

- 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
- cc. • Regional:
- Directors
 - Chief Nurses/Directors of Nursing
 - Heads of EPRR

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 January 2023

Dear colleagues,

Industrial Action – Week commencing 6 February 2023

Ahead of upcoming industrial action, we want to ensure that we continue to support both staff and patients and help mitigate any disruption by setting out key actions we think should be taken.

You will be aware of the series of industrial action days planned for the first week of February. On 6 February, Royal College of Nursing (RCN) members at 73 Trusts (including six ambulance Trusts), Unite members at four ambulance Trusts, and GMB members at eight NHS ambulance Trusts will take industrial action simultaneously.

In addition, GMB members will take industrial action in East Suffolk and North Essex NHS Foundation Trust, Mersey Care Foundation Trust, and NHS Blood and Transplant on 6 February, and at Liverpool Women's Foundation Trust on 7 February.

On 7 February, RCN members will take further industrial action (at the same 73 Trusts as the previous day), and on 9 February, the Chartered Society of Physiotherapists will also take action at 32 Trusts.

For this concurrent industrial action, implementing lessons identified from previous strikes will be more important than ever.

In addition to the steps set out in the [letter](#) on 16 December, we would like systems to particularly focus on freeing up hospital capacity in advance of the industrial action

through increasing the levels of hospital discharge and keeping elective rescheduling to a minimum.

Discharge:

We recognise that the NHS and partners are already working hard to discharge patients when they are clinically fit. This is even more important in the context of upcoming days of industrial action, which have the potential to impact inpatient capacity, and restrict the NHS' ability to discharge patients in a timely fashion.

Acute, mental health and community inpatient providers are asked to continue reducing delayed discharges within hospital control, building on the success of the 100 Day Discharge Challenge - including reducing variation across the week and maximising the discharge of clinically fit patients on weekends. For this purpose, we would advise you to run a Multi-Agency Discharge Event (MADE) style event, if not already underway.

Local NHS teams should continue working with partner organisations to explore different approaches to Urgent Community Response, intermediate care, falls prevention or 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.

ICBs should engage with social care (both providers and local authorities) to advise how they could be affected and what contingency measures can be considered, or are already in place, to mitigate. System partners should be kept informed as well.

Trusts and partners must also maximise the impact of their areas' allocation of the additional £200m discharge funding during this period. See NHS England [guidance](#) from 13 January on funding distribution and conditions.

Rescheduling of elective activity:

We know that rescheduling elective appointments is a last resort and that we are all working as hard as we can to minimise this, recognising that derogation conversations will be ongoing and should inform planning as far as possible.

If you are in the unavoidable situation where beds need to be released for UEC pressures, or you need to free clinical staff up to assist with these pressures, including due to industrial action, please do so in discussion with your provider collaborative, ICB and regional colleagues, as they may be able to provide support and mutual aid.

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.

It is clear from the previous industrial action that, with good planning, rescheduling can be kept to a minimum. Many providers maintained good access for new outpatients (including virtual) and used the time to make progress on validation and scheduling. Given this experience, we expect all trusts affected will be able to maintain this kind of access during future industrial action days.

Thank you again for the work of your teams, and the ongoing efforts to prepare for industrial action to provide patients with the best possible care under the circumstances.

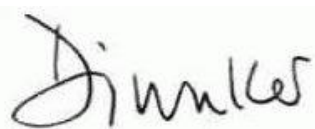
Yours sincerely,



Sir David Sloman

Chief Operating Officer

NHS England



Dr Vin Diwakar

Medical Director for
Transformation and
Secondary Care

NHS England



Dame Ruth May

Chief Nursing Officer

NHS England