organisation ever procured through the G Cloud Framework? Yes</p>
471	471	08/07/2016	Finance	<p>Please could you confirm the contract end date for your Finance and Accounting service currently provided by ELFS.</p>	<p>The current contract is on a rolling 12 months basis.</p>

445	445	06/07/2016 HR /Staff	<p>organisations mandatory training:</p> <ol style="list-style-type: none"> 1. A complete list of training courses your organisation has provided to members of staff over the past 24 months 2. An indication of which of the above courses are delivered through E-learning 3. The number of staff who took part in each course 4. Which companies/organisations have provided the platform/software for E-learning within your organisation (if these were created in-house please say so) 5. The price paid to suppliers for each course including software and training 6. If courses were provided in-house, the grade or band of those creating the learning package 7. Copies of tender documents issued for E-learning or mandatory training delivery 8. An indication of when each E-learning course is scheduled for renewal/re-tendering 																					
456	456	05/07/2016 Service Information	<ol style="list-style-type: none"> 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. 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? <table border="1"> <thead> <tr> <th></th> <th>13/14</th> <th>14/15</th> <th>15/16</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>ICU/HDU Bed Unavailable</td> <td></td> <td></td> <td></td> <td>24</td> <td>15</td> <td>13</td> </tr> <tr> <td>Ward bed unavailable</td> <td></td> <td></td> <td></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
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ICU/HDU Bed Unavailable				24	15	13																		
Ward bed unavailable				80	130	153																		
478	478	05/07/2016 Corporate Policy/ Decisions	<p>Good afternoon, we are attempting, on behalf of my mother Joan E Denbigh to obtain the dates of hospitalization during 2016 of her late husband Brian Denbigh. His date of birth was May 4 1934 and his date of death June 4 2016. The postal code is BB2 6DX and the telephone number of 01254 580260. The complete medical records are not needed, just the dates, so we can file an insurance claim for supplemental health. If this is possible to provide by email, we would appreciate it. If you need further information, please let me know</p> <p>Information provided under Data Protection Act</p>																					
447	447	04/07/2016 Service Information	<p>testing, carried out on tumour tissue?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>2. If yes, at what stage does this testing take place? Does it take place:</p> <p><input type="checkbox"/> Pre treatment i.e. at diagnosis (on a biopsy of the tumour)</p> <p><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?</p> <p><input type="checkbox"/> Reflex</p> <p><input type="checkbox"/> Referral via MDT</p> <p><input type="checkbox"/> Referral via Genetics Centre</p> <p><input type="checkbox"/> Referral via GP</p> <p><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:</p> <p><input type="checkbox"/> Microsatellite Instability (MSI)</p> <p><input type="checkbox"/> Immunohistochemistry (IHC)</p> <p><input type="checkbox"/> BRAF and MLH1</p> <p><input type="checkbox"/> Other</p> <p>5. Are the results of this reflex test communicated to the patient?</p> <p><input type="checkbox"/> Yes</p> <p><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</p> <p>The genetics team then decide who requires molecular testing which is done by immunohistochemistry also at Manchester.</p> <p>We do not do reflex testing at the minute</p> <p>Any change would be done via the Network</p>																					

			<p>Type here</p> <p>2. Did this/these hospital(s) use to have their own pathology laboratory in the year 2010? Yes 0 No 0</p> <p>3. Are you pathology services currently centralized (or partially centralized) in a main laboratory in line with Lord Carter's review? Yes 0 No 0 If YES, please specify the DATE of the first centralization and the NUMBER of previous laboratories now merged into one: Date of centralization: Number of previous laboratories: If NO, please specify if centralization is planned in the near future: Yes 0 No 0</p> <p>4. Are you pathology services currently managed by a private provider (even if shared and/or joint venture)? Yes 0 No 0 If YES, please specify the NAME of the private provider: Type here Also, what type of private partnership do you have? Completely private 0 Joint venture 0 Other (please specify) 0 Type here</p> <p>5. In the year 2010, were your pathology services managed by a private provider? Yes 0 No 0</p> <p>6. In the year 2015, what was your total budget for pathology services (in GBP) including laboratory staff? Type here</p>
470	470	04/07/2016 Service Information	<p>7. In the year 2010, what was your total budget for pathology services (in GBP) including laboratory staff? Type here</p> <p>What is the longest continual stretch of days that have been lost to delayed discharge by one patient in:</p> <p>a) 2012/13 b) 2013/14 c) 2015/16</p>
413	413	01/07/2016 Service Information	<p>What is the longest continual stretch of days that have been lost to delayed discharge by one patient in:</p> <p>a) 2012/13 94 days b) 2013/14 182 days c) 2015/16 259 days</p>
421	421	01/07/2016 Service Information	<p>Type 1 - 111,885 Type 3 - 84930 Between 1st April 2015 and 31st March 2016</p> <p>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</p> <p>3. Who is employed in type 3 A&E (GPs, other doctors, ENPs, ANPs, HCAs)?</p> <p>4. Does type 3A&E deal with a. Minor injuries (requiring X ray for instance)? b. GP type patients? c. Both?</p> <p>5. Has type 3 A&E got an access to X-ray facilities?</p> <p>6. Is the Trust paid according to the national tariff for A&Es or is the tariff modified?</p> <p>7. Is the Type 3 A&E paid according to the national tariff for Type 3 A&Es?</p> <p>8. Where are type 1 and type 3 A&Es localised in the Trust?</p> <p>9. Is type 3 A&E in the same building as type 1 A&E? If no how far apart are they approximately?</p> <p>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? 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.</p> <p>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 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? 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.</p> <p>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? 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.</p>

438	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. No other well defined telemedicine programme currently exists.</p>
451	451	01/07/2016 Procurement	<ol style="list-style-type: none"> Does your organisation currently have a contract for photocopiers, Multi-function devices or printers? When this contract is due to end? Who is this contract with? How many devices are supplied and what manufacturer are they? What procurement framework was used? When does your organisation intend to tender for these services? 	<p>The Trust utilises Crown Commercial Service (CCS) framework for Multi-functional devices. Please visit CCS website for more details. The vast majority of devices are supplied by canon. Approximately 175 photocopiers have been replaced by canon with the latest multi-functional devices. There are still some older models awaiting replacement, hence the exact number of devices is not available at present.</p> <p>The Trust intends to use a national framework for this service for the foreseeable future.</p>
463	463	01/07/2016 Service Information	<ol style="list-style-type: none"> Does the Trust have a policy for complex discharges? If yes, is it publicly available and how can it be accessed? How many complex discharges were there in 2015? What was the proportion of complex discharges compared to the total number of discharges? On average, how long did the process take from the decision to discharge to the discharge taking place? On average, how long did it take to define the care plan? On average, how long did it take to implement the care plan once it had been defined? How many discharges took more than two weeks? 	<ol style="list-style-type: none"> Does the Trust have a policy for complex discharges? Yes If yes, is it publicly available and how can it be accessed? No - attached How many complex discharges were there in 2015? 2430 (monitored from 23/01/15 to 30/12/2015) What was the proportion of complex discharges compared to the total number of discharges? Not monitored On average, how long did the process take from the decision to discharge to the discharge taking place? Not monitored On average, how long did it take to define the care plan? Not monitored On average, how long did it take to implement the care plan once it had been defined? Not monitored How many discharges took more than two weeks? Not monitored
11	11	30/06/2016 ICT	<p>following:</p> <ul style="list-style-type: none"> Support and Maintenance- e.g. switches, router, software etc Managed Installation Cabling <ol style="list-style-type: none"> Existing Supplier: Who is the current supplier? 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. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable. Number of Sites: The number of sites where equipment is supported by these contract. Contract Type: Managed, Maintenance, Installation, Software Hardware Brand: What is the hardware brand of the LAN equipment? Contract Description: Please provide me with a brief description of the overall contract. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include. Contract Expiry Date: When does the contract expire? Contract Review Date: When will the organisation is planning to review the contract? 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? <p>If the LAN maintenance is included in-house please include the following information:</p> <ol style="list-style-type: none"> Hardware Brand: What is the hardware brand of the LAN equipment? Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable. Number of Sites: Estimated/Actual number of sites the LAN covers. Responsible Officer: Who within the organisation is responsible for LAN please provide me with contact details including name, job title, contact number and email address? <p>If the contract is managed by a 3rd party e.g. Commissioning Support Unite can you please provide me with</p>	<p>following:</p> <ul style="list-style-type: none"> Support and Maintenance- e.g. switches, router, software etc Managed Installation Cabling <p>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.</p> <ol style="list-style-type: none"> Existing Supplier: Who is the current supplier? BT 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 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 Number of Sites: The number of sites where equipment is supported by these contract.2 Contract Type: Managed, Maintenance, Installation, Software Support Hardware Brand: What is the hardware brand of the LAN equipment? Cisco Contract Description: Please provide me with a brief description of the overall contract. Maintenance 4th Line support Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.1year Contract Expiry Date: When does the contract expire? June 2016 Contract Review Date: When will the organisation is planning to review the contract? As above 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? Head of ICT. (01254 263555) The Trust is considering application of the exemption under s40 of the Freedom of Information Act in relation to the name and email address of the individual. We hope to return to you with the outcome of this exercise within 7 working days. <p>If the LAN maintenance is included in-house please include the following information:</p> <ol style="list-style-type: none"> Hardware Brand: What is the hardware brand of the LAN equipment? Cisco Number of Users: Please can you provide me with the number of users this contract covers. Approximate

			<p>or PBX) for Hardware and Software maintenance and support:</p> <ol style="list-style-type: none"> Contract Type: Maintenance, Managed, Shared (If so please state orgs) Existing Supplier: If there is more than one supplier please split each contract up individually. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years Number of Users: Hardware Brand: Application(s) running on PBX/VOIP systems: Telephone System Type: PBX, VOIP etc Contract Duration: please include any extension periods. Contract Expiry Date: Please provide the day/month/year. Contract Review Date: Please provide the day/month/year. Contract Description: Please provide a brief description of the overall service provided under this contract Contact Detail of the person from with the organisation responsible for each contract including full Contact details 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 maintenance for telephone systems is maintained in-house can you please provide: <ol style="list-style-type: none"> Number of Users: Hardware Brand: Application(s) running on PBX/VOIP systems: Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address. 	<p>(VOIP or PBX) for Hardware and Software maintenance and support:</p> <ol style="list-style-type: none"> Contract Type: Maintenance, Managed, Shared (If so please state orgs) Maintenance Existing Supplier: If there is more than one supplier please split each contract up individually. Daisy 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 Number of Users: 5600 Hardware Brand: Cisco Application(s) running on PBX/VOIP systems: N/A Telephone System Type: PBX, VOIP etc/VOIP Contract Duration: please include any extension periods. Annual Contract Expiry Date: Please provide the day/month/year. 10th July 2016 Contract Review Date: Please provide the day/month/year. As above Contract Description: Please provide a brief description of the overall service provided under this contract Fourth Line support Contact Detail of the person from with the organisation responsible for each contract including full Contact details Head of ICT (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 maintenance for telephone systems is maintained in-house can you please provide: <ol style="list-style-type: none"> Number of Users: As above Hardware Brand: As above Application(s) running on PBX/VOIP systems: As above Contact Detail: Of the person from with the organisation responsible for telephone maintenance full
364	364	30/06/2016 Procurement	<ol style="list-style-type: none"> When does the contract expire? Who should I contact if I wish to supply training on your financials systems? Who is your current provider of Procurement Systems support and implementation services? When does the contract expire? Who should I contact if I wish to supply training on your procurement systems? Who is your current provider of Human Resources Systems support and implementation services? When does the contract expire? Who should I contact if I wish to supply training on your HRMS systems? What Applications are you running for: <ul style="list-style-type: none"> Finance? HR? Payroll? Project? CRM? Manufacturing? Sourcing? Invoice Scanning Tool? Are you using Config Snapshot? What BI Tool are you using? What versions of the above Applications are you running? When was your last Application upgrade? Are you planning another upgrade in the next 12-18 months? Do you have an Oracle support partner for applications? If so who? What kind of support is included in the contract (functional/technical/etc.?) What is the value of the application support contract? When does it expire? Where do you advertise any Oracle procurement opportunities? Who is responsible for looking after the contract for the Oracle estate? Who is responsible for looking after the licenses for the Oracle estate? How much do you pay annually for Oracle Support & Maintenance? <p>We note that you provide one Emergency Support Direct team for 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>IBM through ESR</p> <ol style="list-style-type: none"> When does the contract expire? As this is a national NHS system there is no contract end date 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 Who is your current provider of Procurement Systems support and implementation services? NHS East Lancashire Financial Services (ELFS) When does the contract expire? We have a rolling one year forward commitment with ELFS Who should I contact if I wish to supply training on your procurement systems? Not applicable - All training is carried out in-house Who is your current provider of Human Resources Systems support and implementation services? Electronic Staff Record through IBM When does the contract expire? As this is a national NHS system there are no contractual end dates 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. What Applications are you running for: <ul style="list-style-type: none"> Finance? ESR HR? IBM applications Payroll? Not known - provided by ELFS Project? None CRM? None Manufacturing? <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>
368	368	30/06/2016 ICT		
422	422	30/06/2016 Corporate Policy/ Decisions		

439	439	30/06/2016 Procurement	<p>Please provide me with the following record information:</p> <ol style="list-style-type: none"> 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? 	<p>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</p>
442	442	30/06/2016 Corporate Policy/ Decisions	<p>Please could we request the following information under the FOI act, (or by another means if you believe that is more appropriate).</p> <ul style="list-style-type: none"> - 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. 	<p>Please could we request the following information under the FOI act, (or by another means if you believe that is more appropriate.).</p> <ul style="list-style-type: none"> - 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. - The number of surgical patients transferred between hospitals or trusts between March 2015-March 2016.
449	449	30/06/2016 ICT	<p>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</p> <ol style="list-style-type: none"> 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 	<p>1) Your Mobile and Fixed Calls and Lines providers? Contracts end date Mobile 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</p>
455	455	30/06/2016 HR /Staff	<p>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.</p> <p>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.</p>	<p>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)</p>
448	448	28/06/2016 Service Information	<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>
450	450	28/06/2016 Corporate Policy/ Decisions	<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>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 <p>ISDX- BT</p> <ul style="list-style-type: none"> • 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

				<p>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 - Locumlinc 89,200 Maxxima - Medacs 274,400 Medical Professional Personnel Ltd - Medicspro 45,100 Medicare 2,300</p>
405	405	27/06/2016 HR /Staff	<p>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.</p>	
			<p>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?</p>	
427	427	27/06/2016 Service Information		<p>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</p>
			<p>• 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) Speciality FY1/2 ST1/2 ST3-6 Staff Grade Consultant A&E Medicine Anaesthetics Medicine Surgery Paeds Pathology O & G Ophthalmology</p>	<p>Total locum doctor expenditure for 2015-16 (April 2015 - March 2016) £4,425,963</p> <p>** 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</p>
432	432	27/06/2016 HR /Staff		
458	458	27/06/2016 Corporate Policy/ Decisions	<p>I would like to request a copy of the Trust FOI procedure</p>	<p>Please find attached our current FOI policy which is being reviewed in light of changes in the FOI structure.</p>

459	459	27/06/2016 Corporate Policy/ Decisions	<p>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</p> <p>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 Yours sincerely</p>
460	460	27/06/2016 Corporate Policy/ Decisions	<p>The GMC Registration number of Registrar Shelley Gatre who was ST3 on 6/1/2013 in A&E at Blackburn Royal Hospital.</p> <p>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 SK9 5AF Yours sincerely</p>
420	420	24/06/2016 Procurement	<p>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</p> <p>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</p>

434	434	24/06/2016 ICT	<p>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</p>	<p>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 Microsoft 2017/18 Part of licencing agreement BDS Crown Commercial Services Email System Microsoft Exchange 2010 2016 Part of licencing agreement BDS Crown Commercial Services</p>
435	435	24/06/2016 Service Information	<p>across NHS Trusts in the last five years</p> <ol style="list-style-type: none"> 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? 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? 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? <p>Please provide me as detailed information as you can</p>	<ol style="list-style-type: none"> 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 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 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
430	430	23/06/2016 Corporate Policy/ Decisions	<p>Disease Description NUMBER OF PATIENTS PER MONTH (if small numbers e.g. 5 or under suppress to 5*) 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 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 Tsyabri Gilenya Interferon beta 1a Interferon beta 1b Copaxone Lemtrada Aubagio Plegridy</p> <p>Number of new MS diagnoses for each month above Total Number of relapse events (number of non-elective MS admissions) in the above month for each month above</p> <p>The following data is not required by month:</p>	<p>The Trust does not provide an MS service. The nearest Trust providing this service would be Lancashire Teaching Hospitals Foundation Trust.</p>

410	410	22/06/2016 Corporate Policy/ Decisions	<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. 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>
431	431	22/06/2016 Corporate Policy/ Decisions	<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>
326	265	20/06/2016 Finance	<p>in regard to Blackburn as managed by East Lancashire Hospitals NHS Trust:</p> <p>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>
327	327	20/06/2016 Finance	<p>in regard to Burnley as managed by East Lancashire Hospitals NHS Trust:</p> <p>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 documents attached</p>

381	381 20/06/2016 Service Information	<p>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 of these readmissions for ICD code 086.0 were for women with BMI>40?</p>	<p>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 How many readmissions for ICD10 codes O90.0 & O90.2 were for women with BMI>40? 0 How many women were readmitted to hospital for ICD code 086.0? 29</p>
384	384 20/06/2016 Pharmacy/ Prescribing	<p>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 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 Gastrointestinal Stromal Tumours have received? Dasatinib (Sprycel) Imatininb (Glivec) Nilotinib (Tasigna) Pazopanib (Votrient) Regorafenib (Stivarga) Sorafenib (Nexavar) Sunitinib (Sutent)</p>	<p>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 Hepatocellular Carcinoma have received? Bevacizumab (Avastin) 0 Everolimus (Afinitor) 0 Lapatinib (Tyverb) 0 Sorafenib (Nexavar) 0 Sunitinib (Sutent) 4 Within your trust how many unique patients with Gastrointestinal Stromal Tumours (C269) have been treated</p>

			month is fine)?	
			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.	Birth centre Date opened Blackburn Birth Centre September 2010 Burnley Birth Centre November 2010 Rossendale Birth Centre January 2011
			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?	2 Consultant-led unit: Burnley Birth Suite at LWNC
			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?	Miles between each birth centre to Burnley Birth Suite:
			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.	Birth centre Distance to Birth Suite Blackburn Birth Centre 15 miles Burnley Birth Centre Same site Rossendale Birth Centre 11 miles
			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.	3 - 15 Note: System giving full details of births does not hold information relating to transfers before birth, only actual location of birth
			7. How many mothers commenced delivery at home (a planned home birth) in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?	Place of Birth 2011/2012 2012/2013 2013/2014 2014/2015 2015/2016 Birth Suite at LWNC 3347 3378 3233 3014 2985
			8. How many mothers who started delivery in a planned home birth completed their delivery there in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?	Theatre at LWNC 1225 1268 1378 1424 1557 TOTAL Consultant Led Unit 4572 4646 4611 4438 4542 Blackburn Birth Centre 915 919 779 693 627
			9. How many mothers who started delivery in a planned home birth 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?	Burnley Birth Centre 877 962 935 1089 1102 Rossendale Birth Centre 20 46 62 55 38 TOTAL Birth Centre 1812 1927 1776 1837 1767
412	412	20/06/2016	Service Information	
			provide me with the following numbers or patients treated in the last six months with the following drugs for any condition.	
			Treatment Total Patients	
			Abatacept (Orencia)	Abatacept (Orencia) 24
			Adalimumab (Humira)	Adalimumab (Humira) 299
			Apremilast (Otezla)	Apremilast (Otezla) 0
			Certolizumab Pegol (Cimzia)	Certolizumab Pegol (Cimzia) 66
			Etanercept (Enbrel)	Etanercept (Enbrel) 371
			Etanercept biosimilar (Benepali)	Etanercept biosimilar (Benepali) 0
			Golimumab (Simponi)	Golimumab (Simponi) 24
			Infliximab (Remicade)	Infliximab (Remicade) 233
			Infliximab biosimilar (Inflectra)	Infliximab biosimilar (Inflectra) 8
			Infliximab biosimilar (Remsima)	Infliximab biosimilar (Remsima) 0
			Rituximab (MabThera)	Rituximab (MabThera) 292
			Secukinumab (Cosentyx)	Secukinumab (Cosentyx) 3
			Ixekizumab (Taltz)	Ixekizumab (Taltz) 0
			Tocilizumab (RoActemra)	Tocilizumab (RoActemra) 68
			Ustekinumab (Stelara)	Ustekinumab (Stelara) 56
			Vedolizumab (Entyvio)	Vedolizumab (Entyvio) 18
415	415	20/06/2016	Pharmacy/ Prescribing	

417	417	20/06/2016 Service Information	<p>years.</p> <p>1. The information request:</p> <p>Please can you provide us with the following information:</p> <ul style="list-style-type: none"> 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. <p>We are requesting information for the financial years: 2010/11, 2011/12, 2012/13, 2014/15, 2015/16, 2016/17.</p> <p>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.</p> <p>2. Clarifications:</p> <p>If the requested information does not relate to your activity, please answer 'not applicable' (n/a).</p> <p>If you share a budget with another organisation, please specify:</p> <p>a. the name of the other organisation(s) (for example a Clinical Commissioning Group, Local Authority or NHS Trust).</p> <p>b. whether the expenditure / budget reported is the total amount of the shared budget, or your organisation's contribution to the shared budget.</p> <p>Please can you provide us with the following information:</p> <ul style="list-style-type: none"> 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. <p>We are requesting information for the financial years: 2010/11, 2011/12, 2012/13, 2014/15, 2015/16, 2016/17.</p> <p>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.</p> <p>2. Clarifications:</p> <p>There is an individual contract for each vehicle - an example contract has been provided.</p> <p>2) Makes and models for all vehicles can you also put this with the supplier of the vehicles?</p> <p>Make Model Reg No. Base bradshaw ELECTRIC FB3000 AE16 DFG LEASED RBH Porters FORD Transit SWB AV11OSE Loan Store FORD Transit SWB AV11OSG 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 PE55QVM TOYOTA LAND CRUISER AMAZON GX TD ESTATE PF02XST VAUXHALL MOVANO DT1 3300 SWB PANEL VAN PF52WCM IVECO EURO CARGO PF63RCV LEASED VAUXHALL MOVANO PANEL VAN PJ02VZG FORD CONNECT T200L PK06UHH TRANSFORMITY ACTIVE THROUGHST - MARGARET DAVEY Patient Experience Lead - Margaret Davey Transformation Lead - Catherine Labbett Outpatient Manager - Jacqui Booth</p> <p>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</p>
425	425	20/06/2016 Transport/ Car Parking	<p>1) Maintenance/support contracts for vehicle telematics?</p> <p>2) Makes and models for all vehicles can you also put this with the supplier of the vehicles?</p>
428	428	20/06/2016 HR /Staff	<p>Under the Freedom of Information act, please could you give the names and email address of the person responsible for the following roles:</p> <p>Phlebotomy Service Manager Patient Experience Lead Transformation Lead Outpatient Appt. Manager</p>

436	436	20/06/2016 Service Information	<p>Which of the following operations are performed at your trust?</p> <ol style="list-style-type: none"> 1. Laparoscopic cholecystectomy 2. Inguinal hernia repair (open and/or laparoscopic) 3. Diagnostic laparoscopy <p>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?</p> <ol style="list-style-type: none"> 1. Laparoscopic cholecystectomy 2. Inguinal hernia repair (open and/or laparoscopic) 3. Diagnostic laparoscopy <p>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	416	17/06/2016 Corporate Policy/ Decisions	<p>Within your health trust how many patients are currently [within the past 6 months] being treated for Colorectal Cancer?</p> <p>Of these how many are treated with the following therapies;</p> <p>Bevacizumab Cetuximab Panitumumab Afibercept 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?</p> <p>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</p> <p>There were 286 patients prescribed drugs treatments for colorectal cancer according to our chemotherapy prescribing systems.</p> <p>Of these how many are treated with the following therapies;</p> <p>Bevacizumab Cetuximab Panitumumab Afibercept 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>This information is not available from our chemotherapy prescribing system which does not give us this</p>
424	424	17/06/2016 Corporate Policy/ Decisions	<p>Am I 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:
429	429	17/06/2016 Service Information	<ol style="list-style-type: none"> 1. Do you conduct multi-parametric MRI (mpMRI) scans (using T2-weighted, diffusion-weighted and dynamically enhanced sequences) before prostate biopsies? <p>If no, it would be helpful to know what the main reasons are:</p> <p>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:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 0 • Up to 50 • 50 -100 • 100 – 250 • 250 – 500 • 500 – 750 • 750 – 1000 • More than 1000 <p>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?</p> <p>The ASCO 2016 abstract has shown mpMRI as a triage test can identify one quarter of men (27%) who might safely avoid unnecessary biopsy, without impairing the detection of clinically significant cancer (http://abstract.asco.org/176/AbstView_17...).</p> <p>5.ii If yes, do you currently have sufficient resources and capacity to cope with this increase?</p> <p>The information you provide may be re-used publicly.</p>	<p>dynamically enhanced sequences) before prostate biopsies?</p> <p>Yes</p> <p>If no, it would be helpful to know what the main reasons are:</p> <p>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:</p> <p>70%</p> <ol style="list-style-type: none"> 2. How many scanners do you have available to use for mpMRI scans before prostate biopsy? <p>2</p> <ol style="list-style-type: none"> 3. For each individual scanner used for mpMRI scans before prostate biopsy, please provide the following: <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 4. How many mpMRI scans before prostate biopsy do you estimate you carry out per year? <p>Up to 50</p> <p>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?</p> <p>The ASCO 2016 abstract has shown mpMRI as a triage test can identify one quarter of men (27%) who might safely avoid unnecessary biopsy, without impairing the detection of clinically significant cancer (http://abstract.asco.org/176/AbstView_17...).</p> <p>We do intend to increase the number of mpMRI scans prior to biopsy but not directly as a result of the recent study.</p>

My name is Jon Hoggard and I'm the Patient Engagement and Information Services Manager at a medical comms agency called Nucleus Global. I am following up on an email which was sent to you by my predecessor in September 2015, regarding the use of hospital imagery on a website we are developing:www.informed-patients.com

The website is designed for cancer patients to help them make an informed decision about which hospital they are treated at. As well as a location search, users can also see the scores from the recent National Cancer Patient Experience Survey. A beta version of this website is now live. Please note that this is not a commercial venture for the company.

I am requesting permission to use a photograph of the Burnley General Hospital, and the Royal Blackburn Hospital on the hospitals' profile page. Please let me know if this is something you would be able to help with. Many thanks for your time. I'd be happy to answer any questions you might have about the project.

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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.
 - a) The number of individual consultants (headcount) who received such payments; and
 - b) The total number of consultants (headcount) working in your trust;
- at the end of each of the following financial years

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
 - iii) 2015-16

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- i) 2013-14
 - 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

Name	£	Title
Provider Service		
Bolton Hospitals NHS Trust, Dowling House, Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL4		
QIR 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		
OZY Newborn		
Willing		
Cytogenetics		
Microbiology		
Molecular Genetics		
Biochemistry		
FV Leiden Screen		
Haematology		
Molecular Oncology		
Type 3 assays		
Misc		
Andrology		
Radiology		
EEG (Medicine)		
Radiology MRI		
Nuclear Medicine		
Christie hospital NHS Foundation Trust, Wilmslow Road, Withington, Manchester, M20 4BX		
Med Physics		
Histology Opinion		
Med Physics		

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359	297	15/06/2016 HR /Staff	<p>1. Are off frame work agencies used to cover nurse shifts? No</p> <p>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</p> <p>3. Which agencies supply off frame work nurses? NA</p> <p>4. On a month by month basis, how many times was the break glass clause used from 1st November 2015 to date? NA</p> <p>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):</p> <ul style="list-style-type: none"> • 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.
407	407	15/06/2016 HR /Staff	<p>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.</p> <p>Please will you list the information requested, where applicable, as follows :</p> <p>></p> <p>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 =</p> <p>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 =</p> <p>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 =, Volunteers =, Admin Support Staff = March 2016 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =</p> <p>BURNLEY GENERAL 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 =</p> <p>Outpatients Departments & Wards: March 2014 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =</p> <p>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>
411	411	15/06/2016 Corporate Policy/ Decisions	<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.</p> <p>I would like information on your organisation's gifts and hospitality register (or equivalent). 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: Date item was declared Description of item Reason for the gift/hospitality Value Whether the item was accepted or declined 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>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. 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>

419	419	15/06/2016 Finance	<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>
423	423	15/06/2016 Service Information	<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>2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these failures occurred.</p> <p>ClinicalDivision/Year Medical Surgical & Anaesthetic Services Family Care Diagnostic & Clinical Support Total 2013 1 0 3 0 4 2014 1 1 4 1 7 2015 1 0 2 1 4 Total 3 1 9 2 15</p> <p>None were reported as serious incidents</p> <p>2. How many incidents involving sub-optimal care of a deteriorating patient were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these incidents occurred.</p> <p>This sub-category is not recorded on our electronic records in a way that would enable a response to be provided</p> <p>3. How many delayed diagnoses were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these delayed diagnoses occurred?</p> <p>This sub-category is not recorded on our electronic records in a way that would enable a response to be provided.</p> <p>4. How many surgical errors were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; and how many of these were reported as serious incidents?</p> <p>This sub-category is not recorded on our electronic records in a way that would enable a response to be provided.</p> <p>5. How many incidents involving child abuse within your trust were recorded in a) 2013/14, b) 2014/15 and c) 2015/16; and how many of these were reported as serious incidents?</p> <p>This sub-category is not recorded however the Trust does report on all matters of child safeguarding where staff have referred a child to Social Services as a result of suspicions of the child having suffered some type of child abuse – see numbers below. One incident in 2014 was reported as a serious incident.</p> <p>Safeguarding - Child Total 2013 83 83 2014 101 101</p>
376	376	13/06/2016 Incidents	<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 publicly, 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>
389	389	09/06/2016 Corporate Policy/ Decisions	<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.</p> <p>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>
401	401	09/06/2016 Corporate Policy/ Decisions		

414	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	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	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	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>
237	237	07/06/2016 Service Information	<p>Name of Trust's CCG</p> <p>Freedom of Information: Elective Surgery</p> <p>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 Cataract Operations Bariatric Surgery Gender Reassignment Surgery</p>	<p>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>3. Please set out the mean average waiting time (in days), within your Trust, for each of the following procedures in 2015 – Please also include referral to treatment (RTT) waiting time Procedure</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?	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
360	360	07/06/2016 Service Information	Dear Sir Within your trust how many intra-vitreol 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 (afilbercept) Injections Iluvien (Fluocinolone) Implants Ozudex (Dexamethasone) Implants Total Vials / Implants Vials / Implants for Wet Age Related Macular Degeneration (wAMD)	Within your trust how many intra-vitreol 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	377	07/06/2016 Pharmacy/ Prescribing	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 alternating surface air mattresses to the trust? *Hill-Rom *Smith-Nephew *Talley *Direct Healthcare *Karomed *Other (please provide names) 15) Is this a managed service? Yes or No	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. £61,897 (2015-16) 12) Please provide the financial value for the first 12 months of the current contract in place. Estimated £60,000 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)
379	379	07/06/2016 Procurement		

			<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>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 not written to any of the organisations stated in relation to the contract implementation.</p> <p>The Trust does not hold this information - this will be available from the Land Registry https://eservices.landregistry.gov.uk/www/wps/portal/lut/p/b1/04_sj7QwNj3tTQxN9SP0_KSyzLTE8syczP88wB88PM402NLEwMDU2MPCyMzcwNPE3d310NQ0yNDUyM9YNT8_RzoxwVATVX64s/ The postcode for the hospital, which you will need for your search is BB5 6AS</p>
383	383	07/06/2016 Corporate Policy/ Decisions		
385	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>1b. Approximately how many contractors have routine access to your information? (see www.suresite.net/foi.php for clarification of contractors if needed)</p> <p>2a. Do you have an information security incident/event reporting policy/guidance/management document(s) that includes categorisation/classification of such incidents?</p> <p>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))</p> <p>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)</p> <p>Answer: Yes, No, Only since (date):</p> <p>3b. How many breaches occurred for each Financial Year the figures are available for?</p> <p>Answer FY11-12: FY12-13: FY13-14: FY14-15:</p> <p>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.)</p> <p>Answer: Yes, No, Only since (date):</p> <p>4b. How many incidents occurred for each Financial Year the figures are available for?</p> <p>Answer FY11-12: FY12-13: FY13-14: FY14-15:</p> <p>5a. Do you know how many information security events/anomaly your organisation has had since April 2011? (Events where information loss did not occur but resources were assigned to investigate or recover, eg nuisance malware or locating misfiled documents.)</p> <p>Answer: Yes, No, Only since (date):</p> <p>5b. How many events occurred for each Financial Year the figures are available for?</p> <p>Answer FY11-12: FY12-13: FY13-14: FY14-15:</p> <p>6a. Do you know how many information security near misses your organisation has had since April 2011? (Problems reported to the information security teams that indicate a possible technical, administrative or procedural issue.)</p> <p>Answer: Yes, No, Only since (date):</p>	<p>1a: Approximately 8000 staff within the Trust</p> <p>1b: This information is not recorded centrally.</p> <p>2a: Yes</p> <p>2b: This is publically available from the ICO web site</p> <p>3a/3b:</p> <p>2011 = 0</p> <p>2012 = 0</p> <p>2013 = 0</p> <p>2014 = 0</p> <p>2015/16 = 4</p> <p>4a/4b: No cyber security incidents reported. Note figures only available from 2015-16.</p> <p>5a: Yes Only Since: 2015</p> <p>5b: 2015 = 1</p> <p>6a: Yes</p> <p>6b : 2015 = 1</p>
386	386	07/06/2016 Incidents		
395	395	07/06/2016 HR /Staff	<p>1. From 1st April to the 30th April 2016 how many nursing staff shifts fell outside of Monitor guidelines?</p> <p>2. From 1st April to the 30th April 2016 how many AHP shifts fell outside of Monitor guidelines?</p> <p>3. From 1st April to the 30th April 2016 how many medical locum shifts fell outside of Monitor guidelines?</p>	<p>1. From 1st April to the 30th April 2016 how many nursing staff shifts fell outside of Monitor guidelines?</p> <p>271</p> <p>2. From 1st April to the 30th April 2016 how many AHP shifts fell outside of Monitor guidelines?</p> <p>0</p> <p>3. From 1st April to the 30th April 2016 how many medical locum shifts fell outside of Monitor guidelines?</p> <p>392</p>

		<p>1. Is the Trust currently under contract with regards to pressure area care mattresses? If so with who?</p> <p>2. When is this contract due to end?</p> <p>3. How many mattresses are in the contract?</p> <p>4. Is this a rental or a purchase contract?</p> <p>5. Does the contract cover the servicing of these?</p> <p>6. Does this contract cover bariatric as well?</p> <p>7. Does the contract include beds?</p> <p>8. If not who is this contract held with?</p> <p>9. How many static (foam) mattresses on average does the Trust purchase in a year?</p> <p>10. Which manufacturers mattresses do you use and is this under contract? Who is the main Tissue Viability Nurse for the Foundation Trust?</p> <p>11. Who is the main Procurement Manager for the Trust?</p> <p>12. Who would manage the procurement of mattresses within the trust?</p> <p>13. Does the Trust receive any decontamination service for beds and mattresses?</p> <p>14. If so with who?</p> <p>15. How many inpatient beds are there at each site?</p>	<p>Yes, Siemens and Singers</p> <p>31/5/2017</p> <p>778</p> <p>Lease</p> <p>Arjo Huntleigh / Talley</p> <p>Mattresses are leased not purchased as a general rule</p> <p>Arjo Huntleigh / Talley (both are contracted)</p> <p>Tissue Viability Nurse: Elizabeth White</p> <p>Sandra Cockell</p> <p>Elizabeth White</p> <p>Decontamination is carried out in-house</p> <p>N/A</p>
396	396 07/06/2016 Procurement	<p>1) What is the accounting software that the Trust use?</p> <p>2) Who is the Trust's service provider (in-house or 3rd party provider)?</p> <p>a. If outsourced to a 3rd party provider, what is the name of the service provider you use?</p> <p>b. If outsourced to a 3rd party provider, how long did the transition to the service provider take?</p> <p>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?</p> <p>d. If outsourced to a 3rd party provider, what is the value of the service contract per annum?</p> <p>e. If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?</p> <p>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?</p> <p>g. If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months?</p> <p>3) What is the volume of Accounts Payable invoices processed per annum by the Trust?</p> <p>4) What is the volume of Accounts Receivable invoices processed per annum by the Trust?</p>	<p>E Financials</p> <p>3rd party provider</p> <p>ELFS Shared Services</p> <p>Not known due to length of time contract in place</p> <p>Not known due to length of time contract in place</p> <p>£1,018,000</p> <p>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</p> <p>Yes</p> <p>NA</p> <p>NA</p> <p>3) What is the volume of Accounts Payable invoices processed per annum by the Trust?</p> <p>NA</p> <p>4) What is the volume of Accounts Receivable invoices processed per annum by the Trust?</p> <p>NA</p>
402	402 07/06/2016 Service Information	<p>Radiology</p> <p>Could you tell me how many of the following procedures were performed within Radiology during 2014?</p> <p>a. Angioplasty</p> <p>b. Fibroid Embolization</p> <p>c. Diagnostic Angiograms</p> <p>How many closure devices were used for each of those procedures?</p> <p>How many closure devices were used in total within radiology during 2014?</p> <p>Cardiology</p> <p>How many Diagnostic Angiograms were performed during 2014?</p> <p>How many of those procedures used a closure device and how many of those were a femoral closure device?</p>	<p>Could you tell me how many of the following procedures were performed within Radiology during 2014?</p> <p>a. Angioplasty 594</p> <p>b. Fibroid Embolization 0</p> <p>c. Diagnostic Angiograms 8944</p> <p>How many closure devices were used for each of those procedures? 1 per procedure</p> <p>How many closure devices were used in total within radiology during 2014? 8580</p> <p>Cardiology</p> <p>How many Diagnostic Angiograms were performed during 2014? 1559</p> <p>How many of those procedures used a closure device and how many of those were a femoral closure device?</p> <p>1497 and 57 femoral closure devices</p>

403	403	07/06/2016 Service Information	<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 Has e-Referrals (i.e. choose and book) been implemented? What is the nature of your referral management system (if any)? 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 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</p> <p>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. <p>See attached</p> <ul style="list-style-type: none"> Source of referrals (GP, optician, hospital, other) for cataract surgery for each financial year between 2006 and 2016 <p>See attached</p> <ul style="list-style-type: none"> Has e-Referrals (i.e. choose and book) been implemented? <p>Yes</p> <ul style="list-style-type: none"> What is the nature of your referral management system (if any)? <p>Referrals are processed by eReferrals onto ELHT's Patient Administration System</p> <ul style="list-style-type: none"> 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? <p>See attached</p> <ul style="list-style-type: none"> Mean and median waiting times from referral to cataract surgery for each financial year between 2006 and 2016 <p>See attached</p> <ul style="list-style-type: none"> Total volume of injections for macular degeneration performed per financial year - between 2006 and 2016 <p>See attached</p> <ul style="list-style-type: none"> If recorded, please also provide number of unique patients receiving injections per financial year <p>See attached</p>
408	408	07/06/2016 Performance/ Activity	<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? a) Can I please have a total for each year. 0</p>
400	400	31/05/2016 ICT	<p>1. Annual IT Budget Please provide split between: o Capital Expenditure o Revenue Expenditure</p> <p>2. How much of your capital expenditure is spent on outsourced IT services? Provide split between: o Capital Expenditure o Revenue Expenditure</p> <p>3. What is your anticipated capital refresh budget for data centre investment?</p>	<p>1. Annual IT Budget Please provide split between: o Capital Expenditure £3.9m o Revenue Expenditure Pay £4.3m Non Pay 2.8m</p> <p>2. How much of your capital expenditure is spent on outsourced IT services? Provide split between: o Capital Expenditure o Revenue Expenditure</p> <p>No outsourced OT services. We use ad hoc consultancy for specific projects at a cost of approx. £50k per annum</p> <p>3. What is your anticipated capital refresh budget for data centre investment? £900k (inc SAN)</p>
404	404	31/05/2016 ICT	<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>Pay £4.3m Non Pay 2.8m Capital £3.9m</p> <p>2. Do you run a shared IT service with any other government/NHS entities? No</p> <p>3. Do you have a BRM Programme in place in your IT Department (IT Business Relationship Management, IT Business Partner, Business Liaison)? No</p> <p>4. If you do have a programme, how many BRM's/IT Business Partners/etc are currently employed by the Trust NA</p>

				<p>a) operations and procedures b) outpatient appointments did the Trust postpone as a result of the action? a) No definitive figure available b) 887</p> <p>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.</p> <p>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.</p> <p>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>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? This information is not held - staff worked flexibly to cover striking staff</p> <p>6. What was the total of other costs (e.g. admin relating to the strike) not included in 3. and 4. above? This information is not held by the Trust. Costs to the Trust would be mainly due to loss of income.</p>									
406	406	31/05/2016	Corporate Policy/ Decisions	<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? 6. What was the total of other costs (e.g. admin relating to the strike) not included in 3. and 4. above?</p>									
392	392	25/05/2016	Service Information	<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 2016, 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>									
394	394	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.</p> <p>Documents attached</p>									
390	390	24/05/2016	Pharmacy/ Prescribing	<p>including those on a Patient Access Scheme.</p> <p>Please state the number of Uveitis patients treated, and where possible by each biologic drug: • Adalimumab • Etanercept • Infliximab • Rituximab • Other biologics</p> <p>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</p> <table border="1"> <thead> <tr> <th>Product Description</th> <th>Total Qty</th> <th>Total Pack</th> </tr> </thead> <tbody> <tr> <td>FUMADERM 120mg TABLETS pack of 70</td> <td>9576</td> <td>136.8</td> </tr> <tr> <td>FUMADERM 30mg TABLETS pack of 40</td> <td>1376</td> <td>34.4</td> </tr> </tbody> </table>	Product Description	Total Qty	Total Pack	FUMADERM 120mg TABLETS pack of 70	9576	136.8	FUMADERM 30mg TABLETS pack of 40	1376	34.4
Product Description	Total Qty	Total Pack											
FUMADERM 120mg TABLETS pack of 70	9576	136.8											
FUMADERM 30mg TABLETS pack of 40	1376	34.4											
242	242	23/05/2016	Corporate Policy/ Decisions	<p>Please provide all emails sent or received by your Chief Executive on the subject of the new Junior Doctors contract. This should be from 1/2/16 to date.</p> <p>This is only two months of emails to look through, and should easily fall within the costs/time limit of the FOI act.</p> <p>I am interested in information about ON F550612724, dated the 14 March 2016 on the ICO website. What information does the Trust hold in relation to: 1) ICO point 6: The Trust did not acknowledge receipt of the request 2) ICO point 8: The Commissioner contacted the Trust on 21 January 2016 and asked it to provide a full response to the request within 20 working days. The Trust did not respond. 3) ICO point 12: procedures in place to deal with requests of this nature.</p>									
343	343	23/05/2016	Corporate Policy/ Decisions										

				<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 addition to the clarification above follows here:</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. 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) – the answer to this question is none. However there was one settlement agreement issued</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>	
397	397	23/05/2016	Corporate Policy/ Decisions	<p>Could you let me know if at your Trust Medical Director (MD) is on a Consultant contract or on an Executive Contract or a combination of both? Could you send me a copy/template please?</p>
387	387	20/05/2016	Corporate Policy/ Decisions	<p>Please provide the following information:</p> <ul style="list-style-type: none"> • 1. Most current Annual Report • 2. Most current organisation Business Plan
398	398	19/05/2016	Corporate Policy/ Decisions	<p>2013 to 31 December 2015 for workforce caring for activity within the main hospital setting, excluding community services, home visits and telephone consultations.</p> <p>1) Number of Consultants in Trust split by;</p> <ul style="list-style-type: none"> - day of the week they were in the Trust - specialty of the consultants - area of work for the Consultant i.e. outpatients, general ward, ITU, CCU, AMU etc - whether this was in core hours or outside of core hours* <p>2) Number of Junior Doctors in Trust split by;</p> <ul style="list-style-type: none"> - day of the week they were in the Trust - specialty of the doctor - level of junior doctor i.e. SHO, SpR etc - area of work for the junior doctor i.e. outpatients, general ward, ITU, CCU, AMU etc - whether this was in core hours or outside of core hours* <p>3) Number of Nurses in Trust split by;</p> <ul style="list-style-type: none"> - day of the week they were in the Trust - banding of the nursing staff - area of work for the nursing staff i.e. outpatients, general ward, ITU, CCU, AMU etc - whether this was in core hours or outside of core hours* <p>4) Number of AHPs in Trust split by;</p> <ul style="list-style-type: none"> - day of the week they were in the Trust - banding of the AHP - area of work for the AHP i.e. outpatients, general ward, ITU, CCU, AMU etc - whether this was in core hours or outside of core hours* <p>5) Number of Consultants On-Call split by;</p> <ul style="list-style-type: none"> - day of the week they were On-Call
21	21	18/05/2016	HR /Staff	

			<p>the United Kingdom and require information that relates to the organisation's live contracts around the procurement of medical equipment.</p> <ol style="list-style-type: none"> 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	112	18/05/2016 Procurement	<p>Can you please provide me the full version of your contracts that lists all the contracts the organisation has around medical equipment? I would prefer you send me this information in an excel format.</p>	<p>http://my.supplychain.nhs.uk/Catalogue/contract</p>
			<p>include specific details of any laws referred to in each.</p> <ol style="list-style-type: none"> 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. 	
208	208	18/05/2016 Corporate Policy/ Decisions	<p>Please can you advise me in regards to the last 5 years:</p> <ol style="list-style-type: none"> 1) How many compromise agreements has the Trust entered into with staff or former staff? 2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself? 3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the Trust? 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)? 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? 	<ol style="list-style-type: none"> 1) No letters have been issued 2) No letters have been issued 3) No eviction notices or court orders have been requested <p>Please can you advise me in regards to the last 5 years:</p> <ol style="list-style-type: none"> 1) How many compromise agreements has the Trust entered into with staff or former staff? 109 2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself? All 3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the Trust? All 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 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
224	224	18/05/2016 Corporate Policy/ Decisions	<p>Excel spreadsheet attached re PFI</p>	
354	354	18/05/2016 Corporate Policy/ Decisions	<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>
367	367	18/05/2016 Corporate Policy/ Decisions		
373	373	18/05/2016 Corporate Policy/ Decisions	<p>Similar in nature to the Accident & Emergency Quality Indicators published monthly by HSCIC on a provider level (see relevant publication on their website), I kindly ask you to provide an Excel list reporting the same indicators but individually for all hospitals with an accident & emergency department that are part of your trust. For your reference, I have listed the same quality indicators for which I request information below. Please detail this information for all months from January to December 2015 and send the Excel file</p>	

382	382	18/05/2016 Performance/ Activity	<p>How many data sharing agreements or information sharing agreements does the trust currently have with private organisations to share patient files or records?</p> <p>2 - For each, please state i) the organisation concerned, ii) the number of patients involved and iii) the purpose of the agreement.</p> <p>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.</p> <p>2. We cannot provide the organisations names and details as this is confidential.</p> <p>- 21 of these were for "Shared Care" purposes.</p> <p>- 6 of these were for secondary care purposes.</p> <p>- 2 were for Research</p> <p>- 2 were for admin purposes</p> <p>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>
388	388	18/05/2016 Corporate Policy/ Decisions	<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> <p>What is the definition of 'local or national definition' to follow up for chronic pain referrals?</p> <p>qu2. The data for new to follow up for chronic pain referrals for your trust for the years April 2010 to April 2015</p> <p>qu3. Is the calculation used for new and follow-up in Chronic Pain a local or national definition?</p> <p>qu4. Can you provide the wording of the definition used?</p> <p>qu5. Does the New to follow up ratio calculation that is used by your organisation for Chronic Pain also apply to other specialties?</p> <p>qu6. If no - please explain the differences in the calculations.</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
123	123	16/05/2016 Service Information		<p>patients from 1st April 2004 onwards (or the earliest date available, if this is later)</p> <p>Rossendale 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>Diversion 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> <p>2015/16 2014/15 2013/14 2012/13</p> <p>April 16,453 11,970 30,897 10,720</p> <p>May 19,456 18,295 7,511 5,909</p> <p>June 28,265 11,430 11,309 4,380</p> <p>July 26,357 16,739 5,266 17,021</p> <p>August 22,999 15,899 22,649 19,164</p> <p>September 24,386 21,380 7,438 7,935</p> <p>October 24,844 15,959 7,613 24,167</p> <p>November 20,550 24,173 3,157 10,044</p> <p>December 21,473 16,892 9,602 6,776</p> <p>January 27,658 16,384 11,491 15,971</p> <p>February 25,051 17,005 16,195 10,120</p> <p>March 37,010 21,952 14,340 11,408</p> <p>294,502 208,078 147,467 143,615 0 0</p>
216	216	16/05/2016 Service Information	<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>Rossendale 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>	
304	304	16/05/2016 Service Information	<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>Sagittal split mandibular osteotomy 38</p>

			<p>I'd like to request a break down of agency spend from the trust under the freedom of information act.</p> <p>I'd like to know:</p> <ul style="list-style-type: none"> 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 	<p>£1,107,303.13</p> <ul style="list-style-type: none"> 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 Medicare 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 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 Acute Medicine £37,439.68 Medicine Escalation £90,834.55 Cardiology £5,416.31 Diabetes £62,579.25
60	60	13/05/2016 Finance	<p>Bed Management Hospedia EPTS 2014-09-01</p> <p>Analytics (PLICS) Bellis Jones Hill Prodacapo 2015-03-31</p> <p>Dep A&E CSC Clinicom 2015-03-31</p> <p>Dep Maternity K2 Medical Systems Athena 2015-03-31</p> <p>Dep Pathology CSC Telepath 2015-03-31</p> <p>Dep Pharmacy EMIS Health Ascribe Pharmacy 2015-03-31</p> <p>Dep Theatres Trisoft TheatreMan 2015-03-31</p> <p>Diagnostic Reporting HSS CRIS 2015-03-31</p> <p>Discharge Letters Sunquest ICE 2015-03-31</p> <p>Document Management Civica WinDIP 2015-03-31</p> <p>Finance Prodacapo Prodacapo 2015-03-31</p> <p>Integration Platform Orion Health Rhapsody 2015-03-31</p> <p>Oncology Varian Medical Systems Aria 2015-03-31</p> <p>Order Comms Sunquest ICE 2015-03-31</p> <p>PAS CSC Clinicom 2015-03-31</p> <p>Scheduling Trisoft TheatreMan 2015-03-31</p>	<p>Bed Management Hospedia EPTS 2014-09-01 October 2018</p> <p>Analytics (PLICS) Bellis Jones Hill Prodacapo 2015-03-31 31/3/2016</p> <p>Dep A&E CSC Clinicom 2015-03-31 31/03/2017</p> <p>Dep Maternity K2 Medical Systems Athena 2015-03-31 31/3/2017</p> <p>Dep Pathology CSC Telepath 2015-03-31 June 2016</p> <p>Dep Pharmacy EMIS Health Ascribe Pharmacy 2015-03-31 April 2017</p> <p>Dep Theatres Trisoft TheatreMan 2015-03-31 Theatre web client (August 2010) Theatre software (October 2016) and SSDMAN (September 2016)</p> <p>Diagnostic Reporting HSS CRIS 2015-03-31 31/03/2017</p> <p>Discharge Letters Sunquest ICE 2015-03-31 31/3/2017</p> <p>Document Management Civica WinDIP 2015-03-31 31/03/2017</p> <p>Finance Prodacapo Prodacapo 2015-03-31 31/3/16</p> <p>Integration Platform Orion Health Rhapsody 2015-03-31 March 2016</p> <p>Oncology Varian Medical Systems Aria 2015-03-31</p> <p>Order Comms Sunquest ICE 2015-03-31 31/3/2017</p> <p>PAS CSC Clinicom 2015-03-31 31/3/2017</p> <p>Scheduling Trisoft TheatreMan 2015-03-31 31/03/207</p>
84	84	13/05/2016 Procurement	<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?</p> <p>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>
301	301	13/05/2016 Corporate Policy/ Decisions	<p>1. Does your Trust employ one or more renal Multidisciplinary team (MDT)?</p> <p>2. If yes, does this team include an Interventional Radiologist (IR)?</p> <p>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</p> <p>2. If yes, does this team include an Interventional Radiologist (IR)? Yes</p> <p>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>
355	355	13/05/2016 Service Information		

				etc...)? We use a number of different tables: ALM (Lightweight) Eschmann Eschmann J3 Eschmann MR Eschmann T20 Maquet Maquet Alphamax Maquet Alphastar Maquet Alphastar Plus Merivaara OSI pain table Stille Scandia 3000	
366	366	13/05/2016	Service Information	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	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.
369	369	13/05/2016	Corporate Policy/ Decisions	please could you confirm if there has been any impact on the MIU walk in centre at Accrington Victoria since the closure of the Chorley & South Ribble A & E Department. 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	371	13/05/2016	HR /Staff	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
375	375	13/05/2016	Procurement	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
40	40	12/05/2016	Performance/ Activity		

				<p>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.</p> <p>2- The APNP sees a variety of children from 0-16yrs of age with undifferentiated undiagnosed illness.</p> <p>3- She is trained to Masters level.</p> <p>4- She is Band 8a AFC scale</p> <p>5- 8-4 or 12-9pm</p> <p>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</p> <p><u>ED/UCC RBH</u></p> <p>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. The APNP sees a variety of children from 0-16yrs of age with undifferentiated undiagnosed illness They are trained to Masters level Band 8a AFC scale 8-9pm combination of long and short days, occasional weekend (Sunday shifts) They do not have any regular protected time whilst on BUCC. however development needs identified at</p>
191	191	12/05/2016	HR /Staff	<p>1) How many advanced paediatric nurse practitioners do you have working within paediatric emergency department</p> <p>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?</p> <p>3) Are all Advanced paediatric nurse practitioners trained at masters level?</p> <p>4) What band (on agenda for change) are the advanced nurse practitioners?</p> <p>5) What shift pattern do the advanced paediatric nurse practitioners have?</p> <p>6) Do advanced paediatric nurse practitioners have protected supervision and / or CPD time if so how many hours?</p>
319	319	12/05/2016	Corporate Policy/ Decisions	<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>
350	350	12/05/2016	Corporate Policy/ Decisions	<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>
380	380	12/05/2016	Corporate Policy/ Decisions	<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>2) In the past 12 months have you suspended any health services because of shortage of doctors or nurses to staff the service?</p> <p>If yes:</p> <p>a) Which services were suspended?</p> <p>b) How many suspensions have there been?</p> <p>c) What was the longest period a service was suspended for?</p> <p>2.) Intensive care services: Are any ITU beds closed?</p> <p>If yes:</p> <p>a) How many times in the past 12 months have ITU beds had to be closed?</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':</p> <ul style="list-style-type: none"> • All planned or elective operations and day surgery <p>For 'non-clinical reasons' please include a break-down of the following:</p> <ul style="list-style-type: none"> • Bed-ward not available • Staff unavailable • Emergency operations taking priority • Maintenance needed on equipment • Patient unavailable • Admin error <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 cancellations that fall outside of the government's definition of 'last minute/on the day'.</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>
118	118	11/05/2016 Service Information		<p>Accrington Victoria Hospital 16 Burnley General Hospital 247 Clitheroe Community Hospital 32 Pendle Community Hospital 72 Royal Blackburn Hospital 695 ELHT total 1064</p>
325	325	11/05/2016 Corporate Policy/ Decisions	<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>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>
361	361	11/05/2016 Incidents		
370	370	11/05/2016 Corporate Policy/ Decisions	<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	234	10/05/2016 Incidents	<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>
61	61	09/05/2016 Incidents	<p>Financial years by patients on a) patients b) staff c) visitors?</p> <p>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?</p> <p>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?</p> <p>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.</p>	<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 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</p> <p>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.</p>

65	65	09/05/2016 HR /Staff	<p>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)</p> <p>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</p> <p>To clarify, the term 'junior doctor' refers to all doctors working for your Trust, who are NOT consultants. This includes:</p> <p>Foundation Year 1 Foundation Year 2 Specialist Trainee Year 1-8 Junior Clinical Fellow Senior Clinical Fellow Educational Fellow Research Fellow</p>	<p>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</p> <p>0 (If the same employee was off over a period where it changes years, please count them once in both years)</p> <p>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</p> <p>0 To clarify, the term 'junior doctor' refers to all doctors working for your Trust, who are NOT consultants. This includes:</p> <p>Foundation Year 1 Foundation Year 2 Specialist Trainee Year 1-8 Junior Clinical Fellow Senior Clinical Fellow Educational Fellow Research Fellow</p>
85	85	09/05/2016 Performance/ Activity	<p>Under the Freedom of Information Act please can you disclose the following information for the years 2012/2013, 2013/2014 and 2014/2015:</p> <ol style="list-style-type: none"> The total number of emergency admissions in the Trust The number of emergency admissions caused by a blocked catheter in the Trust The number of emergency admissions caused by a urinary tract infections in the Trust The estimated cost of (per day) of an emergency admission to hospital 	
125	125	09/05/2016 Finance	<p>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</p> <p>Twitter account Details: https://t.co/TXHvWnhpET</p> <p>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.</p> <p>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::</p> <p>The Wrightington Hotel & Country Club The Wrightington Conference Centre NHS Preston Marriott The Castle Green Hotel Kendal Crannage Hall Cheshire Brockholes Preston The Low Wood Hotel Windermere The Swan Hotel Newby Bridge Cumbria The Thistle Haydock Bolton Whites Hotel Reebok Stadium De Vere White Hotel Reebok Stadium Lancaster House Hotel Clayton Park Conference & Learning Centre The De Vere Hotel Blackpool</p>	<p>We can confirm that we have not used this company and have not paid any invoices to them.</p>

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

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

142 142 09/05/2016 HR /Staff

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 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?

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 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
0	1
1	0

2014 - 231	2015 - 247
2014 - 103	2015 - 184

152 152 09/05/2016 Incidents

			<p>2. Name of your IT Provider -</p> <p>3. Total number of staff within your IT Department –</p> <p>4. Total number of beds you have across your sites –</p> <p>5. Do you have a A&E Department -</p> <p>6. Total spend on IT by your organisation –</p> <p>7. Total spend on Hardware by your organisation –</p> <p>8. Total Spend on Software by your organisation -</p> <p>9. Planned spend on IT by your organisation for 16/17 -</p> <p>10. Number of sites supported –</p> <p>11. Number of users supported –</p> <p>12. The total number of computers within the organisation -</p> <p>13. The total number of smartphones within the organisation -</p> <p>14. The total number of tablet devices within the organisation –</p> <p>15. Any of the functions of your IT Department are provided by a third party – Yes/No</p> <p>16. And if yes to the above how much does this service cost and when is it due for renewal ?</p>	<p>2. Name of your IT Provider – N/A</p> <p>3. Total number of staff within your IT Department – 160 including business intelligence, data quality, systems, support</p> <p>4. Total number of beds you have across your sites – 1, 083 – including acute, community, rehab, critical care, maternity</p> <p>5. Do you have a A&E Department - Yes</p> <p>6. Total spend on IT by your organisation – During what period</p> <p>7. Total spend on Hardware by your organisation – During what period</p> <p>8. Total Spend on Software by your organisation - During what period</p> <p>9. Planned spend on IT by your organisation for 16/17 - £1.2m</p> <p>10. Number of sites supported – 10</p> <p>11. Number of users supported – 6000</p> <p>12. The total number of computers within the organisation - 5600</p> <p>13. The total number of smartphones within the organisation - 268</p> <p>14. The total number of tablet devices within the organisation – 164</p> <p>15. Any of the functions of your IT Department are provided by a third party – Yes/No No</p> <p>16. And if yes to the above how much does this service cost and when is it due for renewal ? N/A</p> <p>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</p> <p>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:</p> <p>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.</p> <ul style="list-style-type: none"> Manufacturer: Licence Expiry: September 2017 Licence Cost: £38,600 <p>19. Protection of Microsoft Exchange environment (please state if this is not applicable due to the use of NHSmail/NHSmail2) – Identifying the type of protection software could potentially open this organization to cyber-attacks through known vulnerabilities therefore will not be disclosed.</p>	
173	173	09/05/2016	ICT	<p>1) In 2015, how many times were police called to hospital premises within the trust?</p> <p>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)</p> <p>3. If possible, for incidents involving acts by patients, please state how many related to patients with dementia.</p>	<p>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.</p> <p>2) As above</p> <p>3) This information is not recorded</p>
235	235	09/05/2016	Incidents	<p>I am making a Freedom of Information Request under the FOIA 2000. Please provide, in excel spreadsheet format, the following information relating to private patients treated through hospital(s) under this Trust in the financial year 2015/16 (or, at least, from the start of that financial year to date):</p> <p>1. Please indicate the total income from private patients (£);</p> <p>2. Please indicate what proportion of income from private patients was not from UK patients (first as a %, then in £);</p> <p>3. Please indicate what proportion of income from private patients was from patients from other EEA countries (first as a %, then in £);</p> <p>4. Please indicate the number of private patients treated;</p> <p>5. Please indicate the proportion of private patients treated that were not from the UK (first as a %, then as a number);</p> <p>6. Please indicate what proportion of private patients treated were from other EEA countries (first as a %, then as a number).</p> <p>By "other EEA countries" I am referring to member states of the European Economic Area aside from the UK.</p>	
337	337	09/05/2016	Corporate Policy/ Decisions		
358	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	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	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.

			<p>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.</p> <p>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.</p> <p>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:</p> <p>a. the percentage of current junior doctor rotas that are aiming to be changed</p> <p>b. A very brief (one-line) summary of what these changes are (eg more working in the evenings)</p>	<p>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.</p> <p>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.</p> <p>1 & 2 No work has been carried out to date to assess 1 or 2</p> <p>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:</p> <p>a. the percentage of current junior doctor rotas that are aiming to be changed - 50% approximately</p> <p>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.</p>
5	5	03/05/2016 Corporate Policy/ Decisions	<p>Question 1</p> <p>Please can you confirm what your total spend on Allied Health Professional (AHP) agency staff was during the financial year April 2015-January 2016?</p> <p>Can you please break this financial information down by AHP specialism:</p> <ul style="list-style-type: none"> • Arts Therapists, • Chiroprapist/Podiatrist, • Dietician, • Occupational Therapist, • Physiotherapist, • Prosthetist / Orthotist, • Imaging Professionals, • Speech / Language Professionals. <p>Question 2</p> <p>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.</p>	<p>The agencies we use are</p> <ul style="list-style-type: none"> • Globe Locums • Careproviders • RIG Recruitment • Maxxima • Your World • Piers Meadow • Pulse • Reed Healthcare • Sanctuary Personnel • TLTP
90	90	03/05/2016 HR /Staff	<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</p> <p>How many were successful? 0</p> <p>And how many (total) junior doctors were involved? 0</p> <p>Following each of these appeals, how many resulted in a change in working pattern or extra staff/doctors being hired? 0</p> <p>Very roughly, how many junior doctor have you employed in 2015? Average WTE in post 139</p>
124	124	03/05/2016 HR /Staff		
176	176	03/05/2016 Finance	<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>2. Does your hospital externally use 'ward/emergency / critical departments-to-ward/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>We pay our consultants £500 per waiting list which is a session of 4 hours</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>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>
226	226	03/05/2016 Service Information		

306	306	03/05/2016	Corporate Policy/ Decisions	<p>2) In the last 12 months, has your trust had to issue a new rota pattern for doctors or any speciality, which has had the effect of reducing the number of doctors on shift?</p> <p>3) For the week commencing February 22 2016,</p> <p>a) what percentage of doctor shifts were filled by locums?</p> <p>b) what percentage of doctor shifts were unfilled?</p> <p>4) For the week commencing February 23 2015,</p> <p>a) what percentage of doctor shifts were filled by locums?</p> <p>b) what percentage of doctor shifts were unfilled?</p> <p>5) In the month of February 2016, how many agency nursing shifts were paid at a band 6 rate to fill a band 5 unfilled shift?</p> <p>6) How many languages do you translate patient information into as of 1 March 2016? Please list the languages by most popular.</p> <p>7) For the following financial years: 2013/14, 2014/15 and so far in 2015/16, how much money has the trust spent on the following language services:</p> <p>a) Translation of written information for patients /carers</p> <p>b) Translation services for patients/carers</p> <p>c) Employment of translators</p> <p>d) Employment of advocates for non-English speaking people</p> <p>e) Total cost of translation and interpretation for the trust</p>	
320	320	03/05/2016	Corporate Policy/ Decisions	<p>For East Lancashire Hospitals NHS Trust (and any previous iterations) of the number of early stage 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.</p> <p>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>	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.
328	328	03/05/2016	Corporate Policy/ Decisions	<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> <p>a. Supply of Water</p> <p>b. Waste Water</p> <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"> Unique Contract Key: Please can you provide me with a unique reference quote that relates to each contract. Current Provider: If there is more than one provider please split the contract information individually. Annual Average Spend: Please can you send me the average spends over the last three years. Approximate spend is also acceptable. Contract Duration: Duration of the contract/agreement and can you please include any extension periods that could be executed Contract Commence Date: The date the contract/agreement commenced Contract Expiry Date: The date the contract/agreement expired Contract Description: A brief description of the contract of what support/service is involved Responsible Officer: Who within the organisation is responsible for this contract. Please can you send me the full names, actual job title, internal contact number and the officers direct email address. <p>If there is more than one supplier please split each profile of the above data types for each supplier. E.g. separate spend, expiry date, responsible officer.</p>	<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.</p> <p>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.</p> <p>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>
335	335	03/05/2016	Service Information	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 	<p>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</p> <p>CharterCancelDescription 09/09/2015 - 11/09/2015 02/03/2016 - 04/03/2016 09/03/2016 - 11/03/2016 Grand Total</p> <p>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</p>

357	357	03/05/2016 Transport/ Car Parking	<p>1. What is the hourly parking rate at Trust-controlled or owned car parks? 2. How many spaces are available in Trust-controlled or owned car parks? 3. Who operates the car parks? 4. Please provide details of any discounts/exemptions offered to patients. 5. 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. 6. 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. 7. 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. 8. What percentage (if any) of the parking revenue is diverted to the car park operator? 9. What is the remaining money raised from parking and received by the Trust used for?</p>
<p>Can you provide answers for 2011-2012, 2012-2013, 2013-2014, 2014-2015 and 2015-2016 please.</p>			
73	73	28/04/2016 Service Information	<p>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.</p>
108	108	28/04/2016 Incidents	<p>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</p> <p>Further I would like to gain contact details for:</p> <p>LSMS Security Manager Health & Safety Manager</p>

1.
 - a. Average hourly rate for patient/visitors at Royal Blackburn Hospital (RBH) and Burnley General Hospital (BGH) - £1.90
 - b. Average hourly rate for staff at RBH and BGH – £0.06
 - c. Pendle Community Hospital (PCH), Accrington Victoria Hospital (AVH) and Clitheroe Community Hospital (CCH) have free patient/visitor and staff parking
2.
 - a. Patient/visitor and staff car parking spaces at RBH is 1920 and 498 of those are designated disabled car parking spaces
 - b. Patient/visitor and staff car parking spaces at BGH is 932 and 77 or those are designated disabled car parking spaces
 - c. Patient/visitor and staff car parking spaces at PCH is 38 and 6 or those are designated disabled car parking spaces
3.
 - a. RBH – Indigo UK Services Ltd
 - b. BGH – ENGIE FM
 - c. PCH, AVH and CCH – ELHT
4.
 - a. Blue badge holders – Free car parking
 - b. Cancer patients coming for cancer treatment – Free car parking
 - c. Staff day passes - £1.50 per day
 - d. Compulsory Resident Medical Staff – Free car parking under Health Circular (85)19
 - e. 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.
 - f. Volunteers – Free car parking
 - g. Motor Cycles – Free car parking if not parked in a full car park space
5. Not applicable to the Trust, is a part of the PFI Contract
6. Not applicable to the Trust, is a part of the PFI Contract
7. Not applicable to the Trust, is a part of the PFI Contract
8. Not applicable to the Trust, is a part of the PFI Contract

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.

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

			<p>a. Relapsing-Remitting MS b. Primary Progressive MS c. Secondary Progressive MS d. Benign MS e. Unconfirmed Type</p> <p>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).</p> <p>3. The current waiting times targets for accessing an appointment with a Consultant Neurologist with MS expertise for:</p> <p>a. New appointments b. Follow up appointments</p> <p>4. The number of Individual Funding Requests (IFRs) received for each of the below treatments</p> <p>5. The number of people with MS currently being prescribed the following licensed treatments for multiple sclerosis</p> <p>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) j. Plegridy (Peginterferon beta 1a) k. Rebif® (Beta interferon – 1a) l. Sativex (Nabiximols) m. Tecfidera (Dimethyl fumarate) n. Tysabri (Natalizumab)</p>	<p>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>
308	308	28/04/2016 Pharmacy/ Prescribing		<p>Make & Model: Siemens SOMATOM Sensation 40 Site: Royal Blackburn Hospital Value: MES Siemens 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 Siemens 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 Value: Purchase cost £110,000 Annual Maintenance costs: 4 year contract £252,000 Weekly operating hours: 8am -8pm 7 days per week No. of examinations 7930</p>
321	321	28/04/2016 Corporate Policy/ Decisions	<p>For each scanner operated anywhere by your Trust Q1. Equipment type (CT or MRI)? Q2. Manufacturer? Q3. Model? Q4. Located in which hospital within Trust? Q5. Acquisition year? Q6. How it was financed (owned by Trust, leased or held under Managed Equipment Service ('MES') arrangements)? Q7. If MES, which provider do you use? Q8. What year will the equipment be replaced? Q9. Is maintenance done by the Trust, by the Manufacturer or by 3rd party provider? Q10. If 3rd party provider which provider do you use? Q11. What is the annual maintenance cost for the relevant scanner? Q12. What are the operational hours of the equipment?</p>	
353	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> <p>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>
356	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. 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>2. Can you provide a name for the system(s)?</p> <p>3. How much are you currently spending on this system annually for licensing and support fees?</p> <p>4. What is the date of contract expiry for the system(s)?</p> <p>5. How many users? (An estimation if unsure)</p> <p>6. How is your system hosted?</p> <p>7. Who is responsible for your local implementation of the objectives set out by the NHS in the Five Year Forward View?</p> <p>Name: Title:</p>	<p>1. Do you currently have an Electronic Patient Record system(s) in place? No</p> <p>2. Can you provide a name for the system(s)? NA</p> <p>3. How much are you currently spending on this system annually for licensing and support fees? NA</p> <p>4. What is the date of contract expiry for the system(s)? NA</p> <p>5. How many users? (An estimation if unsure) NA</p> <p>6. How is your system hosted? NA</p> <p>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>
<p>2</p> <p>2</p> <p>27/04/2016 ICT</p>	<p>Please provide us with the following information:</p> <p>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.</p> <p>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:</p> <p>a. Paediatric speech and language therapists b. Paediatric physiotherapists c. Paediatric occupational therapists</p> <p>3. The total working-time equivalent (WTE) number of:</p> <p>a. Health visitors b. Specialist health visitors for children with special needs</p> <p>employed by East Lancashire Hospitals NHS Trust.</p> <p>4. A copy of your care pathway for children and young people with cerebral palsy.</p> <p>5. A copy of your service framework for children and young people with cerebral palsy.</p> <p>6. Whether there is a specific timescale set out in your care pathway for referral for diagnosis of cerebral palsy, from the point of the formal identification of symptoms.</p> <p>7. An overview of training and advice provided by East Lancashire Hospitals NHS Trust for health professionals on identifying and referring children with cerebral palsy.</p>	<p>Hospitals NHS Trust from the following disciplines, trained to work with children and young people with cerebral palsy:</p> <p>a. Paediatric speech and language therapists b. Paediatric physiotherapists c. Paediatric occupational therapists</p> <p>We don't have any OT staff - all paediatric OT staff are employed by Lancashire Care FT.</p> <p>3. The total working-time equivalent (WTE) number of:</p> <p>a. Health visitors 0 FTE b. Specialist health visitors for children with special needs 0 FTE</p> <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 (1145). 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 and orothotist and these have been running since 2012. Botox clinics for lower limbs are offered once a month for suitable patients . We have 2 orthopaedic surgeons with a special interest in children with cerebral palsy and one surgeon does a joint clinic with the paediatric neurologist, community paediatrician, physio and orthotist once every 4 months. There is continuous professional development from an uni professional perspective(medical and therapy)
<p>25</p> <p>25</p> <p>27/04/2016 Performance/ Activity</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</p> <p>42</p> <p>27/04/2016 HR /Staff</p>	<p>made, if any, by each hospital operated by East Lancashire Hospitals NHS Trust from 1/1/2014 to 31/12/2014, 1/1/2015 to 31/1/2015 and 1/1/2016 to 16/03/2016.</p> <p>2. A summary of each report e.g.</p> <p>2014:</p> <p>Fake Hospital 1:</p> <ul style="list-style-type: none"> A nurse was pricked by a needle taken from an HIV-positive patient who had died on ward <p>2015:</p> <p>Fake Hospital 2:</p> <ul style="list-style-type: none"> A container of a TB culture broke and released its contents A cleaner suffered a needlestick injury from a needle and syringe known to contain hepatitis B positive blood 	
<p>126</p>	<p>126</p>	<p>27/04/2016 Incidents</p>

129	129	27/04/2016 Service Information	<p>TREATMENT OF ECTOPIC PREGNANCY IN YOUR UNIT. HOSPITAL</p> <p>In relation to the last 12 months:</p> <p>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:</p> <ul style="list-style-type: none"> • 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? <p>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:</p> <ul style="list-style-type: none"> • no significant pain and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat? <p>What percentage of women have surgical treatment of their ectopic pregnancy performed by laparoscopy?</p> <p>What percentage of women have surgical treatment of their ectopic pregnancy completed laparoscopically?</p> <p>What percentage of women have surgical treatment of their ectopic pregnancy initiated laparoscopically and converted to laparotomy?</p> <p>Do you always have the correct equipment available to allow the laparoscopic treatment of ectopic pregnancy?</p> <p>Do you perform salpingectomy for women with an ectopic pregnancy and no clear risk factors for infertility?</p> <p>Do you perform salpingotomy for women with risk factors for infertility?</p> <p>Please estimate the % of surgeons operating on ectopic pregnancies who you think can competently and confidently perform a salpingotomy?</p> <p>What equipment / organizational / training issues could improve the laparoscopic treatment of your patients with an ectopic pregnancy?</p>
134	134	27/04/2016 Service Information	<p>I am writing to obtain information about the use of specific high technology medical equipment by your trust in the year 2015.</p> <p>To outline my query as clearly as possible, I am requesting details on the hospitals use of:</p> <ol style="list-style-type: none"> LINAC (linear accelerator) PET (Positron Emission tomography) CT (Computerised tomography) MRI (Magnetic Resonance Imaging) Lithotripters <p>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:</p> <ol style="list-style-type: none"> Please state the make and model of the machine, The hospital in which it is located Its value (an insurance valuation is fine. If unavailable, please state the nature of the valuation provided) Annual maintenance costs Expected weekly operating hours (ie Siemens MRI: 09:00 - 17:00 M-F, etc) The number of separate uses of the machine in 2015 (for example, LINAC – 3000 separate uses; Lithotripter – 5000 separate uses) Whether the machine has been bought, replaced, or disposed of during this timeframe <ol style="list-style-type: none"> The date of such an event The reason <p>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, please identify them as "Siemens MRI a" and "Siemens MRI b" or other appropriate system.</p>
147	147	27/04/2016 Corporate Policy/ Decisions	<p>period of time, if they are medically fit but remain in hospital because they (or their family) have been unable to:</p> <ol style="list-style-type: none"> Choose a preferred residential or nursing home? Arrange a care package at home? Find suitable alternative housing (e.g. sheltered/retirement housing, extra care)? <p>Please provide copies of any relevant policy documents.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> Age (over 65 or under 65) Reason for the policy being enacted (as in question 1) Does the Trust have plans to develop such a policy within the next 12 months?

158	158	27/04/2016 HR /Staff	<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>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>
159	159	27/04/2016 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<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. 156</p> <p>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</p> <p>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</p> <p>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</p>
179	179	27/04/2016 Incidents	<p>Who is the Trust's current supplier for their Electronic Patient Record?</p> <p>- What is the contract start and end date for the Electronic Patient Record?</p> <p>- Who is the Trust's current supplier for your Patient Administration System?</p> <p>- What is the contract start and end date for the Patient Administration System?</p> <p>- When are you due to start looking to re-procure your clinical systems?</p> <p>- Who is the Trust's current Chief Clinical Information Officer?</p> <p>- Which member of the board is responsible for IT?</p> <p>- 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?</p> <p>- How many FTEs does the Trust employ to clean data and handle data quality problems?</p> <p>- Does the Trust use any external organisation to provide tools and /or services for data quality improvements?</p> <p>- What is the estimated cost of cleaning data for statutory reporting ?</p> <p>- What is the estimated cost of cleaning data for clinical risk avoidance?</p> <p>- 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?</p>	<p>- What is the contract start and end date for the Electronic Patient Record?</p> <p>NA</p> <p>- Who is the Trust's current supplier for your Patient Administration System?</p> <p>CSC</p> <p>- What is the contract start and end date for the Patient Administration System?</p> <p>The Trust is currently on rolling yearly contracts with the existing PAS supplier - current expiry date April 2017</p> <p>- When are you due to start looking to re-procure your clinical systems?</p> <p>When approval to proceed to full business case has been granted by NHS Improvement</p> <p>- Who is the Trust's current Chief Clinical Information Officer?</p> <p>Dr Tom Newton</p> <p>- Which member of the board is responsible for IT?</p> <p>Mr Jonathan Wood</p> <p>- 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?</p> <p>Not applicable at this stage</p> <p>- How many FTEs does the Trust employ to clean data and handle data quality problems?</p> <p>The Trust employs 9 whole time staff whose main duties focus on handling and cleansing data quality.</p> <p>- Does the Trust use any external organisation to provide tools and /or services for data quality improvements?</p> <p>No</p> <p>- What is the estimated cost of cleaning data for statutory reporting ?</p> <p>Not quantifiable - the main driver in improving data quality is to ensure accurate information to drive quality improvement, pathway management and accuracy of both statutory and internal performance reporting and it is impossible to separate these costs.</p> <p>- What is the estimated cost of cleaning data for clinical risk avoidance?</p> <p>As above</p> <p>- 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?</p> <p>Mr Jonathan Wood</p>
182	182	27/04/2016 ICT		

187	187	27/04/2016 Finance	<p>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.</p> <p>2. The trust's draft surplus/deficit plan before the above letter was received.</p> <p>3. If the trust has now agreed a control total for 2016-17, please state what it is (if different to 1.)</p> <p>4. If it is not agreed, please state the figure requested by the trust.</p> <p>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.)</p> <p>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.)</p>
198	198	27/04/2016 HR /Staff	<p>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</p> <p>2. The trust's draft surplus/deficit plan before the above letter was received. £16.3m deficit</p> <p>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</p> <p>4. If it is not agreed, please state the figure requested by the trust.</p> <p>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.)</p> <p>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</p> <p>ADCCASH 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</p> <p>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?</p>
204	204	27/04/2016 HR /Staff	<p>March 2015, to 31st March 2016? 7483</p> <p>How much did you spend in total on agency staff between 31st March 2015 and 31st March 2016? £3,919,302</p> <p>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?</p> <p>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?</p> <p>£62,045</p> <p>How much did you spend in total on agency staff between 31st March 2015 and 31st March 2016?</p> <p>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?</p> <p>£71,288</p> <p>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?</p> <p>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?</p> <p>NA</p> <p>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?</p> <p>NA</p> <p>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?</p> <p>£73,175</p> <p>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?</p> <p>NA</p> <p>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?</p> <p>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?</p> <p>£67.45 per hour on a bank holiday</p> <p>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?</p> <p>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 raise any issues if they were asked to perform a task they were not trained for nor had experience to undertake. The agency staff member would be expected to work within their own professional boundaries and within the policies and procedures of the organisation.</p>

			<p>"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 Would you find a leaflet for patients explaining cholesteatoma helpful if we could provide one? Yes/No Question 14 If we provided a poster about the support group would you be happy to display this in ENT/Audiology? Yes/No Question 15: Do your ENT surgeons feel that cholesteatoma surgery could be more effective if delivered as a regional service to enable the surgeons to have access to the laser and have more experience in c-toma operations? Question 16. We wish to put some of this information on our website, do we have permission to publish the data in raw format? Question 17: We wish to summarise the trends from the data returned from all hospitals, do we have permission to summarise the data?</p>	<p>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 Question 11 Do you have a cholesteatoma leaflet? Yes If so, please attach. Question 12 Would you like to be involved in the clinical advisory group? – If yes – put name. Possibly - would depend on expectations Question 13 Would you find a leaflet for patients explaining cholesteatoma helpful if we could provide one? Yes we would consider any patient information that is available</p>
215	215	27/04/2016 Service Information	<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p> <p>5. Of the sharing agreements, how many are for information transfers by: a. Electronic transfer b. Physical transfer c. Direct access to information d. Mixture e. Other</p> <p>6. Do you have an Electronic Patient Record system? This may be a collection of best of breed clinical systems interfaced together or a single modular EPR system that supports the core clinical components (PAS, scheduling, Order Comms, e-Prescribing, clinical noting, bed management, patient OBS, edms etc) within a single supplier application suite.</p>	<p>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.</p> <p>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</p> <p>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.</p> <p>April 2015 = 1 Aug 2015 = 2 Oct 2015 = 1</p> <p>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? = 4 b. How many of the incident included 'high risk confidential information' on the incident grading matrix. = 2</p>
217	217	27/04/2016 ICT	<p>7. If so, do you have information sharing technologies or interfaces in place to allow:</p>	<p>4. How many formal information sharing agreements are in place with:</p>
231	231	27/04/2016 Finance	<p>Please could you provide 2014 - 2015 Annual Audited Accounts including operating expenses by type</p>	

		<p>1. Considering patient entertainment systems in your hospital trust, can you confirm the number of beds which are serviced by: o Communal TV unit _____</p> <p>2. How many individual beds are serviced by: o TV _____ o Video-On-Demand service _____ o Telephone _____ o Games _____ o Wi-Fi _____</p> <p>3. Can you confirm who are the third-party vendors who provide the media systems in question (1) and (2) above _____</p> <p>4. Do you have Wi-Fi available for patients, and how much does it cost per hour/per use? _____</p> <p>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 _____</p> <p>6. Which vendors do you use for each of those items in (5) above _____</p>	<p>1. Considering patient entertainment systems in your hospital trust, can you confirm the number of beds which are serviced by: o Communal TV unit _____ o Bedside terminals are used and there are few if any standalone TV _____</p> <p>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</p> <p>3. Can you confirm who are the third-party vendors who provide the media systems in question (1) and (2) above Hospedia _____</p> <p>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 _____</p> <p>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 _____</p> <p>6. Which vendors do you use for each of those items in (5) above Hospedia, Extramed EPMA- Ascribe, PAS - CSC _____</p>
341	341 27/04/2016 Procurement	<p>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> <p>1. Are the dates recorded correctly, if not could you please provide us the correct ones.</p> <p>2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house.</p> <p>3. The annual amount of money spent for the cleaning service.</p> <p>4. The name(s) of the company(s) which provided these services, if contracted-out.</p> <p>5. The number of staff employed, annually, for the cleaning service.</p> <p>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.</p>	<p>1. These dates are accurate</p> <p>2. In house</p> <p>3 £218,100</p> <p>4 NA</p> <p>5 8.32 Whole Time Equivalents</p> <p>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	347 27/04/2016 Service Information	<p>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> <p>1. Are the dates recorded correctly, if not could you please provide us the correct ones.</p> <p>2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house.</p> <p>3. The annual amount of money spent for the cleaning service.</p> <p>4. The name(s) of the company(s) which provided these services, if contracted-out.</p> <p>5. The number of staff employed, annually, for the cleaning service.</p> <p>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.</p>	<p>1 The dates are correct</p> <p>2 In house</p> <p>3 £1,576,500</p> <p>4 MA</p> <p>5 66.67 Whole time equivalents</p> <p>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	348 27/04/2016 Corporate Policy/ Decisions	<p>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:</p> <p>1. Are the dates recorded correctly, if not could you please provide us the correct ones.</p> <p>2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house.</p> <p>3. The annual amount of money spent for the cleaning service.</p> <p>4. The name(s) of the company(s) which provided these services, if contracted-out.</p> <p>5. The number of staff employed, annually, for the cleaning service.</p> <p>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.</p>	<p>1 The dates are correct</p> <p>2 In house</p> <p>3 £3,594,375</p> <p>4 NA</p> <p>5 155.15 Whole Time Equivalents</p> <p>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>
349	349 27/04/2016 Corporate Policy/ Decisions		

15	15	26/04/2016 Performance/ Activity	<p>I would be grateful if you could provide me with the information set out below in respect of Diagnostic Imaging (DI) at your Trust for the FY 2014/15:</p> <p>For each of the key Points of Delivery categories (Just EL, SSEL, NEL, SSNEL, DC and OP), the numbers and types (e.g. CT/MR/PET-CT/endoscopy) of DIs performed per Primary Diagnosis (ICD) and the number of patients so investigated in that ICD category.</p> <p>We would only need the first three characters of the Primary Diagnosis code (e.g. C00 to D49 for Neoplasms).</p>
		<p>corporate software/applications:</p> <ol style="list-style-type: none"> Enterprise Resource Planning Software Solutions (ERP) Customer Relationship Management (CRM) Solutions Human Resources (HR) and Payroll Software Solutions Finance Software Solutions <p>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.</p> <p>For each of the categories above can you please provide me with the relevant contract information listed below:</p> <ol style="list-style-type: none"> Software Category: ERP, CRM, HR, Payroll, Finance Software Supplier: Can you please provide me with the software provider for each contract? 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. 	<p>Williamson sheet</p> <p>For each of the categories above can you please provide me with the relevant contract information listed below:</p> <ol style="list-style-type: none"> Software Category: ERP, CRM, HR, Payroll, Finance <p>HR / Payroll: Electronic Staff Record System (ESR) Health Roster (E-Roster) The Learning Hub (L&D)</p> <ol style="list-style-type: none"> Software Supplier: Can you please provide me with the software provider for each contract? <p>ESR – IBM Health Roster – Allocate The Learning Hub - Totora</p> <ol style="list-style-type: none"> 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. <p>ESR – IBM Health Roster – Allocate The Learning Hub - Totora</p> <ol style="list-style-type: none"> 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,
23	23	26/04/2016 ICT	<p>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?</p> <p>Please note I would like an individual figure for each year rather than an overall total.</p> <p>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.</p> <p>For 2015 I would like the number of mothers who have given live births discharged for each hour of the day;</p> <p>-Between 00.00 hours and 00.59 hours</p> <p>-Between 1.00 hours and 01.59 hours</p> <p>-Between 02.00 hours and 02.59 hours and so on to complete the 24 hour period.</p>
29	29	26/04/2016 Performance/ Activity	<p>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>

			<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>All Trusts please respond to question 7:</p> <p>7. Any assessment, report etc that the Trust has carried out or commissioned into the effect that the increase to the earnings threshold for Tier 2 visa immigrants to qualify for permanent residence in the UK (announced in 2011, implemented from April 2016) will have on the Trust's staff. (see http://www.workpermit.com/news/2015-07-07/uk-tier-2-visa-immigrants-must-earn-35000-to-settle-from-april-2016)</p>	<p>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 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, 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 5 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).</p> <p>As Q3</p> <p>If the information for question 1 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 1-5 and answer questions 6-8 instead:</p>
52	52	26/04/2016 HR /Staff		
			<p>1. How many items/money has your trust logged as stolen or missing from your premises over the last three years?</p> <p>Please provide the figures broken down by the following calendar years (Jan-Dec): i)2013 ii)2014 iii)2015</p> <p>2. Please provide each incident in a list form including: year, item stolen, and estimated value of the item/money (if held), and whether the missing/stolen item had belonged to member of staff, a patient/visitor, or was hospital money/property.</p>	
55	55	26/04/2016 Incidents		
			<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
75	75	26/04/2016 Finance		
			<p>2. How much spend on agency and bank workers for 2014?</p> <p>3. How much spend on agency and bank workers for 2013?</p> <p>4. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2015?</p> <p>5. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2014?</p> <p>6. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2013?</p> <p>7. The number of shifts filled by agency and bank staff in December 2015 in hospitals under the agency price cap rules ?</p> <p>8. How many of (answer 7) were breaches of the new pay caps that recently came into effect.?"</p> <p>9. The person and the email of the person responsible for temporary staffing.</p> <p>Kind Regards</p>	
79	79	26/04/2016 Finance		
			<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>
59	59	25/04/2016 Procurement		

			<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 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>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 1.8wte SLT Assistants 2.92wte Admin & Clerical</p> <p>Proportion of SLT staffing allocated to community services: East Lancashire: 4.4 wte (mixed grades) 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>It is estimated that in the last 12 months the service has received approximately 6 referrals per month in East Lancashire and 1-2 referrals per month in Blackburn with Darwen.</p>
211	211	25/04/2016	Service Information	<p>It has been recognised that the referral rate has been increasing over the last 5 years, due in part to the appointment of a specialist Parkinson's Disease nurse and changes in community services.</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>
309	309	25/04/2016	Service Information	
			<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"> • Who is the manufacturer of them and what is their model? Siemens Somatom Definition AS, Siemens Somatom Sensation (16 slice) 2 x Toshiba Aquilion 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
311	311	25/04/2016	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 posses it:</p> <ol style="list-style-type: none"> 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). 	<p>2014/15.</p> <p>Also Estates is in the middle of compiling the same data for 2015/16 which will be available most probably in July 2016.</p> <p>Site Name Site Code</p> <p>BURNLEY GENERAL HOSPITAL RXR10 ROYAL BLACKBURN HOSPITAL RXR20 PENDLE COMMUNITY HOSPITAL RXR50 ACCRINGTON VICTORIA HOSPITAL RXR60 CLITHEROE HOSPITAL RXR70</p> <ol style="list-style-type: none"> 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 Age profile - 1985 to 1994 % 3.00 24.69 100.00 1.00 0.00 Age profile - 1975 to 1984 % 8.00 0.68 0.00 5.00 0.00 Age profile - 1965 to 1974 % 31.00 0.35 0.00 5.00 0.00 Age profile - 1955 to 1964 % 2.00 0.00 0.00 0.00 0.00
338	338	25/04/2016	Service Information	

344	344	25/04/2016 Service Information	<p>2. If yes, How many Endomyocardial (EMB) Biopsy procedures were performed in:</p> <p>a. 2014</p> <p>b. 2015</p> <p>3. What was your Trust's spend on Endomyocardial Biopsy in:</p> <p>a. 2014</p> <p>b. 2015</p> <p>4. Does your Hospital perform Biopsy to diagnose Amoeloid Cardiomyopathy?</p> <p>5. If yes, How many Amoeloid Biopsy procedures were performed in:</p> <p>a. 2014</p> <p>b. 2015</p> <p>6. What was your Trust's spend on Endomyocardial Biopsy in:</p> <p>a. 2014</p> <p>b. 2015</p>	The Trust does not perform endomyocardial biopsy procedures.
345	345	25/04/2016 Service Information	<p>1. On what date (month and year) did Royal Blackburn Hospital start to provide primary Percutaneous Coronary Interventions?</p> <p>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?</p> <p>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).</p> <p>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.</p>	The Trust does not provide a PCI service.
346	346	25/04/2016 Corporate Policy/ Decisions	<p>Does your dermatology department have nurses trained to draw bloods from outpatients in outpatient clinics?</p> <p>Does your dermatology department have dermatologists trained to draw bloods from outpatients in outpatient clinics?</p> <p>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?</p> <p>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</p> <p>Does your dermatology department have dermatologists trained to draw bloods from outpatients in outpatient clinics? Yes</p> <p>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</p> <p>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>
329	329	22/04/2016 Corporate Policy/ Decisions	<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</p> <p>The email convention for staff is isforename.surnam@elht.nhs.uk and the switchboard number is 01254 263555 who will transfer you to the relevant individual required.</p>
122	122	21/04/2016 ICT	<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?</p> <p>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?</p> <p>3. Do you have/use an Electronic Patient Record (EPR) system? If so, what is the name of it?</p> <p>4. Do you have/use a Clinical Portal or/and a Patient Portal? If so, what are the name(s) of it?</p>	<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?</p> <p>No</p> <p>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?</p> <p>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</p> <p>3. Do you have/use an Electronic Patient Record (EPR) system? If so, what is the name of it?</p> <p>No</p> <p>4. Do you have/use a Clinical Portal or/and a Patient Portal? If so, what are the name(s) of it?</p> <p>We have a clinical portal that is under development and use the Orion platform for this.</p>

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

Allard Support Uk Limited

Arden Orthotics Ltd

Aremco

Banbury Postiche

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?

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21/04/2016 Service Information

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.

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.

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21/04/2016 Incidents

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

2. Please set out the number of individual elective procedures that took place in your Trust in 2015 for the following categories –

Procedure
Number
Hip Replacement
Knee Replacement
Hernia Operations
Adenoid Operations
Gallstone Operations
Tonsillectomies
Cataract Operations
Bariatric Surgery
Gender Reassignment Surgery

236 236 21/04/2016 Performance/ Activity

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 May June July August September 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

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.

Pay £446,951 for 18.94 WTE

Non Pay £6,889

Total £453,840

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.

9 9 20/04/2016 HR /Staff

		<p>1. In your organisation, how many patients diagnosed with Chronic Myeloid Leukaemia (CML) have been treated in calendar year 2015?</p> <p>2. Of these patients, how many are currently being treated with each of the following tyrosine kinase inhibitors (TKIs)?</p> <ul style="list-style-type: none"> • Dasatinib (Sprycel) • Imatinib (Glivec) • Nilotinib (Tasigna) • Ponatinib (Iclusig) • Bosutinib (Bosulif) <p>3. If possible, of these patients on a TKI, how many have had treatment with a previous TKI?</p> <p>4. In your organisation, how many patients diagnosed with Philadelphia positive (Ph+) Acute Lymphoblastic Leukaemia (ALL) have been treated in calendar year 2015?</p> <p>5. Of these patients how many are currently being treated with each of the following TKIs?</p> <ul style="list-style-type: none"> • Dasatinib (Sprycel) • Imatinib (Glivec) • Nilotinib (Tasigna) • Ponatinib (Iclusig) • Bosutinib (Bosulif) • Other (i.e. not on a TKI) 	<p>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.</p> <p>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).</p> <p>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*</p> <p>2. Of these patients, how many are currently being treated with each of the following tyrosine kinase inhibitors (TKIs)?</p> <ul style="list-style-type: none"> • Dasatinib (Sprycel) - 3 • Imatinib (Glivec) - 6 • Nilotinib (Tasigna) - 10 • Ponatinib (Iclusig) - nil • Bosutinib (Bosulif) - nil <p>3. If possible, of these patients on a TKI, how many have had treatment with a previous TKI? - None in the same year</p> <p>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*</p> <p>5. Of these patients how many are currently being treated with each of the following TKIs?</p> <ul style="list-style-type: none"> • Dasatinib (Sprycel) - na • Imatinib (Glivec) - na • Nilotinib (Tasigna) - na • Ponatinib (Iclusig) - na • Bosutinib (Bosulif) - na
14	14	<p>20/04/2016 Pharmacy/ Prescribing</p> <p>2013 to 31 December 2015 for activity taking place within the main hospital setting, excluding community services, home visits and telephone consultations.</p> <p>1) Number of clinics split by;</p> <ul style="list-style-type: none"> - day of the week they take place - whether they are consultant led, nurse led or AHP led or other - specialty of the clinic <p>2) Number of outpatient attendances split by;</p> <ul style="list-style-type: none"> - 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 <p>3) Number of ward attendances split by;</p> <ul style="list-style-type: none"> - day of the week they attended - specialty of the attendance - whether they attended in core hours or outside of core hours* <p>4) Number of A&E / walk in attendances split by;</p> <ul style="list-style-type: none"> - 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* <p>5) Number of inpatients in beds split by;</p> <ul style="list-style-type: none"> - number of inpatients each day of the week** - type of ward the inpatients were on i.e. general ward, ITU, CCU, AMU etc - specialty of the diagnosis / procedure - whether the patient was admitted as elective, urgent or emergency - whether the patient underwent a procedure on that particular day 	
17	17	<p>20/04/2016 Performance/ Activity</p> <p>Good morning.</p> <p>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:</p> <ul style="list-style-type: none"> •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? 	<p>Document Priestman 300316</p> <p>does Blackburn operate an international nurse program i.e. Do they recruit from abroad? Yes we do recruit nurses from abroad</p> <ul style="list-style-type: none"> •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
27	27	<p>20/04/2016 Corporate Policy/ Decisions</p>	

				2006 10 2007 11 2008 16 2009 9 2010 16 2011 17 2012 17 2013 29 2014 14 2015 22
44	44	20/04/2016 Performance/ Activity	could I ask for the figures fro amputations in the Blackburn with Darwen area over the last 10 year due to diabetes please?	
72	72	20/04/2016 Performance/ Activity	<p>please could you provide me with the number of people who have missed:</p> <ol style="list-style-type: none"> 1. one outpatient appointment (either first or subsequent attendance) 2. two outpatient appointments (either first or subsequent attendance) 3. three outpatient appointments (either first or subsequent attendance) 4. four outpatient appointments (either first or subsequent attendance) 5. five or more outpatient appointments (either first or subsequent attendance) <p>for each of the past two years, 2014/15 and 2015/16.</p> <p>Please provide information as a spreadsheet or CSV.</p>	<p>the number of people who have missed:</p> <ol style="list-style-type: none"> 1. one outpatient appointment (either first or subsequent attendance) 28092 in 2014/15, 29233 in 2015/16 2. two outpatient appointments (either first or subsequent attendance) 8104 in 2014/15, 8175 in 2015/16 3. three outpatient appointments (either first or subsequent attendance) 2683 in 2014/15, 2618 in 2015/16 4. four outpatient appointments (either first or subsequent attendance) 1023 in 2014/15 and 1074 in 2015/16 5. five or more outpatient appointments (either first or subsequent attendance) 988 in 2014/15, 1041 in 2015/16
83	83	20/04/2016 HR /Staff	<p>separate categories for:</p> <ul style="list-style-type: none"> • Chairman • Non- executive directors • Executive directors <p>Age range should be specified for each category as follows.</p> <p>Age of Board Members Identifier Years of age A1 18-39 A2 40-49 A3 50-59 A4 60-69 A5 70 and over</p> <p>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 8 Black/ African/ Caribbean/ Black British: Any other Black/African/Caribbean background 9 Mixed/Multiple ethnic group: White and Black Caribbean 10 Mixed/Multiple ethnic group: White and Black African 11 Mixed/Multiple ethnic group: White and Asian</p>	<p>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</p>
105	105	20/04/2016 Performance/ Activity	<ol style="list-style-type: none"> 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.

	<p>A1)</p> <p>Q2) How many qualified audiology staff do you have? (Please include audiologists and clinical scientists here) A2)</p> <p>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)</p> <p>Q4) Do you use volunteers in any part of the patient pathway? A4)</p> <p>0 Yes (please explain how – e.g. aftercare provided by a charity:) 0 No</p> <p>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? A5)</p> <p>% referred from ENT % referred from GP</p>		<p>1</p> <p>Provider Name: INFORMATION REQUESTED</p> <p>NOTES: <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Prices and activity refer to the NHS financial year 2014/15 – i.e. historical data</p> <p>Q1) How many adult patients do you have on your audiology database? A1) 73290</p> <p>Q2) How many qualified audiology staff do you have? (Please include audiologists and clinical scientists here) A2) 15</p> <p>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</p> <p>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</p> <p>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? A5) This information is not readily available and would require significant resource in order to acquire manually.</p> <p>Q6) What % of adults that you assess do you refer on to ENT (e.g. because of pathology or for a second opinion) and what % do you refer back to the GP without fitting hearing aids (e.g. because of wax)?</p>
120	120	20/04/2016 Service Information	<p>1) The name of your trust</p> <p>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</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p>
181	181	20/04/2016 Finance	<p>1) The name of your trust East Lancashire Hospitals NHS Trust</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>
1	1	19/04/2016 Pharmacy/ Prescribing	<ul style="list-style-type: none"> 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) <p>The volume of use of the following treatment options:</p> <ul style="list-style-type: none"> Ranibizumab Bevacizumab Aflibercept Dexamethasone intravitreal implant Fluocinolone acetonide intravitreal implant Laser Therapy <p>I would like this information for the period March 2015 to February 2016, broken down by month</p> <p>Number of Patients admitted with a Primary or secondary Diagnosis</p> <p>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</p> <p>H35.3 Degeneration of macula and posterior pole 93 77 72 91 80 72 66 88 67 82 80 71</p> <p>H36.0 A Diabetic retinopathy 63 55 44 74 80 75 76 86 81 80 77 96</p> <p>H34.8 Other retinal vascular occlusions <5 <5 0 6 <5 <5 5 5 <5 <5 <5</p> <p>H35.0 Background retinopathy and retinal vascular changes <5 <5 <5 <5 <5 <5 <5 <5 <5 <5 <5</p> <p>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.</p>

		<p>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.</p> <p>a. Name of application</p> <p>b. Software supplier</p> <p>c. Number of users associated with the trust.</p> <p>2. Do you use any patient self-check-in or information kiosks, if yes please answer the following questions for each application, if known</p> <p>a. The Area in the hospital the system is used</p> <p>b. The primary function of the system</p> <p>c. The System supplier</p> <p>d. Number of Users per year</p> <p>e. Cost of each system 2014/15 and year to date 2015/16.</p> <p>3. Please supply the name and email address of the persons in post for each of the following roles:</p> <p>a. Head/Director of IM&T</p> <p>b. Head/Director of Transformation or person responsible for delivery of Cost Improvement Scheme</p> <p>c. Senior Manager responsible for Cancer Services and/or Outpatients</p>	<p>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.</p> <p>No</p> <p>a. Name of application</p> <p>b. Software supplier</p> <p>c. Number of users associated with the trust.</p> <p>2. Do you use any patient self-check-in or information kiosks, if yes please answer the following questions for each application, if known</p> <p>Yes</p> <p>a. The Area in the hospital the system is used Outpatients</p> <p>b. The primary function of the system Outpatient check in</p> <p>c. The System supplier Intouch with health</p> <p>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?</p> <p>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</p> <p>3. Please supply the name and email address of the persons in post for each of the following roles:</p> <p>a. Head/Director of IM&T Mark Johnson -Mark.Johnson@elht.nhs.uk</p> <p>b. Head/Director of Transformation or person responsible for delivery of Cost Improvement Scheme Martin Hodgson -Martin.Hodgson@elht.nhs.uk</p> <p>c. Senior Manager responsible for Cancer Services and/or Outpatients Juliette Mottram Jacqui Booth</p>
41	41 19/04/2016 Performance/ Activity	<p>Under the Freedom of Information Act I would like to request the following information for the 2014-15 and 2015-16 financial years:</p> <p>1. How many ophthalmology procedures were carried out on overseas residents in a) 2014-15 and b) 2015-16?</p> <p>2. Of these how many were emergency and therefore given priority for treatment in a) 2014-15 and b) 2015-16?</p> <p>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?</p> <p>4. What were the associated translation costs in a) 2014-15 and b) 2015-16?</p> <p>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?</p> <p>b) What was the total cost of treating those chargeable patients in a) 2014-15 and b) 2015-16?</p> <p>6. Of that cost, how much was actually paid by the chargeable patients in a) 2014-15 and b) 2015-16?</p>	<p>No ophthalmology procedures were carried out on overseas visitors during this time period</p>

			<p>Please could I request the following information:</p> <p>1. Which hospitals in the trust have the following wards: Elderly Care Stroke Dementia Names: _____</p> <p>2. What are your published figures for reported in-patient falls for the period January 2013 – December 2015? Year 2013: _____ Year 2014: _____ Year 2015: _____</p> <p>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 _____)</p> <p>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 Other yes/no</p> <p>If significant, is the hospital/s still using the equipment? Yes No</p> <p>5. Has there been any reported issues of pressure sores/bed sores due to using any of the falls prevention devices?</p>	<p>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 _____</p> <p>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: _____</p> <p>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.</p> <p>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</p> <p>If significant, is the hospital/s still using the equipment? Yes No- Not at present due to equipment expiry and non-stock available to buy or hire.</p> <p>5. Has there been any reported issues of pressure sores/bed sores due to using any of the falls prevention devices? No</p> <table border="0"> <tr> <td>Turun TABS Falls Monitor</td> <td>Severe</td> <td>Average</td> <td>Minor</td> </tr> <tr> <td>Alert-It</td> <td>Severe</td> <td>Average</td> <td>Minor</td> </tr> <tr> <td>Sensorcare Bed Systems</td> <td>Severe</td> <td>Average</td> <td>Minor</td> </tr> </table> <p>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>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 cholestetoma 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>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 cholestetoma patients to another hospital, please state the reasons. NA</p>	Turun TABS Falls Monitor	Severe	Average	Minor	Alert-It	Severe	Average	Minor	Sensorcare Bed Systems	Severe	Average	Minor
Turun TABS Falls Monitor	Severe	Average	Minor													
Alert-It	Severe	Average	Minor													
Sensorcare Bed Systems	Severe	Average	Minor													
96	96	19/04/2016	Service Information													
214	214	19/04/2016	Service Information													
227	227	19/04/2016	Service Information													
318	318	19/04/2016	Service Information													
324	324	19/04/2016	HR /Staff													
202	202	18/04/2016	Service Information													

			<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 comes from the hospital?</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? Recommend the dose and length of course</p>
203	203	18/04/2016 Service Information	<p>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>	
210	210	18/04/2016 Finance	<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>	Documents attached
221	221	18/04/2016 Service Information		Information not held as this organisation is a hospital

				<p>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 3 Non-Executive Directors including a Non- Executive Chair of the Committee Director of Operations Chief Nurse Medical Director Director of Finance</p> <p>Quorum 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 The Associate Director of Patient Safety and Governance and the Company Secretary will normally be in attendance at meetings. The Committee may direct the attendance of others at meetings as the Chair of the Committee deems appropriate</p>
222	222	18/04/2016	Corporate Policy/ Decisions	<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>) 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>
229	229	18/04/2016	Service Information	<p>Each of the responsibilities for committees are defined within the Corporate Governance Handbook (latest version)</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>
230	230	18/04/2016	Corporate Policy/ Decisions	<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>How many appointments have been cancelled for non-clinical reasons IN THE 3 DAY BEFORE a patient was due to be admitted?</p> <p>Out of those cancellations, how many were rescheduled within the statutory time limit - eg 28 days?</p> <p>Out of those cancellations, how many were rescheduled more than once?</p> <p>How many appointments have been cancelled for non-clinical reasons ON THE DAY a patient was due to be admitted?</p> <p>Out of those cancellations, how many were rescheduled within the statutory time limit – eg 28 days?</p> <p>Out of those cancellations, how many were rescheduled more than once?</p> <p>Please provide this data by month for 2013, 2014, 2015 and 2016 - up to and including March 2016.</p> <p>The following should be included in the figures for 'appointments':</p> <ul style="list-style-type: none"> • All planned or elective operations and day surgery • Invasive X-ray procedures carried out on inpatients or day cases • Telephone cancellations made to patients • All minor procedures, including outpatient procedures <p>For 'non-clinical reasons' please include a break-down of the following:</p> <ul style="list-style-type: none"> • Bed-ward not available • Staff unavailable • Emergency operations taking priority • Maintenance needed on equipment • Patient unavailable • Admin error 	
116	116	15/04/2016 Performance/ Activity		
			<p>1. Does your organisation use/perform Viscosupplementation injections?</p> <p>2. If so, how much does your trust spend each year on Viscosupplementation?</p> <p>3. Which brand(s) Viscosupplement do you use?</p>	
131	131	14/04/2016 Service Information		<p>in the last twelve months we did not issue or use any of these preparations in the Trust</p> <p>exemption data, covering overseas</p> <p>Q2 - How many exempt overseas visitor patients did you</p> <p>Q3 - How many European (EEA) "ordinarily resident"</p> <p>Q4 - 4. Of those in question 3, how many received maternity</p> <p>Q5 - Of those in question 3, how many received treatment at a department other than maternity?</p> <p>Please break the total down by department. Include up to 5 most popular departments.</p> <p>Q6 - 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.</p> <p>Q7 - Do you have an Overseas Visitors Dept - Y/N?</p> <p>Q8 - If so, how many Overseas Visitors Officers (OVOs)/</p> <p>Q9 - Are your OVOs/OVMs dedicated to working solely at your Overseas Visitors</p> <p>Q10 - Do you share any of your OVOs/OVMs with</p> <p>Q11 - 11. Are your OVOs/OVMs all resident in your trust,</p>
			<p>1. Do you keep exemption data, covering overseas visitors?</p> <p>2. How many exempt overseas visitor patients did you treat since 1 April 2015 to 1 March 2015?</p> <p>3. How many European (EEA) "ordinarily resident" (OR) patients did you treat since 1 April 2015 to 1 March 2015?</p> <p>4. Of those in question 3, how many received maternity care?</p> <p>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.</p> <p>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.</p> <p>7. Do you have an Overseas Visitors Department? Y/N</p> <p>8. If so, how many Overseas Visitors Officers (OVOs)/ Overseas Visitor Managers (OVMs) do you employ? (full-time equivalent)</p> <p>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.</p> <p>10. Do you share any of your OVOs/OVMs with other trusts? If so how many and with which trusts?</p> <p>11. Are your OVOs/OVMs all resident in your trust, or do they work off-site?</p>	<p>visitors?</p> <p>treat since 1 April</p> <p>(OR) patients did you</p>
82	82	11/04/2016 Finance		
			<p>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.</p> <p>We would also be grateful if you could answer the following questions:-</p> <p>1. When did you introduce any form of Stroke Thrombolysis at the Royal Blackburn Hospital?</p> <p>2. When did you have access to any form of Stroke Thrombolysis with the local Hospitals?</p> <p>3. When did you introduce a 9 till 5 Monday to Friday Stroke Thrombolysis service at the Royal Blackburn Hospital?</p> <p>4. When did you have access to the Telestroke Thrombolysis services across Lancashire and Cumbria?</p>	
220	220	11/04/2016 Corporate Policy/ Decisions		Documents attached

339	339	11/04/2016 Corporate Policy/ Decisions	<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> <p>2) How many car parking spaces are there? BGH 506 and RBH 730</p> <p>4) Do staff pay to park? Yes</p> <p>5) If so, how much do 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 (please state if staff on different bands or pay grades pay different amounts to park. Please state what these amounts are)</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>9) What is the total amount paid by staff for parking at the trust in 2014/5 £355,254</p> <p>10) What is the total amount paid by staff for parking at the trust in 2013/4 £332,662</p> <p>11) What is the total amount paid by staff for parking at the trust in 2012/3 £314,892</p> <p>12) What is the total amount paid by staff for parking at the trust in 2011/2 £304,842</p>
323	323	01/04/2016 Corporate Policy/ Decisions	<p>1) How many staff work at the trust?</p> <p>2) How many car parking spaces are there?</p> <p>3) How many staff members use car parking facilities each day?</p> <p>4) Do staff pay to park?</p> <p>5) If so, how much do they currently pay if they pay by a) salary sacrifice b) daily (please state if staff on different bands or pay grades pay different amounts to park. Please state what these amounts are)</p> <p>5) Please state what the charges were for both salary sacrifice and daily parking in 2014/5</p> <p>6) Please state what the charges were for both salary sacrifice and daily parking in 2013/4</p> <p>7) Please state what the charges were for both salary sacrifice and daily parking in 2012/3</p> <p>8) Please state what the charges were for both salary sacrifice and daily parking in 2011/2</p> <p>9) What is the total amount paid by staff for parking at the trust in 2014/5</p> <p>10) What is the total amount paid by staff for parking at the trust in 2013/4</p> <p>11) What is the total amount paid by staff for parking at the trust in 2012/3</p> <p>12) What is the total amount paid by staff for parking at the trust in 2011/2</p>	<p>Please break down by calendar year, for:</p> <p>2011</p> <p>2012</p> <p>2013</p> <p>2014</p> <p>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</p> <p>2012 15</p> <p>2013 27</p> <p>2014 14</p> <p>2015 10</p> <p>Grand Total 81</p> <p>The youngest person from the above patients was 35 at the time of discharge.</p>
37	37	31/03/2016 Performance/ Activity	<p>Please provide costs claimed by Ahmedia 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>	<p>The youngest person from the above patients was 35 at the time of discharge.</p>
161	161	31/03/2016 Finance	<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>	<p>We have incurred no charges.</p>
12	12	23/03/2016 Performance/ Activity	<p>Information not held</p>	<p>Information not held</p>

		<p>state the name of the provider used (Medacs, Holt, A&E Agency etc.)</p> <p>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.</p> <p>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.)?</p> <p>4) Do you run a weekly payroll for medical bank?</p> <p>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.</p> <p>Please provide all subsequent information split by the following staffing categories. Please include all spend outside of the specified categories as "other".</p> <ul style="list-style-type: none"> - Nursing & HCA's - Medical & Dental - AHP's - Other <p>6) Please state the trusts expenditure on agency staff in 2014/15 split by the above staff categories.</p> <p>7) Please state the total spent on internal bank staff in 2014/15, split by the above staff categories. This is the total paid to workers completing shifts via the trust bank, excluding any costs to 3rd parties. Please do not include any spend on outsourced bank staff.</p> <p>8) Please state the total number of staff signed up to the trust's internal bank, split by the above categories.</p> <p>9) Of the above figure, please state the total number of staff signed up to the bank who also work as</p> <ul style="list-style-type: none"> • Is there training provided to non-clinical, front-facing staff about human trafficking and modern slavery in your Trust? <ul style="list-style-type: none"> • 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? 	<p>state the name of the provider used (Medacs, Holt, A&E Agency etc.)</p> <p>No we do not have a master vendor we use 63 agencies that are registered on the HTE framework</p> <p>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.</p> <p>N/A</p> <p>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.)?</p> <p>Stafflow, Liaison</p> <p>4) Do you run a weekly payroll for medical bank?</p> <p>No</p> <p>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.</p> <p>NO, although we have the DRS system but do not utilise this fully</p> <p>Please provide all subsequent information split by the following staffing categories. Please include all spend outside of the specified categories as "other".</p> <ul style="list-style-type: none"> - Nursing & HCA's - Medical & Dental - AHP's - Other <p>6) Please state the trusts expenditure on agency staff in 2014/15 split by the above staff categories.</p> <p>Agency:</p> <p>Medical & Dental - £7,252,706</p> <p>Nursing & HCA's - £3,585,466</p> <p>AHP's - £1,683,695</p> <p>Other - £2,982,241</p> <p>7) Please state the total spent on internal bank staff in 2014/15, split by the above staff categories. This is the total paid to workers completing shifts via the trust bank, excluding any costs to 3rd parties. Please do not include any spend on outsourced bank staff.</p> <p>Bank:</p>
80	80	23/03/2016 HR /Staff	
178	178	22/03/2016 Corporate Policy/ Decisions	<p>Does your NHS Trust use any outside company, individual or organisation to transcribe patient letters, records or any other patient information?</p> <p>If so:</p> <p>2. Please give the names of the companies/ individuals/ organisations used, their addresses and the countries in which they are based.</p> <p>3. Please give the dates during which they have been employed to carry out these services by your Trust.</p> <p>4. Please state exactly what services the company/ individual/ organisation is contracted to do for the trust.</p> <p>5. In what form is the patient information sent to the company/ individual/ organisation?</p> <p>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.</p> <p>7. How much money has been paid to the company/ individual/ organisation? Please give the figure for each of the past three years.</p> <p>6. How many complaints have you received about the standard of the work by this company/individual/organisation, if any? Please give figures for each of the past three years.</p> <p>Our Trust does not use any outside company, individual or organisation to transcribe patient letters, records or any other patient information.</p>

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.

. 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.

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.

53 53 17/03/2016 HR /Staff

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:

- Spend on Locum/Agency Doctors & Medical Locums
- Spend on Locum/Agency Nursing staff
- Spend on Locum/Agency Paramedics & Emergency Services Personnel

2012 2013 2014 2015
 Medical
 Nursing
 Paramedic

2012
 2013
 2014
 2015
 Medics
 4,434,945
 4,723,784
 7,408,578
 7,252,706
 Nursing
 324,908
 2,128,591
 3,637,711
 3,585,466
 Paramedics
 NA
 NA
 NA

63 63 17/03/2016 HR /Staff

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.

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.

If possible, please provide a breakdown between junior doctors and consultants.

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
 73,405.00
 August
 5.71
 72,954.00

68 68 17/03/2016 Finance

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.

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

336	336	17/03/2016	Corporate Policy/ Decisions		
228	228	16/03/2016	Corporate Policy/ Decisions	Please send me a copy of audited accounts for year end 2014-15 and 2015-16	Documents attached
				<p>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> <p>Question 4: This data will be summarised to provide national trends, lists and statistics, and put on a website whose aim is to support patients with cholesteatoma. Do you consent to the data being used in this way? Please put your answer in column in the question 2 template</p>	
213	213	14/03/2016	Service Information		Documents attached
				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	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. 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.
310	310	14/03/2016	Corporate Policy/ Decisions		
				Could you please provide me with the structure and names of your Estates and Facilities department. Additionally could you provide contact numbers for the managers for the : Head of Estates Head of Capital projects Head of Facilities Could you also inform me of how many hospital sites you have.	The information we are able to provide is detailed below and in the attachment. Head of Estates 01254 732261 Head of Capital projects 01282 804082 Head of Facilities 01254 732130 Could you also inform me of how many hospital sites you have. Five
331	331	14/03/2016	Corporate Policy/ Decisions		
				<ol style="list-style-type: none"> 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? 	<ol style="list-style-type: none"> 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	36	11/03/2016	ICT		

		<p>system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:</p> <ol style="list-style-type: none"> Contract Type: Maintenance, Managed, Shared (If so please state orgs) Existing Supplier: If there is more than one supplier please split each contract up individually. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider Number of Users: Hardware Brand: The primary hardware brand of the organisation's telephone system. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. Telephone System Type: PBX, VOIP, Lync etc Contract Duration: please include any extension periods. Contract Expiry Date: Please provide me with the day/month/year. Contract Review Date: Please provide me with the day/month/year. Contract Description: Please provide me with a brief description of the overall service provided under this contract. 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 above including the person from with the organisation responsible for that particular contract. If the maintenance for telephone systems is maintained in-house please can you provide me with: <ol style="list-style-type: none"> Number of Users: Hardware Brand: The primary hardware brand of the organisation's telephone system. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address. Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. 	<ol style="list-style-type: none"> Existing Supplier: If there is more than one supplier please split each contract up individually. Daisey Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider Number of Users: 6000 Hardware Brand: The primary hardware brand of the organisation's telephone system. Cisco Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. ARC Telephone System Type: PBX, VOIP, Lync etc Cisco Contract Duration: please include any extension periods. 12 months Contract Expiry Date: Please provide me with the day/month/year. Sept 2016 Contract Review Date: Please provide me with the day/month/year. None set Contract Description: Please provide me with a brief description of the overall service provided under this contract. Support/Upgrades 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 <p>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</p> <p>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</p> <p>If the maintenance for telephone systems is maintained in-house please can you provide me with: All as above</p> <ol style="list-style-type: none"> Number of Users: Hardware Brand: The primary hardware brand of the organisation's telephone system. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address. Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. 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 <p>2. Who supplies you printer/copier/scanners across the trust?</p> <p>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?</p> <p>4. How long are the print services contracts for ?</p> <p>5. What print management software's do you use across the trust?</p> <p>6. What scanning software's do you use across the trust?</p> <p>7. Is it just this site that you do the printing for or is it other sites too?</p> <p>8. How much do you spend on printing services across the trust?</p> <p>9. What is the overall cost of the managed print service contract?</p> <p>10. What document management software's/systems do you use across the trust?</p> <p>11. What IT provider do you use?</p> <p>12. How long is the print room contract and when is the current print room contract due to end?</p> <p>13. Do you have an in house design department?</p> <p>14. Do you have a in-house mail room?</p> <p>15. Is the mail room contract outsourced or run by the trust ?</p> <p>16. What is the average/estimated monthly amount of the following.</p> <p>A: Letters coming in to the post room?</p> <p>b: Letters going out of the post room?</p> <p>C: Parcels coming in to the post room?</p> <p>D: Parcels going out of the post room?</p>
49	49	11/03/2016 Procurement	<p>2. Who supplies you printer/copier/scanners across the trust?</p> <p>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?</p> <p>4. How long are the print services contracts for ?</p> <p>5. What print management software's do you use across the trust?</p> <p>6. What scanning software's do you use across the trust?</p> <p>7. Is it just this site that you do the printing for or is it other sites too?</p> <p>8. How much do you spend on printing services across the trust?</p> <p>9. What is the overall cost of the managed print service contract?</p> <p>10. What document management software's/systems do you use across the trust?</p> <p>11. What IT provider do you use?</p> <p>12. How long is the print room contract and when is the current print room contract due to end?</p> <p>13. Do you have an in house design department?</p> <p>14. Do you have a in-house mail room?</p> <p>15. Is the mail room contract outsourced or run by the trust ?</p> <p>16. What is the average/estimated monthly amount of the following.</p> <p>A: Letters coming in to the post room?</p> <p>b: Letters going out of the post room?</p> <p>C: Parcels coming in to the post room?</p> <p>D: Parcels going out of the post room?</p>
76	76	11/03/2016 Performance/ Activity	<p>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.</p> <p>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?</p>
218	218	11/03/2016 Finance	Documents attached

			your Trust.	
			Grade Social Pay Rate Unsocial Pay Rate Foundation Year 1 Foundation Year 2 Registrar (SP1-2) Registrar (SP3+) Dental Core Training Specialty Doctor/Staff Grade Associate Specialist Consultant	The information we are able to provide is detailed below: General Medicine Emergency Department Trust - other Grade Social Pay Rate Twilight Unsocial Pay Rate Social Pay Rate Twilight Unsocial Pay Rate Social Pay Rate Unsocial Pay Rate Foundation Year 1 £20.76 £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 £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	113	10/03/2016	HR /Staff	
			1. what (if any software) do you use to monitor/process PCR 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 organisations 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.
315	315	10/03/2016	Service 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.	< 10 yrs no. of PIS tested no. of PIS (+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.
317	317	10/03/2016	Service 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.
91	91	09/03/2016	Service Information	
			1) We have the following guideline document relating to CMPA prescribing listed for your organisation. East Lancashire - A quick reference guide for GPs on prescribing infant formulas (March 2013) Please confirm if this is up-to-date and still in use? 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.	1) We have the following guideline document relating to CMPA prescribing listed for your organisation. East Lancashire - A quick reference guide for GPs on prescribing infant formulas (March 2013) Please confirm if this is up-to-date and still in use? This guide is available to GPs via the local Health Economy website: http://www.elmb.nhs.uk/search/?q=infant+formulas+
132	132	09/03/2016	Pharmacy/ Prescribing	

133	133	09/03/2016 Pharmacy/ Prescribing	<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>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</p> <p>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.</p> <p>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.</p> <p>The Safeguarding Policies make reference to Human Trafficking, however there is also a stand-alone policy also.</p> <p>There is also a resource folder for Human Trafficking and Slavery on the Safeguarding Intranet page which can be accessed by all staff.</p> <p>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 Safeguarding which is the Local Authority as part of multi-agency safeguarding processes. There is also a National Referral Mechanism (NRM) as there is a duty to notify the Home Office of all cases. This would be done by the Trust Safeguarding Team or Lead Agency.</p> <p>1. Non-clinical staff who have Level 1 training have 1 slide and a 5 minute video in relation to Human</p>	
78	78	08/03/2016 HR /Staff	<p>status as at year end (21 March) for each of the following years</p> <ul style="list-style-type: none"> • 2010/11 • 2011/12 • 2012/13 • 2013/14 • 2014/15 • 2015/16 (current/in post - not at year end) <p>For the Executive directors, please use their job titles. For Non- executive directors, other than the Chair, please use Non-executive 1, 2 etc.</p> <p>2. Gender of Board members and the Executive directors for the above requested years</p> <p>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</p>	<p>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.</p>

	<p>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.</p> <p>Please include the agency spend in each specialty breaking it down into the different grades (SHO, Middle Grade, Consultant).</p> <p>Please could you also provide the spend on introductory fees for doctors for each specialty based on Doctors taken onto NHS contracts.</p>	<p>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 303,142 Business Support Unit Non Trust Staff - Consultant 51,588</p>
<p>87</p>	<p>87</p> <p>08/03/2016 HR /Staff</p> <p>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.</p> <p>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)</p> <p>4. How many complaints has your Trust received in the last 2 years about lack of patient information and choice of treatment?</p> <p>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? Please tick appropriate box Yes No Don't know</p> <p>Please provide us with a copy of your Trust's policy on NICE Guideline compliance.</p> <p>6. How do you monitor each of your clinical departments and clinicians to ensure their compliance with all NICE Guidelines? [Please tick all that apply]</p>	<p>East Lancashire Hospitals NHS Trust</p> <p>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.</p> <p>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)</p> <p>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</p> <p>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? Please tick appropriate box Yes ✓ No Don't know</p>
<p>119</p>	<p>119</p> <p>08/03/2016 Service Information</p>	

			<p>2. The reported harm for each incident is a) None/Insignificant b) Low/Minor c) No harm – impact prevented d) Low/Minor</p> <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	148	08/03/2016 Incidents	<p>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>																																																				
150	150	08/03/2016 Service Information	<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>																																																				
168	168	08/03/2016 Finance	<p>Finance Department</p> <p>Author: Title:</p> <p>FOI Requestor:</p> <p>Date:</p> <table border="1"> <thead> <tr> <th>Agency</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>ADECCO UK LTD</td> <td>10,904</td> </tr> <tr> <td>AGC Consultancy Ltd</td> <td>220,192</td> </tr> <tr> <td>BROOK STREET (UK) LTD</td> <td>198,821</td> </tr> <tr> <td>CAMLYN ASSOCIATES LIMITED</td> <td>22,964 167,618</td> </tr> <tr> <td>31,680</td> <td></td> </tr> <tr> <td>FIRST ASSIST SERVICES LTD</td> <td>270</td> </tr> <tr> <td>FIRST CLINICAL</td> <td>18,840</td> </tr> <tr> <td>FORREST RECRUITMENT LTD</td> <td>6,011</td> </tr> <tr> <td>HAYS ACCOUNTANCY PERSONNEL</td> <td>99,455</td> </tr> <tr> <td>HEALTH INSIGHT</td> <td>60,967</td> </tr> <tr> <td>HUNTER HEALTHCARE RESOURCING LTD</td> <td>307,268</td> </tr> <tr> <td>IMPART HEALTH LTD</td> <td>23,584</td> </tr> <tr> <td>81,327</td> <td></td> </tr> <tr> <td>JOBSEARCH EMPLOYMENT AGENCY</td> <td>13,495</td> </tr> <tr> <td>LABMED</td> <td></td> </tr> <tr> <td>22,726</td> <td></td> </tr> <tr> <td>3,208</td> <td></td> </tr> <tr> <td>MANPOWER</td> <td>24,448</td> </tr> <tr> <td>MAX 20 LTD</td> <td>201,066</td> </tr> <tr> <td>MERIDIAN BUSINESS SUPPORT</td> <td>26,044 14,850</td> </tr> <tr> <td>16,250</td> <td></td> </tr> <tr> <td>NEVILLE GEE EMPLOYMNT CONSULTNT</td> <td>2,170</td> </tr> <tr> <td>PAS MEDICAL LTD</td> <td>1,213</td> </tr> <tr> <td>PFI Healthcheck</td> <td>57,960</td> </tr> <tr> <td>PIERS MEADOWS RECRUITMENT LTD</td> <td>1,891</td> </tr> </tbody> </table> <p>Please would you provide your temporary and permanent non-medical, non-clinical agency staffing spend for the last 12 months.</p> <p>Would you also provide a list of the agencies used and demonstrate the spend by agency?</p>	Agency	Grand Total	ADECCO UK LTD	10,904	AGC Consultancy Ltd	220,192	BROOK STREET (UK) LTD	198,821	CAMLYN ASSOCIATES LIMITED	22,964 167,618	31,680		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 14,850	16,250		NEVILLE GEE EMPLOYMNT CONSULTNT	2,170	PAS MEDICAL LTD	1,213	PFI Healthcheck	57,960	PIERS MEADOWS RECRUITMENT LTD	1,891
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225	225	08/03/2016 Service Information	<p>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.</p> <p>If you do have a printed ERP Protocol, can you please send me a copy of it to this address.</p> <p>Documents attached</p>																																																				

			<p>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)?</p> <p>Yes No</p> <p>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)?</p> <p>Number of procedures performed in last 12 months Number of patients treated in the last 12 months Self-funded cataract surgery</p> <p>2a) If yes to 1a, what is the cost charged to patients for self-funded cataract surgery?</p> <p>2b) If yes to 1a, please provide your price list if available.</p> <p>2c) If yes to 1a, please provide details of the payment methods accepted by your trust for self-funded cataract surgery (i.e. credit card, cash, bank transfer).</p>	
38	38	03/03/2016 Finance		Information not held
			<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>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?</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>
128	128	03/03/2016 HR /Staff		
			<p>renal cell carcinoma, uro-oncology and urology cancer throughout their pathways currently employed by your Trust</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>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 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</p>
167	167	03/03/2016 HR /Staff		
			<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
212	212	03/03/2016 Service Information		

238	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	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	312	03/03/2016 Finance	<p>I would like to know about changes 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	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.
307	307	02/03/2016 Incidents	<p>2013, 2014 and 2015?</p> <ol style="list-style-type: none"> 2. Of these, how many were: <ol style="list-style-type: none"> a. Males? (Please stratify these figures by ages 26-36, 37-45, 46-65, 66+) b. Female? (Please stratify these figures by ages 26-36, 37-45, 46-65, 66+) c. Males under 25? d. Females under 25? e. First time mothers? f. Veterans? 3. Of these patients, how many had diagnosed mental health issues? 	
50	50	01/03/2016 Performance/ Activity	<p>state:</p> <ol style="list-style-type: none"> 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 hired <p>PLEASE NOTE THAT THIS REQUEST EXCLUDES PRIVATE PATIENTS (i.e. patients using Trust services under paid-for "private healthcare" arrangements) (private patient income should be included in the question 6 data).</p> <p>If the information for questions 3 and/or 7 cannot be located within the section 12 cost limit, please exclude the question(s) and process the remainder of the request.</p>	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.

			<p>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))</p> <p>b. Please state the cost of this discarded medicine.</p> <p>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)</p> <p>d. Please state the cost of this discarded equipment.</p> <p>2.</p> <p>a - d) Same for 2014.</p> <p>3.</p> <p>a - d) Same for 2013</p>	
121	121	01/03/2016 Performance/ Activity		Withdrawn for non response to request for clarification
			<p>Context</p> <p>I am seeking information about people who have been physically restrained while patients in your trust.</p> <p>Request</p> <p>I would like to request the following information for your trust for each of the last five years:</p> <p>1. How many patients have been physically restrained by hospital security staff</p> <p>a. Please list a breakdown of the reasons why</p> <p>2. How many patients with a learning disability have been physically restrained by hospital security staff</p> <p>a. Please list a breakdown of the reasons why</p> <p>3. How many times have the police been called because of the behaviour of a patient</p> <p>a. Please list a breakdown of the reasons why</p> <p>b. Please outline what action was taken by the police</p> <p>4. How many times have the police been called because of the behaviour of a patient with a learning disability</p> <p>a. Please list a breakdown of the reasons why</p> <p>b. Please outline what action was taken by the police</p>	
127	127	01/03/2016 Incidents		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.
			<p>Are your linen and laundry services outsourced? If so, who by?</p> <p>- What volumes of linen do you need washed and processed each week?</p> <p>- When does your contract with your existing linen service provider end?</p> <p>- Is there an option to extend your current contract?</p> <p>- What is your spend on linen services per year?</p> <p>- do you make use of reusable sterile linen? (for example reusable tray wraps or surgical gowns)</p> <p>- who manages the linen on site?</p>	<p>Are your linen and laundry services outsourced? If so, who by? No, in-house</p> <p>- 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.</p> <p>- When does your contract with your existing linen service provider end? N/a</p> <p>- Is there an option to extend your current contract? N/a</p> <p>- 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</p> <p>- do you make use of reusable sterile linen? (for example reusable tray wraps or surgical gowns) Yes</p> <p>- who manages the linen on site? Lynn Fort</p>
130	130	01/03/2016 Service Information		
			<p>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:</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>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)</p>	<p>Laparoscopic Hernia Surgery Episodes during 2015</p> <p>Laparoscopic Hernia Surgery Patients</p> <p>Laparoscopic primary repair of inguinal hernia using prosthetic material 40</p> <p>Laparoscopic repair of recurrent inguinal hernia using prosthetic material 2</p> <p>Laparoscopic repair of umbilical hernia using prosthetic material 4</p> <p>Laparoscopic primary repair of incisional hernia using insert of prosthetic material 16</p> <p>Laparoscopic repair of recurrent incisional hernia using insert of prosthetic material 6</p> <p>Laparoscopic repair of ventral hernia using insert of prosthetic material 6</p>
155	155	01/03/2016 Performance/ Activity		
			<p>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.</p> <p>Question Answer Comments (if any)</p> <p>Q1 Please indicate the budget set aside for infection control in 2015/16 £</p> <p>Q2 Please indicate the budget set aside for infection control in 2016/17 £</p> <p>Q3 Are hand wash audits within your infection control plans? Yes No (please delete as necessary)</p> <p>Q4 What % of the budget is allocated to hand hygiene? %</p> <p>Q5 What frequency are ward hand hygiene audits undertaken? Weekly Monthly Other:</p> <p>Q6 Please indicate the number of staff allocated to each hand hygiene audit per department.</p> <p>Q7 Does the Trust currently use an electronic real time patient monitoring system? Yes No (please delete as necessary)</p> <p>Q8 Are the Trust currently exploring the possibility of using an electronic real time patient monitoring system? Yes No (please delete as necessary)</p>	
333	333	01/03/2016 Procurement		The information we are able to provide is detailed in the attachment.

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

How will your Trust realise the improvements to these problems:

4. Improving patient length of stay by improving patient flow through the Trust:

Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR

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:

4. Improving patient length of stay by improving patient flow through the Trust:

Do it ourselves with our own resource and utilise existing modules and/or functionality within our

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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	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
	18-19	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<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	<10
	60-69	<10	<10	<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	<10
	>80	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<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	<10	
	70-79	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	
	>80	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	
Male Total														2210
Grand Total														3088

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?

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		<p>agency, broken down by the months in the table below?</p> <p>Total Cost for Midwives Supplied by an Agency (£) 2015 January February March April May June July August September October November December</p> <p>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?</p> <p>Cost for Fees and Other On-Costs for Midwives Supplied by an Agency (£) 2015 January February March April May June July</p>	<p>Finance Department Author: Finance Title: Royal College of Midwives FOI Requestor: Amy Leversidge Date: 17/02/16</p> <p>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 - July - August -</p>
6	6	<p>23/02/2016 HR /Staff</p> <p>obese / with a high BMI / barbaric patient over the following dates:</p> <p>a. 1 Jan 2011 to 31 Dec 2011</p> <p>b. 1 Jan 2012 to 31 Dec 2012</p> <p>c. 1 Jan 2013 to 31 Dec 2013</p> <p>d. Jan 2014 to 31 Dec 2014</p> <p>e. Jan 2015 to 31 Dec 2015</p> <p>For each staff member, I wish to know the following:</p> <p>2, The nature of injury the staff member sustained (For example – broken back, sprained ankle,</p> <p>3, How the injury was sustained (For example – patient fell on staff member while lifting etc)</p> <p>4, How long (if any) the staff member needed off work</p> <p>5, The weight of the patient if known</p> <p>6, If a compensation claim was lodged</p>	<p>Information not held</p>

		<p>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.</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>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 Number of admissions via A&E decisions to admit waiting > 12 hours</p> <p>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 Jul 14 17620 95.18% 3091 0 Aug 14 15311 93.50% 2960 0 Sep 14 16084 94.57% 3044 0 Oct 14 15880 94.42% 3189 0</p>
89	89 23/02/2016 Performance/ Activity	<p>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.</p> <p>Occupational Therapists Physiotherapists Speech & Language Therapists Dietitians Pharmacists Radiography to include Diagnostic, CT, MRI, Nuc Med Radiotherapists Sonographers</p>	<p>£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</p>
180	180 23/02/2016 Finance	<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
241	241 19/02/2016 Corporate Policy/ Decisions		

196	196	18/02/2016	ICT	<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>	<ul style="list-style-type: none"> 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>
316	316	18/02/2016	Service Information	<p>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 2014 0 0 2015 0 0</p> <p>Longest wait in 2015 at Royal Blackburn Hospital 2015 17:57</p>
342	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>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 contact would be Carl Fairclough, Head of Systems</p> <p>The number of hip implant revisions performed for the last 3 years</p> <p>Revision of replacement of hip 2013 2014 2015 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>
209	209	17/02/2016	Service Information	<p>what data you hold on type 2 diabetes</p> <p>Within your organisation how many intra-vitreal vials/implants have been used in the latest 4 months, if possible between September and December 2015? How many patients have been treated in the last 4 months with intra-vitreal injections/implants for the following: Avastin (bevacizumab) Injections Eylea (afibercept) Injections Iluvien (Fluocinolone) Impants Lucentis (ranibizumab) Injections Ozudex (Dexamethasone) Implants Total Patients treated</p>	<p>Unfortunately, the information that you requested is not held as the FOI appears to be a patient survey.</p>
322	322	17/02/2016	Service Information	<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 Resprionics PerformaTrak and PerformMax 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>
3	3	16/02/2016	Procurement		

115	115	16/02/2016 Incidents	<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>
194	194	16/02/2016 Service Information	<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</p> <p>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 2013 2014 2015</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</p> <p>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 2013 1925 2014 1852 2015 2178</p>
305	305	16/02/2016 Corporate Policy/ Decisions	<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?</p> <p>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</p>	<p>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</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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)</p> <p>Number of admissions to in-patient care (as defined by Hospital Episode Statistics)</p> <p>Number of out-patient admissions (not including cancelled appointments or those who did not attend their appointments)</p> <p>Number of patient admissions at accident and emergency</p> <p>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.</p>	<p>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</p> <p>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.</p>
<p>332 332 16/02/2016 Corporate Policy/ Decisions</p>	<p>How many people within the East Lancashire Hospital Trust's catchment area have missed hospital appointments in 2012, 2013, 2014, 2015?</p> <p>How many hospital hours does that equate to during 2012, 2013, 2014, 2015?</p> <p>How much has it cost the Trust in 2012, 2013, 2014, 2015?</p> <p>How is the Trust tackling the issue?</p> <p>What are the major concerns about missed appointments – what effect does it have on the hospitals and the way they are run?</p> <p>Is there a policy on missed appointments for instance three strikes and you're out?</p> <p>If you subtracted the number of missed appointments from each year (2012, 2013, 2014, 2015) what effect would this have on waiting lists?</p> <p>How long are hospital waiting lists for 2012, 2013, 2014, 2015?</p> <p>How much has the Trust spent on promoting messages about missed appointments or public education on this issue during 2012, 2013, 2014, 2015?</p> <p>How many patients are bedblocking (stuck in hospital) at the Trust's hospitals for 2012, 2013, 2014, 2015 waiting for community care?</p> <p>Can the figures be broken down month by month for each of these years?</p>	<p>Withdrawn</p>
<p>103 103 15/02/2016 Performance/ Activity</p>		

22	22	12/02/2016 Corporate Policy/ Decisions	26	26	12/02/2016 Corporate Policy/ Decisions
	<p>(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?</p> <p>(b) If the answer to (a) is no, what alternative arrangements are available?</p> <p>(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?</p> <p>(d) If the answer is yes to (a) where in relation to the Labour ward is the suite located?</p> <p>(e) Do you have bereavement trained midwives? If yes, how many?</p> <p>(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?</p> <p>(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.</p> <p>(h) Can you list the guidelines around infant death which are implemented by the hospital?</p> <p>(i) Does the hospital provide support around funeral arrangements for infants or babies who have died at the hospital?</p> <p>(j) Does the hospital advise parents on the advantages of having a post mortem conducted where this is not compulsory?</p>	<p>(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.</p> <p>(b) NA</p> <p>(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.</p> <p>(d) Our Bereavement Suites are located within our Labour Ward.</p> <p>(e) We currently have one Bereavement Support Midwife. The post was new to the Trust in July 2015.</p> <p>(f) No. Within our hospital we would refer to external support organisations for any counselling dependent upon the individual needs.</p> <p>(g) Yes. Within Maternity services we provide parents with the Stillbirth and Neonatal Death (SANDS) Bereavement pack which contains the 12 publications.</p> <p>(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.</p> <p>(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.</p> <p>(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 accept any baby from 12/13 weeks gestation.</p>			
	<p>1.1 Who manages training? A practice development midwife or the HR department?</p> <p>1.2 Do you keep a database tracking training? If so, is this part of a trust-wide computer system?</p> <p>1.3 Which topics do you identify as requiring mandatory maternity training?</p> <p>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?</p> <p>1.5 How frequently is the training provided per topic?</p> <p>1.6 How frequently do you mandate that individual staff should attend for re-training? By which method do you deliver this training?</p> <p>1.7 Is this training provided in-house or do you use external providers?</p> <p>1.8 Do you use a course assessment form? Yes I No</p> <p>[If yes- please would you provide us with your course assessment form]</p> <p>1.9 Do you offer a budget for mandatory training for attendance at external courses for:</p> <p>Midwives Yes I No Individual annual budget = £</p> <p>Trained doctors</p> <p>Yes/ No Individual annual budget = £</p> <p>1.10 Please confirm if you do not have access to data about 01.9</p>	<p>1.1 A practice development midwife</p> <p>1.2 there is a speciality specific mandatory training database and this most of this information is also recorded on the Trust training system</p> <p>1.3 and 1.4 Topics identified as speciality specific mandatory training currently are</p> <p>Topic Theory Drill</p> <p>Obstetric haemorrhage 25 minutes 35 minutes</p> <p>Fetal surveillance 55 minutes X</p> <p>Severe pre-eclampsia and eclampsia 25 minutes 35 minutes</p> <p>Shoulder dystocia 15 minutes 35 minutes</p> <p>Breech 15 minutes 35 minutes combined with cord prolapse</p> <p>Cord prolapse 15 minutes 35 minutes combined with breech</p> <p>Maternal collapse 30 minutes Combined with BLS drill</p> <p>Basic life support 15 minutes 35 minutes includes maternal collapse scenario's</p> <p>Neonatal life support 25 minutes 35 minutes</p> <p>Perinatal mental health 45 minutes X</p> <p>Infant feeding 1 hour X</p> <p>Perineal trauma 15 minutes X</p> <p>Detection and referral for small for gestational age 1.5 hours Includes knowledge and skill assessment</p> <p>Antenatal and newborn screening 45 minutes X</p> <p>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, maternal collapse and basic life support and neonatal life support were run 69 times each in over 13 study days in 2015.</p> <p>1.6 The above training is mandatory on an annual basis.</p> <p>1.7 All the above training is provided in-house.</p> <p>1.8 No</p> <p>1.9 I do not have this information.</p>			

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

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.

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

28 28 12/02/2016 HR /Staff

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?

5. Do you currently have order communications software installed?
 5.1. If the answer to question 5 is yes, who is the provider of this software?
 5.2. If the answer to question 5 is yes, how long did implementing

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
 5.1. If the answer to question 5 is yes, who is the provider of this software?
 Sunquest
 5.2. If the answer to question 5 is yes, how long did implementing the system take?

30 30 12/02/2016 ICT

		<p>1. Do you have a dedicated policy with a structure of signposting support for staff affected by domestic abuse? If so, please give details.</p> <p>2. Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.</p> <p>3. Do you have a domestic abuse service established within your organisation?</p> <p>4. If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.</p> <p>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?</p> <p>6. How many staff have received training in recognising and supporting victims of domestic abuse in the past year?</p> <p>7. When was domestic abuse training last reviewed in your organisation?</p> <p>8. What does the training cover?</p>	<p>abuse? If so, please give details.</p> <p>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.</p> <p>2. Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.</p> <p>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.</p> <p>3. Do you have a domestic abuse service established within your organisation?</p> <p>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.</p> <p>4. If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.</p> <p>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.</p> <p>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?</p> <p>Yes – 2 policies. The Hospital IDVA has had a positive effect on staff self-referring via the Trust Safeguarding Team</p> <p>6. How many staff have received training in recognising and supporting victims of domestic abuse in the</p>
135	135 12/02/2016 Corporate Policy/ Decisions	<p>1) Could you please tell me your trusts NHS Spend on all Bariatric Equipment Rental/Lease in the past 3 years?</p> <p>2014-15 - 2013-14 - 2012-13 -</p> <p>2) Could you please tell me your trusts NHS Spend on capital purchasing of Bariatric Equipment in the past 3 years?</p> <p>2014-15 - 2013-14 - 2012-13 -</p> <p>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?</p>	<p>1) Could you please tell me your trusts NHS Spend on all Bariatric Equipment Rental/Lease in the past 3 years?</p> <p>2014-15 - £20000 2013-14 - £29000 2012-13 - £39000</p> <p>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.</p> <p>2) Could you please tell me your trusts NHS Spend on capital purchasing of Bariatric Equipment in the past 3 years?</p> <p>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.</p> <p>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?</p> <p>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.</p>
193	193 12/02/2016 Service Information	<p>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</p> <p>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</p> <p>(ii) Areas of clinical practice covered: -----</p> <p>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</p>	<p>The information we are able to provide is in the attachment</p>
330	330 12/02/2016 Corporate Policy/ Decisions		

			<p>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.</p> <p>Question 1</p> <p>Hospital 1 (name)</p> <p>No. operated No. leased / owned (If Applicable) number provided through a managed equipment provider)</p> <p>Year of manufacture (or installation, if yr of manufacture n/a)</p> <p>Lab 1 Lab2 Lab3 Lab4 Lab5</p> <p>Labs primarily serving PCI activity and coronary diagnostics</p> <p>Labs primarily serving primary pacing & electrophysiology implantations, ablations and diagnostics</p> <p>Labs primarily serving peripheral vascular angioplasty and diagnostics</p> <p>All other</p> <p>- of the above, labs within hybrid catheterisation lab / operating theatre</p> <p>Hospital 2 (name)</p> <p>As above</p> <p>Hospital 3 (name)</p> <p>As above</p> <p>Question 2</p> <p>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:</p> <p>Category Includes HRGs Trust's Revenue 2014/15</p> <p>From CCG From NHS England</p> <p>Coronary interventional cardiology EA31Z Percutaneous Coronary Intervention (0-2 Stents)</p> <p>EA36A Catheter 19 years and over</p> <p>EA36B Catheter 18 years and under</p> <p>EA49Z Percutaneous Coronary Interventions with 3 or more Stents, Rotablation, IVUS or Pressure Wire</p>	
43	43	25/01/2016 Performance/ Activity	<p>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?</p>	<p>The information we are able to provide is detailed below:</p>
175	175	25/01/2016 Service Information	<p>I would like a year by year breakdown for the last three years (i.e. 3 tests in 2014)</p> <p>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>The number of Parking Charge Notices (PCNs) issued to holders of Parking Permits issued by the trust</p> <p>The number of Parking charges issued by UKPC LTD on behalf of the Trust which are or have been unpaid</p> <p>The number of Parking charge notices (PCNS) issued wither by UKPC Ltd or Lend Lease FM Ltd or Cofely LTD or their appointed representatives on behalf of the trust which are or have been unpaid and are or have been subject to legal proceedings to facilitate recovery</p>	<p>We no longer provide a Cervical screening service in this Trust (ceased in 2010). All our requests are sent to Central Manchester.</p> <p>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> <p>The number of Parking charges issued by UKPC LTD on behalf of the Trust which are or have been unpaid Nil.</p> <p>The number of Parking charge notices (PCNS) issued wither by UKPC Ltd or Lend Lease FM Ltd or Cofely LTD or their appointed representatives on behalf of the trust which are or have been unpaid and are or have been</p>
16	16	22/01/2016 Transport/ Car Parking	<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>	<p>Site Meals served Meals wasted %</p> <p>BGH 256,986 13,936 5.42%</p> <p>AVH 13,140 757 5.76%</p> <p>CCH 18,019 778 4.32%</p> <p>RBH 406,294 39,440 9.71%</p>
62	62	22/01/2016 Service Information		

156	156	22/01/2016 HR /Staff	<p>I am contacting on behalf of the British Association of Prosthetists and Orthotists. 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.</p>	<p>We have 5 Whole Time equivalent Orthotist directly employed in ELHT.</p> <p>Whilst they are trained both as prosthetists and orthotists they practice solely as orthotists.</p>
201	201	22/01/2016 Service Information	<p>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.</p> <p>Alternatively, please direct me to your online Consultant listing, but please can you confirm that this information is updated regularly?</p>	<p>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 Consultant MFOP Amit Pramanik Consultant AVH MFOP Prof. Iqbal Singh (Locum) Consultant Diabetes/endo Malcolm Littley Consultant Diabetes/endo Manojchand Mishra</p>
219	219	22/01/2016 ICT	<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>If your trust currently utilizes an EMR, does the contract with the software provider allow for franchising your system to other trusts?</p> <p>Regarding direction from Clinical Commissioning Group(s) that commission services in your local area, have you had formal or informal direction regarding EMR provision?</p> <p>Regarding coordination with other acute hospital trusts, have you had any formal or informal discussions regarding coordination of EMR purchasing?</p>	<p>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> <p>Regarding direction from Clinical Commissioning Group(s) that commission services in your local area, have you had formal or informal direction regarding EMR provision? - NO</p> <p>Regarding coordination with other acute hospital trusts, have you had any formal or informal discussions regarding coordination of EMR purchasing?</p>
183	183	21/12/2015 Corporate Policy/ Decisions	<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 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>
184	184	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>

				Dear Dr Coulson 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. 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. 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'. 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.
111	111	20/11/2015	Corporate Policy/ Decisions	How many "A Passion for Patients" publications were printed and at what cost
				Does your trust pay for private medical/health insurance for any members of staff?
177	177	17/11/2015	Corporate Policy/ Decisions	If so, please tell me the total spent on it in the past financial year, and the number of staff benefiting
				I am able to confirm that this Trust does not provide private medical or health insurance to its members of staff.
				Please tell me if you have: 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?
8	8	16/11/2015	HR /Staff	
				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.
86	86	16/11/2015	Finance	
				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
197	197	16/11/2015	Service Information	
				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
				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 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? • 2
				How many were blocked by the Home Office in 2014? • None
10	10	04/11/2015	HR /Staff	

109	109	26/10/2015 Service Information	<p>2. a) How many megavoltage linear accelerators does the Trust have?</p> <p>b) How many of these are capable of i) IMRT ii) IGRT?</p> <p>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?</p> <p>3. Please specify the age of each of the above CT/ MRI/ megavoltage machines.</p> <p>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?</p>	Information not held
66	66	21/10/2015 Performance/ Activity	<p>How many patients from Royal Blackburn Hospital have been transferred to mental health beds outside of Lancashire in the last 12 months?</p> <p>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?</p> <p>Were there any specific reasons why these patients were transferred to beds outside of Lancashire?</p>	Information not held
110	110	06/10/2015 Performance/ Activity	<p>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.</p> <p>Do staff receive a free chocolate bar or something similar after receiving the flu vaccine?</p> <p>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.</p> <p>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.</p>	Information provided
57	57	30/09/2015 Finance	<p>1. How many applications have you had for funding for high cost drugs for non-NICE indications in the last year?</p> <p>2. How many of these applications were successful?</p> <p>3. How much funding has been allocated to high costs drugs for non- NICE indications in the last year?</p> <p>4. Please indicate the number of applications and funding in the last year for the specified indications below:</p> <p>Indications Total Applications Successful Applications Total Funding Hidradenitis Suppurativa Juvenile Idiopathic Arthritis Non-Radiographic Axial Spondyloarthritis Ulcerative Colitis</p>	Information not held

			<ul style="list-style-type: none"> • 3.5% 2) What is the trust's CIP plan for this year (2015-16), (E-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 (E-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	153	29/09/2015 Finance	<p>1) What is the trust's CIP plan for this year (2015-16), (percentage of projected turnover)?</p> <p>2) What is the trust's CIP plan for this year (2015-16), (E-figure)?</p> <p>3) What proportion of the planned savings are pay, non-pay and income (£)?</p> <p>4) What proportion of these sub-categories are recurrent and non-recurrent (£)?</p> <p>5) What was the trust's CIP plan for 2014-15 (percentage of turnover)?</p> <p>6) What was the trust's CIP plan for 2014-15 (E-figure)?</p> <p>7) What proportion of the planned savings were pay, non-pay and income (£)?</p> <p>8) What savings were actually made in these categories (£)?</p>
189	189	23/09/2015 Service Information	<p>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?</p> <p>I can confirm that East Lancashire Hospitals NHS Trust does not operate any secure mental health wards</p> <ul style="list-style-type: none"> • 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)? <p>----</p> <ul style="list-style-type: none"> • 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? <p>---</p> <ul style="list-style-type: none"> • 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 2014 - July 2015) for carbon monoxide poisoning? • How many adults aged 60+ have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning? <p>-----</p>
157	157	21/09/2015 ICT	<ul style="list-style-type: none"> • How many cases have been admitted from A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?

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

144	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 funeral costs?</p> <p>13. Does the trust have an Empty Homes department? (name, contact details)</p> <p>14. What is the role of the Empty Homes department?</p>	<p>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 Haeres, Crown Solicitor, Duchy Farrer & Co or QLTR?</p> <p>a. ELHT has referred cases to Duchy, Farrer's Solicitors in London only.</p> <p>9. Which other organisations have details (of the deceased with no known kin) been passed to and why? 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
200	200	16/09/2015 Procurement	<p>to the date you respond to my request)?</p> <p>2. If the answer to this question is yes, can you disclose:</p> <p>a) The full names of the deceased</p> <p>b) The date of birth of the deceased</p> <p>c) The date of death of the deceased</p> <p>d) The last known address of the deceased</p> <p>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).</p> <p>(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).</p> <p>3. Have there been any similar FOI requests to this (within the time scale outlined in question 1)</p> <p>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</p> <p>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 breaching the costs allocated for an FOI request, which does not require the requestor to pay fees).</p> <p>6. If the Trust has refused in similar requests to this in the past an then changed its approach to disclosure</p> <p>a) What exemption Clauses were used to block the request</p> <p>b) On what basis did the Council change its approach to disclosure</p> <p>c) If it changed its approach on the basis of an appeal, could you send me a copy of that appeal?</p>	<p>Information not held</p>
31	31	04/09/2015 Corporate Policy/ Decisions		Information not held

171	171	21/08/2015 ICT	<p>The name and maker/supplier of the electronic IT PAS (Patient Administration System) / EPR (Electronic Patient Record) System?</p> <p>Could you also confirm the individuals, their name, email address and direct telephone line, who hold the following positions in the organisation?</p> <p>Director of ICT Head of ICT System Manager of the PAS (Patient Administration System) and/or EPR (Electronic Patient Record) System?</p> <p>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?</p>	<p>Patient Record) System? The Trust uses Clinicom/Patient Centre</p> <p>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.</p> <p>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</p>
101	101	Finance	<p>By interim managers we mean any manager who is referred to as "interim" or "temporary" in the trust Annual Report.</p> <p>For each individual interim manager, please provide:</p> <ol style="list-style-type: none"> 1. The name, position within the trust, and the recruitment firm associated with the interim manager. 2. The total amount paid for the services of the interim manager, and for how many months' work. 3. Out of the money paid for the individual's services, how much of that money went to the recruitment firm (i.e. was not part of the interim manager's salary). 4. Please could you provide the information from the five previous financial years up to 2014/2015 in Excell format 5. In a separate data set, please could you provide how much has been spent this year up to the present date (4/2/16) in Excell format 	
104	104	Service Information	<ol style="list-style-type: none"> 1. How many hospitals is your NHS Trust/NHS Foundation Trust currently managing? Type here _____ 2. Did this/these hospital(s) use to have their own pathology laboratory in the year 2010? Yes 0 No 0 3. Are you pathology services currently centralized (or partially centralized) in a main laboratory in line with Lord Carter's review? Yes 0 No 0 <p>If YES, please specify the DATE of the first centralization and the NUMBER of previous laboratories now merged into one: Date of centralization: Number of previous laboratories:</p> <p>If NO, please specify if centralization is planned in the near future: Yes 0 No 0</p> <ol style="list-style-type: none"> 4. Are you pathology services currently managed by a private provider (even if shared and/or joint venture)? Yes 0 No 0 <p>If YES, please specify the NAME of the private provider: Type here _____</p> <p>Also, what type of private partnership do you have? Completely private 0 Joint venture 0 Other (please specify) 0 Type here _____</p>	
393	393	Procurement	<ol style="list-style-type: none"> 5. In the year 2010, were your pathology services managed by a private provider? • Do you have a contract for specimen/biowaste? • If yes, who with? • What is the annual spend? • Is this for East Lancashire Hospitals NHS Trust only or are other Trusts involved? • When does the contract expire? • Where will it be advertised? Can you provide a link to the electronic tender site you use? 	

			<p>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:</p> <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 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 month and year of the contract. DD-MM-YY or MM-YY. 8. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provided, please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY 9. Contact Details: I require the full contact details of the person within the organisation responsible for this particular contract. 10. Notes: Please provide me with any further information with regards to this contract this could include any contract extension available as well as information on renewals or plans for future tenders. 	<p>Audit Contract Document attached.</p>
441	441	Finance		
492	492	HR /Staff	Please can you provide the practice managers names within the trust.	
569	569	Finance	<p>. Please provide details of medicines and pharmacy savings schemes (aka cash releasing efficiency schemes, cost improvement schemes, cost reduction schemes etc) for 2013-14, 2014-15, 2015-16 and plans and progress to date for 2016-17. Please provide details of the total saving for each year and predicted savings target for 2016-17</p> <ol style="list-style-type: none"> 2. For each year, please provide details of any projects, specifically: <ol style="list-style-type: none"> 1. Details of any formulary schemes in which for example, therapeutic drug switches were made 2. Details of any schemes in which switching supplier for medicines or associated sundries generated savings 3. Details of any gainshare agreements with commissioning bodies made for each year, and how long each agreement is scheduled to last 4. The value of contract savings made under regional or national contracts. Please note, the detail is unnecessary so the high level figure will not breach any commercial or pricing confidentiality clauses. 5. Any projects that involved limiting supplies of medicines to patients on an outpatient or discharge basis - eg not supplying medicines at discharge for patients with a length of stay less than 48 hours. 6. Details of any pharmacy staff posts that have been given up to generate savings. 7. Details of any invest to save projects 8. Any other projects that generated recurrent savings in excess of £10k per annum 	