# SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

## Minutes of an Extraordinary Public meeting of the South Eastern Health and Social Care Trust Board held on Thursday 24 August 2017 at 12 noon in the Recreation Hall, Trust Headquarters, Ulster Hospital, Dundonald

**PRESENT:** Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
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 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
Mr J Patton, Non-Executive Director
Mr B Whittle, Director of Children's Services & Executive Director of Social Work

**IN ATTENDANCE:** Mr S McGoran, Director of Hospital Services
Ms B Mongan, Director of Adult Services and Prison Healthcare
Mrs M Weir, Director of Human Resources and Corporate Affairs
Ms N Dunbar, Assistant Director, Strategic and Capital Development, on behalf of Ms R Coulter
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss C Hughes, Personal Assistant
Miss J Turner, Executive Support Services Manager

**APOLOGIES:** Dr M Briscoe, Non-Executive Director
Ms R Coulter, Director of Planning, Performance & Informatics

**OPENING REMARKS**

At the outset, the **Chairman** welcomed everyone to the meeting.

**73/17 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.

**74/17 OPENING COMMENTS BY THE CHAIRMAN**

The **Chairman** stated the meeting was called to discuss one item, the Savings Plans for 2017/18 and proposals for public consultation. He stated that since he became Chairman of the Trust, over 8 years ago, there was an increase in expenditure from £480m to £640m. During the same period, there was an

average of 6% increase in demand, each year. The **Chairman** acknowledged the robust financial management in the Trust which ensured financial breakeven was achieved while staff delivered high quality health and social care services. The **Chairman** stated the Trust has been required to make savings each year, since its formation and, in this respect, this year is no different. He stated that real transformational change is required and that would be achieved if the proposals set out in "*Delivering Together*" were implemented.

Members were informed that the purpose of the meeting was to consider emergency measures required to achieve breakeven. The **Chairman** acknowledged the significant work carried out by the Executive Directors on the proposals. He stated that the meeting marked the beginning of the consultation process, it was not being held to approve the measures.

Finally, the **Chairman** advised that a number of emails had been received from members of the public prior to today's meeting, who had not requested speaking rights, but wanted to share their views on the 2017/8 Savings Plans and Public Consultation Proposals. These were duly acknowledged and will be responded to on an individual basis.

**75/17 <u>2017/18 SAVINGS PLANS AND PUBLIC CONSULTATION PROPOSALS</u>**

**Mr McCaughey** stated that the Department of Health was required to achieve £70m savings during the remainder of the current financial year, of which the Trust share was £10.8m. He then outlined the key points of the proposals for public consultation.

The Trust is going out to consultation with the proposals – they are not being implemented at this time. In conducting the consultation, the Trust would welcome alternative proposals to achieve the savings required. **Mr McCaughey** stated the Trust is consulting on the full savings plan, which equates to £10.8 m. All proposals are temporary – they have to be achieved in-year. There will be a six week consultation period on the proposals.

In identifying the proposals, the Trust has tried to limit actions that would be counter strategic while at the same time, minimise impact on current services. If the Trust did not proceed with the options outlined, it would have to find alternative ways of achieving the savings, unless additional funding was to be made available.

**Mr McCaughey** stated that, overall, the emergency measures that are required to be taken highlight the need for transformation.

**Mr Guckian** summarised the regional context of the position within Health and Social Care, in which there are significant financial pressures. There is also a statutory requirement to achieve a balanced financial plan across the Health sector and a statutory responsibility to provide high quality services. **Mr Guckian** stated that, to date, the best performance achieved by the Trust was £5-6m savings. The Trust share of the £70m which has to be achieved, by year end, is £10.8m, which is very significant.

**Mr Guckian** outlined the financial planning process during 2017/18, which culminated with Trusts being requested by the Department of Health, on 8 August

2017, to undertake public consultation on their respective savings plans. In relation to the Trust budget of £640m, a member enquired what the budget was in the previous year. **Mr Guckian** stated that the budget had not reduced, however, given the financial pressures and associated legislative and non-pay inflation, the Trust is required to achieve more savings. Some of the savings to be achieved in this year relate to last year's inflation, which was not fully funded. In response to an enquiry from a member, **Mr Guckian** stated the savings required equated to approximately 2% of the overall budget.

**Mr Guckian** stated that four key principles underlined the savings plan proposals: Safety; Deliverability; Impact and Strategic Direction**.** The proposals were regarded as No/Low impact (equating to £8.75m) and Major/controversial impact, equating to £2.05m. A summary of the savings proposals regarded as No/Low impact was provided. Members were informed of how savings in these areas have already been achieved during the year. For example, the transfer of wards to the new In Patient Ward Block was staggered, which achieved savings with no impact on the delivery of services. A range of agency and locum arrangements with Trust staff across Directorates would be replaced with in-house staff. A member enquired if the Trust was aware of doctors who could fill locum posts on a speciality basis. **Mr Guckian** stated that high costs associated with locums were not just for doctors, there were high locum costs across the Board, including in the Prison Service. In response to an enquiry from a member on the possibility of the Trust consulting on services provided by the Trust on a regional basis, **Mr McGoran** stated that the Trust has been able to fill all posts in Plastics and Oral Maxillo Surgery, which are regional services.

The introduction of car parking charges at Ards Hospital was listed as a proposal which had contributed to savings during the year. A member enquired if a similar proposal would be implemented at Lagan Valley and Downe Hospitals. **Mr Guckian** stated that a very detailed public consultation exercise was completed in February 2015 in relation to car parking across the Trust. The Ards Hospital site is the first site to be implemented following consultation. Lagan Valley and Downe Hospitals will be implemented in the future.

One proposal was to implement pay and prices freeze on general community care contracts (excluding Domiciliary care, Nursing and Residential Care), which would relate to 101 different types of community activities. **Mr McCaughey** stated that the Trust is in regular discussion with organisations with whom there are community contracts. This proposal has been discussed with them and 180 out of 182 have signed their contract and are operating under the terms of this proposal.

In relation to Community equipment efficiencies, **Mr Guckian** emphasised that the savings were achieved by the Trust block buying equipment, which resulted in a reduction in expenditure during the year, but not a reduction in service. A number of proposals which would result in smaller levels of savings were briefly summarised in the presentation. A member stated that while the savings equated to approximately 2% of the budget, the proposals would affect a wide range of activities and he enquired of the impact on the Trust Delivery Plan (TDP). **Mr Guckian** stated the Trust had not formally produced a TDP. It was required to be approved in October 2017 and work would be carried out on the TDP in the forthcoming months. **Mr McCaughey** stated the TDP would be compiled to reflect the level of service which can be provided in the year.

In prefacing the proposals that may be considered major and/or controversial, **Mr Guckian** emphasised that Trust Board members would prefer not to have to implement the proposals. The two main areas related to a reduction in locum spend and a reduction in agency staff, excluding qualified nursing posts. Three years ago the expenditure on locums was £2.5m: in 2016/17 it was in excess of £8m. In some cases, the cost of a locum is three times greater than a member of staff. In relation to an enquiry from a member on the impact of a reduction in locums during the forthcoming "winter pressures", **Mr McGoran** stated it will be a major challenge. It will be difficult to identify where the reduction should be made. Much of the expenditure on locums is in the Emergency Departments, across three sites. It would be inappropriate to take all locums out of this area as it would undermine safety and public confidence. A 5% reduction in Emergency Departments would not compromise safety but patients will have to wait longer for routine care. The most acutely ill patients will continue to be prioritised by staff. There will be a reduction in locums in theatres, which unfortunately will mean that between 6-700 procedures will not be carried out. **Mr McGoran** stated this will be very challenging and it was concerning that the Trust's ability to flex up medical staffing during the winter months will be constrained.

In relation to agency staff, the proposal is to reduce agency costs by 25%, based on expenditure incurred during 2016/17. It was predicted this would have a six month effect in year. Given the timeframe for consultation and evaluation, the **Chairman** enquired if this would be achieved. **Mr Guckian** stated that as this may have to be implemented in less than six months, the reduction may be slightly in excess of 25%. A member enquired about how agency staff would be communicated with regarding the proposals and how they would be included in the consultation process. In response, **Mr McGoran** stated the Trust contracts for staff were with the agencies and the Trust would communicate with the relevant companies. **Mr McCaughey** stated there is a risk that locum and agency staff may make the decision to seek work elsewhere, before any final decision is made on this proposal. **Mrs Weir** informed members the Trust has its own bank of employees and the focus will be to utilise more bank staff. **Mr Whittle** stated that agency staff become members of respective teams and that Team Leaders and Line Managers will communicate with the staff involved.

A member enquired if individuals, who may always have worked as locums, would be encouraged to apply for Trust posts. **Mr McGoran** stated this has been happening and some locum staff have sought permanent posts in the Trust. Where this has happened, it has been shown in the Savings plan. The **Chairman** enquired if it would be possible to reduce expenditure on locums entirely. **Mr McGoran** stated the South Eastern Trust has the lowest spend on medical locums in Northern Ireland. In the UK, in an area of similar population, acute care would be provided across six hospitals. As a result of the current hospital structure in Northern Ireland, resources are diluted across a larger number of sites and as a result, it is a buyer's market for locums, with doctors choosing where they wish to work. For this reason, a regional solution is required to address this issue. **Mr Martyn** concurred with the previous speaker and stated that a number of doctors choose not to go into training programmes. Instead they work as locums or they may to go to the US, Canada or Australia, where the remuneration is higher and they work shorter hours. **Mr Martyn** stated that training programmes need to be improved but that overall, it is a multi-factorial problem in relation to junior doctors.

**Ms Dunbar** outlined the consultation process. The consultation period would run from 24 August 2017 until 5 October 2017. A series of public meetings will be held and contributions were invited from key stakeholders. **Ms Dunbar** stated that the Trust would be happy to facilitate other meetings, on request. Meetings would be held with staff and a Communications Plan will be implemented. A member enquired about the methods which would be used to publicise the consultation exercise. **Ms Dunbar** stated the consultation document and questionnaire will be placed on the Trust website; it would be issued to over 800 people and organisations on the consultation list and it would be publicised via social media by the Communications Department.

*Ms O'Hagan left the meeting.*

In summary, **Mr McCaughey** stated that Board members would prefer not to have to undertake this exercise. While 80% of the proposals are regarded as low impact, **Mr McCaughey** stated there would be a significant impact. Action was taken earlier during the year to try to maximise savings but there will be fewer doctors available and fewer agency staff employed. Access to services will be affected and flow through the system, particularly, in winter months, will be affected. In response to an enquiry from a member, **the Chairman** stated the Trust had a good record of engagement with staff and this would be carried out in respect of the consultation. A member enquired about the process if there is no Minister in place at the end of the consultation.

**76/17 REQUEST FOR SPEAKING RIGHTS ON ITEM 75/17**

**Nuala Conlon and James Large, Unison**

**Ms Conlon** reminded Trust Board of their legal obligation to properly engage with UNISON on the proposals outlined during the meeting and the requirement to carry out an Equality Assessment. The Department of Health should be advised that the Trust has a duty of care and will not make cuts which will damage public health services. Legal obligations cannot be flouted by a directive from the Department of Health and that proposals cannot be made without a Commissioning Plan. She also outlined the Trust's responsibility to consult with unions before any decisions are made in order that they can affect decisions - the meetings held yesterday and today were not sufficient to meet these obligations.

The Board were asked to consider the context within which Health & Social care are expected to operate eg inequalities between those living in the most and least deprived areas; growing older people population; the increased number of children on the child protection register; waiting times for elective treatment have already been described as "unacceptable"; the moral issue associated with the increase in private medicine; and finally the impact upon staff, especially agency, locum or casual staff.

**Mr Large** asked that all Trusts unite and say that Trusts cannot be expected to deliver adequate health and social care whilst imposing cuts. It is recognised that services cannot be reformed without additional resources and the regional £70m of cuts (not savings) are contrary to this.

The Trust was asked to cease squandering funds on the use of private medical services and also expensive agency/locum staff. These proposals were qualified

by the request to carry out equality impact assessments to protect patient care and the rights of the public and health workers alike.

In conclusion, **Mr Large** noted rumours about a potential return to privatisation as in the 1980s and instead asked the Trust Board to work with UNISON to build a world class health and social care system.

**Kieran McCarthy JP**

**Mr McCarthy** paid tribute to the staff who provide excellent services to older people, those with physical and learning difficulties, and mental health issues, and asked that the Trust ensure no action is taken to reduce the current provision to these groups.

Various reports, including Donaldson and Bengoa, have detailed the need for transformation of services and **Mr McCarthy** noted that resources have not been provided to carry out this work. He expressed disappointment at hearing proposals which will increase waiting list times and services – he viewed this as a tragedy. He encouraged the elective representatives to re-establish the NI Assembly and appoint a Health Minister to ensure that the population can receive the health care services they need. The funding received from the Conservative government should be allocated now to enable the implementation of transformation as outlined in the Donaldson and Bengoa reports.

In conclusion, **Mr McCarthy** asked that proposals should not have any impact on Domiciliary Care or services provided to those with mental health issues, disability or physical/learning disabilities.

**Councillor John Trainor, Downpatrick DEA of Newry, Mourne and Down District Council**

**Cllr Trainor** thanked the Chairman for the opportunity to address Trust Board. He stated he was the third generation of health campaigners in his family, following his grandfather and mother. In respect of the proposals, if implemented, being temporary, **Cllr Trainor** stated he was sceptical. He gave the example of the temporary changes to the opening hours of the Emergency Department in the Downe Hospital in January 2014, which were still in place. He stated that people living in Downpatrick and the greater Lecale area do not “trust the Trust” nor their politicians in Stormont. Their perception is that there has been a reduction in services since the new Downe Hospital opened. Lecale is a rural area with poor digital coverage and poor transport services.

**Cllr Trainor** stated the people who live in the area have difficulty accessing the Health Service and the impact of the change in the ED opening hours was reflected in the response times for Ambulance services. The proposals outlined would have an impact in the Lecale and Greater Newry, Mourne and Down area. **Cllr Trainor** stated he hoped the proposals had been rural-proofed as well as Equality Impact assessed. He stated the people of the area were disadvantaged and he requested the Trust would not disadvantage them any further.

**Sam Humphries, CEO, NI Institute for the Disabled on behalf of the Association for Real Change**

**Mr Humphries**, on behalf of the NIID in Bangor, asked if the Board could give assurance that there will be no reduction in services available in the community and that the Trust would continue to implement the Bamford vision? The **Chairman** stated that no questions could be answered directly today but indicated that a response would be issued to Mr Humphries post today's meeting.

**Kellie Armstrong, MLA, Alliance Party**

**Ms Armstrong** thanked the Chairman for affording her Speaking Rights. She stated the Alliance Party acknowledged the difficult financial position facing the Trust and that an average of 6% increase in demand each year has an impact on performance. **Ms Armstrong** referred to the lack of a "functioning Executive" and the finance made available from the last Monitoring Round did not meet the pressures in the system.

Having listened to the presentation, **Ms Armstrong** stated she had a number of concerns:

- The cut in mileage for Children's Services – she stated she would like clarification on this;
- Sundry contracts – Care in the Community – she enquired what this meant? Did it refer to voluntary/community organisations?
- While the Trust is not closing any facility, reference was made to Enhanced Care at Home – **Ms Armstrong** enquired what this meant?

**Ms Armstrong** stated that reform needs to take place in order that Trusts do not have to take "knee jerk short-term action", such as was outlined in the proposals. In relation to the procurement savings, **Ms Armstrong** stated she worked with people in the Ards Peninsula and that over 60 people had been left with no care packages in place, because suppliers had stopped providing services and had "walked away with no penalties" being imposed.

In relation to the increase in Waiting Lists, **Ms Armstrong** stated she would like to know the areas which will be affected, so that people may respond appropriately to the consultation. **Ms Armstrong** stated that all Trusts were making similar announcements about proposals for savings today, however, she enquired if the Department and PHA were being asked to achieve savings. She stated there may be another Monitoring Round in October and she would like the Department of Health to provide assurance that the level of care will not be reduced and if there is to be change, people would be notified well in advance. She wished the Trust good luck with the consultation. She stated that access to the meeting was not easy and she would welcome more meetings on the consultation and the use of social media. She stated that a high percentage of people, whom she represented, were older people, who do not have access to computers. **Ms Armstrong** requested the Trust would consider how to reach out to the vulnerable people in the local area.

**Colin Reid, Chair, Northern Ireland Association for Social Workers**

**Mr Reid** outlined the work undertaken by professionals, including Social Workers, to support patients and clients. He detailed the statistical information contained in

the Bengoa Report on the increased population and the new model of care required to meet demands. It is vital that progress is made on this strategic direction.

**Mr Reid** sought assurance that the proposals would not impact upon unallocated cases within Children's Services, or that the workforce pressures will have an effect on recruitment to vacant posts. Requirements for services for older people are expected to increase, particularly residential and care services, and any potential cuts in Social Workers could result in increased delays in discharges, etc.

**Colin McGrath MLA, SDLP, South Down**

**Mr McGrath** thanked the Chairman for the opportunity to speak. In relation to the presentation, he stated he found it difficult to read some of the slides shown and requested that a larger screen would be used at future meetings. He stated it was regrettable that the Trust was, once again, having to outline proposals to "make cuts". He stated the local community wanted a top class service, which was inclusive and free at the point of delivery. **Mr McGrath** stated the staff of the Trust were the "backbone", who went the extra mile and would work the extra shift, if needed. The staff made the service as strong as it is and there is a good approach to teamwork. He acknowledged the climate in which the Trust is operating is difficult, however, he wondered how much effort the Permanent Secretary made to acquire the necessary funding. **Mr McGrath** also stated he was consistently disappointed with the "cuts" which have to be made and that there were more in some areas than others. He gave examples of services which have been "cut" from the Downe Hospital, including opening hours in the Emergency Department, Critical Care and Coronary Care. He stated the Downe Hospital is a "shadow" of what it once was, that admin and community services have been reduced and the "sweet shop" has been closed. He stated that the services were often withdrawn at short notice and without any consultation. He referred to the change in opening hours at the Emergency Department, which he stated was implemented "with a few hours' notice before Christmas Eve", which led him to think the Trust may have thought it was a "good day to bury bad news".

**Mr McGrath** expressed his disappointment that there is no Executive or Assembly in place and that members of the Executive "should hang their heads in shame". He stated politics should be a notable occupation and he questioned the motives of some politicians. **Mr McGrath** stated he was concerned about the 6-700 people who would not receive the procedures they require. He stated waiting lists needed to be reduced not made longer. He stated he would like to see an "overturn of all cuts" today and the delivery of a full Health Service in the South Eastern area. **Mr McGrath** stated he would take time to analyse further the proposals outlined; he would want to be assured they are fair and balanced. He repeated his desire that services provided would be universal and accessible to all of the community and not only to some. He stated the "cuts" will hurt staff, patients and clients and he requested that Trust Board members would tell the Permanent Secretary the "cuts" cannot be delivered. He urged Trust Board members to hold their heads up high.

**Terry Thomas, NIPSA Branch Secretary**

**Mr Thomas** noted that the proposals outlined today were to be "temporary" cuts but believed that they would be "permanent" given the year on year reductions.

He viewed it as important that we all take a stand and create a NHS which is fit for purpose. NIPSA members provide high standards of care to patients/clients in hospitals, community and at home. It is difficult for staff to continue to provide such high standards when cuts are being made. It is also these staff who have to face the frustrations of patients and clients which can sometimes boil over into anger.

The presentation highlighted a consultation process over six weeks and **Mr Thomas** believed this time frame to be completely insufficient. An equality impact assessment requires twelve weeks. He also believed that meetings with unions and staff earlier today are insufficient to consult on these proposals. In addition, previous Confidential Trust Board meetings to discuss the proposals should have been held in public. Proper and meaningful consultation with trade unions, on behalf of staff, should take place.

**Mr Thomas** expressed concern regarding the impact any delays in service implementation or recruitment will have on both staff and patients/clients. It is also a false economy to use agency rather than permanent staff.

In conclusion **Mr Thomas** asked Trust Board members to stand up for the people they represent and oppose the cuts.

**Emma Rogan MLA, Sinn Fein**

**Ms Rogan** thanked the Chairman for granting her speaking rights. She stated that it was reported that all Trusts had to make savings across all areas in the region of £70m, which she believed was due to pressures arising from Tory austerity, which affects how much funding is available in local areas. **Ms Rogan** stated there was immense pressure at the Downe and Lagan Valley Hospitals and the proposals outlined would affect staff and services there. In relation to the EQIA, **Ms Rogan** enquired about the impact in rural areas. She stated that it is difficult for people in rural areas to get to some hospitals. **Ms Rogan** stated Sinn Fein is opposed to savings/cuts and they support the protection of local services. The reduction of locum doctors in smaller hospitals would be significant as the Downe and Lagan Valley hospitals rely on locums. **Ms Rogan** stated the proposals would have a greater impact in smaller hospitals. She stated she would wish to be assured of the smooth running of Trusts and that scaling back of admin staff would not continue.

**Alderman Marion Smith MBE**

**Mrs Smith** noted that we are already 147 days into the financial year and, following the consultation and approval process, the actual implementation period for any proposals will be very short, potentially 3 – 4 months. She expressed scepticism of the "temporary" nature of the proposals and noted that previous temporary arrangements are continuing, for example the temporary closure of 20 beds in Bangor Community Hospital which occurred two year ago.

**Mrs Smith** asked for a hard copy of the consultation documentation and the presentation today. She noted that the proposals included reductions in locums/ agency staff but these are front line staff and wondered who would fill this vacuum. Reference was also made to administration cuts and she asked for more details of this proposal.

In conclusion **Mrs Smith** viewed the Trust Board's request to the public for ideas on how to make savings as a sign of despair.

**Mr McKenna** thanked the speakers for their contributions. **Mr McCaughey** stated that Trust Board members did not respond to enquiries/questions raised during the presentations at the meeting but that responses would be provided to individuals. He stated the Consultation document and presentation would be available on the internet following the meeting and he encouraged people to attend the public meetings, when publicised. **Mr McCaughey** stated that it was not limited to three public meetings and the Trust would be willing to meet with groups/individuals and all interested stakeholders.

The **Chairman** sought and received Trust Board approval for the proposals to go out to Consultation.

**77/17 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed that the next meeting of the Trust Board will be held on **Wednesday 30 August 2017 at 11.00 am in the Conference Room, Trinity Conference Centre, Lisburn**

_____ Date: _____

**Mr Colm McKenna**
**Chairman**

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