

The Royal Wolverhampton Hospitals
NHS Trust

Trust Board Report

Meeting Date:	27 February 2012
Title:	Debrief Following Industrial Action on 30 th November 2011.
Executive Summary:	This report is to bring Board members' attention to current activities and is intended to be an update report. <ol style="list-style-type: none"> 1. Debrief on Industrial Action 30th November 2011 2. Involvement in National Lung Improvement Project
Action Requested:	The Trust Board is to note the report.
Report of:	Chief Operating Officer
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Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

1. DEBRIEF ON INDUSTRIAL ACTION 30TH NOVEMBER 2011

1.0. *Executive Summary*

The Trust's response to industrial action and its timely preparedness resulted in a positive outcome in maintaining business continuity for our patients and responding to the challenges that presented. The Trust was well organised and the pre-planning stages were invaluable, resulting in the positive outcomes that were achieved. There was a general spirit across the organisation of everyone working together for a common goal to ensure patient safety, with no care being compromised.

2.0. *Background*

A national day of action was declared to defend public sector pensions against major government reforms, which took place on 30th November 2011. Several Unions balloted their members with a view to taking industrial action on this day, while others including The British Medical Association (BMA), The Royal College of Nursing (RCN) and The Royal College of Midwives (RCM) supported the day through campaigning and lobbying activities. The risk of industrial action still remains should there be a failure to reach an amicable solution on the future of the NHS scheme.

3.0. *Aim & Objectives*

3.1. *'To ensure the delivery of safe and effective services to patients'*

3.2. Objectives

- To ensure all statutory duties are met
- Maintain essential services where possible
- Ensure Health & Safety in the workplace is not put at risk
- To ensure business continuity plans are representative and outline what actions should be taken in the event of changes to staffing levels and recovery of services.

4.0. *Feedback Process*

A debrief session was undertaken on 8th December 2011, chaired by the Chief Operating Officer. Full evaluation forms were submitted across the Trust, to review the actions that had been taken, and whether any future improvements/actions needed to be considered both at a service level and at a Trust wide level.

5.0. *What Went Well*

5.1. Generally, the feedback was extremely positive. The pre-planning work that was undertaken to ensure the Trust's resilience in this type of event and the potential threat of losing critical/essential services was invaluable. The Trust maintained a measured and controlled response.

- 5.2. Command & Control on the day was evident. Silver Tactical command was established providing central leadership and direction.
- 5.3. Involvement of Human Resources at an early stage including emergency planning worked well, as there was a clear idea of what messages/lines to take in the event of different situations occurring, as well as dealing with issues on the day.
- 5.4. Everyone was involved and visible; there were strong leaders from Operational Senior Management and Human Resources, supported by Emergency Planning. Good sharing of information was cascaded down from Human Resources and Emergency Planning.
- 5.5. Early informal discussions with Managers, staff and Unions helped to prepare the Trust with reasonable intelligence. This enabled mitigation plans to be put in place and selected activity to be scaled back early, reducing disruption to patients on the day or high levels of cancellations.
- 5.6. There was strong on the ground presence of senior Managers, particularly senior Human Resources leads and Executive Directors who helped identify and address pinch points and problems arising on the day.
- 5.7. Redeployment processes and adapted ways of working worked well and were heavily supported by a variety of staff, particularly from the Trust's Corporate Services. Advance training opportunities to support staff in the event of being redeployed were offered and the take up was good.
- 5.8. Openness of some staff offering information regarding their intention to strike, this helped as part of the pre-planning process and helped with the identification of potential gaps.
- 5.9. Availability of a crèche facility on the day was well received and appreciated by staff.
- 5.10. Good local employee relations with Union.
- 5.11. Good overall teamwork. Staff flexibility and volunteer support was excellent.
- 5.12. Production and availability of a Management Guidance for Managers. The Operating Procedure for Silver Tactical Command supported the decision making process and provided advice.

6.0. *Communications*

- 6.1. Most communication processes were felt to work well, both in advance and on the day.

Several workshops were held in advance with an open invitation to Managers across the Trust to consider:

- The impact of understanding of strike action
- The legal components.
- Helping to answer pre-defined questions.
- To consider what needed to take place in relation to ensuring business continuity, particularly services being clear about their critical and essential services.

Operational senior team met on a weekly basis in preparation for the day.

6.2. Some weaknesses in our communication structure were identified:

- 6.2.1.** The plans around elective and outpatient activity could have been better communicated. There were some services who were unsure when and if decisions had been made.
- 6.2.2.** Porter support overall was excellent however this could have been communicated better beforehand, as at times there were a plethora of people.
- 6.2.3.** No information cascade back to areas regarding what was happening to other areas/disciplines within the Trust.
- 6.2.4.** More robust planning of messages to the public was felt to be needed.

7.0. *Key Issues identified*

7.1. Sitreps, format, timings and access to information – late circulation of Sitrep formats added to anxieties, particularly with little chance to debate/understand and address concerns about what information was being required and why. This presented challenges within the Trust. There was little chance to do a quality check that was being submitted.

Externally, further requests post incident information was frustrating and should have been considered in the pre planning of the Sitrep.

Submission deadlines were challenging with the Trust finding that their collation of information from multiple sources had not been completed before submission deadlines.

- 7.2.** More detailed understanding of what the impact of third party agencies was likely to be, i.e. schools or what the ambulance service impact would be.
- 7.3.** The communication structure was not robust enough in terms of timeliness of sharing decisions at a local level, i.e. the elective planning.
- 7.4.** Insufficient pre-planning of pre-prepared communications to the public/patients.

8.0. *Successful Outcomes*

8.1. It was reported on the day that 444 members of staff chose to undertake strike action (17% of the workforce), 26% of the workforce (683) were absent

for a variety of reasons, i.e. sickness, maternity leave or scheduled annual leave, etc. Since further ratification post the 30 November 2011, it has been confirmed that 513 staff members did in fact choose to undertake strike action.

- 8.2. No patients were cancelled on the day or rebooked; any appointments booked at the time were honoured. The Trust generally operated at 90% of its normal activity.
- 8.3. Some minor additional costs were incurred as a result of buying in alternative services; this was taxis costs covering transport.

9.0. *Future Planning Considerations*

- 9.1. Although the Trust was governed by the National Sitrep requirements, decisions regarding a more robust system needed to be put in place to capture data. This was manually done, with a reliance on data being made available from the operational teams and not available via ESR. A system/process for data capture needs to be considered moving forward.
- 9.2. Development of a strike pack containing all signage and FAQ etc are provided to each ward area/departments in advance of planned action.
- 9.3. A communication pack ready to use for these types of events for patients and the public.
- 9.4. The question which may need to be considered is “would the Trust still be able to cope if the next phase happened?”, for example:
 - Un-announced/very short notice action.
 - Ongoing/frequent action.
 - Other disruption such as work to rule.
 - A wider participation involving other staff groups such as nurses and doctors.

10.0 *Conclusion*

In conclusion, the Trust responded well to this event. Early decisions to scale back elective activity and put mitigation plans in place helped to minimise disruption to patients on the day. The event fully helped in testing business continuity assumptions and plans, which will be vital if the pension offer is rejected. Until agreement is reached on the pensions offer, the risk of industrial action remains and the planning team will meet to address and plan mitigation to fill the gaps.

2. INVOLVEMENT IN NATIONAL LUNG IMPROVEMENT PROJECT

The Lung team has been successful in being accepted for inclusion in the programme for a National Chronic Obstructive Pulmonary Disease (COPD) Improvement Project.

Acute exacerbation of COPD are the cause of 12% of acute admissions and responsible for more than 1m bed days per annum in the UK. There are significant variations in outcome and provision of care which means that there is scope to standardise the delivery of optimum care.

Despite the development of a GP with Special Interest, a community based care pathway and team and a nurse led hospital early discharge scheme, admissions for patients with COPD have continued to rise steadily at RWHT. The project is centred on transforming acute services and will concentrate on the introduction of respiratory consultant in reach to Emergency Admission Unit, the development of hot clinics and a care bundle approach to admission and discharge. It is part of a wider project developing integrated care for COPD and other respiratory illnesses.

The project objectives are:

- a) Reduction of COPD admissions
- b) Reduction of length of stay for COPD patients
- c) Reduction in 30 day readmission rates for COPD patients

Project Support

The improvement project will run for no longer than a period of 12 months. The project was launched in November 2011 and is in the preparation phase. There has been a memorandum of understanding signed between RWHT and the NHS Improvement Lung team, and the first workshop has taken place.