Northern Health and Social Care Trust

2017/2018 Financial Planning

Savings Plan

Consultation Outcome Report for consideration by Trust Board 13 October 2017

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

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SECTION 1

Strategic and Regional Context

1.1 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 HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts were 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.

As part of the process the Northern Trust publicly consulted 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 the consultation document included information on the totality of the savings plan for the Northern area which amounted to £13m. This report should be read in conjunction with the consultation document which can be found on the Trust's website.

In line with the Department's policy guidance circular, Section 4 in the consultation document contained specific proposals relating to a change or withdrawal of service, in the Northern area that were considered to be major and/or controversial.

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

In order to deliver a balanced financial plan across HSC it was 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 have also been considering these proposed [or draft] plans in parallel with the consultation process. 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.

1.2 Equality Duties

The Trust has a duty to ensure that its decisions comply with equality and human rights legislation. It has carried out an initial equality and human rights indicative assessment with a commitment that all proposals would be subject to a more comprehensive equality screening assessment and where required, a full Equality Impact Assessment (EQIA). The feedback received during this consultation process has informed these screenings and draft EQIAs.

A copy of the screening documents and EQIAs can be found on the Trust's website **www.northerntrust.hscni.net** or by contacting the Equality Unit – contact details below.

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Acknowledgement

We want to acknowledge the contribution that service users, carers, the public, local representatives and our staff have made to this consultation process. We have received valuable feedback and can assure you that it have been considered by our senior team and Trust Board.

We want to thank everyone who took the time to be part of this consultation, either through meeting with us, writing to us or filling in a consultation questionnaire.

SECTION 2

Consultation Process

On 24 August 2017, following approval from Trust Board we commenced a public consultation on our 2017/18 Savings Plan. The consultation closed on 5 October 2017.

2.1 Requesting responses from individuals and representative organisations

To raise awareness of the consultation process it was advertised in the local newspapers indicating that the document could be downloaded from the Trust's website or available from the Trust's Equality Unit.

Over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also reminded of the consultation closing date. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats on request.

A total of 496 written responses (see appendix 1) were received during the consultation period. It is important to recognise that while 157 responses were very detailed, the Trust received 339 individually signed copies of the same response. Alongside the written responses the Trust received a petition signed by 21,426 and 844 online signatures (see appendix 2).

The table below provides details of the format of the responses we received.

Format of Response	Number of Responses
Completed Consultation Questionnaires	426
Petitions	Petition signed on hard copy by 21,426 and 844 online
Letter	33
Email	37

The table below details a breakdown of questionnaire sources.

Number of Questionnaires	Source
364	Individual
60	Staff (identified from questionnaire)
51	Organisations
15	Trade unions and professional bodies
6	Political representatives

2.2 Locality Engagement Meetings

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

Date	Location	Number of participants
19 September 2017	The Braid, Ballymena	34
21 September 2017	Mossley Mill, Newtownabbey	138
25 September 2017	Glenavon Hotel, Cookstown	38
25 September 2017	The Bridewell, Magherafelt	67
27 September 2017	The Sandel Centre, Coleraine	36

2.3 Meetings with staff

During the consultation process we held a number of staff engagement meetings as follows and Trade Unions have been kept informed throughout.

Date	Location
19 September 2017	Braid Valley, Ballymena
25 September 2017	Adult Centre, Magherafelt
29 September 2017	Whiteabbey Hospital
29 September 2017	MDEC, Causeway Hospital

Alongside these staff engagement meetings the Trust held 14 meetings with staff directly affected by the proposals.

2.4 Meetings with interested parties

The Trust attended and participated in a number of additional meetings during the consultation process – see list below. This provided the opportunity for the Trust to talk about its proposals and gather feedback from participants.

Date	Location	Number of participants
Meetings with Independent Sector		
8 September 2017	Bretten Hall, Antrim	5
18 September 2017	Bretten Hall, Antrim	18
Meetings with MLAs		
20 September 2017	Meeting with Sinn Fein Party – Francie Molloy	
20 September 2017	Meeting with Alliance Party	
27 September 2017	Meeting with DUP Party	
27 September 2017	Meeting with Mid Ulster Council, Cookstown	
28 September 2017	Meeting with SDLP Party	
28 September 2017	Meeting with Sinn Fein Party	
2 October 2017	Meeting with Workers Party	

2.5 Outcome of consultation

Each response has been carefully reviewed and the key themes identified and considered in developing this report for Trust Board consideration.

Trust Board will consider this report at its public meeting on 13 October 2017 and will make recommendations that will then be shared with the Health and Social Care Board and the Department of Health, for approval. The final decision will be placed on the Trust's website and all individuals and organisations on the Trust's consultation database will be notified**.**

SECTION 3

Consultation Feedback

All the feedback received, both written and verbally at the meetings listed above has been analysed and grouped into the emerging key themes as detailed below. The term 'respondents' is used to describe all those who provided feedback, in either written or verbal form.

3.1 Overall view

It is clear from the responses the Trust received and the views it listened to that all of the respondents are opposed to the Trust's proposals and many suggested that the Trust Board should seek to resist the 'cuts'.

Respondents were concerned that there was no justification for the Trust to put forward proposals for 'cuts' and that the Trust should have rejected the directive from the DoH. Some respondents felt that the consultation process was a move by the DoH to increase dependence on the independent sector and to "deliberately dilute NHS services".

Many respondents doubted if the proposals follow the strategic direction to shift resources from acute to community as detailed in 'Transforming your Care, Donaldson and Bengoa'. It was felt that the implementation of the proposals would result in more costs and not savings.

It was suggested that the funding crisis is a consequence of the current political environment in Northern Ireland and that long term reform is required which needs political and community support. It was also suggested that the implementation of the proposals will result in loss of public confidence in care services and a decrease in staff morale.

Respondents queried why the savings plan is being consulted on at this stage of the financial year when the Trust would have been aware of its financial position for some time.

Many respondents felt that the Trust has a statutory duty to provide effective, safe and quality services. There was a query raised as to whether or not senior managers were 'fulfilling their roles' and it was suggested that the Trust is failing in its responsibility to provide health and social care services that meet the needs of the population. Some respondents however recognised that the Trust does not have a major commissioning function and suggested that the savings plan does not explain the lack of involvement of the DoH and Commissioners. It was also suggested that

the savings plan does not account for the use made of 'Barnett Consequential' coming to Northern Ireland through increased expenditure in England.

Feedback indicated that the savings within the timeframes are unrealistic and the savings plan did not propose any 'in house' savings. It was also indicated that the delivery of health and social care is already at breaking point due to chronic underfunding and there is a need to think of a long term financial plan rather than the current process of financial planning on a yearly basis.

There was concern that whilst the 2017/18 savings plan states that the proposals are temporary they would in fact be made permanent, particularly when the money has already been removed from the Trust's budget.

Many respondents were concerned about the impact all of the major proposals would have on front line services and that they would result in 'bed blocking' in the acute hospital sites. It was also suggested that delayed discharge would increase the risk of infections such as MRSA.

An overwhelming theme throughout the responses was the view that the proposals will have a major impact on older people, people with dementia and the most vulnerable people living in the Trust area. Respondents suggested that many of the proposals would reduce options for older people being discharged from hospital, resulting in increased costs and not savings.

There was major concern about the impact on the increasing older population if proposals are taken forward at the beginning of the winter period. It was felt that a lack of funding for winter pressures would have major consequences for those needing treatment and support.

There was considerable concern that the proposals will have a major impact on family carers who are already at breaking point. The Trust was urged to protect services that support carers to avoid expensive services being required at a later date. It was suggested that temporary measures to release funds will not have a temporary impact, particularly on carers of older people and people affected by dementia.

It was felt that implementation of the proposals will 'severely undermine' the community planning process and continued engagement with the public on the financial situation and pressures faced is vital. Respondents welcomed the Trust's attempt to protect emergency services and Causeway Hospital.

It was suggested that there is no provision for monitoring the impact of proposals and concern about how the impact would be measured as health and care information systems do not collect data to monitor effectively.

Trust response

It is important to note that the Trust is not making 'cuts' and the £13million has already been removed from the Trust's budget. The Trust has a legal obligation to balance the books and has been required to develop a savings plan that details how the savings will be made. If these proposals are not approved for implementation, the Trust would have to develop alternative proposals. The Trust is not suggesting that this is the right thing to do in such short timescales. The Trust is consulting on temporary proposals to break even, as directed by the DoH.

The proposals detailed in the Savings Plan are temporary savings until end of March and no decision has been made. Prior to any of the proposals becoming permanent the Trust would have to carry out a further consultation process. The Trust is mindful that his Saving Plan is for in-year savings only and would welcome the opportunity to have a 3-5 year planning cycle.

The Trust has been very open at the public meetings that if there is no further money coming forward this year it is expected that by January 2018 that our hospitals will be in extreme difficultly. The Trust is very conscious that come mid-January, there will be considerable pressure on the emergency departments and is already in the process of scenario planning. The Trust is aware of the major impact some of its proposals will have on older people and carers – as detailed in its Equality Impact Assessments.

Each year there is a 6% increase in costs in health and social care because of increased demand, service development, pay, etc. This is a national issue. In previous years the Trust has broken even as it has been able to source monies but each year there continues to be a 2 or 3% gap. Consultation on a Savings Plan is taking place this year as money to break even is not available.

The Trust has three responsibilities – to deliver safe care, to deliver value for money and the legal obligation to break even. The Trust can demonstrate that it provides high quality, safe services and that it delivers value for money but the Northern Trust has not had the investments that other Trusts have had which has resulted in decreased beds.

The Trust wants to engage with its staff and their representatives and the public on all aspects of delivery of health and social care from workforce to service changes. The Trust would wish to move toward long term financial planning and real reform and modernisation. The Trust has a Reform and Modernisation Programme called RAMP – for further details please go to the Trust's website.

The Trust is committed to ongoing engagement and continued partnership working with Councils and other statutory and voluntary organisations on the community planning process.

3.2 Views on actions considered to have low impact on front line services

Many respondents agreed with proposals detailed in section 3 of the consultation document considered to have low impact on front line services. It was suggested that these proposals 'should have been acted upon before now'.

There was agreement that the Trust should effectively manage staffing and absenteeism and reduce the use of agency staff but a long term plan should be developed. It was suggested that plans to reduce absenteeism may cause 'worry and stress' to those on the midwifery workforce who are off on long term sick leave for very valid reasons and that a flexible approach is required to support staff to return to work after a period of absence. Reassurance was sought that that the proposal to defer service developments will not adversely impact on the continued implementation of the Northern Ireland Maternity Strategy.

Some respondents questioned the impact of 'natural slippage' and suggested that remaining in a long stay 'institution' does have a major impact on patients and their families. It was queried if the Trust had fully considered how 'non-pay efficiencies' will affect day to day management and work with other agencies.

Consultees sought further clarification on what is meant by 'deferral of service developments', 'natural slippage on resettlements' and 'one off technical adjustments'.

Trust response

The Trust has been delivering the in-year savings and efficiencies detailed in Section 3 of its savings plan over the last number of years.

It is important to note the deferral of service developments relates to the anticipated amount which will not be spent in year from new funding allocations received from the commissioners due to the natural timeframes required to fully plan and implement new services. This is normal financial management practice on a year to year basis.

Natural slippage on resettlements relates to the time taken to coordinate the development of a placement in conjunction with patients and their families. Our experience has been that there does tend to be slippage on dates for some patients before placement can proceed.

With regard to one off technical adjustment the Trust has reviewed 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 accounting standards.

Staff sickness absence within the Trust at July 2017 is 6.56%, which is lower than this time last year and an improvement so far this year on the year end figure for 16/17 of 7.35%. The Trust recognises that the winter period could potentially impact adversely on the current downward trend. The Trust will continue to work to improve its performance on attendance management with the support of managers, occupational health, human resources and our trade union colleagues.
Over the consultation period the Trust has listened to the concerns of staff about redeployment and will work with trade union colleagues to consider options for staff taking into account individual needs and specific circumstances.

3.4 Views on proposal to end reliance on non-contract agency nursing and high cost locum doctors

Many respondents expressed concern about how Trusts are managing their nursing workforce and suggested that long term workforce planning is required to reduce the need for agency staff. It was suggested that the Trust and Department have failed to accurately forward plan for the growth in demand in the health service and the issue of agency cost is a result of 'bad management' and 'underfunding'. Assurance was sought that the Trust is committed to attracting new nurses into employment, including midwives.

There was concern that there has been a lack of training bursaries for nurses in recent years and rates of pay for front line staff such as nurses is less than the rates of pay in the rest of the United Kingdom.

Many respondents felt that nurses are working under 'huge pressure' and that the Trust could attract permanent nursing and medical staff if the workplace was made 'more attractive' and there was 'less red tape'.

There was concern about how the Trust's 'Nurse Bank' operates and it was suggested that nurses on the Bank are 'paid less' and if they were paid more they would not work for the more expensive agencies. It was suggested that agency staff should be offered 'banking contracts'.

Many respondents agreed that the large expenditure on locum doctors cannot continue and that something needed to be done to control these costs but it requires a long term solution. It was suggested that the 'entire region' should agree not to use non contract agency staff and high locum doctors.

It was queried if the Trust has had any dialogue with local universities about the the nursing workforce issues.

Trust response

Difficulty in recruiting nursing staff is an international problem. In Northern Ireland there is no shortage of men and women wanting to go into the nursing profession but applications to universities are more than the places that are available. The demographics of the workforce are changing. The majority of nurses in the Trust are in the age range of 45-50. In 2008/2009 when nurses were plentiful, university places were reduced and while the number of student intakes has now increased it will take a number of years for this to improve the current situation. It is important to note that nurses training in Northern Ireland still get a bursary.

Due to the national and regional shortage of registered nurses there is an inability to recruit sufficient registered nursing staff into the Trust to meet the vacancies which exist and therefore a dependency on high cost agency nursing staff has occurred in the Trust. The DoH has increased the number of nursing places by 100 for this year and last. The Trust has indicated that this needs increased further.

Despite nurses getting paid less in Northern Ireland than any of the other UK countries there is no shortage of men and women who apply for university places to enter the nursing profession. In 2008/2009 when nurses were plentiful, university student nursing places were reduced and while the number of students has now increased it will take a number of years for this to improve the current situation. It is important to note that nurses training in Northern Ireland still get a bursary. With the reduced numbers of student nurses in the region the demographics of the workforce have changed, this will lead to increasing numbers of nurses retiring in the next 10 years.

The Trust continues in its efforts to recruit permanent members of staff and retain its current staff. There is on-going recruitment with an open advert and bi weekly interviews aimed at attracting local students qualifying and also to attract nurses from GB. This process offers successful candidates posts on day of interview with constructive feedback to the few who are unsuccessful. The nursing shortage across the UK results in nursing having the choice to work for the Trust or to work of an agency.

The Trust is currently looking at how it can make its nurse bank more attractive for staff and huge efforts are going into nursing recruitment, including recruitment of international nurses. The Trust continues to offer discussions with Trade Union colleagues to address their concerns regarding the operation of the bank.

It is important to note that the Trust does not lead on workforce planning for Nursing. Neither does the Trust have any control over rates of pay for nursing staff , however the Trust continues to point out the favourable terms and conditions that are offered when working for a Trust.

The Trust continues to work closely with the University of Ulster and the Open University on a number of nursing workforce and training issues.

3.5 Views on proposal temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Hospital

It was clear from the responses received and the personal accounts provided at the public meetings that people are very concerned about the proposal to close rehabilitation services at Whiteabbey Hospital. There was considerable concern about the people currently receiving rehabilitation services there and where they would go, including the younger people who need rehabilitation.

Respondents felt that targeting Whiteabbey will have a major impact, patients will stay in the acute setting and outcomes for stroke patients will be adversely affected. It was emphasised that rehabilitation for stroke patients needs to be provided somewhere in the East Antrim area. Respondents felt that using the Trust's four community hospitals for rehabilitation is problematic for people who live in the Newtownabbey area as many carers and visitors would have to use public transport.

Respondents also indicated that travel to Antrim Area Hospital from East Antrim is difficult if relying on public transport and this would impact on staff, patients and carers. It was suggested that East Antrim has a large percentage of population living in 'socio economic deprivation'. There was also concern that there will be no rehabilitation beds for fracture patients coming from Belfast hospitals and it was suggested that the Trust should consider reducing the number of rehabilitation beds rather than 'closing' them.

Many respondents emphasised that patients who rely on rehabilitation are the most vulnerable group of people in the Trust area. There was concern that this proposal would impact most on frail older people whose rehabilitation needs cannot be met in the community because of the therapy equipment required. It was also indicated that Antrim Hospital is not a suitable environment to provide intensive rehabilitation primarily because of the limited space. Respondents felt that the proposal would have a direct impact on the quality of physiotherapy services provided and that the

day rehabilitation unit is a ‘successful service’ for quickly accessing the full multidisciplinary interventions for patients living in the community.

It was suggested that services for people with communication and swallowing needs are already under immense pressures and there was concern that this proposal would have a major impact on these patients.

Major concern was expressed about staff moving from one site to another and it was felt that the savings plan had too much emphasis on the redeployment of Trust staff from Whiteabbey Hospital. In particular, feedback suggested that moving staff from Whiteabbey Hospital to an acute setting would not work or make the savings in the timescale as it takes a number of months to prepare a nurse for the acute environment. It was suggested that staff working in Whiteabbey would chose to work in Belfast Trust instead of going to Antrim Area Hospital.

Respondents suggested that as a result of this proposal the Trust should remove the current ‘threat’ of closure of its statutory and residential care homes as they are saving the Trust ‘considerable financial outlay’ and will be essential if the number of rehabilitation beds are reduced. The view was also expressed that the number of beds for sub-acute rehabilitation should be ring fenced in Antrim Area Hospital.

Respondents were concerned about the long term plans for Whiteabbey Hospital and it was suggested that the Trust should considered having one ward in Whiteabbey Hospital for rehabilitation.

Trust response

The Trust recognises the excellent care that is provided in Whiteabbey Hospital but the rehabilitation wards rely on high cost agency nurses and high cost locum doctors which is not a sustainable position. In addition sickness absence rates have been high on the Whiteabbey site and it is becoming increasingly difficult to attract nurses to work in Whiteabbey. The Trust is of the view that registered nurses can be accommodated on the Antrim Hospital site and will work to support such nurses to integrate into Antrim Hospital. It is also mindful that this proposal will have a significant impact on our services and on the wider system. The Trust has been clear that this proposal would result in patients spending more time in acute hospitals, which may not be the best place to provide the rehabilitation services they require and will do all it can to provide rehabilitation within the community hospitals to help manage the possible delay in the acute hospitals.

The Trust is committed to the development of a fit for purpose centre in Whiteabbey and has stated openly that Whiteabbey Hospital is not closing - there will still be vital services delivered on the site. The Trust is committed to ongoing engagement on the future of the Whiteabbey Hospital.

Over the consultation period the Trust has listened to the concerns of staff about redeployment and would like to reassure all affected staff that it will consider everyone's individual needs and specific circumstances.

3.6 Reduce non-urgent elective day surgery

Many respondents expressed concern about the impact the proposal to reduce non-urgent elective day surgery would have on waiting lists. Respondents felt this will have a huge impact on GP services and would impact particularly on people who cannot afford 'private health care'. There was particular concern about the impact of this proposal on diagnostic services.

Concern was expressed that this proposal will have a negative impact on the most vulnerable including children with special care needs, as it will further increase already long waiting lists for general anaesthetic and patients unable to access dental services other than through the community dental service.

There was major concern about the impact of this proposal on Mid Ulster Hospital. Respondents felt that Mid Ulster has seen a 'continual retraction of investment' in its health and social care services and facilities and this proposal will further disadvantage the area. It was suggested that it will result in patients not having access to investigation of their neurological condition and neurology services in the Trust area are already under severe pressure. It was also suggested that this proposal would impact on patients requiring cataract eye surgery resulting in patients having to travel further for surgery and waiting lists getting considerably longer. Some respondents asked where 'pain clinic patients' would go for treatment and it was suggested that 'diagnostic gynae' patients would have to wait longer to be seen.

Clear information was requested on how many non-elective procedures are carried out across the Trust and how many are in the Mid Ulster area and a breakdown is required of where the proposed 2,400 procedures to be cut will be located.

There was concern that in the past the Trust had made promises that the Mid Ulster Hospital would be protected. It was suggested that the Mid Ulster area needs a 'modern medical centre' and there was concern about where emergencies would go if the ward closes in Mid Ulster Hospital.

There was also concern about the staff in Mid Ulster Hospital and where they would go to work. It was stated that there are 27 staff who work in day surgery in Mid Ulster Hospital, many with 25 years of theatre nursing experience and the staff were concerned that a recruitment day was held in Antrim and they had not been offered any posts.

Trust response

The Trust would like to emphasise that the proposal in its saving plan will impact on the day surgery unit in Mid Ulster Hospital and day surgery in Whiteabbey Hospital. Day Surgery in Mid Ulster Hospital is only performed on low risk, non-complex patients who attend for surgery that day – there have been no inpatients in the unit since 2009. The Trust recognises that the unit provides an excellent service and is committed to the unit being maintained and operational again. The Trust values Mid Ulster Hospital and has invested in Thompson House. Magherafelt is high up on the list for a new Health and Care Centre.

Patients from the Causeway, Ballymena and Antrim area travel to Mid Ulster Hospital for low risk day surgery procedures and likewise patients from those areas and Mid Ulster area travel to Antrim for more complex surgeries. Causeway Hospital and Antrim Area Hospital both have high dependency units in case of emergency. There are 4 sites that provide day surgery. Not all sites are equal so the patient goes to the safest location for their surgery needs. Mid Ulster and Whiteabbey have the majority of non-clinical emergencies.

The Trust is aware that Mid Ulster provides surgery that no other hospital in the Northern Trust can provide, for example urology and ophthalmology.

The Trust recognises that the workforce in Mid Ulster Hospital is a local and loyal workforce and the Hospital is less reliant on high cost agency nurses. In Whiteabbey area the recruitment of nurses is affected by competing with the recruitment in Belfast hospitals. Mid Ulster, staff would have the opportunity to move to Antrim or Causeway Hospitals. Staff who may have to move base will get travel pay.

There are 16, 000 cases every year for general surgery and priority is given to urgent patients and the Trust will continue to protect cancer surgery. It is also important to note that diagnostic services will not be affected by this proposal. Recurrent money has just been received for CT scans, ultrasound and more is expected in July time for MRI scans.

The Trust is working with Trade Union colleagues to support staff impacted by the proposed changes. If any of the proposals are approved, we will utilise our Management of Change protocol to support individual staff in exploring the options available to them – HR Business Partners have worked with managers to identify available posts, with vacancy control in place where necessary so that all staff impacted can be accommodated. The trust is engaging with trade union colleagues in the detail of these options so that staff have a discussion as early as possible as to what may happen to them should the proposals go ahead. These meetings with staff are already underway in an effort to reduce anxiety on a ‘what if a decision is made to implement the proposal’ basis.

3.7 Proposal to reduce the number of community based rehabilitation beds

Respondents were concerned about the proposed reduction in community rehabilitation beds and many suggested this would result in risks to patients. It was queried how this proposal would impact on community based rehabilitation in the Mid Ulster area. It was suggested that independent care providers may withdraw services as the level of funding available is making their businesses unsustainable.

Trust response

This proposal will not impact on permanent places in nursing and residential homes. The proposal relates to 'adhoc beds' which support the flow through the hospital. Each winter, the Trust seeks beds to assist with discharge during the winter months and this proposal will result in constraint in terms of the amount of beds the Trust can purchase. The impact will be that people will remain in hospital for longer. The Trust will have to use the beds in its community hospitals and statutory residential homes and continue to support rehabilitation in people's own homes.

Rehabilitation services in Mid Ulster will be maximised over the winter using step down beds in Westlands and the beds in the Mid Ulster Hospital rehabilitation ward. Local GPs also use the beds in Westlands as a step up to prevent people from being admitted to an acute ward in Antrim or Causeway.

The Trust will make best use of its rehabilitation beds in its Community Hospitals – Robinson (Ballymoney), Dalriada (Ballycastle), Inver (Larne) and Mid-Ulster Hospital (Magherafelt) – and in its residential homes, prioritising patients' needs and working closely with the acute hospital and GPs to manage the pressures.

3.8 Proposal to contain the growth in community care home placements and domiciliary care packages

Many respondents felt that containing the growth in community and domiciliary care packages will have a major impact on the most vulnerable people in our society such as older people and those who live in a rural setting. It was felt that reducing support in the community is counter strategic and will lead to delayed discharges and reduce available beds in the Trust's acute hospitals.

It was suggested that each denied care package represents another person who has been denied the opportunity to lead an independent life with dignity and choice and will directly impact on people with a disability. Respondents felt this proposal

conflicts with other proposals outlined and that there currently are not enough packages. Respondents asked how the Trust will ensure the most vulnerable are protected.

There was concern about the use of direct payments to manage the reduction in domiciliary care packages as direct payments are not meant to provide a person with 'less care' and more information was sought on how the Trust plans to increase the use of direct payments.

It was emphasised that domiciliary care is vital for people who require palliative or end of life care.

Respondents felt that managing growth in nursing home/ residential home placements will have a detrimental effect on older people and those with communication difficulties.

Trust response

Each year the Trust increases the number of domiciliary care hours it provides and this year it has been funded to increase the provision by 3% which is approximately £3 million extra in domiciliary care. Managing the growth in domiciliary care packages will still mean a growth overall in the amount of domiciliary care we will provide this year compared to last year. However it is important to note that growth will be less than the expected increase in demand. This will result in 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 in the community will wait longer or that the waiting list for care packages may grow.

While some growth in domiciliary care service and placements has been allowed for over the winter period, this is not sufficient to meet the anticipated increase in demand. The Trust will continue to work to identify efficiencies and develop creative 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. It will seek to promote the use of direct payments (enabling people to put in place their own care arrangements) and review if the length of the packages and time allocated is appropriate while ensuring we are meeting individual needs. The Trust with work with families to ensure their support to the person is also taken into account.

The Trust will continue, through the home-based rehabilitation programme, to work with people, including older people and people with disabilities to reach their full level of independence.

The Trust will aim to prioritise people who are most in need and awaiting a permanent care home placement from an acute hospital and others including palliative care.

A separate winter/resilience plan has been submitted to the regional Health and Social Care Board but at this stage there is no indication if any additional non-recurring funding may be available for the winter period**.**

3.9 Proposal to cease domiciliary meals provision (meals provided to people in their own homes)

Respondents felt that if the Trust implements the proposal to cease domiciliary meals provision, alternatives need to be identified and consideration needs to be given to people in rural areas with limited mobility, who will not have access to the range of alternatives. There was concern that more vulnerable service users will no longer have someone 'calling in' to check on them routinely.

In one very detailed response it was suggested that withdrawing nutritional support for older people is exposing people to the risk of malnourishment, will increase morbidity and will increase the risk of hospital admission. It was also suggested the community meals services can relieve the pressure on domiciliary care staff and to remove the service is discriminatory against older people and will expose them to higher risk of infection. The view was expressed in the response that there was no consideration in the proposal of the impact on the psychological well-being of older people and the social value of the service.

Trust response

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. Service users make a contribution to the cost of this service. There are 103 users of the service at present.

All service users have been recently reviewed and alternative forms of meal provision discussed should the savings proposal be accepted following consultation. Given the extensive availability of meals from a range of meal providers, local shops, large supermarkets and other home delivery outlets, all service users will be able to access meals when assessed as requiring help with meal provision. Service users will be given sufficient notice and information to assist them in changing to an

alternative provision. They will be supported in this transition to ensure that they are continuing to receive meals which will fully meet their individual special nutritional needs where appropriate. It is important to note that the Trust already supports a number of vulnerable people with a range of nutritional needs, through a range of services and it will continue to do so.

Engagement with service users will include assessing the impact of the contract with the current meal provider and the informal social care that that provides. Service users will be signposted to alternative social support to ensure social engagement is maintained for those who are isolated and other social care needs can be picked up and referred at an early stage.

The Trust will develop a communication strategy to ensure that all service users are clearly sign posted to a choice of alternative providers as required. More vulnerable service users can also have this information provided through their social workers and advocates where necessary. Support will be given for identifying alternative providers where this is needed. The Trust will work with individual meal recipients to ensure the alternative arrangement meets their individual needs at the time of transfer to another means of service provision. A further review will be undertaken within 3 months to ensure the new provision remains appropriate. The Trust will support service users to identify community options for ensuring that the more isolated service users have alternative social contact.

3.10 Proposal to reduce the use of private non- emergency ambulance transport

There was some concern that this proposal will have significant impact on people living in rural areas and on people who have no family or friends to provide them with transport.

There was also concern expressed for those requiring treatment in a specialist dental facility that may require access to more specialist transport.

It was suggested that reduction of non-emergency ambulance transport could compromise patient safety.

The view was expressed that a better arrangement for ambulance off loading at emergency departments could free up ambulances.

Trust response

The Trust will continue to work closely with NIAS on a daily basis to maximise the NIAS resource and to minimise delays for patients travelling from our hospitals.

The Patient Flow Team and Transport Co-ordinators already ensure that transport resources are only used for patients who have a medical need for ambulance transport or a clear social need for transport from Hospital. As the cost of private ambulances is per journey, when possible, patients are 'grouped together' if circumstances allow, ensuring the most efficient use of resources.

Private ambulance resource would not be restricted for patients going from Causeway Hospital to urology, fracture, cancer and MRI services as the majority of requests are to facilitate specialist assessment / diagnostics and as these requests are prioritised for clinical need.

Antrim Hospital also has transport which will continue to be used for transferring patients who require assistance of one person. This will be used to appropriately meet needs and to reduce demands on the private ambulance and NIAS resources.

3.11 Proposal to increase car park charges at acute hospital sites

The view was expressed that raising car parking charges at time a of 'severe economic constraint' was unfair and further mitigation should be considered for those able to demonstrate 'genuine hardship'.

It was also felt that a 20% increase in car parking is unreasonable and imposing a charge on the sick and their families which is why the Scottish and Welsh Governments have abolished car parking charges. It was suggested that the charges are 'already high' particularly if travelling a distance to visit someone. The view was expressed that this proposal would impact more adversely on people in the Mid Ulster area who live in mainly rural areas with little or no access to public transport.

It was queried if the car parking charges go back into the 'hospital funds'.

Trust response

Car parking charges were subject to a 12 week public consultation and a full equality impact assessment in January 2009 prior to being introduced. In 2013 the Trust increased parking tariffs at the acute hospitals sites. The Trust has kept charges

static for the last four years and given the financial challenge being faced the Trust considered it was the right time to review the charges again. The Trust would not normally consult on an increase in car parking tariffs.

Increasing car parking charges at both Antrim and Causeway – the only two sites in the Trust area with charges - will make a saving of £75k and will avoid the Trust having to make further proposals that impact on front line services. There are a number of exemptions to car park charges which include the following groups.

- Cancer patients
- Renal patients
- Next of kin of those in ICU
- Next of kin of neonatal patients

The ward sisters/nursing staff have discretion to issue vouchers to patients for free parking in certain in certain particular and agreed circumstances. These include:

- A patient who has come in for a routine appointment and been given bad news.
- A patient who has an unplanned admission.
- A patient who has had a procedure and has been under sedation e.g. day surgery.
- Parent / guardians who have been asked to sit with a child

Any continued increase in car parking tariffs beyond this financial year and exemptions will be full communicated to the public.

3.12 Impact proposals will have on other services

Respondents were particularly concerned about the impact some of the proposals would have on the emergency departments in the Trust area particularly as they are already 'struggling to cope'.

The view was expressed that the proposals could impact on children and young people and it was suggested that cuts to staff and community services will lead to further challenges for young people in the Trust area.

It was suggested that the savings plan did not specifically mention children's services or mental health services as 'protected' areas and that more investment in mental health services and learning disability services is required. It was also suggested that there is a lack of a ring fenced budget for autism specific services.

Some respondents expressed concern that the proposals will have a negative impact on people affected by cancer. Others were concerned that proposals may have direct impact on the ability of the Trust to continue to ensure the future provision of

the entire range of maternity services currently available to women. It was also felt that the proposals have the potential to do particular harm to those who suffer a multiplicity of vulnerabilities including experience of domestic or sexual violence.

The view was expressed that Mid and East Antrim Borough is one of the only two district council areas without acute hospital provision and it was felt that minor injuries units could be important elements within overall emergency and urgent care service.

Trust response

It is important to note that in developing its proposals 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 doing so the Trust has protected Childrens Services, Mental Health Services and Cancer Services.

The Trust is committed to the on-going implementation of the Maternity Strategy and supporting women who have experience domestic or sexual violence.

3.13 Health and Safety

Respondents were concerned about the impact of the proposals on health and safety. It was felt that many of the proposals will put people's lives at risk and lead to increased morbidity. It was suggested that in setting out the proposals the Trust's analysis was 'weak' in identifying the risks involved.

It was queried how the Trust will continue to ensure that the standards set for medical students and doctors will be maintained and the quality of education and training protected to ensure that students and doctors receive the supervision and support they need to practise safely.

It was felt that the Trust should acknowledge the difficulties doctors will face and that doctors in training should not be required to work beyond their competence. It was

suggested that the Trust should remind all doctors of their duty to raise concerns about patient safety.

Trust response

The Trust is aware of the potential impact of these proposals and as such is developing contingencies to ensure that the health and safety of patients is maintained. If these proposals are implemented the Trust would monitor any health and safety issues and issues that impact on doctors training through its governance frameworks.

The Trust has in place, for all staff, arrangements for raising concerns, including whistleblowing, which were devised in partnership with Trade Union colleagues. In addition, identified advocates are in place as whistleblowing champions within each Division and Directorate as 'go to' people who can help and support any member of staff to raise a concern and this includes a senior clinician specifically for medical staffing. Further, the Trust has a helpline which staff can contact if they feel unable to raise a concern up the management line. Junior doctors receive information about this on their arrival in the Trust through their induction programme.

3.14 Rural needs

Many respondents raised the issue of rurality and the impact the proposals would have on those more rurally isolated service users and carers. It was queried if a rural needs assessment been taken into consideration. It was suggested that community transport is a fabulous resource for people living in a rural location and the Trust offers 'little or no funding'.

Trust response

The Trust is committed to ensuring that its services are accessible to everyone living across the Trust area, including those who live in more rural areas. The Trust is committed to establishing effective methods of engagement to ensure that needs of people living in rural areas are taken into consideration.

3.15 Proposals in other Trust's plans

There was concern about the proposal in the Belfast Trust's Savings Plan in relation to access drugs that support patients with Multiple Sclerosis (MS) as this proposal would also impact on MS patients in the Northern Trust area. Respondents also felt that savings plans of all the Trusts have potential to impact on adjacent Trusts and could put additional pressures on regional services. It was queried if the Trust considered the impact its proposals will have on other Trusts and the impact of their proposals on NHSCT service users, carers and staff.

Trust response

The Trust has informed Belfast Trust of the concerns raised by consultees through its own local consultation process to enable Belfast Trust to take these into account in their assessment of impact.

The HSCB is tasked with assessing the cumulative impact of all the Trusts' proposals.

3.16 Consultation process

Many respondents raised concern about the 'shortened consultation period' and it was suggested that while the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014 refers to 2 exceptional situations to reduce a consultation period, neither of these apply and there was very little exact detail on the 'exceptional circumstances'. Many respondents also felt that the consultation process was not long enough given the major impact of the proposals.

The view was expressed that the consultation process was 'a sham', 'flawed' and 'not genuine'. It was suggested that it was not appropriate for the Trust to ask 'worried and vulnerable service users' to argue against the loss of services.

The Trust was asked to immediately extend the consultation process to comply with its legal obligations and undertake that 'no cuts' will be imposed until the extended consultation period has concluded and its results properly analysed.

Many respondents felt that the consultation document did not include enough information to inform the public of the detail and impact of the proposals. It was also

suggested that the figures in the savings plan 'do not add up' and therefore do not allow for meaningful analysis and engagement.

The view was expressed that it is important for the Trust and wider health and social care system to be 'transparent, accountable and fair' and therefore the consultation documents should detail the rationale for identifying the proposals.

There was concern about the delay in availability of consultation documents in alternative formats particularly as disabled people were identified as a group impacted on by the changes and it is not acceptable that people haven't had sufficient time and resources to respond to this consultation.

It was suggested that the 'public meetings' were 'poorly advertised' and queried how stakeholders can be 'confident' that their views will be appropriately taken into account. It was also queried if the Trust had consulted with GPs.

Trade unions stated that the consultation document was published without any prior engagement with them and the Trust should have been engaging with them on its 2017/18 savings plan before it was required to publicly consult.

Trust response

It is important to emphasise that the Trust entered the consultation genuinely and wholeheartedly because of the need to break even. The Trust received a directive from the DoH to shorten the consultation timeframe to 6 weeks in order to satisfy a legislative obligation.

The exceptional circumstances in which a timeframe can be shorter are set out in circular guidelines issued in 2014 to HSC Trusts by the DoH also in the DoH's and HSC Trusts' own approved Equality Schemes.

These provisions are set out below for ease of reference:

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

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

- *Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;*

- *Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.*

In such instances, a decision may need to be taken to shorten timescales for

consultation to eight weeks or less. HSC bodies should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate

However, having considered the need to consult, the organisation may decide that it is imperative, in the interests of patient safety for example, to implement the change immediately.

A copy of this guidance was uploaded to the Trust's website alongside all other related documents concerning the Trust's savings plan.

In addition the Trust's approved Equality Scheme states:

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

In this instance the rationale for a shorter timeframe was to fulfil a statutory obligation to achieve financial balance at the end of the 2017/18 financial year.

The rationale for the shorter timeframe was outlined in the Trusts' public consultation document i.e. to meet the *"statutory requirement of achieving a balanced financial plan across the HSC".*

It is important to note that no decisions have been made. The Trust's consultation outcome report, equality impact assessments (EQIAs) and equality screenings will be tabled at a special Trust Board meeting on 13th October 2017. All this information will be taken into account in making any final recommendations to the HSCB and DoH.

The Trust will publish the outcome of this consultation process following the Trust Board meeting.

It is important to note that the public meetings were one method for people to share their views. Responses were accepted by the Trust in any format. Public meetings were advertised through press releases, consultee lists, Trust website and social media.

All GPs in the Trust area were informed of the consultation process.

3.17 Equality Impact

Respondents acknowledged that some of the equality screenings highlight a potential major impact on the nine equality categories and queried why the proposals remained in the savings plan. There was concern that given the major impact identified in the screenings, no equality impact assessments had been completed. There was also concern that proposals were screened after they had been identified and not as part of the decision making process.

It was suggested that the Trust is in breach of its Equality Scheme and EQIAs should have been completed and consulted on prior to implementation.

Consultees also expressed the view that the DoH had breached its own equality scheme by 'issuing instructions' to Trusts and that Trusts need to comply with the commitments in their approved equality schemes.

It was suggested that the indicative analysis does not include relevant data on any of the policy proposals. It was also suggested that due to the absence of information it is difficult, in some cases, to understand on what basis these assessments were reached and assessment of impacts must precede the decision and information from the assessment must be known by the decision maker and taken into account.

Some respondents felt that all Trust proposals should be equality impact assessed but they were concerned that a full EQIA is not possible in the timescales. It was queried when EQIAs will be published.

It was suggested that the Trust's screening contains no information on how the Trust intends to monitor the policy impacts in the future.

There was concern that the proposal would result in inequality for Northern Ireland residents compared the rest of the United Kingdom.

The view was expressed that the Trust should strongly consider the human rights implications of its proposals.

Trust response

The Trust is required to notify the DoH of any temporary proposals that are likely to be controversial - paragraph 15 of the DoH's circular guidance, Change or Withdrawal of Services – Guidance on Roles and Responsibilities 2014 refers. The Trust carried out an indicative assessment to determine any potential adverse impacts under Section 75. The outcomes of this S75 assessment were made available as an appendix of the Trust's savings plan.

As well as the initial indicative assessment and, in keeping with the commitments in the Trust's approved equality scheme, the Trust has also undertaken draft EQIAs and equality screening assessments on all of its proposals. All this information, including the views of consultees in the consultation outcome report, have been taken into account in making any final recommendations to the HSCB and DoH.

The Trust's equality scheme states ….*In making any decision with respect to a policy adopted or proposed to be adopted, we will take into account any assessment and consultation carried out in relation to the policy.*

The Trust's consultation outcome report provides an analysis of the key themes in relation to the consultation feedback. The Trust would like to offer assurances that all individual responses where considered.

Human rights considerations are an integral part of Trust's EQIAs and equality screening assessments. The Trust is committed to upholding its human rights obligations along with the statutory requirement to achieve financial balance. Where possible the Trust has sought to minimise direct impact on services, patients, clients and staff.

3.18 Alternative proposals

Many consultees suggested alternative proposals in the feedback they provided. This section details the alternatives proposed and the many suggestions made.

- Effective management and forward looking investment in for example technology could deliver much of the required savings
- Examine ways to reduce management costs rather than proposing savings that impact on services.
- No need for 5 Trusts
- Offer all management staff voluntary temporary reduced hours

- Place management on temporary contracts until they can prove they are able to fulfil their potential.
- Reduce the number of highly paid staff producing reports.
- More investments required in the voluntary and community sector and development of programmes for early intervention
- Band 5 nurses could participate in a 6 month to 1 year rotation into Antrim Hospital similar to Band 5 AHP staff
- Consider the use of AHP staff in Inver Hospital to facilitate some beds being used for stroke patients
- Lower cost alternative to hospital admission and faster discharge is required.
- Redeploy some medical secretaries to high demand wards to support demands
- Employ more care assistants to support nurses
- Hire more staff on all levels directly involved in patients care.
- Remove the requirement for social worker settling in appointments after a residential placement and provide a phone number instead.
- Cancel all subscription to journals
- Stop all 12 hour shifts and computerised off duty – ward Sister knows best when staff are needed – 12 hour shifts cost money.
- Stop all hospitality at all levels, including bottled water at meetings.
- Purchasing process cumbersome needs to go back on the ground
- Redirect money from ‘community’ projects
- Cut back on unnecessary tests
- Re-introduce prescription charges
- Propose public pay a specific health tax £5
- Reconsider staff getting full pay for long term absences
- Stop rolling out new uniforms and keep what they have
- Consider the increase in advancing roles in AHPs
- Implement consultant radiographers to alleviate the vacancy crisis
- Text reminders for appointments to reduce DNAs
- Employ grounds men, joiners and painters etc instead of using contracts
- Why not use shops to buy stock instead of spending more using the system.
- Charge patients for DNAs
- Increase Antrim and Causeway Day Surgery to 23hr units
- Cost of giving patients tablets on discharge when they have them at home
- Item for savings would be the anti-VEGF budget which is national issue that has been discussed with management and pharmacy colleagues – a cheaper option is available
- Listen to the people – People with long term conditions know when they need clinical intervention.
- Redesign patient pathway in physiotherapy
- Self-referral to physiotherapy services.

- Reduce travel to meetings – use virtual/webcams
- Reduce conferences and network events
- Hold virtual clinics, have telephone outpatient reviews
- Have short term / flexible contacts for staff
- Put a cap on out sourcing
- More eLearning training rather than face to face
- Adopt a 7 day week for appointments
- Stop wasting money on review which are never followed through.
- Regional strategy to have nursing students contracted to the Trust post qualification or have band 5 rotational posts.
- Stop external rentals
- Charge out of hours Doctors for use of the building
- Freeze salaries in excess of £100,000
- Increase cost for day centre attendance
- Could councils take cardiac patients referrals to exercise classes in the leisure centres
- Find cheaper power/energy suppliers
- Sell some redundant assets or letting property
- Review stock systems to release capital not being used.

Trust response

The Trust welcomes the many suggestions and these have been shared the relevant Trust divisions. The Trust looks forward to continued dialogue about ongoing financial challenges faced by health and social care.

SECTION 4

Next Steps

Trust Board is asked to consider the feedback received during the consultation process on the 2017/18 Savings Plan.

Appendix 1

List of respondents

Lourene	Abbi	
Ann	Agnew	
Eileen	Agnew	
Jack	Agnew	
Andrew	Aiken	
Kathleen	Aiken	
Elizabeth	Alcorn	
Julie	Allan	
Martin	Allen	
Irene	Anderson	Autism NI
Maureen	Anderson	
Jenna	Andrews	
Leandre	Archer	The Society of Radiographers
John	Armstrong	
Sarah	Armstrong	
J	Armstrong	
Elizabeth	Baldwin	
Winnie	Balmer	
David	Barbour	
Jennifer	Barkley	
Sophia	Barkley	
Joe	Barkley	
Sam	Barkley	
Margaret	Barkley	
Tanya	Barr	
Pearl	Bartley	
Laurne	Barton	
Amanda	Beattie	NI association of SW
Paula	Beattie	Royal National Institute of Blind (RNIB)
Roy	Beggs	MLA
Alan	Bell	
Eilish	Berry	Mid Ulster MS Society
Louise	Butler	
J	Bill	
Professor Derek	Birrell	
Stephen	Black	
Donna	Black	
Matthew	Black	
Georgie	Blair	Friends of the Roddens
Paul	Bleakey	
Christopher	Bleakey	
Zoey	Boardman	
Roslyn	Boden	
Carol	Bonnes	
Megan	Boyd	
Ken	Boyle	Disability Support Team NI

Patricia	Bradley	Mid Ulster District Council
Paula	Bradshaw	NI Assembly
Eleanor	Bridges	
Ed	Bridges	Alzheimers Society
Margaret	Briggs	
M	Brownlee	
Walter	Brown	
Mary	Brown	
Fiona	Brown	
Jennifer	Bruse	
E	Bryne	
MP	Bryne	
Keith	Buchanan	MLA
Jean	Burke	
Helen	Burnside	
Neil	Burnside	
Karen	Burnside	
Hugh	Butler	
Owen	Buttler	
Valerie	Calderwood	
Sandra	Caldwell	
Nicole	Cameron	
Sam	Cameron	
Audrey	Cameron	
Anne Marie	Cameron	
Kathryn	Cameron	
Aidan	Campbell	Rural Community Network
Laurence	Carmichael	
Alastair	Carmichael	
Cara	Cash	NEXUS NI
Jackie	Caulfied	
William	Caullul	
Jim	Clarke	Council for catholic maintained school
Caroline	Clarke	
John Patrick	Clayton	UNISON
Mypa	Cleland	
George	Clifford	
Fiona	Cole	Mencap NI
Martha	Colgan	
Michelle	Comer	
Richard	Connolly	
Kevin	Convery	
Claire	Convery	
Pauline	Conway	
Caroline	Cooke	British Geriatrics Society
Darryl	Corken	
Elizabeth	Cowan	
Kenneth	Crabbe	
Mairead	Craig	
Yvonne	Craig	

Ivor	Craig	
Alan	Crawfield	
Debbie	Crawford	
Anne	Crawford	
Gary	Crawford	
William	Creighton	
Paula	Creighton	
Colin	Cromwell	
Pat	Crossley	
Mervyn	Currie	
Deborah	Currie	
Jean	Currie	
Mark	Currie	
Bronagh	Currie	
Judith	Currie	
Elaine	Cuts	
Heather	Dallas	
Thomas	Daly	
Mary	Daly	
Mark	Davidson	
James Alexander	Davison	
Rob	Davy	
Kelly	Dent	
Maurice	Devlin	
Marian	Diamond	
Ann	Dixon	
David	Dixon	
Dessie	Dixon	
J	Dogh	
Eilleen	Doherty	
Micheala	Doherty	
Emily	Doherty	
Pamela	Doligies	
Eamonn	Donaghy	Age Sector Platform
Anne	Donaghy	Mid and East Antrim council
Natalia	Dowds	
Geraldine	Downey	
Liam	Duggan	Sinn Fein Health Policy
Deborah	Dundee	
Lynda	Dunlop	
Sam	Dunlop	
Angela	Dyson	
Linda	Easton	
Hazel	Edgar	
Sandra	Elder	
Lorraine	Elliott	
William D	Elliott	
Ruby	Erwin	
Dr T	Esmonde	
Margaret	Fenton	

Anna	Ferguson	
Jenna	Finnegan	
Neil	Fitergerald	
Phyllis	Flanagan	
Ivan	Foster	
Trevor	Frantlin	
Mary	Friel	British Red Cross
Kathryn	Fyfee-McFadden	
Kristi	Galloway	
Elizabeth	Gartley	
Lisa	Gibson	
Thomas Hector	Gibson	
Ann	Gilhooly	
Trish	Gillian	
Mary	Gilmore	
Norman	Gilmore	
M	Gilmore	
Norman	Gilmore	
Trevor	Girvan	
Patricia	Gordon	MS Society Northern Ireland
Rosaleen	Gorman	
Francis	Graham	
Fiona	Greene	Long Term Conditions Alliance NI
Ben	Greenwood	
Stephanie	Greenwood	
Kieran	Grumley	
Jane	Hall	
Karen	Hall	Disability Action
Doris	Halland	
Elaine	Hamill	
Mrs L	Hamilton	
Carole	Hammerton-Dodds	British Medical Association
Alan	Hanna	Home Start UK
Doris	Hanton	
John	Hanton	
Craig	Harrison	Marie Curie
Francis	Harrison	
Cheryl	Harvey	
Heather	Hastings	
Jim	Hastings	
Nathan	Hawthorne	
Leanne	Henry	
Myles	Henry	
Clare	Higgins	Royal College of General Practitioners NI
F	Hilditch	
David	Hill	
J	Hollands	
Mark	Holloway	IS Provider(Day case MUH)
Agnes	Hollyoak	
Lousie	Holmes	

John	Homes	
Barbara	Houston	
Maria	Hume	
Karen	Hume	
Kevin	Huxley	
Beverly	Johnston	
Gary	Johnston	
Nicola	Johnston	
Katheleen	Johnston	
Seaneen	Johnston	NIPSA
Liz	Johnston	
Dorothy	Jones	
Melissa	Jones	
Cathy	Jordan	
Henry	Kane	
Anne	Kealey	
Alison	Keenan	Antrim and Newtownabbey Council
Helen	Keers	
Jamie	Kelly	
Fiona	Kelly	
Brendon	Kelly	
Francis	Kelly	
Susan	Kelly	
Owen	Kelly	
Edna	Kelly	
Louise	Kennedy	Women's Aid Federation NI
Beverly	Kernoghan	NI Hospice
James	Kernohan	
D M	Keys	
Allan	Keys	
Louise	Kickey	
Thomasena	Kitson	
Dr John	Knape	Royal College of Nursing NI
Eileen	Lavery	Equality Commission
S	Lee	
Jack	Lennox	
Meta	Lennox	
Mary	Lewis	
Roy	Lewis	
Rev David	Lockhart	
Irene	Lowry	
Joan	Lyle	
Eddie	Lynch	Commissioner for Older People
Sam	Lyness	
Casey	MacAllister	
Anne	MacArthure	
Peter - James	Mackee	
Andrew	Madden	
Clare-Anne	Magee	Carers Northern Ireland
Catherine	Magill	

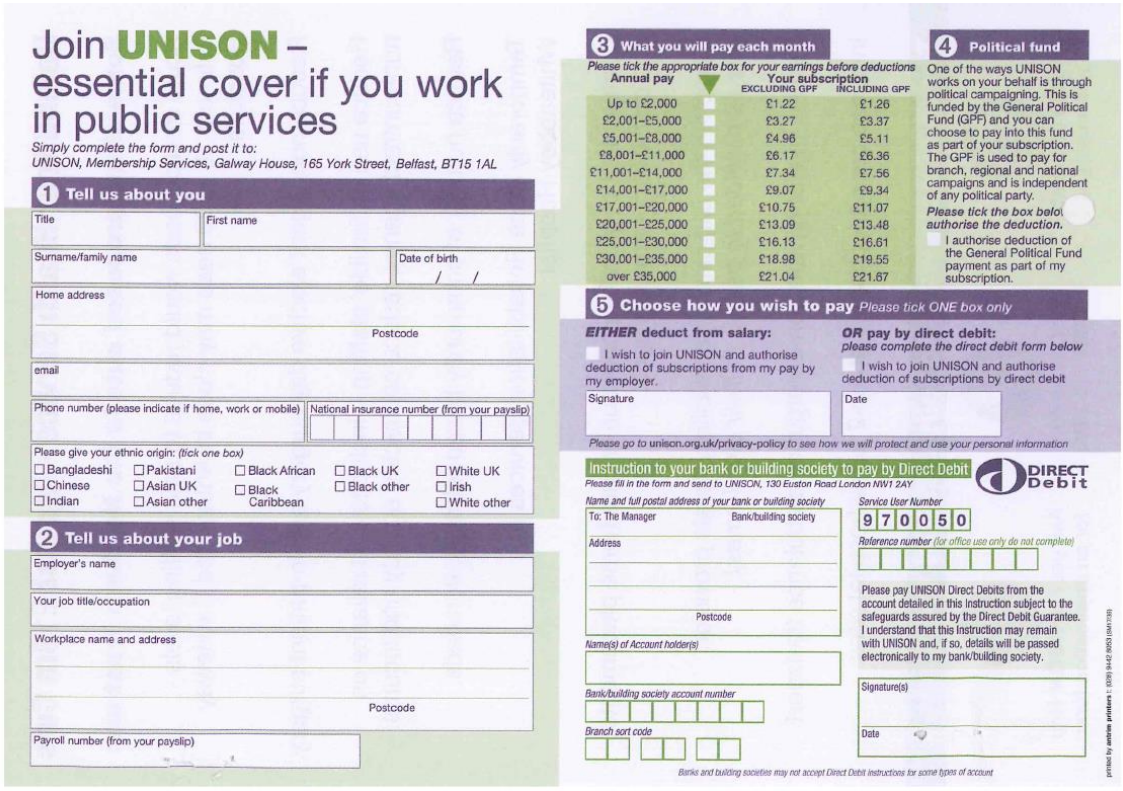
Martin	Magill	
Elaine	Mark	
Carol	Mark	
Helen	Mawhinney	
Kevin	McAdams	Unite The Union
L	McAdorey	
D	MCAdorey	
Philomena	McAlister	
Fiona	McAnespie	Radius Housing
Bernadette	McAtamney	
Sam	McAtamney	
Tony	McAteer	
Rose Marie	McCafferty	
John	McCallon	
Fionnula	McCann	
Roberta	McCann	
M	McCann	
Sandra	McCarroll	
Lynne	McCartney	
Hannah	McCartney	
Emma	McCartney	
Scott	McClay	
Alan	McClean	
Deirdre	McCloskey	MEEAP
Oonagh	McCloy	
Hugh	McCloy	
Beverley	McClure	
Paula	McComb	
Rosie	McConachie	
John	McCormick	Arthritis Care
Megan	McCoy	
Donna	McCoy	
Michelle	McCoy	
Catherine	McCoy	
Joseph	McCrackin	
Christine	McCrackin	
Ronnie	McCready	
Maggie	McCrystal	
Joan	McCullough	
Alison	McCullough	Royal College of Speech and Language Therapists
Stephen	McDermott	
Michelle	McDonald	
B	McErlain	
Caroline	McEvoy	Parkinson's UK
Tracey	McGahan	
Heather	McGarry	
Laurence	McGlore	
Jean	McGookin	
Patricia	McIlwaine	

Tori	Mcilwaine	
Sean	McIntyre	
Victoria	McKay	
James	McKay	
Philomena	McKay	
Alistair	McKay	
Barry	McKee	
Fiona	McKee	
Keri	McKelvy	
Laurene	McKendry	
Gemma	McKendry	
Carol	McKenna	
Bridget	McKenna	
Claire	McKeown	Equality Commission
Paul	McKeown	
M	McKeown	
G	McKeown	
Paschal	McKeown	Age NI
Martha	McKinley	
William	McKnight	
Anne	McLeod Andrew	
Steven	McMahon	
Margaret	McMaster	
Lisa	McMaster	
Karen	McMaster	
Karen	McMullan	
Sabrina	McNally	
Mary	McNally	
Barbara	McNally	
Heather	McNeill	
Tracey	McNeill	
Katherine	McNicholl	
Agnes	McOsccr	
Judith	McPeake	
Susan	McQuillan	
Rhiannon	McStocker	
Margaret	McVey	
Wilma	McWitty	
Nuala	Meehan	SDLP
Lesley	Megarity	Domestic Care NI
Pam	Melia	
Jacqueline	Melville	NI Commissioner for Children and Young People
Katrena	Mildrew	
James	Millar	
Kathleen	Millar	
Heather	Millar	
Annie	Mitchell	
Mary	Montgomery	
Kirsty	Moore	

Jacqueline	Moore	
Michael	Moore	Macmillan Cancer Support
Robert John	Moore	
Gail	Moorhead	
Fiona	Morrow	
Grace	Morrow	
Agnes	Morrow	
Frances	Mulholland	
Brenda	Mullan	
Denene	Murphy	
Philip	Mynes	NI Council for Voluntary Action
Roy	Nelson	
Roy	Neeson	
Leslie-Anne	Newton	ARC
Maria	Nichola	
Heather	Nicholl	
Gavin	Nolan	
Gavin	Norris	Presbyterian Church in Ireland
John	O'Farrell	NIC-ICTU
Jenna	Ohara	COAST
C	O'Hare	
Claire	O'Kane	
Joe	Okane	
Maggie	Oneill	
Anne Marie	ONeill	Royal college of midwives
Jordan	ONeill	
Ryan	ONeill	
Gerard	Oneill	
Chris	Oneill	
Eward	Oneill	
Ernest	Oneill	
Shane	O'Neill	
M	O'Neill	
Beth	O'Neill	
James	Oneill	
Madonna	Oneill	
Owen	Oponnel	
Peter	O'Roucke	
Annette	Orr	
Laura	Orr	British Dental Association NI
Jaroslaw	Oserel	
Tom	Patterson	
Jonathan	Patton	CRS Blood Bikes
Francesca	Paxton	
Graham	Pirie	Society of Chiropodists and Podiatrists
Meabh	Poacher	Community Development and Health Network
Gerald	Powles	
Lorraine	Price	
Ann	Prosser	

Ivan	Prue	
Janette	Quigley	
Annie	Rainey	
Ruth	Rea	
Michelle	Reid	
Adrain	Reid	
Michael	Reynolds	
Janet	Richmond	
Anne	Robinson	
Valentina	Rommona Eme	
Beverly	Rowan	
Janice	Russell	
Alison	Sands	
Donna	Saunderson	
Collette	Scullion	
Sarah	Sharpe	
Pauline	Shepherd	Independent Health and care providers
Karen	Simpson	
Jay	Sinclair	
Ty	Sinclair	
Alison	Sloan	
Chloe	Smyth	
E	Spence	
Tara	Spence	
Joanne	Steele	
Christopher	Stewart	
Mervyn	Storey MLA	
Anne	Storrie	
Tom	Sullivan	Chartered Society of Physiotherapy NI
Linda	Surgenor	
Noel	Surgenor	
Linda	Taggart	
Rodney	Talbot	
Sean	Taylor	
Jenny	Tennant	
Andrew	Thompson	
Jayne	Thompson	
Michael	Tipping	
Carol	Todd	
Linda	Topping	
Jane	Townsend	
Jenny	Trainor	
Lorraine	Trimble	
Joanne	Trimble	
Marjorie	Trimble	
Frances	Turkington	
Johny	Turnbull	NI Neurological Charities Alliance
Kellie	Turtle	Women's Resource and Development Agency
Dorothy	Vodum	

Deirdre	Walford	
Alan	Walker	General Medical Council
Gary	Watterson	
Bronagh	Watterson	
Jade	Weiner	
Rose	West	
Paul	Whiteside	
Mandy	Whiteside	
Emma	Whiteside	
Owen	Whitford	National Children's Bureau
James	Whynacht	UKHCA
Rebecca & Hugh	Wilkinson	
Claire	Wilmont	
B	Wilson	
Anne	Wilson	
Derek	Wilson	
Brian	Wilson	
J	Wilson	
Florence	Wilson	
Frances	Wilson	
J	Winstanled	
Gloria	Woods	
Kevin	Woodside	
Noreen	Wright	
LA	Wright	
EJ	Wright	
Julie	Young	
S	Young	
Petr	Zvolsky	
		Psychologists for Social Change NI
David Mulholland and Louise O'Dalaigh		WHSCT
Anonymous / illegible		22



Join UNISON – essential cover if you work in public services

Simply complete the form and post it to:
UNISON, Membership Services, Galway House, 165 York Street, Belfast, BT15 1AL

1 Tell us about you

Title | First name

Surname/family name | Date of birth / /

Home address

Postcode

email

Phone number (please indicate if home, work or mobile) | National insurance number (from your payslip)

Please give your ethnic origin: *(tick one box)*

☐ Bangladeshi ☐ Pakistani ☐ Black African ☐ Black UK ☐ White UK
☐ Chinese ☐ Asian UK ☐ Black Caribbean ☐ Black other ☐ Irish
☐ Indian ☐ Asian other ☐ White other

2 Tell us about your job

Employer's name

Your job title/occupation

Workplace name and address

Postcode

Payroll number (from your payslip)

3 What you will pay each month

Please tick the appropriate box for your earnings before deductions

Annual pay	Your subscription EXCLUDING GPF	INCLUDING GPF
Up to £2,000	£1.22	£1.26
£2,001–£5,000	£3.27	£3.37
£5,001–£8,000	£4.96	£5.11
£8,001–£11,000	£6.17	£6.36
£11,001–£14,000	£7.34	£7.56
£14,001–£17,000	£9.07	£9.34
£17,001–£20,000	£10.75	£11.07
£20,001–£25,000	£13.09	£13.48
£25,001–£30,000	£16.13	£16.61
£30,001–£35,000	£18.98	£19.55
over £35,000	£21.04	£21.67

4 Political fund

One of the ways UNISON works on your behalf is through political campaigning. This is funded by the General Political Fund (GPF) and you can choose to pay into this fund as part of your subscription. The GPF is used to pay for branch, regional and national campaigns and is independent of any political party.

Please tick the box belo authorise the deduction.

☐ I authorise deduction of the General Political Fund payment as part of my subscription.

5 Choose how you wish to pay *Please tick ONE box only*

***EITHER* deduct from salary:**

☐ I wish to join UNISON and authorise deduction of subscriptions from my pay by my employer.

Signature | Date

***OR* pay by direct debit:**
please complete the direct debit form below

☐ I wish to join UNISON and authorise deduction of subscriptions by direct debit

Please go to unison.org.uk/privacy-policy to see how we will protect and use your personal information

Instruction to your bank or building society to pay by Direct Debit DIRECT Debit

Please fill in the form and send to UNISON, 130 Euston Road London NW1 2AY

Name and full postal address of your bank or building society

To: The Manager Bank/building society

Address

Postcode

Name(s) of Account holder(s)

Bank/building society account number

Branch sort code

Service User Number 9 7 0 0 5 0

Reference number (for office use only do not complete)

Please pay UNISON Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with UNISON and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

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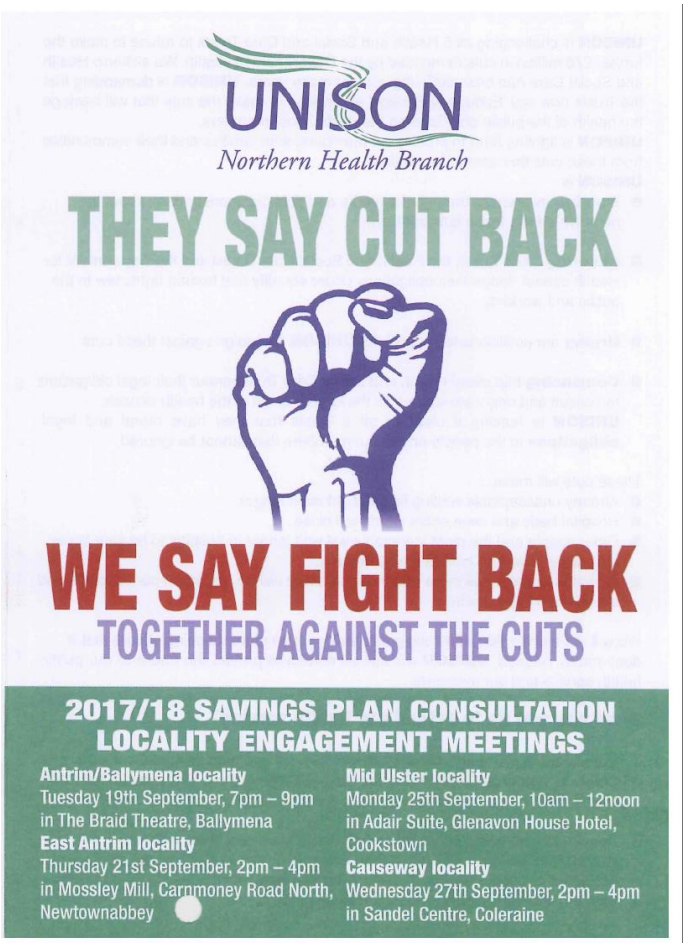

UNISON
Northern Health Branch

THEY SAY CUT BACK

WE SAY FIGHT BACK

TOGETHER AGAINST THE CUTS

2017/18 SAVINGS PLAN CONSULTATION
LOCALITY ENGAGEMENT MEETINGS

Antrim/Ballymena locality
Tuesday 19th September, 7pm – 9pm
in The Braid Theatre, Ballymena

East Antrim locality
Thursday 21st September, 2pm – 4pm
in Mossley Mill, Carnmoney Road North, Newtownabbey

Mid Ulster locality
Monday 25th September, 10am – 12noon
in Adair Suite, Glenavon House Hotel, Cookstown

Causeway locality
Wednesday 27th September, 2pm – 4pm
in Sandel Centre, Coleraine

UNISON is challenging all 5 Health and Social and Care Trusts to refuse to make the further £70 million in cuts demanded by the Department of Health. We all know Health and Social Care has been suffering cuts for many years. **UNISON** is demanding that the Trusts now say 'Enough is Enough' and refuse to make the cuts that will damage the health of the public and threaten the rights of our members.
UNISON is fighting hard to protect our members, their families and their communities from these cuts that cannot be justified.
UNISON is:

- **Raising** awareness through the media and public demonstrations about the negative effects these cuts will have.
- **Ensuring** the 5 Trusts, the Health and Social Care Board and the Department for Health cannot dodge their obligations under equality and human rights law to the public and workers.
- **Urging** our politicians to support the **UNISON** campaign against these cuts.
- **Demanding** that every Health and Social Care Trust honour their legal obligations to consult and negotiate with us as the largest union in the health service. **UNISON** is making it clear to all 5 Trusts that they have moral and legal **obligations** to the people and to our members that cannot be ignored.

These cuts will mean:

- Already unacceptable waiting lists will get even longer.
- Hospital beds and even entire wards will close.
- Older people and the most vulnerable will wait longer in hospital to be sent home, and will receive less care in the community.
- As winter approaches more and more pressure will be placed on our hospitals and those who work in them.

We will not stand aside whilst the public suffers even more rationing of care that is desperately needed. **UNISON** will use all means to protect the future of our public health service and our members.

What can you do to defend our health service?

1. Not already a member? **JOIN UNISON TODAY** and help us fight these cuts.
2. Speak to your local **UNISON** branch representatives about how you can help with the hard work that is already underway to bargain and campaign on behalf of our members.
3. Respond to the public consultation process in your local Trust area, using the **UNISON** model response that will be available on our website, social media and circulated through branches. **www.unison-ni.org.uk**
4. Sign the **UNISON** Northern Health Branch petition.

Defend Your Health Service - Against £13m Cuts

Some of the proposed cuts in the Northern Trust are:

Acute medical beds would reduce to safe staffing levels - estimate 16 to 20 beds may close in Antrim and Causeway Hospitals.

Reduce non-urgent elective day surgery and in-patient surgery.

Reduce use of 'flexible' staffing – includes end reliance on non-contract agency, reduce contracted agency and locums.

Reduce number of community based rehabilitation beds.

Temporarily close Rehabilitation Services at Whiteabbey Hospital.

Containment of growth in community care home placements and domiciliary care packages.

Complete the exit plan for domiciliary meals provision *(meals provided to people in their own homes)*.

Reduce use of private non-emergency ambulance transport.

Increase car park charges at the 2 acute hospital sites.

Three simple ways to join UNISON today:

Join online at joinunison.o

Call us on 0800 171 2193

Ask your **UNISON** Rep for an application form