

Western Health and Social Care Trust



Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2017-2018

Contact:

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Documents published relating to our Equality Scheme can be found at:

<http://www.westerntrust.hscni.net/1596.htm>

Signature:

A handwritten signature in cursive script that reads 'Maura O'Neill'.

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2017 and March 2018

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

- 1** In 2017-18, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Section 75 Equality Action Based Plan

The new Health and Social Care (HSC) Action Based Plans for Equality and Disability for 2018-2023 were developed on a collaborative basis with the other HSC Trusts in Northern Ireland using a co-production approach. Pre-engagement workshops were held regionally in Belfast and locally in Londonderry. These Plans are central to the promotion of equality of opportunity and good relations and the implementation of the Trust's statutory equality duties.

At a regional level all HSC organisations worked collaboratively to gather emerging themes in relation to key inequalities experienced by the 9 equality categories. Actions and priorities within the regional and local Action Based Plans have been informed by this audit of inequalities.

A copy of the Plans is available on the Trust website under Publications section. The consultation outcome report is also available.

Examples of some of the key outcomes from the implementation of the 2014-17 Action Based Plan are as follows.

- Implementation of the findings of the review of interpreting support for health and social care appointments commissioned by the Health and Social Care Board (HSCB) resulting in the transfer of management responsibility from Belfast Health & Social Care Trust (BHSCT) to the Business Services Organisation (BSO).
- Review and launch of a Health and Social Care Booklet to provide information about health and social care to people from minority ethnic backgrounds who have moved to Northern Ireland. The Booklet is now available on all Trust websites in a number of languages.
- Development and sharing of 'Making Communication Accessible For All - A Guide for Health & Social Care Staff' helped to ensure that people with barriers to their communication support needs can access information and services. Issued to All Trust staff and targeted to frontline service areas and is also available on Trust Intranet.
- Improved ethnic monitoring of service users in a number of health and social care information systems. This work was positively referenced by the Office of the First Minister and Deputy First Minister (OFMDFM) Race Equality Unit.

‘Making a Difference E-learning programme

This E-learning programme was launched in the Western Health and Social Care Trust (WHST) in March 2018 as mandatory Equality, Good Relations and Human Rights Training for all WHST staff and managers. The programme was developed regionally by HSC Equality Leads and a number of Western Trust staff participated in the pilot of the programme in early 2017.

‘Making a Difference’ is an interactive programme tailored specifically to the healthcare setting and aims to ensure that all staff realise the importance of their part in creating an inclusive and welcoming environment for all colleagues and service users.

The programme is provided in two modules – a general module applicable to all HSC staff and an additional module for those with management responsibilities. The modules are scenario-based to capture a range of practical and contemporary equality and diversity issues across employment and service provision. The programme replaces the ‘Discovering Diversity’ e-learning programme as the mandatory e-learning training for staff within the Western Trust and all staff are required to complete this.

‘Making a Difference’ is supported by a regional Equality Training manual for staff which complements the programme. Staff can download a copy of the training manual via the programme. The programme is also complemented by a suite of HSC Discovering Diversity awareness modules, which all staff are also encouraged to complete.

The aim of the ‘Making a Difference’ training is to show staff how they can make a difference by:

- Promoting positive attitudes to diversity
- Ensuring they treat everyone with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

The aim of this module is to support staff to make a difference in work through:

- Recognising,
- Respecting and
- Responding to the different needs of people they come into contact with in work

Line Manager’s Section

The aim of this module is to support line managers to make a difference in work through:

- Recognising,
- Respecting and
- Managing the different needs of service users and staff

Once staff complete this module, they should be able to:

- Take action to promote and mainstream good equality practice.
- Recognise the importance of adhering to organisational policies and procedures to ensure the promotion of equality of opportunity.

The programme can be accessed via the HSC Learning Portal and should be renewed by

staff every 3 years.

Gender Identity and Expression Employment Policy

A Gender Identity and Expression Employment Policy was developed regionally by Equality Leads from the Business Services Organisation and HSC Trusts.

This policy aims to create an inclusive working environment, free from fear, intimidation, harassment or bullying where all employees can achieve their full potential regardless of their gender identity and expression. In cognisance of their multiple identities, transgender and non-binary people will be protected under any anti-discrimination legislation that relates to other aspects of their identity, such as their sexual orientation or disability status.

The policy applies to all Western Trust employees and its purpose is to provide guidance and advice to staff and managers on the recruitment and selection process of transgender and non-binary staff and the support mechanisms available to staff who identify as transgender or non-binary during employment with the Trust. It sets out the roles and responsibilities of all employees, managers and Human Resources staff, the actions to be taken when an applicant or staff member identifies as transgender or non-binary and the sources of information and assistance which are available. It also signposts staff to a number of contacts and resources available for support. The policy was launched within the Western Trust in January 2018.

Development of Equality Monitoring Data

Facilitated by the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with recruitment agencies. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. The tender specification also included requirements relating to the collection of equality monitoring data for all nine equality groupings and for auditing. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.

WHSC Corporate Plan

The Western Trust's Corporate Plan 2017-2021 is accessible via the Trust website and staff intranet.

Personal and Public Involvement (PPI)

The Western Trust's Annual PPI Progress Report is accessible via the Trust website and staff intranet. The Trust continues to host an annual PPI Engagement event and supports the monitoring and verification process for PPI agreed between the Trust and the Public Health Agency (PHA). The Trust monitors against the new standards for PPI which were developed by the PHA and endorsed by the Department of Health in 2015. The Trust continues to

The Trust PPI Forum is chaired by a non-executive director and co-chaired by a service user. The Trust is currently co-designing its new PPI Strategy and Action Plan for 2018-2021 in partnership with the PPI Forum. During 2017 - 2018 workshops were held for Forum members to review the group's Terms of Reference and consider the way forward regarding future development of the Forum.

'Engage' an online central resource for Involvement in Health and Social Care - <http://engage.hscni.net> continues to be promoted throughout the Trust. The resource is available to staff, service users, carers etc.

WHST PPI Strategy & Action Plan 2018 – 2021

The Trust's PPI Strategy and Action Plan evidences its commitment to Personal and Public Involvement and its implementation will ensure service users, patients, communities and the wider public remain at the heart of everything we do and that our services are effective, innovative and centred on addressing the needs of all our community within the Western Trust area.

A Strategic Development Task/Writing Group has been established comprising of Trust staff and service user/carer/community and voluntary sector representatives from the PPI Forum. The Group have begun working to co-produce the new Western Trust PPI Strategy and Action Plan for 2018 – 2021. The new Strategy and Action Plan will be based on the approaches and principles as outlined in 'Health and Wellbeing 2026 – Delivering Together', the Minister's vision for future health and social care in Northern Ireland.

HSC PPI Training Programme

'Engage & Involve', a PPI training programme is available to Western Health and Social Care Trust staff. This e-learning training provides an introduction to PPI and it will support staff to understand the value and benefit of involving people and taking into account people's views in the planning, commissioning, delivery and evaluation of HSC services. Trust staff are encouraged to access and undertake the training. The training was piloted with a range of HSC staff and service users/carers and includes a range of case studies to showcase PPI in practice.

Reference to PPI In all Western Trust Job Descriptions

Since November 2016 job descriptions reference the need to support and uphold the PPI duties.

PPI Adult Learning Disability (ALD) - developing a model of engagement

Following facilitation by an Independent Facilitator an Involvement Strategy was developed in partnership with the Public Health Agency, Trust, Western Learning Disability Action Group (WLDAG) and South West Carers' Forum (SWCF). This Involvement Strategy will support the involvement of service users, carers and the public in planning, delivery and evaluation of services. The Trust progressed this work in partnership with PHA Regional PPI Lead, Trust PPI Lead, SWCF and WLDAG through PPI Involvement Advisory Group meetings. The PPI Information Sessions were developed and delivered jointly by the Trust and the Advisory Group during October and November

2017. A report including an easy read version was produced from feedback from these workshops. The full report is available on the Trust website.

A second Independent Facilitator was appointed in December 2017 to progress the involvement work. The Trust also recruited a temporary staff member in January 2018 to develop a Communication Strategy for Involvement.

The Independent Facilitator organised a series of Involvement Workshops which commenced in February 2018 across 5 localities. A feedback report from these sessions will be available on the website when finalised. The facilitator will chair 9 Advisory Group Involvement meetings, from February 2018 to June 2018, with service user and carer representation on this group.

A Communication Subgroup was developed and meetings will be held from January 2018 to May 2018. Subgroups were also formed in relation to Terms of Reference/ Governance for Strategic Involvement group, Induction Subgroup and High Cost Cases/ Unmet Need Subgroups.

Progress to date

- A Newsletter and Easy Read Version was developed and the first edition was issued to all service users on the Master Patient Index in February 2018. A digital version was also available online on the website.
- Branding for PPI Involvement endorsed by PPI Advisory Group and will be included in all documentation/reports in relation to Adult Learning Disability Involvement.
- A PPI Learning Disability Involvement website is being developed and nearing completion. This will be visually appealing and easy to use. It is planned this website will 'go live' by end of July 2018.
- A PPI database for service users and carers has been established with carers and service users indicating how they would wish to be involved and levels of involvement.
- A Communications Strategy has been developed for approval in July 2018.

Communication Support

In 2015/16, the Health and Social Care Board (HSCB) looked at how Communication Support Services for people who are D/deaf or hard of hearing was provided. Communication Support Services for D/deaf or hard of hearing people include:

1. British Sign Language (BSL)/Irish Sign Language (ISL) interpreting for those who use BSL/ISL as their first language;
2. Lip Speaking/Electronic note taking for People who are Hard of Hearing;
3. Specialist interpreting services for deafblind people.

The Regional Communication Support Services Review (RCSSR) report said that future services should be provided by one organisation so that they are available to everyone who needs it no matter where they live in Northern Ireland. The HSCB's Business Service

Organisation (BSO) was chosen as the best provider to deliver a regional (throughout NI) service.

It was felt that a mix of face to face and where appropriate, non-face to face interpreting would be used. This would help with delivering the same quality of service to everyone who needs it and would also help with giving best value for money.

The HSCB went out to public consultation to make sure they spoke to as many people as possible, including the Hard of Hearing and Deafblind communities. In order to make sure the recommendation in the RCSSR report was being fair an Equality Impact Assessment was also carried out.

Most people agreed with the recommendations in the consultation document and there was support for the Business Services Organisation (BSO) to supply regional Communication Support Services for D/deaf and hard of hearing people. The consultation findings were presented at the HSCB Public Meeting on 11 May 2017 and approved by Board members.

All of the constructive feedback received during the consultation was considered by the Advisory Group in the co-production of the new regional service model. A Regional Project Team which has representation from deaf and hard of hearing service users across all Trust areas is now working extensively to ensure the new communication arrangements are in place by March 2019. It is anticipated that the new service provided by BSO will improve access to our services for all communities including those people living in rural areas in need of support to access Health and Social Care Services.

Provision of Foreign Language Interpreting

The Trust Equality & Involvement Team continues to deliver Working with Interpreters Training to staff and works closely with the Business Services Organisation (BSO).

The Trust continues to provide a robust face to face and telephone interpreting service for patients/clients who do not have English as a first language. This is part of the Trust's commitment to ensuring and promoting equality of access to all our services. During the reporting period there were changes to the regional contracts for provision of interpreting. The Trust also liaised with regional colleagues and decided to cease the contract with the Chinese Welfare Association, all face to face interpreting provision for the Trust will now be through the Regional Interpreting Service initially.

During 2017-2018 the total number of interpreting episodes was 8,343. The top five languages being Polish, Lithuanian, Hungarian, Chinese Mandarin and Chinese Cantonese.

Western Trust Disability Steering Group (DSG)

Due to changes to staffing within Directorates and resources, the group, which includes representatives from the Community & Voluntary sector, the Patient Client Council and Trust Staff has not met during the 2017-2018 period. This is an area for priority during 2018-2019, particularly given the introduction of the new Regional Disability Action Plan

2018-2023 and associated Trust Action Plan.

Self Directed Support (SDS)

The Western Health & Social Care Trust continued to imbed 'Self Directed Support' with the Trust's 5 Programmes of Care:

- Primary Care Older People including Primary Care Older People (Community Mental Health)
- Adult Learning Disability
- Physical & Sensory Disability including Autistic Spectrum Disorder (ASD) Adults Services
- Community Mental Health (Recovery Teams)
- Children's Disability (including ASD)

At the end of March 2018 the Trust had 2,808 Recurrent Cases: 572 Direct Payments, 22 Managed Budgets, 2,214 Trust Arranged Services and approximately 600+ One-Off Payments. These have all been worked through the SDS process giving people more control, flexibility and independence to choose how they manage their personal budget to meet their assessed need and promote outcomes that were identified in their assessment.

North West Cancer Centre (NWCC)

The official opening of the North West Cancer Centre took place on 9 May 2017, although the Centre has been in operation since November 2016. This new cancer service based at Altnagelvin hospital site is a major service development not only within the Western Health and Social Care Trust but for the regional of Northern Ireland and also in cross border partnership working. The service delivers radiotherapy treatment to patients from the Western Trust, Northern Sector of the Northern Health and Social Care Trust and the North West of the Republic of Ireland.

Health and Wellbeing Campus at Altnagelvin

The official opening of the Health and Wellbeing Campus at Altnagelvin took place on 28 March 2018. The Health and Wellbeing Campus is the first of its kind in Northern Ireland, developed in partnership by Macmillan Cancer Support and the Western Health and Social Care Trust.

The Campus incorporates a state-of-the-art Macmillan Support Centre and the recently refurbished Agnes Jones House. It supports people affected by cancer and other long-term conditions in the Western Trust, as well as people from the Republic of Ireland and Northern Health and Social Care Trust who are attending the Northwest Cancer Centre for treatment. Services include information and signposting to local services, counselling, hairdressing and wig service, breast prosthesis fitting, complementary therapies, gentle exercise and welfare benefits advice.

The key policy and service developments to better promote equality of opportunity and good relations are outlined as follows:

- 1.1 The Trust continues to mainstream Equality/Section 75 duties throughout the Trust.
- 1.2 Procedures are in place to ensure that new and revised policies are subject to Equality Screening and Equality Impact Assessment (EQIA) where applicable.
- 1.3 The Equality & Involvement (E&I) Team has continued to build on training carried out in previous years to raise staff awareness of their obligations under Section 75. See Section 24 of this report for detail re training delivered during 2017-2018
- 1.4 Development and implementation of Gender Identity and Expression Employment Policy
- 1.5 The Trust continues to promote effective internal and external communication via a wide range of media.
- 1.6 The Trust is committed to making its services accessible and information available in alternative formats.
- 1.7 During this reporting period the E&I Team refreshed the Trust local consultee database to support effective consultation and engagement.
- 1.8 The Trust provides an accessible complaints procedure for all patients and clients and continues to monitor complaints received.
- 1.9 The E&I Team maintain a screening log which is updated regularly and records equality assurance processes.
- 1.10 The Trust has an established Western Equality and Human Rights Forum (WEHRF) chaired by the Director of Performance and Service Improvement. This group oversees and monitors progress on the Trust's Equality Action Plan.
- 1.11 Quarterly Equality Screening Reports outlining the screening outcomes of all policies/proposals approved in the quarter have been made available since 1 April 2011. Reports can be accessed on the Trust's website and staff intranet. Consultees are advised of the availability of the reports.
- 1.12 As recommended, by the Equality Commission's Guidance for Public Authorities on the Implementation of Section 75, the Western Trust Equality Scheme is accompanied by an Action Based Plan (Equality Action Plan).
- 1.13 Applicants for posts within the Western Trust are requested to complete Section 75 information. Those applying online via HSCRecruit can voluntarily complete the Equal Opportunities Monitoring form which includes their section 75 information.
- 1.14 With the introduction of the Human Resource, Payroll, Travel and Subsistence (HRPTS) system staff can maintain and change Equality and Diversity data, apart from Community Background. However, staff who are appointed and who we have not entered a perceived community background can change their record to reflect their community background. It is anticipated that this will aid accurate reporting on Section 75 data.
- 1.15 The Western Trust's Head of E&I is a member of the Regional Equality and Human Rights Steering Group (REHRSG). REHRSG bi-monthly meetings are led by the Department of Health (DoH), in partnership with HSC Equality Leads. As a member of this Forum the Head of E&I shares information and updates from the regional meetings with Trust Directors on a regular basis.
- 1.16 The Western Trust continued to participate on a number of the workstreams associated with the Physical and Sensory Disability Strategy. The Action Plan developed

PART A

to support implementation of the Strategy recognises the importance of person centred care planning and involvement of service users and partnership working with community, voluntary and independent sectors. In recognition of the progress achieved in implementing the Action Plan to date, and that ongoing actions require completion, it was agreed that work on the Action Plan be extended until 30 September 2018.

1.17 Considerable work has been undertaken during this reporting period with regard to supporting carers. Monitoring of progress in relation to Direct Payments, Respite and Short Breaks, and update of carers assessments has progressed well. The Trust employs a Carers Coordinator and two Carers Development Workers. The Trust Carers Support Team is in regular contact with 4,700 carers currently registered on the Trust Carers mailing list

NB: The above list is not exhaustive; it is a highlight of some of the key policy and service developments for this reporting period.

PART A

- 2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2017-18 (*or append the plan with progress/examples identified*).

During 2017-2018 Health and Social Care (HSC) Equality Leads worked in partnership on the development of new regional and local Equality and Disability Action Plans for 2018 – 2023. Regional and Local Pre-Consultation events were held and all 5 HSC Trusts and the Northern Ireland Ambulance Service Trust consulted widely with an extensive range of stakeholders on the new Plans. As the new Plans for 2018 – 2023 were only signed off by HSC Trust Boards in March 2018, progress on the new action measures in those Plans will be reported on in the 2018 – 2019 Annual Report.

- 3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2017-18 reporting period? (*tick one box only*)

Yes No (go to Q.4) Not applicable (go to Q.4)

Please provide any details and examples:

Ongoing: To further ensure the efficient and effective application of the Trust's Equality Scheme and equality screening process HSC Trust Equality Leads, having taken on board the views of the Equality Commission, have revised their equality screening template. The revised two-tier template was piloted by 2 of the HSC Trusts during the current reporting period. The learning from this pilot along with the outcome of consultation will inform the future roll out of the revised template thus ensuring the efficient and effective application of the S75 equality duties in informing and shaping future policy development and decision making processes within the Trust.

- 3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please refer to response to Question 1 in this document.

Human Resources Payroll and Travel System (HRPTS)

This system means that staff are now able to update their own Equality and Diversity Data, apart from Community Background (unless they are newly appointed to the Trust). This provides more accurate data for Equality Screening and Equality Impact Assessments (EQIA).

Western Trust Local Consultee List

The Trust's local consultee list is updated regularly by the Equality & Involvement Team. New consultees were added to the Western Trust Local Consultee list resulting in enhanced opportunities for involvement/engagement processes.

PART A

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

- As a result of the organisation's screening of a policy *(please give details):*

- As a result of what was identified through the EQIA and consultation exercise *(please give details):*

- As a result of analysis from monitoring the impact *(please give details):*

- As a result of changes to access to information and services *(please specify and give details):*

- Other *(please specify and give details):*

The WHSCT Complaints Team considers specific Section 75 related complaints and promotes positive action as required.

The E&I office have developed training and briefings for service areas in relation to Effective Consultation and undertaking EQIAs which supports existing training for staff.

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2017-18 reporting period? *(tick one box only)*

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

PART A

5 Were the Section 75 statutory duties integrated within performance plans during the 2017-18 reporting period? *(tick one box only)*

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

'Equality' is one of the 6 core mandatory training requirements for all staff and Mandatory Training is a key component of the appraisal discussion. Therefore, Equality Training forms part of every Personal Development Plan created through this process.

6 In the 2017-18 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2017-18 report
- Not applicable

Please provide any details and examples:

WHST Corporate Plan

"Outcome: Valuing Every Person

The Trust works within a diverse society and we want to improve how we support the differing needs of those people and families who receive our services and of the staff who provide these services.

We are committed to meeting our roles and responsibilities in the promotion of equality of opportunity, good relations and diversity in the services we offer and within the workforce that provides these services.

Within the Trust, we will provide services and employ staff regardless of their age, dependent status, disability, gender, marital/civil partnership status, political opinion, race, religious belief and sexual orientation.

We respect diversity and believe that by knowing our public and staff better we can provide better services and improved experiences for all.

We will:

- Communicate with, listen to and respect our staff, our service users, carers, and the public and treat everyone with empathy and compassion
- Promote and champion equality, good relations, human rights and diversity within the organisation, embracing difference and promoting a better understanding of cultural differences
- Work to uphold our duties in relation to Equality, Good Relations and Human Rights and develop and promote a culture of fair treatment and a sense of belonging
- Work to ensure that we uphold the five standards of respect, attitude, behaviour, communication, privacy and dignity for people who use our services
- Integrate equality and diversity into our policy development, service delivery and employment practices.
- Promote equality of opportunity for all regardless of age, dependent status, disability, gender, marital/civil partnership status, political opinion, race, religious belief and sexual orientation and tackle inequality, discrimination and harassment
- Provide a programme of Equality and Diversity training for all staff and managers
- Gather information on the diverse needs of our services users and staff to help us to better meet their individual needs
- Promote Good Relations and maintain a Good Relations Strategy for the Western Trust
- Continue to provide Interpreting and Translation services
- Support the meaningful involvement of staff, service users, carers and the public in how we plan, develop, review and change our services."

WHST Trust Delivery Plan:

"Through the implementation of its Personal and Public Involvement Strategy and Action Plan and revised Equality Scheme and Action Plan, the Trust will work closely with the community and voluntary sector to ensure that all of the 9 Section 75 categories and hard to reach public groups are appropriately involved in service design and delivery."

"Commitment to Consultation"

"Consultation is an intrinsic element within the Trust's approach to Personal and Public Involvement and the Trust's Equality Scheme. The Equality Scheme sets out the Trust's arrangements for consulting in accordance with the principles contained in the Equality Commission Northern Ireland (ECNI) Guidance "Section 75 of the NI Act 1998". In taking forward consultation the Trust shall continue to further embed community development approaches to support local involvement and innovation in the future delivery of services including working in partnership with other key stakeholders to encourage and support the development of social enterprise models."

Equality action plans/measures

7 Within the 2017-18 reporting period, please indicate the **number** of:

Actions completed:

45

Actions ongoing:

7

Actions to commence:

0

2 Regional and 5 Local Actions have been carried forward to the 2018 – 2023 Equality Action Plans.

Please provide any details and examples (*in addition to question 2*):

See response to Question 2.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2017-18 reporting period (*points not identified in an appended plan*):

See response to 7 above.

9 In reviewing progress on the equality action plan/action measures during the 2017-18 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed

A New Equality Action Based Plan has been developed for 2018-2023. Pre-engagement workshops were held regionally in Belfast and locally in Londonderry during 2017. These plans are central to the promotion of equality of opportunity and good relations and the implementation of the Trust's statutory equality duties.

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

All the time

Sometimes

Never

- 11** Please provide any **details and examples of good practice** in consultation during the 2017-18 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

WHST Savings Plans Consultations

On 24 August 2017, following approval from Trust Board the Trust commenced a public consultation on our draft '2017/18 Savings Plan'. By 5 October 2017, when the consultation closed, we had heard from more than 7,700 individuals and organisations from across our geography, either in writing, by petition or through participation in one of the events we held for staff (12 open events and 30 targeted events), public (5 events) or political representatives and other stakeholders (19 events).

Requesting responses from individuals and representative organisations

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

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

Locality Engagement Meetings

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

Meetings with staff

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

Meetings with stakeholders/interested parties/representative bodies/ organisations

The Trust attended and participated in a number of meetings during the consultation process. A list of the meetings attended is set out below. This provided the opportunity for

the Trust to talk about its proposals and gather feedback from participants. The Chief Executive also attended 3 meetings with GP's to make them aware of the consultation process on the savings proposals and to seek feedback.

Digital press and advertising circulation and coverage

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

On 10 October 2017 the Western Trust welcomed the additional money for health and social care in 2017/18. This meant the Trust was able to remove the high impact savings proposals in our savings plan. The draft plan was put to our extraordinary Trust Board meeting and approved on 13 October 2017, along with the feedback from the consultation process. It was recommended that the Trust accept no or low impact proposals in the savings plan.

The proposals that were no longer be considered included; the temporary reduction in routine elective care, reduction in provision of domiciliary care packages, consolidation of residential and daycare services for older people and the remodelling of neo-natal services at South West Acute Hospital.

PPI Annual Engage Event

The Trust's Equality and Involvement Team held its 5th Annual Engage Event on 23 March 2018 in Omagh. The event, which was funded by the Public Health Agency, is an opportunity for the Trust to highlight Personal and Public Involvement (PPI) work, share learning and celebrate and showcase good practice in relation to PPI within the Trust.

Over 100 service users/members of the public, community and voluntary representatives and Trust staff had the opportunity to speak informally to service users/clients and staff involved in in the planning, development and delivery of Health and Social Care Services in the Trust and learn of further opportunities for involvement.

Initiatives represented at the Event were: Renal Transplant Improvement Project; Teenagers Effecting Change(TEC) Project; Learning Disability Advisory Group; Wayfinding within Altnagelvin Hospital; TIDE (Teenage, Intervention, and Diversionary & Education) Programme; Eye Care Services WHSCT (10,000 Voices); Breastfeeding Peer Support Link Worker Project; Herceptin Nurse Assessment Clinic & Hub; the Recovery College; Schools for Hope.

Within the Trust a range of mechanisms are in place which actively involve, engage and address the needs of those who do, or could, experience particular disadvantage or marginalization.

The Event was closed by a service user and co-chair of the Trust PPI Forum. Feedback from the day has been extremely positive, with participants stating that they found the event

very enjoyable, inspirational and motivational. Attendees also praised the café style format of the event.

Adult Learning Disability - PPI

Following facilitation by an Independent Facilitator an Involvement Strategy was developed in partnership with the Public Health Agency, Trust, Western Learning Disability Action Group (WLDAG) and South West Carers' Forum (SWCF). This Involvement Strategy will support the involvement of service users, carers and the public in planning, delivery and evaluation of services. The Trust progressed this work in partnership with PHA Regional PPI Lead, Trust PPI Lead, SWCF and WLDAG through PPI Involvement Advisory Group meetings. The PPI Information Sessions were developed and delivered jointly by the Trust and the Advisory group during October and November 2017. A report including an easy read version was produced from feedback from these workshops. The full report is available on the Trust website.

A second Independent Facilitator was appointed in December 2017 to progress the involvement work. The Trust also recruited a temporary staff member in January 2018 to develop a Communication Strategy for Involvement. A series of Involvement Workshops began in February 2018 across 5 localities. A feedback report from these sessions will be available on the website when finalised. Advisory Group Involvement meetings are arranged from February 2018 to June 18 with service user and carer representation on this group. A Communication Sub group was developed and a total of 6 meetings are planned from January 2018 – May 2018. Subgroups were also formed in relation to Terms of Reference/Governance for Strategic Involvement group, Induction Subgroup and High Cost Cases/Unmet Need Subgroups.

12 In the 2017-18 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

PART A

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Independent Facilitation within Adult Learning Disability Services in the Western Trust.

The first round of Speakeasy Sessions commenced on 20 March 2017 and the last one was held on the 12 April 2017.

A specific meeting was held for Mencap members and carers re: Trust Savings Plans on 25 September 2017. Documents relating to the Savings Plan were produced in Easyread.

PPI Forum - Number of workshops were held for members during 2017/18

See also response to 11.

- 13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2017-18 reporting period? (*tick one box only*)

Yes No Not applicable

Please provide any details and examples:

New/Updated documents are forwarded regularly to the Trust Consultee List following approval within the Trust including e.g. ECNI Annual Progress Reports, Quarterly Screening Reports, PPI Annual Progress Report. They are also advised of Consultations and Events including the Trust Engagement Event in March 2018, where they had the opportunity to learn of PPI work ongoing within the Trust.

Consultees were also advised of the consultation exercises on the Equality action Plan and the Disability Action Plan and of the availability of the outcome report and finalised plans.

- 14** Was the consultation list reviewed during the 2017-18 reporting period? (*tick one box only*)

Yes No Not applicable – no commitment to review

- 15** Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

15

PART A

16 Please provide the **number of assessments** that were consulted upon during 2017-18:

1	Policy consultations conducted with screening assessment presented.
1	Policy consultations conducted with an equality impact assessment (EQIA) presented.
0	Consultations for an EQIA alone.

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Public meetings re WHSCT Savings Plans 2017/18. For further details see Appendix 1 – WHSCT 2017/2018 Financial Planning – Savings Plan – Consultation Outcome Report.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (*tick one box only*)

Yes No concerns were raised No Not applicable

Please provide any details and examples:

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2017-18 reporting period? (*tick one box only*)

Yes No Not applicable

Please provide any details and examples:

Information on all stages of Consultation is published on the Trust Website. Full details of the Consultation re the Equality Action Plan and Disability Action Plan are included.

WHSCT Savings Plans 2017/18 – see Appendix 1 – WHSCT 2017/2018 Financial Planning – Savings Plan – Consultation Outcome Report.

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2017-18 reporting period? *(tick one box only)*

- Yes No, already taken place
 No, scheduled to take place at a later date Not applicable

Please provide any details:

Staff Monitoring continues via HRPTS

Trust publishes Quarterly Screening Reports

Collection and analysis of Interpreting provision: Sign Language and Foreign Language

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

- Yes No Not applicable

Please provide any details and examples:

22 Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:

During the reporting period no monitoring was carried out of policies previously assessed.

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Staff Monitoring - has helped produce real time data to inform future equality screenings and Equality Impact Assessments in determining the impact of service changes on those potentially affected. Staff monitoring has also been useful to determine any policy gaps e.g. transgender policy.

HSC Audit of Inequalities Document - HSC Organisations worked collaboratively to gather and update the emerging themes in relation to key inequalities experienced by the 9 equality categories. Collated data (qualitative and quantitative) was analysed and is defined, by Section 75 categories, to help develop indicators of levels of inequalities. The Audit of Inequalities document can be used as evidence for future screening and equality impact assessments and is a useful resource for both health and social care staff and representative organisations. The document is reviewed and updated annually.

Updating of Trust Local Consultee List – allows Trust to ensure that information is accurate and up to date when issuing information re consultations/reports etc.

Updating of Regional Consultee List – HSC Trusts will work together to update the list to ensure it is accurate.

Staff Training (Model Equality Scheme Chapter 5)

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2017-18, and the extent to which they met the training objectives in the Equality Scheme.

The Western Trust continues to deliver Equality and Human Rights training in a variety of programmes. The training detailed below includes reference to/information on the Section 75 duties and Disability Duties. Further content is then developed to meet the requirements of the participants and the specific focus of the training. Much of the training is delivered by Trust staff, however for some training programmes delivery is in partnership with voluntary sector groups.

'MAKING A DIFFERENCE' E-Learning Programme: This E-learning programme was launched in the Western Trust in March 2018 as mandatory Equality, Good Relations and Human Rights Training for all WHSCT Staff and managers. The programme was developed regionally by HSC Equality Leads and a number of Western Trust staff participated in the pilot of the programme in early 2017.

'Making a Difference' is an interactive programme tailored specifically to the healthcare setting and aims to ensure that all staff realise the importance of their part in creating an inclusive and welcoming environment for all colleagues and service users. It replaces 'Discovering Diversity' as the mandatory e-learning training for all WHSCT staff.

The programme is provided in two modules – a general module applicable to all HSC staff and an additional module for those with management responsibilities. The modules are scenario-based to capture a range of practical and contemporary equality and diversity issues across employment and service provision. The programme replaces the Discovering Diversity e-learning programme as the mandatory e-learning training for staff within the Western Trust and all staff are required to complete this.

'Making a Difference' is supported by a regional Equality Training manual for staff which complements the programme. The programme is also complemented by a suite of HSC Discovering Diversity awareness modules, which all staff are also encouraged to complete.

'DISCOVERING DIVERSITY' E-Learning Programme: mandatory for all Western Trust staff until March 2018. This e-learning programme was designed to ensure that HSC staff are equipped to deal with difference and diversity in a positive way. Up to March 2018 regular Trust Communications were issued to remind staff to undertake the programme; the programme was also referenced at training delivered by the Equality & Involvement Team and fliers are routinely included in Training Packs. Uptake of the 'Discovering Diversity' E-Learning Programme was monitored.

VISUAL AWARENESS Training: continues to be offered Trustwide in association with RNIB. This training provides staff with skills and knowledge to ensure that service users with a visual impairment receive a high level service.

DEAF AWARENESS Training: delivered by the British Deaf Association (BDA) throughout the Trust, the training includes an Introduction to deafness/Hearing loss and provides information on Communication Methods used by Deaf/Hard of Hearing people and how to communicate clearly.

DISABILITY AWARENESS Training: delivered by Employers for Disability NI. The training covers Disability Discrimination Act (DDA) overview and case law with a brief overview of legislation followed by case study exercise using DDA cases. A variety of learning methods are used including an exercise on Language etiquette and Disability awareness training video clips. There is also an overview of five key disability areas; hearing loss, visual disability, learning difficulty and disability, physical disability and hidden disability, including mental health. Information is provided on the nature and extent of disability, as well as good practice in interacting with people with disabilities.

WORKING WITH INTERPRETERS (Foreign Language/Sign Language) Training: this training is offered Trustwide on an on-going basis. The training aims to improve the experience of patients/clients who do not have English as a first language or who have a hearing impairment. The Equality & Involvement Team also offers the training to specific teams/units, as per requests. The Working With Interpreters Training is supported by Trust Communication Support Guidelines, which contain information for staff on accessing Foreign Language and Sign Language Interpreters, and Written Translation.

EQUALITY SCREENING Training: continues to be delivered by Equality & Involvement staff to Senior Managers and their staff who are involved in developing policies/proposals/strategies and implementing changes to services. Specific sessions were delivered for staff involved in the screening of the Trusts Savings Plans for 2017/18. The training provides information on Section 75 of the NI Act 1998 and requirements under Section 75 for Public Authorities; and informs staff why and when screening needs to take place and how to screen.

EQIA Training: the Equality & Involvement Team offer specialist support and training to staff within Directorates who are involved in EQIAs/consultation exercises, on request.

EQUALITY, DIVERSITY and INCLUSION Training: this training was developed and delivered as part of NVQ training for staff and is now delivered to staff within Departments across the Trust on request. It is also delivered as part of the Trust's Essential Training for Doctors programme. In addition, this training has been adapted and delivered to North West Regional College Health and Social Care students. The aim of the training is to inform participants about Equality, Diversity and Inclusion and how it applies within the Trust.

'LESBIAN, GAY, BISEXUAL and/or TRANSGENDER - CREATING INCLUSIVE WORKPLACES'
E-Learning Programme: available to all Trust staff. This e-learning programme was developed by the Public Health Agency in partnership with the Southern Health and Social

Care Trust and has been informed by the experiences of individuals who identify as Lesbian, Gay, Bisexual and/or Transgender (LGBT).

The programme is designed to be used by individuals, including staff and management, working in any setting. It is hoped that it will better inform individuals and organisations on the issues faced by lesbian, gay, bisexual and transgender and help encourage workplace settings to be more LGBT inclusive, thus helping to create a more welcoming, safe and productive work environment.

- 25** Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

All of the above training, with the exception of the eLearning training, has been evaluated. Overall evaluation feedback has been positive with staff finding that training was relevant, practical and thought-provoking.

Public Access to Information and Services (Model Equality Scheme Chapter 6)

- 26** Please list **any examples** of where monitoring during 2017-18, across all functions, has resulted in action and improvement in relation **to access to information and services**:

- Uptake of sign language interpreting is monitored throughout the Trust. (Appendix 2)
- Uptake of face to face and telephone foreign language interpreting is monitored (Appendix 2)
- Quarterly Screening Reports
- BME Carers Leaflet

'Making Communication Accessible for All – A Guide for Health & Social Care Staff'

The Guide was reissued via Trust Communication to WHSCT staff in August 2017 and is available on the Intranet. The document provides guidelines, tips and advice and aims to:

- help staff/Trust services think differently about their communication;
- make staff aware of current legislation;
- increase staff awareness of the wide range of communication difficulties and understand how they can change to enable more positive outcomes and experiences for people with communication support needs;
- Help staff create communication friendly environments to support people to communicate to the best of their ability.

Uptake of Self Directed Support In WHSCT

Self Directed Support (SDS) is a change in the way social care services are provided to offer much more choice, control and flexibility to individuals and families. It enables them to tailor a package of support that best suits their lifestyle and allows the individual and

family to live their life in the way that they want to. Self Directed Support provides informed choice about how support is provided with a focus on 'working together' to achieve personal outcomes.

During the reporting period the Trust continued to imbed 'Self Directed Support ' in the 5 Programmes of Care:

- Primary Care Older People including Primary Care Older People (Community Mental Health)
- Adult Learning Disability
- Physical & Sensory Disability including Autism Spectrum Disorder (ASD) Adults Services
- Community mental health (Recovery Teams)
- Children's Disability (including ASD)

At the end of March 2018 the Trust had:

- 2,808 Recurrent Cases
- 572 Direct Payments
- 22 Managed Budgets
- 2214 Trust Arranged Services
- Approximately 600+ One-Off Payments.

These were all worked through the SDS process giving them more control, flexibility and independence to choose how they manage their personal budget to meet their assessed need and promote outcomes that where identified in their assessment.

Public Information on New Build Facilities

Information was provided on the new North West Cancer Centre and Omagh Hospital and Primary Care Complex in a number of different online and offline formats. A series of videos were produced on both projects which were hosted on the Trust's You Tube Channel and promoted through the Trust's social media channels and website. Public engagement on the videos was particularly high on Facebook with drone technology being used to show both the exterior and interior of the buildings.

A public information leaflet was also produced for the new Omagh Hospital and primary Care Complex and this was posted directed into over 29,000 local homes in the surrounding district. The leaflet was part of an overall public information campaign which has been well received locally.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2017-18?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

May 2017 – The review of the Western Trust’s Equality Scheme was delayed due to the development of the new Equality and Disability Action Plans. Trusts will work collaboratively during 2018-2019 on their revised Equality Schemes for 2018-2023.

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

- Transformation Programme – the Trust will ensure timely screening and monitor all proposals to identify any potential impact for any of the nine Section 75 categories
- New Consultation ECNI Guidance
- Training on new two-tier Equality Screening Form (when launched)
- PPI E-learning programme

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

- Employment
- Goods, facilities and services
- Legislative changes
- Organisational changes/ new functions
- Nothing specific, more of the same
- Other (please state):

- Age Discrimination
- Shared Parental Leave
- Equality Screening Forms – new Two-tier forms
- Review of Part B of ECNI Reporting Template

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

This section of the report usually details Health and Social Care (HSC) Trusts' progress in relation to their Disability Action Plan actions. The Trusts' Disability Action Plans set out how they propose to fulfil the 'Disability Duties':

- *to promote positive attitudes towards disabled people;*
- *and encourage participation by disabled people in public life.*

However, as discussed with colleagues from the Equality Commission, HSC Trusts are in the unprecedented position of having completed their actions and associated updates in relation to their 2014 - 2017 Disability Action Plan in last year's report, with the new Disability Action Plan not commencing until 2018. During this reporting period (April 2017 to March 2018) Health and Social Care Trusts have focused on the pre-consultation, the drafting and formal consultation of their regional Disability Action Plan for the forthcoming 5 year period. (2018 - 2023). As such, this year the HSC Trusts will not complete Part B: the Disability Action Plan template but will provide a comprehensive update in next year's report with regard to actions undertaken in year 1 (i.e. 2018).

Appendix 1 – WHSCT 2017/2018 Financial Planning – Savings Plan – Consultation Outcome Report

2017/2018 Financial Planning

Savings Plan

Consultation Outcome Report

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 and Involvement Department – contact details on page <>

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ACKNOWLEDGEMENTS

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

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

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

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

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

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

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

SECTION 1 - EXECUTIVE SUMMARY

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

We are incredibly grateful to all those who responded.

The following key themes were common across responses:

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

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

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

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

This consultation process has made us more aware than ever as an organisation of our approach to involving service users and staff, and we commit to improving how we do this, as it must be part of how we work.

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

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

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

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

Dr Anne Kilgallen

Chief Executive

SUMMARY

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

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

		End of Life care, which would not be affected by these measures.
9	Consolidate services onto fewer sites and rationalise existing services in order to maximise the efficient use of resources	<p>The Trust acknowledges that a merger of the 2 homes would be extremely difficult to implement on a temporary basis without agreement and consent of the residents and their families. The Trust further acknowledges that by its nature the move of any resident to an alternative home is unlikely to be reversed. Therefore the impact of this proposal could be perceived as permanent in nature.</p> <p>The Trust acknowledges the need for daycare services and their importance in maintaining high quality of life and keeping people connected to their communities. The Trust feels that services could be provided at different daycare centres without impacting on safety and quality however the Trust acknowledges the rural nature of these day care services and the strength of feeling that they should be retained.</p>
10	Apply additional vacancy controls on a temporary basis across a range of disciplines/ services and accrue in year savings due to revised annual leave policy.	<p>The Trust will manage its workforce effectively.</p> <p>Accrue in year savings due to revised annual leave policy:- It is proposed to mandate that all staff use their full complement of annual leave entitlement for 2017/18 by 31 March 2018 – with no carryover leave into the 2018/19 leave year. In very exceptional circumstances carry over can be authorised at Director level – however these will be minimal and only allowed in very exceptional cases.</p> <p>Staff groups who work directly with patients or provide front line services will need to be backfilled and the Trust has accounted for this. Despite this, the Trust is concerned that there will be operational</p>

		difficulties in securing staff to backfill due to the short time available to deliver on this proposal, and workforce shortages in key occupational groups.
11	Temporarily reduce or delay some services/service developments	The Trust feels this is a proportionate approach giving the very significant constraints which have been proposed for established services.
12	Remodel services on a temporary basis	<p>The Trust has reflected on the wide range of views it has received from its targeted engagement with staff, clinical views and public opinion.</p> <p>The Trust believes that the development of transitional care should be explored alongside current neonatal services and not as a temporary replacement for the existing neonatal provision in the SWAH which will be informed by the regional Neonatal review.</p> <p>The Trust views that there is a need to review the OPALS model as part of a total review of flow across the community interface.</p>

Trust Board will consider this report at its public meeting on 13th October 2017 and will make recommendations that will then be shared with the Health and Social Care Board and the Department of Health, for approval.

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

SECTION 2

Consultation Process

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

Requesting responses from individuals and representative organisations

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

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

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

Locality Engagement Meetings

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

Details of the meetings and numbers attended are provided below.

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

Meetings with staff

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

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

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

Meetings with stakeholders/interested parties/representative bodies/ organisations

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

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

2017	Home Clients, L'Derry	
Monday 25 September 2017	Gortin Day Care Clients, Omagh	7
Friday 22 September 2017	Rosslea Day Care Clients	7
Wednesday 20 September 2017	Independent Domiciliary Care Providers Omagh Area	5
Thursday 21 September 2017	Independent Domiciliary Care Providers L'Derry Area	5
Thursday 21 September 2017	Independent Domiciliary Care Providers Omagh Area	10
Friday 08 September 2017	West Tyrone/Fermanagh & South Tyrone Representatives	9
Thursday 14 September 2017	MLA Engagement Event – Foyle/East Londonderry	7
Thursday 24 August 2017	MLA Briefing	N/A
Thursday 07 September 2017	Fermanagh and Omagh Council Meeting	N/A
Thursday 14 September 2017	Derry City & Strabane District Council Meeting	N/A
Monday 2 October 2017	NIAS	Telecall
Monday 2 October 2017	HSE	Telecall

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

Digital press and advertising circulation and coverage

The savings plan consultation was widely promoted across digital channels and local and regional print media. The coverage received in the media was extensive following the issuing of two releases and press adverts. The Chief Executive, Trust Directors and Trade Union representatives also engaged in media interviews with broadcast reporters

and print media journalists. There were also a range of responses via social media. This is summarised below:

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

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

SECTION 3

Consultation Feedback

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

Overall view

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

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

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

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

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

Measures likely to be considered Major and/or Controversial

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

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

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

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

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

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

Trust response

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

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

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

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

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

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

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

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

Trust response

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

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

Proposal 7 - Operate a cap on locum payment rates

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

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

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

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

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

Trust response

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

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

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

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

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

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

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

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

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

Trust response

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

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

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

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

The Trust proposes to consolidate the services in the Derry/Londonderry area provided by William Street and Rectory Field Residential Homes onto a single site.

The Trust will also rationalise and consolidate daycare services in the Southern sector in recognition of previous consultation exercises which will affect Gortin, Dromore and Rosslea.

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

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

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

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

Trust response

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

The Trust acknowledges the need for daycare services and their importance in maintaining high quality of life and keeping people connected to their communities. The Trust feels that services could be provided at different daycare centres without impacting on safety and quality however the Trust acknowledges the rural nature of these day care services and the strength of feeling that they should be retained.

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

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

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

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

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

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

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

Trust response

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

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

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

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

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

Trust response

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

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

Proposal 12 - Remodel services on a temporary basis

(a) Neonatal Service Reform at SWAH

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

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

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

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

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

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

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

Trust response

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

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

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

(b) OPALS Service Reform

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

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

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

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

“Staff concern regarding pressures on Acute service”

Trust response

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

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

Plans regarded as low impact

Proposals 1- 4

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

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

Trust response

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

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

Mitigation of support services

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

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

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

GENERAL COMMENTS

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

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

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

<p>the Trust on how the £12.5m target was reached.</p> <p>Comments included how the £12.5M savings have been calculated, is it fairly distributed between Trusts; What penalty does the Trust face if Trust fails to implement cuts; what if additional funding is received; and that that is not good enough to say legal responsibility to break even and not refer to legal responsibility to protect life.</p>	<p>benchmarking between trusts and the overfunding of the Trust on a capitation basis.</p>
<p>Communication</p>	
<p>A number of respondents stated that the events were not widely enough advertised and that user friendly documents should have been made available.</p>	<p>As part of the consultation and engagement plan approximately 1000 consultees were notified, information was made available on the Trust website and via social media and the Trust placed adverts in local papers of the public consultation meetings held in a variety of locations through the Trust and information sent to local Forum.</p> <p>All staff were notified through staff briefings, team meetings, all user emails, Trust intranet and posters were displayed on acute and community sites.</p> <p>An Easyread version of the Savings Plan was made available at our website and on request from the Equality and Involvement office. Details have been given on both our website and at all our events.</p>
<p>Patient Safety</p>	
<p>How will the Trust ensure that the proposals don't impact patient safety?</p>	<p>Safety and Quality are central to the assessment of the proposals.</p> <p>The Trust would manage risk to the public through ensuring that sufficient, competent, skilled staff are in place to cover the anticipated activity across services during the temporary period of agency staff restriction. The Trust would also maximise the use of existing permanent staff across all services so</p>

	that any disruption or impact would be kept to a minimum.
Respondents stated that they were shocked at some of the proposals and how the Trust were going to manage services over the winter period and asked where are people going to go?	The Trust Board will consider these proposals in light of safety, deliverability, impact and strategic direction. Safe services will continue to be maintained although the Trust acknowledges that there may be less opportunity to “flex up” services.
Better use of the SWAH	
There were a number of comments, particularly at the Enniskillen event by both staff and the public to ask the Trust to make better use of our “state of the art” facility at SWAH.	The Trust welcomes this.
Less Wastage	
Some responders stated that money is being wasted in the Trust for example multiple visits to do the same thing and equipment replaced for newer models.	The Trust has a Quality Improvement Cost Reduction (QiCR) programme which has been in place for a number of years. The Trust will continue to review any area of potential waste brought to its attention by its staff or the public. In responses to the consultation, the Trust has received a range of alternative proposals which are set out in this document.
Equality Screening	
Equality screening should be done at the start of the process and any issues should be highlighted, along with mitigation.	The Trust has a robust system for consultation and for equality screening. A high level equality screening was carried out and the Trust is now completing draft EQIA’s against each of the proposals deemed to be Major after the initial assessment. If approved to proceed at Trust Board on 13 th October, a full Equality Impact Assessment will be carried out for a period of 12 weeks.
Continue to engage with the public, it creates openness and transparency, so	The Trust agrees that this is good practice and is currently developing its

<p>would encourage this.</p>	<p>PPI Strategy and Action Plan for the next 3 years. Learning from this consultation exercise will play an important part in developing and delivering the plan.</p> <p>The Trust acknowledges the value in working in partnership with all stakeholders.</p>
<p>Rural Needs</p>	
<p>The Trust needs to provide a safe, quality service to the local community. The distance to Emergency Departments, particularly in rural areas, may have a negative impact.</p>	<p>Noted.</p>

SECTION 4 - ALTERNATIVES

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

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

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

Table: Alternative proposals:

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

need to go back to basics.
Income
Leased shop in front hall – are the profits coming back into hospital?
Private nursing homes should be charged for additional services from district nursing e.g. call district nurses to put in driver when they could possibly put in themselves if had right staff. Can we charge extra for these tasks?
Rental of Trust Facilities - This was a point made by someone in support services in an effort to gain income for the Trust.
Workforce and Working Practice
University selection – Recruitment from the West needs to be looked at. We as a Trust need to address this matter highlighting Nursing, Medical and AHP staff.
Made a suggestion in respect of impact of the cost of Agency staff. Most Homecare staff are part-time and many would welcome the opportunity to work additional hours in a hospital setting, can this be facilitated to prevent agency staff use and minimise cost.
How can we give incentive to permanent medical posts to stop reliance on locums? – Either monetary or attractive job plans to attract medical away from Belfast.
Medical trainees should be encouraged to come here and make it easier in terms of emergency tax code.
Why aren't consultants from Altnagelvin told to go to SWAH?
My suggestion is to offer every member of staff in full-time an admin and clerical post the option of reducing their working week (hours) by one day; thereby working 4 days per week instead of 5. This suggestion also recognises, and could be seen as a prelude to, the HSC Partial Retirement Scheme.
Offer “As and when contracts” and reduce Agency spend.
Theatres start @ 8.00 am in Altnagelvin, SWAH start @ 9.00 am – could extend the day in Southern Sector.
Use of Bank – why Nurses who not work for Trust substantively not able to get Bank Contract of Employment.
Contractual obligations, consider attracting doctors if they stay for 5,7,10 years then scrap student loan as a reward.
Need better use of minor ailment scheme and the Community pharmacist
Consultant bonuses- getting paid a salary+ bonus on top. Most vulnerable taking the cut for this. One NHS , different structures across trusts for consultants, needs a joined up approach .

Why are environment audits completed by 8a? Can staff not be used more effectively and these tasks be performed by Domestic/ support services.
The admin and clerical resource has become an easy target for criticism in recent times and this suggestion could also be seen as an honest attempt by the Trust to explore the truth behind the myth that our admin and clerical resource is too high.
Absence - Occupational Health work need to work better with GPs re getting staff back to work
Stop upgrades, all secondments should go back to substantive posts, terminate agency staff
Can we audit overtime, many making such a lot in overtime. Also savings in travel.
Service Improvements
Need to look at continuous Improvements in services
The Trust should be looking at proposals that increase community infrastructure and cut bed days in the acute – this is where the true savings lie.
Need more investment in prevention to stop the vicious circle.
Leads should come together and make decisions on service improvements which will ultimately result in efficiencies
Need to improve flow, lots of work already done, just need to revisit some of these workstreams such as OPJ, access to discharge and others.
Efficiency and Reduction in Waste
Stop using so much paper, printing and postage. For example stop sending letters to GPs.
Reduce lighting costs both inside and out
Suggest that Drugs opened and then can't be re-used. Need to look at this and rationalise and control usage and lessen wastage. Need to cut back on medication from wards.
Expensive drugs disposed of – could be transferred to AAH before expiry date.
Day case provision has any consideration to performing in SWAH not all but some will require beds on occasions.
Trust needs to cease consultancy firms with immediate effect telling us what we already know.
Issue of yellow bins and that it costs £50 per tonne to dispose of these. Sharps boxes not being effectively utilised. Felt that when emptied there was little contents, it was very wasteful.
Staff member sees wastage on a widespread scale regularly. Quoted a case where a colleague went off on sick leave needing a cataract op and waited 6 months on the w/list whilst getting full pay and the Trust had to pay for backfill so double cost. In the end the lady

<p>paid privately for her cataract op and was back to work very quickly afterwards. Why doesn't the Trust look at fast tracking employees who need treatment/care and get them back to work sooner and this would significantly reduce costs.</p>
<p>Reduce over-testing by doctors due to fear of missing something or being sued. Cut it and it saves money.</p>
<p>Why is urgent care in Omagh running at night with 1 band 7 and 1 band 5 for maybe 6 patients at night. Close only at night temporary and save money, overtime is offered to cover day services in urgent care not saving money here, common sense lacks! Will save some money watch the penny's the pounds will look after themselves and not harming anyone with this suggestion</p>
<p>Cut heating on all the time in Health Centre in summer</p>
<p>Scanning bureau at SWAH such a waste, costs 3 times what it was supposed to, should be stopped</p>
<p>Reprofile of the capital money spend – scope for this?</p>
<p>PFI capital – spend to save</p>
<p>Costly use of nutritional supplements – simplify way of clarifying what patient needs are</p>
<p>Costs around procurement and contracting for same could be sourced locally at a much cheaper cost. Relax procurement rules.</p>
<p>Immediate cessation of free handouts for taxis. Buses etc.</p>
<p>There are many nurses and other health professionals walking around doing nothing.</p>
<p>Pre – assessment Nurse - structured criteria re procedures in TCH. If 'fit' go to TCH no anaesthetic service, no Lab etc, can't happen. Surgeons put all through as urgent – No change.</p>
<p>ICT</p>
<p>Embrace technology to make things more efficient, use things properly. Learn from people who do it well.</p>
<p>There are a number of failed ICT projects, if staff use functionality of ICT in place already no need to replace. Need to look at inefficiencies in ICT.</p>
<p>General</p>
<p>Concern with Kinship issue – children are kept within families – Surely there are savings there. More children coming into care. Difficulties in Foster care, kinship should be better option. Budget wasn't reflecting need. What is the savings on kinship? T Millar – Kinship is protected, we are already overspending.</p>
<p>Brexit The Trust needs to consider the impact of Cross Border workers returning to the ROI as a direct result in the Euro/Sterling rate. This is already impacting on Nursing and has a</p>

potential to impact on all disciplines.

GPs have ideas and opinions and no-one is listening to them - need to listen to them

Responses to Questions in the Document

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

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

2. Do you consider that there are any alternative proposals that could be brought forward that would deliver the equivalent reduced spend in-year, taking account of the principles set out in this document?

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

3. Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals?

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

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

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

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

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

SECTION 5

Next Steps

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

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

Legislative and Equality Duties

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

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

Equality & Involvement Team,
Tyrone & Fermanagh Hospital,
1 Donaghane Road
Omagh
BT79 0NS
Tel: 028 8283 5278

E-mail: equality.admin@westerntrust.hscni.net

**Appendix 2: Foreign Language Interpreting Provision for Ethnic Minorities and Migrant Workers
in Western Trust Area**

Table 1: Total Provision and Expenditure with Language Breakdown 1 April 2016 – 31 March 2017

Language	Total Provision for each language				Total per Language
	NIHSCIS	Big Word	STEP	Sai Pak	
Polish	2841	126	2		2969
Hungarian	1119	121			1240
Cantonese	105	3		959	1067
Lithuanian	837	55	1		893
Arabic	819	58			877
Mandarin	94	5		744	843
Russian	329	34			363
Romanian	123	33			156
Slovak	137	3			140
Latvian	128	8			136
Bulgarian	94	13	1		108
Czech	18	3			21
Spanish	15	1			16
Pashto Central	13	3			16
Portuguese	11				11
Punjabi	6	3			9
Italian		8			8
Urdu	7				7
German	5	2			7
Farsi	6				6
Kurdish	6				6
Macedonian		1			1
Turkish		1			1
Total Provision	6713	481	4	1703	8,901
Total Cost	£307,692.35	£2,692.20	£198.05	£24,444	£335,026.60
Average Cost	£45.84	£5.60	£49.51	£14.35	£37.64

Table 2: No. of Provisions for Western Trust – NIHSCIS Only for past 10 financial years for comparison:

Year	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
No. of provisions	6713	5693	6423	6272	5520	5051	4201	3777	3042	2619

Table 3: Total No. of Foreign Language Interpreting Provisions for Western Trust for past 10 financial years:

Year	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
No. of provisions	8901	7808	8440	8172	7476	6741	5348	5529	4834	4137

Table 4: Top 5 Language Interpreting Sessions within WHSCT for previous 5 years

2016/17	2015/16	2014/15	2013/14	2012/13
Polish	Polish	Polish	Polish	Polish
Hungarian	Hungarian	Hungarian	Lithuanian	Cantonese
Cantonese	Cantonese	Cantonese	Hungarian	Hungarian
Lithuanian	Mandarin	Lithuanian	Cantonese	Lithuanian
Arabic	Lithuanian	Mandarin	Mandarin	Mandarin

APPENDIX 2: Sign Language Provision in the Western Trust Area

12-Month Report: 1 April 2016 – 31 March 2017

Hands That Talk - Sign Language Interpreting: Expenditure 1 April 2016 – 31 March 2017:

No of Provisions	842
Cost	£110,510
Average Cost	£131.25

No. of Provisions for Western Trust – Hand that Talk for past 8 financial years for comparison:

Year	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
No. of provisions	842	746	813	647	429	384	296	330