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# **2017/2018 Financial Planning**

## **Savings Plan**

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### **Consultation Document**

#### **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 Consultation and Engagement team – 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 South Eastern Trust is required to publicly consult on specific 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 South Eastern Trust area, which amounts to £10.8m.

In line with the Department's policy guidance circular, Section 4 in this document contains specific proposals related to a change or withdrawal of service, in the South Eastern Trust 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 of this document. 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 proposals in parallel with the consultation. Following consultation, a final plan will be submitted to the Health and Social Care Board 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

#### About the Trust

The South Eastern Health and Social Care Trust provides integrated health and social care services to a resident population of 354,651. This accounts for 19% of Northern Ireland's population.<sup>1</sup>

The Trust covers an area of 425 square miles and the local government districts of:

- Ards and North Down.
- Lisburn and Castlereagh.
- Newry, Mourne and Down.

Acute services at the Ulster Hospital serve a wider population, including East Belfast, of approximately 440,000.

#### Our Services

The Trust provides a wide range of hospital and community services.

Services are provided from over 100 Trust facilities including:

- Acute Hospital (Ulster)
- Local Hospitals (Lagan Valley and Downe)
- Community Hospitals (Ards and Bangor)
- Community facilities, including health centres, day resource centres and children's and older people's residential accommodation, are located in many local towns and villages.
- The Trust also provides healthcare services to the three prisons in Northern Ireland.

Community services are continually developing to provide care to residents in their own homes to enable people to live as independently as possible in their own local community, for as long as possible.

The Trust employs in the region of 10,000 staff and manages an annual budget of approximately £600m.

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<sup>1</sup> Northern Ireland Statistics and Research Agency (NISRA) 2015 Mid-Year Population Estimates  
South Eastern Trust Savings Plan Consultation

## **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 DoH 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, growing expertise and innovation which means an increased range of services. All of these bring increases in the funding required each year to maintain the services, meet demand and support improvements in the health of our population.

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 HSC 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 the population.

The Revenue Resources Limit (RRL) represents the funding provided to the Trust primarily by the DoH either directly or through the HSCB. For 2016/17, this amounted to £612.8m and the Trust achieved break-even at year end.

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 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 South Eastern Trust share of the £70 million savings is £10.8 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 / 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 staff employed through agencies and locum Doctors with particular emphasis on reducing or removing the reliance on staff employed through non-contracted agencies that have significantly higher premiums or rates. 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:

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

The proposals 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 South Eastern Trust's contribution to the £70m regional 2017/18 savings plan.

## SECTION 3

### In-year Savings Plans regarded as No / Low Impact

Trusts have been delivering in-year savings and efficiencies on a regular annual basis over the last number of years (annually approximately 2%). 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 no / 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 table (table 1) 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. The following proposals are considered to have no / low impact. Full details of the Savings Plan are in Appendix 1.

**Table 1**

<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
<b>Management and Administrative Costs</b>	This relates to a range of cost reductions in administrative and management areas.	225
<b>Procurement Savings</b>	Reduction in non-pay spend across all directorates.	752
<b>Natural delay in implementation of Demography Funding</b>	Natural delay as a result of normal processes for recruitment and commencement of new services.	3,500
<b>Natural Delay in Resettlement in Adult Services</b>	Natural delay of resettlement of a small number of clients of up to 4 months.	233
<b>Natural Delay in service developments in</b>	Natural delay in service developments in Adult Services.	100



<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
<b>Adult Services</b>		
<b>Natural delay in implementation of Discharge Lounge</b>	Natural delay in implementation of 2015/16 developments.	43
<b>Natural delay in implementation of Sleep Services</b>	Natural delay in implementation of 2015/16 developments.	9
<b>Natural delay in implementation of Ward 25</b>	Natural delay in implementation of 2015/16 developments.	92
<b>Natural delay in implementation of Urology</b>	Natural delay in implementation of 2015/16 developments.	36
<b>Natural delay in implementation of Maxillo Facial</b>	Natural delay in implementation of 2016/17 developments.	71
<b>Natural delay in implementation of Plastic Surgery</b>	Natural delay in implementation of 2016/17 developments.	41
<b>Managed delay/phasing of Phase B Ulster Hospital</b>	Managed / sequential transfer to new Inpatient Ward Block, Ulster Hospital.	1,500
<b>Natural delay in implementation of Enhanced Care at Home (Down and Lisburn)</b>	Natural delay in implementation of service development.	145
<b>Replacement of external or Agency Staff / Overtime with In-house Staff Prison Service</b>	Replace Agency Nurses with Trust Staff - currently shortlisting.	166

<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
<b>Replacement of external or Agency Staff / Overtime with In-house Staff Locum Doctors Child Health</b>	Children's Services will cease using locum doctors and recruit permanent staff.	150
<b>Replacement of external or Agency Staff / Overtime with In-house Staff Ards/Lisburn Courts</b>	This proposal is to support Trust staff to carry out specialist assessments rather than to incur the cost of sourcing an independent assessment.	43
<b>Replacement of external or Agency Staff / Overtime with In-house Staff Bangor Supported Living (Adults)</b>	Reduction in overtime in Bangor Supported Living when the Trust has been able to recruit.	100
<b>Replacement of external or Agency Staff / Overtime with In-house Staff Dementia locum (Primary Care &amp; Elderly)</b>	Dementia Services will cease using a locum and move to a permanent salaried staff member from September 2017.	50
<b>Replacement of external or Agency Staff / Overtime with In-house Staff - Medicine</b>	Replacement of locum staff in areas where the Trust has been able to recruit permanently: Emergency Department (ED), Oncology and Rheumatology.	388
<b>Introducing Car Parking charges Ards Hospital</b>	Introduction of car parking charging at Ards Hospital site.  This proposal has been through a public consultation process from Dec 2014- Feb 2015, after which the Trust made some amendments to the original proposal based on feedback from respondents. This amended proposal was accepted by Trust board in June 2015. The proposal has been and continues to be subject	25

<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
	to an ongoing Equality Screening process and has been assessed as having minor impact.	
<b>Natural delays in recruitment across all Directorates</b>	Managed delays in recruitment.	375
<b>Pay and Prices freeze on general community care contracts – This excludes:</b>  <ul style="list-style-type: none"> <li>• Domiciliary Care</li> <li>• Nursing and Residential Care</li> </ul>	Community contracts not to receive an inflationary uplift in 2017-18.	360
<b>Community Equipment Efficiencies</b>	Planned efficiencies in community equipment through reductions in expenditure – same level of services will be delivered, however choice of equipment may be limited.	256
<b>Sundry Savings proposals</b>		
<b>Reduction in Staff Travel Children's Services</b>	Reduction in staff travel through increased use of teleconferencing facilities.	10
<b>Reduction in specific Goods &amp; Services</b>	Reduction in goods and services cost by more efficient use of purchasing within statutory residential care.	10
<b>Invest to Save – Pharmacy - (Drug Waste)</b>	This proposal is to invest in waste management control in pharmacy.	25
<b>GP Out of Hours (GPOOHs) - difficulties in</b>	Small reduction in cost due to difficulty in filling shifts. This is expected to create a small reduction in costs compared to prior year.	20

<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
<b>filling shifts</b>		
<b>Volunteer Driver Co-ordination</b>	Reduce the cost of volunteer driver co-ordination.	15
<b>Domiciliary Care Package cost reduction through increased use of Self Directed Support (SDS)</b>	Plan is to reduce the number of domiciliary care packages by increasing use of Self Directed Support.	10
<b>Total savings</b>		<b>8,750</b>

It is expected that the impact of these actions would contribute **£8.75m** 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 due to the fact that the Trust employs the majority of its staff on permanent contracts of employment and approximately 60% of all our spending is on salaries and wages and there is no plan for 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 or where there are significantly higher premiums or rates. Flexible staff include those staff working through an Agency or staff on locum contracts (primarily locum Doctors). 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.

The following table (Table 2) sets out the proposals the Trust has identified that, if implemented, would contribute to reducing spend in-year towards the Trust's share of the regional £70m 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.

Against each proposal the expected impact is described and 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.

**Table 2**

<b>Proposal</b>	<b>Detail of Proposal</b>	<b>In-year Delivery £ '000</b>
<b>Reduction in Locum spend</b>	The option is to temporarily reduce locum costs across the Trust.	1,000
<b>Reduction in agency staff excluding qualified Nursing posts</b>	This option is to reduce agency costs by 25% based on 2016/17 spend. This will have a five month effect in year.	1,050
<b>Total savings</b>		<b>2,050</b>

The following section sets out greater detail in relation to each proposal above that may be considered major and / or controversial.

It is expected that the impact of these actions would collectively contribute £2.05m towards the Trust's share of the savings required in-year.

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

## **The Proposals**

### **4.1 Temporary Reduction in Locum Spend**

The Trust supports service delivery in areas where it is difficult to attract permanent medical staff with locum staff who are employed through an employment agency. In 2016/17 the Trust had to spend £8.6m on staffing in this way. The Trust projected that it would spend £9m in 2017/18. Locum staff are employed across all Trust areas but the majority of this spend is in relation to medical staff in hospitals.

#### **Background to this proposal**

This proposal is to temporarily restrict the use of locum staff for the remainder of 2017/18 in order to save £1m. The majority of locum expenditure within Hospital Services is required to cover vacancies and gaps in medical rotas so that safe services can be maintained across all hospitals. This cover supports both emergency and elective care. (by elective care we mean planned)

## How would this be done?

The Trust is currently in the process of replacing some high cost locum posts with either substantive appointments or through less expensive Trust locum arrangements. Some of these savings will be achieved from October 2017 with the remainder being delivered at different times throughout the rest of the financial year. All locum expenditure has been analysed against the following principles below. It should be noted that locum expenditure is a very fluid position with posts becoming vacant at short notice or being filled in a less expensive way. In addition, reducing locum cover for junior doctor rotas can actually cost more money as a reduced number of doctors on a rota can increase banding costs significantly.

The South Eastern Trust is the only Trust in the region that maintains three Emergency Departments and around 40% of the medical locum expenditure in the Trust relates to the provision of these services. Therefore it would be rational to target a significant proportion of this expenditure (over £0.5m) by reducing Emergency Department (ED) locums. However, the Trust believes that this level of reduction would have such a significant, negative impact on emergency services (with the likely closure/reduced opening times of either the Lagan Valley or Downe ED) and would undermine public confidence. Therefore 5% savings on ED locums has been proposed and additional areas have been included in these proposals to make up the overall £1m figure.

- **Safety – Any proposal should not compromise safety**  
This was to make sure that any proposed savings would not put service users or patients at risk in terms of their safety.
- **Deliverability – Proposals should be achievable and release cash**  
Each proposal was reviewed based on how realistic it was to release the savings in year.
- **Impact - Minimise the impact on services**  
The impact of each proposal was considered, including the number of people affected, along with the effects on other services should the proposal be implemented.
- **Strategic Direction – Limit counter strategic proposals**  
This was to check that the proposal was not contrary to strategic plans or would impact significantly upon them.

All proposals outlined are safe and deliverable. Where there is an impact on services, or strategic direction, those principles are specifically addressed in relation to the anticipated outcome of each individual proposal.

## Locum Staff Review

Service Area	Outcome
Locum expenditure within Emergency Care services	Reducing locum expenditure across the Ulster, Lagan Valley and Downe hospitals will likely result in longer waiting times within Emergency Departments. In addition, there is likely to be a slowing down of the wider hospital system with fewer medical staff operating at ward level. This will be exacerbated through the winter months as the Trust usually employs increased numbers of medical locums at this time.
Locum expenditure within Elective care services	Reducing locum expenditure across the Ulster, Lagan Valley and Downe theatres will mean fewer elective sessions being delivered by the Trust. This could reduce the number of planned procedures by between 600-700 for the remainder of the year.

### Impact

There will be a significant impact on waiting times for both emergency and elective patients across all hospital sites.

### Managing Risk

The Trust will ensure that there will still be sufficient numbers of professional and support staff on duty to maintain safe services. The Trust will also continue to pursue the recruitment of substantive appointments for medical posts.

### Summary

In order to deliver £1m savings the Trust is proposing to reduce medical locum expenditure across the Ulster, Lagan Valley and Downe hospitals. This is likely to result in increased waiting times for access to both emergency and elective care services.



## 4.2 Reduction in Agency Spend (Excluding Qualified Nursing Posts)

The Trust supports service delivery through a range of staffing and this includes the use of agency staff, employed through employment agencies. In 2016/17 the Trust had to spend approximately £6.9m on providing this group of staff. The Trust projected that it would spend £9.5m in 2017/18. These amounts exclude qualified nursing agency staff costs. Agency staff are employed across all Trust areas.

### Background to this proposal

This proposal is to temporarily restrict the use of agency staff with the exception of qualified nursing posts. This proposal would be put in place for 5 months of 2017/18 in order to save £1.05m. The saving would be achieved by reducing spending on agency posts by approximately one third based on 2016/17 costs. This saving would be delivered over five months to the end of the financial year.

### How would this be done?

To deliver the savings in relation to agency spending, the Trust would have to temporarily restrict the use of agency staff (excluding qualified nursing) for 5 months.

To deliver the savings required the Trust considered four principles. These were -

- **Safety – Any proposal should not compromise safety**  
This was to make sure that any proposed savings would not put service users or patients at risk in terms of their safety.
- **Deliverability – Proposals should be achievable and release cash**  
Each proposal was reviewed based on how realistic it was to release the savings in year.
- **Impact - Minimise the impact on services**  
The impact of each proposal was considered, including the number of people affected, along with the effects on other services should the proposal be implemented.
- **Strategic Direction – Limit counter strategic proposals**  
This was to check that the proposal was not contrary to strategic plans or would impact significantly upon them.

All proposals outlined are safe and deliverable. Where there is an impact on services, or strategic direction, those principles are specifically addressed in relation to the anticipated outcome of each individual proposal.

## Agency Staff Review

Options considered	Outcome
Limit the use of qualified nursing agency posts	This would not be deliverable without an impact on safety and wider services would not be sustainable owing to the risk to patients. This option was not considered further
Limit the use of all other agency posts	This would be deliverable in year, the impact being a potential increase in waiting or travel time for services.

### Impact

The proposal would impact across all areas in the Trust with agency staff not being used on a temporary basis, to provide front line services or roles that support front line services. Staffing groups would include Allied Health Professions, such as physiotherapists, social care staff, social services staff and a wide range of administrative roles.

Implementation of this proposal may lead to patients and service users experiencing a delay in receiving their care and may have to travel further to alternative sites.

### Managing Risk

The Trust would manage risk to the public through ensuring that sufficient, competent, skilled staff are in place to cover the anticipated activity across services during the temporary period of agency staff restriction. The Trust would also maximise the use of existing permanent staff across all services so that any disruption or impact would be kept to a minimum.

### Summary

In order to save £1.05m in the rest of the financial year the Trust is proposing to restrict the use of agency staff across all services, except in the areas previously mentioned. In implementing this temporary restriction there may be some disruption and an impact to the public in terms of waiting longer to access and travelling further within the Trust to other services but this will be kept to a minimum. It is not possible to specify which posts/ services will be impacted (at this time) as the position will change between now and implementation. Agency staffing is fluid as it reflects vacancies (temporary and permanent) including sickness.

# **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.

Subsequent 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 principles 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 HSCB 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.

## 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 Consultation Team (contact details below).

- A copy of this consultation document is available on the Trust's website at <http://www.setrust.hscni.net>.
- A copy of the Trust's Screening Template is also available on request
- Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Consultation and Engagement Team – details provided on page 21.
- The Trust plans to hold public meetings during the consultation period, ensuring that those groups and areas affected are represented, to enable a discussion on the proposals set out in this Savings Plan. These are as follows:

Date	Venue	Time
Tuesday 19 September 2017	Londonderry Room, Ards Town Hall	7.00 pm – 9.00 pm
Thursday 21 September 2017	Dundonald Ice Bowl	2.00 pm – 4.00 pm
Tuesday 26 September 2017	Lisburn Recreation Hall, Lagan Valley Hospital	6.00 pm – 8.00 pm
Thursday 28 September 2017	The Great Hall, Downshire Estate, Downpatrick	7.00 pm – 9.00 pm

The Trust will facilitate other meetings with groups and individuals upon request.

### Impact on Staff

The Trust would prefer not to implement this plan. However, we have been asked to consult on our savings plan which would be required to achieve our statutory obligation to breakeven.

The Trust recognises that these proposals have the potential to have an adverse impact on some of our staff. This can be an unsettling time and the Trust has in place systems to support our staff through these proposed changes. 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 proposals, influence the 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.

For those who wish to provide written feedback, a **Consultation Questionnaire** is available in Section 7. It is also available on the Trust Website at <http://www.setrust.hscni.net> . However we welcome your feedback in any format. You can respond to the consultation document by e-mail or letter.

Responses should be sent to:

Written:                    2017/18 Savings Plan Consultation  
                                  South Eastern Health and Social Care Trust  
                                  Trust Headquarters  
                                  Ulster Hospital  
                                  Dundonald  
                                  BT16 1RH

Tel:                            (028) 9055 0434

E-mail:                     [consultation@setrust.hscni.net](mailto:consultation@setrust.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 Consultation and Engagement Team.

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 ongoing 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 1 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.

The Trust invites views on this screening assessment and will consider all feedback received during the consultation period which runs to 5 October 2017.

## SECTION 7

### Consultation Questionnaire

## South Eastern 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 this questionnaire. You can respond to the consultation document by e-mail or letter as follows:

E-mail: [consultation@setrust.hscni.net](mailto:consultation@setrust.hscni.net)

Written: 2017/18 Savings Plans Consultation  
South Eastern Health and Social Care Trust  
Trust Headquarters  
Ulster Hospital  
Dundonald  
BT16 1RH

Tel: (028) 9055 0434

**Responses must be received no later than 5 October 2017.**

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.

I am responding: as an individual   
on behalf of an organisation  (please tick a box)

Name:

Job Title:

Organisation:

Address:

Tel:

Email:



- 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 safety, deliverability, 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 below.

- 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? Please set out your response below.

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

**Question:** Please detail below 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 South Eastern 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

**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**
- **No / low 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	No / low impact
1.	Management & Administrative Cost	This relates to a range of cost reductions in administrative and management areas.		✓	
2.	Procurement Savings	Reduction in non-pay spend across all directorates.			✓
3.	Natural delay in implementation of Demography Funding	Natural delay as a result of normal processes for recruitment and commencement of new services.		✓	
4.	Natural Delay in Resettlements in Adults Services	Natural delay of resettlement of a small number of clients by 4 months.		✓	
5.	Natural Delay in service developments in Adult Services	Natural delay in service developments in Adult Services.			✓
6.	Natural delay in implementation of Discharge Lounge	Natural delay in implementation of 15-16 developments			✓
7.	Natural delay in implementation of Sleep Services	Natural delay in implementation of 15-16 developments			✓
8.	Natural delay in implementation of Ward 25	Natural delay in implementation of 15-16 developments			✓
9.	Natural delay in implementation of Urology	Natural delay in implementation of 15-16 developments			✓
10.	Natural delay in implementation of Maxillo Facial	Natural delay in implementation of 16-17 developments			✓
11.	Natural delay in implementation of Plastic Surgery.	Natural delay in implementation of 16-17 developments			✓
12.	Managed delay/phasing of Phase B Ulster Hospital	Managed / sequential transfer to new Inpatient Ward Block, Ulster Hospital		✓	

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	No / low impact
13.	Enhanced Care at Home (Down and Lisburn)	Natural delay of service development.		✓	
14.	Replacement of external or Agency Staff / Overtime with In-house staff (prison service)	Replace Agency Nurses with Trust Staff			✓
15.	Replacement of external or Agency Staff / Overtime with In-house staff (locum doctors Child Health)	Children's' Services will cease using locum doctors and recruit permanent staff			✓
16.	Replacement of external or Agency Staff / Overtime with In-house Staff Ards/Lisburn Courts	This proposal is to support Trust staff to carry out specialist assessments rather than to incur the cost of sourcing an independent assessment.			✓
17.	Reduction in Overtime in Bangor Supported Living (Adults)	Reduction in Overtime in Bangor Supported Living when the Trust has been able to recruit.		✓	
18.	Replacement of Agency Staff / Overtime with In-house staff Dementia locum (Primary Care & Elderly)	Dementia Services will cease using a locum and move to a permanent salaried staff member from September 2017.			✓
19.	Replacement of external or Agency Staff / Overtime with In-house staff - Medicine	Replacement of locum staff with planned recruitment of staff in ED, Replacement of locum staff in areas where the Trust has been able to recruit permanently: Emergency Department (ED) Oncology and Rheumatology.		✓	
20.	Introducing Car Parking charges Ards Hospital	Introduction of car parking charging at Ards Hospital site.  This proposal has been through a public consultation process from Dec 2014- Feb 2015, after which the Trust made some amendments		✓	

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	No / low impact
		to the original proposal based on feedback from respondents. This amended proposal was accepted by Trust Board in June 2015. The proposal has been and continues to be subject to an ongoing Equality Screening process and has been assessed as having minor impact.			
21.	Natural delays in recruitment across all Directorates	Managed delays in recruitment.		✓	
22.	Pay and prices freeze on general community care contracts – this excludes: <ul style="list-style-type: none"> <li>• Domiciliary Care</li> <li>• Nursing and Residential Care</li> </ul>	Community contracts not to receive an inflationary uplift in 2017-18.		✓	
23.	Community Equipment Efficiencies	Planned reduction of community equipment through reductions in expenditure – same level of services will be delivered, however choice of equipment may be limited.			✓
24.	Reduction in Staff Travel Children's Services	Reduction in staff travel through increased use of teleconferencing facilities.			✓
25.	Reduction in specific goods and services	Reduction in goods and services cost by more efficient use of purchasing within statutory residential care.			✓
26.	Invest to Save Pharmacy (Drug Waste)	This proposal is to invest in waste management control in pharmacy.			✓
27.	GP Out of Hours (GPOOHs) difficulties in filling shifts	Small reduction in costs due to difficulty in filling shifts. This is expected to create a small		✓	

No	Proposal Title	Policy Description	Initial Screening Outcome		
			Major	Minor	No / low impact
		reduction in costs compared to prior year.			
28.	Volunteer Driver Co-ordination	Reduce cost of volunteer driver co-ordination.			✓
29.	Domiciliary Care Package cost reduction through increased use of Self-Directed Support (SDS)	Plan is to reduce the number of domiciliary care packages by increasing use of Self Directed Support.			✓
30.	Reduction in agency staff excluding qualified nursing posts	This option is to reduce agency costs by 25% based on 16-17 spend. This will have a six month effect in year	✓		
31.	Reduction in Locum spend	The option is to temporarily reduce locum costs across the Trust.	✓		