South Eastern Health and Social Care Trust

2017/2018 Financial Planning

Savings Plan

Consultation Outcome Report

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 Consultation and Engagement Team – contact details on page 4.

The South Eastern Health and Social Care Trust wishes to acknowledge and extend its thanks to all those who responded to the consultation in regard to 2017/2018 South Eastern Health Trust Savings Proposals.

Contents

The purpose of this report is to provide Trust Board and consultees with an overview of the consultation process, a summary of the responses to the draft proposals and the Trust response.

Section 1

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.

The Trust committed to make every effort over the six week consultation period to engage as widely as possible with those who use our services. In so doing, the Trust sought to consult with as many stakeholders and encouraged as many people as possible to respond and have their voice heard in this public consultation process.

The Trust considered the accessibility and format of each method of consultation to remove barriers to the consultation process.

The Trust was also cognisant of its responsibilities under The Disability Discrimination Act 1995 (as amended) i.e. to promote positive attitudes toward disabled people; and to encourage participation of disabled people in public life. The Trust was also aware of its obligations to promote good Personal and Public Involvement - the statutory duty placed on Health and Social Care services in relation to effective consultation and involvement (Health & Social Care (Reform) Act (NI) 2009 sections 19 & 20) including the Trust consultation scheme.

Alternative formats

In accordance with its statutory commitments as outlined in its Equality Scheme, the Trust offered to produce the information in alternative formats on request eg braille, disc, audio cassette, minority languages, large print, and easyread. The Trust arranged for the consultation document to be transcribed in easyread. The Trust disseminated the document in hard copy.

Awareness raising and encouraging participation

Meetings were publicised through advertising in Belfast Telegraph, Irish News, Andersonstown News, Newtownards Chronicle, County Down Spectator, Down Recorder, Mourne Observer, Ulster Star and the Newsletter. Information was circulated through the Trust website, and social media and invitations were sent to consultees including partner organisation and MLAs, MPs and Councillors.

The Trust notified approximately 800 stakeholders about the consultation, and convened four public consultation meetings across the Trust area. These were convened at different times and locations. Everyone invited was asked to indicate if they had specific communication or access requirements in advance. Consultees were also contacted with a reminder of the closing date for consultation. Consultation documents were made available on the Trust's website (ie available to the public) and intranet (ie available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats, upon request.

A total of 118 written responses were received during the consultation period. The table below provides details of the format of the responses we received.

Format of Response	Number of Responses
Completed Consultation Questionnaires	39
Form letters (standard template, signed by different people)	• 12 of one form letter opposing any proposal; • 10 form emails in relation to Multiple Sclerosis drugs
Letter	40
Email	11
General letter to all Trusts, opposing proposals	6

Feedback from all public meetings is also included in the feedback summary.

A list of consultation respondents appears at appendix 1.

Public Consultation Meetings

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

Date	Location	Number of attendees
19 September 2017	The Londonderry Room, Ards Art Centre	17
21 September 2017	Dundonald Ice Bowl, Dundonald	25
26 September 2017	Recreation Hall, Lagan Valley Hospital, Lisburn	27
28 September 2017	The Great Hall, Downshire Hospital, Downpatrick Estate	35

Meetings with staff

During the consultation process we held a number of staff engagement meetings and Trade Unions have been kept informed throughout. Senior staff were invited to

a briefing prior to the launch, all staff received notification of the consultation, and team meetings were held to inform staff and provide further opportunity to respond to the consultation.

Meetings with interested parties

The Trust offered and participated in a number of meetings during the consultation process. A list of the meetings attended can be seen below. This provided the opportunity for the Trust to talk about its proposals and gather feedback from participants.

Alliance Party	29 August 2017
Ulster Unionist Party	14 September 2017
Trade Unions Joint Negotiating Forum	19 September 2017
Workers Party	25 September 2017
Health Working Group Lisburn and Castlereagh Council	2 October 2017
Local Negotiating Committee with British Medical Association	3 October 2017
South Eastern Local Commissioning Group	5 October 2017

SECTION 2

Consultation Proposals

2.1 No/Low Impact Proposals

The following table sets out the initiatives 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.

	Proposal	Detail of Proposal
1	**Management and Administrative Costs**	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 Resettlement in Adult Services**	Natural delay of resettlement of a small number of clients of up to 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 2015/16 developments.
7	**Natural delay in implementation of Sleep Services**	Natural delay in implementation of 2015/16 developments.
8	**Natural delay in implementation of Ward 25**	Natural delay in implementation of 2015/16 developments.
9	**Natural delay in implementation of Urology**	Natural delay in implementation of 2015/16 developments.
10	**Natural delay in implementation of Maxillo Facial**	Natural delay in implementation of 2016/17 developments.
11	**Natural delay in implementation of Plastic Surgery**	Natural delay in implementation of 2016/17 developments.

	Proposal	Detail of Proposal
12	**Managed delay/phasing of Phase B Ulster Hospital**	Phased opening of new Inpatient Ward Block, Ulster Hospital.
13	**Natural delay in implementation of Enhanced Care at Home (Down and Lisburn)**	Natural delay in implementation of service development.
14	**Replacement of external or Agency Staff / Overtime with In-house Staff Prison Service**	Replace Agency Nurses with Trust Staff - currently shortlisting.
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	**Replacement of external or Agency Staff / Overtime with In-house Staff Bangor Supported Living (Adults)**	Reduction in overtime in Bangor Supported Living when the Trust has been able to recruit.
18	**Replacement of external or 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 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 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

	Proposal	Detail of Proposal
		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:** • **Domiciliary Care** • **Nursing and Residential Care**	Community contracts will not receive an inflationary uplift in 2017-18.
23	**Community Equipment Efficiencies**	Reduction of expenditure on equipment through use of equipment purchased in 16/17. 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 & 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 cost due to difficulty in filling shifts. This is expected to create a small reduction in costs compared to prior year.
28	**Volunteer Driver Co-ordination**	Reduce the cost of volunteer driver co-ordination.
29	**Domiciliary Care Package cost reduction through increased use of Self Directed Support (SDS)**	Within Children's Services, the increased use of Self Directed Support will reduce domiciliary care costs, for those who choose this service model

It is expected that the impact of these actions would contribute **£8.75m** towards the Trust share of the savings required in-year.

2.2 Major/Controversial Proposals

2.2.1 Proposal 30

Reduction in Locum spend - The option is to temporarily reduce locum costs across the Trust.

2.2.2 Proposal 31

Reduction in agency staff excluding qualified Nursing posts - This option is to reduce agency costs by 25% based on 2016/17 spend. This will have a five month effect in year.

The total savings expected through the proposals assessed as major and/or controversial is a total of £2.050m.

Section 3

Consultation Feedback

All the feedback received, from both the written feedback and the meetings held has been analysed and grouped into the emerging key themes as detailed below.

3.1 Key Themes

Five key themes emerged through the consultation feedback:

- Reduced timescale for this consultation
- The lack of a Northern Ireland Executive
- Concerns for staff
- Impact on services
- Maintaining safety

Reduced timescale for this consultation

HSC Trusts received instruction from the Department of Health to shorten the consultation timeframe to 6 weeks in order to satisfy a statutory obligation. The exceptional circumstances in which a timeframe can be shorter are set out in circular guidelines issued in 2014 to HSC Trusts and also in the Department of Health and HSC Trust's 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.

This rationale for the shorter timeframe was set out clearly in our public consultation document and further explained during our public consultation events. In this instance the rationale for a shorter timeframe was to fulfil our statutory obligations to achieve financial balance at the end of the 2017/18 financial year, as set out in HSS Circular (F) 25/2000.

In addition the Trust's own approved Equality Scheme states: paragraph 3.2.6 refers:

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.

The lack of a Northern Ireland Executive

A number of respondents expressed concern and dissatisfaction and indicated that they had, or would be, writing to their political representatives and the Permanent Secretary. There was concern about the level of funding available to maintain the health service. While the Trust notes these comments, the Trust must and will continue to deliver high quality health and social care services and will continue to advance transformation as far as possible in the absence of a functioning Executive.

Concerns for Staff

Respondents indicated concerns for staff, in terms of additional pressure and the potential for redundancy. No staff will be made redundant as a result of these temporary changes. However, 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. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The Trust would reiterate that staff are our greatest resource. Their dedication is appreciated and the Trust regrets that the proposals will continue to put staff under pressure.

Impact on services

A significant number of respondents expressed concern about the negative impact on services which could arise from the implementation of proposals, in particular the major and controversial proposals, but others as well. Respondents are worried that implementation at this time of the year could have a particularly negative impact in relation to quality of life for some individuals or may contribute to worsening conditions in some patients who may experience a delay in receiving a treatment or procedure. This is a concern which is shared by the Trust, and we acknowledge that proposals which provide the savings necessary required to achieve financial break-

even cannot be implemented without having an impact on services. Service demand grows by 3-5% per year and needs approximately 6% funding increase to achieve a stand still position. The gap between demand available funding continues to increase each year. The Trust would prefer not to implement these proposals, but believe they are the best options available to achieve financial balance whilst minimising impact on services.

Maintaining Safety

Respondents requested reassurance and a commitment to ensuring that safety is not compromised as a result of these proposals, particularly in relation to winter pressures. Safety is the Trust's priority and will remain the case. The Trust acknowledges that there may be less opportunity to "flex up" services over the winter, which may increase waiting times. If proposals are implemented, 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. The Trust acknowledges whilst the proposals will leave no service unsafe, they will impact on some aspects of quality, access and the level of risk associated with some services.

3.2 Summary of Feedback Received

YOU SAID:	**WE RESPOND:**
CONSULTATION PROCESS	
Six weeks is too short a consultation period and this contravenes the established protocol.	The statutory duty– to breakeven by 31 March each financial Year is outlined in circular HSS (F) 25/2000.
There are two exceptional situations where the timescale may not be feasible, and this consultation does not fall into either category.	It is under the auspices of this obligation that the Trust was instructed by the Department of Health to conduct a public consultation on the totality of the savings plan.
Why doesn't the Trust and all Trusts stand up to the Department of Health and refuse to carry out?	The Trust has a statutory obligation to achieve break even and must make these savings for this year. Refusing to make savings would not create any more resource for the Trust or services and money would run out. This would be an abdication of our responsibilities to staff, the public and services. An inability to save this year would be compounded by further savings plans next year.
How can we make suggestions for savings?	The Trust welcomes any suggestions or comments in any format that meets the needs of the consultees.

Is this really a consultation or is it a rubber stamp exercise?	This is a consultation exercise. The Trust has a record of listening to consultees' voices. An example of this is the development and provision of a midwifery led unit in Lagan Valley Hospital and the traffic management consultation, which produced a number of changes and mitigations in response to consultee feedback.
Will these proposals actually be temporary?	Yes. The Trust is clear that all proposals must be able to re-instate any change at the start of the new financial year. Furthermore, many of the low impact savings are temporary in nature and recurrent proposals will have to be found for 18/19 financial plans.
Why were Trade Unions not involved at the start of the process?	The Trust engaged with Trade Union colleagues at the earliest opportunity afforded to them. Engagement with Trade Union colleagues remains ongoing.
Are there any potential legal implications if there is adverse impact?	The Trust is bound by a statutory obligation to provide high quality health and social care services and this will remain in place.
Comment on the questionnaire and how to feedback to the consultation.	The Trust welcomes feedback to the consultation in any format eg email, written, face to face meeting if requested.
What effort was made to ensure that the public meetings were well-advertised? Comment about whether there were the "right people" at the meeting to add to the consultation.	As part of the consultation and engagement plan approximately 800 consultees were notified, information was made available on the Trust website and via social media. The Trust placed adverts in local papers, documents made available in alternative formats on request, public consultation meetings held in a variety of locations through the Trust and information sent to a number of partner organisations. All staff were notified through staff briefings, team meetings, all user emails, iConnect (Trust intranet) and posters were displayed on acute and community sites.
The questionnaire is a smokescreen to make customers think that you really	This is not the case. The Trust acknowledges that implementing savings

want to know and will take heed of what we say.	plans is challenging and upsetting to staff and service users, but we are keen to listen to what everyone has to say.
Questionnaire must have been drawn up by the HSCB or Department as they are all the same in the five Trusts.	The questionnaire was developed by the five provider Trusts through a regional approach.
What will be the position next year 2018/19 as this is only for 6 months at end of 2017/2018? What happens if these proposals do not deliver the savings needed?	Service demand grows by 3-5% per year and needs approximately 6% funding increase to achieve a stand still position. Savings will need to be realised next year as well. There is a need for system transformation and a need for a publicly agreed sustainable model for healthcare.
If the low or no impact savings can deliver £8.75 million in six months why didn't the Trust do this last year when under pressure?	Each year, the Trust does deliver a savings plan, as required by the Department of Health, to make best use of financial resources. The Trust is making significant savings by delaying service developments/ new services.
Equality and Rural Needs Equality screening should be done at the start of the process and any issues should be highlighted, along with mitigation.	The Trust has a robust system for consultation and for equality screening. A high level equality screening was carried out and the Trust is now completing detailed equality screenings of each of the proposals. If a major impact is identified, a full Equality Impact Assessment will be carried out for a period of 12 weeks.
The Trust needs to provide a safe, quality service to the local community. The distance to Emergency Departments, particularly in rural areas, may have a negative impact.	The Trust is committed to provide safe care to its population. The Trust is the only Trust which provides 3 Emergency Departments.
There will be equality impact on older people, people with disabilities and people with mental health issues.	Each screening identifies impacts.
Continue to engage with the public, it creates openness and transparency, so would encourage this.	The Trust will continue to engage through our Personal and Public Involvement strategy and our Equality Scheme and recognises the value in working in partnership.
POLITICAL PROCESS Comment made that everyone in the room wants Stormont back to start making decisions.	Noted.

The latest funding crisis is a consequence of the political void, and will not be resolved until there is a locally accountable health minister.	Noted
Until Northern Ireland has a fully functioning NI Executive which puts the needs of children, families and communities first, vulnerable people will suffer, as will the health and social care workforce, already under immense pressure.	Noted
Would we be in this position if we had a Minister in place?	This is a matter for the Department of Health.
The proposals go against the approach to transformation as outlined by the Minister. If transformation is to be successful it needs to be adequately funded.	These proposals have been set out to address the need to achieve financial break-even. One of the four principles the Trust used to consider proposals was that we would minimise any proposals that were counter strategic. The Trust agrees that regional transformation requires adequate funding to be successful, but this is not within the scope of the Trust to provide.
STAFFING COMMENTS	
Welcomes the Trust pledge for no staff redundancy	The Trust takes the welfare of its staff very seriously.
Has the welfare of staff who may be affected been taken into consideration? Taking three months to replace a member of staff is not a good way to deliver a service. This is not efficient and proposals will only make the matter worse.	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.

	The process to recruit staff may, at time, be protracted, due to various factors including notice periods, collection of documents and references. There is significant regional work being carried out to try to improve our recruitment process. The Trust has a duty of care to our staff and takes on board these points. The Trust continues to work with our trade union colleagues and with staff who are directly affected.
Staff do an incredible job under immense pressure.	Noted. Staff are the Trust's greatest resource, their dedication and commitment is greatly appreciated. The Trust regrets the growing pressure on staff and would welcome strategic change or Transformation in the HSC model to help address this pressure.
What is natural delay?	There are expected natural delays and barriers within the recruitment and selection process which the Trust has little control of. The average time it takes to recruit to a vacant post within Health and Social Care is between 3-6 months depending on the nature of the position. This timeline reflects legislative requirements and the different stages of the process, which includes advertising, shortlisting, interviewing, robust pre-employment checks, as well as waiting for staff to commence employment due to contractual notice periods. In addition, there are skills shortages in many of the health care professions, most notably within nursing and medicine which also contribute to the length of time it takes for the Trust to fill posts. Regionally, all Trusts are working together in order to develop innovative, long term solutions to meet these challenges.

Welcome that there is not a big impact on the Downe Hospital, but Trust should rotate staff to more than one site.	The Trust has increased the number of consultants delivering sessions in the Downe Hospital, in addition to a number of new services to the Downe. As a Trust, there is a clear expectation of new consultants that they work for South Eastern Trust, not a hospital.
Inadequate workforce planning and cost-savings measures have resulted in a reduction in the number of pre-registration nursing education places.	The Trust is not responsible for setting the number of pre-registration nursing education places and has been actively seeking to recruit nurses. This is a regional issue which is a matter for the Department of Health.
FUNDING COMMENTS Where is the £300 million which was promised to NI from the DUP agreement with the Conservatives? It is accepted that the October monitoring rounds will release funding. The money promised from the Prime Minister appears not to have been factored in. What has been done by the Permanent Secretary regarding the allocation of additional money? It appears that Trusts are being asked to deliver on savings with no mention of the Health and Social Care Board.	 The Trust has produced proposals in line with existing budgets. This savings plan does not assume that additional funding will be forthcoming. However it would be welcomed should this be the case. As above. As above. This is a matter for the Department of Health.
Changes on the ground have not progressed at the required pace. Reform has stalled. Systemic change is needed as soon as possible. The Expert Advisory Panel's report is a key part of this and must be published and acted upon as a matter of urgency. Further financial shortfalls are inevitable without strategic transformation. There is a need for ongoing transformation of Health and Social Care delivery, which is critical for ensuring the best and most sustainable use of limited resources.	Noted. Noted.

The health service budget would benefit from longer term financial planning, for example, over a 3 year cycle.	Health would benefit from a flexible 3 year budget cycle; however the core issue is that funding is insufficient to cover committed expenditure. This would still be the case with a 3 year cycle.
Are there opportunities for savings to be made from using Generic drugs?	The South Eastern Trust has and will continue to make savings through using generic drugs, albeit opportunities within the South Eastern Trust are considerably less than regionally delivered services.
Are there savings to be made from the provision of Prison Health Care?	The budget for Prison Health Care is distinct and the Trust is working through a process of reducing reliance on Agency staff.
IMPACT ON SERVICES	
Reducing administration impacts on front line. This is false economy that has negative impact on both patients and doctors.	The Trust acknowledges that administrative staff support clinical activity. The Trust has sought to minimise impact as far as possible.
Will casualty be closing?	No Emergency Department will close.
Is there an opportunity for someone on a long waiting list to be seen more quickly?	The Trust will employ existing processes to ensure clinically urgent patients continue to be prioritised.
Urge the Trust to protect carers and people with dementia.	The Trust has sought to minimise impact on all service users as far as possible.
A&E will not admit older people who are ill as a result of these plans.	This is not the case. There is no proposed change to our Emergency Department admission criteria. There may be slightly longer waiting times during busy periods.
No provision outlined for monitoring and evaluation of services	All Trusts services are monitored and evaluated through an existing performance management framework and this will continue.
Proposal number 2 The cost of the “artificial market place”; it is estimated that 14% of the NHS budget goes on the artificial marketplace, with inflated management and procurement costs.	Management costs in the South Eastern Trust are 3.4%, which benchmarks well against the UK and Europe.
Assurance sought that any reduction in non-pay spending on procurement will not impede the purchase of essential dental materials	Procurement savings will not reduce the specification quality of any materials which are ordered by the Trust.

What are you doing to achieve savings in procurement and should you not already be doing this?	The Trust is always trying to improve efficiency in procurement, as this is a changing environment. Some of the ways we will do this include maximising our buying power, accessing better deals, eg ICT and working with other Trusts.
Proposal number 12 Are the wards currently open as there are recruitment challenges re nurses?	All wards are open in the new inpatient ward block, however, one ward is not fully open due to nursing staff shortages. This is not as a result of the savings plans.
Proposal Number 22 What impact will the pay and price freeze have?	There is no anticipated impact. All providers have accepted the pay and price freeze and there will be no downturn in activity as a result.
How will the Trust limit actions which are counter strategic eg increase in waiting list?	The Trust will monitor all proposals for impact and continue to work with the Health and Social Care Board and the Department of Health to minimise the impact and mitigate any measures which might be counter strategic.
Proposal 20 Car parking on Ards has not been consulted on and there is no equity across Trust sites. This is a health and safety risk to staff and to service users. Trust should provide a mechanism or system by which disabled people can get help from the parking machine if it fails or the user is unable to use the machine.	The Trust publicly consulted on traffic management across the Trust, which included public meetings, staff meetings and meetings with GPs. In 2015, following a full consultation, the Trust Board endorsed proposals to extend traffic management to Ards, Lisburn and Downpatrick on a phased basis. This will provide equity across Trust sites. This exists on the sites which currently apply parking charges and this will be the case in Ards and other sites when these are implemented.
Proposal number 29 How did the Trust come to the decision that a reduction in domiciliary care provision was low or no impact? Will there be a reduction in provision? Concern over reducing access to home care packages and residential placements The proposed reduction in packages has	The Trust is not reducing its provision of Domiciliary Care packages. The Trust is reducing the cost involved through Self Directed Support (SDS) which is a different mechanism to support domiciliary care, where that is the individual's choice. The South Eastern Trust is not proposing to reduce access to home care. There will be no reduction in packages. In fact,

the potential to lead to delayed discharges. Direct payments are not meant to provide a person with less care	the Trust is recruiting domiciliary care workers and will increase spend on Domiciliary care in 2017/18. Agreed. This is not the case.
Proposal number 30 If a locum cannot be procured will a surgery list have to be cancelled? Who will decide the priorities if 600-700 elective procedures don't go ahead?	The Trust anticipates that as part of the proposals 1 in 4 locum shifts for anaesthetics will not be covered. This will impact on waiting lists but the Trust will plan ahead; urgent and cancer lists will not be cancelled. The Trust will use existing processes to ensure that clinically urgent patients are prioritised.
IMPACT IN RELATION TO OTHER TRUSTS	
The fundamental aim of therapy to stop disability in MS (Multiple Sclerosis) is to start early to limit future problems for the person and reduce the cost to society as a whole.	The South Eastern Trust has not included any proposals to limit the availability of drug therapy for people with MS.
How did Belfast Trust communicate what proposals might impact on other Trusts and were these discussed in advance?	Belfast Health and Social Care Trust produced its own set of proposals, a number of which relate to regional services. These were shared with the Health and Social Care Board in June 2017 and further discussions have been held with all provider Trusts to consider impact.
Will the reductions in beds and additional pressure from proposals suggested by Belfast Trust impact on Winter Pressures for SE Trust?	The Trust is considering the regional impact of proposals. The Trust acknowledges that some Belfast Trust proposals would have an impact on SE Trust residents, particularly domiciliary care, reduced beds, fertility treatment and high cost drugs.
Will there be an impact on other Trusts for the South Eastern Trust proposals? It seems there may be an impact on the ambulance service.	The Trust does not foresee any impact on the other four provider Trusts. However, there may be an impact on ambulance times.
Maintaining Safety How can the Trust add to the pressures in the Emergency Department and still maintain safety of patients?	The safety of patients remains a key Trust priority and this will continue. This proposal may have the impact of slowing

Maintaining Safety	the system as staff may take longer to see patients. The proposed reduction in medical locum spend means that the Trust will replace high cost locums with a range of options, where that is possible. This includes permanent appointments. The Trust acknowledges that there may be less opportunity to "flex up" services during the challenging winter months. The Trust will not endorse or implement any proposals that leave any service unsafe. We acknowledge however the proposals will impact on some aspects of quality, access and the level of risk associated with some services.
Ensure the safety of proposals as the foremost principle to consider in identifying savings proposals The principles on which these savings are based do not appear to consider the actual human impact.	The Trust has considered these proposals in light of safety, deliverability, impact and strategic direction. Impact statements were included in the consultation document, and continue to be considered.
No evidence of Trust's intention to maintain duty of care.	The Trust will ensure safe levels of staff are in place.
How will the Trust ensure that the proposals don't impact patient safety?	If proposals are implemented, 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.
How is the Trust going to maintain safe services in the light of winter pressures?	The Trust has considered these proposals in light of safety, deliverability, impact and strategic direction. Safe services will continue to be maintained although the Trust acknowledges that there may be less opportunity to "flex up" services to cope with increased demand over the winter.

Mitigation Telephone outpatient reviews rather than face-to-face reviews, nurse-led reviews	In some areas, for example the Virtual Fracture clinic, this approach is being used and has positive outcomes. The Trust will continue to seek opportunities to take this approach.
Alternative proposals Introduce a new treatment, Urolift, in relation to proposal nine (urology), which could save £1400 in year and 3.3 bed days.	Noted.
Why are there so many hospitals in the South Eastern Trust? Could these not be consolidated?	Any proposal in the savings plan must be temporary in nature. The future configuration of hospitals within the South Eastern Trust area will be considered as part of a regional review which emanates from the Minister's vision, *Delivering Together* and the *Bengoa Review*.
Medicines optimisation – there is scope for additional savings.	The Trust continues to seek cost savings through medicines optimisation.
Introduce prescription charges	This is a matter for the Department of Health; the Trust has no scope to introduce prescription charges.
Emergency Department could be closed at Lagan Valley or Downe	We do not believe this would be a suitable proposal to release monies for a temporary period in 2017/18.
Charge people for not attending appointments.	There may well be merit in exploring charging in certain scenarios in the future, but this would be a policy decision which would need to be politically led and subject to full public consultation.
Review the number of meetings being held to reduce time/mileage spend.	The Trust has increased its videoconferencing facilities to address this point, and this has resulted in a reduction but the Trust will continue to improve.
Monitor travel to the UK, Europe or further afield for conferences or network events.	The Trust complies with the current procedure.

Prioritising participation in national awards.	Noted.
Management consultant usage should be cut as they are very expensive. Cut managers' salaries and streamline management costs.	The Trust use of management consultants is extremely limited, and there is strict Department of Health guidance for their use. Management costs in the South Eastern Trust are 3.4%, which benchmarks favourably against the UK and Europe.
Withhold clinical excellence payments in 17/18	This scheme has been suspended since 2014. This scheme is managed by the Department of Health, not the Trust.
Reduce administrative overtime	Administrative staff do not routinely receive overtime.
Delay decisions on any Agenda for Change banding appeals Review any long term Mental Health or Learning Disability cases currently being treated in GB to ascertain if they could be treated back in Northern Ireland at a lower cost. Re-use equipment after decontaminating them as opposed to using one off disposables e.g. Crutches, Zimmer frames Delay any planned expansion in operating hours for diagnostic labs Delay any implementation of autism, drug/alcohol or sexual health services that are planned Delay implementation of day opportunity placements that are being funded with new recurrent money in 17/18 Postpone any new supported living placements and offer cheaper domiciliary care, nursing home care, residential home care or day care as a temporary	Further delay to these panels would have no impact on savings. All mental health and learning disability cases are regularly reviewed on patient-centred approach to ensure needs are best met. The Trust recycles all equipment, where appropriate. The Trust has no plans for expansion in operating hours for diagnostic labs. The Trust has no plans to delay these vital services. The Trust commenced new day opportunity schemes in 2016/17 non-recurrently .The recurrent funding in 2017/18 will make these developments recurrent .There will therefore be no delay in 2017/18. Supported Living tenancies provide a combination of care and support in one's own home; this is not an alternative to daytime opportunities which are activity-

alternative to learning disability or mental health patients.	based. The Trust does not intend to postpone any planned supported living placements and will continue to work in partnership with the Northern Ireland Housing Executive to maximise housing options for people with learning disability or mental health in line with individually assessed need
Review renal dialysis patients to ascertain who may be suitable for home based renal therapy as opposed to hospital based treatment. WHSCT undertook this work a few years ago and managed to move 6 additional patients to home based treatment saving £20,000 per patient pa.	Noted.
Withhold the 1% pay inflation award in 2017/18 to all staff, except qualified nurses, at band 8a or above in 2017/18.	This would be in breach with Agenda for Change terms and conditions.
Reduce outpatient new to review ratios on all low complexity cases to increase additional capacity to deal with waiting lists. Whilst it may not be necessary to automatically review all patients there would need to be a mechanism in place for a patient to be brought back into the system quickly should they need it.	Noted
Re-engage with elderly Statutory Residential Home clients and their families to see if their circumstances have changed and they would be willing to be re-accommodated in an independent sector residential or nursing care home. This could lead to closure of a home to release cash.	The Trust is following Ministerial direction in relation to Statutory Residential Homes.
If closure of elderly Statutory Residential Home is not feasible consider utilising spare accommodation in them to facilitate provision of day care thereby allowing day care centres to close instead to release cash.	This only applies to one statutory residential home within the Trust catchment area. Spare capacity is used for respite and step down care at present.
Introduce Shared Lives for Learning Disability/Down Syndrome service users	The Trust already offers some Adult placements with families and has a range

as quickly as possible to reduce reliance on more expensive respite care in Nursing or Residential Care Homes to release cash.	of respite options available to reduce reliance on residential based respite services.
Reduce the number of day care attendances for Mental Health/Learning Disability service users where the service is provided by agency staff to reduce costs.	Day care attendance is based on assessed need, not staff costs. The Trust will continue to fill vacant posts permanently to reduce agency usage.
Investigate the ability of the independent sector to take on extra domiciliary care hours or day care placements as a statutory sector postholder leaves the service thereby allowing the Trust to switch the provision of care to a lower cost provider.	The Trust is constantly working with its Independent Sector partners and will always seek to maximise capacity. The Trust however, requires to maintain its own services to ensure that overall service provision is maintained.
Consider the possibility of offering a new type of domiciliary care contract with local individual suppliers who are self-employed and invoice SEHSCT but who can command an hourly rate of say £15 per hour which is lower than the statutory rate of £23, but higher than the independent sector rate of £10 per hour.	The Trust would not be able to offer individual contracts to numerous individuals as this would lead to higher operational costs in terms of contract management. The independent sector rate in the Trust is currently more than £13 per hour.
There are thousands of fit, retired individuals who may wish to take on the care needs for just 1 or 2 individuals per day in their local area. This obviously would need resourcing to co-ordinate this service and would still need to be subject to safeguarding, training and quality checks. It would also require a bank of floating providers to be in place who could take over at short notice should the local carer be unwell or be off on holiday.	The Trust operates volunteering schemes for services such as befriending already. However, to look after an individual and provide personal care requires specific training and support.
Consider introducing the requirement for family members to assist hospital patients with feeding, showering and dressing, where suitable, as they do in other countries thereby being able to free up cash spent on auxiliary staff employed via agencies.	The Trust would encourage families to support relatives in hospital; however we have a duty of care to provide appropriately trained staff to provide care. This proposal may not be consistent with human rights legislation and may significantly disadvantage patients who do not have family support.

Start training up your own Advanced Nurse Practitioners to undertake work that is currently only done by medics which would be a lower cost option.	The Trust is participating in a regional initiative to develop the Advanced Practitioner workforce.
Cease all referrals to GB for gender realignment.	This service is not provided in Northern Ireland; therefore patients who require this service are referred elsewhere.
Review and reduce all domiciliary care hours currently provided where possible.	The Trust is recruiting domiciliary care workers; this is a vital service which enables people to remain at home as long as possible.
Review the content of day care services. If SEHSCT currently pay someone to deliver music or art therapy look into attracting retired community volunteers to deliver this instead.	The Trust would not consider it appropriate to use unqualified volunteers to replace qualified music therapy staff however will continue to maximise volunteering opportunities were this is appropriate.
Consider introducing productivity bonuses for lab technicians that are also linked to quality to help with diagnostic waiting times.	The introduction of productivity bonuses for lab technicians would be a clear breach of Agenda for Change terms and conditions and would create an inequality for other staff employed in the HSC.
Ensure that SEHSCT is claiming all income possible in relation to recovering care costs associated with Syrian Refugees, Road Traffic Accidents, treating non elective GB patients in a SEHSCT hospital.	The Trust has an excellent record in recovery of income – in many cases the highest rates in Northern Ireland.
If SEHSCT are to deliver £2,050k savings through the reduction of locums and agency staff (excluding qualified nurses), might it be worth considering reducing all their hours by a proportionate amount so that nobody has to be let go as opposed to letting go 30 locums?	Locum and agency staff are not Trust employees. The reduction in spend will be achieved by the reduction in the number of locum and agency shifts, not individuals. The Trust is seeking to recruit vacancies on a permanent basis and reduce reliance on locum and agency staff.

The South Eastern Trust would like to thank all those who contributed to this consultation. A full list of respondents is contained within Appendix 1.

Appendix 1 – List of Respondents to Consultation

Age NI
Age Sector Platform
Alzheimer's Society
ARC NI
Arthritis Care
Autism NI
Belfast City Council
British Dental Association NI
British Geriatrics Society
British Medical Association
British Red Cross (NI & Isle of Man)
Carers NI
Chartered Society of Physiotherapy (NI)
Commissioner for Older People for NI
Community Development and Heath Network
Council for Public Affairs of the Presbyterian Church
Disability Action
Domestic Care NI
Down Community Health Committee
Equality Commission for NI
General Medical Council
Home Start UK
Independent Health & Care Providers
Lisburn & Castlereagh City Council
LNC Response
Long Term Conditions Alliance NI and Chief Officers 3rd Sector
Macmillan Cancer Support
Marie Curie
MS Society Northern Ireland
National Children's Bureau
Newry, Mourne and Down District Council
NI Council for Racial Equality
NI Council for Voluntary Action
NI Neurological Charities Alliance
NICCY
NIC-ICTU Health Committee
NIPSA
Northern Ireland Association of Social Workers
Northern Ireland Hospice
Parkinson's UK
Psychologists for Social Change NI
Radius Housing
RNIBNI
Royal College of General Practitioners NI
Royal College of Midwives
Royal College of Nursing
Royal College of Speech and Language Therapists
Rural Community Network

SDLP
Sinn Fein
Society and College of Radiographers
Society of Chiropodists and Podiatrists
Ulster Unionist Party
UNISON Down Lisburn Branch
UNISON NI
Unite the Union
United Kingdom Homecare Association
Volunteer Now
Women's Aid NI
Women's Resource & Development Agency

MLAs

Sinead Bradley MLA
Paula Bradshaw MLA
Colin McGrath MLA

Other individual respondents have not been identified by name but their feedback has contributed to the consultation outcome report.