Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 1st February 2024
Time: 12:30 – 15:45
Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

Agenda Number :	6.1	
Title:	Industrial Action,(IA), and Harm	
Confidential Papers	**Commercially Sensitive**	Yes/No
	Legally Sensitive	Yes/No
	Contains Patient Identifiable data	Yes/No
	Financially Sensitive	Yes/No
	Time Sensitive – not for public release at this time	Yes/No
	Other (Please state)	Yes/No
Purpose: Discission		
Key Points for Discussion:		

Autumn 2022 witnessed the onset of IA across differing NHS professional groups which has continued repeatedly into the Winter of 2023.To date, IA has been operationally managed on a "case by case" basis and has been seen as a series of individual "incidents". However, as evidence emerged that IA was likely to continue further, there has been attention on the cumulative impact of IA. Conversation was had between ICB leaders and agreement reached to undertake a review by a small group of ICB colleagues.

The outcome of that work is this paper which has a summary of the key themes noted by the group. These are listed within the report and include:

- Incident Response
- Harm Review & Understanding
- Relationships
- Finance
- Waiting Times & Broader Healthcare Impacts.

Recommendations:	The paper sets out matters for consideration, covering. • System Effectiveness. • Safety • People • Finance

Previously Considered By and feedback :	Reviewed by Executive Team.
Management of Declared Interest:	N/a
Risk and Assurance:	To be discussed.
Financial / Resource Implications:	See paper.
Legal, Policy and Regulatory Requirements:	n/a
How does this reduce Health Inequalities:	See discussion in paper.
How does this impact on Equality & diversity	See discussion in paper.
Patient and Public Involvement:	None to date.
Communications and Engagement:	N/a
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Sponsoring Director / Clinical Lead / Lay Member:	Dr Joanne Medhurst, Chief Medical Officer, BNSSG ICB

Agenda item: 6.1

Report title: Industrial Action and Harm

1. Background

Autumn 2022 witnessed the onset of IA across differing NHS professional groups which has continued repeatedly into the Autumn of 2023. Initially, IA began with Paramedic & Nursing colleagues, then continued with Physiotherapy and Allied Health Professional colleagues and has moved to be predominantly focussed on IA undertaken by Doctors (Consultants and Junior Doctors (GPs excluded to date)). IA has taken place in most months over this time.

To date, IA has been operationally managed on a "case by case" basis and has been seen as a series of individual "incidents". However, during the summer of 2023, when the evidence emerged that IA was likely to continue further through the 23 / 24 financial year, the collective focus of attention moved onto the cumulative impact of IA and the breadth of areas affected by it.

In line with this, ICB leaders wished to undertake a review of the impacts of IA to fully understand the impacts upon healthcare (including on the people that deliver care) and upon the health of the population. Given the statutory importance of both healthcare and health to ICBs, it is crucial for ICBs to understand the impacts already experienced through IA on these areas and the further risks to these should IA continue into the future.

Informal conversation was had between ICB leaders and agreement reached of the wish to undertake a review collectively rather than individually and a small group of ICB colleagues was drawn together from volunteering ICBs to lead this work; the group has good geographical and skills-based spread. The group started to meet at the end of September 2023 and this document represents the first formal position statement that has come from these initial conversations.

The group is also cognisant of other reviews done by agencies other than ICBs and where possible, reflected upon this work in our summations. This included a national review undertaken by Healthwatch England into cancellations in July 2023,(Cancelled care research). Whilst the principal focus of the review was not upon IA, it is referenced as a cause of cancellation in 15% (perceived 41%) of respondents and so inferences can be drawn. Furthermore, the review drew out health and socioeconomic impact inequalities within the differing groups experiencing cancellation; therefore, a further inference can be drawn that the impacts of IA are unequally experienced.

The Review Group consists of, (in alphabetical order):

- Nicci Briggs (Chief Financial Officer, NHS Cambridgeshire & Peterborough ICB)
- Chris Clayton (Convenor & Chief Executive, NHS Derby & Derbyshire ICB)
- Beverley Geary (Chief Nursing Officer, NHS West Yorkshire ICB)
- Joanne Medhurst (Chief Medical Officer, NHS BNSSG ICB)
- Francesca Okosi (Chief People and Culture Officer, NHS North East London ICB)
- Debbie Simmons (Chief Nursing Officer, NHS Dorset ICB)
- Chris Weiner (Chief Medical Officer, NHS Derby & Derbyshire ICB)

The group has met three times to date.

Purpose and Scope

In our early meeting, we considered the overall purpose and scope of our review; this was considered within the context of the limits of our own capacity and capability but also within the context of the dynamic position of the IA.

The following principles were agreed:

- There appeared to be a Business as Usual (BAU) shift with regards to the consideration of IA at present, it now feels important to understand the impacts that have already occurred and have been experienced and of those that are yet to come; we acknowledged that normalisation in itself poses a significant risk.
- It was agreed to reflect upon the IA that has occurred to date since Autumn 2022 (as a building picture) but focus now on the impact of IA in relation to medical staff.
- It was agreed to produce a review paper, if only as a position statement on the breadth of considered issues that the group noted both collectively and individually with our own ICB boards and systems and that in itself would be of value given our core purpose on oversight of improvements in both Health and Healthcare.
- We agreed to focus on developing a collective understanding of the impacts on Health and Healthcare.

A Collection of Individual Reflections

Significant time in our meetings to date was used to share individual experiences; this proved fruitful given the range of skillset within the group but also, given the range of ICBs represented. Our reflection was that there was both similarity and difference in the experiences to date but there was reassurance through this process that the review group had the range of skills and experiences represented to ensure a balance of views and thoughts would come through the work to come. There were however common themes as set out below.

Incident Response

1.The Derogation processes was universally experienced locally as having been challenging.

2.The EPRR battle rhythms familiar from Covid 19 have been used universally successfully again however this takes significant resource (managerial and clinical time) to run both before, during and after an individual episode of IA.

3.There is a view that the response to action is becoming BAU; Incident Directors and other colleagues are factoring this into their "day jobs".

4.There is a risk of major incident fatigue; in COVID there were periods of break and de-escalation however, there has been an impact from repeated and regular IA incidents.

Harm Review & Understanding

5.We acknowledged universally that there isn't a single system to identify specific IA related harm linked either to specific healthcare and /or health related harms.

6.We acknowledged the difference between Direct impacts (UEC and Elective waits) versus Indirect impacts (for example people impacts)

7.We anticipate that the cumulative impact in elective waits will have a knock-on impact into primary care (local evidence showing 25% of GP appointments relating to waiting list challenges, directly or indirectly) with further exacerbation on overall waiting lists (additional Outpatient demand).

Relationships

8.Initial sense of camaraderie with consultants was seen to quickly fade and successive IA episodes has seen an erosion of this; challenging successive preparedness.

9.In one large provider, anaesthetic colleagues were taking majority action and so they were seeing a disproportionate impact on surgery and in turn, impacting on relationships between these two specialities; this experience was recognised universally but across differing specialities based on local variation on IA uptake.

10.The theme of strained relationships was also expressed in terms of challenges between differing clinical disciplines and professional groups but also between clinical and managerial colleagues.

Finance

11.Direct financial impact of IA was universally understood; the link to underlying financial recovery and unplanned financial expenditure is clear. One system quoting direct attributable cost of £10.3m up to and including September 2023.

12.BMA rate card and local determination of rates perceived as divisive between NHS organisations and systems.

Waiting Times & Broader Healthcare impacts

13.Backlog increasing & deterioration of Elective and Cancer Care position.

14.Increases in specific 2 WW pathways (Breast Cancer Pathway cited) as a direct consequence of the impact on radiology & diagnostics. A further example relating to Brachytherapy was cited highlighting very specific operational challenges linked to unequal service impact depending on the days of the week that IA takes place (specialised and other services that only occur on a certain day clearly more affected than others).

15.Direct & Indirect impacts on the use of primary care services.

16. Operational distraction from service changes/ improvement and productivity linked to broader operational plan delivery.

17.Impacts on multi professional training and personal / service development (Maternity services specific services cited).

The following points were agreed across colleagues:

- That this stocktake position was recognised as an output of our discussions.
- That we are reaching a point (from a capacity and capability perspective) of having taken this review as far as we can go and need to seek wider counsel on any required / requested next steps.
- The prevailing sense was that ICBs would most likely not require further review but that this would be subject to the position regarding industrial action itself.
- If further work was requested / required, then the review group thought that we would need to connect with other organisations such as the Kings Fund and Nuffield Trust to pursue this; in this model, the review group would move to being more of an ICB reference group. Any next stage of review would ideally move this from the current reflective piece to a more thematic evaluative and evidence-based review.
- That we are approaching the point of sharing this review confidentially with ICB boards; the view was that we would offer to share more broadly than the ICBs represented in this review group.
- That the process of this reflective review has been helpful and may be considered as an approach across ICBs for future areas of collective challenge.

As part of concluding this reflective review, the group agreed to bring out matters for consideration for boards in the areas of System effectiveness, Safety, People, and finance; these areas are set out as follows:

Matters for consideration.

System Effectiveness:
Things to be mindful about through the lens of effectiveness.

- Non patient facing improvement activity has been slowed or reprioritised, potentially impacting the delivery of change ambitions for the affected time. Could there be the development of protected change team if IA continues with delegated decision making and clinical expertise that can step in to continue progress and limit the stop start impact of the IA.
- The pace of change for quality improvement work will have been impacted. Should there be a post IA review work programmes and a realistic conversation about timelines for completion and relative risk at provider level or at system level?
- There is known impact on elective pathways which can be converted into harm measures. Is there an appetite to do this? There is a risk that more simple work is pushed into the independent sector to get through the backlog efficiently – this can impact on perceived theatre utilisation metrics and could have training implications. Should there be a consideration about appropriate case mix across the providers of elective care as well as the impact on the case numbers using GIRFT information to guide?
- There is impact on delays on primary care which are in the most hidden due to the differentiated nature of the front door of general practice. Should we agree a methodology to surface this and make visible?

Safety
Things to be mindful about through the lens of safety:

- Review care pathways to ensure they are not disproportionality impacted and consider if these can be delivered in a different way. Some organisations have had a significant recurrent impact on specialist services that run weekly or monthly when the Industrial Action has taken place.
- Consider where multi-disciplinary training is required and if this presents a risk.
- Urgent and Emergency Care – impact and mitigation of risk, increase in ambulance turnaround times and times to dispatch as a result increasing patient harm in all stages of the pathway. Examine feasibility of alternative pathways and potentially creating more capacity in existing ones that avoid need for conveyance and admission to hospital.
- Primary care can see a significant increase in demand in the days of industrial action, placing strain on an already highly stressed services, engage with Primary Care leads in planning and evaluation.
- Can systems (and ICB's) work together collectively to influence the future derogation processes.
- Consideration of the impact through an equality lens, look at the most impacted when rescheduling appointments and surgery, as this group are almost always disproportionally disadvantaged.

People

Things to be mindful about through the lens of People:

- The significant strain that the management of each individual episode of industrial action has upon many colleagues across a health and care system including those colleagues delivering care to those managing and planning for it.
- The collective strain that repeated episodes of industrial action place upon those same colleagues.
- The challenge to working relationships between different professional and managerial groups that can occur through the build up to and consequently through periods of industrial action.
- The challenge posed to individual professionals on whether to take part or not in any periods of industrial action.
- The challenges experienced by patients and the public who are disrupted by periods of industrial action with those impacts being broad ranging, including direct healthcare and health related consequences to more indirect consequences such as socioeconomic challenges.
- The challenge to the perception and reputation of the NHS in the eyes of the public during and following periods of industrial action.

Finance

Things to be mindful about through the lens of finance:

- To consider the direct financial costs of individual and repeated episodes of industrial action including the costs of arranging appropriate operational cover
- To consider the indirect financial costs of individual and repeated episodes of industrial action including the challenges to elective care recovery and funding and the commissioning of alternative recovery services.
- To consider the cost of diverted clinical and managerial time in responding to episodes of industrial action and the impacts this will have on overall efficiency programmes and transformation schemes. This also includes the potential loss of "good will" amongst health and care staff due to ongoing matters of dispute between professional bodies and the government.
- To consider the socioeconomic impacts of industrial action on individual members of staff and members of the public both directly and indirectly.
- To consider how the impacts of industrial action may not be felt equally and may exacerbate underlying health inequalities.

Summary

It is clear that the impacts of industrial action are broad and complex and that to fully understand and appreciate them, further evaluative work would be required. Yet, even through this brief review, it is possible to envisage the areas affected and the considerations that systems will need to be mindful of in understanding the breadth and depth of those impacts. At this stage, we are not recommending further evaluative work on this matter, however, will be guided by the views of ICBs.

Appendices

Glossary of terms and abbreviations

IA	Industrial Action
ICB	Integrated Care Board
GIRFT	Getting it Right First Time
UEC	Urgent and Emergency Care
BMA	British Medical Association