

# Industrial Action Response Plan

## Update March 2023

This is a live document and will be updated regularly



# Background

- In December 2022, the Royal College of Nursing (RCN) arranged strikes to demand fair pay and improve patient safety. Following this a number of other Unions balloted their members across the NHS. The main areas of risk for BTHFT have been Nurses action, ambulance services and latterly the junior doctors planned action.
- NHSE have developed a Self-assessment Checklist to support with contingency planning which is circulated several days before Industrial Action (IA) dates.
- Trusts have been asked to consider priority work areas where plans and capabilities need to be put in place to manage any IA effectively and safely.
- Essential Services have been delivered effectively with no patient safety incidents for all previous IA dates.

# Joint Decision Model

## 1. Gather Information and Intelligence

New RCN strike dates have been confirmed for 6<sup>th</sup> & 7<sup>th</sup> February along with a further YAS strike on 6<sup>th</sup> February. Internal planning & operational group is established. Derogations will be applied for via formal process to RCN.

## 2. Assess threats and risk

There is a risk that if Industrial action is taken by staff – Internal to BTHFT, or at other partner organisations then this will reduce the numbers of staff at work and impacts ability to maintain safe patient care (See full Risk Assessment).  
Working strategy outlined on slide 3.

## 3. Consider powers, policies and procedures

Do plans fit with the strategic direction? Can it be done with the available resources? Are they legal, morally defensible and justifiable?

In place are:

Local Trust plans, Business Continuity plans, Incident Response plan, Speciality risk assessments to be completed, NHSE letter detailing essential service areas, derogation process, YAS divert process, Wider area plans. EPPR legislation for staff to support during major incident.

## 4. Identify Options & Contingencies

Command & Control to be stood up for IA, Operational plan currently being written, staff redeployment/volunteer options, Staff training needs, Essential service areas identified, derogations applied for Internal and external communication packages being produced, Cancer, Urgent and Routine activity on strike days being quantified, patient impact / cancellations to be confirmed post each IA.

## 5. Take action and review what happened

Monitor and review all cycles of the JDM Cycle.

Regular debriefs to be held during strike days and afterwards



# Working Strategy

- Bradford Teaching Hospitals NHS Foundation Trust intends to:
  - Work with partners, communities and union representatives in order to maximise the safety of the public and our staff.
  - Maintain public confidence and provide reassurance through consultation with partners and communities by contributing to an effective community engagement and communications strategy.
  - Undertake actions underpinned by policy and guidance as expressed by ‘Gold and Silver’ command throughout the course of the planned industrial action.
  - Ensure our patients (including those deemed most vulnerable) continue to receive high quality healthcare services in our hospital and community care settings.
  - Ensure an early resolution and return to normal services following the event.
  - To carry out a debriefing process post events to ensure lessons identified inform existing and future planning activities.
  - The OPEL score for the organisation will be reviewed at the commencement of the IA.

# Operational

- NHSE Self-assessment Checklists completed and returned for upcoming IA
- Service level IA Impact Assessments reviewed and maintained
- Gold (Executive) Lead identified depending on availability
- Gold and Silver Core Planning Groups continue to meet regularly to oversee plans and actions
- WY ICB Command & Control in place over period of IA that Trust attends
- The Operational Response Plan has been reviewed and will remain as a live document. The focus of the response (as of 3/3/23) is the IA announced by the BMA involving junior doctors.

# BMA / Junior Doctors

- The BMA has now notified Trusts and members that the first round of action will start on Monday 13 March and conclude on the morning of Thursday 16 March.
- They will also now be joined by members of the Hospital Consultants and Specialists Association (HCSA) (who had previously announced strike action on 15 March) and the British Dental Association (BDA), aligning with the dates and times of the BMA action. This will include complete cessation of labour for 72 hours. Full details of the ballot and Trusts in scope can be found on the relevant websites.
- Junior doctors are being instructed not to begin any shift that is due to start after 06:59 on Monday 13 March 2023 or before 06:59 hours on Thursday 16 March 2023. If they are working the Sunday night shift and finish after 07:00, they will finish this shift and hand over as usual. They will start work again as usual after 06:59 on Thursday 16 March 2023. The industrial action will take the form of a full stoppage of work, including night shifts, on-call shifts, and non-resident work.
- The BMA has confirmed that there will be no derogation of services negotiated at any level for the during the strike period, with the exception being arrangements to recall staff in event of a mass casualty incident.

# HR update

Non medical Trade Unions with a mandate for industrial action have called of strike action whilst they enter into pay negotiations with the government: CSP action at the Trust called of the 22 March

Industrial action meetings being held with the BMA , 3 March and 8 March

BMA pushing for rate card for any work [in normal hours or outside normal hours] that is deemed to be extra-contractual

WYATT CMOs and WYATT HRDs in regular dialogue to try to agree a consistent position across Trusts whilst ensuring patient safety

No new annual leave, study leave requests agreed, all non essential meetings being stood down, bank/agency bookings being re-confirmed, specialty level plans being developed

# Communications update

- Staff communication released via Global emails and posted on the Intranet which includes updates on derogations
- A specific homepage has been devised for Intranet
- Staff Comms plan in place covering:
  - Patients
  - Staff
  - Public
- Discussions ongoing at place and ICS level



# Activity Impact – December 2022

- 15/12/22 - Outpatients
- Routines: 1113 planned | 278 Rescheduled/cancelled (25%)
- Urgent: 610 planned | 101 Rescheduled/cancelled (16%)
- Fast Track: 205 planned | 10 Rescheduled/cancelled (5%)
- Outpatient appointments running - 1928 - 83%

- 15/12/22 - Theatres
- Inpatients / Day cases: 33 Rescheduled/cancelled
- Not Cancelled: 8 Ran
- Theatre appointments running - 8 – 20%

- 20/12/22 - Outpatients
- Routines: 1354 planned | 275 Rescheduled/cancelled (20%)
- Urgent: 391 planned | 12 Rescheduled/cancelled (3%)
- Fast Track: 200 planned | 21 Rescheduled/cancelled (11%)
- Outpatient appointments running - 1936 - 86%

- 20/12/22 - Theatres
- Inpatients / Daycases: 36 Rescheduled/cancelled
- Not Cancelled: 13 Ran
- Theatre appointments running - 13 – 27%

# Activity Impact

## ■ 06/02/23 - Outpatients

- OPA Routines: 296 Rescheduled/cancelled
- OPA Urgent: 14 Rescheduled/cancelled
- Endoscopy routine: 20 Rescheduled/cancelled
- Outpatient Procedures: 0 Rescheduled/cancelled
- Fast Track: 0 Rescheduled/cancelled
- Outpatient appointments running - 1125 – 70%

## ■ 06/02/23 - Theatres

- Inpatients / Day cases: 26 Rescheduled/cancelled (P3 – 24, P 4-2)
- Theatre appointments running - 26 – 50%

## ■ 07/02/23 - Outpatients

- OPA Routines: 187 Rescheduled/cancelled
- OPA Urgent: 10 Rescheduled/cancelled
- Endoscopy routine: 11 Rescheduled/cancelled
- Outpatient Procedures: 5 Rescheduled/cancelled
- Fast Track: 0 Rescheduled/cancelled
- Outpatient appointments running - 1033 – 80%

## ■ 07/02/23 - Theatres

- Inpatients / Day cases: 24 Rescheduled/cancelled (P3 – 19, P 4-5)
- Theatre appointments running - 24- 50%