

Ref: FOIA Reference 2024/25-269

Date: 3rd September 2024

Email foi@uhnm.nhs.uk

Dear Sir/Madam

I am writing to acknowledge receipt of your email dated 3rd June 2024 requesting information under the Freedom of Information Act (2000) regarding continuous pre-emptive flow

On 4th June we received another request from your company, we therefore replied with:

UHNM has received several requests that are asking for similar information that are from the same person/company, therefore we are contacting you to inform you that under section 12 of the FOI Act we were aggregating these requests on Maternity and continuous pre-emptive flow' model for A&E patients

Your new reference number for both is 158-2425

The section 12 exemption states:

The authority can combine related requests received within a period of 60 consecutive days from:

- The same person or
- People who appear to be acting in concert or in pursuance of a campaign.

On June 5th we receive two more requests from your company, we therefore advised you again that all 4 requests would be aggregated, with a new reference of 162-2425

On 26th June your company sent another 3 requests, therefore we advised you that all 7 requests would be aggregated under reference 212-2425

On 3rd July we received two more requests, we contacted you all with a new reference for aggregated requests as being 226-2425

On 11th July requester #1 sent the following email:
'A gentle reminder for the below request.'

We replied the same day with:

With each new request your company sends in the 'start' date changes, therefore this entire (9 requests) now have a start date of 03/07/24, and as stated above the FOI allows 20 working days, therefore none of the 9 requests are due for answering until 31/7/24, note, should your company send in any more they will also be aggregated and the start date amended.

On 23rd July your company sent in another request, we replied to all with:

UHNM has received several requests that are asking for similar information that are from the **company**, therefore we are contacting you to inform you that under section 12 of the FOI Act we were aggregating these requests on Maternity, continuous pre-emptive flow' model for A&E, Reasons for late starts , drugs, Provider Financial Returns, agency spending and cancer.

Your new reference number for all 10 is 269-2425

The section 12 exemption states:

The authority can combine related requests received within a period of 60 consecutive days from:

- The same person or
- People who appear to be acting in concert or in pursuance of a campaign.

Note with each new request the start date re-sets.

Request #1(154-2425)

Q1 Since the start of 2021-22, has your Trust enacted a ‘continuous pre-emptive flow’ model for A&E patients? Either based on or similar to the North Bristol model of care (which is described here - <https://www.hsj.co.uk/quality-and-performance/controversial-aande-policy-showed-were-all-shouldering-the-pain-says-ceo/7035885.article>)

A1 The “your next patient” YNP SOP was initially trialled September 2022. In November 2022 the YNP SOP was updated and rolled out at county hospital 22nd November 2022 , it was modelled off the Bristol framework ,see attached

Q2 If so, please describe how the ‘continuous flow’ model works at your Trust – detailing whether this applies just to your Type 1 emergency departments, or your Type 3 departments as well.

A2 Both emergency departments (ED) are type 1

At stoke – between 08-09 am the first round of YNP’s is sent which equates to 10 moves, there is then an hour break, and then 4 patients are moved out of ED each hour until 15.00

At county – An average of 2 patients move every hour until 17.00 (see below)

Ward	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm	1pm-2pm	2pm-3pm	3pm-4pm	4pm-5pm	5pm-6pm	Target YNP
1											0
7	x1					Review YNP Status & Capacity Plan	x1				1
12		x1		x1				x1	x1		2
14	x1		x1					x1	x1		2
15		x1		x1				x1	x1		2

Q3 In which month and year was this first enacted?

A3 See attached

Q4 Is the model still in use now? If not, why not?

A4 Yes

Q5 If not, do you have plans to enact such a model in the next six months?

A5 Not applicable

Q6 If you're not planning to introduce this model, please could you explain why?

A6 Not applicable

Request #2 (158-2425)

Q1 I am sending this email on behalf of Health Service Journal (HSJ), under the Freedom of Information Act.

I would like to request the following information:

Do each of your maternity units which offer consultant-led births have two obstetric theatres available 24/7 with a full complement of staff available should the second theatre be needed? How long does it take to mobilise the second theatre and staff if it needed?

A1 We have two theatres available. However, there is not a full complement of staff to cover 24/7. We have cover for both theatres on Mon/Wed/Friday morning and full day cover for Tuesday and Thursday. All other times there is only cover for 1 theatre and in an emergency, we would have to ring main theatres for the RAC and assistance.

Q2 If you don't have a second obstetric theatre, what arrangements are in place should you have two obstetric emergencies requiring theatres at the same time? What hours are covered by these arrangements?

A2 In an emergency where a second theatre is required to be opened then we would ring the RAC for anaesthetic cover and main theatres for ODP/scrub

Q3 If you don't have a second obstetric theatre, have you any plans to establish one? Has funding been obtained and how much?

A3 Not applicable

Q4 How long approximately does it take to transfer a woman from the labour ward to 1. Your normal obstetric theatre? 2. Whichever additional theatre would be used in the event of two emergencies at the same time?

- A4 Both theatres are in close proximity to the labour ward and next to each other and would take approx. 3 mins max for transferral.
- Q5 Have you had any serious incidents/Datix (or other reporting system) reports in the last three years involving lack of timely access to fully staffed theatres in maternity emergencies?**
- A5 Datix's have been submitted for delay in going to theatre on occasions where there was not adequate staffing to open two theatres.
- Q6 Please attach any policies you have on maternity emergencies/escalation.**
- A6 There is not a policy . Labour ward coordinators ring main theatre co Ordinator when staffing is required to open a second theatre.

Request #3 (161-2425)

- Q1 How many patients were treated in the last 3 months by the Gastroenterology department (for any medical condition) with the following biologic drugs:**

- Adalimumab - Humira
- Adalimumab Biosimilar
- Etrasimod
- Filgotinib
- Golimumab
- Infliximab - Remicade
- Infliximab Biosimilar
- Mirikizumab
- Ozanimod
- Risankizumab
- Tofacitinib
- Upadacitinib
- Ustekinumab
- Vedolizumab

- A1 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers as being <5
This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

- Adalimumab – Humira - 16
- Adalimumab Biosimilar - 276
- Etrasimod - 0
- Filgotinib - <5

- Golimumab - 0
- Infliximab – Remicade - 10
- Infliximab Biosimilar - 160
- Mirikizumab - 0
- Ozanimod - 0
- Risankizumab - 0
- Tofacitinib - <5
- Upadacitinib - 12
- Ustekinumab -187
- Vedolizumab -41

Request #4 (162-2425)

Q1 I would like to make a new FOI request around late starts for elective theatre sessions. Note this is in addition to a previous request that was similar but distinct. Please keep to the current statutory timescales for that previous request and treat this one separately.

Please can you provide the following:

The number of elective theatre sessions in 2023-24 that were the first session of the day (ie morning session).

A1 6490

Q2 Of those first sessions, the number that started late (ie, where the trust has recorded a late start, or where the start time exceeded the scheduled start time by >15 minutes)

A2 3110

Q3 Please provide a breakdown of the reasons for the late starts detailed above, and the frequency of each reason. For example, if there were 100 late starts, please provide a breakdown of reasons and how often they occurred, so that they sum to that 100.

Please use the definition of late starts set by the GIRFT team:

<https://gettingitrightfirsttime.co.uk/wp-content/uploads/2024/04/Patient-Preparation-and-Effective-Theatre-Flow-Practical-Guide-FINAL-V1-April-2024-1.pdf>

This says the late start time is the “difference between expected time first patient enters the anaesthetic room and actual time first patient enters the anaesthetic room”

A3 see below:

LateStart	Total
AN - Anaesthetic Delayed Due to Emergency	4
AN - Anaesthetist Assessing Complex Patient	54
AN - Anaesthetist Awaiting Surgical Decision	22
AN - Anaesthetist Delayed in Recovery	1
AN - Anaesthetist On-call Previous Night	5
AN - Anaesthetist Sick	10

AN - Anaesthetist Teaching Registrar	1
AN - Anaesthetist to Discuss Patient with Surgeon	43
AN - Awaiting Arrival of Anaesthetist in Theatre	307
AN - Awake Fibreoptic Intubation	1
AN - Change in Order - Priority Emergency Patient	41
AN - Change in Order Requested by Anaesthetist	89
AN - Changed in Order Due Infection Control Alert	8
AN - Complex Anaesthetic	165
AN - Complex Anaesthetic Needs Two Anaesthetists	4
AN - Difficult Cannulation	1
AN - Difficult Intubation	6
AN - Epidural	1
AN - Equipment Not Requested in Advance	11
AN - GA and Regional Block	2
AN - GA and Spinal	6
AN - Insertion of Invasive Lines	22
AN - No Anaesthetist Allocated to Session	5
AN - No Anaesthetist Available	29
AN - Pacemaker Review Needed Awaiting Cardiologist	4
AN - Patient Requires Interpreter	2
AN - Patient Unfit for Surgery	16
AN - Preparation of Patient Prior to Anaesthetic	94
AN - Spinal	4
AN - Ultrasound Required to Cannulate Patient	1
AN - Unexpected Pre-op Tests Requested	12
PT - Admitted to Anaesthetic Room Refused Surgery	1
PT - No Porter	111
PT - Patient Arrived Late	54
PT - Patient Did Not Attend	18
PT - Patient Found to be Medically Unfit on Ward	2
PT - Patient Had Eaten and Not Fasted	9
PT - Patient Had Limited Mobility	3
PT - Patient Lacks Capacity to Give Consent	1
PT - Patient Left Ward Without Informing Nurses	1
PT - Patient Not Pre-assessed Prior to Admission	5
PT - Patient Requested Further Consultation	14
PT - Patient Required the Toilet	9
PT - Patient Requires Interpreter	3
PT - Patient Self-discharged from Ward	1
PT - Patient Walking to Theatre	28
PT - Patient Was in Shower	16

SU - AM List Overrun Has Delayed PM Session	9
SU - Awaiting Arrival of Surgeon	459
SU - Awaiting Arrival of Surgeon and Anaesthetist	127
SU - Awaiting Results / Investigations	15
SU - Awaiting Surgeon to Lead Team Brief	175
SU - Change in Order of Theatre List Requested By	126
SU - Equipment Being Prepared Prior to Surgery	43
SU - Equipment Not Fast-tracked Through HSDU	5
SU - Equipment Not Requested Prior to Start	5
SU - Equipment Ordered But Not Delivered From HSDU	21
SU - List Overbooked for Equipment Available	2
SU - Loan Kit Not Ordered	4
SU - Loan Kit Ordered Rep Unavailable to Attend	2
SU - No Surgeon Allocated	4
SU - No Surgical Assistant	15
SU - Patient Being Assessed on Ward	45
SU - Patient Being Positioned in Anaesthetic Room	4
SU - Patient Required Blood Test on Admission	4
SU - Patient Unfit for Surgery	6
SU - Priority Emergency Patient Added 1st on List	9
SU - Surgeon Delayed Due to Emergency	8
SU - Surgeon Pre-arranged Late Start	25
SU - Surgeon Sick	5
SU - Surgeon Teaching Colleague	3
SU - Surgical Consent Form Not Completed/Lost	11
SU - Surgical Safety Checklist Not Completed	1
SU - Surgical Site Not Marked	1
TH - Administrator Only	10
TH - Change in Order of Theatre List	74
TH - Completing previous patient	6
TH - Delay in Ward Collecting Patient	12
TH - Equipment Requested Not Provided	12
TH - Equipment Unavailable as Broken/Needs Repair	38
TH - Facilities Malfunction	14
TH - Operating Table Broken	1
TH - Preparation of Theatre Prior to Operation	41
TH - Previous Patient Being Recovered in Theatre	2
TH - Previous Patient Took Longer Than Expected	6
TH - Staff Had to Travel Between Sites	5
TH - Theatre Needs Deep Clean Before Start	3

Session	
TH - Theatre Session Needed to be Moved	9
TH - Theatre Staff Not Available	84
TH - Transfer of Patient From Bed to Trolley	2
TH - Wrong Patient Sent For	2
TR - Air Conditioning Failure in Theatre	2
TR - Awaiting Decision on Critical Care bed	18
TR - Awaiting for External Team to Arrive	5
TR - Awaiting the Lift	1
TR - Awaiting XRay	25
TR - Electricity Failure in Theatre	2
TR - Emergency Case Priority	5
TR - External Staff Used	1
TR - Fire Alarm Incident	3
TR - No Critical Care Bed Available	12
TR - No HDU Bed Available	14
TR - No Suitable Bed Identified Post Operatively	21
TR - Patient Notes / Xrays Unavailable	2
TR - Unsuitable Temperature in Theatre	5
TR - XRay Not Available	16
WD - Documentation Missing From Notes	1
WD - Insufficient DAU Staff to Admit Patients	2
WD - No Trolley Space for Prep of Patient Preop	8
WD - Nurse Unavailable to Escort Patient Pre-op	9
WD - Nurse Unavailable to Collect Patient Post-op	1
WD - Patient Bed Not Suitable on Ward	11
WD - Patient Delayed in XRAY Dept	2
WD - Patient Not on Ward Stated	8
WD - Timely Admission Not Yet Completed by Staff	35
WD - Ward staff not answering the phone	20
WD - Ward Staff Not Available to Complete Sign Off	11
Not specified	168
Grand Total	3110

Request #5 (209-2425)

Q1 The Trust's total planned CIP/efficiency savings for 2024-25 (£)

A1 £56,600,000

Q2 What proportion and value of CIPs are identified and non-identified, at the date of this request being received?

A2 See below;
Identified CIP £32,351,000
Non-identified CIP £24,249,000

Q3 The CIP/efficiency plan for 2024-25 as a % of operating expenses

A3 4.8%

Q4 Total planned 'recurrent' and 'non recurrent' CIP/efficiency savings for 2024-25

A4 See below:
Recurrent Plan £24,931,000
Non-recurrent Plan £31,669,000

Q5 Total CIPs/efficiencies for 2024-25 broken down to 'pay' and 'non-pay' - should add up to the total figure provided in 1.

A5 See below:
Pay £14,011,000
Non-pay £42,589,000

Q6 For pay CIPs, please provide the totals relating to 'establishment reviews', 'corporate services transformation' and 'service redesign'

A6 See below:
Establishment reviews £10,761,000
Corporate services transformation £1,550,000
Service re-design nil

Request #6 (211-2425)

Q1 Spending on agency staff (excluding bank staff) in 2023-24, b) the Trust's agency cap in 2023-24, and c) the Trust's agency cap for 2024-25

A1 See below:
a) Spending on Agency staff excluding Bank in 2023-2024 = £29,072,912
b) Trusts Agency cap in 2023-2024 = 3.7% of the overall pay bill
c) Trusts Agency cap for 2024-2025 = we have assumed the same as 2023-2024 3.7%

Q2 The proportion and value of total agency spend in 2023-24 that was a) framework and b) off framework

A2 We are unable to split this total out as this is not identifiable within our finance ledger.

Q3 a) The value of spending on medical agency staff in 2023-24, and b) the trust's total medical workforce spend in 2023-24.

A3 See below.

a) The value of spending on medical agency staff in 2023-24, and b) the trust's total medical workforce spend in 2023-24.

Substantive medical Pay	£	182,686,487
Bank medical Pay	£	23,207,489
Agency medical Pay	£	15,658,253
Total including bank & agency	£	221,552,229

Q4 In the years 2023-24, 2022-23, 2021-22 and 2020-21, off-framework expenditure broken down by a) total for each year, b) for all staff types (eg, registered nurses, locum doctors); c) numbers of individual staff in each of these categories, and d) the total spend for each category.

A4 We are unable to split this total out as this is not identifiable within our finance ledger.

Request #7 (212-2425)

Q1 Please provide the Trust's Month 12 provider financial return from 2023-24. Please provide the returns in full.

A1 I can confirm that the Trust holds information regarding this request, but feel this information is exempt under section 21: *information reasonably accessible by other means*. This is because the information is available via the Trust's public website at the following link:
<https://www.uhnm.nhs.uk/about-us/our-board/trust-board-papers/>

**Q2 Please also provide the Trust's provider financial return from month 1 2024-25. Please provide the returns in full.
An example received from Northern Lincolnshire and Goole NHS FT, relating to M11 2023-24, is attached.**

A2 I can confirm that the Trust holds information regarding this request, but feel this information is exempt under section 21: *information reasonably accessible by other means*. This is because the information is available via the Trust's public website at the following link:
<https://www.uhnm.nhs.uk/about-us/our-board/trust-board-papers/>

Request #8(220-2425)

Q1 I am sending this email on behalf of **Health Service Journal (HSJ), under the Freedom of Information Act.**

**I would like to request the following information:
Community services income for 2023-24**

A1 Zero

Q2 Planned community services income in 2024-25

A2 Zero

Q3 Total planned capital spend in 2024-25

A3 £78.442m

Q4 The Trust's CDEL capital allocation for 2024-25.

A4 £78.442m

Q5 Planned research spend in 2024-25

A5 £3,787,450

Request #9 (226-2425)

Q1 Please provide the total number of patients treated in the last 6 months for:

- Polycythaemia Vera (ICD10 code D45)
- Myelofibrosis (ICD10 code D47.4)
- Myelofibrosis (ICD10 code D47.4) patients aged 65 and older

A1 I can confirm that the Trust holds information regarding this request, but feel this information is exempt under section 21: *information reasonably accessible by other means*. This is because the information is available via the Trust's public website at the following link:

<http://www.uhnm.nhs.uk/about-us/regulatory-information/freedom-of-information-publication-scheme/freedom-of-information-disclosure-log/> Please refer to your previous request 834-2324

Q2 How many patients were treated in the past 6 months (for any disease) with:

- Ruxolitinib
- Fedratinib
- Momelotinib

A2 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. Personal information. However as the Trust is committed to openness and transparency we can band the numbers as being <5

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

- Ruxolitinib - 18
- Fedratinib - <5
- Momelotinib - 7

Q3 How many patients were treated in the past 6 months for Myelofibrosis (ICD10 code D47.4) with:

- **Ruxolitinib**
- **Fedratinib**
- **Momelotinib**

A3 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers as being <5

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

- Ruxolitinib - 13
- Fedratinib - <5
- Momelotinib - 7

Q4 How many myelofibrosis (ICD10 code D47.4) patients has your trust diagnosed in the past 3 years?

- **Of these patients, how many were treated in the past 6 months with Hydroxycarbamide?**
- **Of these patients, how many were treated in the past 6 months with Interferon therapy?**
- **Of these patients, how many have received no active treatment in the past 6 months?**

A4 As answer 1

Request #10 (269-2425)

**Q1 For the period 1 January 2024 to 31 June 2024, please provide:
The number of women / birthing people diverted to other NHS Trusts (please specify which) to give birth to their baby**

Please break down by reason for diversion, i.e. lack of staff

A1 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers as being <5 and <10

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

Number of women / birthing people diverted to other NHS trusts to give birth to their baby:

<10 (details below):

Reason for diversion	Number of women / birthing people
NICU - opal status black	5
Maternity Staffing and unit acuity	<5

Q2 The number of women / birthing people diverted to other hospitals within your NHS Trust (different to the one they planned to give birth in) to give birth to their baby

Again, please break down by reason for diversion

A2 Not applicable - The Royal Stoke is the only hospital within the trust that provides intrapartum services.

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

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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.



University Hospitals
of North Midlands
NHS Trust

Yours,

Rachel Montinaro

Data Security and Protection Manager - Records