Freedom of Information Act Published on Trust Website – October 2013

FOI Number	Questions and Responses
FOI13 016	**Please provide the following information:** **1. How many Serious Untoward Incidents were recorded by your service in the last calendar year?** **Response - From 1 January 2012 to 31 December 2012 = 186** **2. For each incident, please provide me with a copy of any incident review or root cause analysis that was conducted following the occurrence.** **Response – This information is exempt under s.31 of the Freedom of Information Act 2000.** **3. Please provide me with any emails either sent or received by your organisation's head of communications (or similar post) as to whether the media should be proactively notified about the incident and how to deal with the media if and when they do get to know about the incident.** **Response - There are 186 incidents listed, the majority of which as far as the Head of Communications is aware have not involved any discussion or e-mails about whether the media should be alerted or how the media should be handled. To provide a comprehensive trawl of the Communication team files, which are not organised in a way compatible to the list of incidents would exceed the 18 hour cost limit contained within section 12 of the Freedom of Information Act.** **As a general rule the following lines to take would have been agreed with the relevant areas at the time but may never have been formally documented or used:** **•Ambulance delays – the exact timings from ambulance systems would have been determined and explained alongside any general performance targets and where appropriate any formal apology agreed where the service did not meet national standards** **•Ransacking of ambulance – general comment agreed with ambulance service condemning interference with**

	life saving equipment **•Unexpected deaths – a statement extending deepest sympathies to the family and friends and the need to await the outcome of any investigation or Coroner's Inquiry** **•Loss of data/paperwork – confirmation that the incident has been reported to the appropriate authorities and thanks to member of the public who handed the information to a member of staff** **•Break in and thefts – condemnation of perpetrators** **•Norovirus outbreaks – alert to local media that norovirus circulating and reminder to cleanse hands and any restrictions on visiting** **•Safeguarding Children – any statement would be agreed with Local Authority and Police** **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.**
FOI13 034	**Please provide the following information regarding the treatment of Bladder Cancer at your hospital(s) in the last two years. Specifically, the following:** **1. How many Bladder Cancer patients have you treated in the years 2011 and 2012?** **Response** **2011 = 58** **2012 = 64** **2. Of these, how many were newly diagnosed and how many recurrence?** **Response** **2011: New = 55, Recurrence = 3** **2012: New = 53, Recurrence = 11**

	3. Also, how many have you treated at each of the various stages below: ***Early stage:*** **Tis (CIS – carcinoma insitu) = 1** **Ta = 1** **T1 = 25** **T2, T2a, T2b = 14** **T3, T3a, T3b = 0** **T4, T4a, T4b = 1** ***Invasive:*** **N0 = 33** **N1 = 2** **N2** **N3** ***Advanced:*** **M0 = 35** **M1** **Response - See above.** **4. Finally, could you tell me how many patients received the following:** **Intravesical BCG treatment** **Intravesical Chemotherapy** **Could you let me know the <u>overall total for these treatments</u> and the breakdown by the Early, Invasive and Advanced Stages (as above)?** **Response -** **Intravesical BCG treatment** **2012 = 24** **T 1 – 7** **T 3 – 2**

	N0 – 7 **M0 - 7** **2011 =** **Intravesical Chemotherapy** **Where information is available it has been provided, therefore we have provided a partial response.** **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.**
FOI13 107	Please provide the following information: 1. In relation to redundancy, Mutually Agreed Resignation Scheme (MARS) and early retirement departures from the PCT between 1 April 2011 and 10 March 2013, please provide information on: a) The total sum spent on redundancies, MARS payments, and early retirements, and total number of employees who have departed under these arrangements. **Response - Please see attached spreadsheet. Please note that this information relates to the Isle of Wight PCT in 2011/12 and the Isle of Wight NHS Trust from April 2012.** b) A list of the job titles of those who have departed under these arrangements. **Response - Disclosure of this information could potentially lead to individuals being identified and is therefore exempt under section 40(2) of the Freedom of Information Act.** c) The amount paid to employees under their departure terms. Depending how the information is held, please provide information for separate individuals, or a breakdown of the number of payments in value bands (for example the number paid: <£20,000; £20,001 - £40,000; £40,001 - £100,000; £100,001 - £150,000; £150,001-£200,000; £200,000-£250,000; £250,000-£300,000;>£300,000). **Response - Please see attached spreadsheet. Please note that this information relates to the Isle of Wight PCT in 2011/12 and the Isle of Wight NHS Trust from April 2012.**

	2. In relation to sums paid to GPs and other clinicians for involvement in commissioning between 1 April 2011 and 10 March 2013 : a) Total sums paid to GPs and other clinicians for involvement in emerging clinical commissioning groups, including any: Fixed payments for those with CCG roles; and hourly/sessional sums for commissioning work including attending meetings, and including sums paid for backfill/locum costs. **Response -** **2011/12 = £286,000** **2012/13 = £347,000** 3. Information about any identifiable spending, not covered in points 1. and 2. above, by the PCT(s) on the proposed changes to commissioning, or to prepare the PCT(s), its staff, emerging CCGs, or the NHS in the region for the changes between 1 April 2011 and 10 March 2013. By commissioning changes I mean the changes involving transferring commissioning responsibilities from PCTs and SHAs to CCGs and other bodies. Please only include information held on relevant items of spending which are known to senior staff to be related to the transition. This means the request does not require an extensive search. Exclude spending which, while it may be related to the transition, is indistinguishable from other routine spending. As examples of the items and format which may be included, but which the request is not limited to, include: a) Budget items/lines designated for purposes related to the transition – please include the sum, period of time the money was spent, and description of item/line. b) Staff employed newly and primarily to oversee the commissioning change – please include title, cost, brief description of role. c) Other direct spending by the PCT or cluster related to the change, for example: On developing guidance for emerging CCGs; on leadership and training for emerging CCGs or GPs who may be involved in commissioning; on organisational development for emerging CCGs; on events specifically related to the changes; on funding transitional groups or structures related to the changes; and on PCT disestablishment costs. e) Contracts newly awarded during this period to external contractors related to the change, for example for the purposes listed in point c). **Response - Support provided to PCT to prepare Transfer Order (transfer of property assets): £20,000.** **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.
FOI13 186	1) Does your NHS Trust have pathology departments or labs within your organisation? If yes please proceed to Question 3, if no proceed to question 2**. Yes** 2) Do you use the services of an external provider to perform your Pathology testing? If yes proceed to question 3. If you have answered no to both question 1 and 2 please email back the email and attachment. 3) Can you provide me with a Pathology departmental breakdown of structure within your Trust? **Microbiology, Blood Sciences (Chemical Pathology, Haematology, Immunology and Blood Transfusion). Some specialist tests and some screening tests are referred to other NHS Pathology Laboratories** 4) The amount spent on Locum Biomedical Scientist in the financial year 2011 and the year 2012? **2011 - £65939.00 : 2012 - £27405.00** 5) Within your pathology departments the total number of specimens booked in for the year 2011, 2012 and the last specimen number generated on the 30 April 2013. For ease of convenience please use the excel template attached to this email. As an example Clinical Chemistry 10,000, Mortuary 8000, Histology 5700 etc. **Please see table below under 'requests column'.** 6) Within these Pathology Disciplines can you provide a) A list of all Pathological diagnostic test performed including Antibodies used for Immunohistochemistry or Immunology**? This information is contained within the Pathology User Handbook. The relevant sections have been extracted from the handbook and are set out below.**

Test:	Department:
ACTH	Chemical Pathology
Adrenaline (urine)	Chemical Pathology
AFP tumour marker	Chemical Pathology
Albumin	Chemical Pathology
Albumin	Chemical Pathology

		Albumin/creatinine ratio (urine)	**Chemical Pathology**	
		Alcohol	**Chemical Pathology**	
		Aldosterone	**Chemical Pathology**	
		Alkaline phosphatase (ALP)	**Chemical Pathology**	
		Alpha fetoprotein (afp) tumour marker	**Chemical Pathology**	
		Alpha-1 antitrypsin	**Chemical Pathology**	
		Alpha-1 antitrypsin phenotype	**Chemical Pathology**	
		ALT	**Chemical Pathology**	
		ALT	**Chemical Pathology**	
		Aluminium	**Chemical Pathology**	
		Amino acids	**Chemical Pathology**	
		Amino acids (urine)	**Chemical Pathology**	
		Aminolaevulic acid (ALA) (urine)	**Chemical Pathology**	
		Amiodarone	**Chemical Pathology**	
		Ammonia	**Chemical Pathology**	
		Amoebiasis	**Microbiology**	
		Amylase	**Chemical Pathology**	
		Amylase	**Chemical Pathology**	
		Amylase (urine)	**Chemical Pathology**	
		Androstenedione	**Chemical Pathology**	
		Angiotensin converting enzyme (ace)	**Chemical Pathology**	
		Anti nuclear antibody (ANA)	**Haematology**	
		Antibiotic assay	**Microbiology**	
		Anti-cardiolipin antibody	**Haematology**	
		Anti-Staphylococcal titres (anti. Staph.	**Microbiology**	
		APTR (APTT) activated partial	**Haematology**	
		Ascitic Fluid Culture	**Microbiology**	
		ASO titre	**Microbiology**	
		Aspartate aminotransferase (ast)	**Chemical Pathology**	
		Aspergillus / avian precipitins	**Microbiology**	
		ß$_2$microglobulin	**Chemical Pathology**	
		Barbiturates (screen) (urine)	**Chemical Pathology**	
		Bartonella serology	**Microbiology**	
		Basophils	**Haematology**	
		Bence jones protein (urine)	**Chemical Pathology**	
		Bile pigment (urine)	**Chemical Pathology**	

		Bilirubin (conjugated)	Chemical Pathology	
		Bilirubin total (children & adults)	Chemical Pathology	
		Bilirubin total (neonatal)	Chemical Pathology	
		BJP (urine)	Chemical Pathology	
		Blood Cultures	Microbiology	
		Blood film and/or WBC manual	Haematology	
		Blood gases	Chemical Pathology	
		Blood spot card	Chemical Pathology	
		Bone marrow examination	Haematology	
		Broncho-alveolar lavage Culture	Microbiology	
		Brucella Serology	Microbiology	
		CA125	Chemical Pathology	
		CA153	Chemical Pathology	
		CA199	Chemical Pathology	
		Caeruloplasmin	Chemical Pathology	
		Calcitonin	Chemical Pathology	
		Calcium	Chemical Pathology	
		Calcium (urine)	Chemical Pathology	
		Calcium (corrected)	Chemical Pathology	
		Calcium (corrected)	Chemical Pathology	
		Calcium profile	Chemical Pathology	
		Calcium/creatinine ratio (urine)	Chemical Pathology	
		Carbamazepine	Chemical Pathology	
		Carbamazepine	Chemical Pathology	
		Carbon dioxide (total)	Chemical Pathology	
		Carboxyhaemoglobin	Chemical Pathology	
		Carcinoembryonic antigen (CEA)	Chemical Pathology	
		Cardiac enzymes	Chemical Pathology	
		Cardiac marker troponin I	Chemical Pathology	
		Cat Scratch	Microbiology	
		Catecholamines	Chemical Pathology	
		Catecholamines (urine)	Chemical Pathology	
		Cell marker studies	Haematology	
		Chlamydia serology antibodies to C.	Microbiology	
		Chloride	Chemical Pathology	
		Cholesterol	Chemical Pathology	

HOME

		Cholinesterase	**Chemical Pathology**	
		Cholinesterase RBC	**Chemical Pathology**	
		Chromogranin-A	**Chemical Pathology**	
		CK	**Chemical Pathology**	
		Clonazepan	**Chemical Pathology**	
		***Clostridium difficile* Toxin**	**Microbiology**	
		Clotting screen - see PT and APTT	**Haematology**	
		Coagulation	**Haematology**	
		Complement	**Chemical Pathology**	
		Copper	**Chemical Pathology**	
		Corneal Scrape Culture	**Microbiology**	
		Cortisol	**Chemical Pathology**	
		Cortisol	**Chemical Pathology**	
		Cortisol (urine)	**Chemical Pathology**	
		Coxsackie	**Microbiology**	
		C-peptide	**Chemical Pathology**	
		C-reactive protein (CRP)	**Chemical Pathology**	
		Creatine kinase (CK)	**Chemical Pathology**	
		Creatinine	**Chemical Pathology**	
		Creatinine	**Chemical Pathology**	
		Creatinine (urine)	**Chemical Pathology**	
		Creatinine clearance	**Chemical Pathology**	
		Creatinine clearance	**Chemical Pathology**	
		Crossmatch	**Blood Transfusion**	
		Cryoproteins	**Chemical Pathology**	
		CSF (protein)	**Chemical Pathology**	
		CSF Culture	**Microbiology**	
		CTX beta crosslaps	**Chemical Pathology**	
		Cyclosporin	**Chemical Pathology**	
		Cytology (body fluid)	**Cellular Pathology**	
		Cytology (urine)	**Cellular Pathology**	
		Cytomegalovirus (CMV urine)	**Microbiology**	
		Cytomegalovirus (CMV)	**Microbiology**	
		D-dimers (XDPS)	**Haematology**	
		Dexamethason suppression test	**Chemical Pathology**	
		Dheas	**Chemical Pathology**	

		Digoxin	Chemical Pathology	
		Digoxin	Chemical Pathology	
		Digoxin	Chemical Pathology	
		Direct coombs test (DCT)	Blood Transfusion	
		Dopamine (urine)	Chemical Pathology	
		Double stranded DNA (dsDNA)	Haematology	
		Down's syndrome	Chemical Pathology	
		Down's syndrome screen	Chemical Pathology	
		Drugs of abuse	Chemical Pathology	
		Drugs of abuse screen (urine)	Chemical Pathology	
		Ear Swab Culture	Microbiology	
		Effusion, bodily (cytology)	Cellular Pathology	
		EGFR	Cellular Pathology	
		Enterovirus IgM	Microbiology	
		Eosinophils	Haematology	
		Epstein-Barr viral serology (EBV)	Microbiology	
		Ethanol	Chemical Pathology	
		Eye Swab Culture	Microbiology	
		Faecal elastase	Chemical Pathology	
		Faeces Culture	Microbiology	
		Ferritin	Chemical Pathology	
		Fibrinogen	Haematology	
		Fine needle aspiration	Cellular Pathology	
		Frozen specimens	Cellular Pathology	
		Fructosamine	Chemical Pathology	
		FSH	Chemical Pathology	
		FT3	Chemical Pathology	
		FT4	Chemical Pathology	
		Full blood count	Haematology	
		Fungal Culture	Microbiology	
		Gamma GT	Chemical Pathology	
		Gastrin	Chemical Pathology	
		Glandular Fever (Paul Bunnel)	Haematology	
		Glucose	Chemical Pathology	
		Glucose	Chemical Pathology	
		Glucose (CSF)	Chemical Pathology	

		Glucose tolerance test (GTT)	Chemical Pathology	
		Gonococcal Culture	Microbiology	
		Group and Antibody Screen	Blood Transfusion	
		Group & save	Blood Transfusion	
		Growth hormone (GH)	Chemical Pathology	
		Gut panel	Haematology	
		Gynae cytology	Cellular Pathology	
		Gynae-cological Culture	Microbiology	
		Haematocrit	Haematology	
		Haemoglobin	Haematology	
		Haemoglobin A2	Haematology	
		Haemoglobin H inclusions	Haematology	
		Haemoglobinopathy screen	Haematology	
		Haptoglobin	Chemical Pathology	
		HBA1C	Chemical Pathology	
		HCG tumour marker	Chemical Pathology	
		HDL-cholesterol	Chemical Pathology	
		Heinz bodies	Haematology	
		Helicobacter pylori IgG	Microbiology	
		Hepatitis A IgM	Microbiology	
		Hepatitis A total (IgG and IgM)	Microbiology	
		Hepatitis B core antibodies (total)	Microbiology	
		Hepatitis B core IgM	Microbiology	
		Hepatitis B e antigen/a'body	Microbiology	
		Hepatitis B surface antibodies	Microbiology	
		Hepatitis B surface antigen (HbsAg)	Microbiology	
		Hepatitis C antibody screen	Microbiology	
		Hepatitis C genotyping	Microbiology	
		Hepatitis C PCR	Microbiology	
		Hepatitis Serology	Microbiology	
		Herpes simplex (CSF)	Microbiology	
		Herpes simplex (serum)	Microbiology	
		Herpes simplex (swab)	Microbiology	
		Histology (routine)	Cellular Pathology	
		HIV antibodies	Microbiology	
		HIV resistance assay	Microbiology	

		HIV viral load	Microbiology	
		HLA B27	Blood Transfusion	
		Homogentisic acid (urine)	Chemical Pathology	
		Hydatid disease	Microbiology	
		Hydroxy indole acetic acid (5-HIAA)	Chemical Pathology	
		IGA, IGG, IGM	Chemical Pathology	
		IGG sub classes	Chemical Pathology	
		Immunoglobulins	Chemical Pathology	
		Influenza (respiratory screen)	Microbiology	
		INR (PT) prothrombin time	Haematology	
		Insulin	Chemical Pathology	
		Insulin-like growth factor-1 (IGF-1)	Chemical Pathology	
		Iron profile	Chemical Pathology	
		Iron saturation	Chemical Pathology	
		Iron studies: iron	Chemical Pathology	
		IV Cannulae Culture e.g CVP line tip	Microbiology	
		Joint Fluid Culture	Microbiology	
		Kleihauer	Blood Transfusion	
		KRAS	Cellular Pathology	
		Lactate	Chemical Pathology	
		Lamotrigine	Chemical Pathology	
		LD	Chemical Pathology	
		LDL cholesterol	Chemical Pathology	
		Lead (whole blood)	Chemical Pathology	
		Leg Ulcer Swab	Microbiology	
		Legionella antigen detection	Microbiology	
		Legionella serology	Microbiology	
		Leptospira serology	Microbiology	
		LH	Chemical Pathology	
		Lipids (fasting)	Chemical Pathology	
		Lipids (random)	Chemical Pathology	
		Lithium	Chemical Pathology	
		Lithium	Chemical Pathology	
		Lithium	Chemical Pathology	
		Liver panel	Haematology	
		Liver profile	Chemical Pathology	

		Lupus anticoagulant screen	**Haematology**	
		Lupus panel	**Haematology**	
		Lyme disease serology (*B. burgdorferi*	**Microbiology**	
		Lymphocytes	**Haematology**	
		Magnesium	**Chemical Pathology**	
		Magnesium	**Chemical Pathology**	
		Magnesium (urine)	**Chemical Pathology**	
		Malarial antibodies	**Microbiology**	
		Malarial parasites	**Haematology**	
		Manganese (whole blood)	**Chemical Pathology**	
		Mean cell haemoglobin	**Haematology**	
		Mean cell haemoglobin	**Haematology**	
		Mean cell volume	**Haematology**	
		Measles serology	**Microbiology**	
		Meningococcal PCR	**Microbiology**	
		Meningococcal outer membrane	**Microbiology**	
		Mercury (urine)	**Chemical Pathology**	
		Mercury (whole blood)	**Chemical Pathology**	
		Metadrenaline (urine)	**Chemical Pathology**	
		Methaemalbumin	**Chemical Pathology**	
		Methaemoglobin	**Chemical Pathology**	
		Microalbumin (urine)	**Chemical Pathology**	
		Monocytes	**Haematology**	
		Mouth Swab Culture	**Microbiology**	
		MRSA Culture	**Microbiology**	
		Mumps serology	**Microbiology**	
		Muscle biopsies	**Cellular Pathology**	
		Myoglobin (urine)	**Chemical Pathology**	
		N-proBNP	**Chemical Pathology**	
		Neonatal Screen Culture	**Microbiology**	
		Neutrophils	**Haematology**	
		Noradrenaline (urine)	**Chemical Pathology**	
		Normetadrenaline (urine)	**Chemical Pathology**	
		Nose Swab Culture	**Microbiology**	
		Occult blood	**Chemical Pathology**	
		Oestradiol	**Chemical Pathology**	

		Organ specific autoantibodies	Haematology	
		Osmolality	Chemical Pathology	
		Osmolality (urine)	Chemical Pathology	
		Osmolality (serum)	Chemical Pathology	
		Other drugs	Chemical Pathology	
		Oxalate (urine)	Chemical Pathology	
		Paracetamol	Chemical Pathology	
		Paracetamol	Chemical Pathology	
		Paraquat screen (urine)	Chemical Pathology	
		Parasitic serology	Microbiology	
		Parasitology (faeces)	Microbiology	
		Parasitology (sellotape slide)	Microbiology	
		Parvovirus IgM	Microbiology	
		Pertussis Culture	Microbiology	
		Phenobarbitone	Chemical Pathology	
		Phenobarbitone	Chemical Pathology	
		Phenytoin	Chemical Pathology	
		Phenytoin	Chemical Pathology	
		Phenytoin	Chemical Pathology	
		Phosphate	Chemical Pathology	
		Phosphate	Chemical Pathology	
		Phosphate (urine)	Chemical Pathology	
		Platelet autoantibodies	Blood Transfusion	
		Platelets	Haematology	
		Pleural Fluid Culture	Microbiology	
		Porphyrin (blood)	Chemical Pathology	
		Porphyrin (screen) (urine)	Chemical Pathology	
		Potassium	Chemical Pathology	
		Potassium	Chemical Pathology	
		Potassium (urine)	Chemical Pathology	
		Primidone	Chemical Pathology	
		Progesterone	Chemical Pathology	
		Progesterone 17 OH	Chemical Pathology	
		Prolactin	Chemical Pathology	
		Protein (CSF)	Chemical Pathology	
		Protein (total) (urine)	Chemical Pathology	

		Protein electrophoresis	Chemical Pathology	
		Protein Electrophoresis	Chemical Pathology	
		Protein/creatinine ratio (urine)	Chemical Pathology	
		PSA	Chemical Pathology	
		PTH	Chemical Pathology	
		Pus Culture	Microbiology	
		Q fever (respiratory screen)	Microbiology	
		Rast (allergy tests)	Chemical Pathology	
		Raynaud's screen	Chemical Pathology	
		Red blood cell count	Haematology	
		Reducing substances (urine)	Chemical Pathology	
		Renal panel	Haematology	
		Renin (PRA)	Chemical Pathology	
		Respiratory screen	Microbiology	
		Reticulocytes	Haematology	
		Rheumatoid panel	Haematology	
		Rubella IgG antibody	Microbiology	
		Rubella IgM antibody	Microbiology	
		Salicylate	Chemical Pathology	
		Salicylate	Chemical Pathology	
		Schistosoma ELISA	Microbiology	
		Sentinal lymph node	Cellular Pathology	
		Sex hormone binding globulin (SHBG)	Chemical Pathology	
		Sex hormone profile	Chemical Pathology	
		Sickledex haemoglobin s screen	Haematology	
		Skin biopsies for immunoflourescence	Cellular Pathology	
		Sodium	Chemical Pathology	
		Sodium	Chemical Pathology	
		Sodium 24 hour collection (urine)	Chemical Pathology	
		Specific factor assays	Haematology	
		Sputum Culture	Microbiology	
		Stone analysis	Chemical Pathology	
		Sulphaemoglobin	Chemical Pathology	
		Sweat electrolytes	Chemical Pathology	
		Synacthen test (short)	Chemical Pathology	
		Syphilis serology (VDRL/TPHA)	Microbiology	

		TB Culture	Microbiology	
		T-CO_2	Chemical Pathology	
		Testosterone	Chemical Pathology	
		Tetanus serology	Microbiology	
		Theophylline	Chemical Pathology	
		Theophylline	Chemical Pathology	
		Theophylline	Chemical Pathology	
		Throat Swab Culture	Microbiology	
		Thrombin time	Haematology	
		Thrombophilia screen	Haematology	
		Thromboplastin ratio (time)	Haematology	
		Thyroglobulin	Chemical Pathology	
		Thyroid panel	Haematology	
		Tissue for Culture	Microbiology	
		TORCH screen	Microbiology	
		Total protein	Chemical Pathology	
		Toxocara	Microbiology	
		Toxoplasma serology	Microbiology	
		Transferin (iron studies)	Chemical Pathology	
		Transfusion reaction investigation	Blood Transfusion	
		Triglycerides	Chemical Pathology	
		TSH	Chemical Pathology	
		U&E (urine)	Chemical Pathology	
		Urate (urine)	Chemical Pathology	
		Urea	Chemical Pathology	
		Urea (urine)	Chemical Pathology	
		Urinary Parasitology (Schisto-	Microbiology	
		Urine Culture	Microbiology	
		Urine haemosiderin (random)	Haematology	
		Valproate	Chemical Pathology	
		Valproic acid	Chemical Pathology	
		Varicella zoster serology (IgG)	Microbiology	
		Vasculitis panel	Haematology	
		Vitamin A	Chemical Pathology	
		Vitamin D (25-hydroxy)	Chemical Pathology	
		Vitamin E	Chemical Pathology	

		Water deprivation test	**Chemical Pathology**
		White blood cell count	**Haematology**
		Wound Swab Culture	**Microbiology**
		Yersinia antibodies	**Microbiology**
		Zinc	**Chemical Pathology**
	<u>Histology</u> **H and E** **PAS** **DPAS** **EVG** **Gram** **Perl's** **Reticulin** **ZN** **ABPAS** **Congo Red** **Grocott** **HVG** **MSB** **Masson Fontana** **<u>Diagnostic Cytology</u>** **H and E** **PAP** **MGG** **Rapid Diff** **<u>Immunocytochemistry</u>** **<u>AE1/AE3</u>**		

	34BE12 **Bcl-2** **BerEp4** **CA125** **Calretinin** **Cam 5.2** **CD3** **CD5** **CD10** **CD15** **CD20cy** **CD23** **CD30** **CD31** **CD34** **CD45** **CD56** **CD68** **CD79a** **CD117** **CD138** **CDX-2** **CDX-2** **CEA** **Chromogranin A** **CK5/6** **CK7** **CK 19** **CK20** **Cyclin D1** **D2-40** **D33**

	E-cadherin **EMA** **ER** **GCDP-15** **HMB45** **Kappa** **Lambda** **Melan A** **MIB-1** **MNF116** **Myeloperoxidase** **P504S** **P53** **P63** **Mono-PAP** **PLAP** **Progesterone** **Mono-PSA** **S100** **SMA** **Synaptophysin** **TTF-1** **Vimentin** **WT-1** b. All above histology tests are performed in house. Additional referred tests include Her-2, EGFR, K-Ras, B-Raf, CmetALK b) If these tests are performed in-house or sent to an external NHS Trust or a Private provider?

c) The average turnaround times for the tests for the year 2011,2012 and your envisaged average turnaround time for 2013 ?

Blood Sciences

TAT (Turnaround times) is the time from sample receipt in the lab, to available result for clinician

17 OH PROGESTERONE	**14 working days**
	(Referred assay)
"BLOOD SPOT" CARD	**14 working days**
	(Referred assay)
***ACTH**	**14 working days (Referred assay)**
ALBUMIN	**< 5 hours**
ALCOHOL	**< 5 hours**
ALT	**<5 hours**
***ALDOSTERONE**	**14 working days**

			(Referred assay)	
		ALKALINE PHOSPHATASE (ALP)	< 5 hours	
		ALPHA-1 ANTITRYPSIN	14 working days (Referred assay)	
		ALPHA-1 ANTITRYPSIN PHENOTYPE	Referred	
		ALPHA FETOPROTEIN (AFP) TUMOUR MARKER	2 days	
		ALUMINIUM	14 working days (Referred assay)	
		AMINO ACIDS	14 working days (Referred assay)	
		AMIODARONE	14 working days (Referred assay)	
		AMMONIA	< 2 hours	
		AMYLASE	< 5 hours	
		ANDROSTENEDIONE	14 working days (Referred assay)	
		ANGIOTENSIN CONVERTING ENZYME		

		(ACE)	**14 working days (Referred assay)**
		ASPARTATE AMINOTRANSFERASE (AST)	**< 5 hours**
		ß$_2$MICROGLOBULIN	**14 working days (Referred assay)**
		N-proBNP	**7 days**
		BILIRUBIN TOTAL (CHILDREN & ADULTS)	**< 5 hours**
		BILIRUBIN TOTAL (neonatal)	**< 5 hours**
		BILIRUBIN (CONJUGATED)	**< 5 hours**
		BLOOD GASES – PH PO_2 PCO_2 Act. Bicarb Tot CO_2 Base Excess O_2 saturation	**30 minutes from receipt of sample**
		***C-PEPTIDE**	**14 working days (Referred assay)**

		C-REACTIVE PROTEIN (CRP)	**< 5 hours**
		CAERULOPLASMIN	**14 working days (Referred assay)**
		***CALCITONIN**	**14 working days (Referred assay)**
		CALCIUM	**< 5 hours**
		CALCIUM (ADJUSTED)	**< 5 hours**
		CARBAMAZEPINE	**24hours for inpatients 100hours for Outpatients**
		CARBON DIOXIDE (TOTAL)	**< 5 hours**
		CARBOXYHAEMOGLOBIN	**2 hours**
		CARCINOEMBRYONIC ANTIGEN (CEA)	**2 days**
		CARDIAC MARKER Troponin I	**<5 hours**
		CA125	**2 days**
		CA153	**14 working days (Referred assay)**
		CA199	**2 days**
			< 5 hours

		CHLORIDE	
		CHOLESTEROL	**< 5 hours**
		CHOLINESTERASE RBC	**14 working days (Referred assay)**
		CHOLINESTERASE (scholine/suxamethonium sensitivity)	**14 working days (Referred assay)**
		CLONAZEPAM	**14 working days (Referred assay)**
		CHROMOGRANIN-A	**14 working days (Referred assay)**
		COMPLEMENT	**< 5 hours**
		COPPER	**14 working days (Referred assay)**
		CORTISOL	**2 days**
		CREATINE KINASE (CK)	
			< 5 hours
		CREATININE CLEARANCE	**2 days**
		CREATININE	

			< 5 hours
			<5 hours
		eGFR	
		CRYOPROTEINS **(including Cryoglobulin)** **Part of Raynaud's screen**	**7 days**
		CSF PROTEIN	**< 5 hours**
		CSF GLUCOSE	**< 5 hours**
		CSF LACTATE	**< 5 hours**
		CYCLOSPORIN	**14 working days** **(Referred assay)**
		***DEXAMETHASON SUPPRESSION TEST**	**1 day**

		(LONG OR OVERNIGHT)	
		DHEAS	**14 working days (Referred assay)**
		DIGOXIN	**24hours for inpatients 100hours for Outpatients**
		DOWN'S SYNDROME SCREEN	
		CTX Beta Crosslaps	**7 days**
		FERRITIN	**1 day**
		FRUCTOSAMINE	**14 working days (Referred assay)**
		FT3	**2 days**
		FT4	**2 days**
		FSH	**2 Days**
		γΓT	**< 5 hours**
		***GASTRIN**	
		GLUCOSE	**< 5 hours**
		GLUCOSE (CSF)	**< 5 hours**
		GLUCOSE TOLERANCE TEST (GTT)	**2 Days**
		GROWTH HORMONE (GH)	**14 working days**

			(Referred assay)	
		HbA1C	2 Days	
		HCG TUMOUR MARKER	1 Day	
		HAPTOGLOBIN	14 working days (Referred assay)	
		HDL-CHOLESTEROL	2 Days	
		IMMUNOGLOBULINS IgA, IgG, IgM	1 Day	
		IgG sub classes	14 working days (Referred assay)	
		*INSULIN	14 working days (Referred assay)	
		INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)	14 working days (Referred assay)	
		IRON STUDIES: IRON	< 5 hours	
		IRON STUDIES: TRANSFERIN	< 5 hours	
		IRON STUDIES: IRON SATURATION	< 5 hours	

		LACTATE	**<5 hours**	
		LAMOTRIGINE	**14 working days (Referred assay)**	
		LD	**< 5 hours**	
		WHOLE BLOOD LEAD	**14 working days (Referred assay)**	
		LH	**2 Days**	
		LDL CHOLESTEROL		
		LITHIUM	**<5 hours**	
		MAGNESIUM	**<5 hours**	
		WHOLE BLOOD MANGANESE	**14 working days (Referred assay)**	
		MERCURY (WHOLE BLOOD)	**14 working days (Referred assay)**	
		METHAEMOGLOBIN	**<1 day**	
		METHAEMALBUMIN	**<1 day**	

		OESTRADIOL	**2 Days**
		OSMOLALITY (serum)	**1 Day**
		PARACETAMOL	**<5 hours**
		PHENOBARBITONE	**24hours for inpatients 100hours for Outpatients**
		PHENYTOIN	**24hours for inpatients 100hours for Outpatients**
		PHOSPHATE	**< 5 hours**
		PORPHYRIN (blood)	**14 working days (Referred assay)**
		POTASSIUM	**< 5 hours**
		PRIMIDONE	
		PROGESTERONE	**2 Days**
		PROLACTIN	**2 Days**
		PROTEIN ELECTROPHORESIS	**10 days**
		PSA	**2 Days**
		PTH	**10 days**
		RAST (allergy tests)	**14 working days (Referred assay)**
		***RENIN (PRA)**	**14 working days**

			(Referred assay)
		SALICYLATE	<5 hours
		SEX HORMONE BINDING GLOBULIN (SHBG)	2 Days
		SODIUM	<5 hours
		SULPHAEMOGLOBIN	3 days
		*SYNACTHEN TEST (short)	2 days
		TESTOSTERONE	2 Days
		THEOPHYLLINE	24hours for inpatients 100hours for Outpatients
		THYROGLOBULIN	14 working days (Referred assay)
		TOTAL PROTEIN	< 5 hours
		TRIGLYCERIDES	<5 hours
		TSH	2 Days

URATE	**<5 hours**
UREA	
	< 5 hours
VALPROATE	**24hours for inpatients 100hours for Outpatients**
VITAMIN A	**14 working days (Referred assay)**
VITAMIN D (25-HYDROXY)	**10 days**
VITAMIN E	**14 working days (Referred assay)**
WATER DEPRIVATION TEST + urine	**Same day**
ZINC	**14 working days (Referred assay)**

	Fedback to staff 26/10/10 @ general staff meeting	**average % of tests within their stated turnaround times**

Group ID	Group description	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	98.0 %	99.2 %	96.5 %	99.7 %	97.7 %	98.7 %
TAT 2	Urgent tests (stated TAT <1hr)	94.9 %	97.1 %	87.9 %	94.8 %	90.9 %	90.1 %
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	90.5 %	90.4 %	91.1 %	97.5 %	97.1 %	94.7 %
TAT 4	Therapeutic drugs (stated TAT<12hrs)	97.6 %	98.5 %	98.3 %	100.0 %	98.5 %	98.8 %
TAT 5	Common referrals (stated TAT <14days)	55.5 %	69.5 %	68.7 %	74.4 %	82.8 %	78.2 %
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	69.4 %	85.3 %	80.3 %	67.2 %	77.1 %	82.8 %

Fedback to staff @ Feb 2011 general staff meeting		average % of tests within their stated turnaround times					
Group ID	Group description	Oct-10	Nov-10	Dec-10	Jan-11		
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	92.9 %	98.2 %	92.8 %	91.3 %		
TAT 2	Urgent tests (stated TAT <1hr)	90.0 %	91.6 %	94.0 %	83.4 %		
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	84.9 %	94.5 %	95.1 %	94.9 %		

TAT 4	Therapeutic drugs (stated TAT<12hrs)	97.7 %	99.6 %	93.5 %	99.3 %		
TAT 5	Common referrals (stated TAT <14days)	90.0 %	66.3 %	88.3 %	89.4 %		
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	73.3 %	73.0 %	80.7 %	82.8 %		

Fedback to staff each month		average % of tests within their stated turnaround times					
Group ID	Group description	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	93.2 %	93.9 %	97.9 %	92.2 %	92.1 %	91.0 %
TAT 2	Urgent tests (stated TAT <1hr)	93.4 %	87.3 %	89.0 %	95.0 %	97.6 %	89.8 %
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	95.7 %	92.5 %	78.1 %	87.4 %	82.3 %	81.3 %
TAT 4	Therapeutic drugs (stated TAT<12hrs)	99.4 %	100.0 %	98.5 %	100.0 %	99.7 %	99.2 %
TAT 5	Common referrals (stated TAT <14days)	86.6 %	84.2 %	88.5 %	80.3 %	76.6 %	84.5 %
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	95.4 %	82.2 %	79.3 %	81.9 %	80.3 %	77.4 %

Fedback to staff each month		average % of tests within their stated turnaround times					
Group ID	Group description	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12

TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	92.7 %	94.1 %	94.1 %	94.4 %	94.5 %	97.3 %
TAT 2	Urgent tests (stated TAT <1hr)	96.8 %	87.4 %	95.9 %	96.3 %	94.1 %	95.1 %
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	95.9 %	87.0 %	88.6 %	90.4 %	94.7 %	92.3 %
TAT 4	Therapeutic drugs (stated TAT<12hrs)	99.7 %	99.0 %	*78%	*74.8 %	*86.2 %	*95.9 %
TAT 5	Common referrals (stated TAT <14days)	74.4 %	96.3 %	98.4 %	96.9 %	93.8 %	96.4 %
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	77.0 %	85.0 %	92.5 %	96.5 %	98.6 %	97.8 %

TDM samples being batched to preserve reagent at present therefore not meeting TAT targets

<u>01.03.12:</u> TDM samples now permanently batched & published TATs changed to reflect this.

Fedback to staff each month		average % of tests within their stated turnaround times					
Group ID	Group description	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	98.9 %	98.0 %	98.8 %	99.3 %	98.5 %	97.0 %
TAT 2	Urgent tests (stated TAT <1hr)	95.0 %	90.2 %	97.1 %	95.2 %	96.0 %	89.4 %
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	85.6 %	91.9 %	97.7 %	97.6 %	97.0 %	93.2 %

TAT 4	Therapeutic drugs (stated TAT<100hrs)	100.0 %	100.0 %	100.0%	100.0%	100.0%	100.0%
TAT 5	Common referrals (stated TAT <14days)	96.9 %	93.5 %	87.1 %	85.4 %	92.6 %	84.6 %
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	90.1 %	92.8 %	95.5 %	94.0 %	94.7 %	90.8 %
TAT 7	TnI (stated TAT <90 minutes)	~	~	~	98.9 %	99.80 %	97.20 %

Group ID	Fedback to staff each month Group description	average % of tests within their stated turnaround times Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	98.9 %	94.0 %	98.2 %	97.0 %	96.0 %	
TAT 2	Urgent tests (stated TAT <1hr)	94.9 %	94.0 %	89.8 %	91.3 %	92.0 %	
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	96.9 %	92.8 %	94.7 %	95.5 %	97.2 %	
TAT 4	Therapeutic drugs (stated TAT<100hrs)	100.0 %	100.0 %	98.7%	99.1%	100.0%	
TAT 5	Common referrals (stated TAT <14days)	76.6 %	100.0 %	95.9 %	95.7 %	87.0 %	

TAT 6	Miscellaneous 'in house' tests (various stated TATs)	91.8 %	93.4 %	92.6 %	81.2 %	90.9 %	
TAT 7	TnI (stated TAT <90 minutes)	97.30 %	98.30 %	97.44 %	98.2 %	97.50 %	

Group ID	Fedback to staff each month Group description	average % of tests within their stated turnaround times					
		Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
TAT 1	Routine tests (not authorised by Consultant, stated TAT <5hrs)	93.7 %	98.1 %	94.9 %			
TAT 2	Urgent tests (stated TAT <1hr)	90.5 %	86.1 %	89.7 %			
TAT 3	Tests authorised by Consultant from NPCL queue (stated TAT<48hrs)	96.8 %	98.9 %	97.2 %			
TAT 4	Therapeutic drugs (stated TAT<100hrs)	100.0 %	100.0 %	100.0 %			
TAT 5	Common referrals (stated TAT <14days)	96.7 %	91.8 %	98.4 %			
TAT 6	Miscellaneous 'in house' tests (various stated TATs)	90.8 %	82.0 %	88.8 %			
TAT 7	TnI (stated TAT <90 minutes)	98.80 %	98.10 %	100%			

Microbiology

Investigation	TAT (approx)
ALL SPECIMENS	
Ascitic Fluid Culture	**Prelim report after 24hrs, final report 5 days. Urgent microscopy available.**
Blood Cultures **(Adults)**	**1 – 5 days, depending on positivity. Significant results telephoned when known.**
Blood Cultures **(Children)**	**1 – 5 days, depending on positivity. Significant results telephoned when known.**
Broncho-alveolar lavage Culture	**Prelim report after 24hrs, Final report 4 days.**
***Clostridium difficile* Toxin**	**1 day** **7 day/Week service**
Corneal Scrape Culture	**2 hours for microscopy, 2 – 5 days for culture. Prelim report after 24hrs**
CSF Culture	**2 hours for microscopy,** **2-3 days for culture** **Prelim report after 24hrs**

Ear Swab Culture	**Prelim report (inpatients) after 24hrs, Final report 4 days.**
Eye Swab Culture	**Prelim report (inpatients) after 24hrs, Final report 4 days.**
Faeces Culture	**4 days** **Significant results telephoned when known.**
Fungal Culture	**5-7 days for microscopy 2-3 weeks for culture**
Gonococcal Culture	**4 days**
Gynae-cological Culture	**4 days**
IV Cannulae Culture e.g CVP line tip **Note: blood culture is preferable**	**Prelim report after 24hrs, Final report 4 days.**
Joint Fluid Culture	**Prelim report after 24hrs, final report 7 days. Urgent microscopy available.**
Leg Ulcer Swab	**Prelim report (inpatients) after 24hrs, Final report 4 days.**
Mouth Swab Culture	**4 days**
MRSA Culture	**1 – 3 days, negative and presumptive results after 24hrs**
Neonatal Screen Culture	**Prelim report after 24hrs, Final report 4 days.**
Nose Swab Culture	**Prelim report (inpatients) after 24hrs, Final report 4 days.**

Parasitology	**3 days**
Pertussis Culture	**7 days**
Pleural Fluid Culture	**Prelim report after 24hrs, Final report 5 days.**
Pus Culture	**Prelim report after 24hrs, Final report 5 days.**
SEMEN INFERTILITY or POST VASECTOMY REVERSAL	**Initial result 1-3 days** **Sperm morphology 7 days**
SEMEN POST VASECTOMY	**1-3 days**
Sputum Culture	**Prelim report (inpatients) after 24hrs, Final report 4 days.**
TB Culture **This test is currently referred to Portsmouth**	**5-7 days for microscopy** **6 weeks for culture**
Throat Swab Culture	**Prelim report after 24hrs, Final report 5 days.**
Tissue for Culture	**Prelim report after 24hrs, final report 7 days. Urgent microscopy available.**
Urine Culture	**Prelim report after 24hrs, final report 3 days. Urgent microscopy available.**
Urinary Parasitology (Schisto-somiasis)	**3 days**

Serology

Investigation	TYPICAL TURNAROUND TIME
Anti-Staphylococcal titres (anti. Staph. DNAse)	7-10 days (referred)
Antibiotic assay	4 days. Telephoned result within 1 hour of receipt if agreed with consultant microbiologist as being urgent.
ASO titre	7 days
Aspergillus / avian precipitins	7–10 days (referred)
Bartonella serology	10–14 days eferred)
Brucella Serology	7 –10 days (referred)
Cat Scratch	
Chlamydia serology antibodies to C. trachomatis.	7 – 10 days (referred)
Coxsackie	
Cytomegalovirus (CMV)	7-10 days (referred)
Cytomegalovirus (CMV) (Urine)	
Epstein-Barr viral serology (EBV)	7 – 10 days (referred)
Enterovirus IgM	7-10 days (referred)
Helicobacter pylori IgG	7 days

HOME

HEPATITIS SEROLOGY	
Hepatitis A total (IgG and IgM)	**7-10 days (referred)**
Hepatitis A IgM	**7-10 days (referred)**
Hepatitis B surface antigen (HbsAg)	**48 hours 24 hours if agreed with consultant microbiologist as being urgent.**
Hepatitis B e antigen/a'body	**7-10 days (referred)**
Hepatitis B surface antibodies (total)	**8 days**
Hepatitis B core antibodies (total)	**8 days**
Hepatitis B core IgM	**7-10 days (referred)**
Hepatitis B Viral Load	**7-10 days (referred)**
Hepatitis C antibody screen	**4 days**
Hepatitis C PCR	**7-10 days (referred)**
epatitis C genotyping	**Referred**
Herpes simplex (serum)	**7-10 days**
Herpes simplex (CSF)	**7-14 days**
Herpes simplex (swab)	**7-14 days (all referred)**

HOME

HIV Infection (simultaneous detection of antibodies to HIV 1 and 2 with P24 antigen)	**4 days 24 hours if agreed with consultant microbiologist as being urgent.**
HIV viral load	**Referred**
HIV resistance assay	**14 – 21 days (referred)**
Legionella serology	**7-10 days (referred)**
Legionella antigen detection	**24 hours**
Leptospira serology	**7-10 days (referred)**
Lyme disease serology (*B. burgdorferi* antibodies)	**7-10 days (referred)**
Measles serology	**8 days**
Meningococcal PCR	**7-10 days (referred)**
Meningococcal outer membrane protein (OMP) antibodies	**7-10 days (referred)**
Mumps serology	**7-10 days (referred)**
PARASITIC SEROLOGY	
Amoebiasis	**7-10 days (referred)**
Schistosoma ELISA	**7-10 days (referred)**
Malarial antibodies	**7-10 days (referred)**
Hydatid disease	**7-10 days (referred)**

HOME

Toxocara	**7-10 days (referred)**
Toxoplasma serology screen	**8 days**
Full Toxoplasma serology (Dye test, IgM ELISA)	**7-10 days (referred)**
Tetanus serology	**7-10 days (referred)**
Parvovirus IgM	**7-10 days (referred)**
Respiratory screen (Includes antibodies to: - Q fever - influenza	**7-10 days (referred)**
Rubella IgG antibody	**7 days**
Rubella IgM antibody	**Referred**
Syphilis serology (VDRL/TPHA)	**7 days**
TORCH screen Includes antibodies to: Toxoplasma gondii; Rubella virus; Cytomegalovirus (CMV); Herpes Simplex Virus	**7-10 days (referred)**
Yersinia antibodies	**7-10 days (referred)**
Varicella zoster serology (IgG)	**4 days. 1 day if pregnant contact**

HOME

Turnaround times January 2011
Microbiology

Test	Turn around time	No. within time	No. outside time	Total tests	% within	% outside
ASO	7	4	0	4	100.0%	0.0%
Acute sera saved	4	0	0	0	0.0%	0.0%
Chlamydia antigen	10	339	12	351	96.6%	3.4%
Fungal micro	5	38	0	38	100.0%	0.0%
Gentamicin level	4	28	1	29	96.6%	3.4%
Hep B AB	8	59	2	61	96.7%	3.3%
Hep A IgM AB	7	8	0	8	100.0%	0.0%
Hep B core	3	43	19	62	69.4%	30.6%
Hep C antibody	7	109	7	116	94.0%	6.0%
Hep B surface Ag	2	132	82	214	61.7%	38.3%
Helicobacter pylori	7	23	0	23	100.0%	0.0%
HIV	4	301	22	323	93.2%	6.8%
Rubella	7	155	0	155	100.0%	0.0%
Stored sera	2	5	1	6	83.3%	16.7%
Syphilis	7	319	5	324	98.5%	1.5%
TB micro	10	25	0	25	100.0%	0.0%
Toxo	8	16	0	16	100.0%	0.0%
Vancomycin level	4	2	0	2	100.0%	0.0%

	Varicella zoster	**4**	**9**	**1**	**10**	**90.0%**	**10.0%**
	Preg	**2**	**11**	**1**	**12**	**91.7%**	**8.3%**
	Public preg	**0**	**0**	**0**	**0**	**0.0%**	**0.0%**
	Urine analysis	**3**	**1665**	**27**	**1692**	**98.4%**	**1.6%**
	Fluids & tissues	**5**	**66**	**3**	**69**	**95.7%**	**4.3%**
	Genital tract	**4**	**296**	**7**	**303**	**97.7%**	**2.3%**
	MRSA	**4**	**3052**	**7**	**3059**	**99.8%**	**0.2%**
	SHS GC	**4**	**180**	**0**	**180**	**100.0%**	**0.0%**
	Other Misc	**4**	**5**	**23**	**28**	**17.9%**	**82.1%**
	Sputum	**4**	**168**	**3**	**171**	**98.2%**	**1.8%**
	Swab	**4**	**530**	**12**	**542**	**97.8%**	**2.2%**
	Blood culture	**8**	**335**	**4**	**339**	**98.8%**	**1.2%**
	Clost difficile	**3**	**144**	**3**	**147**	**98.0%**	**2.0%**
	CSF	**3**	**7**	**0**	**7**	**100.0%**	**0.0%**
	Faeces culture	**4**	**219**	**7**	**226**	**96.9%**	**3.1%**
	Faeces culture & OCP	**4**	**17**	**3**	**20**	**85.0%**	**15.0%**
	Faeces Parasitology	**3**	**0**	**1**	**1**	**0.0%**	**100.0%**
	Semen Infertility	**3**	**27**	**1**	**28**	**96.4%**	**3.6%**
	Post-vasectomy	**3**	**21**	**0**	**21**	**100.0%**	**0.0%**
	Sellotape slide	**2**	**1**	**0**	**1**	**0.0%**	**0.0%**
	Discard samples	**3**	**221**	**4**	**225**	**98.2%**	**1.8%**
	Total		**8580**	**258**	**8838**	**97.1%**	**2.9%**

Turnaround times February 2011
Microbiology

Test	**Turn around time**	**No. within time**	**No. outside time**	**Total tests**	**% within**	**% outsid**

							e
	ASO	7	3	0	3	100.0%	0.0%
	Acute sera saved	4	0	0	0	#DIV/0!	#DIV/0!
	Chlamydia antigen	10	330	9	339	97.3%	2.7%
	Fungal micro	5	42	2	44	95.5%	4.5%
	Gentamicin level	4	26	0	26	100.0%	0.0%
	Hep B AB	8	42	3	45	93.3%	6.7%
	Hep A IgM AB	7	7	0	7	100.0%	0.0%
	Hep B core	3	50	7	57	87.7%	12.3%
	Hep C antibody	7	148	5	153	96.7%	3.3%
	Hep B surface Ag	2	161	33	194	83.0%	17.0%
	Helicobacter pylori	7	34	0	34	100.0%	0.0%
	HIV	4	324	3	327	99.1%	0.9%
	Rubella	7	132	0	132	100.0%	0.0%
	Stored sera	2	2	0	2	100.0%	0.0%
	Syphilis	7	285	4	289	98.6%	1.4%
	TB micro	10	17	0	17	100.0%	0.0%
	Toxo	8	3	0	3	100.0%	0.0%
	Vancomycin level	4	10	0	10	100.0%	0.0%
	Varicella zoster	4	11	0	11	100.0%	0.0%
	Preg	2	9	0	9	100.0%	0.0%
	Public preg	0	1	0	1	0.0%	0.0%
	Urine analysis	3	1691	37	1728	97.9%	2.1%
	Fluids & tissues	5	81	1	82	98.8%	1.2%
	Genital tract	4	294	2	296	99.3%	0.7%
	MRSA	4	2910	4	2914	99.9%	0.1%
	SHS GC	4	198	0	198	100.0%	0.0%
	Other Misc	4	2	1	3	66.7%	33.3%
	Sputum	4	146	0	146	100.0%	0.0%

Swab	4	557	17	574	97.0%	3.0%
Blood culture	8	343	0	343	100.0%	0.0%
Clost difficile	3	114	4	118	96.6%	3.4%
CSF	3	3	0	3	100.0%	0.0%
Faeces culture	4	187	2	189	98.9%	1.1%
Faeces culture & OCP	4	32	5	37	86.5%	13.5%
Faeces Parasitology	3	1	3	4	25.0%	75.0%
Semen Infertility	3	43	6	49	87.8%	12.2%
Post-vasectomy	3	17	1	18	94.4%	5.6%
Sellotape slide	2	0	0	0	0.0%	0.0%
Discard samples	3	223	2	225	99.1%	0.9%
Total		8479	151	8630	98.3%	1.7%

223

8479

Turnaround times March 2011
Microbiology

Test	Turn around time	No. within time	No. outside time	Total tests	% within	% outside
ASO	7	4	0	4	100.0%	0.0%
Acute sera saved	4	2	0	2	100.0%	0.0%

	Chlamydia antigen	10	332	5	337	98.5%	1.5%
	Fungal micro	5	33	17	50	66.0%	34.0%
	Gentamicin level	4	38	0	38	100.0%	0.0%
	Hep B AB	8	71	3	74	95.9%	4.1%
	Hep A IgM AB	7	7	0	7	100.0%	0.0%
	Hep B core	3	47	13	60	78.3%	21.7%
	Hep C antibody	7	111	7	118	94.1%	5.9%
	Hep B surface Ag	2	180	32	212	84.9%	15.1%
	Helicobacter pylori	7	31	0	31	100.0%	0.0%
	HIV	4	337	14	351	96.0%	4.0%
	Rubella	7	160	0	160	100.0%	0.0%
	Stored sera	2	9	0	9	100.0%	0.0%
	Syphilis	7	318	3	321	99.1%	0.9%
	TB micro	10	21	0	21	100.0%	0.0%
	Toxo	8	5	0	5	100.0%	0.0%
	Vancomycin level	4	1	1	2	50.0%	50.0%
	Varicella zoster	4	6	1	7	85.7%	14.3%
	Preg	2	19	0	19	100.0%	0.0%
	Public preg	0	1	1	2	0.0%	0.0%
	Urine analysis	3	1770	68	1838	96.3%	3.7%
	Fluids & tissues	5	82	0	82	100.0%	0.0%
	Genital tract	4	364	3	367	99.2%	0.8%
	MRSA	4	3377	5	3382	99.9%	0.1%
	SHS GC	4	174	18	192	90.6%	9.4%
	Other Misc	4	1	1	2	50.0%	50.0%
	Sputum	4	133	0	133	100.0%	0.0%
	Swab	4	358	193	551	65.0%	35.0%
	Blood culture	8	271	0	271	100.0%	0.0%
	Clost difficile	3	128	3	131	97.7%	2.3%
	CSF	3	17	0	17	100.0%	0.0%

Faeces culture	4	232	4	236	98.3%	1.7%
Faeces culture & OCP	4	24	2	26	92.3%	7.7%
Faeces Parasitology	3	0	2	2	0.0%	100.0%
Semen Infertility	3	30	5	35	85.7%	14.3%
Post-vasectomy	3	17	0	17	100.0%	0.0%
Sellotape slide	2	2	0	2	0.0%	0.0%
Discard samples	3	190	2	192	99.0%	1.0%
Total		8903	403	9306	95.7%	4.3%

Turnaround times April 2011 to March 2012
Microbiology

Test	Turn around time	No. within time	No. outside time	Total tests	% within	% outside
ASO	7	73	3	76	96.1%	3.9%
Acute sera saved	4	9	1	10	90.0%	10.0%
Chlamydia antigen	10	4220	530	4750	88.8%	11.2%
Fungal micro	5	599	84	683	87.7%	12.3%
Gentamicin level	4	362	17	379	95.5%	4.5%
Hep B AB	8	728	12	740	98.4%	1.6%
Hep A IgM AB	7	35	31	66	53.0%	47.0%
Hep B core	3	484	150	634	76.3%	23.7%
Hep C antibody	7	1374	96	1470	93.5%	6.5%
Hep B surface Ag	2	1700	578	2278	74.6%	25.4%
Helicobacter pylori	7	465	4	469	99.1%	0.9%

	HIV	**4**	**3167**	**635**	**3802**	**83.3%**	**16.7%**
	Rubella	**7**	**1654**	**16**	**1670**	**99.0%**	**1.0%**
	Stored sera	**2**	**75**	**32**	**107**	**70.1%**	**29.9%**
	Syphilis	**7**	**3606**	**101**	**3707**	**97.3%**	**2.7%**
	TB micro	**10**	**304**	**37**	**341**	**89.1%**	**10.9%**
	Toxo	**8**	**96**	**1**	**97**	**99.0%**	**1.0%**
	Vancomycin level	**4**	**49**	**1**	**50**	**98.0%**	**2.0%**
	Varicella zoster	**4**	**165**	**13**	**178**	**92.7%**	**7.3%**
	Preg	**2**	**107**	**9**	**116**	**92.2%**	**7.8%**
	Public preg	**0**	**1**	**0**	**1**	**0.0%**	**0.0%**
	Urine analysis	**3**	**21016**	**289**	**21305**	**98.6%**	**1.4%**
	Fluids & tissues	**5**	**770**	**149**	**919**	**83.8%**	**16.2%**
	Genital tract	**4**	**4248**	**25**	**4273**	**99.4%**	**0.6%**
	MRSA	**4**	**38033**	**76**	**38109**	**99.8%**	**0.2%**
	SHS GC	**4**	**2194**	**11**	**2205**	**99.5%**	**0.5%**
	Other Misc	**4**	**13**	**82**	**95**	**13.7%**	**86.3%**
	Sputum	**4**	**737**	**1006**	**1743**	**42.3%**	**57.7%**
	Swab	**4**	**5799**	**150**	**5949**	**97.5%**	**2.5%**
	Blood culture	**8**	**4040**	**-353**	**3687**	**109.6%**	**-9.6%**
	Clost difficile	**3**	**1567**	**27**	**1594**	**98.3%**	**1.7%**
	CSF	**3**	**141**	**5**	**146**	**96.6%**	**3.4%**
	Faeces culture	**4**	**2468**	**111**	**2579**	**95.7%**	**4.3%**
	Faeces culture & OCP	**4**	**216**	**28**	**244**	**88.5%**	**11.5%**
	Faeces Parasitology	**3**	**32**	**12**	**44**	**72.7%**	**27.3%**
	Semen Infertility	**3**	**328**	**25**	**353**	**92.9%**	**7.1%**
	Post-vasectomy	**3**	**133**	**1**	**134**	**99.3%**	**0.7%**
	Sellotape slide	**2**	**6**	**1**	**7**	**0.0%**	**0.0%**
	Discard samples	**3**	**2376**	**82**	**2458**	**96.7%**	**3.3%**
	Total		**103390**	**4078**	**107468**	**96.2%**	**3.8%**

Turnaround times April 2012 to March 2013
Microbiology

Test	Turn around time	No. within time	No. outside time	Total tests	% within	% outside
ASO	7	83	2	85	97.6%	2.4%
Acute sera saved	4	15	0	15	100.0%	0.0%
Chlamydia antigen	10	3917	116	4033	97.1%	2.9%
Fungal micro	5	730	22	752	97.1%	2.9%
Gentamicin level	4	107	0	107	100.0%	0.0%
Hep B AB	8	673	6	679	99.1%	0.9%
Hep A IgM AB	7	21	4	25	84.0%	16.0%
Hep B core	3	555	52	607	91.4%	8.6%
Hep C antibody	7	1488	45	1533	97.1%	2.9%
Hep B surface Ag	2	1883	390	2273	82.8%	17.2%
Helicobacter pylori	7	307	0	307	100.0%	0.0%
HIV	4	3702	160	3862	95.9%	4.1%
Rubella	7	1621	0	1621	100.0%	0.0%
Stored sera	2	106	15	121	87.6%	12.4%
Syphilis	7	3664	37	3701	99.0%	1.0%
TB micro	10	143	14	157	91.1%	8.9%
Toxo	8	31	0	31	100.0%	0.0%
Vancomycin level	4	55	0	55	100.0%	0.0%
Varicella zoster	4	135	1	136	99.3%	0.7%

	Preg	**2**	**97**	**4**	**101**	**96.0%**	**4.0%**
	Public preg	**0**	**0**	**0**	**0**	**0.0%**	**0.0%**
	Urine analysis	**3**	**20836**	**356**	**21192**	**98.3%**	**1.7%**
	Fluids & tissues	**5**	**819**	**104**	**923**	**88.7%**	**11.3%**
	Genital tract	**4**	**3689**	**34**	**3723**	**99.1%**	**0.9%**
	MRSA	**4**	**20782**	**38**	**20820**	**99.8%**	**0.2%**
	SHS GC	**4**	**1683**	**50**	**1733**	**97.1%**	**2.9%**
	Other Misc	**4**	**36**	**26**	**62**	**58.1%**	**41.9%**
	Sputum	**4**	**842**	**745**	**1587**	**53.1%**	**46.9%**
	Swab	**4**	**5826**	**137**	**5963**	**97.7%**	**2.3%**
	Blood culture	**8**	**4439**	**45**	**4484**	**99.0%**	**1.0%**
	Clost difficile	**3**	**1464**	**10**	**1474**	**99.3%**	**0.7%**
	CSF	**3**	**150**	**3**	**153**	**98.0%**	**2.0%**
	Faeces culture	**4**	**2510**	**143**	**2653**	**94.6%**	**5.4%**
	Faeces culture & OCP	**4**	**225**	**32**	**257**	**87.5%**	**12.5%**
	Faeces Parasitology	**3**	**19**	**9**	**28**	**67.9%**	**32.1%**
	Semen Infertility	**3**	**279**	**3**	**282**	**98.9%**	**1.1%**
	Post-vasectomy	**3**	**53**	**3**	**56**	**94.6%**	**5.4%**
	Sellotape slide	**2**	**4**	**1**	**5**	**80.0%**	**20.0%**
	Discard samples	**3**	**2338**	**61**	**2399**	**97.5%**	**2.5%**
	Total		**85327**	**2668**	**87995**	**97.0%**	**3.0%**

Turnaround times April 2013
Microbiology

Test	Turn around time	No. within time	No. outside time	Total tests	% within	% outside
ASO	7	10	1	11	90.9%	9.1%
Acute sera saved	4	0	0	0	0.0%	0.0%
Chlamydia antigen	10	359	3	362	99.2%	0.8%
Fungal micro	5	60	0	60	100.0%	0.0%
Gentamicin level	4	0	0	0	0.0%	0.0%
Hep B AB	8	50	0	50	100.0%	0.0%
Hep A IgM AB	7	0	2	2	0.0%	0.0%
Hep B core	3	41	8	49	83.7%	16.3%
Hep C antibody	7	122	3	125	97.6%	2.4%
Hep B surface Ag	2	172	47	219	78.5%	21.5%
Helicobacter pylori	7	0	0	0	0.0%	0.0%
HIV	4	348	2	350	99.4%	0.6%
Rubella	7	153	3	156	98.1%	1.9%
Stored sera	2	8	2	10	80.0%	20.0%
Syphilis	7	358	0	358	100.0%	0.0%
TB micro	10	2	1	3	66.7%	33.3%
Toxo	8	0	0	0	0.0%	0.0%
Vancomycin level	4	0	0	0	0.0%	0.0%
Varicella zoster	4	12	0	12	100.0%	0.0%
Preg	2	7	0	7	100.0%	0.0%
Public preg	0	0	0	0	0.0%	0.0%
Urine analysis	3	1667	8	1675	99.5%	0.5%
Fluids & tissues	5	70	14	84	83.3%	16.7%

Genital tract	**4**	**339**	**0**	**339**	**100.0%**	**0.0%**
MRSA	**4**	**1547**	**2**	**1549**	**99.9%**	**0.1%**
SHS GC	**4**	**153**	**1**	**154**	**99.4%**	**0.6%**
Other Misc	**4**	**10**	**1**	**11**	**90.9%**	**9.1%**
Sputum	**4**	**45**	**107**	**152**	**29.6%**	**70.4%**
Swab	**4**	**508**	**8**	**516**	**98.4%**	**1.6%**
Blood culture	**8**	**444**	**2**	**446**	**99.6%**	**0.4%**
Clost difficile	**3**	**109**	**1**	**110**	**99.1%**	**0.9%**
CSF	**3**	**11**	**0**	**11**	**100.0%**	**0.0%**
Faeces culture	**4**	**236**	**11**	**247**	**95.5%**	**4.5%**
Faeces culture & OCP	**4**	**20**	**1**	**21**	**95.2%**	**4.8%**
Faeces Parasitology	**3**	**0**	**1**	**1**	**0.0%**	**100.0%**
Semen Infertility	**3**	**18**	**0**	**18**	**100.0%**	**0.0%**
Post-vasectomy	**3**	**3**	**0**	**3**	**100.0%**	**0.0%**
Sellotape slide	**2**	**4**	**0**	**4**	**0.0%**	**0.0%**
Discard samples	**3**	**173**	**8**	**181**	**95.6%**	**4.4%**
Total		**7059**	**237**	**7296**	**96.8%**	**3.2%**

Cellular Pathology

Test	Turnaround Time

Overall Histology	**80% in 10 days**
Urgent Histology	**80% in 5 days**
Diagnostic biopsy	**80% in 7 days**
Frozen specimens	**30 minutes**
Skin biopsies (immunofluoresence)	**14 days (referred)**
Muscle biopsies	**6 weeks (referred)**
Fine needle aspirate	**7 days (5 working days)**
Diagnostic Cytology Urgent	**90% Same day**
Diagnostic Cytology suspicious of malignancy	**90% in 2 days**
Overall Diagnostic Cytology	**90% in 5 days**
Sentinal lymph node	**30 minutes**
Gynae Cytology	**14 days**
Referral specimens for HER-2. KRAS &EGFR	**6 weeks**

2011	
Diagnostic cytology	10.6 days
Histology	3.9 days
2012	

Diagnostic cytology	4.8 days
Histology	8.5 days
To 30 April 2013	
Diagnostic cytology	4.3 days
Histology	6.8 days

d) The number of tests performed including controls for the year 2011, 2012 and the number of tests performed up to 30 April 2013?

e)

	2011/12		2012/13			
Dept	requests	tests	requests	tests		
Blood Bank	17,641	50,330	18,066	50,775		
Chemical Pathology	75006	2,494,172	80,604	2,567,995		
Haematology/Immunology	139,143	207,802	142,341	214,635		
Microbiology	106,173	112,884	90,632	94,132		
Histology	10816	10917	10937	10995		
Cytology	1024	1056	1324	1344		

The cost per test (this is usually the cost including fixed, variable and labour cost) for the year 2011, 2012 and 2013? **This information is not held.**

f) The cost per test taking into account only your cost of consumables and no other cost for the year 2011,2012 and 2013? **See answer to question 6e)**

7) Is the ordering for your pathology disciplines under a managed service contract, or is the ordering ad-hoc (as and when the need arises) or both? **Both**

8) For your procurement/ordering needs do you use an in house built or third party consumable ordering software? Is

	this the same software used in the Pathology department and the Procurement department. If third party software please state. **Procurement is done with Solent Supplies team and ordering is done using the Oracle system.** 9) Do you use any software that monitors your inventory for consumables and reagents usage and provides analytics on purchasing, usage, wastage etc? **If yes please state. We use the Beckman Coulter Three60 system for ordering and monitoring reagents/consumables that they supply under the MSC.** 10) Do you use any Electronic Quality Management Software (eQMS) within your laboratories? **If yes please state. Yes Q pulse** 11) Does your eQMS have an incident reporting functionality if so is this the same software used throughout your trust for incident reporting? **Yes, incidents are recorded on this. It is different than what the Trust uses but all incidents are reported on the Trust Datix system as well.** 12) Do you use any form of data analytical software within your laboratories? If so please state. **We have a software package for statistical analysis called Analyse-it** 13) Do you use any cloud based software within your laboratories? If yes please state. **No** 14) When you receive and use a consumable or reagent what information is stored about the product e.g. date when the reagent was first used, date when reagent finished use, expiry date, batch number, lot number, data sheets and COSHH etc? **Yes, all of this** 15) Do you have any software that records the disposal of laboratory consumables due to human error, mechanical error, over ordering of laboratory supplies where the reagent has been disposed due to being out of date? If no what controls are in place to minimise the wastage of laboratory supplies? **No, most of our reagents/consumables are part of the MSC with Beckman Coulter and are monitored using the Three60 system.** 16) Can you provide contact details of the members of staff that have compiled this information? **This constitutes**

	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. However I can advise that the overall responsibility is in the remit of the Executive Medical Director which is readily available on the Trust Website: 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.**
FOI13 206	**Please provide the following information:** **1. Have you revised your sharps policy and published it to staff following the adoption of *EU Directive 2010/32/EU* in May 2010, through UK statutory instrument, 2013 No. 645, *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*?** **Response – We are presently in the process of reviewing this.** **2. Does your sharps policy specifically state that staff should use safety- engineered sharps devices wherever possible?** **Response – No** **3. Does your sharps policy make it mandatory for staff to use safety- engineered sharps devices in the majority of procedures?** **Response – No** **4. In 2009, prior to the adoption of EU Directive 2010/32/EU, what proportion of sharps procedures in the Isle of Wight NHS Trust used safety- engineered devices (defined in terms of volume of procedures)? *The answer to this question may be given as a percentage band/ decile, eg. "20-30%"*** **Response – Trust wasn't existent in its current form so we can't supply that data.**

5. Now that the implementation deadline of May 2013 for EU Directive 2010/32/EU has passed, and the UK statutory instrument, 2013 No.645, *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013* has come into force on 11th May, what proportions of sharps procedures in the Isle of Wight NHS Trust are now using safety devices (defined in terms of volume of procedures)? *The answer to this question may be given as a percentage band/decile, eg. "70-80%"*

Response – Although the Trust has analysed their needles, cannula and sharps spend over the past 4 months, both directly via manufacturers and through third party distributers, the individual product descriptions do not confirm whether these products include safety devices so we cannot answer the question accurately at this stage.

6. How many reported sharps injuries took place in the Isle of Wight NHS Trust in each of the years 2010, 2011 and 2012?
Response –

	Sharps/Needles - Staff harm	Staff Contamination - Sharps	Total
2010	35	0	35
2011	29	6	35
2012	53	3	56
Totals:	104	9	126

7. Since the beginning of 2010, has the Isle of Wight NHS Trust been the subject of any lawsuits or other claims for compensation (e.g union sponsored settlement) following a sharps injury to a member of staff? If Yes, please provide anonymised details, specifically:-

- **Date of lawsuit/claim**
- **Injury suffered**
- **Compensation settlement amount agreed**

Response – NO CLAIMS OR LAWSUITS

	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.**
FOI13 220	**Please provide the following information:** **1. What environmental cleaner and disinfectant were you using in 2011/12 and 2012/13?** **Response – Neutral detergent (Hospec) actichlor (chlorine agent) actichlor plus (chlorine and detergent) Chlorine wipes, detergent wipes (PDI sanicloth) steam cleaning.** **2. How many cases of Clostridium difficile hospital acquired cases were you under or over your trajectory for in 2011/12 and 2012/13** **Response – 11/12 4 below for trajectory .** **12/13 on trajectory.** **3. Do you use a Hydrogen Peroxide Vapour (HPV) environmental disinfection process?** **Response – No.** **and if so:** **A)When do you use it?** **Response – N/A.** **B) Is it an in-house system or a managed system?** **Response – N/A.** **C) Do you use it as a routine prevention (pro-active) or for incident/outbreak control (re-active) system?** **Response – N/A.** **4. Do you have all C diff positive samples Ribotyped?** **Response – Yes.**

	5. Do you use any other alert for C.diff risk than use of antibiotics, length of stay and age? **If yes, what else other alerts do you use?** **Response – Yes, Consider other risk factors such as Percutaneous endoscopy gastrostomy feeding, PPI use, previous c difficile infection or colonisation, gastric surgery.** **6. Within your water safety plan what sampling/swabbing frequencies are in place for Pseudomonas Aeruginosa from augmented care areas?** **Response – This will be based on an individual risk assessments which will determine the frequency.** **7. If Pseudomonas Aeruginosa has been identified from any augmented care outlets what actions have you undertaken to resolve this?** **Response – None have been identified.** **8. If you had/have sensor taps in any augmented care areas have these already been/going to be changed as a matter of routine in view of the risk of Pseudomonas Aeruginosa?** **Response – Yes, sensor taps will be changed as a matter of routine work.** **9. Have you had any direct link of Pseudomonas Aeruginosa infection in a patient to the same strain within the water supply in since January 2013 and if yes, how many cases?** **10.** **Response – No pseudomonas bacteraemia cases this year.** **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.**
FOI13 221	**Please provide the following information:** 1. **Did you meet the official Department of Health *C. difficile* target for the Trust for each of the last five financial years ? Please list number of cases recorded each since 2007/2008.**

	Response – **2007/2008- 141 whole PCT – We cannot find DoH target for this year** **2008/2009- yes total 53 whole PCT** **2009/2010- yes total hospital target 31** **2010/2011- yes total hospital target 15** **2011/2012- yes total hospital target 13** **Please list the potential and actual financial penalties imposed if the target for the Trust was breached:** **Response – No fines were imposed before 2012/13 when the organisation split into provider and commissioner.** 2. **i) What is your plan to reduce *C. difficile* for 2013/14?** **Response –** **Continued monitoring of antibiotic use in the hospital** **Daily microbiology consultant and antimicrobial pharmacist ward rounds** **Stretch target set for hospital** **Learning from root cause analysis – action plan driven by directorates** **ii) Who is responsible for creating, implementing and monitoring this plan?** **Response – Clinical directorates and quality leads** 3. **How many deaths were attributable to a *C. difficile* infection for each of the last five financial years? Please list the number of cases for each year since 2007/2008:** **Response –** ***Primary recorded diagnosis as 'Enterocolitis due to Clostridium Difficile', Discharge method – Patient died.*** **2007/2008- 4**

	2008/2009- 0 **2009/2010- 2** **2010/2011- 2** **2011/2012- 1** 4. **In how many instances has *C. difficile* been listed as a contributory cause of death for your Trust for each of the last five financial years? Please list the number of cases for each year since 2007/2008:** **Response –** ***Recorded subsidiary diagnosis (up to position 13) as 'Enterocolitis due to Clostridium Difficile', Discharge method – Patient died.*** **2007/2008- 29** **2008/2009- 18** **2009/2010- 8** **2010/2011- 6** **2011/2012- 3** 5. **i) What is your official policy for publically publishing the numbers of *C .difficile* you have had?** **Response –** **Running total displayed on front of hospital Intranet** **Entered onto MESS national database monthly – mandatory requirement** **Reported at Infection Control Committee and minuted** **Figures reported annually in local press** **ii) How do you publish the statistics and what time period do you use as a base line?** **Response – Published in Annual Report** 6. **What information do you provide the patient, their visitors and their GP and relating to awareness of, or tips to avoid *C. difficile* infection or re-infection on discharge?**

	Response – Hospital inpatients are provided with written information leaflet by IPCN. Leaflet covers hand hygiene, relapse and risk factors 7. **Do you discuss *C. difficile* infections that have happened within your Trust at Board meetings – who is responsible for this?** **Response – The Director of Nursing provides a monthly report to the Public Trust Board.** 8. **How is/ will your Trust working/ work with the local CCG to address the level of community acquired *C. difficile* infection?** **Response – The Trust is a fully integrated Trust and delivers community based services.** **Isle of Wight Clinical Comissioning Group source specialist infection prevention and control (IPC) support from Commissioning Support South. The CCG's specialist nurse liaises closely with the Trust's IPC team, particularly around those patients with CDiff resident in independent care homes. The CCG nurse specialist also undertakes root cause analysis reviews of CDiff cases attributed to the CCG and shares the learning outcomes with the Trust IPC team, similarly the Trust will share its learning with the CCG.** **There is a joint antimicrobial prescribing policy in place, developed between the Trust and primary care/CCG. Trust messages around health care acquired infections in general are shared at CCG forums such as the CCG's Clinical Leads meeting and through joint contractual meetings such as the Clinical Quality Review Meeting. There are also links between the Trust, the CCG and Public Health on the island.** 9. **How is/ will your Trust work / working with Public Health or the Local Authority to address the level of Community acquired *C. difficile* infection?** **Response – No current system in place** 10. **How is / will your Trust work/ working with the local CCG to address the level of Community acquired *C.***

	***difficile* recurrence and relapse infection?** **Response – See 8** 11. **What antibiotics are you using to treat *C. difficile*?** **Response – Metronidazole Vancomycin** 12. **Are there plans to change the treatment/s you routinely use for *C. difficile* infection in the near future?** **Response – No** 13. **Who are the designated members of staff and / or departments that look after infections?** **Response – All staff look after patients with infections. There is an Infection Prevention & Control Team and Consultant Medical Microbiologists who advise on management of patients with infection** 14. **Which Business Units in the Trust manage the majority of *C. difficile* cases as hospital acquired or community acquired?** **Response – Don't understand the question** **16. Do you enforce/ operate a ratio of infection control staff to patients? If so, what is this ratio currently set at?** **Response – No** **17. i) As a Trust do you promote and/ or enforce a zero tolerance approach to *C. difficile* infection?** **Response – A stretch target has been set for the Organisation this year. Aim is to eradicate all needless infection**

	ii) If so, please list the penalties **Response – Although we have an internal Stretch target this does not have a penalty attached.** **18. Do you have a designated Board member who is responsible for Hospital Acquired Infections?** **Response –Director of Infection Prevention and Control.** **19. How and when is your trust planning on implementing the new Public Health England guidelines on the treatment of *C. difficile* infection (published May 2013?)** **Response – Already use the guidelines as a supportive document and have done for quite some time. This is the updated version.** **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.**
FOI13 233	**Under the Freedom of Information Act 2000, I seek information regarding Isle of Wight Ambulance Service's current ICT contracts relating to the areas outlined above. For each contract, I request information detailing the supplier, contract value, start date and length of contract (or end date), and for PBX, which technology is used (e.g. KCOM/ Cisco/ Avaya/ other).** **Please provide the following information:** **For the purposes of this request, we consider 'ICT' to include the following systems and applications, and related services:** **1. Standard ICT systems and applications:** **Desktop computers – No Contract, equipment is owned by the Isle of Wight NHS Trust.** **Infrastructure & Servers – No Contract, equipment is owned by the Isle of Wight NHS Trust.** **LAN/WAN connectivity – No Contract, connectivity is through the Isle of Wight NHS Trust.**

	Back office applications such as HR, payroll, finance – No Contract, these services are provided by the Isle of Wight NHS Trust. **2. Command & Control systems:** **Command & Control - Contract with ValentiaTech CaremonX CAD since 2010. £42,000.00 PA** **Computer Aided Despatch - Contract with ValentiaTech CaremonX CAD system since 2010.** **Integrated Communications Control Systems – NHS Contract, Airwave Tetra Digital Radio System. Additional costs £12,000.00 PA** **Mobile Data Terminals – No Contract, equipment is owned by Isle of Wight NHS Trust** **Adastra Patient Management system, contract since 2008, £22,00.00 PA** **3. Voice & Call management systems: - Contract with Call Vision Technologies since 2008** **Including PBX & Contact Centres £22,000.00 PA** **4. Specialist applications** **Relating to front line emergency services functions:** **Contract with ValentiaTech CaremonX Electronic Patient Clinical Record since 2010. Part of command & control contract (integrated system) e.g. ANPR, GIS etc.** **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.**
FOI13 235	**Please provide the following information:** **Under the Freedom of Information Act 2000, I request that you provide me with the following information:** **Please note that for the period up to 31st March 2012 the response relates to the IWNHSPCT.** **1. The number of hours of free NHS antenatal class provision offered to individual patients in Isle Of**

	Wight NHS Trust in each of the following financial years: 2009/10, 2010/11, 2011/12, 2012/132013/14. **Response –** **The total hours provided during the past 5 years amounted to 1082; an average of 216.4 hours per year.** **2. The total amount of money spent providing NHS antenatal classes in Isle Of Wight NHS Trust in: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.** **Response –** **This information is not readily available and therefore the following information has been estimated for approximate costs of staff and accommodation.** **The total spend during the past 5 years amounted to £56,687; an average of £11,337 per year.** **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.**
FOI13 239	**Please provide the following information:** **Please provide the following in excel and email format for 2011 and 2012 and include a breakdown of male / female, age or adult / child and ethic origin:** **1. Number of domestic violence cases treated at hospital?** **Response –*A&E attendance is recorded by injury/diagnosis not by cause of injury for which they are attending. This data is not held.*** **2. Number of admissions following suspected domestic violence?** **Response – *Admissions for physical abuse (T74.1). No cases found for 'by spouse or partner'. All cases found were recorded as 'by parent' or 'by unspecified person'. All cases were recorded as 'British' and relate to children under 15 years old.***

	Female Male **2011 3 (0, 5, 8) 6 (0 x3, 1, 3, 4)** **2012 6 (0, 3x2, 5, 9, 15) 4 (0, 3, 4, 6)** **3. Number of medical examinations to evidence domestic violence?** **Response – *This information is not held.*** **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.**
FOI13 253	**Please provide the following information:** **I am currently researching into records management within the NHS particularly in the acute setting and wondered if you could provide the following information under the terms of FoI, which your organisation should hold:** **1. Does your organization use paper patient records?** **Response – The organisation uses a combination of paper and electronic records** **2. For which department's or specialism's?** **Response – Currently paper records are used across all areas of Health and Social Care for Acute, Planned and Community clinical purposes. In line with the NHS mandate there is a phased approach for all clinical records to transfer to full electronic capability by 2018.** **3. Do you record how many patients attend appointments but their file (electronic or paper) is not present?** **Response – A report of case-note availability for all out-patient clinics is produced quarterly. Any health record not available/accessable (paper or electronic) for any other hospital purpose is exception reported through the Trust's incident reporting system.** **4. If you do record, this information could you provide the statistics for financial year 2012-13 and 2013-14 to**

	date? **Response – See attached.** **5. How are clinicians made aware of clinical records or information held by other departments and specialisms?** **Response – All patient activity is recorded through a variety of individual computerised systems. The Patient Administration System (PAS) identified the majority of patient activity, with any non PAS based activity identifiable via linked specialist services.** **The Trust is engaged in a phased approach to integrate all patient related electronic systems into one central clinical Electronic Patient Record.** **6. Are their any metrics for the effectiveness of this measure? Are they routinely published?** **What time period has to elapse before you declare a clinical record lost?** **Response – No metrics are produced for this. There is no specified time limit. However for further information please see attached Misplaced Clinical Records Policy.** **7. Do any of your risk registers (corporate, departmental or information) contain risks that relate to clinical records?** **Response – Yes** **8. Could you please provide the relevant entry in the register?** **Response – Please see attached – some information constitutes 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.** **9. If you use an electronic patient record system, what system(s) do you use?** **Response – SS – PAS, ISIS, PARIS, and Symphony – The majority of clinical information from these systems is visible in ISIS** **10. How many records are included in each system?** **Response - PAS is the master system that contains the PMI. This is a shared system with Portsmouth Hospital's NHS Trust. The system contains in excess of 1.6 million records.**

	11. How do the systems distinguish between active patients (currently under the care of your organization), inactive patients (not under the care of your organization) and the deceased? **Response - Active records would have open episodes of care visible on PAS, whereas inactive patients would only have closed episodes of care. Deceased patients would display a deceased marker.** **12. Do you have a policy or strategic declaration of what constitutes a health record or record in a clinical setting?** **Response – See attached Health Records Policy** **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.**
FOI13 265	**I am writing to obtain information about the total amount of money paid to trade unions by your organisation, the amount of staff time spent on trade union duties and/or activities and the payment of subscriptions.** **To outline my query as clearly as possible, I am requesting:** **1. A list of trade unions which received payments from your organisation and the total amounts paid to each union for financial years a) 2011-12 and b) 2012-13. If it is not possible to list the amount paid to each union, please provide a total amount paid to all unions. Please do not include membership dues or salary costs. Please only include direct payments.** **Response –** **No payments, other than for membership shown at Q3 below, were made in 2011/12 or 2013.** **2. Please state:** **a) Which trade unions your organisation provide staff time to work on trade union duties and / or activities (sometimes called 'Trade Union facility time') in i) 2011-12 and ii) 2012-13.** **Response – *the Organisation does not hold information for the collation of the FOI13 265 and therefore this request is unable to be completed***

	b) The number of full-time equivalent (FTE) staff that were provided for each trade union in i) 2011-12 and ii) 2012-13. For example, if a member of staff spends 2 days per week on union business, this is equal to 0.4 FTE. **Response – *the Organisation does not hold information for the collation of the FOI13 265 and therefore this request is unable to be completed*** **3.** **a) Does your organisation provide the facility to deduct trade union subscriptions from staff salaries in the payroll process?** **Response –** **Yes** **b) If so, for each union please state what your organisation charged for this service (whether as a fixed amount per employee or a percentage), and the total amount collected in:** **i) 2011-12** **Response –** **Please note this response relates to Isle of Wight NHS PCT** **No charges were made for this service** **The following were the totalS collected and paid over to unions:** **Unison - £133,061.46** **Unite/Amicus - £4,660.97** **EETPU - £16.72** **ii) 2012-13** **Response –** **No charges were made for this service** **No charges were made for this service** **The following were the total collected and paid over to unions:** **Unison - £139,027.69**

	Unite/Amicus - £4,856.72 **EETPU - £6.88** **Please note that the guidelines issued by ACAS state that: "An employee who is a member of an independent trade union recognised by the employer in respect of that description of employee is to be permitted reasonable time off during working hours to take part in any trade union activity. An employee who is a member of an independent and recognised trade union is also permitted to take reasonable time off during working hours for the purposes of accessing the services of a Union Learning Representative (provided those services are services for which the Union Learning Representative is entitled to time off)."** **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.**
FOI13 268	**Please provide the following information:** **Could you supply me with the number of people admitted to St Mary's Hospital with an eating disorder between June 2012 and June 2013. Response – 18** **1. How many from the figure above related to Anorexia?** **Response – 13** **2. How many from the figure above related to Bulimia?** **Response – 5** **3. Could you supply me with the number of people admitted to St Mary's Hospital with an eating disorder between June 2011 and June 2012** **Response – 18**

	4. How many from the figure above related to Anorexia? **Response – 13** **5. How many from the figure above related to Bulimia?** **Response – 5** **6. Could you supply me with the number of people admitted to St Mary's Hospital with an eating disorder between June 2010 and June 2011** **Response – 16** **7. How many from the figure above related to Anorexia?** **Response – 13** **8. How many from the figure above related to Bulimia?** **Response – 3** **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.**
FOI13 275	**Please provide the following information:** ***Under the Freedom of Information Act 2000 I seek the following information about the Locum spends for Nurses for the financial year 2012-2013, in particular:*** ***1. The total expenditure on agency nurses across the trust.*** **Response –** **£255k** ***2. The agencies that were used*** **Response –** **Mayday Healthcare plc**

	Your World Recruitment Ltd **ID Group Ltd (Medical)** ***3. A breakdown of the spend by nurse band/grade*** **Response –** **All Band 5** **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.**
FOI13 282	**Please provide the following information:** **1. The largest amount of money paid in total in 2011/12 to a consultant doctor at your trust for additional work, on top of their basic salary, where some of this additional pay included weekend work. Would you please let me know the maximum hourly rate that was paid to this consultant doctor, the additional hours they worked and, where possible, the department in which they worked.** **Response –** **I can confirm that this information is held but to extract this information would take in excess of 5 working days and is therefore exempt under s.12 of the Freedom of Information Act 2000.** **2. The highest day rate paid to a locum doctor to cover weekend work in 2011/12? What hours did they work, which department did they cover and what was their seniority. In total, how much did your trust pay to locum doctors to cover weekend work in 2011/12?** **Response –** **This information is not held. We do not hold this level of detail in the Trust for Locums** **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.
FOI13 285	**Please provide the following information:** **1. What is the total number of hospital or clinic staff/employees in the Trust? 3186 Heads** **a. Total number of doctors 226** **b. Total number of doctors at consultant grade 94** **c. Total number of nurses 945 (including Nursing, Midwives & Health Visitors)** **d. Total number of allied health professionals (physiotherapy, occupational therapy) 191** **Response – Figures stated above.** **2. Who is the lead person (head/director/leader) for efficiency?** **Response – If efficiency relates to patients this would be the Executive Medical Director / Executive Director of Nursing and Workforce. If efficiency relates to finance then this would be the Executive Director of Finance.** **3. Who is the lead person (head/director/leader) for patient safety?** **Response – The lead for patient safety is the Executive Director of Nursing and Workforce.** **4. Who is providing information technology (IT) services to the Trust? Internal team.** **a. Is it an internal team within the Trust or are the IT services outsourced? Internal team.** **b. If outsourced, who is providing the outsourced IT services to the Trust? N/A** **5. What is the current communication system being used in the Trust by the staff? Please indicate Yes or No below. Please specify other communication system being used but not listed below.** **a. Telephones** **- Cord? Yes** **- Cordless? Yes** **b. Mobile telephones** **- Smartphones? Yes** **- Non-smartphones? Yes** **c. Traditional pagers? Yes**

	d. Bleep system? Yes **e. Others (Please specify) VOIP phones** **6. What is the communication system used by the Trust to contact on-call doctors on-site? Paging System** **7. What types of hardware PCs are being used in the Trust? HP** **a. What is the operating system being used? Windows XP & 7** **b. What is the version of web browser being used? MS IE 7 & 8** **8. What types of mobile devices are being used and funded by the Trust? How many are being used and funded? Mobile phones, smart phones, laptops, tablets.** **Please provide details for each of the following devices.** **a. Mobile phones (non-smartphones): Various models of Nokia Phones 869** **b. Mobile phones (smartphones): Various Models of Apple iPhone 48** **c. Laptops: Various models of HP Elitebook or ProBook Series laptops 871** **d. Tablets: HP Elitepad, Lenovo Thinkpad, Motion Computing C5 131** **e. Computers on wheels (COWs): Ergotron Styleview Carts with HP Elite USDT PCs <100** **f. Digital Pens: N/A** **g. Others (Please specify): N/A** **9. What mobile applications or services are being used and funded by the Trust? Please specify applications or services for each of the following:** **a. Web-based services: Trust Intranet and Internet Pages** **b. Smartphone applications: Microsoft Exchange ActiveSync for email** **c. Static mobile applications: Clinical Based Systems** **d. Communication services: N/A** **e. Others (Please specify): N/A** **10. Does the Trust have an organisation strategy regarding mobile applications and services? If yes, what is the organisation strategy?**

	Response – No **11. What is the procurement process for mobile devices and mobile applications and services?** **Via GPC Framework agreements or OJEU depending on value.** **12. What team or department decides on what mobile devices and mobile applications and services would be purchased by the Trust? Who is the lead person/director/head of this team or department? Projects a governed by the IM&T Delivery Group** **13. How are mobile devices and mobile applications and services evaluated before being adopted into clinical practice of the Trust? Via project groups & IM&T Delivery Group** **14. What mobile products and services have the Trust already identified a need for? Does the Trust intend to acquire these by internal development or by external contractors?** **Response – Ambulance & community solutions acquired through tender process.** **15. What strategy will the Trust adopt to become paperless by 2018 (an NHS target)?** **Response – Continued roll out of our EPR programme.** **16. Please send the organisational charts for the Trust's Finance, IT and Procurement Departments.** **Response – Please find attached.** **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.**
FOI13 287	**Please provide the following information:** **1. How many foreign patients treated in hospitals who were liable for the cost of their treatment did not pay for their treatment in the financial year April 2012 to March 2013, i.e. the payment is still**

	outstanding and what is the total amount of debt still outstanding? **Response –** **One foreign patient. Total outstanding amount is £296.** **2. Of those patients in question 1, how many had their unpaid bill written off during the financial year or since 31.3.13 and what was the total amount of funds written off where payment was not received from foreign patients treated in hospitals?** **Response –** **None.** **3 In the total figure for the financial year what is the biggest outstanding bill or written off bill and please give a brief description of the care that it relates to together with the nationality or country of residence of the patient?** **Response –** **Biggest outstanding bill £296. Description: Endoscopy. Nationality: Nigerian.** **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.**
FOI13 303	**Please provide the following information:** **I am applying under the terms of the Freedom of Information Act for the following information about overpayments to staff during the last three financial years.** **Please can you provide information for the below:** **1. The total amount of money paid in salary overpayments during the following financial years by your organisation:** **a. 2012-2013** **b. 2011-2012** **c. 2010-2011** **Response – a £157,616 b £109,664 c £267,416**

	2. The total correct amount that should have been paid in salaries in the following financial years to staff by your organisation: **a. 2012-2013** **b. 2011-2012** **c. 2010-2011** **Response – This information is not held.** **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.**
FOI13 305	Please provide the following information: I am applying under the terms of the Freedom of Information Act for the following information about overpayments to staff during the last three financial years. Please can you provide information for the below: 1. The total amount of money paid in salary overpayments during the following financial years by your organisation: a. 2012-2013 b. 2011-2012 c. 2010-2011 **Response – a £157,616 b £109,664 c £267,416** 2. The total correct amount that should have been paid in salaries in the following financial years to staff by your organisation: a. 2012-2013 b. 2011-2012 c. 2010-2011 **Response – This information is not held.**

	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.**
FOI13 309	**Please provide the following information:** **1) How much money has been spent on artwork/sculptures by the trust in the last 5 years.** **The Isle of Wight NHS Trust has spent no money and made no purchases of artwork /sculpture from its Revenue Budget over the past 5 years.** **However it has made purchases from its Capital building budgets of £44,500 as part various capital programmes.** **It has also made purchases to the value of £50,000 with charitable legacies held in its Charitable Trust.** **It has also received donated artworks to the value of £12,700.** **2. What is the most expensive piece of artwork/sculptures purchased for each of the last 5 years?** **Using funds from either capital budgets or Charitable legacies but not revenue funds details are as follows:** **2009. £1,000.00.** **2010. £1,000.00.** **2011. £ 800.00.** **2012. £3,500.00.** **2013. £1,000.00.** **2) Does the trust have a budget for spending on artwork/sculptures? If so, what is it?** **The Isle of Wight NHS trust does not have a revenue budget for spending on artwork/sculpture.** **It operates a %art policy with capital building programme budgets whereby a small %allocation is made from the total capital budget towards commissioning artwork to create a well designed 'healing environment' conducive to the effective delivery of its healthcare services.** **It also spends money from legacies made to the Isle of Wight NHS Charitable Trust which identify this as a charitable objective of the legacy.** **The Trust is also in receipt of donated artworks for display and these enter into the Trusts collection as its property and are registered on its assets list.**

	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.**
FOI13 310	**Please provide the following information:** **How much have you spent in each of the last three financial years on travelling abroad and recruitment costs in the selection and recruitments of foreign nurses or other staff for your trust.** **For each recruitment exercise please state:** **1. The number of staff who were sent to the foreign country to facilitate the recruitment drive? Provide a breakdown of staff stating how many were your direct employees and how many were agency staff.** **Response - None** **2. The total cost to the trust of the recruitment exercise including flights and accommodation?** **Response - Nothing** **3. The city and country that were visited as part of the exercise, and the dates that they were in the foreign country.** **Response – N/A** **4. The type of staff (job description) that it was hoped would be recruited?** **Response – N/A** **5. The number of staff from the recruitment drive that were recruited and started work at your trust?** **Response – 0** **NOTE: Please limit the search to just those where the bills for the recruitment drive were paid in any of the last three financial years (10/11) (11/12) and (12/13).** **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.
FOI13 314	**Please provide the following information:** **1) How many of the following procedures has your unit carried out in (a) the past 12 months and (b) the financial year 2012/13:** **(i) Distal angioplasties above the knee not using a stent?** **Response – Procedure not provided at this Trust** **(ii) Distal angioplasties below the knee not using a stent?** **Response – Procedure not provided at this Trust** **a) Of those patients treated by a distal angioplasty not using a stent, what was the one year patency?** **Response – n/a** **b) Of those patients treated by a distal angioplasty not using a stent, what was the limb survival at one year?** **Response – n/a** **(iii) Distal angioplasties above the knee using a stent?** **Response – Procedure not provided at this Trust** **(iv) Distal angioplasties below the knee using a stent?** **Response – Procedure not provided at this Trust** **a) Of those patients treated by a distal angioplasty using a stent what was the one year patency?** **Response – n/a** **b) Of those patients treated by a distal angioplasty using a stent what was the limb survival at one year?** **Response – n/a**

	2) How many of the following procedures has your unit carried out in (a) the past 12 months and (b) the financial year 2012/13: **(i) Distal bypasses?** **Response – Procedure not provided at this Trust** **a) Of those patients treated by a distal bypass what was the one year patency?** **Response – n/a** **b) Of those patients treated by a distal bypass what was the limb survival at one year?** **Response – n/a** **c) Has your Trust established a multi-disciplinary team for treatment of patients at risk of lower limb amputation associated with peripheral arterial disease? – If no are there any reasons this hasn't been established yet?** **Response – As we do not carry out these procedures at this Trust we do not have such a team** **d) Has your Trust established a multi-disciplinary team for treatment of patients at risk of lower limb amputation associated with diabetes? – If no are there any reasons this hasn't been established yet?** **Response – As we do not carry out these procedures at this Trust we do not have such a team** **e) Where multi-disciplinary teams exist – what are the clinical specialities that are present?** **Response – As we do not carry out these procedures at this Trust we do not have such a team** **f) Where multi-disciplinary teams exist – how often do all clinical members meet (a) per week (b) per month?** **Response – As we do not carry out these procedures at this Trust we do not have such a team**

	3) To what anatomical level of the lower limb is vascular surgery undertaken within your locality? **Response – Procedures not carried out at this Trust** **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.**
FOI13 316	Please provide the following information: 1. The total expenditure for the provision of Locum GPs within the last 3 financial years (2010/11, 2011/12, 2012/13) **Response – 2010/11 – n/a – IOW NHS PCT** **2011/12 – n/a – IOW NHS PCT** **2012/13 – £0** **Please note that this organisation has only operated since 1.4.2012** 2. A list of the agencies that were used to supply these GPs **Response – n/a** 3. A list of the agencies that have supplied you with paramedic staff **Response – n/a** **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.**
FOI13 317	Please provide the following information: I am writing to make a request under the Freedom of Information Act for details of how many tattoo removal procedures have been undertaken by the Trust over the last three years. More specifically: 1) For the financial year 2011/12,

	Response – We do not provide tattoo removal procedures at this Trust. a) how many patients have received tattoo removal treatment by the Trust? **Response – n/a** b) what is the total cost of those procedures? **Response – n/a** c) a breakdown for reason/category of tattoo removal (for example, but not limited to, "tattoos inflicted under duress during adolescence", "Iatrogenic" or other appropriate categories) **Response – n/a** d) a breakdown of cost per reason/category **Response – n/a** 2 a,b,c,d) The same for financial year 2012/13 **Response – n/a** 3 a,b,c,d) The same for financial year 2013/14 so far **Response – n/a** **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.**
FOI13 327	**Please provide the following information:** **To clarify, our definition of the term 'girls' refers to females under the age of 18. The term 'women' refers to females 18 years of age and above.** **Please provide answers to each of these questions for the financial years 2010-2011, 2011-1012 and 2012-2013:** **1. Do all medical practitioners, midwives and nurses in your institution receive training on the 2003**

	Female Genital Mutilation Act legislation? If not, how many have received this training? **Response – No.** **2. Does your institution formally record the number of FGM cases?** **Response – No.** **3. On how many occasions has your institution treated girls for FGM?** **Response – N/A.** **4. On how many occasions has your institution treated women for FGM?** **Response – N/A.** **5. On how many occasions has your institution referred cases involving girls and FGM to the local authorities?** **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.** **6. On how many occasions has your institution referred cases involving women and FGM to the local authorities?** **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.** **7. On how many occasions has your institution referred cases involving girls and FGM to the police?** **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.** **8. On how many occasions has your institution referred cases involving women and FGM to the police?** **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. **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.**
FOI13 333	**Please provide the following information:** **1. How many staff have received** **a) warnings** **b) referral to the GMC/NMC/appropriate regulatory body** **c) been dismissed** **for improper use of Twitter and Facebook in the financial years 2010-11; 2011-12 and 2012-13 respectively?** **Please can this be broken down by financial year as above, and job role be given - nurse, doctor, consultant, manager etc.** **Response – None** **2. Of these staff, how many were subject to a,b or c for posting of patient information? (Please indicate year, job role, and whether a,b,c)** **Response – None** **3. Of the staff given in answer to question 1, how many of these incidents involved posting pictures of patients (Please indicate year, job role, and whether a,b,c)** **Response – None** **4. Of the staff given in answer to question 1, how many have been subject to 1 or more warning, and what is the highest amount of warnings given to a staff member for improper use of Twitter and Facebook (please indicate year, job role) ?** **Response – None**

	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.**
FOI13 340	Please provide the following information: 1. Details of the total cost of procurements/tendering processes since April 2013. **Response – the total spend on Procurement Services (Operational Procurement (processing orders and managing catalogues), plus tender processes and supply chain and distribution services (including materials management) for the first quarter of the financial year (1 April to 30 June) cost £177k** 2. Details of the companies that have provided procurement/tendering services to you (for example 'Bravo Solutions') **Response – all tenders and quotations are processed via the Bravo eTendering portal. We also use SBS/Oracle for the procure to pay system (and Global Healthcare Exchange for catalogue management) and we utilise national frameworks wherever possible via Shared Business Service, Government Procurement Solutions, NHS Alliance etc.** **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.**
FOI13 341	Please provide the following information: I am writing under the Freedom of Information to request records of disposal of all fetal remains from miscarriage, stillbirth and abortion. More specifically: 1. a) In 2012/13, how many fetuses/fetal remains from miscarriage, stillbirth and abortion were disposed of by the hospital? **Response – 246** 1. b) Please provide a breakdown by method of disposal, for example (but not limited to) buried separately, buried

	individually, incinerated, incinerated with clinical waste, cremated individually, cremated separately, passed to families for their own arrangements. **Response – 225 cremated, 13 burial and 8 returned to family to make arrangements** 1. c) For those incinerated or incinerated as clinical waste, please provide the list of locations where this was carried out. **Response – NONE** 2. 2011/12 2a) In 2011/12 the number of foetuses/fetal remains from miscarriage, still birth and abortion were disposed of by the hospital. **Response – 305** 2b) Breakdown of disposal. **Response - 286 – cremated, 10 burial and 9 returned to family to make arrangements** 2c) For those incinerated provide a list of locations – **Response – NONE** Cremations and the hospital arranged burials are at the IOW crematorium **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.**
FOI13 343	**Please provide the following information:** **In your trust over the past 12 months for patients with asthma please provide the number of patients as follows:** **1. How many patients have been diagnosed as having severe asthma, i.e. BTS steps 4 or 5?**

Response – Diagnosis of asthma is frequently undertaken and managed by GPs in the community without reference to the Trust.

Trust data would only be able to retrieve numbers of inpatients admitted with a diagnosis of 'asthma' or 'allergic asthma' as there is no coding designated for 'severe asthma'. Outpatients are not coded for diagnosis and are therefore not retrievable without case note review.

2. How many patients have been diagnosed as having severe allergic asthma, i.e. severe persistent confirmed allergic IgE-mediated asthma?
Response – See above

3. How many asthma patients are you treating with a combination of all 3 of the following:
Inhaled high-dose corticosteroids AND
Long-acting beta2 agonists AND
Oral corticosteroids (4 or more courses in the past 12 months);
Of these how many are also currently receiving, or have trialled:
Leukotriene receptor antagonists
Theophyllines
Response – Treatment for asthma is usually undertaken by the GPs except when presenting to A&E in an acute episode. It is not possible to retrieve numbers of BTS steps 4 & 5 without case note review and this constitutes 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.

4. How many patients have been treated with Omalizumab [Xolair] – split into Asthma patients and Non-Asthma patients convenient please complete the following table to answer these questions:

Number of patients diagnosed as severe asthma, i.e. BTS steps 4 or 5	
Number of patients diagnosed as having severe allergic asthma, i.e. severe persistent confirmed allergic IgE-mediated asthma	
How many asthma patients are you treating with a combination of all 3 of the following; Inhaled high-dose corticosteroids AND Long-acting beta2 agonists AND Oral corticosteroids (4 or more courses in the past 12 months)	

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<tr><td></td><td>
<table>
<tr><td>Of these how many are also currently or have trialled Leukotriene receptor antagonists or Theophyllines</td><td></td></tr>
<tr><td rowspan="2">How many patients have been treated with Omalizumab [Xolair] – split into Asthma patients and Non-Asthma patients</td><td>Asthma</td></tr>
<tr><td>Other</td></tr>
</table>
Response – As 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.</td></tr>
<tr><td>FOI13 344</td><td>Please provide the following information:

Under the Freedom of Information Act could you please give me the information stated below?

Note: I would like the information in answer to below for every year back to July 2011.

1 –

1a - The number of people carrying out unpaid work placements (eg. Work experience placements) in Isle Of Wight NHS PCT who are claiming Job Seekers' Allowance (JSA).
Response – Information not held.

And I would like these numbers for each scheme you are involved in. For example, the schemes involve: Mandatory Work Activity, Job Centre Work Experience Scheme, Sector-Based Work Academies, Work Programme work experience placements (both voluntary and mandatory schemes). If you have a scheme for work placements for people claiming JSA that you run yourselves could you please give me the details of this and the questions answered below still.

1b – I would like to know the length of a placement on each scheme you are providing placements for (as these can vary greatly in length)
Response – See attached spreadsheet. All relate to Voluntary Work Experience Placements.</td></tr>
</table>

	1c – I would like to know the Isle Of Wight NHS PCT departments where each placement was carried out. **Response – See attached spreadsheet. All relate to Voluntary Work Experience Placements.** **1d – I would like to know how many people were given jobs in Isle Of Wight NHS PCT at the end of their placement.** **Response – Anyone undertaking work experience with the IOW NHS Trust will not be automatically entitled to a position; anyone interested in a position at the Trust is required to apply through NHS Jobs.** **1e – I would like to know any fees paid to Isle Of Wight NHS PCT for hosting these placements and who off.** **Response – No fees paid for work experience placements.** **2 –** **I would like the answers to all parts in question 1) again but for people claiming Employment and Support Allowance (ESA), and not JSA as in question 1** **Response – Information not held.** **Please note that this response does not constitute as consent for direct marketing.**
FOI13 345	**Please provide the following information:** **I am writing to you to ask about your arrangements for monitoring the standards of your 999 call takers.** **Specifically: For the last 6 months.** **1) How many emergency calls are monitored/checked for the quality of the call taker's communication skills/adherence to procedure each month (for each call taker)?** **Response – minimum of 5 calls for each call handler are audited for quality purposes** **2) Who does this monitoring?**

	Response – The quality Audit team **3) What actions are taken when the call taker's quality of communication/failure to follow procedure are discovered?** **Response – An individual action plan is drawn up for each call handler who falls below the expected standard of 86% compliant. The call handler is then interviewed as a 1 to 1 process of clinical review. This action plan will include increased monitoring of the individual's calls, further educational training, supervised call handling until required standard is reached.** **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.**
FOI13 347	**Please provide the following information:** **1. Please list the number of occasions since May 2010 when there has been a temporary divert of patients to other A&E departments to provide temporary respite (I.e. not to meet a clinical need). Please include the date of each 'A&E divert' and how long it lasted.** **Response – None. We are an Island based service with no opportunity for short term closures.** **2. Please list the number of occasions since May 2010 where there has been an unplanned closure of an A&E department to admissions without consultation and agreement with neighbouring trusts, the ambulance trust or SHA (where applicable). Please include the date of each 'A&E closure' and how long it lasted.** **Response – None. We are an Island based service with no opportunity for short term closures.** **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.**
FOI13 349	**Please provide the following information:** **1. How much did your hospital trust spend on (a) agency nursing care and (b) agency Doctors in the**

	2012/13 financial year? **(a) Response – Agency Nursing spend in 2012/13 was £255k.** **(b) Agency Medical staff spend in 2012/13 was £2,983k.** **2. On how many occasions was more than £1,000 paid for a single shift for an agency doctor and what were the sums paid?** **Response – This information is not held.** **3. On how many occasions was more than £1,000 paid for a single shift for an agency nurse and what were the sums paid?** **Response – This information is not held.** **Please provide details of any occasions where you have paid more than £1,000. For each occasions state the date the agency worker was hired for, how many hours they were asked to work, how much money you paid the agency for their services, the agency workers job title and the department in your trust where they worked?** **Response – This information is not held.** **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.**
FOI13 351	**Please provide the following information:** **1. How many Healthcare Assistants are employed by your Trust?** **Response – Healthcare Assistants and Other Support Staff: 784 Headcount** **2. How many full-time Nurses are employed by your Trust?** **Response – All Full-time (37.5 hours) Registered nursing, midwifery & health visiting staff: 244 Headcount** **3. How many days/weeks do you require Healthcare Assistants to train for before they can treat**

	patients? **Response – All Staff are required to have a 1 day Trust Induction upon starting at the Trust.** **4. Do Healthcare Assistants at your Trust receive an annual review?** **Response – All Staff are required to have an annual appraisal in line with the Trust appraisal policy.** **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.**
FOI13 355	**Please provide the following information:** **1. Total amount the Trust spent on agency locum doctors 2012/2013 (April – March)** **Response –** **£2,983,178.45** **2. For this information to be broken down by speciality and grade.** **Response –** **Please see attached.** **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.**
FOI13 356	**Please provide the following information:** **Based on you Trust's data provided for the Ambulance Quality Indicators for the FY April 2012 to March 2013 please provide:** **a. The number of ROSCs maintained to Hospital admission and patients who survived to discharge by each Hospital to which you took patients who had suffered a cardiac arrest.** **Response – This information is readily available and is therefore exempt under s.21 of the Freedom of**

	Information Act 2000. The DoH report this information which the IOWAS submits each month to http://www.england.nhs.uk/statistics/ambulance-quality-indicators/. **b. The total number of cardiac arrests attended by your Trust and the arrhythmia found i.e. VF, VT, PEA/EMD, Asystole.** **Response – This would involve a manual examination of patient clinical records and would therefore 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.** **c. Would you also provide a copy of your Trust Annual Cardiac Arrest Audit Report for FY 2012/13, if you produce one, if not outline details of whether you audit every cardiac arrest case you attend or only those where resuscitation has been attempted.** **Response – We do not produce an Ambulance Specific Cardiac Arrest Audit Report for this trust. The data produced for DoH necessitates that every Cardiac Arrest is audited (please see Q1 a)** **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.**
FOI13 357	**Please provide the following information:** **1. Confirmation that the Wheelchair Service has published, service criteria.** **Response – Available locally for anyone who requests it. See 2** **2. A copy of the prescription criteria and procedural guidelines for the Wheelchair Service** **Response – PROCESS FOLLOWING RECEIPT OF REFERRALS** ***Although clients' needs vary enormously and the amount of clinical input varies accordingly, the general process for each referral is as follows.***

	1	**Upon receipt referral is put in 'Duty' tray. Should additional support for the request for a wheelchair be required a letter is sent to the client's GP at this point.**
	2	**Referral is ratified by Occupation Therapist and appropriate action required is decided and noted.**
	3	**Actions to be considered are:** **Clinic - all instances except where clients are unable/not well enough to travel** **Home Visit – where clients are unable/not well enough to travel** **Duty – where an action can result successfully without client contact** **Paeds – where the client is classed as a child** **RE/OT – Highly complex, multi-disciplinary client needs** **OTA – where the required action can be carried out by an OT Assistant**
	4	**The levels of complexity within the 'Actions' are then considered as follows:** **Basic** **Standard** **Complex** **Highly Complex, Multi-Disciplinary**
	5	**Details of the referral are entered on the Redwheel client database.**
	6	**Referrals are then put on appropriate waiting list (See 3 above) and hard copy referrals are filed with waiting lists.**
	7	**At the appropriate time the client is telephoned to be offered an appointment. This is generally, but not always, followed by a confirmation letter.**
	8	**During the clinic/home visit the client will be assessed, a prescription completed**

		and arrangements will be made for the supply of a wheelchair if appropriate. Wheelchairs can be provided from a small stock held by the Wheelchair Service or it may be necessary to order from a wheelchair supplier. Where possible, subject to availability, wheelchairs are issued on the day if clients are able to attend clinic.
	9	**Wheelchairs that have been ordered from a supplier are checked and numbered and delivered by the contracted repairer or, were further clinical input is required, by the OT. They are sometimes delivered to the Wheelchair Service for adaptation and issue.**

Please find attached the Wheelchair service criteria

3. The date of publication of this criteria and the planned date for review.

Response – The criteria forms part of the Service Level Agreement with the Commissioners and so is reviewed each year.

	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.**
FOI13 366	**Please provide the following information:** **I'm currently doing some research with regards to fleet management and I was wondering if I could submit a freedom of information request detailing the organisation's vehicle, leasing and maintenance contracts.** **1. Contract Type: Maintenance, Leased, Hire** **Response – We do not utilise external Fleet Management Services, it is done in-house.** **2. Who is the supplier of this contract? If there is more than one supplier please can you split all the information out below including annual spend, contract description and contract dates.** **Response – N/A** **3. A small description of the contract.** **Response – N/A** **4. The expiry date of each individual contract.** **Response – N/A** **5. The contract review date.** **Response – N/A** **6. Can you please send me contact details of the individual within the organisation responsible for this contract? Can you please send me two contact one from the fleet management (or equivalent) and the other procurement or purchasing preferably the category manager.** **Response – Names of staff 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.** **7. If the contract above was awarded within the last six months could you please provide me with the suppliers that where shortlisted?**

	Response – N/A **8. I understand that the FOI Act is for recorded information but if you could be so help please include notes into what the organisation tends to do for future procurements. Extending contract, going to tender etc.** **Response – This is not a request for information.** **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.**
FOI13 367	**Please provide the following information:** **1. Are there any clinical areas where you implement a system of 24 hour consultant cover – where a consultant is in department 24 hours, 7 days a week, rather than being on call (other than in ED).** **Response – No** **2. If yes, please could you tell me which clinical areas this applies to, and when the system was first implemented?** **Response – n/a** **3. Could you explain why the move to 24 hour working was approved?** **Response – n/a** **4. If no, are there currently any plans or proposals to switch to such a system? If plans are in place, which clinical areas does this apply to and what is the timeframe & process for implementation?** **Response – No** **5. If there are not any 24 hour working departments and no plans to switch to such a system – has the issue ever been raised, and if so, why was it dismissed?** **Response – Senior doctors e.g. middle grades are on site and Consultants provide On call cover.**

	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.**
FOI13 368	**Please provide the following information:** **1. What was the total number of days lost for your organisation due to sickness absence over the last 2 years? For guidance and to help expedite the response, I would like to clarify my request. Last 2 years defined as financial years 2011-12 & 2012-13 and may I request, that your reply be broken down to reflect the organisations structure of Directorates, (as I have no idea of your organisations structure) I have used Birmingham Council structure purely as an example (Adults & Communities), (Children, Young People & Families), (Corporate Resources), (Development),(Environment & Culture), (Homes & Neighbourhoods).** **Response –** Error! Not a valid link. **2. What is the Total number of employees (headcount broken down in to the organisational structure and also covering the same time period as requested in question 1).** **Response –** **2012/2013 Directorates Headcount** **Acute Clinical Directorate 901** **Corporate Areas 543** **Community Healthcare Directorate 973** **Planned Directorate 762** **2011/2012 Directorates Headcount** **Acute Clinical Directorate 874** **Corporate Areas 672** **Community Healthcare Directorate 964** **Planned 779**

				Directorate	
	TOTAL	3179		TOTAL	3289

3. What is the FTE (full time equivalent) broken in to the organisational structure and also the same time period as requested in question 1.
Response –

2012/2013	Directorates	FTE	2011/2012	Directorates	FTE
	Acute Clinical Directorate	785		Acute Clinical Directorate	770
	Corporate Areas	455		Corporate Areas	562
	Community Healthcare Directorate	832		Community Healthcare Directorate	818
	Planned Directorate	645		Planned Directorate	662
	TOTAL	2717		TOTAL	2812

4. During the last financial year April 2012 to March 2013 what percentage of your organisations "return to work meetings" are held and documented on:
(A) The day employee returns

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(B) The week employee returns but not on first day
(C) RTW interview held outside the week employee returned or not held
Response – Information not held.

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<tr><th>RTW meeting Held</th><th>% of RTW</th></tr>
<tr><td>Day employee returns to work</td><td>Target 100%</td></tr>
<tr><td>RTW meeting held in first week but not on day employee returned</td><td></td></tr>
<tr><td>RTW interview held outside of first seven days or not held at all</td><td></td></tr>
</table>

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.
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<td>FOI13 369</td>
<td>
Please provide the following information:

Under the Freedom of Information Act please provide the following details on incidences of Female Genital Mutilation (FGM):

1) The number of incidences/suspected incidences of FGM treated by the Trust in the last five years.
Response – This trust does not undertake remedial work for these procedures, any suspected would be referred to a specialist unit.

a) Please break these incidents down by date, the hospital where the diagnosis occurred, a brief description of why FGM was suspected, the age of the patient, the nationality/ethnicity of the patient, and a brief description of what happened to the patient.
Response – None known
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	b) Please tabulate this response. **Response – Not applicable** **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.**
FOI13 370	**Please provide the following information:** **1. I'd like to receive details of annual expenditure (Financial year April 2012 – March 2013) by each 3rd level eClass code used in your trust (Isle of Wight).** **Please include all expenditure including NHS Supply Chain data.** **Please provide this information in an Excel spreadsheet if possible.** **Example of how I'd like the data presented:** **eClass Code — Annual Expenditure** **AAA 30000** **AAB 45000** **AAC 103000** **AAD 13000** **AAE 124000** **AAF 345000** **AAG 4500** **Etc.** **Response –** **Please see attached spreadsheet showing details for 2012/13.**

	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.**
FOI13 371	**Please provide the following information:** **1. Within your mental health trust how many patients are currently being treated for schizophrenia? 99** **Of those patients please split by their current drug treatment;** • **Amisulpride 0** • **Aripiprazole 0** • **Chlorpromazine 0** • **Clozapine 60** • **Haloperidol 0** • **Olanzapine 0** • **Paliperidone 17** • **Quetiapine 0** • **Risperidone (LAI 22)** • **Not on Antipsychotic therapy 0** **Unable to accurately estimate the numbers for the other groups** **Of your schizophrenia patients, how many have "emotional withdrawal" as a symptom.** **If possible, please enter the information into this table;**

Treatment	Total Patients	Amisulpride	Aripiprazole	Chlorpromazine	Clozapine	Haloperidol	Olanzapine	Paliperidone	Quetiapine	Risperidone	Patients with "emotional withdrawal"
Number		0	0	0	60	0	0	17	0	22	

of Patients										**Long acting Injection**		

Response –
PAS report for patient with ICD-10 F20.0-F20.9 admitted over last 10 years numbers 419.
We only prescribe medication for a small number of these patients with the majority being monitored within Primary Care. These prescribing figures should be requested via Isle of Wight CCG medicines Management.
"Emotional Withdrawal" is not a term we can use to conduct a search of patients therefore this information is not available.

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.

FOI13 379

Please provide the following information:

Regarding the delivery of high-intensity (Step 3) level interventions through IAPT, please could you provide the following data:

1. **In the first quarter of 2013-14 (i.e. 1st April to 30th June 2013) how many sessions of high intensity (step 3) level interventions did the IAPT service which NHS Isle of Wight CCG commissions deliver in total?**

Response – 1373 Clinical sessions

2. **Of these, how many were sessions of Behavioural Couples Therapy (also known as Couple Therapy for Depression)?**

Response - 36

3. **What is the waiting time for someone who is referred for Behavioural Couples Therapy (also known as**

	Couple Therapy for Depression)? **Response – Approx 3 weeks** **4. What is the waiting time for someone who is referred for Cognitive Behavioural Therapy (as a high intensity/step 3 level intervention)?** **Response – Approx 2 weeks** **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.**
FOI13 383	**Please provide the following information:** **1. In your area, what was/ is the limit in terms of prescribing blood glucose test strips per patient per month in each of the following years?** **2010/2011 2011/2012 2012/2013 2013/2014** **1a) for type 1 diabetes patients** **1b) for type 2 diabetes patients** **Response – We do not hold this information however you may wish to re-apply to the Isle of Wight CCG who may hold this information: www.foiccg.iow.nhs.uk.** **2. What is the reason for limiting the amount of blood glucose test strip prescriptions available to each patient in your area?** **Response – We do not hold this information however you may wish to re-apply to the Isle of Wight CCG who may hold this information: www.foiccg.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.**
FOI13 386	**Please provide the following information:**

	Could you please provide by return email, all information pertaining to: 1. **The Trust spend on STAFF hired by AGENCIES working in the PHARMACY department from January 2012 to present.** **Response –** **Jan '12 to 31st March 2012 - Nil** **1st April 2012 to 31st March 2013 - £2,025** **1st April 2013 to 30th September 2013 - Nil** **We have provided figures relating to pharmacy staff hired from agencies.** **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.**
FOI13 388	**Please provide the following information:** **The Isle of Wight NHS Trust was established on 1st April 2012 therefore only one year's worth of data has been provided.** 1. **The amount of money spent on translating documents and providing interpreters in your trust over the past five years. Please could you break this down year by year. I would like a total spend each year - broken down into translation and interpreting services. For each year please could you also say how many languages are being translated from English.** **Response –** **2012/13 - £23,281.33. This includes interpreter and communication services. It is not possible to identify the language being translated as information is not held in this way.** **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.**

FOI13 390	**Please provide the following information:** **1. From what date has your NHS organisation had a Local Counter Fraud Specialist in place? (If there is no counter-fraud specialist in place, can you intimate who as responsibility for fraud investigations in your organisation – eg: audit department, finance department etc?)** **Response –** **1st April 2012 – when the Isle of Wight NHS Trust was established by statute.** **2. For 2012 – 2013 how many days did your organisation's Local Counter Fraud Specialist devote to pro-active counter fraud work (as defined by NHS Protect)?** **Response –** **64 days** **3. For 2012 – 2013 how many days did your organisation's Local Counter Fraud Specialist devote to reactive counter fraud work (as defined by NHS Protect)?** **Response –** **21 days** **4. For 2012 – 2013 how many investigations into potential fraud affecting your organisation were commenced?** **Response –** **15 referrals which led to 6 formal investigations** **5. For 2012 – 2013 what was the value of fraud identified affecting your organisation?** **Response –** **£6,753.64** **6. For 2012 – 2013 what was the value of the sums recovered in respect of fraud affecting your organisation?** **Response –** **£6,753.64**

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<tr><td></td><td>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.</td></tr>
<tr><td>FOI13 392</td><td>Please provide the following information: Discharges from wards.

1. I would like to know how many patients have been discharged between 11pm and 5am in 2012, and 2013 so far. (separate results for each year)
Response –

Data was taken from the Patient Activity System on 10/10/2013 and is in respect of all coded discharges ‘on medical advice’ (so not ‘deaths’ or ‘self discharges’) from all areas of the hospital. There is no exclusions for discharge destination and therefore some of these patients may have been transferred to other hospitals.
All wards
<table><tr><th>Between 11pm & 5 am</th><th></th><th></th><th>% discharges</th><th></th></tr><tr><th>Day</th><th>2012</th><th>2013</th><th>2012</th><th>2013</th></tr><tr><td>MONDAY</td><td>65</td><td>76</td><td>1.58%</td><td>2.53%</td></tr><tr><td>TUESDAY</td><td>44</td><td>74</td><td>1.02%</td><td>2.23%</td></tr><tr><td>WEDNESDAY</td><td>78</td><td>75</td><td>1.93%</td><td>2.37%</td></tr><tr><td>THURSDAY</td><td>48</td><td>78</td><td>1.12%</td><td>2.39%</td></tr><tr><td>FRIDAY</td><td>67</td><td>78</td><td>1.45%</td><td>2.22%</td></tr><tr><td>SATURDAY</td><td>41</td><td>54</td><td>1.97%</td><td>3.61%</td></tr><tr><td>SUNDAY</td><td>33</td><td>43</td><td>2.22%</td><td>3.78%</td></tr><tr><td>Grand Total</td><td>376</td><td>478</td><td>1.51%</td><td>2.53%</td></tr></table>
*This figure includes areas where the patient often chooses to return home as soon as medically safe (such as Childrens’, Obstetrics & Day surgery) rather than stay longer in hospital.

2. I would request that this information is presented by the number of patients discharged between 11pm and 5am on a weekday (Monday to Friday) and the number released on a weekend (Sat-Sun).</td></tr>
</table>

<table>
<tr><td></td><td>Response –

<table>
<tr><td>Weekday subtotal</td><td>302</td><td>381</td><td>1.42%</td><td>2.34%</td></tr>
<tr><td>Weekend subtotal</td><td>74</td><td>97</td><td>2.07%</td><td>3.68%</td></tr>
</table>

3. I would further like to know what percentage of patients discharged daily this equates to
Response –
This information is included in the first table 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.</td></tr>
<tr><td>FOI13 393</td><td>Please provide the following information:

Please provide contact information including First Name, Surname, Email Address and Telephone Number for all of the Head Pediatric Occupational Therapists and Pediatric Occupational Therapists or those who provide a service which can be defined as Occupational Therapy from Isle Of Wight NHS Trust.
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 I can confirm that Occupational Therapy falls within the remit of the Executive Medical Director which is readily available on the Trust website: 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.</td></tr>
<tr><td>FOI13 394</td><td>Please provide the following information:

The information I’d like is from the “clinical reviews to determine the level of non payment for readmission” (paragraph 122 PbR 2012-13). The details of these reviews are outlined in the DoH Payment by Results</td></tr>
</table>

	Guidance for 2012-13 (Gateway Reference 17250), pages 33 – 39, and DoH Payment by Results Guidance for 2013-14 (Gateway Reference 18768), pages 35-40. I'm attaching both for your convenience. **Where it is available, I'd like the documents that evidence the following specific information:** **1. The full results of the "clinical reviews to determine the level of non payment for readmission" (as outlined in paragraph 122 of PbR 2012-13) and in more detail in paragraph 130) which you were asked to complete by the end of the first quarter of 2012.** **Response – The documents that support this review contain patient identifiable data and therefore cannot be shared as part of our response. However our initial review undertaken of all 30 day emergency readmissions during May 2012 (that met the criteria outlined in the guidance) concluded that of the 10 30 day Emergency readmissions following an Elective admissions 60% were related and of the 100 30 day Emergency readmissions following an Elective admissions 59% were related.** **2. The full results of any subsequent clinical reviews (as outlined in the PbR Guidance 2013-14, paragraphs 140-144).** **Response – For the latest review of emergency readmissions we undertook an audit of all 30 day emergency readmissions during November 2012 and May 2013 (that met the criteria outlined in the guidance). This concluded that of the 23 30 day Emergency readmissions following an Elective admissions 52% were related and of the 153 30 day Emergency readmissions following an Elective admissions 50% were related.** **3. The breakdown of these results into the numbers of 'avoidable' and 'non avoidable' emergency readmissions, and if it was done, the data broken down by condition (ie various surgical procedures, various medical conditions).** **Response – This detail was not recorded** **4. The results from the audit(s) which identify which avoidable readmissions were attributable the actions of which agency (for example the provider, a third party provider, the primary care team, community health services or social services, or a contracted body to any of these organisations).** **Response – This detail was not recorded**

	5. The level (s) at which the threshold(s) for non payment for emergency readmissions were set. **Response –** **30 day Emergency readmissions following Elective admission – Payment was withheld for 52% of the anticipated value all of these admissions.** **30 day Emergency readmissions following Non elective admission – Payment was withheld for 25% of 50% of the anticipated value all of these admissions.** **6. The amounts of money which have not been paid to Trusts for emergency readmissions since the policy has been applied.** **Response –** **2011/12 – £385,708** **2012/13 - £306,002** **2013/14 - £387,869** **7. Details of where the money from non payment for emergency readmissions has been invested – as outlined in paragraphs 137-8 (PbR 2012-13) and paragraphs 145-146 (PbR 2013-14)** **Response – This Information is not held. Please contact the Isle of Wight CCG at foiccg@iow.nhs.uk.** **8. Documents which evidence details of conclusions reached by these clinical reviews, if any, about the "issues affecting post discharge and reablement care" (PbR 2013-14, paragraph 138)** **Response – This Information is not held. Please contact the Isle of Wight CCG at foiccg@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.**
FOI13 399	**Please provide the following information:** **I would like to find out the full organisation chart with line managers names for your clinical, information and corporate governance departments** **Response – Names of staff constitute personal data as defined within the Data Protection Act 1998 and this**

	information is therefore exempt under s.40 (2) of the Freedom of Information Act 2000. However I can confirm that the Information and Corporate governance departments fall within the remit of the Company Secretary and the Clinical Governance department falls within the remit of the Executive Director of Nursing and Workforce which is readily available on the Trust website: 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.**
FOI13 406	**Please provide the following information:** **1. Please give Job titles of all staff who deal with processing FOI requests either as their whole job or when it forms part of their role (I do not mean staff who may be asked for information to answer requests)** **Response – FOI requests are processed by staff within the Information Governance Team. See response to question 5.** **2. Please give FTE for these posts or, if it forms part of another role, the % of the job which is given to dealing with FOI requests. e.g. 0.4 FTE of job. This can be a rough approximation.** **Response – This information is not held.** **3. Please give the Agenda for Change Band for this post/s** **Response – Please see response to question 5.** **4. Please give the number of FOI requests you have received since 01.01.2013 until 01.10.2013 (10 calendar months)** **Response – 384.** **5. If time allows, please include job descriptions** **Response – Please see attached.** **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.