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# **2017/2018 Financial Planning**

## **Savings Plan**

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### **Consultation Document**

**24<sup>th</sup> August 2017**

Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality & Involvement Team – contact details on page 15.

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# SECTION 1

## Strategic and Regional Context

### 2017/18 FINANCIAL PLANNING – SAVINGS PLANS

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care services in 2017/18 to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As part of the process the Western HSC Trust is required to publicly consult on specified proposals in our savings plan. This is in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014 which can be viewed at <http://www.westerntrust.hscni.net/about/1595.htm>

In order to fully inform the public about all savings options under consideration this consultation document includes information on the totality of the savings plan for the Western area which amounts to 12.5m.

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

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

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

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

## SECTION 2

### Trust Overview and Requirement to Make Savings in 2017/18

#### Overview of the Trust

The Western Trust was established on 1 April 2007 and is one of five Trusts in Northern Ireland which provide health and social care services across Northern Ireland. The Trust provides health and social care services across the council areas of Derry City and Strabane District Council, Fermanagh and Omagh District Council and Limavady in the Causeway Coast and Glens Borough Council.

The Trust employs almost 12,500 staff and has an annual budget of approximately £600 million. The Trust's catchment area extends over 4842 km<sup>2</sup> and serves a population of approximately 300,000, increasing to approximately 410,000 when the population of the Northern Health and Social Care Trust is taken into account for which the Trust provides a sub-regional service for ophthalmology, trauma and orthopaedics, urology and oral surgery.

The Trust provides a wide range of health and social care services from a number of hospitals, community facilities and people's own homes across a geography which has a mix of highly urbanised and extensive rural communities. This, alongside high levels of multiple deprivation and related health inequalities in some areas of the Trust geography, creates significant challenges for service delivery for the Trust as a health and social care provider and for service users accessing services.

Despite high levels of deprivation, the Western population shows equivalent or better health outcomes than the Northern Ireland average, except for respiratory conditions, i.e. asthma and chronic obstructive pulmonary disease (COPD). Mental health is considerably worse than for Northern Ireland as a whole, particularly due to anxiety and depression. Smoking also remains higher than average.

The Trust also has a responsibility for meeting the social care needs of the local community. Many of the social care responsibilities are delegated through statute, for example, in respect of children the Trust acts as Corporate Parent to approximately 600 children and young people currently.

The Western Trust is managed by a Trust Board that consists of the Chairman, the Chief Executive, seven non-executive directors and eight directors. The Trust Board's responsibilities include setting the strategic direction for the Trust, reviewing performance and outcomes, determining effective stewardship of the organisation's resources and making sure that the highest standards of governance and personal conduct are in place and are maintained.

## **Requirement to make Savings In-year 2017/18**

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

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

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

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

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

The Western Trust had total income last year of £644m and achieved break-even at year end, noting the reliance on £21.9m of non-recurring funding to do so. The Trust has a number of exceptional cost pressures relating to medical locums, Looked After Children and Emergency Departments which have been recognised by the Department of Health by providing specific financial support for the past 3 years.

The financial year for the Health and Social Care starts on the 1 April each year to the 31 March the following year. In this financial year, 2017/18, it is now clear that unless there is a significant immediate increase in the funding available in-year, at the current spending levels the Trust would spend more than the funding allocated. As a result, all Trusts across the Region have been tasked by the Department of Health (DoH) to develop a savings plan for 2017/18 to deliver a share of an identified £70 million savings required across the service by March 2018. The Western Trust share of the £70 million savings is £12.5 million. The scale of the savings needed in-year is significant and clearly, as there is limited time available to introduce savings

measures, actions would need to be taken promptly to enable the spending to be reduced.

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

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

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

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

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

## SECTION 3

### In-year Savings Plans regarded as Low Impact

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

During this year there are a number of actions the Trust had planned to take that will contain and reduce spend in-year and are considered to have low impact on front line services. Some of these actions have already begun, in line with on-going, routine operational management, to contain costs and deliver efficiencies.

The following sets out the areas that the Trust has commenced or would intend putting in place to reduce spend in the latter plan of this year.

Table 1 – Plans regarded as low impact

Planned action	
<p><b>1. Apply significant additional constraints to Goods and Services budgets across the Trust</b></p> <p><b>Total = £740k</b></p>	<p><b>Action:</b> The Trust will reduce the usage of a range of external service providers and consumables, and put in place a range of controls on limiting expenditure.</p> <p><b>Impact:</b> Reduced capacity to support Trust services, and increased impact of equipment failures, along with reduced responsiveness to estates and potential for increased health and safety risks due to delay in repairs. Potential impact on staff morale.</p> <p><b>Managing Risk:</b> A risk assessment process will be carried out to monitor the impact of these measures on an ongoing basis and prioritise available resources.</p>
<p><b>2. Apply significant additional vacancy controls in administration, corporate and support services across the Trust</b></p> <p><b>Total = £510k</b></p>	<p><b>Action:</b> This proposal refers to further constraint on pay budgets, including vacancy control across a range of support services and on call.</p> <p><b>Impact:</b> Reduced responsiveness and performance of key support services including cleaning, medical records, clinical coding and estates services including on call.</p>

	<p><b>Managing Risk:</b> Staff will be deployed to cover gaps on rotas/vacancies. Human Resources policies will be followed.</p>
<p><b>3. Accelerate projects which will deliver increased efficiency and reduced costs</b></p> <p><b>Total = £950k</b></p>	<p><b>Action:</b> This proposal accelerates projects underway and scheduled for completion in 18/19, and seeks to bring these forward to 17/18.</p> <p><b>Impact:</b> Minimal Impact.</p> <p><b>Managing Risk:</b> Projects will be tightly managed to ensure savings are achieved.</p>
<p><b>4. Increase income to the Trust where possible</b></p> <p><b>Total = £900k</b></p>	<p><b>Action:</b> The Trust proposes to increase the hourly rate for paid carparking at the 3 hospital sites within a new tiered charging scheme and revisit revenue schemes to secure savings where possible. The Trust will also revisit its financial assumptions for recovery of Nursing Home income in-year.</p> <p><b>Impact:</b> Increase in cost for paid carparking spaces on Trust grounds. Minimal Impact</p> <p><b>Managing Risk:</b> Approximately 70% of the Trust carparking spaces are free of charge. Guidelines are in place for reimbursement of carparking for those eligible.</p>
<p><b>Total low risk measures</b></p>	<p><b>£3.1m</b></p>

It is expected that the impact of these actions would contribute £3.1m towards the Trust share of the savings required in-year.

## SECTION 4

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

The ability to reduce spend in-year is limited due to the fact that the Trust employ the majority of its staff on permanent contracts of employment and over 70% of all our spending is on salaries and wages and there is no plan for redundancy.

In addition, where we contract with independent providers for services, in some of those cases there will be service contracts that commit particular volumes of work or periods of notice to end or reduce contracts. This limits the Trust's ability to reduce spend in a short timeframe.

Taking this deliverability issue into account, given that the savings required must be achieved in-year, plans to deliver savings by necessity focus on reducing use of 'flexible' staffing and, in some cases, arrangements with the independent sector where there are no or limited contractual commitments. Flexible staff include those staff working through an Agency (primarily Nurses) or staff on locum contracts (primarily locum Doctors). These staff generally require very short periods of notice.

In developing the following proposals, the Trust has prioritised the principles of safety, deliverability, limiting service impact and maintaining strategic direction proposals.

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

Against each proposal the expected impact is described and the contribution to the in-year savings plan is identified. In the latter part of this consultation document, arrangements are set out for seeking your views on these proposals.

**Table 2 Measures likely to be considered Major or Controversial**

Proposal	
<b>5. Reduction in high cost and non-NHS locums, nursing agency and agency Social work staff.</b>  <b>Total = £1.630m</b>	<b>Action:</b> 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.  This proposal places particular emphasis on reducing or removing the reliance on staff employed through non-contracted agencies that have significantly higher premiums or rates.

	<p>This proposal will release some agency staff and deploy staff across the Trust to fill gaps in rotas and vacancies, to ensure services to patients at highest risk are preserved.</p> <p><b>Impact:</b> This will result in closure of approximately 30 beds/care spaces across medical and care of the elderly wards. There will be an increase in waiting times for routine care within our hospitals. This will impact on throughput across our acute hospitals and requires a remodelling of inpatient beds and care spaces across both sectors. It will also require the Trust to pursue pathways to improve flow and access. E.g. Discharge to Assess.</p> <p><b>Managing Risk:</b> There will be a significant need to protect and tightly manage admissions and discharges from our hospitals. The Trust will continue to focus on recruiting hard to fill posts. Consultation with staff and their representatives to provide support and minimise the impact of change and change processes.</p>
<p>6. <b>Temporarily reduce routine elective activity across the Trust and consolidate daycase elective surgery.</b></p> <p><b>Total = £1.780m</b></p>	<p><b>Action:</b> 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 daycases treatments. Approximately 65% of the Trust inpatient and daycase activity is for routine treatments.</p> <p>Routine elective activity across the Trust will be reduced by 50% for daycase and be downturned for routine inpatients in Altnagelvin and SWAH resulting in bed closures associated with elective care. The Trust proposes to optimise daycase activity in Omagh.</p> <p>Trust staff will be deployed to cover gaps in rotas and vacancies, and locums and agency staff will be released. The Trust will reduce care spaces and beds across the 2 acute hospital sites.</p> <p><b>Impact:</b> There will be a significant deterioration in access to routine elective care provided by the Trust to the population of the Western Trust area, and to the northern part of the Northern Trust area for some specialties. There will be a reduction of approximately 40 elective inpatient beds across both SWAH and Altnagelvin hospitals.</p> <p><b>Managing Risk:</b> The Trust will continue to prioritise the highest risk patients awaiting surgery and will introduce a general</p>

	<p>model of allocating beds and theatres to address this. The Trust will attempt to mitigate the impact of elective reductions by consolidation of activity across sites and optimising daycase activity in Omagh.</p>
<p><b>7. Operate a cap on locum payment rates</b></p> <p><b>Total = £700k</b></p>	<p><b>Action:</b> The Trust will operate a cap on all agency locum rates, to reduce the premium paid to high cost locums in key specialties.</p> <p><b>Impact:</b> Locum staff may leave the Trust to secure enhanced locum rates elsewhere.</p> <p><b>Managing Risk:</b> The Trust will work with other Trusts and DoH on the potential for a locum cap to be applied across the region, and will work to convert locum staff to NHS contracts. The Trust will seek to manage the impacts on services based on patient safety and clinical priority.</p>
<p><b>8. Temporarily reduce the provision of Domiciliary Care and Nursing Home packages</b></p> <p><b>Total = £1.160m</b></p>	<p><b>Action:</b> The Trust currently spends £36.2M on Domiciliary Care in-house and with contracted out providers.</p> <p>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.</p> <p><b>Impact:</b> An estimated 275 Domiciliary Care Packages will not be put in place, equating to 2,745 care hours per week and 8-10 Nursing Home beds.</p> <p><b>Managing Risk:</b> The Trust will manage risk through increased scrutiny of care packages allocated. Departmental approval will be sought to enable the Trust to consider other care related benefits as part of the clients assessment process.</p>
<p><b>9. Consolidate services onto fewer sites and rationalise existing services in order to maximise the efficient use of resources.</b></p>	<p><b>Action:</b> The Trust proposes to consolidate the services in the Derry/Londonderry area provided by William Street and Rectory Field Residential Homes onto <a href="#">a single site</a><sup>1</sup>.</p> <p>The Trust will also rationalise and consolidate daycare services in the Southern sector in recognition of previous consultation exercises which will affect Gortin, Dromore</p>

<sup>1</sup> Clarification/correction 24/08/17

<p><b>Total = £170k</b></p>	<p>and Rosslea.</p> <p><b>Impact:</b> Impact on residents currently living within the residential homes and availing of daycare services, and on staff delivering these services.</p> <p><b>Managing Risk:</b> The Trust will maximise the capacity and utilisation of its facilities and experienced staffing in order to minimise risk.</p>
<p><b>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.</b></p> <p><b>Total = £1m</b></p>	<p><b>Action:</b> The Trust will revise its arrangements for enabling staff to carry over annual leave to the following year.</p> <p>Delay in recruitment of a range of vacant posts across Primary Care and Older Peoples services.</p> <p><b>Impact:</b> Staff will be required to use all annual leave in-year. Increased waiting times for routine assessment in the community.</p> <p><b>Managing Risk:</b> Normal consultation processes with staff and Trade Unions will apply. Continuation of existing weekly scrutiny arrangements of all posts to assess impact of individual posts.</p>
<p><b>11. Temporarily reduce or delay some services/service developments</b></p> <p><b>Total = £2.490m</b></p>	<p><b>NB. This measure will not be applied to Learning Disability and Physical Disability programmes of care.</b></p> <p><b>Action:</b> 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.</p> <p><b>Impact:</b> Inability to take forward the reform and modernisation of all Trust Services.</p> <p><b>Managing Risk:</b> This measure delays the introduction of new services to support the Trust in improving services and managing demand but does not introduce any new additional risks.</p>
<p><b>12. Remodel services on a temporary basis</b></p> <p><b>Total = £470k</b></p>	<p><b>Action:</b> The Trust proposes to take forward 2 proposals:-</p> <p>Reform neonatal service provision at SWAH to a transitional care based service.</p> <p><b>Impact:</b> This will mean babies that require special care</p>

	<p>services being managed within the <u>maternity</u><sup>2</sup> Ward with a Specialist Neonatal Nurse in attendance, and may impact on capacity in the <u>maternity</u> ward in SWAH.</p> <p><b>Managing Risk:</b> There are Regional plans in place to increase the hours of the Neonatal Retrieval Team, as part of an ongoing review of Neonatal services.</p> <p>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.</p> <p><b>Impact:</b> Potential impact on staff and increased length of stay in acute hospitals.</p> <p><b>Managing Risk:</b> Consultation with staff and their representatives to provide support and minimise the impact of change and change processes.</p>
<p><b>Total Major/controversial measures</b></p>	<p><b>£9.4m</b></p>

It is expected that the impact of these actions would collectively contribute £9.4m towards the Trust share of the savings required in-year.

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

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<sup>2</sup> Clarification /correction 24/08/17

# SECTION 5

## Consultation Arrangements

### Context

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

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

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

### Consultation Arrangements and Timeframe

The consultation period is from 24 August 2017 to 5 October 2017, a 6 week period. This is a shorter period than set out in the DoH Guidance and Trust consultation processes in relation to a minimum consultation period of twelve weeks. However the guidance also points to circumstances where service changes (either permanent or temporary) which must be implemented urgently to comply with legislative obligations, may be undertaken within a shorter period. The requirement to achieve financial balance each year is a legislative requirement for the health and social care service. Given the need to make these significant savings in-year it is vital that actions to effect reduced spend are taken as soon as possible in order to reduce the scale of the impact on the service.

- The Trust plans to hold public meetings in: Derry/Londonderry, Enniskillen Limavady, and Omagh during the consultation period. The dates and times of these meetings will be advertised on the Trust's website. It is expected that these meetings will be held from the week commencing 18<sup>th</sup> September 2017. The meetings will be held at accessible venues. Some meetings will be held during the day and some will be held in the evening.

- The Trust also plans to hold 2 locality based meetings during the consultation period, ensuring that those groups and areas affected are invited, to enable a discussion on the proposals set out in this Savings Plan.
- For those who wish to provide written feedback, a **Consultation Questionnaire** is available (see Section 7 for a summary of the questions). It is also available on the Trust Website at <http://www.westerntrust.hscni.net>. However we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality & Involvement Team,  
Tyrone & Fermanagh Hospital,  
1 Donaghanie Road  
Omagh  
BT9 0NS  
Tel:028 8283 5278

E-mail: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net)

### **The closing date for responses is 5 October 2017.**

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

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

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

### **Impact on Staff**

The Trust has systems in place to support staff through changes. A communication plan will make sure that staff are kept informed of any proposed action and developments. Staff will also have meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place. The Trust is committed to consulting with staff and their representatives to provide support and minimise the impact of change and change processes.

## Consultation Document and Questionnaire

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

- A copy of this consultation document is available on the Trust's website at <http://www.westerntrust.hscni.net>.
- Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality & Involvement Team – contact details above.

# SECTION 6

## Equality Duties

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

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

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

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

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

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

The Equality Scheme outlines how we propose to fulfil our statutory duties within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider:

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

The possible screening outcomes include:

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

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

In keeping with the Trust's commitments in its Equality Scheme the Trust has considered the above screening criteria in relation to the 2017/18 Savings Plan proposals. It is not possible at the present time to predict the precise nature of the equality, good relations and human rights impact of the 2017/18 Savings Plan proposals but the Trust is committed to an ongoing assessment.

Given the statutory imperative to achieve a balanced financial plan an indicative equality analysis on the proposals was completed. The outcomes of this analysis are set out in the appendix 1 in this public consultation document. The Trust will review the outcomes at the end of the 6 week consultation using any feedback received.

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

The Table in Appendix 1 sets out the outcome and details which policies/proposals we feel are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or little or no impact.

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

# SECTION 7

## Consultation Questionnaire

### Western Trust 2017/18 Savings Plan

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 5 October 2017 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality & Involvement Team,  
Tyrone & Fermanagh Hospital,  
1 Donaghanie Road  
Omagh  
BT79 0NS

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

Name:	Click here to enter text.
Position:	Click here to enter text.
Organisation (if appropriate):	Click here to enter text.
Address:	Click here to enter text.
Click here to enter text.	
Click here to enter text.	

I am responding:                      as an individual                     

*(please tick)*

on behalf of an organisation

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

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

Click here to enter text.

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

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

Click here to enter text.

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

**Question:** Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals? Please set out your response below.

Click here to enter text.

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

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

Click here to enter text.

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

**Question:** Do you have any evidence to suggest that the proposals within our plan would create an adverse differential impact? Please set out your response below.

[Click here to enter text.](#)

## 6. General comments

Please provide any other comments

Click here to enter text.

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

## **Trust Response and Freedom of Information Act (2000)**

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

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

**Thank you for taking the time to complete this questionnaire.**

## Equality Screening – Initial Assessment

### Appendix 1

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

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

### Outcome of screening

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

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
1.	Apply significant additional constraints to Goods and Services budgets across the Trust.	The Trust will reduce the usage of a range of external service providers and consumables, and put in place a range of controls on limiting expenditure.			✓
2.	Apply significant additional vacancy	This proposal refers to further constraint on pay budgets, including			✓

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
	controls in administration, corporate and support services across the Trust.	vacancy control across a range of support services and on call.			
3.	Accelerate projects which will deliver increased efficiency and reduced costs.	This proposal accelerates projects underway and scheduled for completion in 18/19, and seeks to bring these forward to 17/18.			✓
4.	Increase income to the Trust where possible.	The Trust proposes to increase the hourly rate for paid carparking at the 3 hospital sites within a new tiered charging scheme, and revisit revenue schemes to secure savings where possible. The Trust will also revisit its financial assumptions for recovery of nursing home income in-year.			✓
5.	Reduction in high cost and non-NHS locums, nursing agency and agency Social Work staff.	<p>Currently the Trust uses a considerable number of locum medical staff, and agency nurses, Social workers, Allied Health Professionals (AHPs), primarily in our acute hospitals, but also in our community services, due to the difficulty in permanently recruiting medical, nursing and other staff.</p> <p>This proposal will release agency staff and deploy remaining staff across the Trust to fill gaps in rotas and vacancies, to ensure services to patients at highest risk are preserved.</p>	✓		
6.	Temporarily reduce routine elective activity across the Trust and consolidate daycase elective surgery.	Routine elective activity across the Trust will be reduced by 50% for daycase and be downturned for routine inpatients in Altnagelvin and SWAH, resulting in bed closures associated with elective care. The Trust proposes to optimise daycase activity in Omagh.	✓		

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
		Trust staff will be deployed to cover gaps in rotas and vacancies, and locums and agency staff will be released.			
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.	✓		
8.	Temporarily reduce the provision of Domiciliary Care and Nursing Home packages.	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.	✓		
9.	Consolidate services onto fewer sites and rationalise existing services in order to maximise the efficient use of resources.	The Trust proposes changes to statutory residential care in the Derry/Londonderry area and changes to provision of daycare services in Southern Sector.	✓		
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 will revise its arrangements for enabling staff to carry over annual leave to the following year. Delay in recruitment of a range of professional vacant posts across Primary Care and Older Peoples services.	✓		
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.  This measure will not be applied to Learning Disability and Physical Disability programmes of care.		✓	

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
12.	Remodel services on a temporary basis.	<p>The Trust proposes to take forward 2 proposals: -</p> <ul style="list-style-type: none"> <li>• Reform neonatal service provision at SWAH to a transitional care based service.</li> <li>• Reform the Older Persons Assessment and Liaison Service (OPALS) in its hospitals in order to maximise the efficient use of resources.</li> </ul>		✓	