Northern Health and Social Care Trust

2017/2018 Financial Planning

Savings Plan

Consultation Document

24 August 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 Equality Unit – contact details on page 23.

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SECTION 1

Strategic and Regional Context

2017/18 FINANCIAL PLANNING – SAVINGS PLANS

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. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As part of the process the Northern Trust is required to publicly consult on specified proposals in our savings plan. This is in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014.

In order to fully inform the public about all savings options under consideration this consultation document includes information on the totality of the savings plan for the. Northern area which amounts to £13m.

In line with the Department's policy guidance circular, Section 4 in the document contains specific proposals related to a change or withdrawal of service, in the Northern area that are considered to be major and/or controversial, and will require the Department's approval to implement following the outcome of the consultation process.

The Trust invites comments from the public on the totality of the savings plan and in particular the specific proposals in Section 4. In the main the proposals in Section 4 are for a temporary change or withdrawal of service in 2017/18.

In order to deliver a balanced financial plan across the HSC it is necessary that the public consultation by Trusts should be concluded for Ministerial consideration and potential implementation from October 2017. In view of the urgency, The Health and Social Care Board (HSCB) and DoH will also be considering these proposed [or draft] plans in parallel with the consultation. Following consultation, a final plan will be submitted to the Health and Social Care Board (HSCB) and DoH.

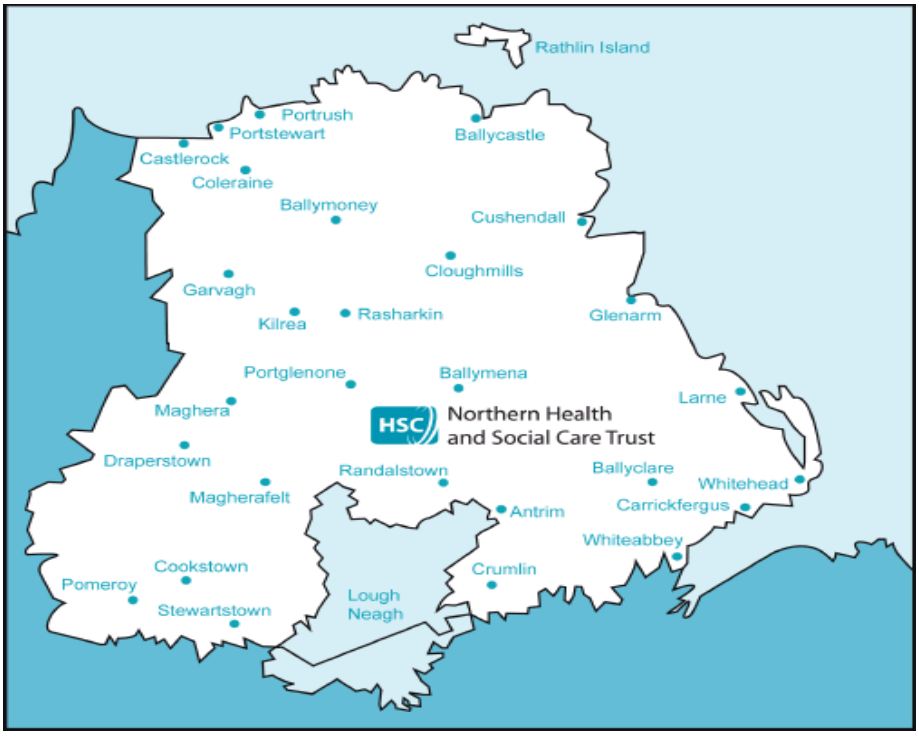
There will be a further public consultation if it is considered necessary to extend any of the proposals for a temporary change or withdrawal of service, contained in Section 4 if implemented, beyond 2017/18 or in the event it is considered necessary that specific proposals should be made permanent.

SECTION 2

Trust Overview and Requirement to Make Savings in 2017/18

Overview of the Trust

The Northern Health and Social Care Trust provides a wide range of acute hospital, community care, social services and services in people's own homes across the whole of the Trust area, which has a population of approximately 465,000. The map below shows the geographical area covered.



In providing health and social care services, our staff work closely with others including local GPs and other agencies and providers, delivering services in people's own homes and in other community settings. The Trust purchases some services from other independent providers, primarily nursing and residential homes, also from independent domiciliary care providers and a range of non-residential services such as day care and counselling, working with the community and voluntary sector.

Services

The Trust provides a range of community services to help people to plan, manage and adapt to changes in their health, as well as respond to times of crisis. We provide services for older people, children, people living with a mental health condition and people living with a disability. Last year we delivered 2,656,472 domiciliary care hours to 4157people and our District Nursing service made 330,304 contacts with patients. Our physical and sensory disability teams had an active caseload of 1950 service users at the end of March and our family and child care teams a caseload of 10,222 service users.

We provide a wide range of acute services from Antrim and Causeway Hospitals, and some hospital Consultant lead out-patient clinics and day surgery services are provided across a number of the five community hospitals. Many specialist or regional acute services are provided by other Trusts in Northern Ireland and indeed some are provided outside of Northern Ireland. For example cardiothoracic surgery, major trauma care, neurosurgery and oesophago-gastric and liver surgery are provided in Belfast for all of Northern Ireland. People living in the Northern Trust area who require orthopaedic surgery or intervention cardiology services receive those services in Belfast or Altnagelvin Hospital. Plastic surgery is provided in the Ulster Hospital for the region and Belfast does all the kidney transplants in Northern Ireland. Those requiring a liver transplant go across to the mainland UK. Children's cardiac surgery is provided in Dublin for the whole of Ireland.

Divisional Directorates provide the management arrangements for the delivery of Trust services:

- Women, Children and Families Services
- Surgical and Clinical Services
- Medicine and Emergency Medicine Services
- Community Care Services
- Mental Health, Learning Disability and Community Well Being

Staff

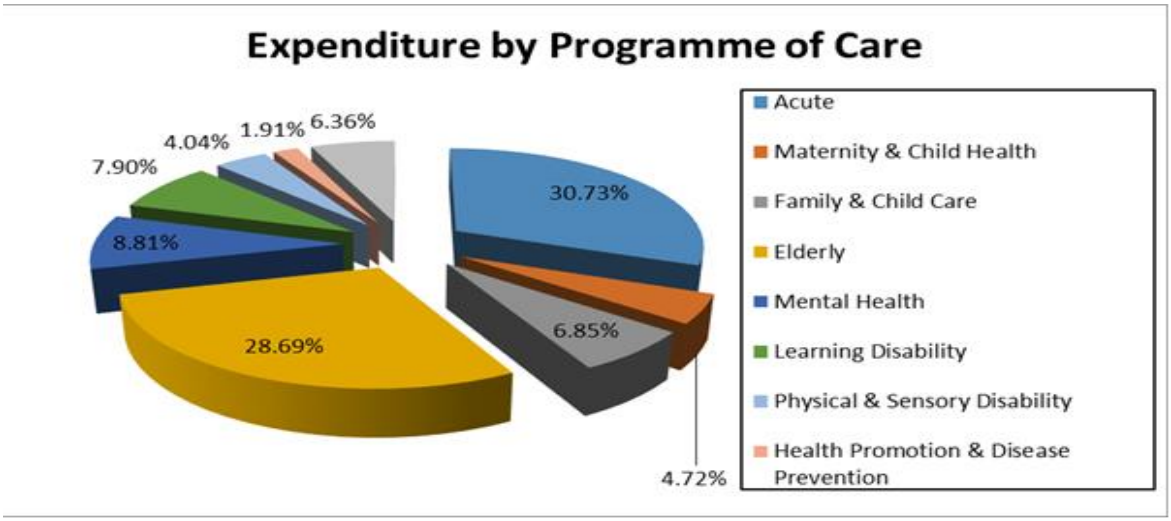
We employ 11,711 staff across a range of disciplines including Nurses, Social Workers, Doctors, Medical Secretaries, Porters, Drivers, Electricians, Engineers, Homecare Staff and many more. The table overleaf shows a high level profile of staff by professional group.

Staff Group	Total
Administrative and Clerical	1924
Estates Services	133
Support Services	1117
Nursing and Midwifery	3710
Social Services	2675
Professional and Technical	1553
Medical and Dental	599
Total	**11711**

Finance

The Trust's annual funding is about £655m million. The Trust spends approximately £403m on Staff and Related Costs and a further £252m on Non-Pay expenses including £135m on the purchase of care.

The following table shows how this funding is applied across Programmes of Care:



Requirement to make Savings In-year 2017/18

Health and Social Care Services across Northern Ireland are funded through an annual financial programme with allocations made to Trusts by the Health and Social Care Board from funding made available to the Department of Health by Government. Health and Social Care Trusts are legally obliged to 'break-even' each year, which means delivering services within the funding allocated and not spending more than this.

The cost of providing the services we deliver is increasing, with estimates suggesting 6% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health. All of these bring increases in the funding required each year to maintain the service and meet demand.

It has been acknowledged through several strategic reviews that there is a need for service transformation. The most recent 'Health and Wellbeing 2026 : Delivering Together' (published in October 2016 , supported by the Bengoa Report) set out a Ministerial vision for the service. This describes a new service model that would see a reconfiguration of our acute hospital services, appropriately resourced to deliver high quality acute care, with specialist services delivered from fewer sites and greater investment in community and primary care services at a local level.

Transformation alone will not address the financial issues, and there is a need for a financial plan that goes beyond an annual cycle so that the service can plan and respond to the issues. Both transformation and robust financial planning are essential so that a safe, efficient and sustainable service is provided.

The service across the region collectively spends about £5 billion each year. This provides the acute hospitals, community, ambulance, mental health, disability, social services and all the other services that make up a comprehensive range of health and social care for our population.

The Northern Trust had total income last year of £642.3m and achieved break-even at year end, noting the reliance on £13.9m of non-recurring funding to do so.

The financial year for the Health and Social Care starts on the 1 April each year to the 31 March the following year. In this financial year, 2017/18, it is now clear that unless there is a significant immediate increase in the funding available in-year, at the current spending levels the Trust would spend more than the funding allocated. As a result, all Trusts across the Region have been tasked by the Department of Health (DoH) to develop a savings plan for 2017/18 to deliver a share of an identified £70 million savings required across the service by March 2018. The Northern Trust share of the £70 million savings is £13 million. 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 the spending to be reduced.

The Trust has responded to this difficult task by aiming to identify actions, that if taken, would impact on how the Trust works but have no or low impact on front line services. However, given the scale of savings required we have also had to look beyond this to areas that have the potential to reduce spend in-year which largely relates to reducing the use of 'flexible' staffing. These include nurses employed through agencies and locum Doctors with particular emphasis on ending the service reliance on non-contracted agency staff. In this regard the Trust has identified that these proposals may be considered as major and / or controversial, in line with the DoH guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014, and we have set out the detail of these in this consultation document.

In looking to potential areas of spend reduction in-year the Trust has sought to take account of the following principles:

- Ability to deliver - proposals should be achievable in-year and release funding
- Safety - proposals should not compromise on safety
- Impact - aim to minimise the impact on services
- Strategic Direction - limit actions that would counter strategic proposals

In the main the proposals set out are for a temporary change or withdrawal of service in 2017/18, for Ministerial consideration. There would be further public consultation if it is considered necessary to extend any of the proposals, set out in Section 4 of this document, beyond 2017/18 or in the event it is considered necessary that specific proposals should be made permanent.

The following sets out the proposals to deliver the Northern Trust contribution to the £70 m regional 2017/18 savings plan.

SECTION 3

In-year Savings Plans regarded as Low Impact

Trusts have been delivering in-year savings and efficiencies on a regular annual basis over the last number of years. There is a commitment to continue to find efficiencies across the health and social care system through benchmarking and service improvement initiatives that can streamline processes and ensure the adoption of best practice, leading to the release of resources that can contribute to further investment in services.

During this year there are a number of actions the Trust had planned to take that will contain and reduce spend in-year and are considered to have low impact on front line services. Some of these actions have already begun, in line with on-going, routine operational management, to contain costs and deliver efficiencies. The following sets out the areas that the Trust has commenced or would intend putting in place to reduce spend in the latter plan of this year.

Proposal	Description	Contribution to in-year savings (£,000)
Repeatable contingencies	This refers to retention of savings generated from initiatives taken forward in previous financial years which have been retained by the Trust for potential investment in the future. These funds will be utilised in year against the corporate deficit position.	800
Absence management	The Trust absence rate of 7.35% (at March 2017) is 0.45% above the Trust target of 6.9% absence. For now the absence target will remain and further pro-active efforts are being made to reduce this, these include; -A targeted approach in specific high absence areas -A focus on manager / staff awareness and training -Continuation of corporate and divisional reporting	400
Non pay efficiencies	This refers to a range of controls on limiting spending outside of salaries and wages. Examples include staff travel (for non-patient / care delivered services) limiting printing and use of stationery, limiting costs for journals, adverts/ publications, small goods and services. It also includes robust management of procurement contracts.	500

Proposal	Description	Contribution to in-year savings (£,000)
Deferral of service developments	This is the anticipated amount which will not be spent in-year from new funding allocated by the commissioner, along with a range of non-recurrent measures. The projected slippage element will arise naturally due to the timeframes required to fully establish and implement new service initiatives, and is in line with the amounts identified in previous years	2,025
Natural slippage on resettlements	The Trust is managing a programme of resettlement of long stay residents from Muckamore Hospital to a community setting. Due to a number of factors including complexity of need and availability of appropriate community placements, resettlement moves at a pace in keeping with individual needs. As a consequence this will result in slippage of funding on an in-year basis only.	564
One off technical adjustments	The Trust has, identified the following, non-recurrent, technical adjustments, which can contribute to achieving Break-even with no impact on front line services: • The Trust will review the inclusion of a range of liabilities in relation to on-going staff settlements for agenda for change and other staff allowances with a view of assessing their on-going inclusion as liabilities or provisions under International Accounting Standard 37. This review will take advice from the Department of Health as well as consulting with other Trusts. It is currently anticipated that this review will release a further £0.8m non-recurrently to the Trust position in 2017/18. • The Trust will also review the creditors it is holding in respect of Clinical Excellence Awards with a view to releasing a further £1.2m subject to confirmation from DoH.	2,031

It is expected that the impact of these actions would contribute £6,320,000 towards the Trust share of the savings required in-year.

SECTION 4

In-year Savings Proposals that may be considered Major and/or Controversial

The ability to reduce spend in-year is limited. The Trust employs the majority of its staff on permanent contracts of employment and over 60% of all our spending is on salaries and wages. We have no plan for compulsory redundancy. In addition, where we contract with independent providers for services. In some of those cases there will be service contracts that commit particular volumes of work or periods of notice to end or reduce contracts. This limits the Trust's ability to reduce spend in a short timeframe.

Taking this deliverability issue into account and given that the savings required must be achieved in-year, plans to deliver savings by necessity focus on reducing use of 'flexible' staffing and, in some cases, arrangements with the independent sector where there are no or limited contractual commitments. Flexible staff include those staff working through an Agency (primarily nurses) or staff on locum contracts (primarily doctors sourced through locum agencies). These staff generally require very short periods of notice. In developing the following proposals, the Trust has prioritised the principles of safety, deliverability, limiting service impact and maintaining strategic direction proposals.

The following sets out the proposals the Trust has identified that if put into effect would contribute to reducing spend in-year towards the Trust share of the regional £70 m savings plan and may be considered as major and / or controversial, in line with the DoH guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014.

The Trust has identified proposed actions to deliver a total of £6,680,000 towards the total of £13m as the Northern Trust share of the regional in-year savings plan. Against each proposal the expected impact is described together with the contribution to the in-year savings plan. In the latter part of this consultation document, arrangements are set out for seeking your views on these proposals

The proposed effective date of the actions is 1 November 2017, unless otherwise stated.

Section 4 – Hospital Services

Proposal	Description & Potential Impact
End reliance on non-Contract Agency Nursing and high cost Locum Doctors Reduced number of acute beds - 16 to 20 , before any potential redeployment of staff from other sites Reduced number of Rehabilitation beds - 44 **Indicative Savings (£,000)** 2,420	**Proposed Action: End reliance on the use of non-contract Agency Nursing staffing** This action will effectively end the reliance on non-contracted agency nursing staff largely affecting Antrim, Whiteabbey and Causeway Hospitals. Agency nursing staff cost a premium above the level of pay roll funding the Trust has available. Due to the national shortage of nurses, we have become reliant on agencies who are not in contract with the HSC and these premiums are even higher. This action would end the reliance on use of non-contracted agency nursing staff and, to reduce the workforce gap created, we would plan to divert Trust employed nurses from Whiteabbey Hospital. This would assist staffing acute beds at Antrim Hospital and prioritise emergency care. **Impact** Effectively ending reliance on the use of non-contracted agency nursing staff would result in the need to reduce acute bed capacity in Antrim Hospital and in Causeway Hospital. This would have an impact on the Emergency Department as it limits the number of acutely ill patients we can admit to a hospital bed. We would wish to minimise the number of beds we would have to close temporarily, particularly over the winter period as that's when acute hospitals are usually at their busiest. For this reason, we would redirect Trust employed nurses and other staff involved in Rehabilitation services at Whiteabbey Hospital, to work temporarily at Antrim Hospital. This would help minimise the number of beds we may need to temporarily close at each of the acute sites. It must be noted that both hospitals often operate above funded bed levels, especially during winter months, and this additional capacity would not be available under this proposal. We propose to also down turn routine elective work (non-emergency and non-cancer operations) so that those Trust employed staff could provide support in the acute services at Antrim and Causeway Hospitals. **Actions to minimise and manage risks** The Trust will continue to seek to attract new Nurses into our employment. We have an open advert and offer permanent posts at interview. In addition we will employ a number of nurses through international recruitment. We will also work creatively with our contracted agencies to cover more vacant shifts and also promote the use of the bank nursing facility. We will manage bed numbers safely and make decisions on a daily basis given staffing levels each day. Bed numbers at both acute sites would be adjusted as necessary in light of the staffing available.

Proposed Action: Reduce use of Locum staff

This action will reduce the number of higher cost locum doctors, working across our hospital sites. Posts will be identified where we believe we can mitigate the impact on service.

Potential Impact

The impact will be on elective and unscheduled services. At this time we will seek to maintain emergency care.

Actions to minimise and manage risks

We will continue to seek to appoint permanent staff. While we have maintained emergency and urgent services, if there should be further medical staffing pressures, particularly at Causeway Hospital, we would not be in a position to take on further locum staff and this would impact on acute bed numbers and potentially on ED services.

Proposed Action : Temporarily close Rehabilitation Services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Hospital

Whiteabbey Hospital rehabilitation wards currently rely on a significant number of agency nurse and other flexible staffing, due to vacant posts and absence due to sickness and maternity leave. This action would temporarily close the two rehabilitation wards at Whiteabbey Hospital and the associated day rehabilitation service, with Trust employed staff (Nurses, Doctors and other staff in Rehabilitation) redirected to work temporarily at Antrim hospital and other services. This would stop the use of the agency staff at Whiteabbey and by redirecting Trust employed staff, compensate in part for ending our current reliance on non-contract agency staff in Antrim Hospital. Whiteabbey Hospital would continue to provide out-patient services, endoscopy, radiology, and the existing range of AHP (including physiotherapy and occupational therapy) and community services.

Potential Impact

Redirected staff will make a significant contribution to Antrim Hospital acute bed capacity for emergency services. The reduced availability of the Rehabilitation beds at Whiteabbey will mean fewer beds to accommodate patients who need a period of rehabilitation after a time in an acute hospital and will impact on acute discharges at Antrim and Belfast Hospitals and will add pressure to demand for other community rehabilitation services.

Actions to minimise and manage risks

We expect greater pressure over the winter period and we will aim to optimise the use of our community Rehabilitation beds in our Community Hospitals (Robinson, Inver, Dalriada and Mid Ulster). We will give priority to those in greatest need and aim to manage the impact on hospital delayed discharges.

We would ensure skills of Whiteabbey staff in caring for frail elderly patients and post- operative orthopaedic patients is effectively put to use in Antrim Hospital as the profile of acute in-patients is increasingly frail elderly and complex needs.

Section 4 – Hospital Services (cont'd)

Proposal	Description & Potential Impact
Reduce non-urgent elective day surgery **Reduced elective procedures 2,400** **Indicative Savings (£,000)** 2,000	**Proposed Action** This proposal is to reduce core elective work, day surgery and inpatient surgery for non-urgent patients in the Trust hospitals, and manage the surgical bed capacity in the acute hospitals. Diverting Trust employed staff from day surgery to other service areas that deal with emergency and urgent care including trauma and cancer patients. The savings in-year will come from reducing the use of agency and locum staff in theatre and ward areas associated with providing elective services. There will also be an associated reduced spend on goods and services (cost of consumables for example for theatres). Inpatient and day surgery are provided in Antrim and Causeway acute hospitals; day surgery is provided at Mid Ulster and Whiteabbey Hospitals. Antrim and Causeway Hospitals largely provide inpatient and day surgery for a significant number of confirmed / suspect cancer surgery and urgent procedures, while Mid Ulster and Whiteabbey day case theatres provide for more of the non-urgent / routine cases. This proposal would down turn the routine/ non urgent work from Mid Ulster and Whiteabbey sites and displace urgent cases to either Antrim or Causeway Hospitals. Nursing staff who work in day surgery in Whiteabbey Hospital are already currently based at Antrim Hospital therefore will remain on site to support services. Nursing staff at Mid Ulster will be temporarily redeployed to Antrim or Causeway Hospitals to enable reduced used of agency and other flexible staffing. **Potential Impact** The reduction of routine/ non urgent elective services will mean that there will be an increase in the number of patients waiting , with 2,400 less procedures carried out and an increase also the waiting time for general surgery, ENT surgery and gynaecology services. Priority will continue to be given to red flag / confirmed cancer and urgent referrals. **Actions to minimise and manage risks** Outpatient and diagnostics services will continue within the funded establishments and focus on high risk referrals and prioritise red flag and clinically urgent patients. In previous years the regional Health and Social Care Board have been allocated some non-recurring funding to provide extra elective services, given the long waiting lists for these services regionally. There has been no indication of this additional funding to date. If such funding did become available, the Trust would fully use the created capacity at Mid Ulster and Whiteabbey day surgery facilities to take on this additional work. It would be important to know if this funding would be available by the time of the end of this consultation period.

Section 4 – Community and Social Care

Proposal	Description & Potential Service Impact
Reduce number of community based rehabilitation beds **Indicative Savings (£,000)** **450** **Reduced community rehabilitation beds = 25**	**Proposed Action** This proposal is to reduce the number of community rehabilitation beds commissioned from the independent sector and continue to manage Trust community rehabilitation beds without use of Nurse agency staffing. The Trust have a small number of contracts for community rehabilitation beds in independent care homes year round, and at times of peak pressure we purchase beds from a number of other care homes on an ad hoc basis. This would be affected by this action and would reduce contracted beds by approximately 25 and mean minimal ad hoc purchases of such beds from independent Nursing and Residential Homes over this winter. **Potential Impact** The Trust currently has 174 community rehabilitation beds across our community hospitals, statutory residential homes and independent sector nursing and residential care homes. This figure typically rises to 210 beds during winter with extra placements in the independent sector. A reduction of 25 is significant and will impact on supporting discharges from the hospitals and result in an increase in delayed discharges, particularly over the winter months. It will impact on independent providers of Nursing and Residential care in terms of reduced income for contracted rehabilitation beds, which make up a part of the services in the care home and support sustaining care home workforce. Nursing workforce in our Community Hospitals is stable and there is very little use of agency nursing staff. Our local GPs provide a stable and effective medical service in the community hospitals. We will sustain this position and plan not to use agency staff, managing small adjustments in beds numbers as need be. This action will cause particular challenges over the winter months with limited ability to secure additional beds . **Actions to minimise and manage risks** We will make best use of our rehabilitation beds in our Community Hospitals – Robinson (Ballymoney), Dalriada (Ballycastle), Inver (Larne) and Mid-Ulster Hospital (Magherafelt) – and in our residential homes, prioritising patients' needs and working closely with the acute hospital and GPs to manage the pressures.

Community and Social Care (Cont'd)

Proposal	Description & Potential Service Impact
Containment of growth in community care home placements and domiciliary care packages **Indicative Savings (£,000)** **1,475** **Contain growth to 2% domiciliary care rather than 3%** **37 domiciliary care packages**	**Proposed Action** This action will require containing levels of services by managing the growth in Nursing/Residential Home placements and domiciliary packages of care, allowing for some moderate growth in latter part of year when requirement for these services increases. **Potential Impact** Managing the growth in domiciliary care packages still means a growth overall in the amount of domiciliary care we will provide this year compared to last. However it will be less than we expect the increase in demand. This will mean some impact on hospital discharges, as much of the need for domiciliary care packages comes after a stay in an acute hospital or a period of community rehabilitation. It may also mean those waiting for a domiciliary care package would wait longer. We spend £53 million in a year on domiciliary care. This will not impact on Trust employed staff but would affect purchase of domiciliary care from independent sector providers. While existing levels of services would largely continue, new demand or growth would be more limited. Placements in Care Homes overall have largely been steady over the last number of years, with a growth in need for dementia supported placements. This position would continue though there may be some additional wait for a placement as there are a limited number of dementia places and increasing challenges for Nursing Homes, which are all run by independent providers, in securing nursing staff. We spend £67 million in a year on Care Home placements. **Actions to minimise and manage risks** While there has been an allowance for some growth in-year, to meet the demand for these services we will require to be more efficient and creative in ways of providing both domiciliary care and other types of services that can support older people and people with disability to live independently at home. We will look to the use of direct payments (enabling people to put in place their own care arrangements) and to the length of the packages and time allocated to be as efficient as we can while ensuring we are meeting individual needs. We will work with families to ensure their support to the person is also taken into account. For Care Home placements we will aim to prioritise people awaiting a placement from an acute hospital and others including palliative care. While some growth in domiciliary care service and placements has been allowed for over the winter period, this may not be sufficient to meet expected increase in demand. A separate winter/resilience plan has been submitted to the Regional H&SC Board. At this stage there is no indication if any additional non-recurring funding may be available for the winter period.

Community and Social Care (Cont'd)

Proposal	Description & Potential Service Impact
Ceasing domiciliary meals provision (meals provided to people in their own homes) **Indicative Savings (£,000)** **60** Service users affected = 103	**Proposed Action** This service has been operating on an exit plan over the last several years, given the growth in availability and access to ready-made meals in local shops, other outlets and home delivery. There have been no new users of this service for some time and those that are still receiving meals in their own home in this way would be supported to put in place an alternative arrangement. **Potential Impact** While this service has been managed for the last several years on an exit strategy the remaining number of clients in receipt and the independent provider of the service, would be affected by Dec 2017, which is earlier than would otherwise have expected. Service users make a contribution to the cost of this service. There are 103 users of the service at present. **Actions to minimise and manage risks** There are now a range of options for people in local communities to ensure access to a nutritious meal, including meals that can be heated at home. The existing service users will be supported to make an alternative arrangement that meets their needs.

Transport and Car Parking

Proposal	Description & Potential Service Impact
Reduce use of private non-emergency ambulance transport **Indicative Savings (£,000)** **200**	**Proposed Action** This action would reduce the use of private transport for patients leaving hospital - going home, going to a Nursing Home or Community Hospital for example. While the majority of patients being discharged from hospital make their own arrangements for transport, some patients need more specialist transport, perhaps a vehicle that can take a bed, a wheelchair and may also need the support of a driver or escort with experience/ skills in supporting people with chronic illness or disability. In the main the NI Ambulance Service (NIAS) provides this non-emergency transport. However the Trust has experienced an increased level of usage of private ambulance transport. This is a recognised capacity shortfall from NIAS, an increased demand due to shorter lengths of stay in hospital and the need to have patients ready for discharge to leave the hospital early in the day, competing with other NIAS activities. **Impact** May have some impact on hospital discharges and could delay some discharges, impacting on beds available within the hospital for new acute admissions. This would impact on income for independent provider of ambulance transport. **Actions to minimise and manage risks** The predicted spend in-year would be £650k if the current usage persisted. This proposal would reduce that by making less use of this private transport. We plan to liaise further with NIAS to best manage their available capacity.
Increase car park charges at acute hospital sites **Indicative Income (£,000)** **75**	**Proposed Action** The parking tariffs at the acute hospitals have not been increased for 2 years and the permutation below sets out how much revenue would have been generated with a 20% increase on tariffs at both sites. **Impact** This adds 20p per hour for parking of less than 1 hour and 30p for parking of over 1 hour (< 1 hour parking: £1.10 up to to £1.30 ; 1 – 2 hrs from £1.60 up to £1.90; 2 – 3 hrs from £2.00 up to £2.30).

It is expected that the impact of these actions would collectively contribute £6,680,000 towards the Trust share of the savings required in-year.

Through this Consultation process the Trust is seeking stakeholder views on the Trust identified proposed actions and the impact of these service reductions and /or consolidation of services in order to contribute to financial balance.

SECTION 5

Consultation Arrangements

Context

Consultation requirements are set out in the Health and Social Care Reform Act (2009) and have been incorporated into the Trust's consultation processes. The Trust recognises the importance of consultation as an integral part of fulfilling its statutory obligations.

Guidance to Trusts on the requirement for public consultation was issued by the Department of Health (DoH) in November 2014. It sets out the roles and responsibilities for consultation in the event of a change or withdrawal of service. The guidance circular states that: "individual proposals about change or withdrawal of services from the Health and Social Care Board (HSCB) / Public Health Authority (PHA, Health and Social Care Trusts or other Arms Length Bodies(ALBs) will not normally require DoH approval unless they are judged by the DoH to be major and/or controversial."

There are no definitive criteria describing 'major/controversial', so the Trust is required to notify the DoH of consultation plans on proposals for closure or change that are likely to be regarded as falling into these categories. In the case of the proposals set out in this consultation document, the Trust has notified the Health and Social Care Board and the DoH of the proposals and plans for public consultation. Proposals relating to a change or withdrawal of service that are considered to be major and/or controversial, will require the Department of Health's approval to implement following the outcome of the consultation process.

Consultation Arrangements and Timeframe

The consultation period is from 24 August 2017 to 5 October 2017, a 6 week period.

This is a shorter period than set out in the DoH Guidance and Trust consultation processes in relation to a minimum consultation period of twelve weeks. However the guidance also points to circumstances where service changes (either permanent or temporary) which must be implemented urgently to comply with legislative obligations, may be undertaken within a shorter period. The requirement to achieve

financial balance each year is a legislative requirement for the health and social care service. Given the need to make these significant savings in-year it is vital that actions to effect reduced spend are taken as soon as possible in order to reduce the scale of the impact on the service.

Impact on Staff

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for proposals that impact on our staff. The Trust has systems in place to support staff through changes. A communication plan will make sure that staff are kept informed of any proposed action and developments. Staff will also have meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

Consultation Document and Questionnaire

The consultation document will be issued to all consultees listed on the Trust's consultation database detailing the consultation process. A list of consultees can be found on the Trust's website or by contacting the Equality Unit (contact details below).

- A copy of this consultation document is available on the Trust's website at http://www.northerntrust.hscni.net.
- 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 Equality Unit – contact details below.
- The Trust plans to hold focussed meetings within our 4 localities during the consultation period, ensuring broad representation from stakeholders and areas affected are represented. Meetings will be held week of the 11th September and week of the 18th September 2017. Dates , times and venues will be notified to stakeholders.

For those who wish to provide written feedback, a **Consultation Questionnaire** is available (see Section 7 for a summary of the questions). It is also available on the Trust Website at http://www.northerntrust.hscni.net . However we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit,
Route Complex
8e Coleraine Road
Ballymoney
Co. Antrim
BT53 6BP

Tel: 028 2766 1377 Fax: 028 2766 1209 Mobile Text: 07825667154

E-mail: equality.unit@northerntrust.hscni.net

The closing date for responses is 5 October 2017.

Before you submit your response, please read the section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of the consultation questionnaire.

This consultation document also includes an assessment of the impact of the proposals on the nine equality categories as detailed in Section 75 of the Northern Ireland Act 1998. If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact the Equality Unit.

In compliance with legislative requirements, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust web site.

SECTION 6

Equality Duties

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Under Section 49A of the Disability Discrimination Act 1995 (as amended) the Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

The Equality Scheme outlines how we propose to fulfil our statutory duties Within the Scheme, the Trust gave a commitment to apply the screening methodology

below to all new and revised policies and where necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider:

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

The possible screening outcomes include:

- The policy has been 'screened in' for equality impact assessment (Major Impact)
- The policy has been 'screened out' with mitigation or an alternative policy proposed to be adopted (Minor Impact)
- The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted (No Impact)

Equality Commission Guidance on setting budgets states that "There should be assessments of overall budget proposals at a strategic level. This should provide evidence of the **cumulative impacts**, i.e. consideration of the overall range of proposals and what impacts they might collectively have on the Section 75 categories."

In keeping with the Trust's commitments in its Equality Scheme the Trust has considered the above screening criteria in relation to the 2017/18 Savings Plan proposals. It is not possible at the present time to predict the precise nature of the

equality, good relations and human rights impact of the 2017/18 Savings Plan proposals but the Trust is committed to an on-going assessment.

Given the statutory imperative to achieve a balanced financial plan an indicative equality analysis on the proposals was completed. The outcomes of this analysis are set out in the appendix in this public consultation document. The Trust will review the outcomes at the end of the 6 week consultation using any feedback received

An outcome paper will be presented to our Trust Board after the 6 week consultation. Please note all the proposals in the Savings Plan are temporary. Where proposals are considered to have significant impact in terms of equality of opportunity and good relations the Trust will consider the need for a full Equality Impact Assessment and further consultation as required. The Trust will review any proposals as part of our monitoring commitments in line with Equality Commission guidance.

The Table in Appendix 1 sets out the outcome and details which policies/proposals we feel are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

SECTION 7

Consultation Questionnaire

Northern Trust 2017/18 Savings Plan

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing a questionnaire, which is available on the Trust website or from the Equality Unit (details below). The closing date for this consultation is 5 October 2017 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit, Route Complex, 8e Coleraine Road, Ballymoney,
Co. Antrim BT53 6BP

Tel: 028 2766 1377 Fax: 028 2766 1209 Mobile Text: 07825667154

E-mail: equality.unit@northerntrust.hscni.net

The following sets out an overview of the questionnaire.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation (if appropriate):	
Address:	

I am responding: *(please tick)*

as an individual ☐

on behalf of an organisation ☐

1. **This document sets out a range of proposals to contribute to the Trust share of a regional £70m in-year savings plan.**

   Question: Do you consider that the Trust has identified reasonable actions to deliver our share of this regional savings plan given the timescale available and principles of deliverability, safety, impact and strategic direction?

2. **The Trust has identified that if implemented some of these proposed actions are likely to have some impact on the delivery of front line services.**

   Question: Do you consider that there are any alternative proposals that could be brought forward that would deliver the equivalent reduced spend in-year, taking account of the principles set out in this document? If so please describe the nature of these alternative proposals.

3. **In setting out these proposals for spend reduction in-year, the Trust has indicated the expected impact on service delivery.**

   Question: Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals?

4. **An outcome of initial equality screening considerations is available in Appendix 1.**

   Question: Please detail your views on the assessed impact of the proposals and any other potential impacts you feel we should consider.

5. **The Rural Needs Act places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.**

   Question: Do you have any evidence to suggest that the proposals within our plan would create an adverse differential impact?

6. General comments

Please provide any other comments

Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this questionnaire.

Appendix 1

Equality Screening – Initial Assessment

The four screening questions that have been applied to the proposals are:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

Outcome of screening

- **Major Impact - The policy has been 'screened in' for consideration of an EQIA (Equality Impact Assessment)**
- **Minor Impact - The policy has been 'screened out' with mitigation or an alternative policy proposed or adopted**
- **Little or no impact - The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted**.

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
1.	Repeatable contingencies in-year	This refers to retention of savings generated from initiatives taken forward in previous financial years which have been retained by the Trust for potential investment in the future. These funds will be utilised in year against the corporate deficit position.			✓
2.	Absence management	The Trust absence rate of 7.35% (at April 2017) is 0.45% above the Trust target of 6.9% absence. For now the absence target will remain and further pro-active efforts are being made to reduce this, these include; -A targeted approach in specific high absence areas -A focus on manager / staff awareness and training -Continuation of corporate and divisional reporting.			✓
3.	Non pay efficiencies	This refers to a range of controls on limiting spending outside of salaries and wages. Examples include staff travel (for non-patient / care delivered services) limiting printing and use of stationery, limiting costs for journals, adverts/ publications, small goods and services. It also includes robust management of procurement contracts.			✓
4.	Deferral of service developments	This refers to a delay in filling some posts in mental health and disability services. For those staff that have been recruited there have been some salary savings in-year as new starts in post start at a lower point on the pay scale and this grows incrementally. Some posts have also proven hard to fill. We			✓

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
		will continue to seek to recruit to the vacant posts.			
5.	Natural slippage on resettlements	The Trust is managing a programme of resettlement of long stay residents from Muckamore Hospital to a community setting. Due to a number of factors including complexity of need and availability of appropriate community placements, resettlement moves at a pace in keeping with individual needs. As a consequence this will result in slippage of funding on an in-year basis only.			✓
6.	One off technical adjustments	The Trust has, identified the following, non-recurrent, technical adjustments, which can contribute to achieving Break-even with no impact on front line services: • The Trust will review the inclusion of a range of liabilities in relation to on-going staff settlements for agenda for change and other staff allowances with a view of assessing their on-going inclusion as liabilities or provisions under International Accounting Standard 37. This review will take advice from the Department of Health as well as consulting with other Trusts. It is currently anticipated that this review will release a further £0.8m non-recurrently to the Trust position in 2017/18. The Trust will also review the creditors it is holding in respect of Clinical Excellence Awards with a view to releasing a further £1.2m subject to confirmation from DoH.			✓

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
7.	End reliance on the use of non-contract Agency Nursing staffing and agency staffing overall	This action will effectively end the use of non-contracted agency nursing staff largely affecting Antrim, Whiteabbey and Causeway Hospitals. Agency nursing staff cost a premium above the level of pay roll funding the Trust has available. Due to the national shortage of nurses, we have become reliant on agencies who are not in contract with the HSC and these premiums are even higher. This action would end the reliance on use of non-contracted agency nursing staff and, to reduce the workforce gap created, we would plan to divert Trust employed nurses from Whiteabbey Hospital. This would assist staffing acute beds at Antrim Hospital and prioritise emergency care.	✓		
8.	Reduce use of Locum Doctors	This action will reduce the number of higher cost locum doctors, working across our hospital sites. Posts will be identified where we believe we can mitigate the impact on service.		✓	
9.	Temporarily close Rehabilitation Services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Hospital	Whiteabbey Hospital rehabilitation wards currently rely on a significant number of agency nurse and other flexible staffing, due to vacant posts and absence due to sickness and maternity leave. This action would temporarily close the two rehabilitation wards at Whiteabbey Hospital and the associated day rehabilitation service, with Trust employed staff (Nurses, Doctors and other staff in Rehabilitation) redirected to work temporarily at Antrim hospital and other	✓		

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
		services. This would stop the use of the agency staff at Whiteabbey and by redirecting Trust employed staff, compensate in part for ending our current reliance on non-contract agency staff in Antrim Hospital. Whiteabbey Hospital would continue to provide out-patient services, endoscopy, radiology, and the existing range of AHP (including physiotherapy and occupational therapy) and community services.			
10.	Reduce non-urgent elective day surgery, in-patient surgery	This proposal is to reduce core elective work, day surgery and inpatient surgery for non-urgent patients in the Trust hospitals and divert Trust employed staff to other service areas that deal with emergency and urgent care including trauma and cancer patients. The savings in-year will come from reducing the use of agency and locum staff in theatre and ward areas associated with providing elective services. There will also be an associated reduced spend on goods and services (cost of consumables for example for theatres).	✓		
11.	Reduce number of community based rehabilitation beds	This proposal is to reduce the number of community rehabilitation beds commissioned from the independent sector and continue to manage Trust community rehabilitation beds without use of Nurse agency staffing. The Trust have a small number of contracts for community rehabilitation		✓	

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
		beds in independent care homes year round, and at times of peak pressure we purchase beds from a number of other care homes on an ad hoc basis. This would be affected by this action and would reduce contracted beds by approximately 25 and mean minimal ad hoc purchases of such beds from independent Nursing and Residential Homes over this winter.			
12.	Containment of growth in community care home placements and domiciliary care packages	This action will require containing levels of services by managing the growth in Nursing/Residential Home placements and domiciliary packages of care, allowing for some moderate growth in latter part of year when requirement for these services increases.	✓		
13.	Ceasing domiciliary meals provision (Meals provided to people in their own homes)	This service has been operating on an exit plan over the last several years, given the growth in availability and access to ready-made meals in local shops, other outlets and home delivery. There have been no new users of this service for some time and those that are still receiving meals in their own home in this way would be supported to put in place an alternative arrangement.		✓	
14.	Reduce use private non-emergency ambulance transport	This action would reduce the use of private transport for patients leaving hospital - going home, going to a Nursing Home or Community Hospital for example. While the majority of patients being discharged from hospital make their own arrangements for transport, some patients need more specialist transport, perhaps a vehicle that can take a bed, a wheelchair and		✓	

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	Little or no impact
		may also need the support of a driver or escort with experience/ skills in supporting people with chronic illness or disability. In the main the NI Ambulance Service (NIAS) provides this non-emergency transport. However the Trust has experienced an increased level of usage of private ambulance transport. This is a recognised capacity shortfall from NIAS, an increased demand due to shorter lengths of stay in hospital and the need to have patients ready for discharge to leave the hospital early in the day, competing with other NIAS activities.			
15.	Increase car park charges at acute hospital sites	The parking tariffs at the acute hospitals have not been increased for 2 years and the permutation below sets out how much revenue would have been generated with a 20% increase on tariffs at both sites. This adds 20p per hour for waits of less than 1 hour and 30p for waits over 1 hour.		✓	

A copy of the Trust's Screening Template is available on request – please contact the Trust Equality Unit.