



South Eastern Health
and Social Care Trust

2017/2018 Financial Planning

Savings Plan

Trust Board Proposal

October 2017

Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Consultation and Engagement Team – contact details on page 4.

The South Eastern Health and Social Care Trust wishes to acknowledge and extend its thanks to all those who responded to the consultation in regard to 2017/2018 South Eastern Health Trust Savings Proposals.

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1.0 Executive Summary

The South Eastern Health and Social Care Trust (SEHSCT) publicly consulted on its draft savings plan proposals 2017/2018 for 6 weeks from 24 August to 5 October 2017. In order to deliver a balanced financial plan across the HSC it was necessary that the public consultation by Trusts be concluded for Ministerial consideration and potential implementation from October 2017.

The Trust produced 31 proposals for consultation, of which 29 proposals, considered no/low impact would produce a savings of £8.75m. Two proposals, which could be considered major/controversial, would produce £2.05m of savings. The total savings in the plan were £10.8m of temporary measures to be delivered by 31 March 2018.

The following reports are supplementary to the Trust Board proposal:

- consultation outcome report
- equality consideration report.

The consultation closed on 5 October 2017, and the Trust commenced analysis and consideration of feedback. Subsequently on 11 October 2017, the Trust received correspondence from the Department of Health indicating that additional funding had been identified for Health and Social Care. Further to a letter from the Permanent Secretary, the Health and Social Care Board confirmed that the South Eastern Trust would not be required to implement the major / controversial proposals outlined in the savings plan. The Trust welcomes this allocation, as it presents an opportunity to step away from the two major/controversial proposals. The longer term challenge remains, and can only be met through transforming the health and social care system.

Northern Ireland is not alone in facing these challenges. Health and social care systems across the developed world are currently struggling with the question of how to adapt their services to deal with continuously rising and changing patterns of demand. Most countries also recognise that simply adding more money and resources to tackling these issues is not enough to make services higher quality and sustainable, radical transformation is required.

The Trust would again like to acknowledge and sincerely thank everyone who gave of their time to participate in meetings and who contributed valuable feedback to the consultation.

In summary, having carefully considered the options available and weighing up the views of all the stakeholders the recommendations to the public Trust Board meeting on 13 October 2017 are that the Trust:

- implement all 'no / low impact' proposals 1-29 to deliver £8.75m.

- withdraw the two major / controversial proposals 30 and 31 at £2.05m, in relation to reduction in locum and agency spend. This was confirmed by DOH and HSCB on 11 October 2017.

2.0 Context

The consultation paper tabled at the Public Trust Board meeting on Thursday 24 August 2017 outlined that the Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care services in 2017/18 to meet the statutory requirement of achieving a balanced financial plan across the HSC.

This is in line with other statutory responsibilities to provide high quality HSC services. In August 2017, HSC Trusts were tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70 million of savings in 2017/18. The Trust's share of this total was £10.8 million and this saving would have to be achieved between November 2017 and March 2018.

The scale of the savings needed in-year is significant and clearly, as there is limited time available to introduce savings measures, actions would need to be taken promptly to enable spending to be reduced.

The Trust responded by prioritising those actions that, if taken, would impact on how the Trust operates but have no or low impact on front line services. These focused on those routine areas where we could save money as part of our normal business.

Nonetheless given the scale of the in-year savings required, the Trust identified that there were two proposals which would be considered major and/or controversial (as per the DOH guidance).

The consultation closed on 5 October 2017, and the Trust commenced analysis and consideration of feedback. Subsequently on 11 October 2017, the Trust received correspondence from the Department of Health indicating that additional funding had been identified for Health and Social Care. Further to the letter from the Permanent Secretary, the Health and Social Care Board confirmed that the South Eastern Trust would not be required to implement the major / controversial proposals outlined in the savings plans. The Trust welcomed this allocation, as it presents an opportunity to step away from major/controversial proposals in the short term. The longer term challenge remains, and can only be met through transforming the health and social care system.

3.0 Consultation Process

On 24 August 2017, following approval from Trust Board, we commenced a public consultation on our 2017/18 Savings Plan.

The Trust committed to make every effort over the six week consultation period to engage widely with those who use our services. In so doing, the Trust sought to consult with as many stakeholders and encouraged as many people as possible to respond and have their voice heard in this process.

The Trust considered the accessibility and format of each method of consultation to remove barriers to the process.

The Trust was also cognisant of its responsibilities under The Disability Discrimination Act 1995 (as amended) i.e. to promote positive attitudes toward disabled people; and to encourage participation of disabled people in public life. The Trust was also aware of its obligations to promote good Personal and Public Involvement - the statutory duty placed on Health and Social Care services in relation to effective consultation and involvement (Health & Social Care (Reform) Act (NI) 2009 sections 19 & 20) including the Trust consultation scheme.

An Equality Considerations paper has been completed, supplementary to this proposal.

Over 800 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also contacted with a reminder of the closing date for consultation. Consultation documents were made available on the Trust's website (ie available to the public) and intranet (ie available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats, upon request.

A total of 118 written responses were received during the consultation period. The table below provides details of the format of the responses we received.

Public Consultation Meetings

During the consultation period the Trust held public consultation meetings in each of the Trust localities to engage directly with service users, carers, the public, local representatives. Details of the meetings are provided overleaf.

Date	Location	Number of attendees
19 September 2017	Ards Art Centre, Newtownards	17
21 September 2017	Dundonald Ice Bowl, Dundonald	25
26 September 2017	Lagan Valley Hospital, Lisburn	27
28 September 2017	Downshire Estate, Downpatrick	35

Meetings with staff

During the consultation process we held a number of staff engagement meetings and Trade Unions have been kept informed throughout. Senior staff were invited to a briefing prior to the launch, all staff received notification of the consultation, and team meetings were held to inform staff and provide further opportunity to respond to the consultation.

Meetings with interested parties

The Trust offered and participated in a number of meetings during the consultation process. A list of the meetings attended can be seen below. This provided the opportunity for the Trust to talk about its proposals and gather feedback from participants.

4.0 Consultation Proposals

4.1 No/Low Impact Proposals

The following table sets out the initiatives that the Trust has commenced or would intend putting in place to reduce spend in the latter plan of this year. The following proposals are considered to have no / low impact.

	Proposal	Detail of Proposal
1	Management and Administrative Costs	This relates to a range of cost reductions in administrative and management areas.
2	Procurement Savings	Reduction in non-pay spend across all directorates.
3	Natural delay in implementation of Demography Funding	Natural delay as a result of normal processes for recruitment and commencement of new services.
4	Natural Delay in Resettlement in Adult Services	Natural delay of resettlement of a small number of clients of up to 4 months.
5	Natural Delay in service developments in Adult Services	Natural delay in service developments in Adult Services.
6	Natural delay in implementation of Discharge Lounge	Natural delay in implementation of 2015/16 developments.
7	Natural delay in implementation of Sleep Services	Natural delay in implementation of 2015/16 developments.
8	Natural delay in implementation of Ward 25	Natural delay in implementation of 2015/16 developments.
9	Natural delay in implementation of Urology	Natural delay in implementation of 2015/16 developments.
10	Natural delay in implementation of Maxillo Facial	Natural delay in implementation of 2016/17 developments.
11	Natural delay in implementation of Plastic Surgery	Natural delay in implementation of 2016/17 developments.

	Proposal	Detail of Proposal
12	Managed delay/phasing of Phase B Ulster Hospital	Phased opening of new Inpatient Ward Block, Ulster Hospital.
13	Natural delay in implementation of Enhanced Care at Home (Down and Lisburn)	Natural delay in implementation of service development.
14	Replacement of external or Agency Staff / Overtime with In-house Staff Prison Service	Replace Agency Nurses with Trust Staff - currently shortlisting.
15	Replacement of external or Agency Staff / Overtime with In-house Staff Locum Doctors Child Health	Children's Services will cease using locum doctors and recruit permanent staff.
16	Replacement of external or Agency Staff / Overtime with In-house Staff Ards/Lisburn Courts	This proposal is to support Trust staff to carry out specialist assessments rather than to incur the cost of sourcing an independent assessment.
17	Replacement of external or Agency Staff / Overtime with In-house Staff Bangor Supported Living (Adults)	Reduction in overtime in Bangor Supported Living when the Trust has been able to recruit.
18	Replacement of external or Agency Staff / Overtime with In-house Staff Dementia locum (Primary Care & Elderly)	Dementia Services will cease using a locum and move to a permanent salaried staff member from September 2017.
19	Replacement of external or Agency Staff / Overtime with In-house Staff - Medicine	Replacement of locum staff in areas where the Trust has been able to recruit permanently: Emergency Department (ED), Oncology and Rheumatology.
20	Introducing Car Parking charges Ards Hospital	Introduction of car parking charging at Ards Hospital site. This proposal has been through a public consultation process from Dec 2014- Feb 2015, after which the Trust made some amendments to the original proposal based on feedback from respondents. This amended proposal was accepted by Trust board in June 2015. The proposal has been and continues to be subject to an ongoing Equality Screening process and has been assessed as having minor

	Proposal	Detail of Proposal
		impact.
21	Natural delays in recruitment across all Directorates	Managed delays in recruitment.
22	Pay and Prices freeze on general community care contracts – This excludes: <ul style="list-style-type: none"> • Domiciliary Care • Nursing and Residential Care 	Community contracts will not receive an inflationary uplift in 2017-18.
23	Community Equipment Efficiencies	Reduction of expenditure on equipment through use of equipment purchased in 16/17. Same level of services will be delivered, however choice of equipment may be limited.
24	Reduction in Staff Travel Children’s Services	Reduction in staff travel through increased use of teleconferencing facilities.
25	Reduction in specific Goods & Services	Reduction in goods and services cost by more efficient use of purchasing within statutory residential care.
26	Invest to Save – Pharmacy - (Drug Waste)	This proposal is to invest in waste management control in pharmacy.
27	GP Out of Hours (GPOOHs) - difficulties in filling shifts	Small reduction in cost due to difficulty in filling shifts. This is expected to create a small reduction in costs compared to prior year.
28	Volunteer Driver Co-ordination	Reduce the cost of volunteer driver co-ordination.
29	Domiciliary Care Package cost reduction through increased use of Self Directed Support (SDS)	Within Children’s Services, the increased use of Self Directed Support will reduce domiciliary care costs, for those who choose this service model

It is expected that the impact of these actions would contribute **£8.75m** towards the Trust share of the savings required in-year.

4.2 Major/Controversial Proposals

4.2.1 Proposal 30

Reduction in Locum spend - The option is to temporarily reduce locum costs across the Trust.

4.2.2 Proposal 31

Reduction in agency staff excluding qualified Nursing posts - This option is to reduce agency costs by 25% based on 2016/17 spend. This will have a five month effect in year.

The total savings expected through the proposals assessed as major and/or controversial is a total of £2.050m. As outlined earlier in the proposal, the Trust will not be required to implement these proposals.

5.0 Consultation Feedback

All the feedback received, from both the written feedback and the meetings held has been analysed and grouped into the emerging key themes as detailed below.

5.1 Key Themes

Five key themes emerged through the consultation feedback:

- Reduced timescale for this consultation
- The lack of a Northern Ireland Executive
- Concerns for staff
- Impact on services
- Maintaining safety

Reduced timescale for this consultation

HSC Trusts received instruction from the Department of Health to shorten the consultation timeframe to 6 weeks in order to satisfy a statutory obligation. The exceptional circumstances in which a timeframe can be shorter are set out in circular guidelines issued in 2014 to HSC Trusts and also in the Department of Health and HSC Trust's own approved Equality Schemes.

These provisions are set out below for ease of reference:

Department circular guidance: Change or Withdrawal of Services Guidance on Roles and Responsibilities - Department of Health, Social Services and Public Safety 26 November 2014 refers:

However, in the following exceptional situations, this timescale may not be feasible:

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

In such instances, a decision may need to be taken to shorten timescales for consultation to eight weeks or less. HSC bodies should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate. However, having considered the need to consult, the organisation may decide that it is imperative, in the interests of patient safety for example, to implement the change immediately.

This rationale for the shorter timeframe was set out clearly in our public consultation document and further explained during our public consultation events. In this

instance the rationale for a shorter timeframe was to fulfil our statutory obligations to achieve financial balance at the end of the 2017/18 financial year, as set out in HSS Circular (F) 25/2000.

In addition the Trust's own approved Equality Scheme states: paragraph 3.2.6 refers:

However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation, meeting Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented.

The lack of a Northern Ireland Executive

A number of respondents expressed concern and dissatisfaction and indicated that they had, or would be, writing to their political representatives and the Permanent Secretary. There was concern about the level of funding available to maintain the health service. While the Trust notes these comments, the Trust must and will continue to deliver high quality health and social care services and will continue to advance transformation as far as possible in the absence of a functioning Executive.

Concerns for Staff

Respondents indicated concerns for staff, in terms of additional pressure and the potential for redundancy. No staff will be made redundant as a result of these temporary changes. However, the Trust recognises that these proposals have the potential to have an adverse impact on some of our staff. This can be an unsettling time and the Trust has in place systems to support our staff through these proposed changes. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The Trust would reiterate that staff are our greatest resource. Their dedication is appreciated and the Trust regrets that the proposals would continue to put staff under pressure.

Impact on services

A significant number of respondents expressed concern about the negative impact on services which could arise from the implementation of proposals, in particular the major and controversial proposals, but others as well. Respondents are worried that implementation at this time of the year could have a particularly negative impact in relation to quality of life for some individuals or may contribute to worsening conditions in some patients who may experience a delay in receiving a treatment or procedure. This is a concern which is shared by the Trust, and we acknowledge that proposals which provide the savings necessary required to achieve financial break-even cannot be implemented without having an impact on services. Service demand grows by 3-5% per year and needs approximately 6% funding increase to achieve a

stand still position. The gap between demand available funding continues to increase each year. The Trust would prefer not to implement these proposals, but believe they are the best options available to achieve financial balance whilst minimising impact on services.

Maintaining Safety

Respondents requested reassurance and a commitment to ensuring that safety is not compromised as a result of these proposals, particularly in relation to winter pressures. Safety is the Trust's priority and will remain the case. The Trust acknowledges that there may be less opportunity to "flex up" services over the winter, which may increase waiting times. If proposals are implemented, the Trust would manage risk to the public through ensuring that sufficient, competent, skilled staff are in place to cover the anticipated activity across services. The Trust acknowledges whilst the proposals will leave no service unsafe, they will impact on some aspects of quality, access and the level of risk associated with some services.

A full consultation outcome report has been produced, which includes an overview of the consultation process, a summary of the responses to the draft proposals and the Trust response.

6.0 Recommendation

In summary, having carefully considered the options available and weighing up the views of all the stakeholders, the recommendations to the public Trust Board meeting on 13 October 2017 are that the Trust:

- implement all 'no / low impact' proposals 1-29 to deliver £8.75m.
- withdraw the two major / controversial proposals 30 and 31 at £2.05m, in relation to reduction in locum and agency spend. This was confirmed by DOH and HSCB on 11 October 2017.

7.0 Conclusion

The measures to deliver £8.75m saving plans are temporary until the end of March 2018. While they will address the funding gap to the end of the financial year, they do not solve the fundamental issue. There is a need to transform services to ensure we can maintain the level of quality that our population wants and deserves.

Difficult decisions will be necessary in terms of how we both deliver and fund services and it is essential that we continue to work together to develop a sustainable, resilient and affordable service model, alongside delivering our other statutory responsibilities to provide high quality HSC services.