

## Freedom of Information request 508-19

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### Request

I would be grateful if you would supply me with the following information for each of your hospitals involved in **acute of general medical receiving** (this could be defined as those patients admitted to a receiving unit or similar or directly to a medical ward as part of receiving or take (an acute medical problem requiring admission), with subsequent decant to a medical ward (if clinically necessary). For clarity, this should exclude those patients admitted directly to a specialty ward with a specific and appropriate clinical need (specifically, cardiac admissions to coronary care or a cath lab, liver failure to a liver unit, renal failure to a renal unit etc) but should include those patients admitted to a specialty ward without the appropriate specialty illness due to bed shortages.

1. The number of consultants involved in full time receiving availability (potentially providing senior medical review of patients on any day of the week).
2. The number of consultants involved in limited receiving availability (e.g. only covering weekends or specific days of the week due to personal or professional commitments).
3. Current substantive consultant vacancies in acute or general medicine. This should include those posts covered by locum consultants, "acting-up" training grades of any other local arrangement where the post holder does not have a current CCST (Certificate of Completion of Specialist Training) in Acute or General Medicine.
4. The number of training grade doctors (FY1-ST) involved in receiving.
5. The number of non training grade, non consultant doctors with overall responsibility for medical receiving (e.g. Associate Grade, Specialist Grade, Trust Doctor, GP).
6. The number of downstream general medical wards and total bed complement of these wards.
7. The number of medical admissions per quarter (3 month period beginning January 2017 to current) where patients are admitted to a receiving ward, assessment unit or downstream ward as part of their journey.
8. The normal number of consultants covering each downstream medical ward (excluding annual leave, sick leave or study leave).
9. A sample (anonymised) rota for general medical receiving for the last 3 months. For those slots filled by substantive posts these should be anonymised by Dr.A, Dr B etc. For locum slots these should be indicated by "Locum", if unfilled or filled at short notice by available staff these should be indicated "unfilled", if filled by any grade not formally qualified as a consultant "not consultant".

### Response

1. 2 consultants (1.4 WTE) are involved in full time receiving availability.
2. 1 consultant is involved in limited receiving availability.
3. 1 WTE Consultant in Respiratory Medicine and 1 WTE Stroke Consultant posts are currently vacant.
4. There are 28 training grade doctors involved in receiving.

5. There are 5 non-training grade, non-consultant doctors with responsibility for receiving.
6. The table below details the number of downstream wards and their bed complements:

Ward	Beds
Ward 4	30
Ward 5	12
Department of Medicine for the Elderly (DME), Ward 12	23
Department of Medicine for the Elderly (DME), Ward 14	24
Borders Stroke Unit (BSU)	12
Margaret Kerr Unit (MKU)	8

7. The table below details the number of inpatient admissions to the Medical Assessment Unit for each quarter since January 2017:

Quarter	Admissions
Jan-Mar 2017	1,336
Apr-Jun 2017	1,307
Jul-Sep 2017	1,296
Oct-Dec 2017	1,366
Jan-Mar 2018	1,338
Apr-Jun 2018	1,368
Jul-Sep 2018	1,378
Oct-Dec 2018	1,502
Jan-Mar 2019	1,474
Apr-Jun 2019	1,409
Jul-Sep 2019	1,516

8. The table below details the number of consultants normally covering each downstream medical ward:

Ward	Consultants
Ward 4	2 WTE
Ward 5	This is our higher dependency area for medical patients and level of consultant cover varies depending upon patient mix within the ward.
DME Ward 12	1.5 WTE
DME Ward 14	1.5 WTE
BSU	1 WTE
MKU	1 WTE

9. Please find attached below sample rota:



FOI 508-19 Sample  
Rota.xlsx

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or [foi.enquiries@borders.scot.nhs.uk](mailto:foi.enquiries@borders.scot.nhs.uk).

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **508-19** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the

Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle,  
Doubledykes Road, St Andrews, Fife.