

To:

NHS England
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• ICBs:

- chief executives
- chief operating officers
- chairs
- chief people officers/HR directors
- Medical directors
- directors of nursing

• Trusts:

- chief executives
- chief operating officers
- chief people officers/HR directors
- Medical directors
- directors of nursing

8 December 2023

cc. • Regional:

- directors
- P&I directors
- Medical directors
- directors of nursing
- heads of EPRR

Dear Colleagues,

Pre-action self-assessment, rescheduled activity, and workforce data collections for industrial action by Junior Doctors during December and January

This letter provides information regarding NHS England's approach to pre-action self-assessment and reporting of workforce and rescheduled activity impacts ahead of industrial action by the British Medical Association (BMA) from 0700 20 December – 0700 23 December 2023 and from 0700 3 January – 0700 9 January 2024.

Hospital Consultants and Specialists Association (HSCA) Junior Doctors will also stage a full walkout from 06:59 on 20 December to 06:59 23 December. HSCA members have been instructed that if a shift commences before 06:59 on Saturday 23 December and runs into Sunday 24 December 2023 then industrial action will also take place on 24 December 2023.

HSCA are currently re-balloting their members to extend their mandate beyond the current end date of 3 January. Should the HSCA ballot be successful, it is expected they will join the BMA action on 3-9 January 2024, and Trusts and ICBs should plan on this basis.

The BMA and HSCA have stated that Junior Doctors will undertake a full withdrawal of labour.

Proactive and honest dialogue between staff, management, and the local negotiating committee, based on clinical assessment of risks will be key.

Expectations for Trust and ICB planning

We know that the new rounds of action announced this week come at an already very challenging time for the system alongside winter pressures such as flu, Covid and norovirus.

Over previous periods of industrial action, we have seen not just a significant impact on patients waiting for elective care but also an increased risk to patients who need time critical care too.

We are grateful for the significant amount of work being undertaken already to prepare for this disruption, which comes at the most challenging and pressured time for frontline staff.

We recognise the NHS and partners are already working hard to discharge patients who are clinically fit and reduce occupancy levels as much as possible ahead of Christmas and New Year. This will ensure organisations have sufficient headroom to safely manage the normal rise in occupied beds in the two weeks following Christmas.

It will be particularly important that trusts are able to maximise the impact of the normal working days between Christmas Day and 3 January to ensure occupancy is as low as possible, ahead of the second period of industrial action. This will support the effective functioning of urgent and emergency care on strike days and is even more important in the context of the period of disruption brought on by this industrial action.

Acute, mental health and community inpatient providers are asked to continue reducing delayed discharges within hospital control including reducing variation across the week and maximising the discharge of clinically fit patients on weekends. This should include running Multi-Agency Discharge Event (MADE) style events, if not already planned, and maximising use of Community Response, intermediate care, falls prevention and Enhanced Health in Care Homes. To enable more patients to leave hospital and receive the care they need closer to or ideally in their own home.

Systems should also be working with their Local Authority partners to plan to increase discharges before the period of industrial action. And then maintain hospital flow 7 days per week during the period to ensure patients continue to be discharged into appropriate care settings.

As with previous industrial action, complex planning will be required across different services within each Trust (for example surgical and ITU teams) to ensure adequate staffing through the entirety of urgent care pathways in acute, community, and mental health settings, urgent elective cases, maternity, and other services. It is crucial that Trusts and systems plan for the total period of disruption through December and January (including strike days and recovery), bearing in mind the risks to deteriorating and time-critical patients.

Urgent elective surgery (P1 and P2) including but not limited to Trauma, Cardiac, transplant including corneal, Caesarean sections and cancer care should be protected where possible. A particular focus should be on cancer patients who have already been waiting over 62 days, or who are likely to pass day 62 if their appointment needs to be rescheduled.

ICBs should ensure primary and community services are able to provide cover during the extended period to support enhanced discharges and to maintain as many patients at home as is possible. Systems should ensure community and primary care services are maximised to encourage access for patients in out of hospital settings for example full use of Urgent Community Response (UCR).

To help aid planning, systems are asked to focus on the following key priorities over this period:

- w/c 11 December – review and optimise waiting lists to ensure time critical surgery is undertaken (where possible) ahead of the disruption.
- w/c 18 December – prepare and manage industrial action, including the action on occupancy levels and discharge set out above with the aim of reducing acute trust occupancy to 85% or below, as far as possible.
- w/c 25 December: recovery of staff and activity to the fullest extent possible, including maximising clinical resource deployed at weekends (where possible).
- w/c 1 January: prepare for and manage industrial action.
- w/c 8 January: continue to manage industrial action and prioritise recovery once ended.

We will shortly be writing to the system on managing risk during winter.

Derogations

NHS England will discuss the current derogations process with the BMA in the coming days, and further information on the process and criteria will be shared when it becomes available.

Trusts and ICBs should not plan on the basis that derogation requests will be agreed.

Pre-action self-assessment – ICB requirement

In line with the NHS operating model and ICBs' responsibilities as Category 1 responders and system leaders, NHS England is requesting ICBs report confidence in service provision in their area using a pre-action self-assessment template, provided with this letter. The template has been revised and simplified following feedback.

Our expectation is that returns are co-ordinated by ICB EPRR leads informed by decision-making and operational planning led by Medical Directors and Workforce/People directors. The self-assessment return should be informed by dialogue with Trusts, understanding of plans at Trust and place levels, as well as ICB- and network- level preparations.

We will use your information to identify risk areas for escalation or further guidance, to guide our conversations with Trade Unions and the Government, and to focus our support.

Pre-action self-assessment - deadlines

Initial feedback on readiness and risks will be conducted and collated through existing regional and national incident planning and management meetings, with a structured assessment by regional and national teams on Friday 15 December.

A written return will then be required from each ICB, and this will be analysed by national teams and discussed with regional teams on Tuesday 19 December.

Ahead of action in January, further feedback on readiness and risks will be required including a second written assessment from ICBs, which will be discussed by regional and national teams on Friday 29 December with a further verbal update on Tuesday 2 January 2024.

Regional colleagues will be in touch with ICBs to confirm the exact date and timings for ICBs to submit their returns to their Regional Operations Centre (ROC).

Pre-action self-assessment - regional role

Regional Operations Centres (ROCs) are asked to work with their regional EPRR colleagues to ensure a comprehensive and accurate picture of local preparations and to identify service and geographical areas of concern, from all ICBs. Where ICBs indicate there are trusts or services of concern and the return does not provide detailed information, the ROC or other NHSE regional colleagues should contact the relevant ICB for further detail.

Situation report (SitRep) data collections

NHS England will conduct two data collections via the Strategic Data Collection Service (SDCS):

- a. **Industrial Action rescheduled activity SitRep.** This will collect information on activity that has been rescheduled because of the industrial action. The collection will be open for **all** acute, community and mental health trusts and will request the figures of rescheduled activity. The template for this can be found in **Annex A**. Guidance for completion is provided as **Annex C**.
- b. **Industrial Action workforce SitRep.** Please provide the following information using the template which can be found in **Annex B**:
 - a total number of doctors in training (headcount) taking part in the industrial action on the reported day (please do not include staff absent from work due to TOIL that they have accumulated due to working during previous or future strike), and
 - a total number of doctors in training (headcount) due to be at work on the reported day.

SitRep data collections – which organisations should complete the collections?

All NHS provider Trust organisations are requested to submit data, even if it is a nil return.

ICBs (as an employer) are not required to submit a response to the Workforce collection.

We are aware that due to the nature of SDCS, some non-NHS organisations such as Community Interest Companies may receive requests to complete these Sitreps. Any returns from CICs are optional.

SitRep data collections – when will collections run and what dates are in scope?

The **rescheduled activity collection** will run three times for each period of industrial action and cover the following periods;

| Month | Period of action Date | D-3 (activity est.) Date | D-1 (activity est.) Date | D+1 (activity impacts and workforce) Date | Period covered by the collection | |
|-------|--------------------------|-----------------------------|-----------------------------|--|----------------------------------|--------|
| | | | | | Dates | # Days |
| Dec | 20 – 23 Dec | Fri 15 Dec | Tues 19 Dec | Wed 27 Dec | 18 – 25 Dec | 8 |
| Jan | 03 – 09 Jan | Fri 29 Dec | Tues 2 Jan | Wed 10 Jan | 01 – 11 Jan | 11 |

The **workforce collection** will run once following each period of industrial action on **27 December** and **10 January**.

Highlights of the **activity and workforce** data collected following industrial action will be published on NHS England's website.

Use of any additional template or SitRep returns 'on the day' are for NHSE regional team and ICB agreement, during the planning stage.

SitRep data collections – guidance for submitters

The window will close at 13:00 on the days of collection and will not be reopened.

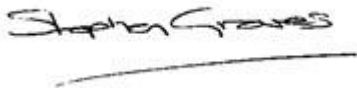
Submissions will be made through the SDCS platform. On collection days, we will open the collection at 09:00 and the deadline for submission will be 13:00 that day. The template will be available to download from SDCS from 09:00 on the first day the collection is running. Missing returns will be highlighted to regional Chief Operating Officers for follow-up.

More detailed guidance notes will be shared with those registered as submitters in SDCS ahead of the first collection. An extract can be found in **Annex C**.

Many thanks for your continued cooperation and support in providing this information and ensuring a high return rate. And thank you for your continued efforts to provide NHS patients with the best possible care during these challenging periods of Industrial Action.

If you have any questions, please contact your regional team.

Yours sincerely,



Stephen Groves
Director of NHS Resilience (EPRR)

Annex C – Extract from guidance for Industrial Action Sitrep collections

Rescheduled activity SitRep

| Column name | Guidance |
|---|--|
| Date | Specify the day that the appointment was originally planned for |
| 1a. All Inpatient | A count of all standard inpatient (i.e. Not Day case) appointment/ procedure scheduled for the specified date that has been changed by the provider due to industrial action. This includes both appointments where a new date has been provided and those where a new date has not yet been confirmed. |
| 1b. of which P1/P2 cancer surgery | Of all those in 1a, the number that were for P1/P2 surgeries relating to cancer a cancer pathway. |
| 1c. of which P3/P4 cancer surgery | Of all those in 1a, the number that were for P3/P4 surgeries relating to a cancer pathway. |
| 1d. of which cancer colonoscopy | Of all those in 1a, the number that were for colonoscopies relating to cancer a cancer pathway. |
| 1e. of which radiotherapy treatments | Of all those in 1a, the number that were for radiotherapy. |
| 1f. of which chemotherapy treatments | Of all those in 1a, the number that were for chemotherapy. |
| 2a. All Day case | Any Day Case inpatient appointment/ procedure scheduled for the specified date that has been changed by the provider due to industrial action. This includes both appointments where a new date has been provided and those where a new date has not yet been confirmed. |
| 2b. of which cancer surgery | Of all those in 2a, the number that were for surgeries relating to cancer a cancer pathway. |
| 2c. of which cancer colonoscopy | Of all those in 2a, the number that were for colonoscopies relating to cancer a cancer pathway. |
| 2d. of which radiotherapy | Of all those in 2a, the number that were for radiotherapy. |
| 2e. of which chemotherapy | Of all those in 2a, the number that were for chemotherapy. |
| 3a. Total Outpatient appointments | Count of all outpatient appointments/ procedures scheduled for the specified date that has been changed by the provider due to industrial action. This includes both appointments where a new date has been provided and those where a new date has not yet been confirmed. This cell is auto-calculated from the contents of 3b and 3c |
| 3b. All New (incl 2 week waits) | Of all those in 3a, how many rearranged appointments are New appointments, including those from a 2 week wait referral including triage appointments. |
| 3c. Reviews | Of all those in 3a, how many rearranged appointments are review appointments. |
| 4a. Of 3a, the total Cancer-related outpatients | Count of all cancer related outpatient appointments/ procedures scheduled for the specified date that has been changed by the provider due to industrial action. This includes both appointments where a new date has been provided and those where a new date has not yet been confirmed. |
| 4b. New 2 week waits inc triage appointments | Of all those in 4a, how many rearranged appointments are New, 2 week wait referral appointments, including triage appointments. |
| 4c. Of which are cancer colonoscopy | Of all those in 4a, how many rearranged appointments are for a colonoscopy appointment relating to a cancer pathway. |
| 4d. Of which are radiotherapy | Of all those in 4a, how many rearranged appointments are for a radiotherapy appointment. |
| 4e. Of which are chemotherapy | Of all those in 4a, how many rearranged appointments are for a chemotherapy appointment. |

Full guidance will be shared with SDCS submitters ahead of collections