

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002136

Response date: 18/03/2014

Request:

1. Please state the name(s), job title(s) and contact details of the person(s) completing this section
2. Do you provide any **generic** speech and language therapy services that can be used by deaf/hearing impaired children? Yes/No

a) If yes, please complete the below table stating what funding was allocated to speech and language therapy services that can be used by deaf/hearing impaired children in 2013/14, and what funding has been allocated for 2014/15?

If you do not hold a specific budget for deaf/hearing impaired children, please give figures for any of the overarching budgets these services are funded from, and state which service, team or departments this budget covers.

3. Please can you specify in which local authority areas speech and language therapy services that deaf/hearing impaired children can access are commissioned and, if applicable, the names of the CCG(s) that commission this service:

- Names of local authority areas
- Names of the CCG(s)

4. How many deaf/hearing impaired children were supported by your generic speech and language therapy service in 2013/14 and how many you plan to support in 2014/15?

5. Do you provide speech and language therapy services that **specialise in** working with deaf/hearing impaired children? Yes/No

a) If yes, please state what funding was allocated to specialist speech and language therapy services for deaf/hearing impaired children in 2013/14, and what funding has been allocated for 2014/15?

6. Please can you specify in which local authority areas specialist speech and language therapy services for deaf children are commissioned and, if applicable, the names of the CCG(s) that commission this service:

- Names of local authority areas
- Names of the CCG(s)

7. Please state how many deaf/hearing impaired children and young people were supported by your specialist speech and language therapy service in 2013/14 and how many you plan to support in 2014/15?

Dudley CCG Disclosure Log

March 2014

8. Do you provide speech and language therapy services for deaf/hearing impaired children:

- a) Jointly with local authority? Yes/No
- b) Through a school? Yes/No
- c) Through a children's centre or early years setting Yes/No
- d) In another way – please explain

9. Please give details of **budgeted staffing levels for generic and/or specialist** speech and language therapy services for deaf/hearing impaired children in 2013/14 and 2014/15. Please give answers as a full time equivalent figure (fte)

10. a) Please attach the eligibility criteria for deaf/hearing impaired children to be able to access your speech and language therapy service.

b) Has this criteria changed in the last 12 months? Yes/No

c) If yes, please explain

11. Is speech and language therapy provided to families with deaf/hearing impaired children through the provision of direct payments/personal budgets? Yes/No

a) If yes, how many families accessed direct payments/personal budgets for speech and language therapy in 2013/14?

12. With implementation of SEN reform planned for September 2014, we are also interested to know details of the budgeted spend for your generic and/or specialist speech and language therapy services for deaf/hearing impaired children and young people **aged 0-25** in 2014/15.

Net budget allocated for **generic** speech and language therapy services for deaf/hearing impaired children and young people **aged 0-25** (£).Who manages this budget?

Net budget allocated for **specialist** speech and language therapy services for deaf/hearing impaired children and young people **aged 0-25** (£).Who manages this budget?

[Response](#)

Request reference: FOI/002141

Response date: 31/03/2014

Request:

1 Please supply a list of the providers from which your Clinical Commissioning Group (CCG) commissions diabetes services.

2 Please confirm or deny if your CCG has within its CCG Outcomes Indicator Set an indicator relating to diabetes care.

3 Please list the indicator your CCG has within its CCG Outcomes Indicator Set which relates to diabetes.

Dudley CCG Disclosure Log

March 2014

4 Please confirm or deny if your CCG makes use of financial incentives to deliver improvements in diabetes care through the contracts it holds with providers.

5 Please list the financial incentives to deliver improvements in diabetes care which your CCG makes use of in the contracts it holds with providers.

6 Please state the number of people diagnosed with diabetes for which your CCG is responsible, broken down by type 1 and type 2 diabetes if possible.

7 Please provide an estimate of the number of people living with undiagnosed diabetes in the area covered by your CCG.

8 Please provide an estimate of your total anticipated expenditure on diabetes services in 2013-14, broken down by expenditure on type 1 and type 2 diabetes if possible.

9 Please provide an estimate of the proportion of your CCG's expenditure on diabetes services in 2013-14 which is required to treat the complications of diabetes.

10 Please confirm or deny if the providers of diabetes care which your CCG holds contracts with support the provision of diabetes care through the use of each of the following technologies:

Insulin pumps

Smart glucose meters

Continuous glucose monitors

11 Please state, for each of the technologies supported by providers with which your CCG holds contracts (listed in #10), if your CCG favours the use of a specific brand or product.

12 Please confirm or deny if your CCG has issued guidance to providers which encourage the use of specific brands or products used for the treatment of diabetes.

13 Please supply all guidance issued to providers which encourage the use of specific brands or products used for the treatment of diabetes.

14 Please state the total number of people living with diabetes currently in receipt of insulin pump therapy in your CCG area.

15 Please state the total number of anticipated insulin pump 'starts' which your CCG has budgeted for in the current financial year.

Dudley CCG Disclosure Log

March 2014

16 Please state the total budget you have set aside for funding insulin pump 'starts' in your CCG's budget in the current financial year.

17 Please confirm or deny if the total number of anticipated insulin pump 'starts' which your CCG has budgeted for in the current financial year represents the maximum total number of anticipated insulin pump 'starts' which your CCG will fund in the current financial year.

18 Please supply any communications to providers with which your CCG holds contracts during the current financial year which concern the funding on insulin pump 'starts'.

19 Please confirm or deny if your CCG has made an assessment of its compliance with all items of extant NICE guidance on diabetes care.

20 Please supply details of the assessment your CCG has made of its compliance with all items of extant NICE guidance on diabetes care.

21 Please confirm or deny if your CCG funds the provision of information resources for patients living with diabetes.

22 Please list the information resources provided to patients living with diabetes funded by your CCG.

23 Please supply all correspondence in 2013-14 between your CCG and the Academic Health Science Network (AHSN) which covers your CCG area which relates to diabetes.

24 Please list the total number of complaints about diabetes services which have been made to your CCG in the current financial year.

[Response](#)

Request reference: FOI/002151

Response date: 21/03/2014

Request:

Please could you provide me with the amount spent on Children and Adolescent Mental Health Services (CAMHS) for your CCG(s) for the following financial years:

- a) 2014-2015
- b) 2013-2014
- c) 2012-2013
- d) 2011-2012
- e) 2010-2011

[Response](#)

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002154

Response date: 21/03/2014

Request:

I require the organisation to provide me with contract information relating to insurance services which include the following:

1. Motor
2. Property
3. Accident and Liability

Please find attached my request and if you could be so grateful and input the information within the spreadsheet provided.

[Response](#)

Request reference: FOI/002158

Response date: 01/04/2014

Request:

Within the Trust please provide details of all Pharmaceutical sponsored training / information sessions that have been provided / held for qualified doctors and consultants by answering the follow questions.

1. How many events were held between 1st Jan 2013 and 31st Dec 2013 which were sponsored?
2. Please list all the companies that sponsored events, and how many events each company sponsored.
3. For each of the companies listed in point 2, please provide figures for the total amount of money given in event sponsorship, or if no money was provided what form did the sponsorship take?

Please provide the information in an excel spreadsheet or another readable format

[Response](#)

Request reference: FOI/002159

Response date: 24/03/2014

Request:

Under the Freedom of Information Act, please provide for the years (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 and (e) 2012/13:

☐ Your Trust's total surgical site infection rate (all cause)

☐ The total number of cases where each of the following were mentioned as either a cause or a contributory factor in a death certificate at your Trust:-

- i. MRSA (health care acquired)
- ii. Escherichia coli (health care acquired)
- iii. MSSA (health care acquired)
- iv. CDIF (health care acquired)
- v. Septicemia (health care acquired)
- vi. Sepsis (health care acquired)

Dudley CCG Disclosure Log

March 2014

- vii. Catheter-associated urinary tract infections (health care acquired)
- viii. Catheter-related bloodstream infections (health care acquired)
- ix. Central line-associated bloodstream infections (health care acquired)
- x. Ventilator-associated pneumonia (health care acquired)
- xi. Norovirus (health care acquired)

☑ The total number of cases where each of the following were mentioned as either a cause or a contributory factor in a death certificate at your Trust:-

- i. MRSA (community acquired)
- ii. Escherichia coli (community acquired)
- iii. MSSA (community acquired)
- iv. CDIF (community acquired)
- v. Septicemia (community acquired)
- vi. Sepsis (community acquired)
- vii. Catheter-associated urinary tract infections (community acquired)
- viii. Catheter-related bloodstream infections (community acquired)
- ix. Central line-associated bloodstream infections (community acquired)
- x. Ventilator-associated pneumonia (community acquired)
- xi. Norovirus (community acquired)

☑ The total number of cases of

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

☑ The total number of cases of

- i. MRSA treated within the Trust
- ii. Escherichia coli treated within the Trust
- iii. MSSA treated within the Trust
- iv. CDIF treated within the Trust
- v. Septicemia treated within the Trust
- vi. Sepsis treated within the Trust
- vii. Catheter-associated urinary tract infections treated within the Trust

Dudley CCG Disclosure Log

March 2014

- viii. Catheter-related bloodstream infections treated within the Trust
- ix. Central line-associated bloodstream infections treated within the Trust
- x. Ventilator-associated pneumonia treated within the Trust
- xi. Norovirus treated within the Trust

☐ The total number of patients who stayed in hospital longer (extended stay) owing to:

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

☐ The aggregate number of nights patients stayed in hospital longer, beyond the trim point, owing to:

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

☐ The aggregate number of nights patients stayed in hospital longer, not just days beyond the trim point, owing to:

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust

Dudley CCG Disclosure Log**March 2014**

- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

☐ The total revenue from excess bed days caused by patients with an SSI (a) by procedural type and (b) by speciality?

Please also explain:

- ☐ Did your Trust receive instructions in (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 or (e) 2012/13 to reduce expenditure on infection, prevention and control?
- ☐ What strategy does your Trust have in place for the surveillance and minimisation of harm caused by infections not covered in the mandatory surveillance programme?
- ☐ Does the Trust carry out any surgical site infection surveillance that it does not report to Public Health England? If yes, please specify the protocol, the types of surgeries included and results.
- ☐ Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?
- ☐ Does the Trust carry out any financial analysis on the cost or operational impact of infections locally? If yes, please share this. If not, please could you give reasons why?
- ☐ Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?
- ☐ What surveillance systems and processes did you have for active infection control in 2012/13?
- ☐ How many staff were dedicated to the surveillance of infections and/or the analysis of that data in 2012/13?
- ☐ How many staff were on your infection prevention and control team in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?
- ☐ What was the ratio of infection control staff (ie infection control doctors, infection control nurses, dedicated infection control surveillance auditors) to beds in Acute care at your Trust in 2012/13?
- ☐ On how many wards did you do device surveillance in 2012/13?
- ☐ On how many wards did you not do device surveillance in 2012/13?
- ☐ How many times in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13 was a member of the Board present at an infection prevention and control committee meeting?
- ☐ How many business cases were submitted by Infection Control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13? For each year, how many of the above business cases were successful?
- ☐ What was your budget for infection prevention and control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?
- ☐ Do you have standardised infection control protocols and technology utilisation across all wards of the Trust?

[Response](#)

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002168

Response date: 31/03/2014

Request:

As part of an on-going research project surrounding Primary Care, Care in the Community and the NHS, please accept this freedom of information request. Please provide the following information:

Name of Primary Care Service (eg. Out of hours Nottingham / Birmingham WIC)

Current Provider of service: (eg.name of nhs or private provider)

Current contract end / renewal date:

Total Agency Spend on Nursing (Band 5-8) for 2012

Total agency spend on Nursing (Band 5-8) for 2013

Estimated agency spend on Nursing (Band 5-8) for 2014

Anticipated spend on agency nursing for 2015

Total Agency Spend on GPs for 2012

Total agency spend on GPs for 2013

Estimated agency spend on GPs for 2014

Anticipated spend on agency GPs for 2015

[Response](#)

Request reference: FOI/002176

Response date: 31/03/2014

Request:

1. How many sessions are offered upon assessment to patients referred (including self-referrals) for IAPT?
2. What is the duration of sessions that is offered to patients referred (including self-referrals) for IAPT?
3. How many days are people waiting to access IAPT? Please specify the numbers of patients who have waited or are waiting for 2 months, 3 months, 4 months, 5 months and 6 months or longer.
4. How many people waiting beyond 28 days for IAPT services are subsequently prescribed medication for a mental health disorder who were not previously on psychotropic medication?
5. How many people who wait beyond 28 days are admitted into hospital as a result of a mental health-related issue or incident?
6. How many trained mental health professionals delivering services in the IAPT programme are being employed in your area- please include both full time and part time staff?
7. How many years of experience do the mental health professionals (Psychological Wellbeing Practitioners-PWPs and High Intensity therapists-His) have who are delivering IAPT services in your area?
8. How many new therapists-both Psychological Wellbeing Practitioners and High Intensity Therapists- trained under the IAPT programme have begun working in your region since the rollout of IAPT in 2011?
9. What are the costs to your organisation of implementing IAPT?
 - a. What is the total cost of salaries?
 - b. What is the total number of IAPT specific employees?

Dudley CCG Disclosure Log

March 2014

- c. What are the overhead costs?
- d. What are the premises costs?
- e. What are the administrative costs?
- f. Any other IAPT specific costs?

[Response](#)

Request reference: FOI/002181

Response date: 21/03/2014

Request:

1. Do you employ a specialist to regularly service automatic doors at your properties?
2. If so, who is employed to carry out this service?
3. How many automatic doors are included in the service?
4. How many times per year are they serviced?
5. How much do you pay for this service annually?
6. When is the contract up for renewal?
7. Who manages this contract?

[Response](#)

Request reference: FOI/002182

Response date: 24/03/2014

Request:

- 1, The name of your organisation's Chief Pharmacist?
- 2, The Chief Pharmacists salary for financial year 2010/2011?
- 3, The Chief Pharmacists salary for the current financial year 2012/2013?
- 4, Job title of the person the Chief Pharmacist is responsible to?
- 5, Job titles of staff directly responsible to the Chief Pharmacist?
- 6, A copy of the Chief Pharmacists Job Description?

[Response](#)

Request reference: FOI/002187

Response date: 03/04/2014

Request:

1. How much additional funding per head of population you will be giving practices in 2014/15 to further support the 'accountable GP in improving the quality of care for older people', in line with NHS England's comments above?
2. What will practices be expected to do in return for this extra funding?

[Response](#)

Request reference: FOI/002189

Response date: 31/03/2014

Request:

1. The number of people who attended or checked in/registered/or were taken to A & E/ Emergency Department but left before seeing a doctor/GP/consultant, for the following years:

Dudley CCG Disclosure Log

March 2014

2013

2014 (so far)

Could it be provided in the format 2012/13, 2013/14. If not January 1 to 31 December each year is fine. If the cost limit is not yet exceeded could you now answer the following questions:

2. The number of people who attended or checked in/ registered/or were taken to A & E/ Emergency Department but left before seeing a nurse, for the following years:

2013

2014 (so far)

Could it be provided in the format 2012/13, 2013/14. If not January 1 to 31 December each year is fine. If the cost limit is not yet exceeded could you now answer the following questions:

3. How many people attended A & E for the same time periods.

[Response](#)

Request reference: FOI/002190

Response date: 24/03/2014

Request:

Types of services offered for problem gaming/video game addiction;

Number and job title of qualified mental health professionals within each service who offer treatment for internet gaming disorder;

Number of behavioural addiction specialists within the Trust;

Number of child and adolescent specialists who offer treatment for this disorder;

Lowest age limit for referral to service.

We would also like to gather specific referral data for any individuals that had been referred for treatment of problem gaming (over the last five years) within the trust as follows:

Number of referrals where problem gaming was the primary reason for referral;

Age of referrals;

Gender of referrals;

Type of treatment and/or talking therapies offered;

The estimated time spent on a waiting list prior to initial contact;

How many attended first appointment;

How many never attended;

How many completed treatment;

With those who completed treatment, how many presented with risk pertaining to their gaming behaviours;

How many dropped out of treatment part way through;

How many were still in treatment.

[Response](#)

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002197

Response date: 08/04/2014

Request:

1. How much did your clinical commissioning group (or each individual CCG in your CSU if you would rather provide one response) spend on inpatient care for mental health patients at non-NHS hospitals in 2012/13 and 2013/14 (so far - please list the date spend for this financial year covers up to)?
2. What proportion of the above spend for each year was on a) forensic units and b) acute wards or psychiatric intensive care units?
3. How many patients did the above spend get care for in 2012/13 and 2013/14?
4. How much did your CCG (or again each CCG in your CSU) spend on mental health services in 2012/13 and 2013/14? How much have you budgeted to spend on mental health services in 2014/15?
5. Do your CCGs commission crisis house services for people experiencing mental health crises?

[Response](#)

Request reference: FOI/002204

Response date: 07/04/2014

Request:

1. What is the average waiting time for a CAMHS assessment after a referral has been made?
2. What is the average waiting time for initial treatment after a CAMHS assessment has taken place?

[Response](#)

Request reference: FOI/002205

Response date: 28/03/2014

Request:

- 1) In chronological order since 1980 and up until and including the current post holder, who have been/are the Chief Executives of your Hospital Trust and;
- 2) the length of time those individuals were/have been in post

[Response](#)

Request reference: FOI/002206

Response date: 28/03/2014

Request:

Under the freedom of information act I would like to request the following information:

- 1, The name of your organisation's Senior / Chief Pharmacy Technician?
- 2, The Senior / Chief Pharmacy Technician salary for financial year 2012/2013?
- 3, The Senior / Chief Pharmacy Technician salary for the current financial year 2012/2013?
- 4, Job title of the person the Senior / Chief Pharmacy Technician is responsible to?
- 5, Job titles of staff directly responsible to the Senior / Chief Pharmacy Technician?
- 6, A copy of the Senior / Chief Pharmacy Technician Job Description?
7. The email address of the Senior / Chief Pharmacy Technician

[Response](#)

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002213

Response date: 03/04/2014

Request:

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

- Support and Maintenance- e.g. switches, router, software etc
- Managed
- Installation
- Cabling

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

If the LAN maintenance is included in-house please include the following information:

1. Hardware Brand: What is the hardware brand of the LAN equipment?
2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.
3. Number of Sites: Estimated/Actual number of sites the LAN covers.
4. 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?

If the contract is managed by a 3rd party e.g. Commissioning Support Unit can you please provide me with

1. Existing Supplier: Who is the current supplier?
2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.
3. Number of Sites: Estimated/Actual number of sites the LAN covers.

Dudley CCG Disclosure Log

March 2014

4. Contract Type: Managed, Maintenance, Installation, Software
5. Hardware Brand: What is the hardware brand of the LAN equipment?
6. Contract Description: Please provide me with a brief description of the overall contract.
7. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.
8. Contract Expiry Date: When does the contract expire?
9. Contract Review Date: When will the organisation is planning to review the contract?
10. 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?

If the contract is also expiring within the next three months please state what the likely outcome will be.

If the contracts within the response are under four months old can you please state the shortlist of suppliers that bid on this contract?

[Response](#)

Request reference: FOI/002219

Response date: 27/03/2014

Request:

1. Does your Trust have a specific protocol in place for staff working with patients who have experienced strangulation? If yes please attach a copy of this protocol.
2. Does your Trust have in place a training programme for health staff working with victims of domestic violence and abuse? If yes is this an in house or external programme? If yes please supply a copy of the training programme, its objectives and how long this training lasts.
3. Does your Trust have in place a training programme for health staff working with victims of sexual violence? If yes is this an inhouse or external programme? If yes please supply a copy of the training programme, its objectives and how long this training lasts.
4. Does your Trust have in place a training programme for health staff to help them to identify and respond appropriately to patients who have experienced strangulation? If yes please supply a copy of the training programme, its objectives and how long this training lasts.
5. Does your Trust collect specific data on patients who allege that they have experienced strangulation as a feature of domestic or sexual violence?
6. Do health staff in your Trust have access to a specific strangulation recording tool to enable them to collect data related to patients' experiences of strangulation and the injuries and health impacts that they may have sustained? If yes then please attach a copy of this tool.

Dudley CCG Disclosure Log

March 2014

7. Do health staff in your Trust provide patients who have been strangled with a specific advice tool that helps them to understand strangulation, its potential impacts upon their level of risk, health, and the ability to log any further health issues? If yes then please supply a copy of this advice tool.

8. Do you use the nationally accredited ACPO/DASH risk assessment tool for referrals to the local domestic violence MARAC? If no then please tell us which domestic violence risk assessment tool that you use - please attach a copy.

9. How many victims of domestic violence have you referred to the local MARACs which service your Trust area between August 1st 2013 and January 31st 2014? Please break this data down by MARAC if you refer to more than one.

10. If you work with children how many safeguarding referrals have you made (between August 1st 2013 and January 31st 2014) where strangulation is a feature of the violence or abuse that the child/ren have experienced?

[Response](#)

Request reference: FOI/002222

Response date: 08/04/2014

Request:

1. What local enhanced services did you commission from GP practices for 2013/14?
2. How much of your budget did you allocate for each of these services in 2013/14?
3. Which of these services are you recommissioning in 2014/15? Which have you decommissioned?
4. For the services you are intending to recommission, how much of your budget are you intending to allocate for each of these services in 2014/15?
5. Are you intending to offer any new service contracts for 2014/15 that GPs would be able to provide? How much are you allocating for these new services?
6. For question 5, will these new contracts be offered through a single contract, as part of a full tendering process or through the any qualified provider route?
7. If you have already commissioned these services for 2014/15, please can you tell me how they were commissioned and who - other than GP practices - will be providing these services?

[Response](#)

Request reference: FOI/002226

Response date: 31/03/2014

Request:

For the financial years:

1. 2013-14 (to date)
 2. 2012-13
 3. 2011-12
- A. How many i) male and ii) female patients were discharged between 2300 and 0600?
- B. How many patients aged i) 0-15 ii) 16- 64 iii) 65-74 iv) 75+ were discharged between 2300 and 0600?

Dudley CCG Disclosure Log**March 2014**

C. What percentage of total discharges took place between 2300 and 0600?

[Response](#)

Request reference: FOI/002227

Response date: 11/04/2014

Request:

Could you please provide by return email, all information pertaining to:

A breakdown of the Trusts spend on agency workers for the last full calendar year (January 2012-December 2012), relating to Non-Medical Non Clinical staff

Details of any service level agreements that the Trust currently have with suppliers of agency workers, including names of contracted suppliers and the agreements expiry dates.

[Response](#)

Request reference: FOI/002228

Response date: 08/04/2014

Request:

1) How much was spent in total on the costs of running the competitive tendering process in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13; And what is the projected spend for 2013/14?

2) How many such tendering procedures were undertaken in each year listed above?

[Response](#)

Request reference: FOI/002231

Response date: 31/03/2014

Request:

1. The date the annual report(s) for the CCG(s) you are responsible for will be published on the web.
2. The year end date of the report(s).

[Response](#)

Request reference: FOI/002234

Response date: 31/03/2014

Request:

I wish to receive information regarding the accidental removal of urinary catheters (often referred to as Foley catheters) for patients in NHS inpatient care. These catheters are normally held in situ by a balloon. They are occasionally removed by the confused patient (often causing pain). Incidences of accidental urinary catheter removal should be recorded via incident reporting. I don't require any details of incidents, only the number of incidents reported. Please provide the most recent available (complete) 1 year of data.

[Response](#)

Dudley CCG Disclosure Log

March 2014

Request reference: FOI/002236

Response date: 08/04/2014

Request:

- 1) What is the projected total spend on the costs of running the competitive tendering process for the financial year 2013/14?
- 2) And how many such tendering procedures were undertaken in that year?

[Response](#)

Request reference: FOI/002237

Response date: 31/03/2014

Request:

A figure for the number of consultant surgeons who treated inguinal hernias in your trust in (a) 2011/12 and (b) 2012/13?

Figures for the number of inguinal hernias each consultant surgeon treated in (a) 2011/12 and (b) 2012/13? E.g. "4 consultant surgeons treated 100, 50, 20 and 5 inguinal hernias respectively".

[Response](#)

Request reference: FOI/002243

Response date: 08/04/2014

Request:

1. Does your Trust have a mechanism for recording incidents of severe sepsis and septic shock?

If Yes, please go to Question 2.
If No, please go to Question 5.
2. Is sepsis on the Trust's risk register?
3. Is there a nominated Consultant with responsibility for sepsis at the Trust?
4. Does the Trust resource sepsis nurses and/or dedicated Consultant time?
5. How does the Trust record cases of sepsis? (e.g. ICD-10) How is the data reported to the Executive?
6. How many patients were diagnosed with severe sepsis in:
2013/14:
2012/13:
2011/12:
2010/11:
7. How many patients were diagnosed with septic shock in
2013/14:
2012/13:
2011/12:
2010/11:
8. Does the Trust have an established pathway for basic care once a patient is diagnosed with sepsis?

Dudley CCG Disclosure Log

March 2014

If Yes, please go to Question 9

If No, please go to Question 11

9. Does the Trust follow the Sepsis Six guidelines?
10. If not using the Sepsis Six, please identify the pathway below
11. Does the Trust use an Early Goal-Directed Therapy (EGDT) pathway for patients arriving in the Emergency Department with septic shock?

If yes, please go to question 13

If no, please go to question 14

12. How is EGDT initiated in patients arriving in the Emergency Department with septic shock?
By ED team, By ITU medical team, By ITU nursing team, by dedicated sepsis team
13. Does the Trust audit the time taken for a patient to receive antibiotics within the first hour as recommended by the 'Start Smart then Focus' guidance provided by the Department of Health?

If Yes, please go to Question 14.

If No, please go to Question 15.

14. What percentage of patients with early signs of severe sepsis received antibiotics within an hour as recommended?
15. Do you have an escalation and communication pathway in place for patients with severe sepsis to facilitate senior involvement and inter-departmental transfers?
16. Do you provide a blood gas machine or near patient testing allowing measurement of lactate in the Emergency Department and Intensive Care Unit to allow early recognition of sepsis?
17. Are you aware of the recently released report of the Parliamentary and Health Service Ombudsman on Sepsis; and if so have you made any changes to the way you record and deal with Sepsis at the Trust?
18. The Parliamentary and Health Service Ombudsman recommended that senior staff were available 24 hours a day 7 days a week and should be consulted when severe sepsis is present. Does your Trust have senior Consultant cover 24 hours a day 7 days a week for all acute specialities admitting patients?

[Response](#)

Request reference: FOI/002246

Response date: 03/04/2014

Request:

I would like to submit a Freedom of Information Request relating to specific ICT contract(s) for Storage Hardware Maintenance and Storage Virtualisation Software which may include:

Dudley CCG Disclosure Log

March 2014

- Server Hardware Maintenance
- Server Software Licensing (VMware, Solaris, Unix, Linux, Windows Server)
- Server Software Maintenance/Support (VMware, Solaris, Unix, Linux, Windows Server)
- Storage Area Network Maintenance/Support (EMC, NetApp etc)

For each of the types of server ICT contracts above can you please send me the following data types:

1. Contract Title:
2. Contract Type: Please input one the type of contract above e.g. Hardware Maintenance, Software Licensing
3. Existing/Current Supplier
4. Hardware Brand: Please state the hardware or software brand related to the contract with supplier e.g. Hardware Maintenance could be Dell, IBM etc
5. Number of Users: Number users for m
6. Operating System / Software (Platform): (Windows, Linux, Unix, VMWare etc.) the brand name relating to the contract.
7. Total Contract Value: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)
8. Contract Duration: (Please can you also include notes if the contract includes any contract extension periods.)
9. Contract Expiry Date:
10. Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)
11. Brief Contract Description: I require a brief description of the service provided under this contract.
12. Internal Contact: (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include there full name, job title, direct contact number and direct email address.)

If there is more than one supplier for these contract can you please split the contract individually for each supplier. So the information above which I am requesting is for each supplier.

Dudley CCG Disclosure Log**March 2014**

If this service is part of a managed contract please can you send me the contract information for this managed service including Hardware Brand, Number of Users, Operating System, and contact details of the internal contact responsible for this contract.

[Response](#)

Request reference: FOI/002249

Response date: 08/04/2014

Request:

1a. Does your organisation have a policy or guidelines (or document by similar name) for staff on your organisation's permissible use of social media for business purposes?

1b. If yes, when was this policy (or guidelines) introduced?

1c. Please also provide an electronic copy (or link to online version) of the policy and / or guidelines.

2a. Does your organisation provide guidelines (or document by similar name) for staff on the use of social media for business or personal purposes?

2b. If yes, when were these guidelines (or document by similar name) introduced?

2c. Please also provide an electronic copy (or link to online version)

3. Since 1 January 2005 and for each calendar year to date, please detail how many staff in your organisation have been cautioned or disciplined (or similar) for their inappropriate or unsuitable use of social media either on work or personal accounts?

Please break figures down by year with headline / brief summary of reason for disciplinary action.

4a. Has social media use by your staff, either on work or personal accounts / profiles, even been the source of media coverage?

4b. If yes, please detail names of media titles and dates of coverage.

[Response](#)

Request reference: FOI/002251

Response date: 08/04/2014

Request:

1) How many people between December 2012 to December 2013 have had organ transplants?

How many people between December 2012 to December 2013 have had organ transplants who are registered drug addicts?

1a) Please state the drug they were addicted to and which transplant they received.

1b) How many of these were aged under 18?

1c) How many were aged 18-25?

1d) How many were aged 25 -30?

1e) How many were ages 30-40?

1f) How many were aged 40-50?

Dudley CCG Disclosure Log

March 2014

2) How many people have had organ transplants between December 2012 to December 2013 who are registered alcoholics?

2a) Please state which transplants they received.

2b) How many of these were aged under 18?

2c) How many were aged 18-25?

2d) How many were aged 25 -30?

2e) How many were ages 30-40?

2f) How many were aged 40-50?

3) How many people between December 2011 to December 2012 have had organ transplants?

How many people between December 2011 to December 2012 have had organ transplants who are registered drug addicts?

3a) Please state the drug they were addicted to and which transplant they received.

3b) How many of these were aged under 18?

3c) How many were aged 18-25?

3d) How many were aged 25 -30?

3e) How many were ages 30-40?

3f) How many were aged 40-50?

4) How many people have had organ transplants between December 2011 to December 2012 who are registered alcoholics?

4a) Please state which transplants they received.

4b) How many of these were aged under 18?

4c) How many were aged 18-25?

4d) How many were aged 25 -30?

4e) How many were ages 30-40?

4f) How many were aged 40-50?

5) How many people between December 2010 to December 2011 have had organ transplants?

How many people between December 2010 to December 2011 have had organ transplants who are registered drug addicts?

5a) Please state the drug they were addicted to and which transplant they received.

5b) How many of these were aged under 18?

5c) How many were aged 18-25?

5d) How many were aged 25 -30?

Dudley CCG Disclosure Log

March 2014

5e) How many were ages 30-40?

5f) How many were aged 40-50?

6) How many people have had organ transplants between December 2010 to December 2011 who are registered alcoholics?

6a) Please state which transplants they received.

6b) How many of these were aged under 18?

6c) How many were aged 18-25?

6d) How many were aged 25 -30?

6e) How many were ages 30-40?

6f) How many were aged 40-50?

7) How much does each organ transplant cost per person? If the cost differs depending on the type of organ can you list the cost of each, ie heart, liver?

[Response](#)

Request reference: FOI/002254

Response date: 08/04/2014

Request:

Could you please provide me with a list of services for which your CCG takes the lead in commissioning?

[Response](#)

Request reference: FOI/002256

Response date:

Request:

I was seeking some information about any current rebate schemes that the CCG has in place with pharmaceutical companies to use and promote certain drugs and treatments. Are you able to provide me with a list of current rebate scheme agreements and the products these agreements involve?

Response Pending

Request reference: FOI/002257

Response date: 22/04/2014

Request:

1. Do you measure the aggregate number of nights patients stayed in hospital longer owing to a healthcare acquired infection? If so, please provide it for the years (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 and (e) 2012/13.

Dudley CCG Disclosure Log**March 2014**

2. Do you collate the total number of (a) cases and/or (b) associated deaths from (i) sepsis, (ii) septicemia, (iii) a catheter-associated urinary tract infection, (iv) a catheter-related blood infection, (v) ventilator-associated pneumonia and (vi) norovirus? If so, please provide for the above years.

3. Does your Trust have a strategy for surveillance of healthcare associated infections (other than the mandatory surveillance requirements for MRSA/MSSA/Ecoli bacteraemia, C. difficile, SSI in orthopaedic surgery)? If yes, (i) what HCAI are included? and (ii) what period does the strategy cover?

4. Did your Trust receive instructions in (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 or (e) 2012/13 to reduce expenditure on infection, prevention and control?

5. What strategy does your Trust have in place for the surveillance and minimisation of harm caused by infections not covered in the mandatory surveillance programme?

6. Does the Trust carry out any surgical site infection surveillance that it does not report to Public Health England? If yes, please specify the protocol, the types of surgeries included and results.

7. Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

8. Does the Trust carry out any financial analysis on the cost or operational impact of infections locally? If yes, please share this. If not, please could you give reasons why?

9. Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

10. What surveillance systems and processes did you have for active infection control in 2012/13?

11. How many staff were dedicated to the surveillance of infections and/or the analysis of that data in 2012/13?

12. How many staff were on your infection prevention and control team in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

13. What was the ratio of infection control staff (ie infection control doctors, infection control nurses, dedicated infection control surveillance auditors) to beds in Acute care at your Trust in 2012/13?

14. On how many wards did you do device surveillance in 2012/13?

15. On how many wards did you not do device surveillance in 2012/13?

Dudley CCG Disclosure Log

March 2014

16. How many times in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13 was a member of the Board present at an infection prevention and control committee meeting?

17. How many business cases were submitted by Infection Control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13? For each year, how many of the above business cases were successful?

18. What was your budget for infection prevention and control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

19. Do you have standardised infection control protocols and technology utilisation across all wards of the Trust?

[Response](#)