

2017/2018 Financial Planning

Savings Plan

Consultation Outcome Report

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ACKNOWLEDGEMENTS

The Trust wishes to thank all of those who contributed to this extensive public consultation exercise, which was undertaken within a short timeframe. In particular the Trust would like to acknowledge the efforts made by a wide range of people, including staff, their Trades Unions, representative groups and the people of the West and providing such a significant level of feedback in written form and by attending in person at the range of events which were put in place by the Trust to listen to their views.

The Trust received 7710 responses (including petitions) with almost 1,000 members of the public (service users, carers, local representatives, trade unions) attending one of the five consultation meetings, over 9300 engagements via social media and almost 450 staff attended our staff engagement events.

The Trust faced hostility in its engagements and a significant outpouring of anger and concern. People described themselves as frightened for the future, and viewed this as the initial step to a long term deterioration of services in the Western Area.

There were strong views that in delivering these proposals the Trust would adversely affect the lives of some of the most vulnerable people in our society and communities, and that the proposals would affect people “from the cradle to the grave”.

The Trust recognises the passion and strength of feeling expressed throughout this consultation process for the services we provide, and this report will be a central part of the information considered by the Trust Board, in its decision-making.

We want to thank everyone who took the time to be part of this consultation.

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

SECTION 1 - EXECUTIVE SUMMARY

On August 24, 2017, the Western Trust launched its public consultation on savings proposals for 2017/2018. By October 5th, when the consultation closed, we had heard from more than 7,700 individuals and organisations from across our geography, either in writing, by petition or through participation in one of the events we held for staff (12 open events and 30 targeted events), public (5 events) or political representatives and other stakeholders (19 events).

We are incredibly grateful to all those who responded.

The following key themes were common across responses:

- that decisions were already made and/or that the process was not open
- that the most vulnerable 'at the extremes of life' would be hardest hit
- that the West would be disproportionately impacted
- concern for hard-pressed staff
- concern about the ability of services to respond to 'winter pressures'.

I want to recognise the very large number of responses we received, and the number of people who came to our public meetings. The biggest turn out of people was at the event in Enniskillen which was rescheduled to accommodate the number of people wishing to attend. There was particular concern there that the sustainability of services at the South West Acute Hospital would be undermined by the savings proposals.

Because of the timescale involved in its preparation, and the volume of responses, this report has attempted to encapsulate the depth of feeling or strength of opinions that were expressed through the engagement sessions. I believe the report draws on sufficient material to describe the concerns expressed across all sectors here about the impact of the major / controversial proposals on our service users.

The Trust's initial reaction to the consultation outcome is to acknowledge the strength of the responses we received and the interest and commitment that this demonstrates. The draft savings plan which the Western Trust produced was markedly different from those produced by other Trusts. It had a greater proportion of high impact proposals, amounting to over £9 million of the £12.5 million total required. This reflects the reality that this organisation faces a significant financial challenge already. Many low impact steps that can be taken to contain spending are already in place. We very much welcome the confirmation by the Department of Health on October 11th that additional funding is being made available to the HSC and that this will be offset against the high impact proposals across all the Trusts.

This consultation process has made us more aware than ever as an organisation of

our approach to involving service users and staff, and we commit to improving how we do this, as it must be part of how we work.

It is important that we consider together how we prioritise the use of the resources available to us. It is realistic to expect that the financial constraints will deepen in the coming years. I am reminded of something that Professor Bengoa and the expert panel said in their report:

“Northern Ireland is not alone in facing these challenges. Health and social care systems across the developed world are currently struggling with the question of how to adapt their services to deal with continuously rising and changing patterns of demand. Most countries also recognise that simply adding more money and resources to tackling these issues is not enough. To make services higher quality and sustainable, radical transformation is required.”

We must accelerate the reform that is set out in the Bengoa report and amplified in the strategy for health and social care, *Delivering Together*. We can only do this well if we work in partnership with our communities, our service users and other stakeholders.

I believe that I reflect the views of our workforce when I say that we are ready and committed to doing so.

Dr Anne Kilgallen

Chief Executive

SUMMARY

The summary of proposals and a summary of Trust responses is set out below:

No.	Proposal description	Trust Response
1-4	Various low impact measures	<p>The Trust has also mitigated the impact of an increased rate by revising its proposal.</p> <p>The Trust would intend to formally consult on revisions of parking charges, as a proposed permanent change from 1st April 2018.</p>
5	Reduction in flexible staffing including high cost and non-NHS locums, nursing agency and agency Social work staff	The Trust acknowledges that this proposal will place more pressure on the remaining hospital beds heading into the winter period when demand is greatest
6	Temporarily reduce routine elective activity across the Trust and consolidate day case elective surgery	The Trust acknowledges that waiting times are unacceptably long and accept that the implementation of these proposals on a temporary basis will increase waiting times further.
7	Operate a cap on locum payment rates	<p>The Trust has been clear in its engagement with other Trusts and the DOH that a regional cap on locum rates should be applied.</p> <p>The Trust is concerned that this proposal cannot be implemented in isolation without a regionally agreed solution.</p>
8	Temporarily reduce the provision of Domiciliary Care and Nursing Home Packages	<p>If this proposal were to go ahead, the Trust acknowledges that there would be an increase in the average length of time a patient is delayed in our hospitals and be delaying access to packages of care and nursing home placements.</p> <p>The Trust would protect referrals for all End of Life care, which would not be affected by these measures.</p>
9	Consolidate services onto fewer sites and rationalise existing services in order to maximise the efficient use of resources	The Trust acknowledges that a merger of the 2 homes would be extremely difficult to implement on a temporary basis without agreement and consent of the residents and their families. The Trust further

		<p>acknowledges that by its nature the move of any resident to an alternative home is unlikely to be reversed. Therefore the impact of this proposal could be perceived as permanent in nature.</p> <p>The Trust acknowledges the need for daycare services and their importance in maintaining high quality of life and keeping people connected to their communities. The Trust feels that services could be provided at different daycare centres without impacting on safety and quality however the Trust acknowledges the rural nature of these day care services and the strength of feeling that they should be retained.</p>
10	Apply additional vacancy controls on a temporary basis across a range of disciplines/ services and accrue in year savings due to revised annual leave policy.	<p>The Trust will manage its workforce effectively.</p> <p>Accrue in year savings due to revised annual leave policy:- It is proposed to mandate that all staff use their full complement of annual leave entitlement for 2017/18 by 31 March 2018 – with no carryover leave into the 2018/19 leave year. In very exceptional circumstances carry over can be authorised at Director level – however these will be minimal and only allowed in very exceptional cases.</p> <p>Staff groups who work directly with patients or provide front line services will need to be backfilled and the Trust has accounted for this. Despite this, the Trust is concerned that there will be operational difficulties in securing staff to backfill due to the short time available to deliver on this proposal, and workforce shortages in key occupational groups.</p>
11	Temporarily reduce or delay some services/service developments	The Trust feels this is a proportionate approach giving the very significant constraints which have been proposed for established services.
12	Remodel services on a	The Trust has reflected on the wide range

	temporary basis	<p>of views it has received from its targeted engagement with staff, clinical views and public opinion.</p> <p>The Trust believes that the development of transitional care should be explored alongside current neonatal services and not as a temporary replacement for the existing neonatal provision in the SWAH which will be informed by the regional Neonatal review.</p> <p>The Trust views that there is a need to review the OPALS model as part of a total review of flow across the community interface.</p>
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Trust Board will consider this report at its public meeting on 13th October 2017 and will make recommendations that will then be shared with the Health and Social Care Board and the Department of Health, for approval.

All individuals and organisations who are on the Trust's consultation database will be notified of the consultation outcome report and the document will be uploaded onto the Trust's website.

SECTION 2

Consultation Process

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

Requesting responses from individuals and representative organisations

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

Almost 1000 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also reminded of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats on request.

Format of Response	Number of Responses
Completed Consultation Questionnaires	86 received by post or via email
Petitions: Day Care Centres	664 signatures
Neonatal Unit	2607 signatures
Letters	3105
Email	78
Comments received at public and staff engagement events	1168
Telephone Calls	2

Locality Engagement Meetings

During the consultation period the Trust held five locality engagement meetings to engage directly with service users, carers, the public and local representatives. The format of all of the meetings, except Enniskillen, was a short presentation on the proposals and break out into small groups with facilitators to enable all comments to be heard. Due to the large numbers that attended the Enniskillen event, the Trust rescheduled the event and amended the format to theatre style to accommodate the large volume of attendees. Sign language interpreters and Easy Read documents were made available to facilitate engagement.

Details of the meetings and numbers attended are provided below.

Date	Location	Number attending
Monday 18 September 2017 (2-4pm)	Limavady	17
Thursday 21 September 2017 (2-4pm)	Omagh	27
Tuesday 26 September 2017 (7-9pm)	Derry/Londonderry	Approx. 200
Wednesday 27 September 2017 (2-4pm)	Strabane	23
Thursday 28 September 2017 (7-9pm) – Rescheduled to 2 October 2017.	Enniskillen	Approx. 660

Meetings with staff

The Trust recognises that the key to success in major transformation is the involvement of staff. During the consultation process we held 12 general engagement events offered to all staff with 450 attendees as follows across all our localities. In addition a number of targeted events were held with potentially affected service areas. Trade Unions were consulted and have supported staff at both internal staff engagement events and public meetings throughout the consultation period. They have garnered the views of staff and represented these at these engagement events and in correspondence with the Trust.

Date and Time	Location	Target Group	Number attending
6 th September 2017 (10am – 11am)	New Omagh Hospital	All	9
12 th September 2017 (11.30am – 12.30pm)	SWAH	All	55
13 th September 2017 (11am)	Altnagelvin	Acute	8
14 th September 2017 (3.30pm)	Altnagelvin	Acute	6
14 th September 2017 (2.30pm)	SWAH	Neo-Natal	16
18 th September 2017 (10am)	St. Columbs Park House, L'Derry	Homecare	18
18 th September 2017	Altnagelvin	Acute	8
18 th September 2017	Limavady	Homecare	14
19 th September 2017 (6.30pm)	SWAH	Neo-Natal	9
19 th September 2017 (9.30am)	Altnagelvin	OPALS	9
19 th September 2017 (1pm)	SWAH	OPALS	4
19 th September 2017 (2 sessions 2.30pm – 4.30pm)	Limavady (LCDI)	All	5
20 th September 2017 (11am)	Altnagelvin	Acute	4
20 th September 2017 (11am – 12pm)	SWAH	All	76
20 th September 2017 (2pm)	Rectory Field, L'Derry	Rectory Field	20
20 th September 2017 (3.30pm)	William Street, L'Derry	William Street	22
20 th September 2017 (11am)	Omagh H&PCC	Homecare	5
20 th September 2017 (2.30pm)	SWAH	Homecare	0
20 th September 2017 (7pm – 8pm)	New Omagh Hospital	All	0
21 st September 2017 (10am)	Gortmore Day Centre, Omagh	Gortmore, Dromore & Gortin	8
25 th September 2017 (4pm – 5pm)	T&F Hospital, Omagh	All	19
26 th September 2017 (2 sessions 10am –	Gransha	All	34

12pm)			
26 th September 2017 (10am)	Altnagelvin	Acute ACUI/CDU	6
26 th September 2017 (11am – 12pm)	Altnagelvin	Ward 7	9
26 th September 2017 (2 sessions 10am– 12pm)	Gransha	All	0
27 th September 2017 (2 sessions 1pm – 3pm)	Altnagelvin	All	32
27 th September 2017 (7pm – 8pm)	SWAH	All	11
28 th September 2017 (10am – 11am)	SWAH	All	32
28 th September 2017 (2 sessions 2pm – 4pm)	Strabane	All	5
29 th September 2017 (2 sessions 6pm – 8pm)	Altnagelvin	All	0

Meetings with stakeholders/interested parties/representative bodies/ organisations

The Trust attended 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.

Date	Organisation/Who	Number attending
Tuesday 12 September 2017	Personal and Public Involvement Forum	15
Monday 25 September 2017 (7pm-9pm)	MENCAP and clients with a Learning Disability	27
Friday 22 September 2017	Dromore Day Centre Clients, Omagh	12
Tuesday 19 September 2017	Rectory Field Clients, L'Derry	6
Tuesday 19 September 2017	William Street Residential Home Clients, L'Derry	10
Monday 25 September 2017	Gortin Day Care Clients, Omagh	7
Friday 22 September 2017	Rosslea Day Care Clients	7
Wednesday 20 September 2017	Independent Domiciliary Care Providers Omagh Area	5

Thursday 21 September 2017	Independent Domiciliary Care Providers L'Derry Area	5
Thursday 21 September 2017	Independent Domiciliary Care Providers Omagh Area	10
Friday 08 September 2017	West Tyrone/Fermanagh & South Tyrone Representatives	9
Thursday 14 September 2017	MLA Engagement Event – Foyle/East Londonderry	7
Thursday 24 August 2017	MLA Briefing	N/A
Thursday 07 September 2017	Fermanagh and Omagh Council Meeting	N/A
Thursday 14 September 2017	Derry City & Strabane District Council Meeting	N/A
Monday 2 October 2017	NIAS	Telecall
Monday 2 October 2017	HSE	Telecall

The Chief Executive also attended 3 meetings with GP's to make them aware of the consultation process on the savings proposals and to encourage feedback.

Digital press and advertising circulation and coverage

The savings plan consultation was widely promoted across digital channels and local and regional print media. The coverage received in the media was extensive following the issuing of two releases and press adverts. The Chief Executive, Trust Directors and Trade Union representatives also engaged in media interviews with broadcast reporters and print media journalists. There were also a range of responses via social media. This is summarised below:

Twitter	Retweets – 80 Impressions – 21,900 Engagement – 765
Facebook	Total Reach – 70,500 Total Engagement – 8,600
Website	Total views 1,702
Press Release: There were 2 press releases issued.	Launch of savings plan 24 August 2017 Details of the public engagement events

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

SECTION 3

Consultation Feedback

All the feedback received, from both the written feedback and the meetings held has been considered by the Executive Team and grouped into the emerging key themes as detailed below. Given that we have had over 7710 comments we have attempted to capture the key themes.

Overall view

It is clear from the responses that the Trust received and the views expressed throughout the 6 week consultation process, that respondents were overwhelmingly opposed to the Trust's proposals. Throughout our public and staff engagement events there were extremely strong views expressed including anger at further proposals to "cut" services. The most commonly expressed view have been categorised as: -

- Trusts should resist these saving proposals as Education did; Trust Boards should just say "No".
- The political establishment needs to take responsibility.
- Impact of the proposals will affect our most vulnerable, particularly older people.

"Trust would be hard pressed to show it is acting in accordance with the principles of safety, deliverability and strategic direction".

"We will support the Trust in not implementing cuts; the Public should take to streets. The whole plan will have big impact on older people; Morality should outweigh legality in relation to our obligations".

"What is Trust doing to oppose – Trust Board must oppose. Head teachers are opposing cuts. Health should too. If Trust Board says NO it will put pressure on politicians. – Trusts need to do this. A Minister wouldn't let this happen".

Measures likely to be considered Major and/or Controversial

Proposal 5 - Reduction in flexible staffing including high cost and non-NHS locums, nursing agency and agency Social work staff

Currently the Trust uses a considerable number of locum medical staff, agency nurses, Social workers and Allied Health Professionals, primarily in our acute hospitals, but also in our community services, due to the difficulty in permanently recruiting medical, nursing and other staff.

Whilst it was acknowledged that the health and social care system should not be reliant on locums and agency staff, the majority of respondents felt that this proposal would create additional waits for patients and increased pressure in our hospitals particularly during the winter.

“Trust is paying more expensive doctors and bank staff. Enquired as to efforts by the Trust re recruitment and retention – there need to be a long term strategy?”

“Collapse of services by removing locums. Closure of beds will impact further on elective surgery”

“When agency staff are removed there will be increased pressure on the care staff – this will place significant pressure and on quality of care delivered, increased sick leave”

Trust response

The Trust acknowledges that this proposal will place more pressure on the remaining hospital beds heading into the winter period when demand is greatest.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 6 - Temporarily reduce routine elective activity across the Trust and consolidate day case elective surgery

As a consequence of the reduction in agency staffing the Trust will reduce routine elective activity. In 16/17 the Trust was asked by the commissioner to undertake approximately 29,000 inpatient or day case treatments. Approximately 65% of the Trust inpatient and day case activity is for routine treatments.

Responders highlighted the detrimental effect that the closing of beds will have on patients' health and wellbeing. Grave concerns were expressed over cancelling of elective surgical with people already waiting for long periods of time for procedures.

“Reduction in elective surgery will make waiting times for treatment worse. Current wait of over 6 years for hip or knee replacements can lead to reliance on potentially addictive medication”

“Thinking of closing wards when we don't have enough beds as it is”

“Knock on effect if routine surgeries are cancelled as will present as emergencies and will arrive sick as inpatients.”

Trust response

The Trust acknowledges that waiting times are unacceptably long and accept that the implementation of these proposals on a temporary basis will increase waiting times further.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 7 - Operate a cap on locum payment rates

The Trust will operate a cap on all agency locum rates, to reduce the premium paid to high cost locums in key specialties.

There was general agreement that this was the right thing to do but it was acknowledged that the Trust could not implement a cap alone without impacting services therefore it would require regional buy in.

“Locums need regional directive. Demand on A&E is heavily reliant on locums in SWAH mostly”

“Cap on locums is very good if it could be achieved if other Trusts agree.”

Trusts should work together to spread the medical workforce – different pay, on call hours, between trusts. – Joined up approach is required. “

Trust response

The Trust has been clear in its engagement with other Trusts and the DOH that a regional cap on locum rates should be applied.

The Trust is concerned that this proposal cannot be implemented in isolation without a regionally agreed solution.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 8 - Temporarily reduce the provision of Domiciliary Care and Nursing Home Packages

The Trust proposes that domiciliary care services will be targeted at the highest risk clients and a recommendation will be made on a Regional basis to revise eligibility criteria to enable a reduction in expenditure. This will reduce expenditure in both the Trust and with the independent sector providers.

There were significant comments opposing this proposal and considerable concern was expressed at public meetings. The majority stated that reducing access to these services will have a knock on effect on hospital admission, discharges, and longer stays as well as a disproportionate impact on older people. In addition, comments included the impact that this will have on carers and possible impact on the human rights of the service user. In addition the Commissioner for Older People Age NI/ for Northern Ireland added to the voice of concern on the impact on older people.

“There is a cumulative impact of domiciliary care cuts and bed closures.”

“These proposals will have a particular negative impact on rural needs as well as the hospital.”

“Need Dom Care packages to allow timely discharge from hospital”

Trust response

If this proposal were to go ahead, the Trust acknowledges that there would be an increase in the average length of time a patient is delayed in our hospitals and be delaying access to packages of care and nursing home placements.

The Trust would protect referrals for all End of Life care, which would not be affected

by these measures.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 9 - Consolidate services onto fewer sites and rationalise existing services in order to maximise the efficient use of resources

The Trust proposes to consolidate the services in the Derry/Londonderry area provided by William Street and Rectory Field Residential Homes onto a single site. The Trust will also rationalise and consolidate daycare services in the Southern sector in recognition of previous consultation exercises which will affect Gortin, Dromore and Rosslea.

There were a significant number of responses opposing these proposals. The majority of the comments referred to the negative impact that the proposed changes to residential homes and closure of day centres would have on the older person, their health and social wellbeing and their families. There were a number of personal letters by individuals on retaining these services as they are. As in the previous proposal, the Commissioner for Older People for Northern Ireland added to the weight of concern on the impact of this proposal on older people. In addition respondents queried the temporary nature of these proposals that when implemented on a temporary basis would be difficult to reverse.

“Closure of key facilities: Rural needs need to be protected”

“Need to reconsider Rectory Field and William Street – residents are very worried and this is a major concern.”

“Residential home proposal is temporary although may be permanent.”

Trust response

The Trust acknowledges that a merger of the 2 homes would be extremely difficult to implement on a temporary basis without agreement and consent of the residents and their families. The Trust further acknowledges that by its nature the move of any resident to an alternative home is unlikely to be reversed. Therefore the impact of this proposal could be perceived as permanent in nature.

The Trust acknowledges the need for daycare services and their importance in maintaining high quality of life and keeping people connected to their communities. The Trust feels that services could be provided at different daycare centres without

impacting on safety and quality however the Trust acknowledges the rural nature of these day care services and the strength of feeling that they should be retained.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 10 - Apply additional vacancy controls on a temporary basis across a range of disciplines/ services and accrue in year savings due to revised annual leave policy.

The Trust proposes to revise its arrangements for enabling staff to carry over annual leave to the following year. In addition to delay recruitment of a range of vacant posts across Primary Care and Older Peoples services.

Staff respondents suggested that the annual leave proposal would be a cultural shift however that in some front-line areas it may be difficult to manage and it needed some flexibility. Some concern was voiced by staff on the temporary delay of vacancies and how it would be managed to avoid more pressure on the system.

“Annual leave proposal would bring processes into line across the services”

“Staff are unclear how taking annual leave will create a financial benefit”

“Temporary delays on vacancies will increase impact on waiting lists with increased waiting times”

Trust response

This proposal will be challenging to implement on a short period and the Trust will wish to work with its staff and Trade Unions to plan more effectively the carryover of annual leave if it were to be changed in this way.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 11 - Temporarily reduce or delay some services/service developments

The Trust proposes that where it has been allocated investment to take forward the development of new services, the Trust will delay the start date of the service investment, including staff taking up post.

There was little reaction to this proposal with the only comment relating to lack of information around what services would be affected.

Trust response

The Trust feels that this would be a proportionate approach in circumstances where there were very significant financial constraints. The Trust will manage any natural slippage to its investments in the normal way.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Proposal 12 - Remodel services on a temporary basis

(a) Neonatal Service Reform at SWAH

The Trust proposes to reform neonatal service provision at SWAH to a transitional care based service.

A significant number of people commented that the Remodelling of neonatal services in the SWAH will have detrimental effects on the safety and well-being of babies born in the South West of the Province.

There was a very significant strength of feeling opposing this proposal at the public meeting in Enniskillen. There were a number of emotive personal stories recounted on retaining this service as is, and the high quality service provided and received by these mothers and babies.

The Regional Neonatal Network Board highlighted that they would be concerned that the Western Trust would make decisions about the future direction of the SWAH NNU whilst the regional review of neonatal services is yet to be shared. PHA also voiced concern about any possible savings that would be taken from nursing staff when there is currently a review of the neonatal nurse staffing taking place as phase 6 of the normative staffing project.

“Remodelling Neo-natal Services in SWAH – will Belfast accept this and support this proposal – inter-trust transfer needs will escalate. More NIAS resource needed.

“Currently threshold for model not yet confirmed, Regional review underway hence this proposal counter strategic”

“Neonatal service cuts are not acceptable, babies and mothers need this service”

Trust response

The Trust has reflected on the wide range of views it has received from its targeted engagement with staff, clinical views and public opinion.

The Trust believes that the development of transitional care should be explored alongside current neonatal services and not as a temporary replacement for the existing neonatal provision in the SWAH which will be informed by the regional Neonatal review.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

(b) OPALS Service Reform

The Trust will also reform the Older Persons Assessment and Liaison Service (OPALS) in its hospitals in order to maximise the efficient use of resources.

A number of respondents, both staff and public, commented that the suspension of the OPALS service will have an adverse impact on older people and delay hospital discharges. Most comments outlined the role of the OPALS team in prevention of admission by signposting to community and voluntary support, facilitating discharges and the potential of growing waiting times for Allied Health professionals if the service is not retained.

“Early intervention by OPALS prevents higher level intensive care later on”

“Opal service deals with most frail and vulnerable and reduces length of stay in hospital”

“Staff concern regarding pressures on Acute service”

Trust response

The Trust views that there is a need to review the OPALS model as part of a total review of flow across the community interface. The Trust will work with staff across hospital and community services to ensure that the OPALS service and resources operates more effectively to integrate other discharge pathways as part of a total review of patient flow.

In accordance with DOH letter dated 11th October 2017 this proposal will not be submitted to Trust Board on 13th October 2017.

Plans regarded as low impact

Proposals 1- 4

These included proposals on reducing the use of a range of external service providers and consumables, proposals to put in place a range of controls on limiting expenditure and proposals to control vacancy. In addition the Trust proposes to increase the hourly rate for paid car parking at the 3 hospital sites.

A small number of respondents were concerned about the proposed increase in car parking charges at the hospital sites. Others expressed concerns on the impact of the vacancy controls on support services staff.

Trust response

Across its hospital sites, the Trust Board has agreed that at least 70% of its car parking should be allocated as free spaces.

The Trust has also mitigated the impact of an increased rate by revising its proposal. The original proposal was that the parking charge would increase to £1.00 per hour, the revised proposal is that the parking charge would increase by 20p on the current overall charge for the duration of the parking event. Furthermore the Trust would restrict the increase by 20p to hours 0-4, and the car parking charge would remain unchanged for longer stays.

Mitigation of support services

The Trust would intend to formally consult on these temporary revisions of parking charges, as a proposed permanent change from 1st April 2018.

The Trust is committed to ensuring there is no adverse impact on its low paid support services employees, and has a programme of work underway to remove “as and when contracts”.

These proposals will be recommended for Trust Board approval on 13th October 2017.

GENERAL COMMENTS

As well as comments on the individual proposals, a significant number of general comments were made. We cannot respond to each individual comment but have identified key themes and responded.

What was heard	Our response
Language used in the Savings Plan document and feedback questionnaire	
A number of respondents told us that the questions used in the document were not user-friendly and did not help or guide them to give an informed response.	Noted.
Consultation period of 6 weeks, Temporary nature of proposals and decision making process.	
<p>The nature of the 6 week consultation was viewed as too short by many respondents and it was suggested that this would be challenged.</p> <p>There was particular concern about the use of the word temporary and if service changes were made then they would remain on a permanent basis and it would be too late after the 6 week period.</p>	<p>We have been required by the Department of Health to consult for 6 weeks on our Savings Plan.</p> <p>Temporary measures are until the March 2018, if deemed Major will be subject to a full 12 week EQIA as approved by DOH.</p>
Respondents queried whether this was really a consultation or had the decision already been made?	In line with policy guidance, following Trust Board meetings, the draft plans will be submitted to the Health and Social Care Board (HSCB) and then by the HSCB to the Department week commencing 16 October. The decision making process should be completed by Friday 20 October when the final approved plans will be published on the Trust website.
Concern for staff	
<p>There was concern for the staff that may be affected by the Trust's proposals if they go ahead.</p> <p>Many respondents suggested that staff in the Trust's statutory residential homes and specialised areas are highly skilled and well trained and questioned patient safety if staff deployed to areas they not used to working in.</p>	The Trust recognises that the proposals may mean some staff may be asked to work in a new team or work location. The Trust acknowledges the exceptional commitment and dedication of its staff and therefore is committed to putting robust mitigating measures in place. Staff's individual skills and experience and specific circumstances will be considered in any decisions to deploy

<p>In addition there was concern on Support Services staff hours being cut and that Trust staff are currently at breaking point.</p> <p>It was felt that it will be difficult for the Trust to deploy the staff causing them 'distress' as they fear they may be made 'redundant'. It was suggested that the proposed plans do not provide assurances for staff and they will result in a change to job roles and impact on staff sickness and morale.</p>	<p>staff to other areas. Training and induction to new areas will be provided, based on the needs of individual staff members.</p> <p>A communication strategy will ensure that staff will be kept fully informed of any proposed actions and developments.</p> <p>Staff affected will be invited to individual and team meetings to discuss plans to influence the planning process and to express any concerns. The Trust will engage with Trades Unions representatives to ensure a sensitive management of change process.</p> <p>Staff support, including Occupational Health and Carecall, will be available.</p>
<p>Many comments included great praise for staff stating that they do an incredible job under immense pressure.</p>	<p>The Trust appreciates the dedication of its staff</p>
<p>Some responders including staff told us that they believe there are areas that are overstaffed with managers.</p> <p>Comments were also frequently made about highly paid managers and pensions.</p>	<p>Noted.</p> <p>However we would like to observe that our management costs is the second lowest in the province.</p>
<p>Other Structures</p>	
<p>Statements were made on the need for the Trust to be implementing the Bengoa Recommendations. Systemic change is needed as soon as possible.</p> <p>In addition respondents asked why the reform of the HSCB/PHA has not happened.</p>	<p>The Trust is supportive of this approach.</p> <p>This is a matter for the Department of Health</p>
<p>Finances</p>	
<p>The many comments received on finances were seeking information from the Trust on how the £12.5m target was reached.</p> <p>Comments included how the £12.5M savings have been calculated, is it fairly</p>	<p>HSCB have provided their rationale which is based on efficiency benchmarking between trusts and the overfunding of the Trust on a capitation basis.</p>

<p>distributed between Trusts; What penalty does the Trust face if Trust fails to implement cuts; what if additional funding is received; and that that is not good enough to say legal responsibility to break even and not refer to legal responsibility to protect life.</p>	
<p>Communication</p>	
<p>A number of respondents stated that the events were not widely enough advertised and that user friendly documents should have been made available.</p>	<p>As part of the consultation and engagement plan approximately 1000 consultees were notified, information was made available on the Trust website and via social media and the Trust placed adverts in local papers of the public consultation meetings held in a variety of locations through the Trust and information sent to local Forum.</p> <p>All staff were notified through staff briefings, team meetings, all user emails, Trust intranet and posters were displayed on acute and community sites.</p> <p>An Easyread version of the Savings Plan was made available at our website and on request from the Equality and Involvement office. Details have been given on both our website and at all our events.</p>
<p>Patient Safety</p>	
<p>How will the Trust ensure that the proposals don't impact patient safety?</p>	<p>Safety and Quality are central to the assessment of the proposals.</p> <p>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.</p>
<p>Respondents stated that they were shocked at some of the proposals and how the Trust were going to manage services over the winter period and asked where are people going to go?</p>	<p>The Trust Board will consider these proposals in light of safety, deliverability, impact and strategic direction. Safe services will continue to be maintained although the Trust acknowledges that</p>

	there may be less opportunity to “flex up” services.
Better use of the SWAH	
There were a number of comments, particularly at the Enniskillen event by both staff and the public to ask the Trust to make better use of our “state of the art” facility at SWAH.	The Trust welcomes this.
Less Wastage	
Some responders stated that money is being wasted in the Trust for example multiple visits to do the same thing and equipment replaced for newer models.	<p>The Trust has a Quality Improvement Cost Reduction (QiCR) programme which has been in place for a number of years. The Trust will continue to review any area of potential waste brought to its attention by its staff or the public.</p> <p>In responses to the consultation, the Trust has received a range of alternative proposals which are set out in this document.</p>
Equality Screening	
Equality screening should be done at the start of the process and any issues should be highlighted, along with mitigation.	<p>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 draft EQIA’s against each of the proposals deemed to be Major after the initial assessment.</p> <p>If approved to proceed at Trust Board on 13th October, a full Equality Impact Assessment will be carried out for a period of 12 weeks.</p>
Continue to engage with the public, it creates openness and transparency, so would encourage this.	<p>The Trust agrees that this is good practice and is currently developing its PPI Strategy and Action Plan for the next 3 years. Learning from this consultation exercise will play an important part in developing and delivering the plan.</p> <p>The Trust acknowledges the value in working in partnership with all stakeholders.</p>
Rural Needs	
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.	Noted.

SECTION 4 - ALTERNATIVES

Within the consultation questionnaire (Question 2), the Trust had asked for suggestions for alternative proposals which would deliver equivalent reduced spend in year. The Trust received a range of suggestions in response to this question, and has captured many of these below. In broad terms, the suggestions were grouped into the following areas:

- Charging of products or services should be considered, or the Trust should seek to increase its income
- The need to move ahead with changes to structures or to streamline management
- A range of suggestions on management of the Trust’s workforce, including agency staff
- Ways to increase efficiency, reduce wastage and and promote innovation

The Trust will now review the suggested alternatives in detail after the close of the consultation exercise.

Table: Alternative proposals:

Charging
Bring back prescription charges – maybe means tested.
DNA’s - large amount – 1200 per month – start charging patients for DNA’s. Patients and public are complacent and abusing it. Patients would be willing to pay a fee. Huge amount of wastage; time of usage and attendance needs to be addressed.
Invest Reducing Primary Care – Inequalities in health are increasing; require early intervention which is easier and cheaper than managing escalated conditions in a hospital setting. Need to increase care in the community which will reduce costly hospitalisations.
Reintroducing prescription charges – feels this is not the best way forward. Stated that his understanding was that this was stood down as there was a significant and costly administrative process required to administer and monitor this provision and that actual savings would be minimal.
People should be able to pay for some services – Those who can afford - pay for attending Doctor/Prescriptions etc.... cannot continue with free services
Structures
There is inefficiency across the Health and Social Care System. Commissioning has changed. When are changes going to come into effect?
Impact of BSO Pals on the Trust. Are they making savings? There is significant money being collected by BSO Pals on behalf of the Trust. Contract compliance – give them the challenge.
Need to relook at the Trust structures, there is too much duplication in management roles – need to go back to basics.
Income
Leased shop in front hall – are the profits coming back into hospital?
Private nursing homes should be charged for additional services from district nursing e.g. call district nurses to put in driver when they could possibly put in themselves if had right staff. Can we charge extra for these tasks?

Rental of Trust Facilities - This was a point made by someone in support services in an effort to gain income for the Trust.
Workforce and Working Practice
University selection – Recruitment from the West needs to be looked at. We as a Trust need to address this matter highlighting Nursing, Medical and AHP staff.
Made a suggestion in respect of impact of the cost of Agency staff. Most Homecare staff are part-time and many would welcome the opportunity to work additional hours in a hospital setting, can this be facilitated to prevent agency staff use and minimise cost.
How can we give incentive to permanent medical posts to stop reliance on locums? – Either monetary or attractive job plans to attract medical away from Belfast.
Medical trainees should be encouraged to come here and make it easier in terms of emergency tax code.
Why aren't consultants from Altnagelvin told to go to SWAH?
My suggestion is to offer every member of staff in full-time an admin and clerical post the option of reducing their working week (hours) by one day; thereby working 4 days per week instead of 5. This suggestion also recognises, and could be seen as a prelude to, the HSC Partial Retirement Scheme.
Offer "As and when contracts" and reduce Agency spend.
Theatres start @ 8.00 am in Altnagelvin, SWAH start @ 9.00 am – could extend the day in Southern Sector.
Use of Bank – why Nurses who not work for Trust substantively not able to get Bank Contract of Employment.
Contractual obligations, consider attracting doctors if they stay for 5,7,10 years then scrap student loan as a reward.
Need better use of minor ailment scheme and the Community pharmacist
Consultant bonuses- getting paid a salary+ bonus on top. Most vulnerable taking the cut for this. One NHS , different structures across trusts for consultants, needs a joined up approach .
Why are environment audits completed by 8a? Can staff not be used more effectively and these tasks be performed by Domestic/ support services.
The admin and clerical resource has become an easy target for criticism in recent times and this suggestion could also be seen as an honest attempt by the Trust to explore the truth behind the myth that our admin and clerical resource is too high.
Absence - Occupational Health work need to work better with GPs re getting staff back to work
Stop upgrades, all secondments should go back to substantive posts, terminate agency staff
Can we audit overtime, many making such a lot in overtime. Also savings in travel.
Service Improvements
Need to look at continuous Improvements in services
The Trust should be looking at proposals that increase community infrastructure and cut bed days in the acute – this is where the true savings lie.
Need more investment in prevention to stop the vicious circle.
Leads should come together and make decisions on service improvements which will ultimately result in efficiencies
Need to improve flow, lots of work already done, just need to revisit some of these workstreams such as OPJ, access to discharge and others.
Efficiency and Reduction in Waste
Stop using so much paper, printing and postage. For example stop sending letters to GPs.
Reduce lighting costs both inside and out
Suggest that Drugs opened and then can't be re-used. Need to look at this and rationalise

and control usage and lessen wastage. Need to cut back on medication from wards.
Expensive drugs disposed of – could be transferred to AAH before expiry date.
Day case provision has any consideration to performing in SWAH not all but some will require beds on occasions.
Trust needs to cease consultancy firms with immediate effect telling us what we already know.
Issue of yellow bins and that it costs £50 per tonne to dispose of these. Sharps boxes not being effectively utilised. Felt that when emptied there was little contents, it was very wasteful.
Staff member sees wastage on a widespread scale regularly. Quoted a case where a colleague went off on sick leave needing a cataract op and waited 6 months on the w/list whilst getting full pay and the Trust had to pay for backfill so double cost. In the end the lady paid privately for her cataract op and was back to work very quickly afterwards. Why doesn't the Trust look at fast tracking employees who need treatment/care and get them back to work sooner and this would significantly reduce costs.
Reduce over-testing by doctors due to fear of missing something or being sued. Cut it and it saves money.
Why is urgent care in Omagh running at night with 1 band 7 and 1 band 5 for maybe 6 patients at night. Close only at night temporary and save money, overtime is offered to cover day services in urgent care not saving money here, common sense lacks! Will save some money watch the penny's the pounds will look after themselves and not harming anyone with this suggestion
Cut heating on all the time in Health Centre in summer
Scanning bureau at SWAH such a waste, costs 3 times what it was supposed to, should be stopped
Reprofile of the capital money spend – scope for this?
PFI capital – spend to save
Costly use of nutritional supplements – simplify way of clarifying what patient needs are
Costs around procurement and contracting for same could be sourced locally at a much cheaper cost. Relax procurement rules.
Immediate cessation of free handouts for taxis. Buses etc.
There are many nurses and other health professionals walking around doing nothing.
Pre – assessment Nurse - structured criteria re procedures in TCH. If 'fit' go to TCH no anaesthetic service, no Lab etc, can't happen. Surgeons put all through as urgent – No change.
ICT
Embrace technology to make things more efficient, use things properly. Learn from people who do it well.
There are a number of failed ICT projects, if staff use functionality of ICT in place already no need to replace. Need to look at inefficiencies in ICT.
General
Concern with Kinship issue – children are kept within families – Surely there are savings there. More children coming into care. Difficulties in Foster care, kinship should be better option. Budget wasn't reflecting need. What is the savings on kinship? T Millar – Kinship is protected, we are already overspending.
Brexit The Trust needs to consider the impact of Cross Border workers returning to the ROI as a direct result in the Euro/Sterling rate. This is already impacting on Nursing and has a potential to impact on all disciplines.
GPs have ideas and opinions and no-one is listening to them - need to listen to them

Responses to Questions in the Document

1. 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?

Respondents in general did not believe that the Trusts proposals should be implemented in order to deliver its share of the regional savings plan.

2. 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?

A range of alternatives were highlighted, and are captured in this document.

3. 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?

In general The public viewed managing risk as a matter for the Trust.

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

The Trust received a range of comments on the potential impact of proposals on the Section 75 groups and received comments on the Human Right impacts of some proposals. These comments have been captured in this outcome report.

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

The Trust received comments on the potential impact of those living in rural areas, and how those areas might be adversely affected. These comments have been captured in this outcome report.

SECTION 5

Next Steps

Trust Board is asked to consider the feedback received during the consultation process on the 2017/118 Savings Plan which will inform decisions at its Trust Board on the 13th October 2017.

Following the outcome of the Trust Board meeting the approved proposals will be forwarded to the HSCB and DOH for approval.

Legislative and Equality Duties

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

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

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