

## Freedom of Information Act Published on Trust Website – May 2014

FOI Number	Questions and Responses
FOI14 020	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>We are looking for the following data (in spreadsheet format) for all ASSAULT-RELATED attendances at A&amp;E departments between 1 Jan 2013 to 31 Dec 2013 (inclusive):</p> <p>Date of A&amp;E attendance, Age (or date of birth), Gender, AND The yearly count for all A&amp;E attendances.</p> <p><b>Response- Please find attached.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 023	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p><b><i>For the financial years 2010/11, 2011/12 and 2012/13 please state:</i></b></p>

	<p>a) <i>The gross cost to the Trust because of delayed transfers of care (before taking into account reimbursements from local authorities)</i>  <b>Response- This information is not held.</b></p> <p><i>And;</i></p> <p>b) <i>The gross cost to the Trust because of delayed transfers of care where Social Care was responsible for the delay (before taking into account reimbursements from local authorities)</i>  <b>Response- This information is not held.</b></p> <p>c) <i>The total sum received from local authorities in reimbursements for delayed transfers of care</i>  <b>Response- No reimbursements were received from the local authority during this period.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 100	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>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:</p> <p>Your Trust's total surgical site infection rate (all cause)</p> <p>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:-</p> <ol style="list-style-type: none"> <li>I. MRSA (health care acquired)</li> <li>II. Escherichia coli (health care acquired)</li> </ol>

- III. MSSA (health care acquired)
- IV. CDIF (health care acquired)
- V. Septicemia (health care acquired)
- VI. Sepsis (health care acquired)
- 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)
- XII.

**Response:- This would involve a manual examination of patients health records which would constitute personal data as defined within the Data Protection Act 1998 and is therefore exempt under s.40 (2) of the Freedom of Information Act 2000.**

The total number of cases of

**Definition used 'Acquired within the Trust = Acquired within Acute Healthcare Setting.  
Data is given for 2012/13 financial year for admitted patients. All ICD codes were retrieved for all patients and**

**filtered for relevant codes.**

I.	MRSA acquired within the Trust	1	
II.	Escherichia coli acquired within the Trust	13	
III.	MSSA acquired within the Trust	4	
IV.	CDIF acquired within the Trust	13	
V.	Septicemia acquired within the Trust	0	
VI.	Sepsis acquired within the Trust	0	
VII.	Catheter-associated urinary tract infections acquired within the Trust		0
VIII.	Catheter-related bloodstream infections acquired within the Trust		0
IX.	Central line-associated bloodstream infections (health care acquired)		0
X.	Ventilator-associated pneumonia acquired within the Trust		0
XI.	Norovirus acquired within the Trust	1	

The total number of cases of

**Please note:- MRSA, E Coli, MSSA and C Diff numbers are supplied from laboratory sample identification details for the catchment area and these patients may not have been admitted. All ICD codes were retrieved for inpatients and filtered for relevant codes.**

I.	MRSA treated within the Trust	2	
II.	Escherichia coli treated within the Trust	84	
III.	MSSA treated within the Trust	32 + 1 transferred in	
IV.	C DIF treated within the Trust	29 + 1 transferred in	
V.	Septicemia and Sepsis treated within the Trust	16 + 34 of newborn	
VI.	Sepsis treated within the Trust	not able to separate.	
VII.	Catheter-associated urinary tract infections treated within the Trust		8
VIII.	Catheter-related bloodstream infections treated within the Trust		Included in above
IX.	Central line-associated bloodstream infections treated within the Trust		18
X.	Ventilator-associated pneumonia treated within the Trust		0
XI.	Norovirus treated within the Trust	1	

**Response: - We can identify patients treated for infection and whether the infection was identified as healthcare acquired or community acquired. Our trust is a unique integrated organisation and covers both**

**internal (Acute Hospital) and external (Community) areas.**

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
- 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

**Response:- It is not possible to identify how much longer any patient would need to stay without individual case note review as all circumstances are different and this would constitute personal data as defined within the Data Protection Act 1998 and is therefore exempt under s.40 (2) of the Freedom of Information Act 2000.**

The total revenue from excess bed days caused by patients with an SSI

(a) by procedural type and

(b) by speciality?

**Response:- There is no revenue derived from excess bed days for patients with a healthcare acquired infection. Fines imposed mean that any patient with a healthcare acquired infection during their stay cannot be charged for any part of the spell.**

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?

**No.**

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?

**Ward staff reporting, microbiology lab reporting and microbiologist monitoring. IPC policies. Audit of environment and practice. Organisation undertakes root cause analysis for all mandatory reportable bacteraemia (not just MRSA and C difficile infections).**

Does the Trust carry out any surgical site infection surveillance that it does not report to Public Health England?

**Not routinely. Internal reviews would be undertaken when/if problems noted**

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?

See answer below

If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

**No.**

Does the Trust carry out any financial analysis on the cost or operational impact of infections locally?

**No.**

If yes, please share this.

If not, please could you give reasons why

**If a specific issue was required to be analysed then this can be audited. However the priority has always been clinical quality.**

Does the Trust carry out any post discharge surgical site surveillance on any category?

**Within Orthopaedics all hip fractures and primary/revision hips and knees are monitored. This information is uploaded onto the national data base quarterly (Public Health England) and in 2012 the Trust commenced continuous surveillance instead of the 1 quarter only submission.**

**Collection of data:**

**An SSSI co-ordinator documents all patients admitted and tracks these throughout the inpatient stay (Private**

Patients are also tracked but do not get entered onto the data base). At the present time we do not have a follow up service but GP's and the Microbiologist inform the department of any concerns with wounds and this information is placed on the data sheets in preparation for submission. The Consultants also inform if there is a concern with a wound at the 6 week or sooner follow up clinics.

If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

**This data has not been collected in relation to surgical site infection.**

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?

**Ward staff reporting, microbiology lab reporting and microbiologist monitoring.**

**Continuous orthopaedic surgical site surveillance. Susan Bradshaw can let know how many staff dedicated to this surveillance.**

**No staff dedicated to analysis of data.**

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?

**March 2012-Dec 2012 there were 3 infection prevention and control nurses. 1 nurse retired end 2012. 2 nurses since then.**

**Infection Control Doctor 1 session per week during time period. Also Director Infection Prevention & Control**

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?

**April 2012 246 acute beds. 3 infection prevention & control nurses (2 full time and 1 0.85 WTE) and 1 session Infection prevention & control doctor. April 2012 246 acute beds**

**March 2013 252 acute beds. 2 infection prevention & control nurses (1 full time and 1 0.85WTE) and 1 session Infection Prevention & control doctor. March 2013 252 acute beds**



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

**14 by IPCT**

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

**2 by IPCT as insufficient numbers in those areas.**

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?

**11 meetings 12/13, board member present at 10**

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?

**None**

For each year, how many of the above business cases were successful?

**N/A**

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?

**2012/13 IPC budget £97,117**

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

**Have Organisational IPC protocols and policies. No IPC technology utilisation**

This is in the public interest because it involves the use of public money to fight infections which affect a large number

	<p>of people.</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 119	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Does your trust provide PUVA (psoralen combined with ultraviolet A) treatment ? yes</p> <p>Please state as fully as possible the number of patients on the following drugs regardless of diagnosis;</p> <ul style="list-style-type: none"> <li>• Acitretin (Soriatane)</li> <li>• Alitretinoin (Toctino)</li> <li>• Azathioprine (Imuran)</li> <li>• Ciclosporin (Neoral)</li> <li>• Methotrexate</li> <li>• Potent Topical corticosteroids (such as betamethasone dipropionate)</li> <li>• Very Potent Topical corticosteroids (such as clobetasol propionate)</li> </ul> <p><b>Response- see attached.</b></p> <p><b>NB: the data is by generic name and not brand specific. The data only applies to dermatology use. The data relates to a 3 month time period and only captures specialist prescribing, shared care agreements pass the patients to GPs.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 121	Please provide the following information:

	<p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1. The number of people who died in your hospital(s) and any other facilities managed by the Trust in 2013.</p> <p>Please break this down by each day of 2013, so that it is possible to see how many people died on each day of the year in the trust's facilities.</p> <p><b>Response – Total number of deaths in hospital during 2013 = 639</b> (see attached sheet on p3 of this document) for breakdown by date). There are no other general inpatient facilities. There is a local hospice but this is not an NHS facility.</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 122	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Nutrition and hydration care in hospital – FOI request</p> <p><u>Policy and governance</u></p> <p>1. Confirm or deny whether you have the following policies: (Please submit copies)</p> <ul style="list-style-type: none"> <li>• Nutrition and hydration policy?</li> </ul> <p><b>Response- We have a draft copy of the Nutrition Policy which is currently going through the ratification process and is therefore not available at this time until ratification.</b></p>

- Protected meals policy?

**Response- We do not have a Protected Meals policy. Work is ongoing on protected/patient focussed mealtimes. Some wards have already implemented patient focussed mealtimes as part of their patient experience agenda, and this has been supported by the Mealtimes Module from the Productive Wards series.**

- Nil by mouth policy

**Response- We do not currently have a Nil By Mouth policy.**

2. Confirm or deny whether (Submit any documents in support as applicable)

- You have a designated Board member who is responsible for Nutrition and Hydration care including help with eating and drinking?
- You discuss nutrition and hydration care related concerns within your Trust at Board meetings?

**Response (for last two bullet points): Concerns regarding Nutrition and Hydration would be raised at the Quality and Clinical Performance Committee which reports to board. The Director of Nursing attends the QCPC meeting and can escalate relevant issue to board level. There is also a bi-monthly Food Hygiene Group and Nutrition Group. This is chaired by the Clinical Nurse Specialist for Nutrition and Tissue Viability. The Nutrition group escalate concerns through the Health and Safety Committee to the Trust board. The Food Hygiene and Nutrition Group also have a patient representative at every meeting to feed back on patient concerns.**

- All staff are given mandatory training on healthy nutrition and hydration and help with eating and drinking?

**Response: There is not a mandatory element to the healthy nutrition and hydration training for ward staff but it is considered good practice.**

- You have mechanisms to collect real time feedback from patients regarding their nutrition and hydration care?

**Response- The Getting It Right Survey contains reference to experience of meals. The menu cards now have a comments book for daily comments by patients able to write their feedback on the menus.**

During hospital stay

3. Confirm or deny whether (Please submit any guidance documents)

- Regular assessment is carried out for patients regarding nutrition and hydration during their stay in the hospital

**Response- Recommendations for regular assessment are part of the draft Nutrition policy and guidance is available as part of the Generic Risk Assessment Documentation.**

- Information is sought from patients regarding their diet and weight including their preferences/likes/dislikes

**Response: Information regarding patients likes dislikes and dietary preferences requirements should be recorded as part of the Personalised Care Planning.**

- Clear information is given to patients about accessing meals and drinks during and out of meal times while they are in hospital

**Response: Ward staff are always on hand to get hot or cold drinks if required, and can assist in getting food out of hours if required.**

- Clear information is given to patients about accessing oral supplements and/or tube feed if prescribed while they are in hospital

**Response: Oral supplements or tube feeds are usually provided on the advice of a dietitian.**

- There are clear methods to identify people who need support with eating and drinking

**Response: Patients who require assistance with eating and drinking usually have their needs identified on boards above their bed and also in their nursing documentation. Ward staff also record these needs on their handover sheets. Catering staff can also serve meals on special trays to indicate patients require help when the meals are served.**

- There are robust procedures to ascertain that they are receiving the help needed.

**Response: Patients whose intake requires monitoring usually have either food or fluid charts which are updated after meals and are reviewed by the registered nurses.**

At discharge: (Please supply any guidance documents relating to these)

4. What information relating to patients' nutrition and hydration needs (including supplements and tube feed) is given to them at the time of discharge? (E.g. Verbal advice about diet and lifestyle, written advice about diet and lifestyle, Links to websites for advice about diet and lifestyle, written advice on taking oral supplements or the use of tube feed)

**Response- Patients requiring tube feed will either receive the information regarding their feed or this will be**

supplied to their carers or the home that they are going to. Patients requiring nutritional advice will receive the relevant leaflet from the dietetics team. Dietitians where appropriate will also write a letter for the patient on discharge.

5. What information relating to patients' nutrition and hydration needs is sent to their GP after the discharge of the patient from the hospital?

**Response- Any relevant needs including requirements for prescribing are sent as part of electronic discharge summary to GP. Dietitians where appropriate will also write to the GP on discharge.**

6. What information relating to patients' nutrition and hydration needs is sent to their care home after the discharge of the patient from the hospital?

**Response- A copy of the electronic discharge summary to the GP is also usually sent to the care home as well. Dietitians where appropriate write to the care home or care agency on discharge from hospital.**

Patient safety

7. In the past three years have you had any of the following incidents recorded?

**Response- 105 incidents in the categories described were identified in a trawl of the incident reporting software for a search running from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2014. Please see below in table for more details. We are not required to provide information regarding incidents prior to 1<sup>st</sup> April 2012. Ages of patients are not available as this data has been extracted from our incident reporting system. Ages would need to be confirmed by accessing medical notes which is outside the remit of this FOI request to complete.**

Incident type	Numbers	Details of the incident	Age of the patient
Dehydration	44 incidents	37 incidents related to neonates needing admission to NICU for rehydration 5 incidents where patients admitted to hospital with	

			<p>dehydration, including one related to poor discharge from mainland hospital.</p> <p>2 incident where patient's test results indicated dehydration but ward team did not act on findings</p>	
	Incorrect diet e.g. causing allergy or unmodified	7 incidents	<p>1 miscommunication regarding dietary modification</p> <p>1 where carers fed patient at risk of aspiration pneumonia</p> <p>1 inappropriate feeding whilst on soft diet.</p> <p>1 staff related issue of nut allergy. 1 allergy to flavouring of certain food and medication.</p> <p>3 incidents where food has been wrong consistency or Speech and Language Therapy advice has not been followed</p>	
	Incorrect artificial feed	0		
	Choking	5	<p>2 incidents of choking on food.</p> <p>2 incidents of likely aspiration.</p>	

			1 incident of carer (not NHS) feeding patient food of not recommended consistency and leaving patient at risk of choking.	
	Catering errors	11	Staffing delaying feeding on wards – 11 incidents.	
	Nil by mouth – patient fed	3	1 incidents of patients being nil by mouth because of procedure but procedure had to be cancelled because patient ate or drank. 1 incident of patient nil by mouth due to clinical condition but given food. 1 incident of patient nil by mouth due to clinical condition but given fluids.	
	Nil by mouth –prolonged periods of time	5	1 incident of unable to start enteral feed due to lack of feed availability 2 incidents of not being able to start feed due to lack of feeding pumps 1 incident of not being able to start feeding due to difficulties placing Nasogastric tube. 1 incident of patient being left nil by mouth for	



		5 days without review.	
Lack of nutritional assessment	1	1 incidents of lack or delay in nutritional assessment.	
Gaps in nutritional care due to transfer of care	2	1 incident of patient not receiving food while waiting in Discharge Lounge for discharge. 1 incident of miscommunication of dietary modification between wards.	
Nutrition status identified as a contributing factor in the development of pressure sores	27	6 incidents of grade 1 pressure ulcers where nutritional status was directly identified on incident form as contributory factor. 17 grade 2 ulcers had nutritional status identified as contributing to them, 3 grade 3 pressure ulcers and 1 grade 4 pressure ulcers were also documented on the incident system has having a component of malnourishment.	
<p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>			

FOI14 123	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p><b>See attached document.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>			
FOI14 126	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <table border="1" data-bbox="398 922 1675 1337"> <tr> <td data-bbox="398 922 1675 1098"> <p>1. What monitoring and reporting do you have in place to check whether your main contractors are paying their sub-contractors within 30 days?</p> <p><b>Response - None.</b></p> </td> </tr> <tr> <td data-bbox="398 1098 1675 1273"> <p>2. If your response to Q1 is in the negative what other steps does your organisation take to ensure fair payment is applied along construction supply chains?</p> <p><b>Response - In most cases a form of contract for Estate related schemes.</b></p> </td> </tr> <tr> <td data-bbox="398 1273 1675 1337"> <p>3. Please provide information showing the average time taken by your organisation to discharge payments to your direct or main contractors?</p> </td> </tr> </table>	<p>1. What monitoring and reporting do you have in place to check whether your main contractors are paying their sub-contractors within 30 days?</p> <p><b>Response - None.</b></p>	<p>2. If your response to Q1 is in the negative what other steps does your organisation take to ensure fair payment is applied along construction supply chains?</p> <p><b>Response - In most cases a form of contract for Estate related schemes.</b></p>	<p>3. Please provide information showing the average time taken by your organisation to discharge payments to your direct or main contractors?</p>
<p>1. What monitoring and reporting do you have in place to check whether your main contractors are paying their sub-contractors within 30 days?</p> <p><b>Response - None.</b></p>				
<p>2. If your response to Q1 is in the negative what other steps does your organisation take to ensure fair payment is applied along construction supply chains?</p> <p><b>Response - In most cases a form of contract for Estate related schemes.</b></p>				
<p>3. Please provide information showing the average time taken by your organisation to discharge payments to your direct or main contractors?</p>				

	<p><b>Response - Depending on contractual payment terms, 14 or 30 days.</b></p>	
	<p>4. Do you apply a cash retention in your works contracts?</p> <p><b>Response - If form of contract permits.</b></p>	
	<p>5. If you apply a cash retention what use do you make of the cash whilst it's in your possession?</p> <p><b>Response - None.</b></p>	
	<p>6. Have you or are you about to put in place project bank accounts on your construction projects?</p> <p><b>Response - None.</b></p>	
	<p>7. Please provide information about any plans which your organisation has for improving payment performance along the supply chain [e.g. making payments to sub-contractors within 30 days (of the main contract due payment dates) a pre-qualification requirement for lead contractors].</p> <p><b>Response - None.</b></p>	
	<p>8. Has your organisation been using PAS 91 as the pre-qualification standard to be the exclusion of other pre-qualification requirements?</p> <p><b>Response - No.</b></p>	
	<p>9. If you are not currently using PAS 91 as the exclusive route to pre-qualification does your organisation have plans to use PAS 91 (exclusively) in the future?</p>	

**Response - Trust use 'Constructionline' to inform its list of approved contractors and we understand that Constructionline members are PAS 91 compliant.**

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 129

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

1. How many babies were diagnosed with issues of ankylossia (tongue-tie) in 2013?

**Response - This would require an audit of patient notes. Patient health records constitute personal sensitive data as defined within the Data Protection Act and are therefore exempt from provision under Section 40(2) of the Freedom of Information Act.**

2. Of the babies diagnosed with issues of ankylossia (tongue-tie) in 2013, how many had a surgical procedure carried out by NHS surgeons to resolve these specific issues and how long did they wait for the procedure following diagnosis?

**Response - The Trust carried out 17 tongue tie procedures in 2013. The Trust is unable to provide the time from diagnosis to procedure without an audit of patient notes. See response to question 1.**

3. What was the mean age of babies with such issues when the ankylossia (tongue-tie) procedure was performed?

**Response - The mean patient age at the procedure date was 29 days. If the three oldest infants from this sample (which appear to be outliers, 143, 89 & 80 days) are excluded the mean age drops to 13 days.**

**Please note that this response does not constitute as consent for direct marketing.**

	<p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 136	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Has your trust sold drugs through parallel importers or exporters, third parties or off-shore companies to buyers outside the UK over the last five years?  <b>Response- No.</b></p> <p>If the answer is yes, can you specify the name of the drugs sold, the quantity of the drugs sold in each individual sale and which countries the buyers were in who bought the drugs for the years 2009, 2010, 2011, 2012 and 2013.  <b>Response- N/A.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 140	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p><u>Questions on tranexamic acid</u></p> <p>1a. Does your trust's trauma protocol include administration of tranexamic acid to bleeding trauma patients?  <b>Response - Yes</b></p> <p>1b. If yes, at what date was administration of tranexamic acid added to your trust's trauma protocol?</p>

	<p><b>Response – May 2012</b></p> <p>2a. In 2013, how many acute trauma patients received a blood transfusion?  <b>Response – 5</b></p> <p>2b. Of those, how many were treated with tranexamic acid?  <b>Response - 4</b></p> <p>3. In how many fatalities recorded in your trust in 2013 was bleeding trauma identified as the primary cause of death?  <b>Response - Nil</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p>
FOI14 141	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>I would like to make a request under the Freedom of Information Act; what was the total staff cost of running the Trust's Procurement Department for the financial years 2010/11, 2011/2, 2012/13 and 2013/14?  <b>Response – This information is exempt under s.43 of the Freedom of Information Act 2000. A Public Interest Test has been carried out and the panel has concluded that this information would be damaging to the commercial interests of the parties involved.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 142	<p>Please provide the following information:</p>

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

- 1) Does your Trust provide private treatment services, self-funded services, or any other service financed in full or in part by the patient?

Yes, we do provide private treatment services and self funded services

- a) If so, could you tell me which services are currently offered on this basis?

At The Mottistone –

Audiology Ear, Nose and Throat Gastroenterology Gynaecology Neurology Ophthalmology  
Orthopaedics Paediatric Plastic Surgery Rheumatology Well Woman/Man Urology Vascular Surgery Oral and  
Maxillofacial Surgery General Surgery (including Breast and Colorectal Surgery)

- 2) a) What was the total income from services described in (1) in  
i) the financial year 2012/13 - **£1,275k**  
ii) the financial year 2013/14? - **£1,443k**

- b) What was the Trust's total income in  
i) 2012/13 - **£168,757k**  
ii) 2013/14? - **£171,867k**

- c) What percentage of the Trust's total income was derived from the services described in (1) in  
i) 2012/13 - **0.76%**  
ii) 2013/14? - **0.84%**

- 3) How many patients received private treatment services, self-funded services or any other service financed in full or in part by the patient in

	<p>i) 2012/13 ii) 2013/14</p> <p>The Mottistone Private in-patients 12/13 577 (actual number of care episodes) The Mottistone Private in-patients 13/14 591 (actual number of care episodes) Please specify whether the figure you can provide refers to actual number of patients or number of care episodes.</p> <p>4) Has your Trust introduced new private, self-funded, or other patient financed services in the financial year 2013/14 (ie. services which were not available on this basis prior to 2013/14)? a) If so could you specify which services?</p> <p>No new private, self-funded, or other patient financed services introduced in the financial year 2013/14</p> <p>5) Does your Trust plan to introduce new private, self-funded or other patient financed services in the financial year 2014/15? No plans to date</p> <p>a) If so could you specify which services? n/a b) If so, are there any projections on how much income will be derived from these kinds of services in 2014/15? n/a</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 147	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p>



	<p>I am conducting some research into wound care management and wonder if you could point me at the location of your wound care management formulary and advise which geographical area it covers?  <b>Response- See attached – The attached formulary is currently in use on the Isle of Wight</b></p> <p>If you do not have a current formulary please could you advise if there are any plans to develop one in the future?  <b>Response- N/A</b>  <b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 150	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Please provide answers to the following questions in relation to the 2013 calendar year?</p> <ol style="list-style-type: none"> <li>1. What was the weight in grams of the heaviest baby born to a mother in your hospital?  <b>Response- Biggest baby 4990 gms</b>  <b>Between 1.1.13-31.12.13</b></li> <li>2. How many babies were born in your hospital where they were recorded as suffering from the effects of alcohol consumed by the mother?  <b>Response- Please find attached.</b></li> <li>3. What was the weight in kgs of the heaviest patient treated in your hospital where the primary diagnosis was recorded as E.66 obesity?  <b>Response- E66 code would only be used to show co-morbidity against a primary diagnosis – so we would not have anyone coded as a primary E66 code in the Trust.</b></li> <li>4. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of</li> </ol>

	<p>alcoholic liver disease (K.70.0, K70.1, K70.2, K 70.3, K70.4 and K70.9) and the patient was a female aged UNDER the age of 30? What was the age of the youngest of these female patients?  <b>Response- Please find attached.</b></p> <p>5. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of mental and behavioural disorders due to the use of alcohol (F.10) and the patient was aged UNDER 16? What was the age of the youngest of these patients?  <b>Response- Please find attached.</b></p> <p>6. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of mental and behavioural disorders due to the use of cannabidinoids (F.12) and the patient was aged 60 or older? What was the age of the oldest of these patients?  <b>Response- Please find attached.</b></p> <p>7. How many finished admission episodes did your Trust record where the external cause code was bitten or struck by dog (W54) and the patient was aged under one year old?  <b>Response- Please find attached.</b></p> <p>NOTE: If you cannot provide answers for the 2013 calendar year I am content to accept responses relating to the 2012/13 financial year but please make this clear in your response.</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 151	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Under the Freedom of Information Act, I would like to request records of all complaints made against each hospital in</p>

your trust (Isle of Wight), and the cost to the trust in dealing with the complaints, for the following years

- 2013
- 2008
- 2003

I would like to receive information on all types of complaints (simply categorised - not individual cases): against doctors / nurses, service, general etc. and the cost to the trust of dealing with each complaint (compensation payed out, estimated administrative cost). Total complaints in a given time period (one calendar year) should be clear.

**Information provided for the calendar year 2013 only.**

**Total complaints and concerns received between 1 January 2013 and 31 December 2013 are outlined by Primary Subject (simply categorised) in the attached spreadsheet.**

**Principles of remedy applied as follows:-**

- **£130 paid to complainant relating to a Clinical Care complaint**
- **1 further payment pending relating to a nursing care complaint – final costings awaited (estimated @ £400)**

**The estimated administrative cost to the Trust of dealing with each complaint is impossible to calculate, as each complaint is different and will take varying amounts of time to investigate and respond to. We do not hold information of the administrative cost per complaint dealt with.**

If this would go over the cost limit for my request, rather than refusing this request, please just provide the information for the past year (2013).

Where possible, please send data in delimited text format, as is standard for most database software (e.g. CSV).

Please provide a full copy of any databases/spreadsheets from which information was extracted in response to this request. In the event that these records contain columns with personal information covered by data protection provisions, please delete the offending columns and send the rest of the data without them.

	<p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 152	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1. The total number of ambulances and rapid response vehicles which went to the incorrect address in each of the following calendar years: 2009,2010,2011,2012,2013</p> <p><b>Response-I can only find one incident since 2012 that a Ambulance was dispatched to the wrong location</b></p> <p>2. For each of the above incidents please provide a breakdown of where the error occurred</p> <ul style="list-style-type: none"> <li>a) Error by member of the public that made the phone call – <b>none found</b></li> <li>b) Error by operator handling call- <b>one incident known whereby call made on the Island was received by a neighbouring Ambulance service and a error was made when passing the call back via their call centre to the IOW. This caused a delay of approx 5 minutes. The incident was of a non critical nature and the patient suffering no detrimental effect together than the delay in arrival of Ambulance causing anxiety</b></li> <li>c) Error by driver of vehicle – <b>None found</b></li> <li>d) Error or fault with satellite navigation system – <b>none found as reliance on sat nav system is low on the Island due to local Knowledge</b></li> </ul> <p><b>Response-</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 154	<p>Please provide the following information:</p>

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

*REVISED REQUEST*

1. How many patients were admitted to your trust and/or diagnosed with an ICD diagnosis code of T14.1 and W53.9 in the calendar year 2013, and 2014 so far?

**Response:- A data search was carried out using the codes specified and returned no admissions with T14.1 (open wound of unspecified body part) or W53.9 (This is a site code for location of occurrence but W53.9 was not found.) The coding department confirmed that as coding is done using discharge summary or notes the site would be specified and the T14.1 code would not be used.**

**A&E records hold data for non-admitted patients and a different coding system is operated as it is based on presentation rather than final diagnosis. The equivalent for open wound is likely to correlate to 'laceration' for the initial code with second part of the coding always specifying body area. The given term 'open wound of unspecified body area' would not be recorded. The site of the occurrence is also coded in the A&E system – e.g. home, educational establishment, public place, or work but as the ICD code W53.9 appears to be an error, correlation cannot be made.**

2. For each case, could you please provide a brief description of the treatment carried out on patients diagnosed with T14.1 and W53.9?

**Response – No patients were found. However, this detail is not possible without individual case note/discharge summary examination which would constitute personal data as defined within the Data Protection Act 1998 and is therefore exempt under s.40 (2) of the Freedom of Information Act 2000.**

3. Could you also provide the age and gender of each patient?

**Response:- No patients were found searching on the given ICD codes.**

	<p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 155	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>I would be grateful if you could forward to me the trust's private patient tariff for 2014-15.</p> <p><b>Response-</b>  Self funding patients are charged £428 per day to stay privately at The Mottistone, other services required as part of the patient's treatment are charged in addition. Consultant fees would be charged separately and are based according to their own individual fee schedules. Initial consultations and initial tests (if required) are also charged separately.  Amenity Beds are charged at £280 per night</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 156	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1 - How many births were recorded in your trust in 2012/13?  <b>Response- 1298 babies born to 1282 mothers (Data taken from Royal College of Obstetrics &amp; Gynaecology reported figures).</b></p>

2 - Of these, how many births were to

a) British-born mothers?

b) Foreign-born mothers?

**Response- The mothers' country of birth is not recorded. All patients have the opportunity to disclose which ethnic group they feel they belong to (national requirement) but specific nationality is not recorded.**

3 – Could you name the nationality [by country of birth] of the five highest by number, foreign-born mothers who gave birth in your trust in 2012/13 [e.g. French/Polish/Indian etc]

For each nationality, could you please state the number of births recorded.

**Response- See above, nationality is not recorded.**

4. How many different nationalities [by country of birth] of mothers in total did your maternity unit/s deal with in 2012/13.

**Response- See above, nationality is not recorded.**

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 159

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

1. How many litres of oxygen does the trust use per year?

Material number	Material Name	Number of Cyls/vol	Litres
49	CRYOSPEED NITROGEN DELIVERED	800	800

50	CRYOSPEED NITROGEN COLLECT	1,765.00	1,765
110	MEDICAL LIQUID OXYGEN	123,041.00	123,041,000
101-CD	MEDICAL OXYGEN SIZE CD	5,103.00	2,347,380
101-E	MEDICAL OXYGEN SIZE E	11	7,480
101-J	MEDICAL OXYGEN SIZE J	51	345,780
101-ZA	MED OXY 1 LTR 300 BAR L-WEIGHT CYLINDER	30	9,000
101-ZX	MEDICAL OXYGEN ZX SIZE LIGHTWEIGHT 10L	255	775,200

2. How much money is spent on purchasing oxygen per year  
Please can I have each request dated for the last 3 complete years.

Material number	Material Name	Number of Cyls/Vol	£ Product Spend	£ Rental Spend	£ Delivery Charges	£ Collect Charges	Climate Change Levy	Total revenue for period
110	MEDICAL LIQUID OXYGEN	123,041.00	12,402.53	0	2,000.00	0	9,423.34	23,825.87
101-CD	MEDICAL OXYGEN SIZE CD	5,103.00	14,723.55	38,030.34	422.27	14.69	135.2	53,326.05
101-E	MEDICAL OXYGEN SIZE E	11	24.97	683.42	0.64	0	0	709.03
101-F	MEDICAL OXYGEN SIZE F	0	0	970.64	0	0	0	970.64



101-G	MEDICAL OXYGEN SIZE G	0	0	33.66	0	0	0	33.66
101-HX	MEDICAL OXYGEN SIZE HX	0	0	732.26	0	0	0	732.26
101-J	MEDICAL OXYGEN SIZE J	51	258.65	3,171.84	10.15	0	9.92	3,450.56
101-RD	MEDICAL OXYGEN SIZE RD	0	0	36.94	0	0	0	36.94
101-ZA	MED OXY 1 LTR 300 BAR L-WEIGHT CYLINDER	30	113.15	3,459.46	2.98	0	0	3,575.59
101-ZX	MEDICAL OXYGEN ZX SIZE LIGHTWEIGHT 10L	255	1,270.35	7,282.74	30.64	1.74	0	8,585.47
			<b>28,793.20</b>	<b>54,401.30</b>	<b>2,466.68</b>	<b>16.43</b>	<b>9,568.46</b>	<b>95,246.07</b>

Above figures for 2013/14. We do not hold figures for 2012/2013.

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FOI14 160

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

. NUMBER of readmissions your hospital/trust incurs in a year, and of that number, how many are dementia

patients and how many readmissions are dementia related –

**Emergency Readmissions within 0 -27 Days (2013)** – 1399

**Readmissions with a primary diagnosis of dementia** – 1

**Readmissions that are dementia related** – 49 patients had a secondary or subsequent diagnosis code relating to dementia.

. We would also like to ascertain the most common REASONS as to why dementia patients are readmitted –

**Most common for those with a primary diagnosis of dementia or a dementia related diagnosis at any point–**

VASCULAR DEMENTIA

DEMENTIA IN PARKINSON'S DISEASE

UNSPECIFIED DEMENTIA, DEMENTIA IN ALZHEIMER'S DISEASE

UNSPECIFIED, DEMENTIA IN ALZHEIMER'S DISEASE

ATYPICAL OR MIXED TYPE

VASCULAR DEMENTIA UNSPECIFIED

. Any dementia related COSTS incurred by your hospital (readmission related or otherwise)

?

Using existing data it is not possible for us to split out costs specific to the care of Dementia as these would be incurred alongside other co morbidities.

. COMORBIDITIES that your dementia patients suffer from

**Most common Comorbidities that those with a diagnosis of dementia at any point suffer from –**

ESSENTIAL (PRIMARY) HYPERTENSION

ATRIAL FIBRILLATION AND FLUTTER

HYPOTHYROIDISM, UNSPECIFIED

ALZHEIMER'S DISEASE, UNSPECIFIED

CHRONIC KIDNEY DISEASE, UNSPECIFIED

VOLUME DEPLETION

LOBAR PNEUMONIA, UNSPECIFIED  
URINARY TRACT INFECTION, SITE NOT SPECIFIED  
CHRONIC ISCHAEMIC HEART DISEASE, UNSPECIFIED  
NON-INSULIN-DEPENDENT DIABETES MELLITUS  
CONGESTIVE HEART FAILURE  
PERSONAL HISTORY OF DISEASES OF THE CIRCULATORY  
SYSTEM  
UNSPECIFIED URINARY INCONTINENCE  
BIPOLAR AFFECTIVE DISORDER, UNSPECIFIED  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED  
DEPRESSIVE EPISODE, UNSPECIFIED  
HEARING LOSS, UNSPECIFIED  
PAIN IN JOINT  
PERSONAL HISTORY LONG -TERM (CURRENT) USE OF OTH  
MEDICAMENTS  
PERSONAL HISTORY OF DISEASES OF THE CIRCULATORY  
SYSTEM  
PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED  
TENDENCY TO FALL, NOT ELSEWHERE CLASSIFIED  
ANGINA PECTORIS, UNSPECIFIED  
PARKINSON'S DISEASE  
PERSONAL HISTORY OF ALLERGY TO PENICILLIN  
PERSONAL HISTORY OF PSYCHOACTIVE SUBSTANCE ABUSE

**Please note that this response does not constitute as consent for direct marketing.**



TOTAL														
Rheumatoid Arthritis			92		39	21	6	13	19	12		NA		
Ankylosing Spondylitis												NA	NA	
Non-radiographic axial Spondylo - arthritis												NA	NA	
Psoriatic Arthritis				NA								NA		
Psoriasis		NA		NA	NA							NA	10	
Crohn's disease		NA	20	NA	NA	NA	NA	33				NA		
Ulcerative Colitis		NA	3	NA	NA	NA	NA	8				NA		

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 162

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

Please send me:

1. Copy of the winning bid for manned security services running currently.

***The contracted arrangement which is currently in place for Security and Car Parking Services at the IOW NHS Trust was put in place prior to the 1<sup>st</sup> April 2012. Therefore, the request for information would need to be sent to the Department of Health.***

2. Evaluation notes of the same manned security services tender method statements  
***Please see response to request number 1. Above.***

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 163

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

Under the Freedom of Information Act, please could you provide me with information about the number of babies with diagnosis code P96.1 (Neonatal withdrawal symptoms from maternal use of drugs of addiction) as either a primary or secondary diagnosis in their episode of care broken down for each of the past five years (2009 to 2013).

If possible, please break this down by how many were male/female.

Response –

Data based on year of discharge

	2012	2013
Male	1	4
Female	0	2

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 165

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

1. Number of haemorrhoid surgeries done within the trust (broken down by hospital if there is more than one site) in the time period January 2013 – February 2014. In particular the following:

**Response:- A search was conducted for inpatients admitted between 01 January 2013 & 28 February 2014 who were discharged with any of the codes provided in any position.**

- Number of Haemorrhoidectomies (OPCS Code H51.1) **22**
- Number of Stapled Haemorrhoidectomies (OPCS Code H51.3) **56**
- Number of Haemorrhoidal Artery Ligations (OPCS Code L70.3) *these may be identified by having the L70.3 code plus a haemorrhoid ICD10 code or Y532 and H53.8* **0**

**No cases were found with OPCS code L70.3 with or without the ICD codes given. No cases were found with OPCS code Y53.2 with any associated codes.**

2. Number of Outpatient Episodes for Rubber Band Ligation of Haemorrhoid (OPCS H52.4) and also:

- Number of repeat episodes of H52.4 for the same patient

**Response- No cases were found with a procedure code of H52.4 and therefore there were no repeat episodes found.**

3. Number of patients listed for Haemorrhoid Surgery who 'time breached' the trusts referral to treatment period

**Response- There were 13 patients receiving the specified surgery after 18 weeks from their referral date in this time period.**

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 166	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>FIRSTLY, the number of patients who present themselves to your Hospital ('s) A&amp;E department(s) without urgent medical need each month into two categories:</p> <ol style="list-style-type: none"> <li>1. NON-URGENT – care that was of a non-urgent nature and could/should have been dealt with elsewhere.</li> <li>2. NON MEDICAL – people who attended A&amp;E for non-medical reasons and are assessed then discharged or denied admittance (e.g drunken individuals, homeless persons looking for admittance to avoid sleeping rough and any other non-medical reason for visiting A&amp;E etc.)</li> </ol> <p><b>Response- Due to the nature of our joint A&amp;E and Walk in Centre reception we are not able to answer this FOI.</b></p> <p>SECONDLY, how many of the above cases are 'repeat presentations' – individuals who regularly present themselves at A&amp;E and the amount of times they do this per month. (For example: of the 100 'non-medical' presentations to A&amp;E in April 2013, 20 of them were repeat presentations from the same individual or 45 of them were repeat presentations by two persons.)</p> <p>If possible please present the information month by month for the period of 1<sup>st</sup> April 2013 through to 31<sup>st</sup> March 2014. <b>Response- As above.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p>
FOI14 167	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p>



	<p>1. Has your organisation used the company Danwood at any point in the last 5 financial years for printing or administrative services? If yes, please can you detail when the contract was signed, the total value of it, and its duration.  <b>Response- The IOW NHS Trust does not currently have a contract with Danwood, this response relates only to the period from 1<sup>st</sup> April 2012, when the Trust came into existence.</b></p> <p>2. What is the total cost charged to your organisation for printing per page for a) colour printing and b) black and white printing (assuming standard A4, but please specify if different)?  <b>Response-  The cost of a black and white printed A4 sheet is 0.0199pence Trustwide.  The cost of colour printing A4 via our print room is 0.032pence.  Any desktop printers which may print colour/mono in the Trust have not been included in this response, as these arrangements are local to each Department.</b></p> <p>3. Has your organisation ever filed a complaint against the company Danwood in the last 5 financial years? If so, please can you detail what the nature of that complaint was.  <b>Response-  The response applies from 01.04.12, as the Trust had no contractual relationship with Danwood during this time it would have no cause for complaint.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p>
FOI14 169	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1. What is the current total number of registered doctors (at any pay grade or in any branch of practice) employed by your trust or organisation. Please give numbers in head count (rather than full-time equivalent) and exclude any bank or locum doctors.  <b>Response -</b></p>

<b>Total number of doctors (incl: FY1/2; specialty trainees; staff and associate specialist doctors and consultants)</b>	<b>220</b>
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2. Please state (in headcount numbers) how many of these doctors have taken sickness absence (of ANY duration) during the financial year 2013/14.

**Response - Data taken from Sickness and Annual Leave Spreadsheets recorded within area, & MAPS.**

<b>Total number of doctors who took sickness absence during 2013/14</b>	<b>86</b>
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3. Please list the reasons for these absences next to the corresponding (headcount) number of doctors.

**Response - Reasons are taken from MAPS Healthroster which is not used across the Trust by all Doctors yet – this is a rollout in progress. Spreadsheets record sickness, but not reasons.**

<b>Reason for sickness absence</b>	<b>Number of doctors</b>
<b>Tumours/Cancers</b>	<b>1</b>
<b>Gastro-Intestinal</b>	<b>11</b>
<b>Infectious Diseases</b>	<b>2</b>
<b>Cough/Cold/Flu</b>	<b>4</b>
<b>Other Musculoskeletal Problems</b>	<b>3</b>
<b>Headache/Migraine</b>	<b>3</b>
<b>Anxiety/Stress/Depression</b>	<b>1</b>
<b>ENT</b>	<b>2</b>
<b>Sickness other</b>	<b>29</b>
<b>Eye problems</b>	<b>1</b>
<b>Nervous system disorders</b>	<b>1</b>
<b>Hypertension</b>	<b>1</b>

**Total number: 59**

4. If possible, please then state how many doctors took sickness absence of MORE THAN four weeks (ie: 20 working

days), during the financial year 2013/14 because of (ASD) anxiety, stress or depression.

**Response -**

<b>Total number of doctors taking sickness absence for anxiety, stress or depression 2013/14</b>	<b>0</b>
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5. It is accepted that rates of anxiety, stress, depression (ASD) are highest among health professionals (compared with most other occupations). Please detail any initiatives your organisation is adopting to specifically target sickness absence as a result of ASD among your medical workforce.

**Response - Sickness absence is a high priority for the Trust. Monthly reports are reviewed by the board. There is a monthly long term sickness meeting where all cases are reviewed highlighting how many are due to stress/anxiety/mental health reasons and if they are work related or not plus what action is being taken.**

- All cases of work related stress are advised to be referred to Occupational Health (OH).
- We have a confidential independent counselling service for staff where they can access up to 6 sessions free.
- We installed an outdoor gym to encourage staff to exercise and take breaks plus other exercise classes and initiatives are advertised and encouraged.
- All referrals to OH are screened for depression if they have been off work for 4 weeks or longer.
- We are soon introducing a triage system in Occupational Health whereby all staff off sick for 2 weeks or more will be contacted, offered support and to liaise with the manager to facilitate an early return to work where possible with adjustments as appropriate.
- Staff can self-refer to OH.
- Training is available as e-learning on stress awareness and also classroom sessions on stress and resilience.

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 170	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1) What is your total annual spend on agency Nurses?  <b>Response-</b>  <b>Year ended 31<sup>st</sup> March 2013 – £255k</b>  <b>Year ended 31<sup>st</sup> March 2014 (unaudited) – £28k</b></p> <p>2) How is this total annual spend on agency Nurses broken down by individual supplier and what status are they? (i.e. PSL, Tier 1, Tier 2, Master Vendor, Sole Supplier, Managed Service Provider)?  <b>Response- PSL – direct call off from the GPS (now known as Crown Commercial Service) framework, RM970</b></p> <p>3) What is the end / renewal date of the current contract you have in place for agency nursing?  <b>Response-</b>  <b>We are currently utilising the direct call off option of the GPS (now known as Crown Commercial Service) framework, RM970. This has an end date of 01/08/2015</b></p> <p>4) Which framework do you currently use? (GPS, HTE, LPP)  <b>Response- GPS (now known at Crown Commercial Service)</b></p> <p>5) Who is your senior procurement / supplies contact?  <b>Response- Names of staff constitute personal data as defined within the Data Protection Act 1998 and are therefore exempt under s.40 (2) of the Freedom of Information Act 2000. However we can confirm that this position sits within the Executive Director of Finance. More information is readily available on the Trust website – <a href="http://www.iow.nhs.uk/">http://www.iow.nhs.uk/</a></b></p> <p>6) Who is your senior medical staffing/ nurse bank contact?</p>
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**Response- Response- Names of staff constitute personal data as defined within the Data Protection Act 1998 and are therefore exempt under s.40 (2) of the Freedom of Information Act 2000. However we can confirm that this position sits within the Executive Director of Nursing and Workforce. More information is readily available on the Trust website – <http://www.iow.nhs.uk/>**

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 171

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**


Could you please tell me, what the total number of emergency calls attended by third party private crews was in the period Jun 2012 to the present,? Could you break this figure down by category of call (Red 1, Red 2, Green 1, Green 2)

**Response-**  
**The Isle of Wight Ambulance Service do not use private contractors other than a MOU with St John Ambulance**

Private Service	Category of Call					Grand Total
	Green2	Green3	Green 4	Red 1	Red 2	
<b>St John / Red Cross</b>	<b>11</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>18</b>	<b>52</b>

Could I ask that in providing this information, you give separate figures for fully private/commercial providers and charities such as St Johns Ambulance and Red Cross?

**Response- Please see above**

	<p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 172	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1) How many complaints you received in each months of the last 3 years, about NHS and private (commercial) ambulance crews respectively and</p> <p><b>Response-</b></p> <p> Ambulance trawl results.xls</p> <p>2) The number of Serious Incidents in Private, NHS and Charitable ambulances (St Johns and Red Cross)for each month of the same period?</p> <p><b>Response-</b> <i>As attachment above</i></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 173	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of</b></p>

**Health.**

Could you tell me the Proportion of patients who were discharged from hospital alive following resuscitation following a cardiac arrest (Utstein comparator group) for each of the months from Dec 2013 to March 2014?

**Response-** Successful resuscitation following cardiac arrest is coded as I46.0 using the ICD coding system. An unsuccessful attempt is coded as I46.9. A search was made for all inpatients with either of these codes in any position.

During the whole period 1<sup>st</sup> December 2013 to 31<sup>st</sup> March 2014 there were a total of 30 patients who had resuscitation attempted following cardiac arrest. (ICD code I46.0 or I46.9 in any position). This includes patients who had other primary conditions and for whom the cardiac arrest was secondary.

Resuscitation was successful in 19 cases. (19/30 = 63%). However, although the resuscitation attempt was successful following the cardiac arrest, 8 cases (42%) subsequently died due to other factors involved in their condition. (e.g. trauma or infection)

11 of the 30 cases where resuscitation was attempted were ultimately discharged alive at the end of their hospital admission. (11/30 =37%) 7 of these were discharged from the care of a cardiology consultant. (7/11 = 64%)

In addition to the admitted patients detailed above, there was one case taken post arrest via air ambulance directly to a mainland hospital (March 14). The patient was not admitted here and the final outcome is not known.

The admitted patients details are broken down into:-

	Attempted	Successful	Discharged alive
Dec-13	9	6	2
Jan-14	7	3	2
Feb-	9	6	4

14			
Mar-			
14	5	4	3
	<u>30</u>	<u>19</u>	<u>11</u>

**Please note that this response does not constitute as consent for direct marketing.  
A copy of this response will be published on the Trust website.**

FOI14 174

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

Could you please tell me the % of ambulance attendances meeting the Red 1 8minute, Red 2 8minute and A19 targets respectively for March 2014?

**Response-**

**Red 1 = 78% 8 min 97.6% 19min Red2 = 76.4% 8 min 19min = 98%**

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 175

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

The Care Quality Commission are planning to include a new national patient experience survey within the national survey programme, which will focus on the experience of children and young people (aged 8-17 year olds) who have



	<p>been an inpatient or day case over a particular time frame. We're currently working with CQC to develop the survey and one of the things we need to know to help us design the methodology is around what information is stored on patient records.</p> <p>More specifically, we need to find out from Trusts:</p> <ul style="list-style-type: none"> <li>• On the children's records, within their systems, they hold parent names?</li> </ul> <p><b>Systems such as PAS, A&amp;E Symphony, our EPR (electronic patient record) system have a "Preferred Contact" field where we can record details such as name, relationship, address etc against the child's record. If so, how is that information held? Is it a standard field or free text comment/notes?</b></p> <p><b>The name field is free text and these fields are not mandatory, therefore reliant on Users recording this information.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 177	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>Please could you answer the following questions, as part of a Freedom of Information Request. For clarity, these questions do not refer to a mass casualty/major incident. This survey refers to incidents where additional medical assistance is requested by the ambulance service, outside of a formal major incident plan.</p> <ol style="list-style-type: none"> <li>1. What staff members (types of clinicians) are required to attend incidents of a severe nature where advanced medical procedures are required or requested in the pre-hospital environment, specifically the use of anaesthetics and advances airway management?</li> </ol> <p><b>Response- The Isle of Wight NHS Trust is a fully integrated care trust with fully integrated services available to respond in a coordinated manner, as there are no barriers to communications and each service is</b></p>

	<p>managed corporately the ability to respond to a variety of incidents is complemented by the integrated care approach. Generally the Ambulance service would be the first on scene who would then request the appropriate resources to deal with the individual circumstances at each particular incident . The expertise to respond is available from the Acute and Planned sections of the Trust which has a full range of clinical expertise to assist where necessary .The Isle of Wight is also a strategic partner with the Hampshire and Isle of Wight Air Ambulance service that would have the necessary medical expertise to deal with any medical emergency should the need arise.</p> <p>2. When such assistance has been requested what is your average response time and does it depend on availability of a volunteer doctor (e.g. working for the Basics, Magpas or other like charities) or do you have NHS funded clinicians who are able to be deployed?</p> <p><b>Response- We would expect to mobilise the necessary medical expertise within 15min from the original request. The resources would come from the existing NHS resources available during the day and dependent upon an on call system in the twilight/night hours</b></p> <p>3. What time of day is the full desired response available?</p> <p><b>Response- As stated above generally we operate by utilising existing NHS available resources on site at the time of the incident. Outside of these hours we would rely upon the on call system to mobilise the necessary resources.</b></p> <p>Please give a breakdown for each Emergency Department within your trust.</p> <p><b>One Emergency Depart on the Island</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 178	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>For each month from April 2012 to the present can you tell me the number of complaints and Serious Incidents</p>

- (SIRs/SIs) recorded for
- Trust ambulances
  - Private/commercial ambulances
  - Charities (Red Cross and St John's Ambulance)

**Response-**



Ambulance trawl results.xls

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**

FOI14 179

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

Could you please tell me the total number of emergency calls attended by private crews in each month of the period Jun 2012 to the present? Could you break this figure down by category of call (Red 1, Red 2, Green 1, Green 2) and for fully private ambulances and charities such as St John's Ambulance?

**Response- Please see table above**

Private Service	Category of Call					Grand Total
	Green2	Green3	Green4	Red1	Red2	
St John / Red Cross	11	0	23	0	18	52

**Please note that this response does not constitute as consent for direct marketing.**

	<p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 182	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1. Do you have a lease car scheme? <b>Response- No we do not have a lease car scheme</b></p> <p>2. If Yes, do you outsource the management of the scheme? <b>Response- N/A</b></p> <p>3. If Yes, when does the contract expire? <b>Response- N/A</b></p> <p>4. How many lease cars do you have?</p> <ul style="list-style-type: none"><li>a. 0 – 50</li><li>b. 51 – 100</li><li>c. 101 – 200</li><li>d. 201 – 300</li><li>e. 301 – 400</li><li>f. 401 – 500</li><li>g. 501 +</li></ul> <p><b>Response-</b> <b>We do not have any lease cars</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>

FOI14 183	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1 - How many births were recorded in your trust in 2012/13?  <b>Response- A search was conducted for all admissions with coded birth events during 2012/13 and the National Ethnic Group retrieved from the system. There were 1240 mothers admitted to the hospital that gave birth during 2012/13. This is not the same as all births in the trust as some mothers gave birth at home. Ethnicity is not recorded for home births, only for admitted patients. (Figure quoted in FOI 14 156 included mothers not admitted (home births).</b></p> <p>2 - Of these, how many births were to  a) British-born mothers?  b) Foreign-born mothers [based on ethnicity]?  <b>Response-</b>  <b>The table below gives the declared ethnicity of the admitted mothers who gave birth. This does not necessarily represent the county of birth and is a subjective evaluation by the mother of which ethnicity they wish to be considered. For example, a mother may consider her ethnicity to be Chinese, Indian or African and still be born in the British Isles to parents who may, themselves have been born here.</b></p> <p>3 – Could you name the top six ethnicities [by highest number of births] of mothers who gave birth in your trust in 2012/13</p> <p>For each ethnicity, could you please state the number of births recorded.  <b>Response- See table provided.</b></p> <p>4. How many mothers of different ethnicity did your maternity unit/s deal with in 2012/13.  <b>Response- See table provided. This Trust has a single maternity unit.</b></p>
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National Ethnic Group Description	Total	%
BRITISH	1104	89.03%
ANY OTHER WHITE BACKGROUND	57	4.60%
CHINESE	18	1.45%
ANY OTHER ETHNIC GROUP	18	1.45%
NOT STATED	13	1.05%
WHITE AND BLACK AFRICAN	8	0.65%
INDIAN	5	0.40%
ANY OTHER MIXED BACKGROUND	5	0.40%
ANY OTHER ASIAN BACKGROUND	4	0.32%
IRISH	2	0.16%
AFRICAN	2	0.16%
WHITE AND BLACK CARIBBEAN	1	0.08%
NOT GIVEN	1	0.08%
BANGLADESHI	1	0.08%
ANY OTHER BLACK BACKGROUND	1	0.08%
<b>Grand Total</b>	<b>1240</b>	<b>100%</b>

Please note that this response does not constitute as consent for direct marketing.

A copy of this response will be published on the Trust website.

FOI14 186

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

My request concerns hospital admissions from April 2008 to April 2014, for individuals aged between 0 and 16.

Using the ICD-10 bank of diagnostic codes as a reference (a link is included here: <http://apps.who.int/classifications/icd10/browse/2010/en>), I am interested in those who were admitted to hospital for:

- E40, E41, E42, E43, E44, E45 to E46: Malnutrition:

*No patients age 16 or under were admitted between 01-04-2012 – 30-04-2014*

	<p>- T73.0: Effects of other deprivation - effects of hunger:</p> <p><i>No patients age 16 or under were admitted between 01/04/2012 – 30-04-2014</i></p> <p>- E54: Ascorbic acid deficiency (inc. scurvy):</p> <p><i>1 patient age 16 or under was admitted in October 2012</i></p> <p>- E55: Rickets, active</p> <p><i>2 patients age 16 or under were admitted with E55.9 (vitamin D deficiency, in secondary diagnosis position); 1 in July 2013 and 1 in March 2014</i></p> <p>- E50: Vitamin A deficiency</p> <p><i>No patients age 16 or under were admitted between 01-04-2012 – 30-04-2014</i></p> <p>If analysing all of these conditions would constitute an exemption, due to time or cost, I would like you to start at the top of the list and work downwards until the request is fulfilled, within my legal rights.</p> <p>When the information is presented, I would like it broken down into an Excel spreadsheet, categorised by year, age, gender, condition and the number of admissions in that year. Again if this constitutes an exemption, avoid categorising by gender.</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 189	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of</b></p>

	<p><b>Health.</b></p> <p>1) Whether you charge for parking at your hospital for visitors and patients.  <b>Response-</b>  Yes we do, although disabled visitors are exempted from paying for the first three hours of parking.</p> <p>2) What the cost of parking is at your hospital for a) 1 hour b) 2 hours c) 4 hours d) 1 day and e) 1 week.  <b>Response-</b>  a) 0 to 2 hours is £1.40  b) 2 to 4 hours is £2.60  c) 4 to 6 hours is £3.90  d) 6 to 24 hours is £6.50  e) 1<sup>st</sup> week at normal rate, after that free</p> <p>3) Whether your hospital car park is managed by yourselves, or whether it has been contracted out.  <b>Response-</b>  Car parking is managed by CP Plus</p> <p>4) How much revenue came from hospital car parking in the last financial year, or whenever you last have figures for.  <b>Response-</b>  The net revenue for Car Parking for 2013/14 was £335,483.</p> <p>5) If you do charge for parking, please give details of increases in these charges over the past 10 years.  <b>Response-</b>  In the scope of the Freedom of Information period, there have been no changes in car parking fees in the last 2 years.</p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 193	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold</b></p>



	<p><b>information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1.How many people/patients have been seen by the trust who are believed to have had female genital mutilation (FGM) carried out upon them (eg injuries/wounds/scars associated with FGM)? Please provide figures for each year for the last 5 years. Please specify how many were under 18 – and how many were 18 and over. <b>Response- none</b></p> <p>2.How many people/patients/cases have been referred to other bodies eg social services/police because of a belief FGM has been carried out? Please detail which bodies the cases were referred to. <b>Response- To ascertain this information it would involve a manual examination of patient records which constitutes personal data as defined within the Data Protection Act 1998 and is therefore exempt under the Freedom of Information Act 2000.</b></p> <p>3.Please provide details of how many/the percentage of medical staff eg doctors/nurses/midwives who have received training relating to FGM. <b>Response- none</b></p> <p>4.Please provide details of what that training involves – including any relevant paperwork/handouts/training literature. <b>Response- N/A</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 200	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p>

	<p>Could you please provide me with a structure chart of the Isle of Wight NHS Trust current HR team, inclusive of member's names and their job titles? If a structure chart is not available, could you please provide me with a list of the current members of the HR team complete with their job titles and contact details?</p> <p><b>Response - Names of staff constitute personal data as defined within the Data Protection Act 1998 and are therefore exempt under s.40 (2) of the Freedom of Information Act 2000. However, HR sits within the Executive Director of Nursing and Workforce. Further information can be found on our website <a href="http://www.iow.nhs.uk">www.iow.nhs.uk</a>.</b></p> <p><b>Please find attached a structure chart with job titles.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>
FOI14 201	<p>Please provide the following information:</p> <p><b>Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.</b></p> <p>1. Do you use a risk assessment tool for the monitoring of patients at risk of falling?  <b>Response- Yes</b></p> <p>2. If so, please confirm what risk assessment you use and if possible attach a copy of it.  <b>Response- Please see extract attached - taken from multiple risk assessment document (i.e including pressure area and nutrition etc.) as used within the Isle of Wight NHS Trust. This assessment is based on NICE guidelines.</b></p> <p><b>Please note that this response does not constitute as consent for direct marketing.</b></p> <p><b>A copy of this response will be published on the Trust website.</b></p>

FOI14 207

Please provide the following information:

**Please note the Isle of Wight NHS Trust came into existence on the 1.4.12 therefore we do not hold information prior to this date. If you require information prior to this date please contact the Department of Health.**

We would like to know how many people have diagnosed with malnutrition in each of the past ten years.

**Response-**

*2012/13 – 24*

*2013/14 – 29*

*Please note numbers include patients admitted with diagnosis codes E40.- - E46.X and O25.X in any position*

**Please note that this response does not constitute as consent for direct marketing.**

**A copy of this response will be published on the Trust website.**