

- To: • ICB:
- chief executives
  - chief operating officers
  - chairs
  - chief people officers / HR directors
- Trust (including ambulance trust):
- chief executives
  - chief operating officers
  - chief people officers / HR directors
  - chief nurses/directors of nursing
  - medical directors

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**16 December 2022**

- cc. • Regional:
- directors
  - chief nurses/directors of nursing
  - heads of EPRR

Dear colleagues

## **Industrial action in ambulance services**

As you know, trade unions representing some NHS staff are in dispute with the Government over the 2022/23 pay award. In addition to the RCN strike action on 15 and 20 December, GMB, Unite, and Unison members will take part in industrial action with nine ambulance trusts expected to be affected on 21 December and eight ambulance trusts expected to be affected on 28 December.

Thank you for everything you have been doing to prepare to ensure that patients are kept as safe as possible and that services are maintained as effectively as possible over what will be a very challenging period.

Derogation discussions with trade unions are ongoing at a local level, therefore the impact upon services will vary across different ambulance services, but extensive disruption is expected.

**To support local planning already underway to ensure the safety of patients and staff, we have identified three essential actions:**

- 1. Ensure measures are in place to enable all ambulances to handover patients no later than 15 minutes after arrival.**
- 2. Free up maximum bed capacity by safely discharging patients, working closely with system partners, in advance of industrial action.**
- 3. Confirm system-level operational plans for the days of ambulance industrial action with NHS England regional teams by 16:00 Monday 19 December to allow for any additional support to be considered and arranged. These plans must include how Emergency Departments will ensure the release of all ambulances within 15 minutes.**

To deliver these essential actions, the following should be considered:

### **Ambulance services**

- Share details of local derogations and assessment of the impact upon services with all key system partners.
- Ensure that NHS England is kept up to date on all discussions with Trade Union Representatives with regard to derogations and provide regular updates on estimated staffing for days of industrial action (including all mitigations).
- For those services receiving military support, work with the military in line with the MACA process.
- Engage with NHS England and the NACC on days of action to ensure that NACC data is updated at all times.

### **Acute, mental health and community trusts (where relevant)**

- Continue to expedite the discharge of all patients who are clinically fit for discharge.
- Ensure measures are in place so that all ambulances will clear no later than 15 minutes after arrival. Steps should be taken to create capacity to ensure the rapid release of vehicles, requiring risk-based decisions about both the use of estate and deployment of clinical workforce.
- Take steps to allow moving of patients who have completed their emergency medical care and are awaiting an inpatient bed out of the ED to create space for new patients. This may involve the creation of observation areas and additional beds elsewhere in the hospital.
- For elective appointments and operations:
  - Elective activity should only be reduced as a last resort. However, trusts may wish to consider stepping down some physician-led outpatient activity in relevant specialties in order to allow redeployment of senior physicians to EDs to assist with decision making, additional ward rounds and discharge in advance of industrial action, as well as supporting timely ambulance handovers in preparation for and during days of industrial action.
  - Organisations should make every effort to protect elective beds to avoid knock-on impacts on their elective programme. If it is deemed necessary to reschedule procedures and appointments at scale, this should be agreed at ICB and regional level and communicated as far in advance as possible to patients.
- Rescheduling of any urgent cancer diagnostics or cancer treatment should only be considered if all other options have been exhausted and every effort should be made to maintain these appointments. For cancer surgery not subject to national derogation, the RCN has clarified that clinically urgent cases should continue and these arrangements should be agreed locally on a patient-by-patient basis. All

trusts should therefore be engaging with their local strike committee lead(s) to agree these case by case exceptions, escalating to their Regional Team as appropriate.

- Ensure measures are in place to mitigate impacts to interhospital transfers.
- Plans should be made to ensure that any disruption to patient transport services caused by the industrial action is kept to a minimum so as to prevent outpatient appointments needing to be rescheduled or missed. This includes putting in place alternative transport arrangements.

### **Wider systems**

- Work with ambulance trusts to understand the expected impact on services.
- Continue to work closely with social care and other partners across the system to support rapid discharge of medically fit patients from acute, community and mental health settings, including through use of additional discharge funding and personalised budgets where appropriate.
- Redirect patients where possible and appropriate, through self-care / or where ambulances are not needed.
- Work across your system to implement or scale up the system actions set out in the [winter resilience letter](#) issued on 18 October with immediate effect, including:
  - Ensuring your **System Control Centre** has sufficient clinical and operational input to be able to make genuine real-time decisions which spread risk in order to improve patient safety.
  - Establishing your 8am-8pm **falls response service** where possible if you have not already done so, to support people in the community and prevent avoidable admissions.
  - Continuing progress on your **urgent community response** service, to ensure patients are seen in a timely way, with the right support.
  - Maximising utilisation of your existing **virtual wards**, and continuing to roll out new virtual ward capacity in-line with your existing plans.
  - Strengthening your **Acute Respiratory Infection hubs**, where you have chosen to create one, or actively considering creating one to improve 'one stop' same day assessment of respiratory conditions.
- Engage with the Local Resilience Forum to ensure all system partners are aware of the arrangements being established.
- General practice teams may see additional demands into services as a result of strike action. Please reassure patients that GP services are not impacted and that they should attend their appointments with the GP team unless contacted and told otherwise. On days where there is industrial action, patients (and GP practice staff calling on their behalf) should only call 999 if it is a life threatening medical or mental health emergency.

## **Public messaging**

- Ensure all trust websites have up to date information for patients and the public.
- Key messages should include:
  - If you need medical help or advice, go to NHS 111 online unless it is a life-threatening emergency when you should still call 999.
  - The NHS will let you know if your appointment needs to be rescheduled. If you are not contacted please turn up as usual.

Where any appointments or procedures are being rescheduled, patient communications must be prioritised to ensure patients are made aware of any changes and are supported with re-booking in advance of action. It is also vital that all hospital inpatients will be informed of how their care will be impacted on a ward-by-ward basis by the staff involved in delivering their care.

Thank you again for the work of your teams in all they do, and for your support in preparing for industrial action to provide patients with the best possible care under the circumstances.

Yours sincerely



**Sir David Sloman**  
Chief Operating Officer  
NHS England



**Professor Sir Stephen  
Powis**  
National Medical Director  
NHS England



**Dame Ruth May**  
Chief Nursing Officer,  
England