

Reference:	FOI.8018.22
Subject:	Staff and COVID-19 vaccinations
Date of Request:	20 January 2022

Requested:

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. i.e. 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? i.e. 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)?

Response:

Some of the information requested relates specifically to the NHS in England; therefore, we are unable to provide information for questions 2, 5 and 8. Hywel Dda University Health Board (UHB) is part of NHS Wales. It is an integrated Local Health Board responsible for the planning and provision of primary, community and in hospital services, based on the needs of the local community across three (3) counties and will provide the information it holds in relation to the UHB.

The UHB is unable to provide you with the information requested for questions 7, 14, 16 and 22, as it is estimated that the cost of answering your request would exceed the "appropriate level" as stated in the Freedom of Information (Fees and Appropriate Limit) Regulations 2004. The "appropriate level" represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with a response to question 7, the UHB would need to identify the members of staff working at alternative work areas and manually scrutinise the Welsh Immunisation System (WIS), to identify any information that fulfils your request, as this information is not recorded centrally.

Additionally, to provide you with the data requested for questions 14, 16 and 22, the UHB would need to undertake a manual trawl of deceased patient records and cross-reference with the Pharmacy system, to identify the information requested, as it is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under section 16 of the FoIA, we are required, as a public authority, to provide advice and assistance so far as it is reasonable, to individuals who have made a request under FoIA and therefore, the UHB provides the information it holds for the remaining questions below.

1. The Care Quality Commission (CQC) is the regulator for NHS England, and as a result, its regulation does not apply within Wales. Care Inspectorate Wales (CIW) is the equivalent body, whose role it is to register, inspect and take action to improve the quality and safety of services for the people of Wales.

However, the UHB provides, within the table below, its non-clinical staff groups and the staff numbers that would most similarly fulfil the description within your request, as recorded on the UHB's Electronic Staff Record (ESR) system, as at 31 January 2022.

Staff Group	Headcount	Whole Time Equivalent
Administrative and Clerical	2,236	1,969.53
Estates and Ancillary	1,095	896.69

Please note: - The figures provided above include staff on substantive and fixed term contracts and excludes bank staff.

2. At the time of your request, this requirement only applied to NHS England and therefore, the UHB does not hold this information.
3. The UHB can confirm that all employees who have access to Microsoft Office 365 are able to access their emails from home, which enables some home working. Additionally, the UHB's Information Communication Technology (ICT) Department has issued 2,947 remote access tokens to employees, enabling employees to have access from any workplace or from home.
4. The UHB does not hold the information requested, as the Welsh Immunisation System (WIS) does not capture employee job titles or professions.
5. At the time of your request, this requirement only applied to NHS England and therefore, the UHB does not hold this information.
6. Please see response to question 3.
7. A section 12 exemption has been applied. Full explanation provided above.
8. At the time of your request, this requirement only applied to NHS England and therefore, the UHB does not hold this information.
9. Information on the UHB's exit packages is already within the public domain; therefore, the UHB has applied an exemption under Section 21 of the FoIA, as the information is accessible by another means. Details of packages are reported within the UHB's Annual Reports, which are

published on the UHB's website. For ease, the link to the UHB's Annual reports and annual statements webpage has been attached below:

<https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/annual-reports-annual-quality-statements/>

The UHB does not have any remuneration packages relating to any staff and whether or not they have received the vaccine.

10. The UHB does not require any employee to have received the COVID-19 vaccine.

11. Please see response to question 9.

12. The number of Midazolam ampoules dispensed by both primary and secondary care pharmacies on a monthly basis between January 2017 and January 2022 are provided at attachment 1. Please note that the UHB can only provide primary care records until November 2021 due to the delay in data consolidation.

13. The table below confirms the total number of monthly deaths as recorded on the UHB's Welsh Patient Administration System (WPAS) between 1 February 2017 and 31 January 2022.

Month	2017	2018	2019	2020	2021	2022
January	192	241	178	217	260	204
February	195	177	168	181	208	
March	167	213	189	183	148	
April	174	194	192	149	148	
May	162	177	169	134	149	
June	154	138	149	130	139	
July	176	171	145	145	160	
August	159	152	138	135	153	
September	173	144	151	128	169	
October	164	150	164	151	188	
November	170	154	175	167	157	
December	236	183	190	260	193	
Total	2122	2094	2008	1980	2072	204

14. A section 12 exemption has been applied. Full explanation provided above.

15. The table below provides the number of patients recorded on the UHB's WPAS, as having died in hospital within 28 days of a positive COVID-19 test, by month during the period 1 March 2020 (when the virus was first identified in Wales) to 15 February 2022.

Month	2020	2021	1/1/22 to 15/2/22
January		132	45
February		80	11
March	*	14	
April	39	0	
May	17	*	
June	*	*	
July	*	9	

August	*	*	
September	0	34	
October	7	49	
November	49	33	
December	135	25	

Where the figures in the table have been replaced with an asterisk (*), the UHB is unable to provide you with the exact number, due to the low number of cases (5 and under), as there is a potential risk of identifying individuals if this was disclosed. The UHB is therefore withholding this detail under Section 40(2) of the FoIA. This information is protected by the Data Protection Act 2018/UK General Data Protection Regulations (UK GDPR), as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the Data Protection Act 2018/UK General Data Protection Regulations define personal data as data which relates to a living individual who can be identified solely from that data or from that data and other information which is in the possession of the data controller.

16. A section 12 exemption has been applied. Full explanation provided above.

17. & 18. The UHB has applied an exemption under Section 21 of the FoIA, as the information is accessible by another means. The requested information is available on the Medicines and Healthcare products Regulatory Agency (MHRA) website and the yellow card scheme. For ease, links to the websites have been provided overleaf:

[Medicines and Healthcare products Regulatory Agency - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Yellow Card Scheme - MHRA](#)

19. & 20. The UHB recommends that you contract the manufacturers of the vaccines directly as they will be better placed to answer your questions.

21. Please see response to questions 17 and 18.

22. A section 12 exemption has been applied. Full explanation provided above.

23. The UHB currently has no requirement for staff to have received the COVID-19 vaccine prior to employment in NHS Wales. The UHB adheres to the NHS International and Ethical Recruitment Code of Practice. Staff are recruited from the general UK population who currently have the right to work, which may well include legal immigrants and asylum seekers.

If applicants from overseas meet essential criteria for certain posts, the Health Board offer Certificates of Sponsorship (CoS) to enable appointees to obtain a Skilled Worker Visa. Any overseas applicant has to meet the Home Office English Language requirement before they are granted a Skilled Worker Visa. All appointees have to meet the person specification for the position to which they are appointed.

The UHB provides a summary of its recruitment process below:

- Manager authorises the vacancy

- Vacancy is advertised
- Applicants are shortlisted
- Shortlisted candidates interviewed
- Conditional offer sent
- ID checks are undertaken
- DBS check is undertaken if required
- Occupational Health clearance
- Referees requested
- Unconditional offer sent
- Start date agreed

24. – 28. The UHB can only provide the information it holds in a recorded form and cannot provide an opinion. Therefore, this part of your request does not fall within the scope of the FoIA as determined under Section 8 of the FoIA.

Please be assured that the UHB continues to operate in accordance with Welsh Government (WG) and Public Health Wales NHS Trust (PHW) guidance.