



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Industrial Action – a lessons learnt approach to planning, supporting our staff and service delivery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Executive Director of Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Head of Workforce

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the People, Organisational Development & Culture Committee (PODCC) with an overview of our strategic approach to planning for notified days of industrial action between December 2022 and February 2023.

The purpose of this report is to share our learning following a de-brief session in March 2023 with those managers and services previously impacted, to inform our future approach to managing services and minimising the impact on service delivery to our community during periods of industrial action.

PODCC is asked to take an assurance from the report on the Health Board’s approach planning for and learning from industrial action.

Cefndir / Background

Several trade unions balloted their respective members on taking industrial action in relation to pay and conditions for 2022/2023. Royal College of Nursing (RCN), Royal College of Midwives (RCM), Chartered Society of Physiotherapy (CSP), Unite (WAST only) and GMB (WAST only) voted in favour of industrial action.

In response to the above, the Health Board established an Industrial Action Planning Group to plan for, monitor and respond to the impact of industrial action by health staff. This included planning for minimal safe staffing levels, reviewing planned care activity, working in partnership with the RCN Local Strike Committee to agree derogations, establishing a process for capturing potential patient harm, setting up command and control structures (at operational, tactical and strategic levels) and providing regular communications for our staff, partner agencies (via Dyfed Powys Local Resilience Forum) and the public.

A new risk was also added to the corporate risk register (risk reference 1548) with regards to maintaining routine, urgent and emergency service provision across the organisation during periods of industrial action.

We received notice of industrial action by RCN members on 29 November 2022 and this action took place on 15 and 20 December 2022 with 386 and 464 Health Board staff taking strike action on those dates respectively. This included registered nurses and healthcare support workers. Through the derogation process, 80 and 117 staff respectively were approved for derogation across a range of clinical areas in unscheduled care to maintain safe staffing levels where we had intelligence that staff were planning to take industrial action.

Whilst industrial action by GMB and UNITE members in WAST has also taken place on a number of dates, this did not directly impact on Health Board staff availability. However, we did experience an impact on the unscheduled care system with fewer ambulance arrivals at our emergency departments and a rise in self-presentations, although not at the level anticipated.

Further action by RCN was planned for 6/7 February 2023 and on 7 February 2023 by RCN, RCM, CSP UNITE and GMB unions. However, whilst the planning took place in readiness for the forthcoming industrial action, it was paused on 3 February 2023 by all unions, apart from UNITE, as a result of an additional pay offer made by Welsh Government for 2022/23. We were however able to re-instate a significant amount of planned care activity that had been cancelled in readiness for the action.

The unions then balloted members on whether they wished to accept or decline the additional offer and, despite some memberships voting to decline the offer, the national union partnership marginally voted in favour of accepting the offer of 1.5% non-consolidated and 1.5% consolidated pay award for 2022/23 plus further discussion on a range of non-pay elements.

The RCN, RCM and CSP continued to suspend further strike action whilst further negotiations continued. The outcome of the negotiations was a two year pay deal and all unions then balloted their members on the offer.

The Health Board's Industrial Action (IA) Planning Group continued to meet during this period, albeit less frequently. A lessons learnt/de-brief exercise was undertaken on 13 March 2023, to review what worked well around the industrial action planning and management on days of action and what could be improved for any further strike action. This session was led by Rob Blake, Head of Culture and Workforce Experience. Rob, supported by members of his team, has provided the IA Planning Group with the attached report.

Appendix 1 provides a summary of the discussion and lessons learnt session which will inform our future planning activities.

Asesiad / Assessment

To enable RCN members to consider the pay deal in isolation rather than be focused on a new ballot for further industrial action (the existing mandate was due to expire on 2 May 2023); on 5 April 2023, the RCN sought an extension to the mandate for strike action in accordance with Section 9 of the Trade Union Act 2016 and Health Boards were encouraged to support this via NHS Employers. To that end the mandate for industrial action by RCN could continue for a period of three months.

Whilst the Partnership Forum accepted the two-year pay deal on 22 May 2023, two unions remain in dispute and RCN notified us on 22 May 2023 of further industrial action for 6/7 June 2023.

The IA Planning Group has reconvened and is working through the process in readiness for the action on 6/7 June 2023. The lessons learnt exercise is now informing our planning for this forthcoming period of industrial action. For example, the IA Planning Group will ensure that key discussion points and agreements with local representatives are confirmed in writing.

N.B. We are aware that further action by RCN may take place on 12/13 July 2023 however we have not received formal notice of this and again our learning from our current preparations and the action itself will continue to inform our future approach to planning for industrial action.

Argymhelliad / Recommendation

PODCC is asked to note and take assurance from the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1548 – Risk to the Health Board maintaining service provision due to industrial action (Current Risk Score 9)
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research Choose an item. Choose an item. Choose an item.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery 6b Pathways and Value Based Healthcare 2a Staff health and wellbeing 7a Population Health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Choose an item. 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	WAST – Welsh Ambulance Service Trust
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix 1

Industrial Action – a lessons learnt approach to planning, supporting our staff and service delivery

Background

When it comes to accelerating performance, there is a paradox: If we want to have greater impact, faster, we must slow down enough to reflect on what we've done and what we're going to do.

It's a balancing act. Speed matters, of course, but we can't focus *too* much on speed — otherwise there's no time for reflection, and reflection is critical for learning. If organisations continually act without pausing to understand what they have learned and how to apply it, they will not achieve a higher level of performance. Action without reflection is pointless.

At the same time, it isn't about constantly pushing forward to complete the next task. Taking time to step back and reflect on actions, the results of those actions, and expectations for actions can be a rich source of understanding and learning. *What seemed to have a greater impact? How can we do more of that and amplify it?* This process of reflection and adaptation—before action, during action, after action, and outside action—is often very powerful.

The reflection session

A reflection session was held on the 13 March 2023 which provided an opportunity for the Health Board to reflect on recent industrial action. The session was facilitated by the Culture and Workforce team and 70+ colleagues from various directorates were invited to participate. The session was developed as a liberating structure which would provide psychological safety for participants. Unfortunately, due to several reasons, service pressures, sickness, and annual leave there was a 28% attendance rate. This meant that the workshop was quickly changed to more of a rounded discussion but still attained a diverse range of services contributing with representatives from:-

- Nursing
- Community
- Therapies
- Workforce
- Transport
- Emergency Planning and Business Continuity
- Communications
- Service Planning

The session asked a few basic questions designed to stimulate reflection on how the industrial action had felt across the system. The session outlined that there was no real end date to the action and possibly more forthcoming. The time would therefore be spent considering how the Health Board had previously managed these events. It would provide deeper understanding to establish more effective preparation and

management of future actions across Hywel Dda University Health Board (HDdUHB).

Alison Shakeshaft opened the session confirming that she wanted a safe space, where attendees could speak up without any fear. She reiterated the need for genuine feedback so the ability for learning was enhanced. The session facilitators also reiterated the need for safety and there were a few slides outlining what psychological safety brings to reflection spaces.

The session began with some dedicated time for self-reflection around the question – **What do you think worked well through episodes of industrial action?** There were several threads following this discussion including –

Central resource

- Regular opportunities that provided shared information in a central resource and governance around how we were progressing.
- Such a good idea that everything was done from one area. There was one e-mail address that derogation requests came back to. There were a lot of other health boards that didn't manage things centrally, so they didn't know who sent derogation forms and they didn't know what was coming back.

Localised planning

- The localized planning that was completed was robust. Utilizing local intelligence to inform planning. There were communication hubs on sites. Understanding who to get hold of if there was an issue.

Industrial Action Group

- IA group worked very well in that it followed an emergency planning cycle. It followed a fixed agenda which helped as it didn't turn into 2/3-hour meetings every time. It provided agility and focus.
- Meetings were stood down if not needed, only discussing salient issues. It was time consuming but the level of commitment from people that were on that group made the difference. There was a real intent this was coming from a place that everybody wanted to reduce risk and potential harm to patients if it wasn't managed well.
- Building excellent relationships with Unions which supported meetings, some at short notice on occasions.
- Communication from the IA group and having the national updates was informative, which helped provide updates to the three counties daily.
- Being proactive as an industrial action planning group and contacting the trade unions early doors put us in good stead. Learning lessons from the RCN first and then taking that approach with the RCM and the CSP.
- Helped to have WAST as part of group, they were they were aware of our health board's planning and we were aware of theirs as well, helped with the WAST impact days as well.

Communication

- The shared intelligence from a wide range of Unions supported understanding and made planning for industrial action slicker.

- Regular communications at local meetings to inform all impacted from events to provide clarity on what was happening and the impacts. Keeping everybody informed on where we were likely to get derogations and any likelihoods of staff wanting to not work in certain areas, this supported plans for how these would be managed.
- Open teams' channel on the actual day, so people could just dip in and out for updates and escalate any issues without there having to be a constant need for update.

Resilience in teams

- These occasions demonstrated a high level of resilience and agility across services to manage these events.

The second question for discussion revolved around – **What didn't work so well for you through industrial action?**

Variations

- That no two industrial action days were the same, the learning as they went on, they were taking different approaches from other unions, even an individual union would be different the second time round. There needs to be an anticipation they might be different on each occasion.

Clarification

- After meeting with Unions, there should have been more agreement in writing about what had been agreed in terms of the derogation process.
- The different derogation processes were difficult to deal with. The derogation process, particularly for one of the unions, was painful. It was not simple by any stretch of the imagination.
- There were quite a few moving goal posts at short notice. There was a significant U-turn and difference of opinion on the day of one of the strike actions about what had or hadn't been agreed, which was disappointing and caused some last-minute difficulties.
- Ambiguity around the understanding of the term 'life and limb'. Trade Unions stated that that's what they were going to preserve, there was no standard derogation exceptions for those services, it seemed to be different across the patch. If we all understood what life and limb meant as in which services that covered, then the derogation process could have been made a lot easier.
- Little clarity on whether the organisation could ask staff about what staff intentions to work or not were. This created quite a lot of confusion for managers at the beginning, but it got better as it progressed.
- A lack of consistency in the Union's response which didn't help, the need we were having to second guess the Union's approach on, especially with their changing rules on derogations.

Communication

- A lack of communication across the organisation, about hotel services and porters. Most people thought this just affected nurses and I don't think it was recognised in that wider implication across that staff in other directorates could have come out in support of those nurses by not crossing a picket line.

Workforce wellbeing

- The negative impact on the staff when you have less clear communication from the unions and the staff are looking to the service leaders for direction and they are equally in the dark.
- Dichotomy that staff had between striking because there was a need for it, their perspective around their pay and their working conditions versus that concerns of not having the services for the families or service users needing our services. This must have caused moral distress across several colleagues in balancing this ethical dilemma.
- Variations in the payment issues to do with derogated areas around bank holiday payment mechanisms, organisations across Wales were taking varying positions.

Regulated approaches

- A standardized approach to setting up the major incident rooms was probably not helpful to some locations because the staff base doesn't necessarily allow that to be beneficial. It was understood that some people were criticized for not having set up an incident room, but we specifically instructed that it wasn't carried out because we didn't have the staff to operate it.
- Did we need an incident room on all strike days? Some of the strikes were quite straightforward. There was no need to have a central resource.
- It was felt possibly there should have been a derogated area. Some organisations in Wales did have derogated areas from the RCN. Swansea Bay called that out specifically and we didn't get that over the line with our Union, so there was some disparity between how different unions supported derogated areas.

Patient Care

- Need to ask the question – did we do everything we could to minimise disruption to patient experiences?

The third question for reflection concentrated on – **If we could change things from lessons learnt, what would they be?**

The following threads were the main topics of conversation –

Staff Wellbeing

- Establishing some normality for staff from feeling distressed at the moral dilemmas of striking and looking after patients was normal.
- Re-iterating the many wellbeing support pathways available for staff. This had been communicated during the action and in the lead up to it and needed to feature going forward.

Process

- Make sure we've got a formalized process in place for meeting with the trade unions. Next time we will ensure agreed actions and principles in writing to avoid confusion and misinterpretations of understanding. If we have that

formalized process next time that will just nip that in the bud and then it everybody's clear on what's been discussed, what's been agreed and what's understood.

Communication

- Ask ourselves how can we communicate better? To team leads and colleagues explaining things like the derogation process, the rules, and expectations.
- Continue to build communications in all areas, utilising various mechanisms available for the organisation showing transparency – Hapi App, Work In Confidence. The Frquently Asked Questions (FAQs) were extremely helpful so sending them out through different means would also be beneficial.

Continued Learning

- A lot of learning was done as the organisation managed these events but standing away and spending time reflecting in sessions like this would help.
- We can always do better. What can we do better on the days of industrial action and what works best for people in having that open channel that they can contact if they want to rather than having a rigid process.
- Gaining learning from ground level – understanding how it felt for staff going through the derogation process, not the bureaucratic process of how the organisation had to put them in, but how it felt having those conversations with staff for a derogated area and is, is there anything that we could do better or differently?
- There was understandably confusion, it was a massive learning curve for everybody and trying to keep on top of what it all means and what the rules are hasn't been easy. For those being part of the group that met daily at one point. We can only imagine the people that have not been around the table and heard all the conversation, how confusing it could be. So, if there's anything that we can do, what type of communication works best, if there's any ideas of how to improve it we need to seek them.

The reflections outlined here are just threads from several deeper conversations which were held through the sessions. These threads provide Hywel Dda with opportunities to review these elements for future events and provide the organisation with many opportunities to enhance the management of industrial action. It was a great way to spend 2 hours in an afternoon.