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# **2017/2018 Financial Planning Savings Plan**

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## **Consultation Document**

**24 August 2017**

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# SECTION 1

## Strategic and Regional Context

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 £70 million of savings in 2017/18. It is imperative that the full £70 million of savings are achieved as part of the overall financial plan for this year.

As part of the process, Belfast Trust is required to publicly consult on specified proposals in the savings plan. This is in line with the Department's policy guidance circular: Change or Withdrawal of Services – 'Guidance on Roles and Responsibilities', dated 26 November 2014.

In order to fully inform the public about all savings options under consideration this consultation document includes information on the totality of the savings plan for the Belfast Trust area which amounts to £26.3million.

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 Belfast Trust area that are considered to be major and/or controversial, and will require the Department's approval to implement following the outcome of the consultation process.

The Trust invites comments from the public on the totality of the savings plan and in particular the specific proposals in Section 4. 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 draft 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

Belfast Trust is the largest health and social care Trust in Northern Ireland and is committed to its core purpose of improving health and well-being and reducing health and social inequalities.

We deliver integrated health and social care to approximately 340,000 citizens in Belfast and Castlereagh and provide the majority of regional specialist services to all of Northern Ireland. We have an annual budget of £1.3 billion, and a workforce of over 20,000 (full time and part time staff). Belfast Trust also comprises the major teaching hospitals in Northern Ireland.

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 Belfast Trust had income last year of £1.3 billion, and achieved a break-even position at the year-end. This position was reliant on £40 million of non-recurrent sources of funding, including non-recurrent income from the commissioner, slippage on service developments and other non-recurrent measures.

The financial year for 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 savings plans for 2017/18 to deliver their share of an identified £70 million savings target required by March 2018. **The Belfast Trust share of the £70 million regional savings target is £26.3 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 spending to be reduced.

The Trust has responded to this difficult task by firstly identifying actions that, if taken, would impact on how the Trust works but have no or low impact on front line services. Details of these proposals are set out in Section 3 of this document. 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. This largely relates to reducing the use of 'flexible' staffing and services, for example 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 proposals in Section 4 this consultation document.

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

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

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 sections set out the proposals to deliver the Belfast Trust target of £26.3 million, the Trust's contribution to the £70 million regional 2017/18 savings target.

## SECTION 3

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

Trusts have been delivering in-year savings and efficiencies on an annual basis over the last number of years (annually approximately 2%). There is a commitment to continue to find efficiencies across the health and social care system through benchmarking and service improvement initiatives that can streamline processes and ensure the adoption of best practice, leading to the release of resources that can contribute to further investment in services.

During this year there are a number of actions the Trust had planned to take that will contain and reduce spend in-year and are considered to have no/low impact on front line services. Some of these actions have already begun, in line with on-going, routine operational management, to contain costs and deliver efficiencies.

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

**Table 1. Description of schemes forming part of the Trust's Efficiency Programme**

<b>Efficiency Plans</b>	<b>Description of schemes forming part of the Trust's Efficiency Programme</b>
Reduction in Administration and Management costs. <b>£0.5m</b>	The Trust will continue, through its efficiency programme and on-going benchmarking reviews, to reduce administration and management costs and protect front-line services.
Procurement and goods & services savings, including	The Trust will continue to deliver procurement savings by working with the HSC central procurement body to maximise the HSC buying power in the award of contracts. The Trust will also increase product standardisation across sites and facilities to gain efficiencies. This savings target also includes a

<p>minimising discretionary spend.</p> <p><b>£2.1m</b></p>	<p>continued focus on minimising general discretionary spend across all areas of the Trust, for example within the areas of hospitality, furniture &amp; fittings, advertising, printing &amp; stationery, books &amp; publications, training, learning &amp; development, courses &amp; conferences, records storage, general waste, travel &amp; subsistence and management consultancy.</p>
<p>Estates Utilisation, Energy Efficiency, Car Parking scheme, including deferring backlog maintenance expenditure.</p> <p><b>£2m</b></p>	<p>The Trust continues its focus on estates rationalisation and energy efficiency initiatives to generate savings. The Trust will also gain income following the planned transfer of its PFI car parking scheme to the Trust in 2017/18. In 2017/18, the Trust will also review and reprioritise its planned backlog maintenance expenditure programme, deferring lower risk schemes until 2018/19.</p>
<p>Productivity savings to handle demographic pressures for 2017/18.</p> <p><b>£1m</b></p>	<p>This proposal is in line with the Trust's on-going efforts to develop different and more efficient service models to better manage demographic pressures, for example; rehabilitation and reablement services which enable clients to be more independent within their own homes for longer with less reliance on continuing care services; new models of managing hospital demand including the further development of the clinical assessment unit and ambulatory care centre which allow patients to be treated without the need for hospital admission; changes to outpatient services, including a move to more telephone outpatient reviews rather than face-to-face reviews for low-risk patients, nurse-led reviews and providing written advice to patients and GPs, together with e triage using new technologies, thereby avoiding the need for unnecessary attendance at clinics.</p> <p>The on-going reform and modernisation of service delivery models in this way allows the Trust to be more productive, treating greater numbers of patients and clients more cost-effectively within existing resources.</p>

<p>Natural slippage anticipated on the implementation of new service developments, and the release of funds not required.</p> <p><b>£7.7m</b></p>	<p>This is the anticipated amount which will not be spent in-year from new funding allocated by the commissioner, along with a range of non-recurrent measures. The projected slippage element will arise naturally due to the timeframes required to fully establish and implement new service initiatives, and is in line with the amounts identified in previous years.</p>
<p><b>Total <u>efficiency</u> savings of £13.3m with no/low service impact which will contribute to the £26.3m savings target for Belfast Trust identified by the Department of Health (DOH) for 2017/18</b></p>	

## 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. Approximately 65% 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, for example nurses or locum doctors, who generally require very short periods of notice.

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

The following table sets out the proposals the Trust has identified that, if put into effect, would contribute to reducing spend in-year towards the Trust's share of the regional £70 million savings plan. 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.

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

**Table 2. Description of additional proposals required to deliver the Trust's total saving target**

<p><b>Proposals likely to be regarded as major and/or controversial.</b></p>	<p><b>Description of Proposals &amp; Potential Service Impacts, including Actions to Minimise and Manage Risks</b></p> <p><i>The Trust has had to scope and put forward these proposals, all of which will have service impacts, in order to reach the Trust's total savings target of £26.3m for 2017/18 set by the Department of Health (DOH).</i></p> <p><i>The proposals below will be further informed by the current consultation process, and will only proceed to implementation if formally approved by the DOH and Minister.</i></p> <p><i>The proposals below have been identified due to the nature of expenditure involved and the ability to release cash within the limited time available for the remainder of the financial year.</i></p>
<p><b>More effective management of the Trust's agency workforce.</b></p> <p><b>High-level capacity impacts:</b></p> <p>If the Trust is unable to gain the levels of staff required from its Nurse bank, the regional e locums scheme, and its contracted agency providers, then the cessation of off- contract agencies will result in the temporary deferment of routine elective care. This will</p>	<p><b>Proposed action:</b></p> <p>Due to the widely acknowledged workforce shortages in professional health care staff, in particular within the Nursing and Medical staff groupings, the Trust has a significant number of unfilled posts. In order to maintain safe and quality services the Trust has had to engage temporary staff to cover staffing shortfalls. This has been arranged by means of the Trust's Nurse bank and the regional e locums scheme, and through the engagement of staff from external employment agencies.</p> <p>Under this proposal, the Trust aims to maximise its internal Nurse bank and the regional HSC e locums system, and engage with its contract agencies only, thereby avoiding the large premiums payable to agencies with whom the Trust has no formal contract.</p> <p>This proposed action is similar to the recommendations of the Lord Carter of Coles NHS Efficiency Review which have been formally implemented in England.</p> <p><b>Potential impacts:</b></p> <p>This proposal is dependent on the Trust and the HSC Business Services Organisation recruiting more staff to HSC bank resources, and the Trust's contract agencies working to effectively cover all workforce shortfalls.</p> <p>If the Trust is unable to gain the levels of workforce which are required from these sources to safely manage its services, then it will have to downturn services to match its permanent workforce supply.</p>

<p>result in the closure of approximately 65 beds, i.e. ~3 wards.</p> <p>There will be an increase in the waiting lists for routine elective care by 5 to 6 months.</p> <p><b>Indicative Savings:</b></p> <p><b>£1.75m</b></p>	<p>Where this is the case, the Trust will reduce its bed complement within routine elective service areas and protect emergency, unscheduled and cancer care services. This option will reduce the number of routine elective patients who will access in-patient and day case services, and increase waiting times for elective services.</p> <p>It is recognised by the Trust that delays in some routine treatments may potentially lead to some patients ultimately requiring access to urgent care.</p> <p><b>Actions to minimise and manage risks:</b></p> <p>The Trust uses high cost off-contract agency providers to cover vacancies across various areas of the Trust when other backfill options are exhausted. Due to the flexible manner in which posts are backfilled through different staffing options as part of daily roster management, the above proposal would cause widespread disruption across the Trust if services were downturned in the areas where off-contract agencies were required. Instead, in order to best manage the implications of this proposal, the Trust has looked at high volume routine elective surgical service areas and it is proposed that bed and theatre capacity reductions would be contained within these areas.</p> <p>Permanent, bank and contract agency staff working in these areas would then transfer to provide cover in unscheduled care and cancer service areas, thereby displacing the need for off-contract agency staff in these areas. As staff are transferred, every effort will be made to match staff skills to the areas they are transferred to, and, where required, additional training will be provided to ensure safe and quality services are maintained.</p> <p>Unscheduled and cancer services will be maintained and not impacted by this proposal.</p> <p>In addition, staffing levels will be maintained at the recommended safety levels in the remaining areas.</p>
<p><b>Downturn of Routine Elective Care (in-patients and day-cases) for the remainder of the financial year.</b></p> <p><b>High-level capacity</b></p>	<p><b>Proposed action:</b></p> <p>The Trust provides elective care services for approximately 25,500 in-patients and 70,000 day-cases annually. This proposal would reduce routine elective care services in high volume surgical specialty areas in the last five to six months of the financial year, and defer treatments to 2018/19.</p> <p><b>Potential impacts:</b></p> <p>The Trust will reduce its bed complement and theatre capacity within identified elective surgical service areas and make the resultant savings by lowering agency and other temporary backfill staffing. This</p>

<p><b>impacts:</b></p> <p>Current waiting times, which are acknowledged as unacceptably long, will be further impacted.</p> <p>Reduction of approximately 35 beds, i.e. ~1-2 wards.</p> <p>Reduction of approximately 650 lists or 2150 day cases.</p> <p><b>Indicative Savings:</b></p> <p><b>£2.95m</b></p>	<p>option will significantly impact on, and further increase, waiting times for elective services.</p> <p>As outlined above, it is also recognised that delays in some routine treatments may potentially lead to the need for some patients to require access to urgent care.</p> <p><b>Actions to minimise and manage risks:</b></p> <p>Similar to the above proposal, and in order to best manage the implications of this proposal, the Trust has looked at high volume routine elective surgical service areas and it is proposed that bed and theatre capacity reductions would be contained within these areas. Permanent staff working in these areas would then transfer to provide cover in elective areas not impacted and in unscheduled care and cancer service areas, thereby displacing the need for agency and bank staff in these areas. As staff are transferred, every effort will be made to match staff skills to the areas they are transferred to, and, where required, additional training will be provided to ensure safe and quality services are maintained.</p> <p>Unscheduled and cancer services will be maintained and not impacted by this proposal.</p> <p>In addition, staffing levels will be maintained at the recommended safety levels in the remaining areas.</p>
<p><b>Temporarily reduce access to domiciliary care and direct payments for new patients and clients for the remainder of the year.</b></p> <p><b>High-level capacity impacts:</b></p> <p>Approximately 365 patients/clients would be impacted.</p> <p>The waiting list for domiciliary</p>	<p><b>Proposed action:</b></p> <p>The Trust spends approximately £34m on independent sector domiciliary care and direct payments annually, providing care to 4,500 clients in the community.</p> <p>The Trust's proposal is to downturn access to packages for new clients for the remainder of the year by two thirds, for example; one new domiciliary care package will be provided by the Trust for every three packages ceased/reduced.</p> <p><b>Potential impacts:</b></p> <p>The above proposal would have greater impact on older people as the majority of packages are required by older people and there is greater turnover of packages within this client cohort.</p> <p>This proposal would have implications across the Trust's hospitals and its community rehabilitation and reablement services. Hospital discharges would be delayed resulting in increasing numbers of complex delayed discharges. Patient/client flow would be restrained and clients maintained in more expensive settings, for example in</p>

<p>care will be increased by 5 months.</p> <p>The Trust's hospital beds will be blocked through delayed discharges. This will, in turn, adversely impact on the ability of the Trust to deal with new admissions which present through Emergency Departments (ED) etc. The Belfast Trust's 4 and 12 hour ED performance will be adversely impacted.</p> <p>Community scheme places will be similarly blocked through delayed discharges.</p> <p><b>Indicative Savings:</b></p> <p><b>£0.75m</b></p>	<p>hospitals, intermediate care facilities and/or on community rehabilitation and reablement schemes.</p> <p>The existing waiting list for domiciliary care would be extended.</p> <p><b>Actions to minimise and manage risks:</b></p> <p>This proposal impacts on patients and clients awaiting new packages in the second half of the year and does not impact on packages associated with existing clients.</p> <p>There will be a prioritisation process to ensure that the reduced access is targeted at lower risk clients.</p> <p>Clients within hospital settings and/or on community rehabilitation and reablement schemes would be maintained in these services until they can be safely discharged.</p> <p>Clients at home who are not on a community rehabilitation/ reablement scheme would be regularly reviewed and maintained in the community through a combination of support from family/ carers and Trust Social Care staff.</p>
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<p><b>Temporarily reduce access to nursing and residential home placements for new patients and clients for the remainder of the year.</b></p>	<p><b>Proposed action:</b></p> <p>The Trust spends approximately £95m on nursing and residential home placements annually, providing care to approximately 3000 clients.</p> <p>The Trust's proposal is to downturn access to new placements for the remainder of the year by two thirds, for example; one new placement will be provided for every three placements ceased.</p>
<p><b>High-level capacity impacts:</b></p> <p>Approximately 230 clients impacted.</p> <p>The Trust's hospital beds will be blocked though delayed discharges. This will, in turn, adversely impact on the ability of the Trust to deal with new admissions which present through Emergency Departments etc. The Belfast Trust's 4 and 12 hour ED performance will be adversely impacted.</p>	<p><b>Potential impacts:</b></p> <p>The above proposal would have greater impact on older people as the majority of placements are required by older people and there is greater turnover of placements within this client cohort.</p> <p>The above proposal would have implications across the Trust's hospitals, with hospital discharges prevented and increasing numbers of complex delayed discharges.</p> <p>It is anticipated that occupancy levels of independent sector homes would be reduced which may have implications for the sustainability of some establishments.</p>
<p><b>Indicative Savings:</b></p> <p><b>£2.3m</b></p>	<p><b>Actions to minimise and manage risks:</b></p> <p>This proposal impacts on patients and clients awaiting new placements in the second half of the year, and does not impact on existing placements.</p> <p>There will be a prioritisation process to ensure that the reduced access to nursing and residential home placements is effectively managed to best match client needs and hospital system flows.</p> <p>In respect of patients awaiting new nursing and residential home placements, it is anticipated that these patients would be maintained within hospital settings or transferred, on a temporary basis, to existing available capacity with the Trust's statutory residential homes, if appropriate, until a permanent placement is identified in the new financial year.</p> <p>Patients awaiting nursing and residential home placements in the community will be regularly reviewed and maintained in the community through a combination of support from family/ carers and Trust Social Care staff.</p>

<p><b>Defer access for new NHS patients for treatments within the Regional Fertility Centre until 1 April 2018.</b></p> <p><b>High-level capacity impacts:</b></p> <p>Approximately 320 people would be impacted.</p> <p>The waiting list for free NHS treatment will be increased by approximately 5 months.</p> <p><b>Indicative Savings:</b></p> <p><b>£0.75m</b></p>	<p><b>Proposed action:</b></p> <p>The Regional Fertility Centre in Belfast is a regional service providing services and treatments to NHS patients free of charge.</p> <p>Under this scheme patients who meet set clinical criteria receive one cycle of IVF/ICSI treatment and one cycle of FET treatment. There are various different arrangements across the NHS for access to this service.</p> <p>Under this proposal the Trust would defer NHS treatments for new patients until 1 April 2018.</p> <p><b>Potential impacts:</b></p> <p>There is currently a waiting time for outpatients of 15 weeks and nine months for IVF and ICSI cycles for NHS fertility treatments. These waiting times would be extended by a further five months for all new NHS patients.</p> <p><b>Actions to minimise and manage risks:</b></p> <p>The Trust will ensure that NHS patients at the upper age limit for treatment will be prioritised when the service resumes in 2018/19.</p>
<p><b>This proposal is a combination of: (a) deferring the initiation of a number of high-cost drug treatments for a period of 5 to 6 months, and (b) substituting very expensive drug treatments for clinically-suitable alternative licensed treatments.</b></p> <p><b>High-level</b></p>	<p><b>Proposed action:</b></p> <p>The Trust spent approximately £120m on drugs in 2016/17, with substantial year-on-year increases over the previous years. For example, in 2016/17 drug expenditure increased by £10m, after taking account of efficiencies, on the previous year, and increased by £15m, after taking account of efficiencies, on 2014/15 levels. Just over £85m of the £120m drug expenditure relates to high-cost drugs.</p> <p>This proposal involves deferring high-cost drug treatments for new patients until 2018/19. It covers high-cost drugs for patients with Multiple Sclerosis, Inflammatory Bowel Disease, and dermatology conditions.</p> <p>In respect of rheumatoid arthritis, the Trust will switch to biosimilar rituximab for all patients rather than defer treatment for new patients. Similarly in respect of Hepatitis C, the Trust proposes that, rather than defer treatment for new patients, that it would use the less expensive licensed drug, Maviret, where clinically appropriate, although this drug has not yet received NICE approval. In addition, the Trust would propose to move to using bevacizumab off-label for</p>

<p><b>capacity impacts:</b></p> <p>Approximately 200 patients impacted, with waiting lists increased by 5 to 6 months for new patients</p> <p><b>Indicative Savings:</b></p> <p><b>£4.5m</b></p>	<p>the treatment of Wet AMD for existing and new patients.</p> <p><b>Potential impacts:</b></p> <p>The elements of this proposal which relate to the deferment of treatment would have significant direct implications in terms of increased waiting times for drug treatments across a range of patient groups. It is recognised that patients' lives would be adversely impacted by having to live with these conditions without treatment.</p> <p><b>Actions to minimise and manage risks:</b></p> <p>High-cost cancer drugs and drugs for the treatment of HIV have not been included in this proposal.</p> <p>The Trust has attempted, where possible, to identify less expensive clinically effective substitute treatments as alternatives for a number of conditions rather than defer treatments to 2018/19.</p> <p>Patients will continue to be managed in primary care, and if urgent action is required, by the specialist secondary care team.</p>
<p><b>Savings proposals, totalling approximately £13m, identified above are required to reach the total Belfast Trust savings target of £26.3m for 2017/18 imposed by the DOH.</b></p> <p><b>Individually each proposal above would have a direct impact on services, and when taken together, would have a significant impact on the local and regional population served by the Belfast Trust.</b></p>	

Through this Consultation process the Trust is seeking stakeholder views on the Trust's draft proposals and the impact of these proposed service reductions in order to contribute to financial balance.

# 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 Arm's 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.

## **Impact on Staff**

The principles of the Trust's Framework on the Management of Staff Affected by Organizational Change and the Staff Redeployment Protocol provide a robust and transparent process for the proposals that impact on our staff. 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.

## **Consultation Document and Questionnaire**

- A copy of this consultation document is available on the Trust's website at <http://www.belfasttrust.hscni.net>.

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 obtained by contacting the:

Equality Unit

Belfast HSC Trust

First Floor, McKinney House

Musgrave Park Hospital

Stockmans Lane

BT9 7JB

Email: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)

Telephone: 02895048734

Mobile / Text 0782 514 6432

- Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit.
- The Trust plans to hold meetings during the consultation period, ensuring that those groups and areas affected are represented, to enable a discussion on the proposals set out in this Savings Plan.

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.belfasttrust.hscni.net> . However, we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter or telephone as follows:

Chief Executive  
Belfast Health & Social Care Trust  
c/o Corporate Communications  
1<sup>st</sup> Floor, Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH

By emailing: [stakeholdercomms@belfasttrust.hscni.net](mailto:stakeholdercomms@belfasttrust.hscni.net)

By telephone: (028) 9504 4500

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**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 Unit.

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

## SECTION 6

### Equality Duties

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

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

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

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

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

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

The Equality Scheme outlines how we propose to fulfil our statutory duties. Within the Scheme, the Trust gave a commitment to apply the screening methodology

below to all new and revised policies and where necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider:

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

The possible screening outcomes include:

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

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

In keeping with the Trust’s commitments in its Equality Scheme the Trust has considered the above screening criteria in relation to the 2017/18 Savings Plan proposals. It is not possible at the present time to predict the precise nature of the

equality, good relations and human rights impact of the 2017/18 Savings Plan proposals but the Trust is committed to an ongoing assessment.

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

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

The Table in Appendix 1 sets out the outcome and details which policies/proposals we feel are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

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

# SECTION 7

## Consultation Questionnaire

### 2017/2018 Financial Planning 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 telephone as follows:

Chief Executive

Belfast Health & Social Care Trust

c/o Corporate Communications

1<sup>st</sup> Floor, Nore Villa

Knockbracken Healthcare Park

Saintfield Road

Belfast BT8 8BH

By emailing: [stakeholdercomms@belfasttrust.hscni.net](mailto:stakeholdercomms@belfasttrust.hscni.net)

By telephone: (028) 9504 4500

Mobile Text 0782 514 6432

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:	
Position:	
Organisation (if appropriate):	

Address:	

I am responding: as an individual

*(please tick)* on behalf of an organisation

# 2017/2018 Financial Planning

## Savings Plan

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

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

**Question:** 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 Belfast 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 Belfast Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

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

## **Appendix 1**

# **2017/2018 Financial Planning Savings Plan**

## **Equality Screening – Initial Assessment**

**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.	Reduction in Administration and Management costs.	The Trust will continue, through its efficiency programme and on-going benchmarking reviews, to reduce administration and management costs and protect front-line services.		✓	
2.	Procurement and goods & services savings, including minimising discretionary spend.	The Trust will continue to deliver procurement savings by working with the HSC central procurement body to maximise the HSC buying power in the award of contracts. The Trust will also increase product standardisation across sites and facilities to gain efficiencies. This savings target also includes a continued focus on minimising general discretionary spend across all areas of the Trust, for example within the areas of hospitality, furniture & fittings, advertising, printing & stationery, books & publications, training, learning & development, courses & conferences, records storage, general waste, travel & subsistence and management consultancy.			✓
3.	Estates Utilisation, Energy Efficiency, Car Parking scheme, including deferring backlog maintenance expenditure.	The Trust continues its focus on estates rationalisation and energy efficiency initiatives to generate savings. The Trust will also gain income following the planned transfer of its PFI car parking scheme to the Trust in 2017/18. In 2017/18, the Trust will also review and reprioritise its planned backlog maintenance expenditure programme, deferring lower risk schemes until 2018/19.			✓
4.	Productivity savings to handle demographic pressures for 2017/18.	This proposal is in line with the Trust's on-going efforts to develop different and more efficient service models to better manage demographic pressures, for example; rehabilitation and reablement services, which enable clients to be more independent within		✓	

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
		their own homes for longer with less reliance on continuing care services; new models of managing hospital demand including the further development of the clinical assessment unit and ambulatory care centre which allow patients to be treated without the need for hospital admission; changes to outpatient services, including a move to more telephone outpatient reviews rather than face-to-face reviews for low-risk patients, nurse-led reviews and providing written advice to patients and GPs, together with e triage using new technologies, thereby avoiding the need for unnecessary attendance at clinics.			
5.	Natural slippage anticipated on the implementation of new service developments, and the release of funds not required.	This is the anticipated amount which will not be spent in-year from new funding allocated by the commissioner, along with a range of non-recurrent measures. The projected slippage element will arise naturally due to the timeframes required to fully establish and implement new service initiatives, and is in line with the amounts identified in previous years.			✓
6.	More effective management of the Trust's agency workforce.	Due to the widely acknowledged workforce shortages in professional health care staff, in particular within the Nursing and Medical staff groupings, the Trust has a significant number of unfilled posts. In order to maintain safe and quality services the Trust has had to engage temporary staff to cover staffing shortfalls. This has been arranged by means of the Trust's Nurse bank and the regional e locums scheme, and through the engagement of staff from external employment agencies.  Under this proposal, the Trust aims to	✓		

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
		<p>maximise its internal Nurse bank and the regional HSC e locums system, and engage with its contract agencies only, thereby avoiding the large premiums payable to agencies with whom the Trust has no formal contract.</p> <p>If the Trust is unable to gain the levels of staff required from its Nurse bank, the regional e locums scheme, and its contracted agency providers, then the cessation of off- contract agencies will result in the temporary deferment of routine elective care. This will result in the closure of approximately 65 beds, i.e. ~3 wards.</p>			
7.	Downturn of Routine Elective Care (in-patients and day-cases) for the remainder of the financial year.	<p>The Trust provides elective care services for approximately 25,500 in-patients and 70,000 day-cases annually. This proposal would reduce routine elective care services in high volume surgical areas in the last five to six months of the financial year, and defer treatments to 2018/19.</p> <p>The Trust will reduce its bed complement and theatre capacity within identified elective surgical service areas and make the resultant savings by lowering agency and other temporary backfill staffing.</p> <p>The option will result in the reduction of approximately 35 beds, i.e. ~1-2 wards and a reduction of approximately 650 lists or 2150 day cases.</p>	✓		
8.	Temporarily reduce access to domiciliary care and direct payments for new patients and clients for the remainder of the year.	<p>The Trust spends approximately £34m on independent sector domiciliary care and direct payments annually, providing care to 4,500 clients in the community.</p> <p>The Trust's proposal is to downturn access to packages for new clients for the remainder of the year by two thirds, for example; one new domiciliary care package will be provided by the Trust</p>	✓		

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
		for every three packages ceased/reduced.			
9.	Temporarily reduce access to nursing and residential home placements for new patients and clients for the remainder of the year.	<p>The Trust spends approximately £95m on nursing and residential home placements annually, providing care to approximately 3000 clients.</p> <p>The Trust's proposal is to downturn access to new placements for the remainder of the year by two thirds, for example; one new placement will be provided for every three placements ceased.</p>	✓		
10.	Defer access for new NHS patients for treatments within the Regional Fertility Centre until 1 April 2018.	<p>The Regional Fertility Centre in Belfast is a regional service providing services and treatments to NHS patients free of charge.</p> <p>Under this proposal the Trust would defer NHS treatments for new patients until 1 April 2018.</p>	✓		
11.	This proposal is a combination of: (a) deferring the initiation of a number of high-cost drug treatments for a period of 5 to 6 months, and (b) substituting very expensive drug treatments for clinically-suitable alternative licensed treatments.	<p>This proposal involves deferring high-cost drug treatments for new patients until 2018/19. It covers high-cost drugs for patients with Multiple Sclerosis, Inflammatory Bowel Disease, and dermatology conditions.</p> <p>This proposal also involves substituting very expensive drug treatments for clinically-suitable alternative licensed treatments for patients with rheumatoid arthritis, Hepatitis C and Wet AMD.</p>	✓		

