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| **Ein cyf / Our ref: 322/21/FOI** |
| **Dyddiad / Date:** 23rd December 2021 |

Further to your request for information dated 11th October 2021, I am pleased to provide the following response. Please accept our sincere apologies for the delay.

**Your request and our response:**

1. **Were “supply staff” employed on the COVID Wards?**

Yes, Bank and Agency Staff were/are employed on a variety of wards across the Health Board, this includes COVID Wards.

1. **I assume that there is a list of these “supply nursing staff” and their specialisms. If these individuals are not employed through an agency then it is assumed that they are self-employed or daywork term employees. Is this assumption correct?**

No, we do not have self-employed nursing staff working outside of BCUHB Employment or Agency engagement. The only exception to this could be individuals working under an honorary contract, but these would be employed in another health organisation.

1. **It is assumed that hourly rates of pay are enhanced because there is no pension entitlement or holiday pay. Are there additional payments? Does BCUHB face the same problem recruiting and retaining nursing staff as it does with recruiting and retaining consultants and senior medical staff?**

No additional payments other than the rate agreed for the worker. In recent years there has been challenges in recruiting nursing staff however we have seen an improvement in our vacancy position in recent months.

1. **Can you explain why, as of Spring, 6% of the total population in Wales had been waiting over 12 months for treatment by the NHS, this compared to 0.7% in England, the budget per capita for health care in Wales being greater than it is in England?**

BCUHB does not hold this information as it is held by Welsh Government, under our duty to advise and assist please find a link to their website below: <https://gov.wales/requesting-information-welsh-government-foi-requests>

**Whilst the statistics quoted relate to Wales it would be useful to have the information for The BCUHB and YGC areas for the same period. Please can this be provided?**

As of 1st April 2021, 44,239 patients had been waiting 12 months or longer for treatment.

1. **Can we take it that the instruction to a number of Departments came from Mr Clive Walsh? Please can you provide me with a copy of the dated instruction? Patients were not given advance notice of an intention to remove their names from waiting lists. Should they have been? Is this appropriate?**

Please refer to our response to you under 173/21/FOI dated 28th September 2021 where we have confirmed where the instruction came from. We have been unable to locate a copy of the dated instruction. In regards to the later part of this request under the Freedom of Information Act, you have a right to request any recorded information held by a public authority however the authority does not have to answer your question if this would mean creating new information or giving an opinion or judgment that is not already recorded.

1. **I believe that patients were requested to sign “Do Not Resuscitate” (DNR) statements. How many were issued and how many were signed by individual patients?**

There was no such blanket policy within BCUHB requesting patients to sign Do Not Resuscitate agreements. Any such agreement would only be discussed as appropriate with a patient or their representative on the basis of clinical need and outcome, and would involve the clinicians caring for the patient. These are recorded individually on patient records where these are agreed.

In accordance with the Freedom of Information Act 2000, this letter acts as a Refusal Notice under section 17 of the Act.

The Health Board can confirm that it holds the details you have requested however, we have established that to comply with your particular request would exceed the appropriate costs limit under section 12 of the Freedom of Information Act 2000. This is currently £450. In reaching this decision we estimate that it would take staff approximately 81 hours to locate and review the 971 patients who have had a Covid related death in the time period referred to in our response to you in 173/21/FOI. This figure is based on a timescale of 5 minutes per patient record, Therefore, to obtain the data would work out at approximately 81 hours @ £25.00 per hour (cost permitted under the Act) = £2,025. As you will be aware this is not an exemption which requires us to consider the application of the public interest test.

1. **Does BCUHB recruit from overseas? It seems that this is the case. How many of the Locums in BCUHB are thus recruited?** **Are staff recruited as Locums because they do not meet the academic requirements for permanent employment? Are there really no handovers when a Locum contract ends? Is this desirable from a patient viewpoint?**

Yes on occasions BCUHB does recruit from overseas. On occasions Locums may be recruited with a training and development plan in place that could see them potentially being recruited to a permanent post in the future. Regarding handovers, please refer to our response to you under 173/21/FOI dated 28th September 2021, specifically question 18.

1. **What percentage of a Medical Professional’s salary is paid to Agencies?**

The rate paid to an agency for each agency worker can vary depending on the agency and the grade of Doctor. The worker has their rate set out clearly to them when they are engaged on their contract.

1. **Are those consultants and senior medical professionals on short term Locum Contracts paid at a higher rate because of lack of pensions and holiday pay?**

It is the clinician’s choice to work for an agency, it is therefore not our determination to say why a clinician would choose to work on a temporary agency basis. There are a range of factors that influence the pay rates for agency workers not pertaining to Salary and Benefits, for example commercial market rates can be a factor.

1. **Is it being accepted that hospital staff members are diverting patients to the private sector to “jump the queue” for treatment by the NHS?**

As stated in our response to your request for an internal review of Freedom of Information reference 173/21/IR,Under the Freedom of Information Act, you have a right to request any recorded information held by a public body (BCUHB), however BCUHB is not required to answer your question if this would mean creating new information or giving an opinion or judgement that is not already recorded within BCUHB. In this instance, this question is asking for an opinion and is therefore outside of the remit of the Freedom of Information Act and we are therefore unable to provide you with a response. However, in addition, we can confirm that all BCUHB staff are required to abide by the Health Board’s OBS02 – Standards of Business Conduct Policy which includes information on conduct in relation to private practice. Under our obligation to advise and assist, please refer to the embedded policy below. Please note that any information that is personal has been redacted under Section 40 – Personal Information of the Freedom of Information Act.



1. **Is it accepted that whilst hospital facilities are being offered to the private sector they are not available to NHS patients thereby increasing NHS waiting times?**

Private treatment is done outside of “normal” NHS hours especially to not disadvantage NHS patients. Anyone seeing a consultant privately who then needs further treatment which they elect to have as private is meant to be put on the waiting list at the appropriate place commensurate with the level of their condition. The Health Board staff are required to adhere to the ‘Management of Private Practice in Health Service Hospitals” commonly known as the “Green Book” which stipulates the following: “under the NHS ACT 1977 Health is not allowed to subsidise Private treatment”

Also patients cannot dip in and out of NHS and private for the same episode of illness, they can see a consultant who may then determine they need treatment, at this point they can return to NHS but need to sign a form acknowledging their change of status, any referrals for future treatment should again be at a point commensurate with their condition.

Please note BCUHB is doing very little private work due to the ongoing pandemic and backlog of patients on waiting lists, any clinician wishing to bring in a patient for private treatment would need the agreement of the site medical director to do so.

1. **What is the increased flexibility offered to Locums?**

Agency Locums have the choice whether to accept the shift offered to them. They can also choose to work in multiple organisations if they wish.

1. **When long term Locums’ contracts end is there any analysis and record kept of why they left and where their next appointment was? If so is there a common factor and what is that?**

Currently that type of assessment is not undertaken.

1. **What is your definition of “complaint”?**

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 define a complaint as “*any expression of dissatisfaction*”.

1. **How many “concerns have been raised and how many complaints to the GMC have there been since 2011?**

**Please can you provide separate figures for:**

* **general complaints;**
* **"concerns"**
* **complaints to the GMC and other professional bodies;**
* **complaints to The Ombudsman;**
* **complaints that have resulted in litigation;**
* **any other complaint that does not fit into the aforementioned categories.**

**Please can this information be provided for the following periods:**

* **1st May 2019 to 31st October 2019;**
* **1st November 2019 to 30th April 2020;**
* **1st May 2020 to 31st October 2020;**
* **1st November 2020 to 30th April 2021;**
* **1st May 2021 to 31st October 2021.**

The GMC do not distinguish between the grades or roles of medical staffing – but rather the specialty and what the complaint was, therefore the Health Board are unable to answer this question in the detail requested.

However under our duty to advise and assist we can provide the following information:

There have been 213 complaints to the GMC from 2017 – 2021 with a breakdown embedded below:



1. **So how many complaints, concerns and referrals to the GMC have there been against each element of medical staff with Locums identified separately?**

**Can the answer for this question be provided in the same format as above and for each category.**

Please see response to answer 15.

1. **Regarding "Special Measures" is there a document that exists which explains the reasons for them and why they were introduced and to which parts of the organisation they referred at YGC?**

The then Minister for Health and Social Services issued a statement on 8 June 2015, announcing that the Health Board was to be placed in Special Measures as a result of ‘serious and outstanding concerns about the leadership, governance and progress in the Health Board over some time’. The full statement is attached. Also attached is the Board paper dated 14 July 2015, setting out the Health Board’s immediate response to the announcement and reiterating the reasons for Special Measures. The paper refers to those areas requiring tangible improvement that were related specifically to Ysbyty Glan Clwyd – namely maternity services and Tawel Fan ward within the Ablett Unit.

 

1. **Why is the problem seemingly worse in BCUHB in recruiting substantive consultant posts? I appreciate that you cannot respond to this without referral to other Boards / Hospitals particularly in The North West of England. What does BCUHB have to do to make it and particularly YGC more attractive places to work? What are the deep-rooted problems?**

The Health Board does not hold the information pertaining to other health organisation medical vacancy rates. BCUHB uses a range of factors to attract candidates to work in North Wales. Our understanding is that quality candidates have a wide range of choice of where they can accept jobs, as many health organisations are recruiting for similar roles.

1. **If BCUHB refers patients to the private sector because of an inability should that consultant’s fees be paid by BCUHB?**

The Health Board occasionally contracts with private sector providers to increase the available capacity. When this is done this is not accessing private care but NHS care in the private setting, the contract is with the Provider and not with individual consultants and is paid for at agreed NHS rates. The transfer of patients to those services is managed by the health board in terms of clinical priority and length of wait. The Health Board is not referring the patient to the private sector.

Individual Patient Funding Request (IPFR): If a BCUHB referral falls outside available outsourced contracts, the individual fees would be subject to IPFR/Prior Approval Request (PAR) depending upon the treatment required. As above, we only support private providers where all NHS options are exhausted. IPFR/PAR is more typically used to refer people to specialist NHS providers where cohorts are too small for a contract.

1. **YGC does not have specialists in all areas and patients are being referred to other hospitals and the private sector. Is this accepted? If a patient is referred to the private sector because a particular specialism does not exist should the resultant fees be paid by BCUHB? Is it accepted that not everyone can afford private health care?**

IPFR: as per the Health Board’s response to question 19 above, for the Health Board making the referral, it is due to lack of a local service. Also worth noting, there is no Policy for patient choice across NHS Wales. Patients are entitled to seek treatment outside the NHS and in doing so they step outside of our care. The Health Board is not obliged to either reimburse or continue to fund ongoing treatment in the private sector.

There are a few occasions where all NHS options are exhausted and/or treatment in the private sector is the only option (e.g. therapies such as counselling via the British Sign Language; Specialist Brain Injury Rehabilitation). For these cases IPFR/PAR would then fund a private provider, but this is not the norm.

1. **38% of Senior Medical Staff are temporary employees. Is this desirable?**

Our temporary workforce play a vital role in providing capacity when needed at short notice. However, it is the Health Boards aim to reduce the use of temporary workers by filling vacancies substantively.

1. **The fact that 36% of those patients who died from Covid did as a result of hospital infections is shocking. What has been learned?**

Infection Control Investigations are ongoing in to Health Care Acquired Infections re Covid-19 in accordance with the NHS Wales national framework – Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19. Learning is currently being extracted and implemented in to action plans. As the investigations are in their infancy, we are unable to comment on specific learning examples at this time.

1. **Is it accepted that whilst medical professionals are allowed to work privately they are not working treating NHS patients? Is it accepted that if this practice ceased then more time would be spent in treating NHS patients and waiting lists and times would be reduced accordingly**

Medical Professionals have a job plan which outlines the work they are employed to deliver and what they will be paid within their substantive contract and if they are supporting private practice they are required to do so outside of the time they are required to deliver work for the NHS. If the private practice ceased the NHS job plan would remain the same i.e. no additional NHS work would be performed.

1. **We are seeing private facilities like Spire “mushrooming” in locations in relatively close proximity to NHS Hospitals. Is this the beginning of privatisation of the NHS through the back door”? Is BCUHB disintegrating**

BCUHB are not disintegrating. In regards to the actions of the Spire Hospital, this is not held by the Health Board and you will need to contact the Spire, under our duty to advise and assist, please find below their website:

<https://www.spirehealthcare.com/>

1. **Is it accepted that if the overburden of administrative and middle management was reduced the proceeds could be used to increase consultant and senior medical staff pay thus reducing the need and temptation to increase earnings by seeking to work in the private sector and thus reducing waiting lists and times?**

Salaries for consultants and senior medical staff are agreed at a national level. Reducing administrative costs would not result in clinicians receiving higher pay.

1. **What benefit to the NHS patients and The Health Service and BCUHB is there in allowing “moonlighting”?**

BCUHB’s safe employment policy sets out the requirements for employees to declare secondary employment. BCUHB does not condone working excessive hours in other external organisations, colloquially referred to as moonlighting.

1. **Most consultants and Senior Professionals will be mature individuals and less likely to need to flit between posts to gain experience, is this appreciated?**

It is appreciated that employees will decide to stay in their chosen role for a variety of reasons.

1. **The fact that it has been necessary to dismiss the previous two Chief Executives on inefficiency grounds (I believe) when both were interviewed and appointed largely by the same individuals suggests that there are underlying problems. Is this accepted? In their defence did these two individuals criticise the organisation and make any recommendations and if so were they acted upon? Is it the custom of BCUHB to give "golden handshakes" in exchange for "gagging orders"?**

The Health Board uses a value based recruitment model together with pre-employment checks set out within the national standards. Both individuals departed from the organisation by mutual agreement. The Health Board does not use “golden handshakes” nor “gagging orders”.

1. **What is the ratio of industrial staff / administrative and other non-productive staff to medical professionals and nursing staff?**

The Health Board does not have any “non-productive” staff.

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| **Staff Group** | **FTE** | **FTE %** |
| Add Prof Scientific and Technic | 666.51 | 4.04% |
| Additional Clinical Services | 3470.07 | 21.01% |
| Administrative and Clerical | 3267.49 | 19.78% |
| Allied Health Professionals | 1100.30 | 6.66% |
| Estates and Ancillary | 1228.83 | 7.44% |
| Healthcare Scientists | 269.05 | 1.63% |
| Medical and Dental | 1208.08 | 7.32% |
| Nursing and Midwifery Registered | 5251.30 | 31.80% |
| Students | 53.54 | 0.32% |
| **Grand Total** | **16515.16** | **100.00%** |

1. **Why when patients are being referred to other hospitals are referral letters not being sent. I know of 3 occasions. Why when copies of referral letters are requested to be sent to outpatients, they are not being provided?**

Under the Freedom of Information Act, you have a right to request any recorded information held by a public authority however the authority does not have to answer your question if this would mean creating new information or giving an opinion or judgment that is not already recorded.