



Ref: FOIA Reference 2021/22-527

Date: 25th March 2022

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your email dated 20th January 2022 requesting information under the Freedom of Information Act (2000) regarding staffing- Covid.

On the same day we contacted you via email as we required the following clarification:
Q6 what do you mean by "Provision"

Q13 Are you after the cause of death broken down per month or the numbers of deaths per month?

On the same day you replied via email with:

'You requested for clarification of the term "Provision" in question 6. This, as defined in question 3, would be a "safe working environment" outside of a hospital setting, for example a separate building with independent access where none vaccinated staff may continue their duties with no concerns over "contaminating" clinical staff or patients, assuming that their duties could be performed without direct contact being necessary. Alternatively, a home working space within their own residence, assuming that they could continue to fulfil their contractual duties in this setting, as might have been afforded to them at such times when staff isolation had been required within the past 18 months.'

In respect of question 13 and 14, I was not looking for a breakdown by cause, simply an overall number per month from January 2017, to show the trend leading up to the alleged pandemic. For further clarification, questions 15 & 16 would not require cause but would have been deaths directly attributed to Covid19. Question 14 & 16 would then detect any correlation between the counts established in 13 & 15 that may have had a contributing factor of the introduction of Midazolam to the patient.'

The University Hospitals of North Midlands Trust is committed to the Freedom of Information Act 2000.

However, the NHS is facing unprecedented challenges relating to the coronavirus (COVID-19) pandemic at the current time. Understandably, our resources have been diverted to support our front-line colleagues who are working tremendously hard to provide care for our patients, and to those in need of our services.

We strive to be transparent and to work with an open culture. But at this time, whilst care of our patients and the safety of our staff takes precedent, it is likely that responses to some requests for information will be delayed. We apologise for this position in advance, and will endeavour to provide you with as much information as we can, as soon as we are able.

The Information Commissioners Office has recognised the current situation in the NHS.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1- 28 Due to the new guidelines/laws being enforced on all NHS, apparently regardless of position held within the trust, please accept this request for information under the freedom of information act.

- 1, Please confirm the categories of, and numbers, of staff, if any, that do not perform CQC Regulated Activities. i.e. Chief Executive, Managers, HR Staff, Medical Secretaries, IT Staff, etc. and the numbers falling into each group.**
- 2, Please confirm the categories of, and numbers, of staff, if any, that will not be required to be vaccinated under the Government Guidelines or Laws. ie Chief Executive, Managers, HR Staff, Medical Secretaries, IT Staff, etc and the numbers falling into each group.**
- 3, What provision, if any, is there for these staff to be given a safe working environment outside of a hospital setting, that would be afforded to them under Health & Safety Laws? ie Is there a satellite office/building where members of staff that do not have or require direct contact with patients or careers, and are staff being given the option to work in such buildings? Alternatively is there provision for these staff to work from home (as may have happened during periods of staff isolation)?**
- 4, Please confirm the categories of, and numbers, of staff, including clinical and frontline, if any, that have been identified as not “fully vaccinated”. ie Chief Executive, Managers, HR Staff, Medical Secretaries, IT Staff, Receptionists, Consultants, Porters, etc and the numbers falling into each group.**
- 5, Please confirm the categories of, and numbers, of staff, if any, that fall into the numbers identified in question 1 and 2 above, that have been told they might be required to be “fully vaccinated” prior to 1st April 2022.**
- 6, Is any provision, as outlined in question 3 being offered to staff identified in question 5? Please confirm the categories of, and numbers, of staff, if any, that have been offered a safe working environment.**
- 7, Are any staff already working within areas, as outlined in question 3, and what is their current vaccine status. Are any of these staff being told they might be required to be “fully vaccinated”? Please confirm the categories of, and numbers, of staff, if any, in respect to both parts of this question.**
- 8, As it appears that all non-clinical staff are being asked to get vaccinated or leave with absolutely no compensation or redundancy package. Please could you confirm this is being extended to all staff from the chief executive down to the cleaners and the exact same package will be received by all.**

9, Please provide a list of all remuneration packages and bonus schemes paid out over the past 4 years to all non-clinical staff and any agreed packages that will not be affected if they leave rather than taking up a vaccine.

10, Please provide a list of roles within the trust and their remuneration for any position not required to be “fully vaccinated”.

11, Please provide details of all redundancy packages, including Golden Handshakes awarded to all non-clinical staff who have left in the past 4 years.

12, Please confirm the volume of Midazolam used within the trust, broken down into the amount per month since January 2017.

13, Please confirm the number of deaths at the trust, from all causes, broken down into the amount per month since January 2017.

14, Please confirm the number of deaths at the trust, from all causes, where Midazolam was administered within 7 days prior to death, broken down into the amount per month since January 2017.

15, Please confirm the number of deaths at the trust, directly attributed to Covid19, broken down into the amount per month since January 2020.

16, Please confirm the number of deaths at the trust, directly attributed to Covid19, where Midazolam was administered within 7 days prior to death, broken down into the amount per month since January 2020.

17, Please provide evidence to show all Covid19 Vaccines have an Absolute Risk or Response Difference (ARD) of greater than 2% Efficacy in prevention of death.

18, Please provide all ARD Efficacy Rates for all vaccines.

19, Please provide a list of all ingredients / components of all vaccines.

20, Please provide a list of all known side effects from all vaccines.

21, Please provide the number of reported incidences of side effects within your trust area and nationally broken down into months.

22, Please provide the number of diagnoses corresponding to the list of known side effects, whether caused by a vaccine or not, broken down into months from January 2018 both within your trust area and nationally and their vaccine status, and whether it has been reported on the Yellow Card System for reporting adverse reactions.

23, Please could you explain your recruitment process for any replacement staff. Will they be found and recruited from the general UK population, excluding any legal or illegal immigrants or asylum seekers who have entered the country in the past 2 years, and confirm that they will all be required to meet a minimum standard of written and spoken English equivalent to the national standard that would be achieved by a school leaver to obtain a pass mark in the subject as well as a proven track record or relevant skills within the area they are being employed, that the overall demographic of the staff

will not change, and that all will be required to have a minimum of 2 vaccine shots prior to employment and before remuneration starts, and any incentive packages being offered including reduced cost of, or free, accommodation or support packages.

24, How confident does the Trust feel about enforcing unlawful legislation that goes against Public Health (Control of Disease) Act 1984: Section 45e, International Human Rights Laws, and the Nuremberg Code? And in light of the Criminal Investigation being conducted by the Metropolitan Police CID (Hammersmith), Case Number 6029679/21, into vaccine adverse reactions and deaths caused, do you not feel it would be better to postpone the mandatory vaccination until after the inevitable court case, or at least until the nationwide investigation is complete?

25, Will the Trust be financially liable for compensation claims, from staff, who have been (unlawfully) forcibly coerced into taking a drug that is still on trial and with no long-term studies into Efficacy or Safety (especially considering question 20), for life changing disabilities inflicted by the vaccine or even death, especially as the government seems to have (unlawfully) exempted itself and the pharmaceutical companies producing the vaccine from any financial obligations to compensate victims?

26, Are the Trust prepared for countless legal actions, on the grounds of the points raised in question 24 & 25, for Constructive Dismissal and how much has the trust set aside for damages, personal compensation, and legal fees for each of the points raised in question 24, 25, & 26?

27, Will the Trust continue to conduct Lateral Flow Tests, PCRs, and Lamp Tests, that not only don't appear to confirm an infection, infectiousness, or even the existence of Covid19?

28, Will the Trust continue to enforce Medical Apartheid to patients (and staff) that are not willing to submit to medical testing (as mentioned in question 27) that is against their Human Rights and in contradiction to the Nuremberg Code, or (unlawfully) enforced vaccinations before medical procedures (or working) which is against the Nuremberg Code (& 45e as mentioned in question 24)?

A1- 28 Refer to the attached spread sheet:

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in questions 14, 15, 16 is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all individual health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all individual health records and then extracting relevant information would take longer than the 18 hours allowed for. In addition to the section 12 exemption the Trust is also applying section 14 (1) exemption: *oppressive burden on the authority*

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is

shortened to just the questions we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this attached

Note Q24 is an opinion and therefore not subject to the FOI Act.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

Where the Trust owns the copyright in information provided, you may re-use the information in line with the conditions set out in the Open Government Licence v3 which is available at <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>. Where information was created by third parties, you should contact them directly for permission to re-use the information.

An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

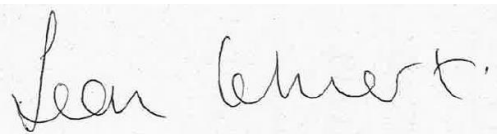
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,





**University Hospitals
of North Midlands**
NHS Trust

Jean Lehnert
Data, Security & Protection Manager

