

Western Trust Public Briefing Statement

Response to the SOAS Roadmap (20 Recommendations)

We respect the work undertaken by SOAS in producing the Roadmap and appreciate the significant time and effort which the hospital campaign pressure group have taken to put forward its 20 recommendations. We recognise the deep interest and concern within the community about the future of health and care services in Fermanagh and West Tyrone. We hope to work alongside local people through the networks and representatives they know and are familiar with to shape a vision for safe and sustainable health and care services into the future.

SOAS have put forward 20 proposed recommendations. We agree with some of these, as they align closely with work that we already have underway in the Trust, and with the Department of Health, or we have made clear are our strategic direction of travel. Others will require decisions or leadership at regional, national or cross-border level if they are to move forward. We must be clear that a small number of recommendations cannot be supported, because they do not meet the Department of Health's clinical standards for safe care of surgical patients or commissioning requirements.

Our initial position on the Roadmap recommendations is set out below, and we welcome continued dialogue as this work progresses.

Recommendations That Align With Current Work

2	Return SWAH to Major Trauma network
5	Implement incentivised pay and conditions for surgeons in SWAH
6	FODC to develop community involvement network to assist in attracting surgeons to the South West region
7	Commission the 2 unused theatres in SWAH
8	Commission the 92 unused beds in SWAH
10	Develop appropriate sub-specialities for consultant surgeons in SWAH
11	Agree accelerated elective programme for SWAH with appropriate new specialities
12	Develop SWAH-Omagh HPCC links for SWAH-based consultant's sessional work
18	Agree an Integrated Surgical Network across Western Trust

Recommendation 2 – Return SWAH to the Major Trauma Network

South West Acute Hospital (SWAH) continues to be an active member of the Major Trauma Network and continues to play its role within this system. SWAH has a local trauma clinical lead who attends the Major Trauma Network meetings.

Recommendation 5 – Incentivised Pay and Conditions for Surgeons AND Recommendation 6 – Community-Led Initiatives to Attract Surgeons

There are currently no vacant consultant general surgery posts in the Trust. The Trust-wide workforce model and strengthened rota arrangements have stabilised surgical staffing across all levels.

For Recommendation 5, we note that introducing a Recruitment and Retention Premium would not, on its own, address the wider clinical and service requirements needed to meet the Department of Health's Emergency General Surgery standards. Also, the factors which attract doctors to work in a particular role are much broader than pay alone. A small out of hours' rota, as was the case in SWAH pre the unplanned collapse of EGS, is one of the reasons why these roles were not attractive. On call is more intensive and a small team do not allow for the level of sub-specialisation that doctors will want.

While this Recommendation 6 would require leadership from Fermanagh and Omagh District Council, the Trust would support initiatives that help promote the area and develop educational and vocational talent pipelines of our future workforce.

Our areas of greatest challenge in attracting and retaining workforce in Fermanagh and West Tyrone are: social work staff (for our Children's and Older Peoples services); Homecare workers (for our own services and from our contracts with private homecare providers in the area).

We already work closely with the South West Regional College on the educational provision for social work, and foundation courses are now available and well used. This has provided a pipeline of social work talent and enabled us to fill vacant positions in Fermanagh social work teams.

However, in recent years we have lost staff to healthcare organisations in Republic of Ireland due to the competitive pay rates offered. Our International recruits (medical and nursing) tell us that finding housing in the Fermanagh area is a significant challenge, sometimes preventing them staying in the area. We would welcome any support from the Council or Housing organisations on this issue.

Recommendation 7 – Commission Unused Theatres at SWAH AND Recommendation 8 – Commission Unused Beds at SWAH

Decisions on commissioning are with the Strategic Planning and Performance Group (SPPG). The Trust is actively working with SPPG to expand theatre capacity at SWAH, including additional gynaecology and endoscopy sessions.

Any further expansion would require funding, phased implementation, and time to recruit and train staff (which can take up to 12 months). Where necessary, and as a last resort, the Trust would also be open to considering the use of the independent sector to maximise activity at SWAH.

We would welcome the permanent commissioning of additional wards, subject to a clear and approved case for their use, funded by the Department of Health. Our direction of travel is that additional theatres and beds should be permanently commissioned by the Department of Health in SWAH to provide more in-house operating capacity and bring down waiting lists. This further expansion would need to be funded by the Department of Health, and would be a phased implementation, as it would take time to recruit and train specialist staff (which can take up to 24 months).

We have made some progress through the investments in the Elective Care Funding, but not sufficient to open theatres and wards. If necessary, and as a last resort, the Trust would be open to considering the use of the independent sector to maximise activity at SWAH, and we could agree longer term lease arrangements for theatres and wards with the private sector, in order to fully use this hospital capacity.

SWAH operates at full capacity on most days. There are no permanently unused beds on the site. There are small numbers of beds which from time to time may not be filled due to demand e.g maternity and ICU beds are always in place but only used when needed.

There are 2 wards which were not funded and opened when SWAH was commissioned, wards 4 and 10. Ward 4 is currently used by an Independent sector provider of orthopaedic surgery under a Waiting List Initiative contract. Ward 10 was converted to non-clinical space before the hospital was opened and is no longer used as a ward, as it provides office and other accommodation for Trust Social work and occupational health teams.

For all these reasons, the figure of “92 unused beds” referenced in the Roadmap is not supported by the facts.

We have provided clarification on bed numbers and capacity in the supporting information - see Appendix 1 Statement clarifying this.

Recommendation 10 – Develop Surgical Subspecialties at SWAH

A range of elective subspecialties already operate at SWAH, including breast surgery, Adult ENT, paediatric ENT and special needs dentistry (for clients living with complex learning or physical disabilities). The Trust is exploring further opportunities with its clinical teams, such as low-intensity upper gastrointestinal elective work.

Recommendation 11 – Accelerated Elective Programme

The Trust is committed to maximising elective activity at SWAH. Increased gynaecology and endoscopy sessions are already being delivered, and we exceeded our elective session performance targets in 2025.

Recommendation 12 – Strengthen SWAH–Omagh Links

Omagh Hospital and Primary Care Complex is a significant asset to the population of Fermanagh and West Tyrone. As modern community hospital it provides rehabilitation and palliative care inpatient beds, has thriving day procedures and endoscopy units, and on site diagnostics and renal dialysis

suites. It is a hub for a range of community supports including children’s, mental health and AHP services.

For elective surgery, Consultant job plans already support elective work across both SWAH and Omagh sites. Ambulatory surgical care operates at SWAH and Omagh, allowing many patients to be treated locally without hospital admission, improving efficiency and patient experience.

We will continue to look at what more we can do, and do differently, at Omagh with our lead clinicians and with the Department of Health.

Recommendation 18 – Integrated Surgical Network

An integrated surgical network is already in place across SWAH, Altnagelvin and Omagh. This is supported through Trust-wide job planning and scheduling of emergency, elective and ambulatory surgical care.

Clinical audit has enabled patients requiring urgent surgery to be treated on elective lists where appropriate, improving flow and outcomes. This network continues to develop.

We are also supportive of working with councils and community partners on wider workforce and recruitment initiatives.

Recommendations That Cannot Be Supported at This Time

1	Commit to restoring Emergency General Surgery to SWAH
3	Develop separated emergency & elective surgery in SWAH
4	Develop PACU (Post Anaesthetic Care Unit) in SWAH
9	Re-open 22 emergency surgical beds and restore staffing

There are some recommendations in the SOAS Roadmap (noted above) which cannot be supported at this time, for the reasons set out below:

Recommendation 1 – Restore Emergency General Surgery at SWAH

We accept there is an enormous strength of feeling in the community about restoring Emergency General Surgery at SWAH.

The DoH Review of General Surgery, published in June 2022, was a clinically led review established to address the challenges of the current configuration of general surgery in Northern Ireland which is not meeting modern demands because of increasing surgical specialisation, new technology, capacity gaps within the current structure and an increase in demand. The overall aim of the Review of General Surgery was to develop a safe and sustainable model for the delivery of General Surgery across Northern Ireland. The Report of the Review of General Surgery was published in June 2022, with a one year update Report being published in June 2023. Following completion of the policy

stage of work, the Final Report of the Review of General Surgery was published in May 2024. (Department of Health Website)

However, Emergency General Surgery can only be provided where hospitals fully meet the Department of Health's clinical standards for the safe delivery of general surgery, which were introduced by the Department of Health in June 2022. SWAH did not meet these standards when emergency general surgery was suspended in December 2022.

These standards would require significant additional services and staffing, including 24/7 access to specialist support, sustainable consultant rotas and major workforce expansion.

We have independent evidence that the current services for emergency general surgery are safe and provide good outcomes for patients. We have presented independent clinical data which shows that patient outcomes have improved since the service changed in 2022. This analysis by Caspe Healthcare Knowledge Systems (CHKS), which benchmarks all Trusts in Northern Ireland, shows:

- 14% reduction in mortality
- 21% reduction in complications
- 22% reduction in readmissions to hospital

These patient outcome improvements demonstrate safer care across the Western Trust geography and reflect the benefits of full compliance with the Minister's revised Emergency General Surgery Standards.

The previous configuration of Emergency General Surgery in SWAH would not meet the **Department of Health's clinical safety standards for Emergency General Surgery** - as highlighted within the Department of Health's Review of General Surgery in Northern Ireland commissioned in June 2022.

In light of this, any move to re-instate EGS in SWAH would effectively mean implementing a new service model which would require major investment and commissioning. We have written to the Department of Health to ask if they wish to make the case for this – including the required evidence of population need, delivery of safe care, and affordability.

- [Review of General Surgery in Northern Ireland | Department of Health](#)

Recommendation 3 – Separate Emergency and Elective Surgery at SWAH

This model is only possible if Emergency General Surgery standards are fully met. Without major service expansion and commissioning support, this cannot be delivered safely at present.

Recommendation 4 – Dedicated Post-Anaesthetic Care Unit (PACU)

Post-Anaesthetic Care Unit's (PACU) are commissioned where complex surgery is delivered at scale, and is currently commissioned and funded at the following hospitals: RVH, BCH, Ulster, Antrim, Craigavon and Altnagelvin. SWAH currently delivers high-volume, low-complexity elective surgery, and has never delivered high complexity surgery, therefore meaning a PACU is not required.

Recommendation 9 – Re-open Emergency Surgical Beds

ALL surgical beds at SWAH are open. This capacity is used flexibly to support elective surgery and hospital flow, including medical patients. Local population needs are predominantly medical, and current bed use reflects this profile of need.

Recommendations Requiring Regional or Cross-Border Leadership

13	North-South Ministerial Council to pursue opportunities for cross border collaboration in central border areas
14	Central border councils, including FODC, to identify and develop areas of potential hospital-based co-operation
15	SWAH to receive emergency cases along North-South corridor
16	SWAH to operate as a receiving trauma centre for gaps in HSE trauma network
17	Build elective capacity for agreed North-South shared specialities
19	Develop comprehensive integrated funding plan

The above recommendations require decisions by the Department of Health, the Health Service Executive (HSE), the Strategic Planning and Performance Group (SPPG), or cross-border partners. The Trust is supportive of collaboration but does not hold decision-making or funding authority in these areas.

This includes:

- **Cross-border emergency and elective care models**
- **Funding and capital investment decisions**
- **Hospital designation or categorisation**

The Trust is actively engaging with partners, including Saolta and CAWT, to explore practical opportunities for cooperation where appropriate. CAWT has been asked to formally bring forward an assessment of barriers to emergency ambulance traffic across the border, other than in the event of a major incident.

Recommendation 20 – Designation of SWAH as a ‘Rural Area Hospital’

Hospital categorisation was proposed in the Department of Health recent consultation on “Hospitals – Creating a Network for Better Outcomes”. A final report has not yet been published and it is not clear at this point whether the Department of Health will recommend designations for hospitals, including smaller and rural hospitals.

SWAH remains an Acute Hospital with a Type 1 ED. We remain committed to contributing fully where appropriate to any cross border work which will benefit the populations of the western border region, including through partnership work already underway with Saolta and CAWT.

Moving forward

As the major provider of health and care services across the west, we want to work with our population, partners and other providers to co-design a vision for the future of health and care services in Fermanagh and West Tyrone.

A number of the SOAS recommendations align with work already underway and the current direction of travel, to strengthen services in Fermanagh and West Tyrone. Other recommendations require system leadership within HSC and other Government Departments and Agencies, while a small number cannot be supported due to the importance of meeting clinical standards, protecting patient safety and outcomes, and the requirement to commission new services.

The Trust gathered a significant response and feedback from the Pathfinder Engagements, Subsequent population health data from a range of sources in respect of Population Health Needs in the area again emphasised that the Trust must also factor in many other challenged service areas. These include mental health services, primary care, social care, community care, older people's care, homecare and children's services.

We are committed to:

- Keeping SWAH a vital and sustainable acute hospital
- Open and transparent engagement with the public and stakeholders
- Developing a meaningful long-term vision for health and care in the area

A comprehensive communications and engagement programme is being developed to ensure people have clear, factual information about services and future plans. Updates will be shared through the Western Trust website, and through established partners and networks.

- [Fermanagh and West Tyrone Future Health and Care Services | Western Health & Social Care Trust](#)

Public Online Claims of Additional Bed Capacity at SWAH

Claims made in the public domain that there are “92 Additional Beds which are unused” in South West Acute Hospital is Untrue.

There are NO additional commissioned Beds in SWAH which are not being used.

A recent example of this was on 11 January 2026, when due to the extreme Emergency Department Pressures (which has been a regional issue for some time), the Trust implemented 46 escalated beds (in addition to the current capacity noted below) in SWAH and an additional 50 escalated beds were implemented at Altnagelvin Hospital.

This is a total of 96 ‘**escalated beds**’ required across the two acute hospital sites in the Trust. The extreme pressures were also realised across all hospitals in the region in January 2026. ***Escalated beds are put in place when there are NO Beds available in the Hospital.***

- South West Acute Hospital (SWAH) is a PFI Hospital and as part of the design process, the hospital was “future-proofed” to allow space for additional beds and theatres in the design going into the future. This was to allow for future increasing demand over the 30 year life of the PFI ‘if required’.
- **When the hospital was opened in 2012**, the following was the position in respect of **Commissioned Bed Capacity** in the hospital:
 - In-Patient Beds: South West Acute Hospital (SWAH) was built to provide a total maximum “future-proofed” capacity of 281 in-patient beds (including paediatrics).
 - On opening, the total number of Commissioned In-patient Beds provided in the hospital was actually 211.
 - Day-case Bed spaces: There were 35 day-case bed spaces included at the opening of SWAH in 2012 (including maternity bed spaces). These are not classified as in-patient beds.
- Due to considerable unscheduled care hospital pressures, there have been periods where additional “escalated” in-patient bed spaces have been used in SWAH. These ‘escalated beds’ may be additional beds in corridors at times, or patients may be placed in a ward with an available bed eg. medical patients placed in an available space in a surgical ward.
- Only patients who are clinically appropriate can be admitted to Paediatric and Critical Care Wards.

Future Proofing of hospital design: It is to be expected that in the planning of a new PFI hospital there would be a level of future proofing, to enable expansion due to demand over the life of the hospital.

- Two wards in the hospital (ward 4 and ward 10), with a combined total of 44 beds, were not commissioned.
- One of these wards was converted to office space before the opening in 2012, in order to best utilise the footprint of the hospital.

Planned bed complement for SWAH:

The temporary cessation of emergency general surgery, the introduction of an ambulatory surgical service at SWAH, and the selection of SWAH as a regional Overnight Elective Centre in November/December 2022 meant that the demand for inpatient surgical beds changed.

Theatre Utilisation:

- **Theatres Commissioned and in use:**
 - DPU 1 – Commissioned/In Use
 - Theatre 3 – Commissioned/In Use
 - Theatre 4 – Commissioned as an Emergency Theatre
- **Theatres NOT Commissioned**
 - DPU 2 – Not Commissioned
 - Theatre 5 – Not Commissioned. Periodically used by Musgrave House to deliver HSC waiting list initiatives.