

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of an Extra-ordinary Public meeting of the South Eastern Health and Social Care Trust Board held on Friday 13 October 2017 at 12.00noon in the Great Hall, Downshire Hospital, Downpatrick

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Dr M Briscoe, Non-Executive Director
Mr N Brady, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director
Ms L O'Neill, Non-Executive Director
Mr J Patton, Non-Executive Director
Mr N Guckian, Director of Finance and Estates
Mr C Martyn, Medical Director
Ms N Patterson, Director of Primary Care, Older People and
Executive Director of Nursing
Mrs M Weir, Director of Human Resources and Corporate Affairs

IN ATTENDANCE: Ms R Coulter, Director of Planning, Performance & Informatics
Mr S McGoran, Director of Hospital Services
Ms B Mongan, Director of Adult Services and Prison Healthcare
Dr M Murray, Assistant Director Children's Services (representing Mr Whittle)
Ms A Speed, Head of Bargaining & Representation, UNISON
Ms Lily Kerr, Workers Party Representative
Mr James Large, UNISON Joint Branch Secretary, Ulster Hospital
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss C Hughes, Personal Assistant

APOLOGIES: Mr B Whittle, Director of Children's Services & Executive Director of Social Work

OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting. An apology was received from the Patient Client Council representative, Mrs Joanne McKissick, External Relations & Policy Manager.

114/17 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA

No conflict of interest with any business item on the agenda was declared.

115/17 CHAIRMAN'S BUSINESS

The **Chairman** noted that the original agenda for today's meeting included an item in respect of the Trust Delivery Plan (TDP) but this had been deferred until November 2017. He advised that a short Confidential Trust Board meeting will be held pre the Trust Board's planned Strategic Away Day on 25 October 2017 to allow submission of the draft TDP to the HSCB. However, formal discussion and approval in respect of the TDP would be held at the Public Trust Board meeting to be held on Wednesday 29 November 2017. In addition, the Flu Vaccination Team would be available after the meeting for members of the public and Trust Board. The **Chairman** encouraged everyone to receive the flu vaccination.

In relation to the Savings Plans that would be discussed today, the **Chairman** noted that there has been movement in recent days which has enabled the Health Care Service across the region to avoid the worst of the proposals to achieve savings. However there remains a degree of difficulty. Whilst the additional funding is very welcomed it will not solve the issues on a long term basis.

116/17 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey noted the difficult timescales set by the Department of Health (DoH) for the preparation of proposals to achieve £70m across the region and the anxiety and distress this has caused to patients, clients, the public and staff. Concerns and anxieties have been raised at the public meetings and the issues raised regarding the impact of savings proposals.

There were two areas of proposals - £875m of no or low impact measures and proposals viewed as having major/controversial impact with savings of over £2m. On Wednesday 11 October 2017 correspondence was received from DoH to advise that £40m would be made available to the Health & Social Care system in Northern Ireland. The Health & Social Care Board (HSCB) has also confirmed that this funding will allow the Trust to remove all major/controversial proposals from the savings plans. It is therefore proposed to Trust Board today to approve the savings plans with the removal of the two major/controversial proposals. This removes the potential reduction in elective activity and a general turndown in Agency staff for the remaining months of the financial year. Concerns had also been expressed regarding the potential impact of proposals of a neighbouring Trust (Belfast) on the South Eastern Trust population and now these will also be set aside.

Whilst **Mr McCaughey** welcomed the £40m allocation he noted that there will be a significant financial challenge for the Trust in 2018/19 – from 1 April 2018 £10.8m of savings will be removed from the Trust's budget, in addition to other potential pressures. He believed the intervening period should be utilised for all of society to have a discussion regarding how public services are funded, particularly Health & Social Care, and also the model of delivery. Whilst there have been a number of reports on this issue, eg Delivering Together and Bengoa, decisions need to be taken to transform the model of delivery. It is not possible to maintain a system which received 1% - 2% additional funding each year whilst sustaining 5% - 6% additional demand.

117/17 REQUEST FOR SPEAKING RIGHTS

The **Chairman** noted that three requests had been received for speaking rights and these would be taken in the order in which they were received.

Ms Anne Speed, Head of Bargaining & Representation, UNISON

In response to the Chief Executive's comments, **Ms Speed** advised that UNISON would welcome a society debate that is inclusive and transparent. She expressed concern that any "confidential" deliberations behind closed doors are not beneficial. **Ms Speed** also agreed that the savings proposals have created a great deal of anxiety for UNISON members. In response, the **Chairman** clarified the purpose of the Confidential meeting he referred to in his opening remarks, which Ms Speed had misunderstood.

Ms Speed highlighted that whilst the Trust had received 118 responses to the consultation process, the response from Irish Congress of Trade Unions incorporated the views of 200,000+ members and therefore should be viewed as more than 1 response. She asked that this be borne in mind.

She said that the rejection of the proposed outrageous and dangerous cuts by the public and unions has forced the DoH to make the recent announcement although, **Ms Speed** noted that whilst this is a relief all is not as it seems. She indicated that all five Trusts were required to make £70m cuts and the media, public and possibly Trust Board members, believe that £40m is being provided to address this issue. However she believed that, upon reading the letter from DoH, only £18m is being provided to the five Trusts. The letter also indicates the DoH will absorb a further £10m of risk to Trust's budgets to the end of the year. Whilst understanding the legislative obligations for Trusts to breakeven she wondered how the DoH can now absorb £10m of risk? She stressed that the £39m of proposed "low impact" cuts all have an impact on the life and health of the population. There is also no indication of where the remainder of the £40m will be utilised.

Ms Speed noted that she had previously advised Trust Board that this consultation process was a sham and she believed this latest instruction confirmed this view. She also advised that during the short consultation process (six weeks instead of twelve) there was no discussion with trade unions on the impact of these proposals which is a breach of the Trust's responsibilities – this applies to all Trusts. A continuation of this breach will create a major trade union dispute with this, and all, Trusts.

The shortened consultation process ended only a week ago and **Ms Speed** expressed surprise that all responses could be collated, analysed, and reported on within five working days. She believed this made a mockery of the Trust's position and under-mines public confidence in the Trust Board. **Ms Speed** indicated that the public consultation process will be open to legal action

Ms Speed encouraged the Trust Board to challenge the DoH regarding where the remaining £22m is to be spent. There is agreement that the Health Service is underfunded but believed that there should be challenge on how the £1b allocated to Northern Ireland is being spent and that additional funds should go to the Health Service. She expressed disappointment that the political situation is preventing further allocations.

In relation to the transformation process, **Ms Speed** noted that there has been a lack of clarity in the absence of a Minister of Health. There has been no communication since July 2017. She noted that any transformation can only take place with additional investment and not further cuts. Transformation can only take place in genuine partnership with unions, staff, the public and management. The creation of a crisis leads to a position where people feel they have to go private for treatment and this type of privatisation is not right. Whilst the Trust Board may dismiss these fears, she noted that minutes of a HSCB meeting had raised the issue of further discussion being required regarding future funding.

In conclusion **Ms Speed** expressed alarm regarding a DoH Q&A paper which indicated that temporary measures may be made permanent. She asked the Trust board to challenge the DoH on the exact allocation plans and to refuse to approve any cuts which have been wrongly categorised as low impact.

Ms Lily Kerr, Workers Party Representative

Ms Kerr advised that, like UNISON, she would be presenting the same speech to all Trust Boards held today. She noted that the Workers Party have not taken part in the consultation process because they believed it unnecessary however expressed opposition to the cuts which affected the most vulnerable people and noted stories of people leaving the public meetings in tears. She believed there was no need for this as now a “half sticking plaster” has been received, ie an additional £40m in the monitoring round. Rather than address the Trust’s cuts process she focused on the bigger picture ie that Health & Social Care should be free to everyone at the point of delivery. The proposals and consultation process would indicate that “free at the point of delivery” is no longer secure. **Ms Kerr** stressed that Trust Board members have a moral, professional and legal duty to ensure the delivery of safe and effective services to those in need in this community. Non-Executive Directors should exercise judgement and say “no” when necessary.

In reviewing the cuts proposals **Ms Kerr** believed they mainly affected the elderly, the vulnerable and those with mental health issues. Were these areas viewed as “low hanging fruit” where money could be removed quickly; or is it believed that these people are less able to fight; or are these services more attractive to the private sector? She believed that there has been a strategic approach to taken, which started with Transforming Your Care, to move towards privatisation of services. There will come a time when private companies are not making enough money from these services and then Trust Board members will be left to pick up the pieces and provide the care without appropriate infrastructure, workforce and skill mix to guarantee safe services. **Ms Kerr** also noted that the use of Agency staff rather than permanent staff is having a detrimental effect on staff and it is important to replace all vacancies with permanent staff. In relation to any proposal for bed closures, particularly at this time of year when facing winter pressures, she noted that this would only be creating an additional problem. The removal of any services lead to greater inequalities in care and more people suffer.

Ms Kerr encouraged Board members to say “no” to these proposals and that everyone should stand together against creeping privatisation.

Mr James Large, UNISON Joint Branch Secretary

Mr Large declined his opportunity to speak as the main points he wished to raised had already been covered by Ms Speed.

118/17 OUTCOME REPORT FROM THE PUBLIC CONSULTATION ON 2017/18 SAVINGS PLANS PROPOSALS

Ms Coulter gave a detailed presentation on the Outcome Report; Equality Considerations and a Summary Paper.

The regional context of the background was noted, particularly the statutory duty for the Trust to achieve financial breakeven. **Ms Coulter** noted that from January to June 2017 there have been discussions with HSCB and DoH colleagues regarding savings plans for 2017/18. In June 2017 all Trusts were asked to develop savings plans to deliver their share of £70m savings and then to undertake public consultation from 24 August to 5 October 2017. The savings plans were all developed based on four principles – safety; deliverability; impact and strategic direction. The Trust's total savings plan was for £10.8m - £8.75m of no/low impact proposals and £2.05m of major/controversial impact plans.

There were 31 proposals in total. Of the 29 no/low impact proposals they related mainly to a slow down of service developments or new initiatives; a slow down of the transfer of services to the new ward block at UHD which was mainly due to an inability to recruit staff on the timescales required; and continuing to make efficiency savings in management areas eg staff travel and car parking charges introduced at Ards Hospital. **Ms Coulter** noted that at the public meetings it became clear that the proposal to increase use of Self Directed Support (SDS) was felt to relate to Domiciliary Care but this is actually a proposal to assist families within Children's Services who choose that option to manage their service.

In relation to the two major/controversial proposals (reduction in Locum Spend and Agency Staff), as previously mentioned, these proposals will now be withdrawn due to the DoH and HSCB advising that an additional £40m has been received by the Health & Social Care system. As these proposals have been withdrawn it was not necessary to include them in the consultation document or to carry out an EQIA consultation.

Ms Coulter advised that there were four public meetings during the six week consultation process and meetings were held with anyone who wanted to take up that offer. Contributions were encouraged from all key stakeholders. There were a total of 118 responses received during the consultation period with a further two received after the closing date and these were shared with Trust Board members in advance of today's meeting. All feedback has been included in the Consultation Outcomes Report.

There were five main themes arising from the consultation process:-

- The Reduced Timescale for this Consultation: All Trusts received instruction from DoH to shorten the consultation timeframe to six weeks in order to satisfy the statutory obligation and need to break even financially.
- The Lack of a NI Executive: A number of respondents indicated that they would be writing to their political representatives regarding the level of funding

available to maintain the Health Service. Whilst everyone would like to see a return to the Executive, in the meantime the Trust must continue to deliver health and social care services.

- **Concerns for Staff:** Concern was expressed for the additional pressure upon our staff and the potential for redundancies. It was stressed that no staff will be made redundant as a result of these temporary changes. Staff are our greatest resource and the Trust will continue to try to reduce reliance on Agency staff.
- **Impact on Services:** The greatest impact related to the two major/controversial proposals and these have now been withdrawn. Concerns were recognised about the demand on services increasing and the gap between demand and available funding. The Trust will continue to look at ways to ensure a seamless service.
- **Maintaining Safety:** Comments were received that safety is not compromised, particularly in relation to winter pressures. Whilst winter pressures will be an issue, even with the withdrawal of the major/ controversial proposals, safety is a key Trust priority.

Ms Coulter noted that there were concerns expressed regarding the car parking charges at Ards Hospital. However in 2015 the Trust publicly consulted on traffic management across the Trust and, following full consultation, the Board endorsed proposal to extend travel management to Newtownards, Lisburn and Downpatrick on a phased basis. This will provide equity across all Trust sites.

There were also concerns regarding the Domiciliary Care proposal. **Ms Coulter** clarified that this proposal had no reduction in Domiciliary Care packages, in fact the Trust is recruiting additional Domiciliary Care workers and has increased spend during 2017/18. This proposal related to £10k within Children's Services and will be a choice for individuals.

Alternative proposals were suggested and **Ms Coulter** indicated that none of these were deemed achievable within the remainder of this financial year but would be considered when looking forward to 2018/19.

In relation to the Equality Considerations, **Ms Coulter** advised that the Equality Screening Outcome was updated for seven of the proposals (three changed from minor to none and four increased from none to minor) as a result of further work with service leads and consideration of consultee feedback.

In conclusion **Ms Coulter** asked the Trust Board to approve the Summary Report which detailed the 29 no/minor proposals (£8.75m) and withdrew the two major/controversial plans. The **Chairman** noted that Trust Board members had an opportunity to read the full reports summarised in this presentation. The process of reviewing the Trust's financial position started before the beginning of the 2017/18 year and therefore was not new to Trust Board members.

Detailed discussion then took place regarding the proposals during which **Mr Guckian** confirmed that the proposals are on target to achieve the projected savings and thus we are confident of achieving the £8.75m total. Monthly meetings take place between Directorates and finance staff at which savings are examined.

A member stated that she believed that the situation would not be aided by Trust Board members standing down – patients and clients would not be served if

members relinquished their responsibility. Staff have made every effort to identify no/low impact proposals with the safety and welfare of patients and clients paramount throughout the process. In order to avoid future substantial impact proposals, it is necessary to have wider discussions to change the service model. **Mr McCaughey** supported this view and stressed the need for everyone to work together to move forward transformation of services. This will require political leadership on a regional, national and international context.

In response to a query from a member regarding equality impact assessments, **Ms Coulter** advised that equality monitoring will be an ongoing process. The changes made during the consultation period related to updated information provided by staff and the detail of this information is contained in the templates. The Equality Manager will continue to ensure ongoing monitoring. There are good protocols for tracking any changes. Another member welcomed the removal of high impact proposals in all Trusts, particularly Belfast Trust which would have had an effect on the population of South Eastern Trust. **Ms Coulter** noted that an exercise was carried out by DoH and HSCB to review regional impacts and it was believed that only Belfast Trust plans would have had an impact on South Eastern Trust.

In relation to a query in respect of the Domiciliary Care proposal, **Mr Guckian** advised that an additional £3.4m has been allocated to this service by the Trust. In response to a query regarding the Invest to Save Proposal in Pharmacy, **Mr Guckian** advised that Hospital Services staff are confident that this plan will minimise drug wastage and reduce the overall drugs bill. **Mr Martyn** added that it will also improve patient quality and safety issues.

In conclusion, the **Chairman** thanked members of the public and the three speakers for attending today's meeting. He said that during his nine years of Chairmanship of the Trust there have been many savings plans but there were also increases which have resulted in the Trust now spending £650m on services. There has been pro-active leadership and, whilst there has been a "stay of execution" this year, the Executive Team will continue to deliver high quality, safe services. **Mr McCaughey** noted that there is strain on the system and our staff. Whilst the £40m is a relief for this year there will be significant financial challenges in 2017/18. He stressed the need for transformation of delivery and the model of care.

The **Chairman** then asked Trust Board members for approval of the Savings Plans Proposals presented at today's meeting, ie implement the no/low impact plans, with the major/controversial proposals removed. There was unanimous approval from Trust Board to the proposals presented at the meeting.

119/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 29 November 2017 at 11.00am in the Great Hall, Downshire Hospital, Downpatrick.**

Mr Colm McKenna
Chairman

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Date: _____