Ashford and St. Peter's Hospitals
NHS Foundation Trust

Industrial Action Impacts

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Operational Response (1) (James Thomas –Chief Operating Officer)

Operational response co-ordinated by the COO and the Head of Emergency Planning.
Initial weekly meetings increasing to daily on the lead up to IA.
Control room open on IA days to support

Planning

- Cancellations of clinics and activity where required
- Admin and booking teams ringing patients to cancel and rebook
- Proactive release of capacity in the weeks following the IA to allow patients to be rebooked
- Taking down of some clinic capacity to ensure clinicians can cover ward and emergency areas
- Improving productivity, throughput and risk stratification of waiting lists

Cancellations

- Covered in detail in next slide
- Emergency (CEPOD and trauma) lists remained in place
- Cancer activity protected where able with minimal cancellations in activity
- Theatre booking paused until rota allowed visibility of what could be provided and cancer procedures prioritised. All theatre activity cancelled has been rebooked.

Rotas and cover

- Rota co-ordinators and operational teams working with clinicians to ensure cover:
  - On calls
  - Specialist clinics e.g. fracture clinics, EPU
  - Additional Support to the ED
  - Ward cover (day and night)
- Reassignment from SPA and admin time to cover clinical areas
- Requests to those with booked leave to support with clinical duties where able
- Any additional staff available would cover OP clinics to minimise the cancellations required

Reporting

- Daily reporting to the ICS required

IT/Digital

- Additional training for consultants on areas such as discharge medication
- Additional support on wards and clinical areas provided to support with Cerner use where required,

Workforce

- Nursing and therapies staff reallocated from closed areas (e.g. Dickens and Elliot) to other clinical areas to support
- Specialist Nurses relocated to support doctors on the wards
- Admin and clinical office teams played a critical role in the cancelling and rebooking of patients
- Operational and management teams provided key support to clinical areas, escalating issues and attending wards.
- Some challenges due to the timing of IA with Christmas leading to more staff being on leave
- Increased sickness also created some pressures
- Delay in other workload due to planning and managing IA

Operational Response (2) (Julian Ruse – Director of Performance)

Cancellations

Cancellations & pre-Cancelled Activity (Capacity loss)										
						Cancer (subset)				
20-22 Dec 2023	IP	DC	1st OPA	Fup	Op Proc / imaging	IP	DC	1st OPA	Fup	Op Proc
Total (ALL)	27	50	245	316	3	0	0	42	10	0

1.Inpatients – total 27 cancelled (zero cancer surgery cancelled)
2. Day cases – total 50 cancelled (zero cancer surgery cancelled)
3. Outpatients - total 561 cancelled (245 new OP, 42 of which were TWRs)

Cancellations & pre-Cancelled Activity (Capacity loss)										
						Cancer (subset)				
3-9 Jan 2024	IP	DC	1st OPA	Fup	Op Proc / imaging	IP	DC	1st OPA	Fup	Op Proc
Total (ALL)	48	30	444	581	5	0	0	43	0	1

1.Inpatients – total 48 cancelled (zero cancer surgery cancelled)
2. Day cases – total 30 cancelled (zero cancer surgery cancelled)
3. Outpatients - total 1030 cancelled (444 new OP, 43 of which were TWRs)

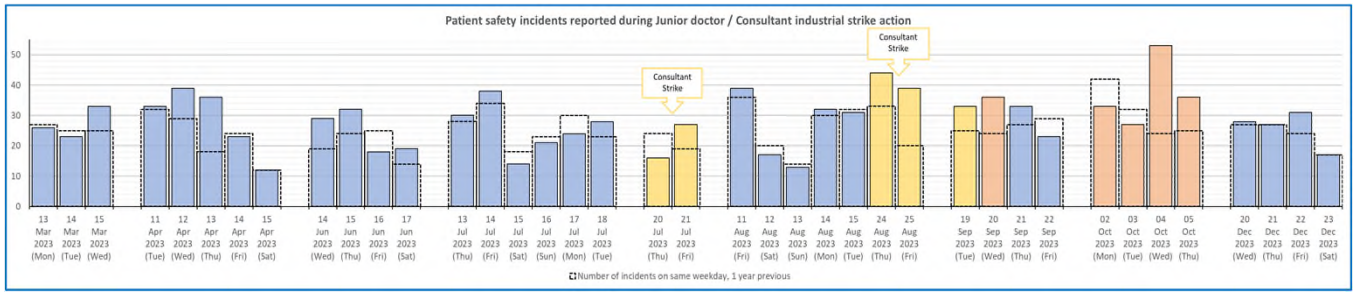
In total the following elective activity was lost due to IA:
- 75 inpatient operations.
- 80 daycase operations.
- 1,594 outpatients, of which 96 cancer appointments had to be rescheduled, surgical cancer treatments were protected.
- We carry out approx. 450,000 OPAs & 38,000 inpatients and daycase treatment per year,

We lost approx.:
- 1 days' worth of activity for OPA ,
- 1 days' worth of activity for daycase,
- 4 days' worth of inpatient operating.

Some specialties had higher cancellations compared to others based on Jnr Doc resource & Cons resource moved to UEC so the effect isn't uniform across specialties within the Trust.

Increase wait to 1st appointment and treatment is dependent on when cancelled patients can be rescheduled
OP cancer patients were reschedules before or directly after the IA with other cancelled bookings tracked and expedited

Clinical Risk and Patient Outcomes (David Fluck – Medical Director)



Date of Action 2023	Type of Action	Comments
July 14-18	Junior Doctor (JD)	Friday to Monday
July 20-22	Consultant (C)	Thurs & Friday
August 11-15	Junior Doctor	Friday to Monday
August 24-25	Consultant	Thursday & Friday
September 19	Consultant	Tuesday
September 21-22	Joint JD, and C	Thursday & Friday
October 2-5	Joint JD, and C	Monday – Thursday
December 20-23	Junior doctor	Wednesday - Saturday

The thematic review of reported patient safety events has been ongoing to identify whether there was any impact on the number of patient safety events reported, harm levels, and risks.

The data continues to show no significant increase or decrease in monthly reporting of events over the periods compared. The more recent strike data from 20th December 2023 - 23rd, December 2023, again shows no change in event reporting numbers or any significant increase in the number of events graded as causing harm to patients. This was also the case in the January dates, although the full potential impact is still being monitored.

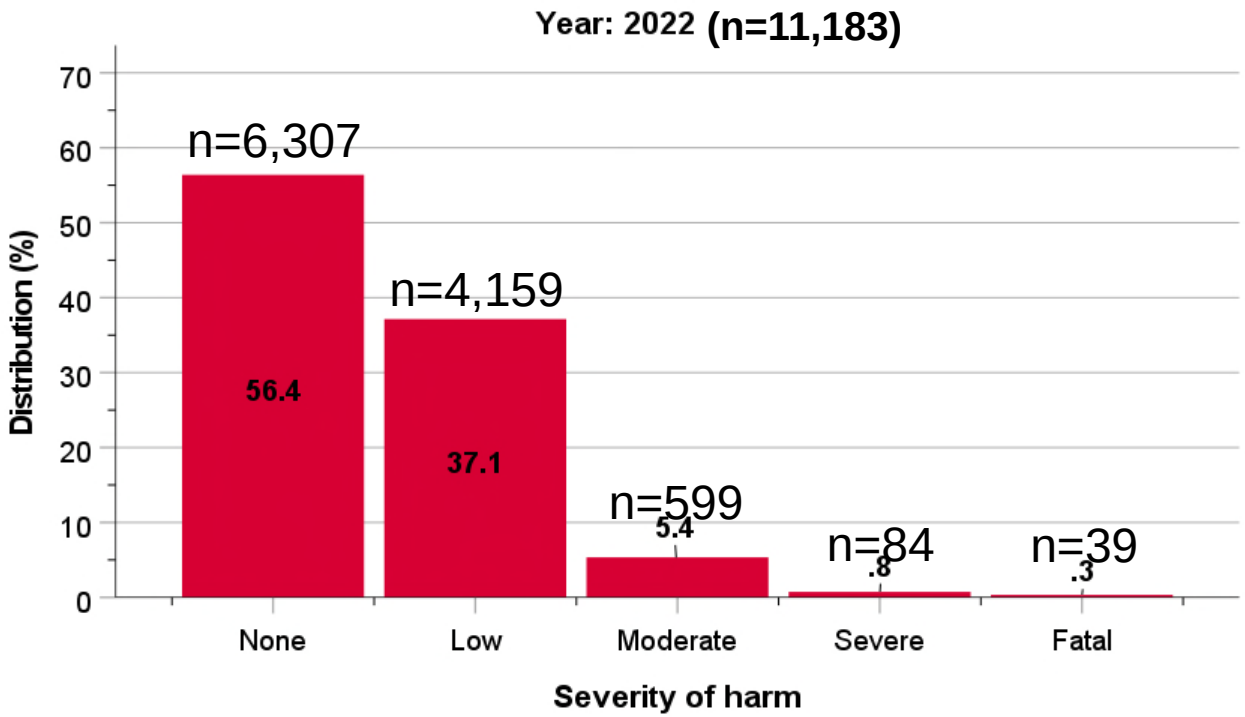
The Patient Safety Team continues to monitor the events for any evidence of patient safety impact related to the industrial action dates.

The review of any significant delays due to industrial action on pathways/procedures and outpatient appointments continues to be monitored and reviewed by the operational teams daily, at the Cancer Clinical Harms Meeting bi-monthly, and as part of the Waiting Well monthly waiting list meetings.

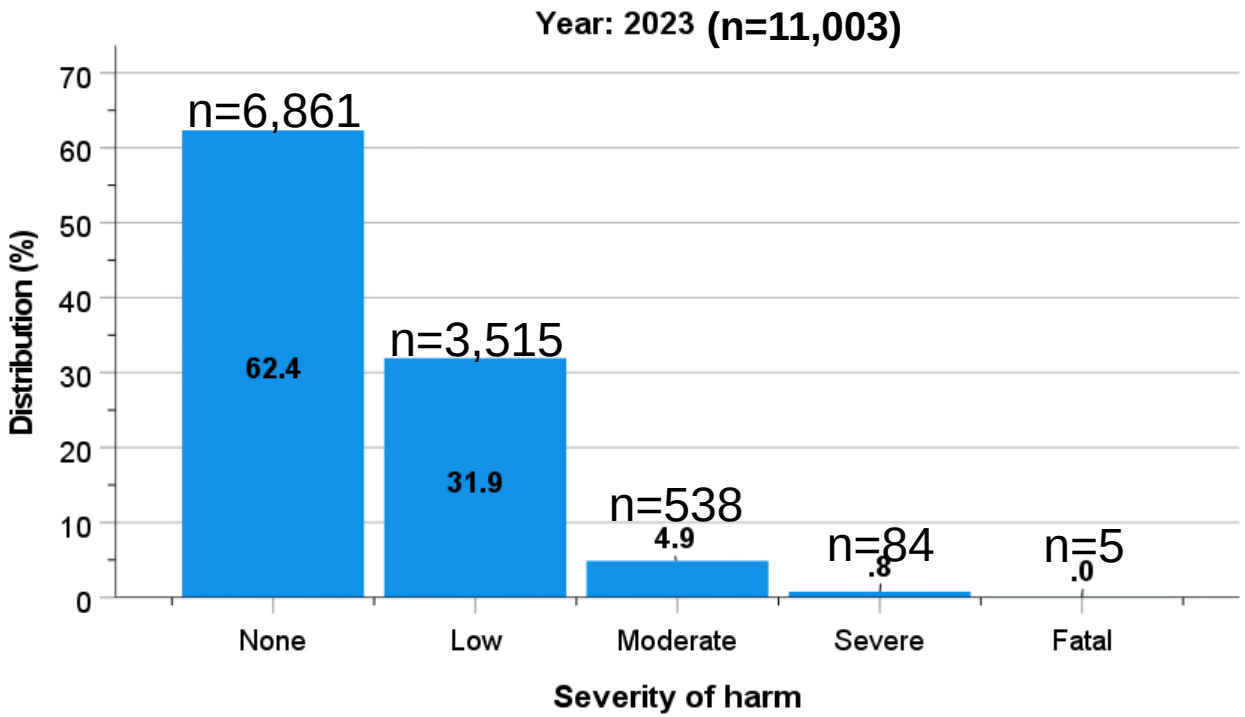
The Patient Safety Team will continue to review the reported events for emerging risks. The question of whether the industrial action impacted patient safety is considered in the rapid review of moderate harms and above.

As part of the review, events reported retrospectively on the industrial action dates that occurred on non-industrial action dates were excluded from the analysis. The data has been compared to the same periods in 2022.
The bars in the graph with a dotted line represent the reported incidents in 2022 for comparison.

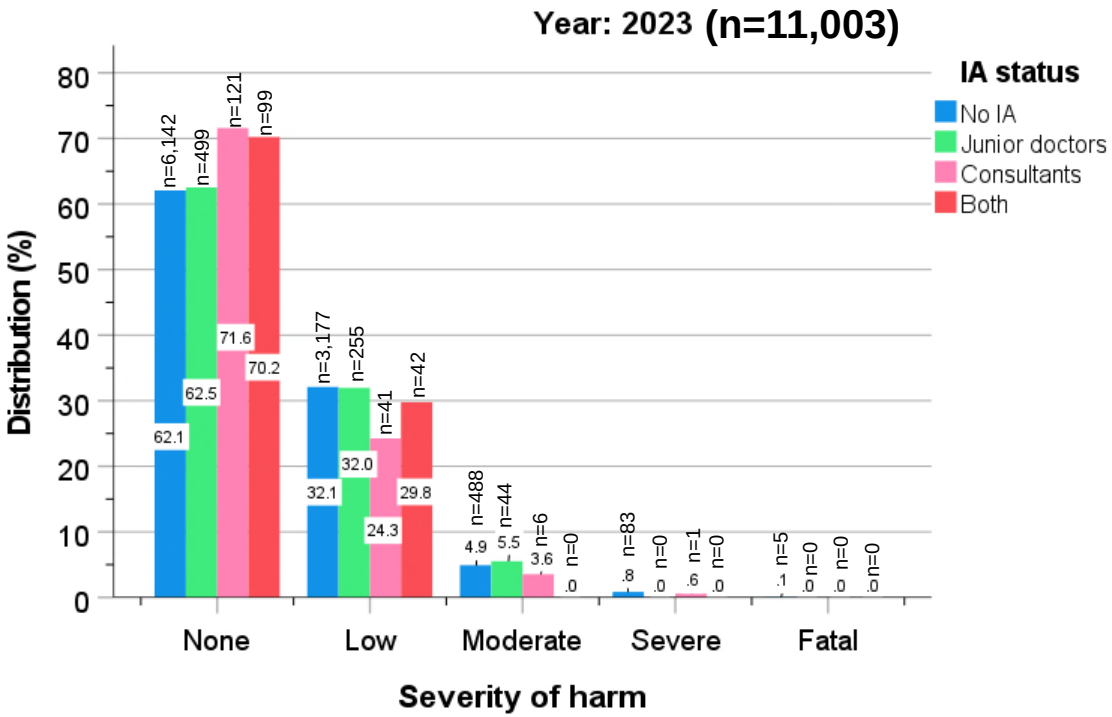
Clinical Risk and Patient Outcomes



Clinical Risk and Patient Outcomes



Clinical Risk and Patient Outcomes



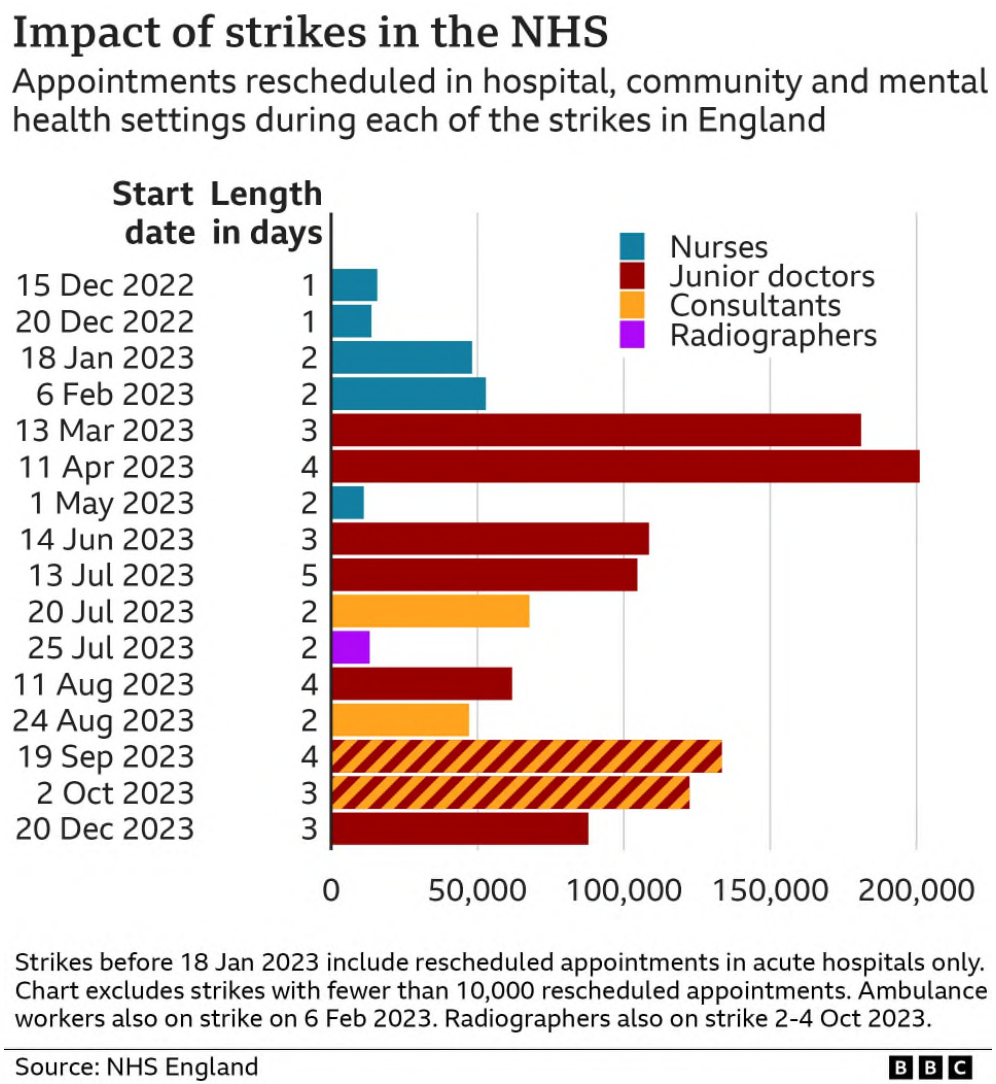
Clinical Risk and Patient Outcomes

	Characteristics of five fatality in 2023 during non IA period
Location	2 A&E, 1 AECU, 2 Falcon ward
Category	2 clinical, 3 delay
Sub category	2 clinical core standards not followed, 1 medication query, 2 unexpected deterioration
Specialty	2 general surgery, 1 SAMS, 2 T&O
Division	1 general and specialist medicine, 2 general surgery, 2 specialist surgery

Clinical Risk and Patient Outcomes

Dates of IA	Positions	Number of days
13-16 Mar 2023	Junior doctors	3
11-15 Apr 2023	Junior doctors	4
14-17 Jun 2023	Junior doctors	3
13-18 Jul 2023	Junior doctors	5
20-22 Jul 2023	Consultants	2
11-15 Aug 2023	Junior doctors	4
24-26 Aug 2023	Consultants	2
19-21 Sept 2023	Consultants	2
20 Sept 2023	Both	1
20-23 Sept 2023	Junior doctors	3
2-5 Oct 2023	Both	3
20-24 Dec 2023	Junior doctors	3

Clinical Risk and Patient Outcomes



Direct and indirect costs/loss of income

(Simon Marshall – Chief Financial Officer)

Months 1-7 adjustments
Industrial action costs across months 1-7 have been reimbursed via additional income of £3.7 million.

Lost activity from month 1-7 resulted in a 4% reduction to our ERF target from 104% to 100%.

No national adjustments have to date been made for the industrial action impacts in December and January which are estimated as:

	Dec	Jan	Total
Cost of cover	516	860	1,376
On the day cost avoided	-135	-200	-335
Lost efficiency	50	83	133
Impact if reduction in elective capacity	558	744	1,302
Total Impact	**989**	**1,487**	**2,476**

As the year progresses our overall ERF performance against the latest 100% target has improved:

Estimates

ASPH Tracking Version		Annual	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Total	Baseline	£ 104,884,922	£ 7,515,438	£ 8,521,882	£ 9,671,123	£ 8,879,958	£ 8,914,163	£ 9,059,337	£ 9,062,122	£ 10,081,216	£ 7,526,692	£ 8,483,170	£ 8,716,231	£ 8,453,589	£ 79,231,931
does not include LVA	TARGET		£ 7,507,923	£ 8,513,360	£ 9,661,452	£ 8,871,078	£ 8,905,248	£ 9,050,278	£ 9,053,060	£ 10,071,135	£ 7,519,165	£ 8,474,687	£ 8,707,515	£ 8,445,135	£ 79,152,699
(Target 99.9%)	Achievement		£ 7,068,589	£ 8,998,753	£ 9,664,082	£ 8,832,401	£ 9,038,450	£ 8,831,096	£ 9,559,717	£ 10,718,759	£ 8,502,364				£ 81,214,211
	Variance from target		-£ 439,334	£ 485,393	£ 2,630	-£ 38,677	£ 133,201	-£ 219,182	£ 506,657	£ 647,624	£ 983,199				£ 2,061,511
	% variance from baseline		94.1%	105.6%	99.9%	99.5%	101.4%	97.5%	105.5%	106.3%	113.0%				102.5%

Workforce (Jo Fanning – Chief People Officer)

High participation levels among the Junior doctors at ASPH since the strikes began in March 2023.
However data does show that junior doctors are not necessarily absent for the full number of days they could strike in each period– possibly due to the impact on training and pay.

Period	No. Employed over period	No. rostered at 12:00 (midday) over period	Actual staff absent due to Industrial Action over period	% Staff absent due to IA over period
Dec IA	879	534	467	87%
Jan IA	1758	923	734	80%

IA period	% of consultants absent due to IA over period
July 2023	43%
October 2023	35%

Impact on other staff – Increased workload for other staff groups including Operational Management, Appointments Centre, Administrative/booking staff and Payroll. Reallocation of clinical staff to ensure patient safety.
Pay - Escalated rates for Consultants/SAS doctors and junior doctors to cover IA shifts. Impact on ongoing remuneration. All other staff paid at standard rates for any additional work.
Staff Morale - Affected by increased workload and impact on health and wellbeing. Internal impact on team cohesion. Potential for increasing unrest amongst other staff groups with reduction of goodwill and risk of action.
Support for staff - Ongoing advice and support on a variety of queries relating to Industrial Action – pay, policy, legal framework. Provision of health and well-being support for all staff affected.