

Dear Colleagues,

Thank you for everything you and colleagues from across health and social care did to ensure that disruption arising from December's industrial action was kept to a minimum, and that both patients and staff were supported and kept as safe as possible through a very challenging period.

GMB and Unison have confirmed that they plan to take further strike action at nine ambulance services on 11 January with additional action being taken by Unison at five ambulance services on 23 January. This letter outlines steps to prepare for these strikes.

We understand that derogation discussions with trade unions are ongoing at a local level, and the impact on services will vary by trust.

In December we set out a number of steps to support the delivery of essential actions on ambulance handovers; freeing up bed capacity and preparing system-level operational plans for the day of strike action: <https://www.england.nhs.uk/long-read/industrial-action-in-ambulance-services/>. Providers should continue to follow this operational advice for ambulance industrial action in January, particularly focussing on:

1. Offloading patients within 15 minutes of ambulance arrival.
2. Working with social care (both local authorities and providers), via ICBs to increase levels of discharge. Where issues around engagement with social care arise, these can be escalated to LRFs for additional support.

Following engagement with the system, we want to take this opportunity to share with you evidence-based actions that had an impact during December's industrial action.

### **Ambulance services**

- Keep NHSE and system partners informed of derogations and assessments of impact and share with NHSE a copy of the final agreed derogations as soon as practicable.
- Ensure that robust plans are in place to fully utilise all requested drivers and other military personnel.
- Seek to increase the number of clinicians in 999 Emergency Operations Centres (EOCs) and in NHS 111 services to help triage and validate calls, using support from your system partners.
- Ensure that NACC data is updated accurately at all times.
- Work across acute and ambulance Trusts to remove long waits prior to the strike action commencing.
- In-reach from community services to help provide proactive management of the Ambulance call stack and care for patients in the community where more appropriate than a 999 response.

### **Acute, mental health and community trusts**

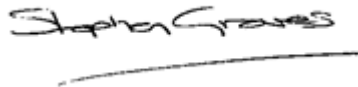
- Continue to expedite the discharge of all patients who are clinically fit for discharge.
- Ensure measures are in place so that all ambulances can clear within 15 minutes of arrival.
- Re-deploy senior clinicians to support emergency flow where possible to make risk-based decisions on triage and discharge and help maintain a safe treatment environment.
- Take steps to create additional pre/post ED cohorting spaces with appropriate clinical oversight.
- It is clear from the first round of Industrial action that, with good planning, cancellations can be kept to a minimum. Many providers maintained very good access for new outpatients (mostly virtual) and also used the time to make progress on validation and scheduling.
- 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.
- Ensure measures are in place to mitigate expected impacts on interhospital transfers which are not likely to be derogated entirely.
- Trusts should work with ambulance services to understand the impact on patient transport. During the first phase of industrial action, most ambulance services were able to agree local derogations for patient transport services for cancer and renal patients, and for those requiring end of life care. Plans should be made to ensure that any disruption to patient transport services caused by the industrial action is kept to a minimum, and alternatives organised where possible.

### ***Across health and social care systems***

- ICBs should engage with social care to advise how they could be affected and what contingency measures are in place to mitigate. System partners should be kept informed as well.
- 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 the use of additional discharge funding and personalised budgets where appropriate.
- 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 Centres have sufficient clinical and operational input to be able to make real-time decisions
  - Ensuring your 8am-8pm falls response service is in place;

- Maximising support from your urgent community response service;
- Maximising utilisation of your existing virtual wards; and
- 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.

Yours sincerely,

A handwritten signature in black ink that reads "Stephen Groves". The signature is written in a cursive style and is positioned above a solid horizontal line that serves as a separator.

**Stephen Groves**

Director of NHS Resilience

NHS England