



Changing Emergency General Surgery
in the Western Trust

Considering the Options Paper

June 2025

Alternative Formats

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English: This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.

Polish: Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten Plan Działania może być udostępniony w językach mniejszości etnicznych na życzenie.

Lithuanian: Šis veiksmų Planas pareikalavus gali būti pateiktas tautiniu mažumu kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Portuguese: O Plano de Ação está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

Tetum: Aksaun Planu ida né,se bele fo ou halo iha liafuan etnika minoria sira nian, nebe bele husu, para bele ajuda ba ema sira nebe la hatene koalia lian Inglés.

Latvian: Šis darbības plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma, lai palīdzētu tiem, kam ir nepietiekamas angļu valodas zināšanas.

Russian: Сейчас план проводимой работы может быть доступен так же на языках этнических меньшинств, по просьбе тех, кто не владеет свободно английским языком.

Czech: ‘Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.’

Slovak: Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

Chinese (Cantonese): 這行動計劃草案將會根據需求被翻譯成各種小數族裔語言去迎合那些英語不流利的人士的需要。

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Glossary

Emergency General Surgery or EGS

Relates to the treatment of patients presenting with acute abdominal pain, infections, bleeding, trauma. In children, the most frequently performed emergency surgeries are appendectomy, of testicular conditions.

SWAH

South West Acute Hospital in Enniskillen.

AAH

Altnagelvin Area Hospital in Londonderry is an acute hospital which offers a range of services including 24-hour Accident and Emergency Department and is one of Northern Ireland's five designated cancer units.

Ambulatory Assessment Clinic

The Ambulatory Assessment Clinic provides medical assessment, treatment and care for patients without the need for hospital admission.

Appraisal Process

Appraisals may include rating your performance in different areas numerically. Each point is discussed and a score given, leading to an overall performance score.

Cardiology

The branch of medicine that deals with diseases and abnormalities of the heart.

Care of the Elderly

The Care of the Elderly Department looks after older people who have a range of medical conditions, including mobility issues, confusion and heart problems.

Complex Elective Surgical Procedures

Any surgical procedure that is performed to improve a patient's function but does not have a time constraint placed on its optimal outcome.

Complex Interventional Radiology (IR) Procedures

These procedures are all minimally invasive (keyhole), usually done using local anaesthetic and sometimes stronger painkillers and sedatives. Radiologists with additional training perform all these procedures.

Computerised Tomography (CT) ▶ A computerised tomography scan, also called a CT scan, is a type of imaging that uses X-ray techniques to create detailed images of the body.

Critical Care Network Northern Ireland ▶ This is a regional group that oversees capacity of ICU and High dependency beds across Northern Ireland.

Datix ▶ It is a risk management information system. It gathers information on incidents and errors.

Department of Health (DoH) ▶ The Department of Health (DoH) is a Northern Ireland Government Department that is responsible for developing policy and improving the health and social well-being of the people in Northern Ireland.

Diabetes ▶ Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves.

Ear, Nose and Throat Department (ENT) ▶ The Ear, Nose and Throat (ENT) Department provides inpatient and outpatient services for a range of conditions.

Elective Overnight Stay Centre ▶ These are hospitals selected by the Department of Health to undertake planned/elective inpatient procedures for any HSC patient.

Emergency Department (ED) ▶ Emergency Department specialises in emergency medicine for patients who arrive without an appointment, either by their own means or by an ambulance.

Equality Impact Assessment ▶ The Equality Impact Assessment looks at the potential impacts of the options on those classes as having protected characteristics as laid down in Section 75 of the Northern Ireland Act 1998.

Film X Ray

X-ray film displays the radiographic image.

Gastroenterology ▶

Gastroenterology is the study of the normal function and diseases of the oesophagus, stomach, small intestine, colon and rectum, pancreas, gallbladder, bile ducts and liver.

General Surgery ▶

A general surgeon performs most of the common surgery operations you might need at some point in your lifetime.

Health Inequalities ▶

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

Intensive Care Units ▶

Intensive care units (ICUs) are specialist hospital wards that provide treatment and monitoring for people who are very ill.

Local Government Districts ▶

There are 11 local government districts, or district councils, in Northern Ireland. Each district is divided into a number of wards.

Locum ▶

A locum is a person who temporarily fulfils the duties of another; the term is especially used for doctors.

Medical Resonance Imaging (MRI) ▶

A medical examination performed using magnetic resonance imaging.

RQIA ▶

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

1.0 Purpose

The purpose of this 'Considering the Options' paper is to describe the option appraisal process used to consider and recommend the preferred future model of provision of Emergency General Surgery Services for the Western Trust, in support of the consultation on a permanent change to the service model.

The paper will evidence the available options, the benefits and the impact on service users. This will inform the consultation which will seek the views of the public who may potentially be impacted by the proposal.

This document sets out a non-financial option appraisal on the proposed future delivery of Emergency General Surgery for the population of the Western Health and Social Care Trust. The appraisal identifies a list of assessment options and a preferred option.

2.0 Background

General Surgery within the Western Health and Social Care Trust has faced challenges related to the recruitment and retention of General Surgeons at the SWAH which resulted in the Temporary Suspension of EGS that came into effect at South West Acute Hospital (SWAH) in December 2022. The Trust wishes now to give consideration to the development and implementation of a permanent future model of care to ensure that the General Surgery Service can be provided safely and sustainably into the longer term.

A project structure was put in place in September 2021 to take forward a planned process to work towards a sustainable Emergency General Surgery service. This was in response to challenges to the delivery of a safe and sustainable general surgery service, and to address the particular challenge in maintaining 24/7 Consultant rotas to meet professionally mandated standards of care. It was expected at the conclusion of the Trust review, the Trust would proceed to consult on a planned change to the provision of Emergency General Surgery across the Western Trust area.

This position changed at the beginning of October 2022, when the Trust experienced a number of critical staffing changes, which meant that the 24/7 rota for Emergency General Surgery at SWAH could not be sustained after 18th December 2022. This resulted in an unplanned and temporary change to Emergency General Surgery services at the South West Acute Hospital from 5th December 2022.

The Trust implemented temporary arrangements from 5th December 2022 and put pathways in place to ensure patient safety was maintained for all patients accessing Emergency General Surgery services in the Western Trust area. Data relating to the temporary suspension of Emergency General Surgery at SWAH can be found on the Trust website at the following link **Fact Checker – Emergency General Surgery, South West Acute Hospital | Western Health & Social Care Trust (hscni.net)** or you can click the link on the right.



The Trust's General Surgery Project Board wants to be proactive in the design, development and implementation of a safe and sustainable service model. This Team believes that their pursuit of sustainability and excellence, with an emphasis on quality, safety and the best health outcomes will be achieved through the reconfiguration of their services.

The Project Board established a Task and Finish Group to conduct an options appraisal to propose sustainable changes to EGS in the Western Trust. This document further describes that Option Appraisal process and a process of review and engagement to test the safety and possible risks of the proposed new pathways.

In addition, the Trust separately undertook a risk assessment of the shortlisted options, in line with the regional risk matrix.

The DOH commissioned The Regulation and Quality Improvement Authority (RQIA) to undertake a review of clinical pathways associated with the Temporary Suspension of Emergency General Surgery at SWAH. No immediate patient safety concerns were identified by RQIA as a result of this work, and a range of recommendations were accepted by the Trust.

3.0 Our Population

The population of the Western Trust area is projected to remain broadly static between 2023 and 2030 with a projected population total of 305,216 by 2030 (153,444 Female; 151,772 Male). There is projected to be marked growth in our population aged 65+ with an 18.5% increase projected by 2030 (17.3% increase in people aged 65-84 and an almost 28% increase in our population aged 85+). This trend is projected to continue with further marked increase in the older population to 2043. In contrast, the age 16 and under population is decreasing with a 7.5% decrease projected by 2030 and a further reduction by 2043.

The Western Trust area has some of the highest poverty rates in NI - Derry City & Strabane (22%), Fermanagh & Omagh (21%) and Causeway Coast & Glens (21%).

- **5 of the top 10 most deprived areas are in Derry City & Strabane.**

- **10 of the top 20 areas with poorest access to services are in Fermanagh and Omagh.**

- **Healthy Life Expectancy average in NI for males is 59.1 years and females 60.9. This reduces to 50.6 for males and 52.7 for females in most deprived areas.**

Source – NISRA and Health Inequalities Annual Report 2024

4.0 Our Services at a Glance

We Deliver Services From:

7 Hospitals

8 Children's Homes

6 Training Centres

12 Administration Hubs

11 Health Centres and Clinics

30 Day Care Centres

8 Residential Homes

We Provide Support to People in our Communities Through Approximately:

1,800 Residential & Nursing Home Placements

3,700 Domiciliary Care Services to People in Their Home

£4.5 Million Annually spent on Community Equipment

218,000 Community Allied Health Professional contacts e.g. Physiotherapy, Occupational Health

96,000 Mental Health Outpatient Contacts

218,000 District Nursing Contacts

17,000 Social Work contacts

5 GP Practices

Each Year in our Hospitals we Handle Approximately:

55,000 Hospital Admissions

32,496 Day Cases

3,300 Births

23,000 Regular Day Attenders

126,000 Emergency Department Attendances

314,000 Imaging Tests

345,000 Outpatient Appointments

314,000 Imaging Tests

5.0 The Western Trust Corporate Plan and Strategic Priorities

The Western Health and Social Care Trust launched its new mission and vision in June 2023 following a process of consultation and engagement throughout 2022 and 2023. Since then, we have engaged with our service users, staff and partners, to look at what we need to do to achieve these goals over the next three years. The Corporate Plan is the end product of that work, and sets out our priorities and commitments, and how we will work together to deliver this Plan. [Link to WHSCT Corporate Plan is on the right.](#)



Our staff and stakeholder groups told us that the key areas that the Trust needs to focus on over the next three years are:

- **Workforce stabilisation**
- **Addressing medical workforce challenges**
- **Ensuring efficient use of resources**
- **Maintaining financial sustainability**
- **Reform and rebuild of services**

The Trust's five strategic priorities have been reaffirmed and will provide the framework for our corporate objectives and key areas of focus over the next three years. These are reflected in our strategic priorities and corporate objectives.



Quality & Safety

We put patients and service users at the heart of everything we do and provide care to the highest standard focusing on quality and safety.



Our People

We strive to be a place where we attract, retain and develop compassionate and talented people, creating an environment where they can thrive.



Performance & Access

We strive to achieve and maintain high levels of performance using our resources as effectively and efficiently as possible to improve access to our services.



Delivering Value

We aim to achieve financial stability through sound financial governance and effective use of our resources to deliver greater value and efficiency.



Our Culture

We are committed to a culture which is open, just and always learning.

The WHSCT Corporate plan can be viewed by clicking the link on the right.



6.0 Strategic Context

Hospitals – Creating a Network for Better Outcomes

The Department of Health has signalled the need for reform of our hospital network to meet the needs of our current and future population and to ensure that the services we provide can be delivered safely and productively. The Department has launched a public consultation on “**Hospitals – Creating a Network for Better Outcomes**” (October 2024). Click the link on the right to access. This describes all our hospitals as a network, where we work together to deliver services across NI, to ensure sustainability and provide clarity of who does what, to help achieve better outcomes. The Consultation has closed and the Department is working through its outcomes.



The consultation proposes a hospital framework, which categorises hospitals into four main types, operating as an integrated network:

Local Hospitals, which is a diverse group delivering Primary, Secondary and Community Services in support of the Area and General Hospitals. Within the West, Omagh Hospital and Primary Care Complex and Waterside Hospital are identified as a Local hospital;

General Hospitals, delivering defined secondary care services including unscheduled care, geared to a specific, more isolated geographical location. These hospitals also play an important part in the delivery of elective care to the region. Within the West, South West Acute Hospital is identified as a General Hospital;

Area Hospitals, delivering a full range of secondary care services, both unscheduled and elective, to the communities within a geographical area currently defined by the distribution of integrated services delivered by our five geographic Health and Social Care Trusts (HSCTs). Within the West, Altnagelvin Hospital is identified as an Area Hospital;

Regional Centres, delivering specialist regional inpatient services for the whole population of Northern Ireland. Within the West, the North West Cancer Centre at Altnagelvin Hospital is identified as a regional specialist service.

The consultation recognises that General Hospitals are vulnerable to unplanned change in service, and that these Hospitals are challenged by geographical location and their ability to sustain safety-critical medical rotas and access to wider clinical

teams. However, it is clear that General Hospitals play a key role in responding to the challenges of an aging population, and delivering a range of acute and rehabilitation services closer to their community.

Within the West, there are three such centres – the Elective Overnight Stay Centre at SWAH, the Regional Day Procedure Unit at Omagh Hospital and the Orthopaedic Hub at Altnagelvin Hospital. This approach means that some patients will have to travel further for their elective, non-emergency treatment.

Research suggests that most people are willing to travel if it means they will be seen quicker for a routine procedure or operation. However, there are patients who have concerns about any additional travel time. Importantly, the deliberate locating of Elective Care Centres of Excellence across NI is essential to improving outcomes for patients, providing more timely care, reducing waiting lists.

Reconfiguration of elective care has already started and this includes Day Procedure Centres at Lagan Valley and Omagh Hospitals, and Elective Overnight Stay Centres at the Mater Hospital, Daisy Hill Hospital and South West Acute Hospital.

The consultation recognises the future benefits of collaboration across the hospital network, and that Provider Collaborative's can work across a range of programmes to plan, deliver and reform services.

Finally, the framework sets a direction of travel, and is clear that all hospitals will not do all things, but that this is not about cost cutting or closing hospitals, it is about ensuring effective use of HSC space and resources.

Emergency General Surgery in Northern Ireland - The Need for Change

The Department of Health's Review of General Surgery (**Review of General Surgery in NI - Standards and a Way Forward 2022**) addressed the challenges of how General Surgery in Northern Ireland is currently configured. In a modern environment with increasing surgical specialisation, new technology, capacity gaps within the current structure and an increase in demand, there is a real need to take action. We need to increase capacity, or there is a risk that we will not be able to meet the future needs of our population.

Reconfiguration of EGS in larger sites such as Altnagelvin Hospital improves outcomes for patients and decreases risk of death.

Published evidence confirms that outcomes for patients are better when operations are carried out in larger centres where they are performed more frequently.

Consolidation of EGS on one site in Altnagelvin has also allowed the Western Trust to implement a Trust wide 24/7 Upper GI Bleeding rota which benefits all patients who reside in the trust area.

“The current model for delivering General Surgery in Northern Ireland is neither sustainable nor providing uniformly high-quality care. Going forward we need to ensure that the system is person centred with a focus on patient outcomes –with services structured around the needs of those who require care and treatment.”

(Review of General Surgery - Standards and A Way Forward, p19)

7.0 The Temporary Suspension of EGS in SWAH

The Trust is currently operating a clinical pathway for EGS from SWAH as a result of a temporary change implemented in December 2022, which was consulted on. The Consultation Findings report was presented to Trust Board in July 2023. The full report can be read at the following link or clicking the icon on the right.

South West Acute Hospital – Emergency General Surgery Consultation | Western Health & Social Care Trust (hscni.net)



There was understandable concern from the public at the time of the temporary suspension of EGS at SWAH that safe pathways could not be provided for patients, due to the time taken for transfer of patients to an alternative hospital. Since the temporary change in December 2022, no patients with surgical pathology have had an adverse clinically significant outcome.

From December 2022 to end of April 2024, 26% of those patients transferred went directly to an inpatient bed. In response to this the Trust reset its internal processes in May 2024 to improve flow across the Trust and to increase the number of patients transferred from SWAH ED directly to a surgical inpatient bed in Altnagelvin Hospital. From 6th May 2024 to 31st March 2025 the Trust has seen the percentage of patients transferred direct to a bed increase to 79%.

7.1 Review of Pathways by the Regulation and Quality Improvement Authority

To address concerns that continued to be raised within the community, the Department of Health wrote to RQIA on 22 February 2024 to commission a Review of the Pathways associated with the Temporary Suspension of Emergency General Surgery at SWAH. This review was welcomed and supported by the Trust.

RQIA reviewed the effectiveness of clinical pathways associated with the Temporary Suspension of EGS at SWAH with a view to identifying any aspects for improvement. The review did not identify immediate patient safety issues arising from the pathways and put forward 10 recommendations which were accepted by the Trust and Department of Health (DoH). Work was completed from January 2025 to March 2025 to implement the recommendations; the Review classified the 10 recommendations into four categories for implementation:

- **To be taken forward with urgency because they have the potential to deliver improvements to the clinical pathways with immediate effect.**

- To be actioned promptly and will strengthen the sustainability of the service model.

- To be actioned promptly to ensure the Trust Board have appropriate information to enable it to fulfil its oversight and governance responsibilities, with particular regard to the effectiveness of the clinical pathways, identifying issues that require improvement.

- To be actioned promptly to ensure patient experience is actively sought and evidenced as part of the improvement programme.

The following table summarises the actions taken by Western Trust and the progress of the implementation of the recommendations of the RQIA Review of Emergency General Surgery at the South West Acute Hospital (DALO Readout COR 0418- 2025 – response to request by Health Committee on 20 March 2025 to provide update on progress of RQIA).

Recommendations to be Taken Forward With Urgency Because They Have the Potential to Deliver Improvements to the Clinical Pathways With Immediate Effect

Recommendations	Update
<p>Recommendation 3</p> <p>Patients assessed in SWAH and accepted for admission to the Altnagelvin surgical service should be admitted directly to the surgical ward and should not be required to attend or wait within the ED at Altnagelvin. The Trust should ensure the achievement of this ‘direct to ward’ admission for transferred patients is accurately calculated and reported regularly to provide assurance it is sustained.</p>	<p>The Trust reset its internal process from the 6th May 2024. The baseline from December 2022- April 2024 showed the Trust achieved 26% Direct to Bed rate.</p> <p>The ‘Direct to Bed’ admission data continues to be monitored on a monthly basis. The weekly average from 6th May 2024 - 30th March 2025 is 79% which is a substantial increase to date.</p> <p>There is now equalisation of waits for inpatient General Surgery beds. The totality of waits in ED is used to ensure no patients are disadvantaged in accessing inpatient beds. The allocation of beds must be on the basis of clinical priority.</p> <p>A minor operations Standard Operating Procedure (SOP) has been developed which provides an alternative to unscheduled admission for some surgical procedures. This means patients can be booked directly to an elective session in either SWAH Overnight Elective Stay Centre or Omagh Day Procedure Unit.</p>

Patients with a head injury requiring a short period of observation can now also have their care in SWAH, under the care of the Medical Team to avoid the need for transfer.

Recommendation 4

There is a need for the Department of Health to consider the provision of a more sustainable and resilient ambulance capacity to strengthen the model supporting emergency surgical services within the Trust area, and address concerns about the impact on Northern Ireland Ambulance Service (NIAS) services more widely in the area.

The DoH is conducting a wider piece of work with NIAS to understand changes in demand across the region and the impact on services and has brought in an external consulting organisation to undertake a regional capacity and demand exercise. Work is nearing completion and a report is expected in summer 2025, which will set out the current position and inform future decision making. It is important to note that this exercise does not factor in service reconfigurations and that any additional NIAS capacity will require investment.

In advance of the temporary change the Trust engaged with a private ambulance provider to minimise the impact on NIAS and this arrangement remains in place.

Since May 2024 the Trust reset its internal processes to improve flow across the Trust and to increase the number of patients transferred from SWAH directly to a surgical inpatient bed in Altnagelvin. The Trust has seen an increase in its direct to bed transfer from 26% in May 24 to 79% at March 25.

The Trust has worked with colleagues in NIAS on turnaround times and to facilitate early off load in the event that a bed is not available for all patients transferring from SWAH ED.

NIAS colleagues remain core members of the Trust's Project Team and Programme Board.

Recommendations to be Actioned Promptly and Will Strengthen the Sustainability of the Service Model

Recommendation 1

In developing plans for substantive recruitment of surgical doctors to staff the ambulatory surgical unit and surgical assessment service at SWAH, the Trust should include measures to strengthen direct access to consultant clinical supervision. Such plans should also include measures to broaden the skills and experience for doctors working in these areas. This should assist in improving the sustainability of the model.

Vacancies have now been filled and a rotation plan is in place, overseen by the Clinical Lead for General Surgery. Surgical Consultants are now job planned to undertake elective sessions in SWAH which provides further support and supervision to SWAH Doctors.

Recommendation 5

The Trust should undertake clinical evaluation / audit to examine the issues that have a direct impact on surgical in-patient bed occupancy at Altnagelvin Hospital. This would help to define the bed capacity required to cater for the predictable additional admissions arising as part of the temporary emergency surgical model for the western area. Such audits should also explore potential for repatriation of patients to the SWAH.

The Trust has completed a Length of Stay (LoS) audit on patients whose stay is greater than 14 days.

An audit has also been undertaken of patients transferred from SWAH.

Modelling would suggest there is a need for 10-12 inpatient beds to support the change. The Trust is currently making plans to increase bed capacity at Altnagelvin Hospital.

Plans are in place to enhance the pathways which will minimise the transfers from SWAH. This will see some patients currently transferred booked for their operative procedure in SWAH EOSC or Omagh DPC. This includes patients requiring drainage of cysts.

The Trust has developed a repatriation pathway to minimise length of stay (LoS) following acute surgical management. This will ensure that patients can have the remainder of their rehabilitative care in SWAH.

To be Actioned Promptly to Ensure the Trust Board Have Appropriate Information to Enable it to Fulfil its Oversight and Governance Responsibilities, With Particular Regard to the Effectiveness of the Clinical Pathways, Identifying Issues That Require Improvement

Recommendation 2

The Trust should undertake a formal evaluation of the Surgical Ambulatory Care Unit at SWAH to explore the effectiveness of the model in providing for non-inpatient surgical care at SWAH, including examining the criteria for acceptance, and identifying any opportunities to improve the service. Information on its effectiveness should be made available to the Trust Executives and Board.

The Trust completed an audit on the pathway of referral and outcomes for SWAH Emergency Surgical Ambulatory Assessment (ESAA).

The audit findings were shared at Programme Board and the Trust's Governance Committee. These findings have supported the development of a minor ops pathway which eliminates the need for transfer with patients booked electively to SWAH OESC or Omagh DPC.

Recommendation 6

The Trust should review bypass and transfer pathways to identify any areas for improvement, and consider if they adequately allow for assessment of the patient's holistic needs, particularly those with palliative care and end of life needs.

The Trust undertakes an annual review of the bypass protocols with NIAS. As part of this review, interface DATIX incidents are discussed and learning identified.

Surgical patients requiring palliative care are reviewed to consider whether their holistic needs can be served by the Clinical Team at SWAH. This is currently on a case-by-case basis requiring discussions with the family, including the patient and multi-disciplinary team members which includes Senior Doctors.

A transfer/repatriation pathway is also in place to ensure that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to South West Acute Hospital. The overall aim of this approach is to minimise the impact on travel for family members.

The Surgical Team has developed a Minor Operating Procedure to enable those requiring a minor operation to be scheduled in SWAH Elective Overnight Stay Centre or Omagh DPC thereby reducing the need for Altnagelvin attendance. This will also be operational from an Altnagelvin Emergency Department perspective with respect to those requiring minor operations. They can now be booked to SWAH and Omagh DPC

Patients requiring a period of observation following a head injury can now also have this care in SWAH.

Recommendation 7

The Trust should develop a clinical evaluation/ audit programme, involving staff from across the two hospital sites and services, to examine how the clinical pathways are working and to consider clinical outcomes, in order to drive ongoing quality improvement of the pathways.

The Trust has received mortality data from CHKS, an independent organisation who are a leading provider of health care intelligence and quality improvement services, and it has been agreed that indicators for Readmission within 30 days/ Length of Stay/Post Operative infections can be obtained.

Baseline first cycle audit has been conducted to evaluate some of the agreed transfer pathways. This has been presented at the monthly audit Trust wide surgical meeting and, based on the outcomes, actions will be implemented to improve the quality of services and patient experience.

Surgical colleagues at SWAH engage at the monthly audit meetings and any incidents relating to existing pathways are discussed.

ED colleagues Trust wide have been invited to attend the monthly surgical meeting to share experiences and discuss service improvements.

Recommendation 8

The Trust should identify and monitor key indicators of potential impact on other specialties or services at SWAH, so that the Trust Board have the opportunity to identify and address any emerging issues proactively.

All datix incidents that have any link to the Temporary Suspension of Emergency General Surgery will continue to be reviewed with weekly discussions at the Corporate Safety Huddle and relevant details shared at Rapid Review Group (RRG), Programme Board and Governance Committee quarterly.

All specialties have senior representation at Programme Board and Project Team. This ensures any issues of concern can be escalated.

The Trust has a well-established Rapid Review Group Meeting, chaired by the Medical Director. Any issue of concern would then be escalated to the Corporate Management Team and Governance Committee.

Recommendation 9

The Trust should ensure that in addition to service activity levels, information relating to service quality, including identified outcomes from adverse incident reviews, and outcomes from an established clinical audit programme, are included in regular reporting at Trust Board to ensure effective governance.

The Trust has weekly discussions at Corporate Safety Huddle regarding all datix incidents. Any relevant incidents are shared at Rapid Review Group and presented to Governance Committee quarterly.

From March 2025, the Trust Directorate Report to Governance Committee, has been amended to include a section relating to 'service quality'.

The Directorate Report that is submitted to the Governance Committee which is chaired by a Non-Executive Director, includes a section on service quality in respect of the temporary suspension of emergency general surgery in SWAH. This report is also shared with Trust Board along with the service activity report.

Recommendations to be Actioned Promptly to Ensure Patient Experience is Actively Sought and Evidenced as Part of the Improvement

Recommendation 10

The Trust should proactively seek patient experience, and demonstrate it is valued as a key component of a patient safety and quality improvement programme. Outcomes from the quality improvement programme should be reported at Trust Board.

The Trust implemented a formal approach to gather patient experience by distributing a survey to patients affected by the temporary suspension.

This is being conducted monthly with patients who attend from the Southern Sector of the Trust area who have been treated through the planned pathways, self-presented or treated at the Emergency Surgical Assessment Unit in SWAH.

From 1st January 2025 to 31st March 2025, the Trust issued letters/QR codes seeking patient comments to 412 patients as well as follow up phone calls. From this there was a total return of 79 (19.2%).

The feedback received from the surveys that were returned confirmed that 77% of patients rated their overall experience as good or excellent. With regards to treatment and care received in SWAH, the majority either agreed or strongly agreed that they received a high standard of care that met their needs and they were treated with dignity and respect. The same was said by patients who received their treatment at Altnagelvin. Some patients suggested that communication from staff could be improved.

As part of the survey, there were 59 comments received with suggestions, improvements or further commentary on Emergency General Surgery services that they received. The key themes from these comments were that patients felt that ED waits were very long but staff were doing their best and were excellent in a very busy environment. There was also commentary around the need for better communication between SWAH and Altnagelvin Hospital and some improvements were needed on nursing staff in respect of communication with patients, whilst some also felt they were waiting very long for a follow up appointment. A number of patients also

commented saying that there were no improvements needed and they were happy with the care they received.

A report on themes will be brought to Programme Board on a monthly basis.

The RQIA report 'Review of the Pathways Associated with the Temporary Suspension of Emergency General Surgery at South West Acute Hospital (SWAH) was published in January 2025 and can be accessed by clicking the link on the right.

[RQIA-Report-Review-of-Pathways-at-South-West-Acute-Hospital-Nov-24.pdf](#)



8.0 Moving to a Change of EGS in the Western Trust

31 months has now passed since the Temporary Suspension of EGS at SWAH. There is a need to move forward with a settled and permanent service model for the future. Throughout this time, both the Project Board and the Project Team have continued to meet with regularity to ensure an oversight of quality, safety and governance of the temporary service model. The Project Team has also continued to meet with staff and established a Service User Group which report updates from those engagements to meetings of the Project Board.

A Task and Finish Group was established by the Project Board to consider the long list of options and identify viable options. Those who should be involved in the options appraisal were considered by the Programme Board and appropriate representation from affected areas was agreed. A Senior Surgeon from South Eastern HSC Trust (a Trust who have not undertaken a change in General Surgery Services) assisted the Tyrone & Fermanagh Group with this work.

The Task and Finish Group met on 9 February 2024 and consisted of the following:

Western Trust Divisional Clinical Director Surgery

Western Trust Clinical Lead for General Surgery

Western Trust Clinical Lead for Emergency General Surgery

Western Trust Divisional Clinical Director for Obstetrics and Gynaecology

Divisional Clinical Director for Surgery South Eastern Trust

Western Trust Consultant in Emergency Medicine

Western Trust Assistant Director Nursing

Western Trust Assistant Director Operations

Western Trust Equality Manager

Western Trust Directorate Business Manager

Western Trust Interim Director of Surgery Paediatrics and Women's Health

9.0 Assessment Criteria

The option appraisal has been key in facilitating decision making and forward planning on the future provision of Emergency General Surgery within the Western Trust.

The approach used to guide the option appraisal was consistent with that used by other Trusts who considered changes to their EGS. This assessment is based on standards identified in the **NI Review of General Surgery - Standards and a Way Forward (June 2022)** which must be in place in hospitals receiving emergency general surgical patients to ensure safe outcomes through the delivery of high quality, sustainable and equitable care.

The option appraisal was a process of quantifying and comparing the potential benefits of the options using non-financial criteria.

Criteria were used to select and evaluate the options that have the potential to meet the specific objectives. The criteria used by the Trust, described in the table below, is directly linked back to the Standards for Emergency and Elective General Surgery as a regionally endorsed benchmark for delivery of services.

Table 1 Benefits Criteria Description

Benefit Criteria	Description of Criteria
Model of Emergency Surgical Care	<p>The provision of Emergency General Surgery Services that are safe, secure and effective and ensure quality assessment, treatment and care for all patients is the most important factor for consideration.</p> <p>It is important that the options align with the Regional and Trust strategic direction for Emergency General Surgery and have the flexibility to respond to future changes in service provision.</p>

Options which incorporate the following will score higher:

Separation of emergency and elective general surgery pathways in terms of teams, time and facilities

Consultant Surgeons covering emergencies must not cover, nor be expected to be in attendance, on more than one site

Responsible Consultant must be available during day time hours and there must be an out of hours on call rota

Assessment and Ambulatory Care Pathways with access for GPs and speciality advice

Seen by the appropriate specialty in a timely manner

Clear pathways for access to the off-site Emergency General Surgical Team for advice, assessment and transfer of patients to a surgical inpatient facility

Clinical Infrastructure

The assessment of this criterion will focus on the ability of each option to include the following:

Provide the capacity and environment that satisfies the existing and projected demand for Emergency General Surgery attendances and admissions. Standards for Emergency and Elective General Surgery state that the hospital must have access to critical care services including access to Level 3 and Level 2 care beds and a critical outreach team (As per Critical Care Network Northern Ireland Register).

Provision of an emergency surgery theatre must be available 24 hours per day 7 days per week.

Have the required resources and equipment to be able to stabilise and resuscitate the emergency surgical patient at all times.

Bed Capacity – impacts on bed availability on both acute sites for both surgery and medicine.

Clinical Interdependencies

The assessment of this criterion will focus on the ability of each option to provide:

Access to Radiology Diagnostic Services 24 hours per day 7 days per week. To include Plain Film X-ray, CT, MRI and Ultrasound

Access to Radiology Interventional Services 5-7 days per week to include drainage and more complex IR procedures

Access to Laboratory Services

Access to a Gastroenterology Service and have an onsite bleeding rota

Provision for paediatrics

Support from other clinical specialties to include Cardiology, Renal, Diabetes and Care of the Elderly

The scoring of options should reflect the following:

The emergency surgical service delivered by a 24/7 emergency surgical team led by a Consultant Surgeon

Consideration of impact on other specialties

Consideration of impact on the wider health and social care system including other HSC Trusts and the Northern Ireland Ambulance Service (NIAS) in delivering the service model

Stability of workforce and less dependence on locum staff which may reduce governance issues as per standards – Consultant rotas must be sufficient size with the majority of posts occupied by substantive post holders

Improve the Trust's ability to recruit and retain adequate Consultant staff to deliver the service model.

Options which provide a service model that offers access to all surgical specialities for all Resident Doctor trainees and the ability to receive mentorship in these areas will score higher.

10.0 Long List of Options

These options were developed as part of the work initiated by the Trust in September 2021 to develop a plan for safe delivery of Emergency General Surgical Services in the Trust, prior to the temporary change of ESG in SWAH. As part of this work the Project Team engaged widely with stakeholders locally, regionally and nationally to support the design and development of options for consideration. Given this work and the engagement undertaken to identify options it was important that these were considered moving forward as part of the options appraisal.

The appraisal process identified 11 service model options for consideration.

Table 2 below describes the long list of options for the provision of Emergency General Surgery at the Western Trust.

Table 2 Description of Long List of Options

Option Number	Description of Option
1	<p>Two Site Model – 24 hours per day 7 days per week Emergency General Surgery at South West Acute Hospital and Altnagelvin Hospital</p> <p>Patients continue to present at both South West Acute Hospital (SWAH) and Altnagelvin Hospital Emergency Departments</p> <p>All emergency surgical admissions are managed in both hospitals</p> <p>Surgical Assessment and Ambulatory Services provided at Altnagelvin Hospital.</p> <p>Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital</p>

2

Single Site Model South West Acute Hospital (SWAH) - 24 hours per day 7 days per week Emergency General Surgery Service at SWAH

Full implementation of the Emergency General Surgery Standards to achieve full compliance

Patients continue to present at both South West Acute Hospital and Altnagelvin Hospital Emergency Departments

All emergency surgical admissions transferred to SWAH

Ongoing Surgical Assessment and Ambulatory Care provided at SWAH

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital

3

No Western Trust Provision Model

Create networks with Northern Trust (for Altnagelvin) and Southern Trust (for SWAH) whereby General Surgery Doctors at all levels will transfer to and be managed by the respective Trusts.

No unscheduled surgical admissions at South West Acute Hospital or Altnagelvin Hospital.

All patients transferred to Northern and Southern Trusts for consideration of unscheduled surgical needs.

4

Two site model - Emergency Surgery Service – Altnagelvin Hospital site 24 hours per day 7 days per week and contracted agreement with cross border hospital

Patients continue to present at both South West Acute Hospital and Altnagelvin Hospital Emergency Departments.

All emergency surgical admissions to Altnagelvin Hospital.

Admissions to and from cross border hospital.

Surgical Assessment and Ambulatory Care will be provided at Altnagelvin Hospital.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital.

5

Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at South West Acute Hospital

Patients continue to present at both sites.

Complex surgical admissions transferred to South West Acute Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at Altnagelvin Hospital.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital.

Complex elective surgical procedures to be performed at South West Acute Hospital.

6

Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at Altnagelvin Hospital

Patients continue to present at both sites.

Complex surgical admissions transferred to Altnagelvin Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at South West Acute Hospital.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital.

Complex elective surgical procedures to be performed at Altnagelvin Hospital.

7

Two Site Model – 24/7 Consultant cover at South West Acute Hospital with 9am – 5pm weekday Consultant cover at Altnagelvin Hospital.

Patients continue to present at both sites.

Patient assessment and treatment (with inpatient stay) at Altnagelvin Hospital 9am – 5pm weekdays.

All complex surgical admissions will be transferred to South West Acute Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at Altnagelvin Hospital.

After 5pm, all unscheduled surgical admissions to be transferred to South West Acute Hospital with 24/7 Consultant cover.

There will be 24/7 resident cover at Altnagelvin Hospital with facility for senior discussion.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital with a view to optimising elective activity at Altnagelvin.

Complex elective surgical procedures to be performed at South West Acute Hospital.

8

Two Site Model – 24/7 Consultant cover at Altnagelvin Hospital with 9am – 5pm weekday Consultant cover at South West Acute Hospital.

Patients continue to present at both sites.

Patient assessment and treatment (with inpatient stay) at South West Acute Hospital 9am – 5pm weekdays.

All complex surgical admissions will be transferred to Altnagelvin Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at South West Acute Hospital.

After 5pm, all unscheduled surgical admissions to be transferred to Altnagelvin Hospital with 24/7 Consultant cover.

There will be 24/7 resident cover at South West Acute Hospital with facility for senior discussion.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital with a view to optimising elective activity at South West Acute Hospital.

Complex elective surgical procedures to be performed at Altnagelvin Hospital.

9

Two Site Model – 24/7 Consultant cover at South West Acute Hospital and all inpatient emergency care. Altnagelvin Hospital to provide Ambulatory Assessment Clinic and treatment including ambulatory surgery with no inpatient admission.

Patients continue to present at both sites.

Ambulatory clinic, assessment and associated surgery carried out at Altnagelvin Hospital.

Transfer of all emergency surgery requiring inpatient care to South West Acute Hospital with 24/7 consultant cover.

There will be 24/7 resident cover at Altnagelvin Hospital with facility for senior discussion.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital with a view to optimising elective activity at Altnagelvin Hospital.

Complex elective surgical procedures to be performed at South West Acute Hospital.

10

Single Site Model Altnagelvin Hospital site - 24 hours per day 7 days per week Emergency General Surgery Service at Altnagelvin Hospital

Full implementation of the Emergency General Surgery Standards to achieve full compliance

Patients continue to present at both South West Acute Hospital and Altnagelvin Hospital Emergency Departments

All emergency surgical admissions to Altnagelvin Hospital

Ongoing Surgical Assessment and Ambulatory Care provided at both Altnagelvin Hospital and SWAH

There will be 24/7 Middle Grade cover at SWAH.

Transfer of all Doctors in training to Altnagelvin. Doctors in training can avail of training opportunities as part of Elective Overnight Stay Centre.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital

SWAH retained as an Elective Overnight Stay Centre (EOSC) focusing on high volume low complexity procedures with a focus on Obstetrics, Gynaecology and General Surgery.

11

Two Site Model – Consultant inpatient cover at both acute sites 5 days per week (24 hr cover) with complex operations only at Altnagelvin Hospital

Patients continue to present at both sites.

Complex surgical admissions transferred to Altnagelvin Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at South West Acute Hospital.

Arrangements in place for on call at both sites throughout the weekend.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital.

Complex elective surgical procedures to be performed at Altnagelvin Hospital.

11.0 Impact Statement Exercise

The long list of options were evaluated against the selected criteria and those options that did not meet the criteria were discounted. A rationale for the discounted options is detailed in Table 5 below.

KEY

Fully addresses criteria   

Meets most criteria  

Partially meets criteria 

Does not meet criteria 

11.1 Table 3 Options Appraisal

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11
	Reinstate Two Site Model – 24 hours per day 7 days per week Emergency General Surgery at South West Acute Hospital and AAH	Single Site Model South West Acute Hospital (SWAH) - 24 hours per day 7 days per week EGS at SWAH	No Trust Model	Two site model - Emergency surgery Service – AAH site 24 hours per day 7 days per week and contracted agreement with cross border hospital	Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at South West Acute Hospital	Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at AAH	Two Site Model – 24/7 Consultant cover at South West Acute Hospital with 9am – 5pm weekday Consultant cover at AAH	Two Site Model – 24/7 Consultant cover at AAAH with 9am – 5pm weekday Consultant cover at South West Acute Hospital.	Two Site Model – 24/7 Consultant cover at South West Acute Hospital and all inpatient emergency care. AAH to provide Ambulatory Assessment Clinic and treatment including ambulatory surgery with no inpatient admission.	Single Site Model AAH site - 24 hours per day 7 days per week Emergency General Surgery Service at AAH	Two Site Model – Consultant cover at both acute sites 5 days per week (24 hr cover) with complex operations only at AAH
Criteria											
Model of Emergency Surgical Care	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓
Clinical Infrastructure	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓
Clinical Interdependencies	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓
Surgical Workforce	✗	✗	✗	✓	✗	✗	✗	✓	✗	✓	✓

12.0 Discounted Options

The Task and Finish Group considered the range of long listed options. It was agreed that the following options would be discounted, and the rationale is set out in the table below.

12.1 Table 4 Discounted Options Rationale

Option Number	Option Description	Discounted Rationale
1	Reinstate Two Site Model – 24 hours per day 7 days per week Emergency General Surgery at South West Acute Hospital and Altnagelvin Hospital	<p>Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant Surgeons, covering emergencies must not cover, nor be expected to be in attendance on more than one site. The Trust would be required to have in place a Surgical Team on both acute sites, which is not feasible.</p> <p>The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders. Considering that the current rota does not include the Breast Surgeons but will include new appointments come the autumn, it still is not sufficient to facilitate a full on call rota.</p> <p>Panel concluded that this was not a feasible option.</p>
2	Single Site Model South West Acute Hospital (SWAH) - 24 hours per day 7 days per week Emergency General Surgery Service at SWAH	<p>As per option 1, this would not meet the required criteria with regards to workforce and sufficient Consultant rota size.</p> <p>SWAH does not meet the Regional Emergency General Surgery Standards in relation to clinical interdependencies which would include having interventional radiology and an on-site bleeding rota.</p> <p>There are a number of other specialities not available on site – Urology, ENT, OMFS & Gastroenterology.</p> <p>This option would not provide a service model that offers access to all surgical specialities for all Resident Doctor trainees and the ability to receive mentorship in these areas.</p>

<p>3</p>	<p>No Trust Model</p>	<p>Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant General Surgeons, covering emergencies must not cover, nor be expected to be in attendance on more than one site. The Trust would be required to have in place a Surgical Team on all sites, which is not feasible.</p> <p>The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders.</p> <p>This option is unlikely to be stable as a Consultant from another Trust may be required to withdraw from the rota at short notice due to absences within their own Trusts.</p> <p>Regionally there would not be capacity to support this arrangement.</p> <p>Increase bed pressures at other hospitals.</p> <p>There would be a level of inconsistency with this option as staff availability may vary which would mean poor continuity of care for patients.</p> <p>Trainees must be provided with the required support and mentorship. This option is not sustainable, and could only ever be a short-term solution due to regional workforce constraints.</p>
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<p>4</p>	<p>Two site model - Emergency surgery Service – Altnagelvin Hospital site 24 hours per day 7 days per week and contracted agreement with cross border hospital</p>	<p>This option would have wider implications for stakeholders and partners including NIAS given the already strained and challenged resource.</p> <p>Developing any cross border health service proposal would require political agreement in both jurisdictions. There would also need to be detailed joint policy developed involving officials from both sides of the border.</p> <p>There are too many unknowns with this option and a number of areas would need explored including the implications of the exit from the European Union, the NI Protocol, dual registrations for paramedics and patient information transfer.</p>
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<p>5</p>	<p>Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at South West Acute Hospital</p>	<p>Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant General Surgeons, covering emergencies must not cover, nor be expected to be in attendance on more than one site. The Trust would be required to have in place a Surgical Team on both acute sites, which is not feasible.</p> <p>The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders. Considering that the current rota doesn't include the Breast Surgeons but will include new appointments come the autumn, it still is not sufficient to facilitate a full on call rota.</p> <p>SWAH does not meet the Regional Emergency General Surgery Standards in relation to clinical interdependencies which would include having interventional radiology and an on-site bleeding rota.</p> <p>There are a number of other specialities not available on site – Urology, ENT, OMFS & Gastroenterology.</p> <p>This option would not provide a service model that offers access to all surgical specialities for all Resident Doctor Trainees and the ability to receive mentorship in these areas.</p> <p>Insufficient bed capacity at SWAH.</p>
<p>6</p>	<p>Two Site Model – 24/7 Consultant inpatient cover at both acute sites with complex operations only at Altnagelvin Hospital</p>	<p>Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant General Surgeons, covering emergencies must not cover, nor be expected to be in attendance on more than one site. The Trust would be required to have in place a Surgical Team on both acute sites, which is not feasible.</p> <p>The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders. Considering that the current rota does not include the Breast Surgeons but will include new appointments come the autumn, it still is not sufficient to facilitate a full on call rota.</p>

	<p>As with option 5, there is a lack of clinical interdependencies on site at SWAH.</p> <p>The potential to displace elective capacity and resource.</p>
<p>7</p> <p>Two Site Model – 24/7 Consultant cover at South West Acute Hospital with 9am – 5pm weekday Consultant cover at Altnagelvin Hospital.</p>	<p>Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant General Surgeons, covering emergencies must not cover, nor be expected to be in attendance, on more than one site. The Trust would be required to have in place a Surgical Team on both acute sites, which is not feasible.</p> <p>The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders.</p> <p>SWAH does not meet the Regional Emergency General Surgery Standards in relation to clinical interdependencies.</p> <p>Insufficient bed capacity at SWAH.</p> <p>Would require access to a full range of allied specialities on site; would require access on site to gastroenterology with a bleeding rota in place; Urology, ENT, OMFS, sufficient PACU and ICU provision</p> <p>Consideration of impact on the Northern Ireland Ambulance Service (NIAS) and provision of private ambulance transfers in delivering this service model.</p>

Two Site Model – 24/7 Consultant cover at South West Acute Hospital and all inpatient emergency care. Altnagelvin Hospital to provide Ambulatory Assessment Clinic and treatment including ambulatory surgery with no inpatient admission.

Within the Regional Emergency General Surgery Standards, there is a recommendation that Consultant General Surgeons, covering emergencies must not cover, nor be expected to be in attendance, on more than one site. The Trust would be required to have in place a Surgical Team on both acute sites, which is not feasible.

The standards state that Consultant rotas must be of sufficient size with the majority of posts being held by substantive post holders.

SWAH does not meet the Regional Emergency General Surgery Standards in relation to clinical interdependencies.

Insufficient bed capacity at SWAH.

Would require access to full range of allied specialities on site; Would require access on site to gastroenterology with bleeding rota in place; Urology, ENT, OMFS, sufficient PACU and ICU provision

This option would not provide a service model that offers access to all surgical specialities for all Resident Doctor Trainees and the ability to receive mentorship in these areas.

13.0 Shortlisted Options

The following is the list of the viable shortlisted options for the provision of Emergency General Surgery Services at the Western Trust.

Table 5 – Description of Shortlisted options

Option Number	Description of Option
8	<p>Two Site Model – 24/7 Consultant cover at Altnagelvin Hospital with 9am – 5pm weekday Consultant cover at South West Acute Hospital.</p> <p>Patients continue to present at both sites.</p> <p>Patient assessment and treatment (with inpatient stay) at South West Acute Hospital 9am – 5pm weekdays.</p> <p>All complex surgical admissions will be transferred to Altnagelvin Hospital.</p> <p>Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at South West Acute Hospital.</p> <p>After 5pm, all unscheduled surgical admissions to be transferred to Altnagelvin Hospital with 24/7 Consultant cover.</p> <p>There will be 24/7 resident cover at South West Acute Hospital with facility for senior discussion.</p> <p>Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital with a view to optimising elective activity at South West Acute Hospital.</p> <p>Complex elective surgical procedures to be performed at Altnagelvin Hospital.</p>
Option Number 10	<p>Single Site Model Altnagelvin Hospital site - 24 hours per day 7 days per week Emergency General Surgery Service at Altnagelvin Hospital.</p> <p>Full implementation of the Emergency General Surgery Standards to achieve full compliance.</p> <p>Patients continue to present at both South West Acute Hospital and Altnagelvin Hospital Emergency Departments.</p>

All emergency surgical admissions to Altnagelvin Hospital.

Ongoing Surgical Assessment and Ambulatory Care provided at both Altnagelvin Hospital and SWAH.

There will be 24/7 Middle Grade cover at SWAH.

Transfer of all Doctors in training to Altnagelvin Hospital. Doctors in training can avail of training opportunities as part of Elective Overnight Stay Centre.

Elective surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital. SWAH retained as an Elective Overnight Stay Centre (EOSC) focusing on high volume low complexity procedures with a focus on Obstetrics, Gynaecology and General Surgery.

**Option
Number
11**

Two Site Model – Consultant inpatient cover at both acute sites 5 days per week (24 hr cover) with complex operations only at Altnagelvin Hospital

Patients continue to present at both sites.

Complex surgical admissions transferred to Altnagelvin Hospital.

Emergency operations to be straightforward (<1 hour duration to be used as proxy) to be facilitated at South West Acute Hospital.

Arrangements in place for on call at both sites throughout the weekend.

Elective Surgery will continue at Altnagelvin Hospital, South West Acute Hospital and Omagh Hospital.

Complex elective surgical procedures to be performed at Altnagelvin Hospital.

14.0 Scoring of Shortlisted Options

Following the Shortlisting of Options, a final weighted scoring was conducted by the Task and Finish Group on the 3 Shortlisted Options. The criteria and agreed weighting is described in following table.

Table 6 Criteria, Ranking and Scoring

Criteria	Description of Criteria	Rank	Weighting
Model of Emergency Surgical Care	<p>The provision of Emergency General Surgery Services that are safe, secure and effective and ensure quality assessment, treatment and care for all patients is the most important factor for consideration.</p> <p>The options align with the regional direction for Emergency General Surgery and have the flexibility to respond to future changes in service provision.</p> <p>Options which incorporate the following will score higher:</p> <ul style="list-style-type: none"> • Separation of emergency and elective general surgery pathways in terms of teams, time and facilities. • Consultant Surgeons covering emergencies must not cover, nor be expected to be in attendance on more than one site. • Responsible Consultant must be available during day time hours and there must be an out of hours on call rota. • Assessment and Ambulatory Care Pathways with access for GPs and speciality advice. • Seen by the appropriate specialty in a timely manner. • Clear pathways for access to the off-site Emergency General Surgical Team for advice, assessment and transfer of patients to a surgical inpatient facility. 	1	40

Clinical Infrastructure	<p>The assessment of this criterion will focus on the ability of each option to:</p> <ul style="list-style-type: none"> • Provide the capacity and environment that satisfies the existing and projected demand for Emergency General Surgery attendances and admissions. Standards for Emergency and Elective General Surgery state that the hospital must have access to critical care services including access to Level 3 and Level 2 care beds and a critical outreach team (As per Critical Care Network Northern Ireland Register). • Provision of an emergency surgery theatre must be available 24 hours per day 7 days per week. • The required resources and equipment to stabilise and resuscitate the emergency surgical patients at all times. • Bed Capacity – impacts on bed availability on both acute sites for both surgery and medicine. 	2	20
Clinical Interdependencies	<p>The assessment of this criterion will focus on the ability of each option to provide:</p> <ul style="list-style-type: none"> • Access to radiology diagnostic services 24 hours per day 7 days per week. To include plain film x-ray, CT, MRI and ultrasound. • Access to radiology interventional services 5-7 days per week to include drainage and more complex IR procedures. • Access to laboratory services. • Access to a gastroenterology service and have an onsite bleeding rota. • Provision for paediatrics. • Support from other clinical specialties to include cardiology, renal, diabetes and care of the elderly. 	3	20

Surgical Workforce	<p>A key corporate objective of the Trust focuses on ‘making the best use of resources’.</p> <p>The scoring of options should reflect the following:</p> <ul style="list-style-type: none"> • The Emergency Surgical Service delivered by a 24/7 Emergency Surgical Team led by a Consultant General Surgeon. • Consideration of impact on other specialties. • Consideration of impact on the wider health and social care system including other HSC Trusts and the Northern Ireland Ambulance Service (NIAS) in delivering the service model. • Stability of workforce and less dependence on Locum staff which may reduce governance issues as per standards – Consultant rotas must be sufficient size with the majority of posts occupied by substantive post holders. • Improve the Trust’s ability to recruit and retain adequate Consultant staff to deliver the service model. • Options which provide a service model that offers access to all surgical specialities for all Resident Doctor Trainees and the ability to receive mentorship in these areas will score higher. 	4	20
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The criteria used to evaluate the options agreed by the Task and Finish Group was applied using the weighting score to each of the 3 criterion in recognition of their ability to meet the Regional Emergency General Surgery Standards. All sub-sections for scoring were agreed by the Task and Finish Group at the initial options appraisal meeting held on 9 February 2024.

The options were appraised on Friday 24th May 2024. Each sub-section was scored out of 10 and an average taken for the overall score. Those present for the options appraisal are outlined below:

Divisional Clinical Director Surgery

Lead for General Surgery

Clinical Lead for Emergency General Surgery

Divisional Clinical Director for Surgery South Eastern Trust

Consultant in Emergency Medicine

Western Trust Medical Director

Consultant in Emergency Medicine

Consultant in Emergency Medicine

Consultant in Emergency Medicine

Assistant Director Operations

Business Manager

Interim Director of Surgery Paediatrics and Women's Health

With the exception of the SWAH Emergency Department Consultants who attended the meeting, all scores were provided on the day of the options appraisal. The SWAH ED representatives asked for further time to consider their scores and submitted these on Tuesday 28th May 2024.

Upon receipt of the finalised scores from SWAH Emergency Department Consultants it was noted that no scores were applied to following areas:

Single site cover

Surgical specialities

Consultant rotas

The following table summarises the final scores and the ranking of the options.

Table 7 Final Scores and Ranking of Options

	Option 8 Two Site Model – 24/7 Consultant cover at AAH with 9am – 5pm weekday Consultant cover at South West Acute Hospital		Option 10 Single Site Model AAH site - 24 hours per day 7 days per week Emergency General Surgery Service at AAH		Option 11 Two Site Model – Consultant inpatient cover at both acute sites 5 days per week (24 hr cover) with complex operations only at AAH		
	Weight	Score	Weight	Score	Weight	Score	Weight
Model of Emergency Surgical Care	40	3	120	7	280	3	120
Clinical Infrastructure	20	8	160	8	160	8	160
Clinical Interdependencies	20	4	80	8	160	4	80
Surgical Workforce	20	2	40	7	140	3	60
TOTAL SCORE	100		400		740		420

The conclusion from the options appraisal process is a proposal to take forward the option which scored highest in the option appraisal, for formal public consultation:

Option 10: Single Site Model Altnagelvin Hospital site - 24 hours per day 7 days per week Emergency General Surgery Service at Altnagelvin Hospital

Risk Assessment of Options

As the final step to conclude the Option Appraisal process on 11 April 2025, the Task and Finish Group met with the Trust Quality and Safety Team to review the risk associated with the Shortlisted Options. The Trust used the HSC Risk Rating Matrix, as provided within the Trust Risk Management Policy (October 2022) to assess the level of risk for each option. The risk matrix sets out a list of consequences aligned to domains which are tiered against the level of consequence from ‘Insignificant’ right up to ‘Catastrophic’. The risk analysis process involved consideration of the most credible worst-case scenario consequence for each domain along with the likelihood

that those consequences will occur bearing in mind existing control measures. The resulting risk scores were considered in identifying a preferred option based on the lowest overall risk for each option.

The table below illustrates the Risk Assessment of the three shortlisted options. The options with the least risk is Option 10.

Domain	Option 8			Option 10			Option 11		
	Impact	Likelihood	Score	Impact	Likelihood	Score	Impact	Likelihood	Score
People	Mod	Likely	12	Insig.	Unlikely	2	Insig.	Rare	1
Quality & Standards	Major	Cert	20	Min	Possible	6	Major	Cert	20
Reputation	Mod	Cert	15	Minor	Cert	10	Minor	Possible	6
Finance	Min	Cert	10	Minor	Cert	10	Major	Cert	20
Resources	Mod	Cert	15	Minor	Cert	10	Cat.	Possible	15
Environ.	Min	Rare	2	Minor	Rare	2	Minor	Rare	2

The conclusion from the Risk Assessment process was that only one of the Shortlisted Options could be concluded to be a safe, clinically deliverable option which is assessed as low risk against the domains relating to Patient Safety and Quality & Professional Standards:

Option 10: Single Site Model Altnagelvin Hospital site - 24 hours per day 7 days per week Emergency General Surgery Service at Altnagelvin Hospital

15.0 Preferred Service Model

The Task & Finish Group developed 11 options (the Long List) that were considered for a permanent change to EGS in the Western Trust.

The Task & Finish Group shortlisted 3 Options

The final process was to score and rank the 3 shortlisted options. One preferred option, Option 10 was agreed to be taken forward for consultation.

The Trust also conducted a corporate risk assessment of all 3 shortlisted options. Only one option, Option 10 met an agreeable Safety/Risk scoring.

The conclusion from the options appraisal process is a proposal to take forward the preferred option which scored highest in the option appraisal and risk assessment, for formal public consultation:

Option 10: Single Site Model Altnagelvin Hospital site - 24 hours per day 7 days per week Emergency General Surgery Service at Altnagelvin Hospital

16.0 Stakeholder Engagement / User Involvement

Throughout the development of the proposed service change, the Project Team has actively engaged with a wide range of stakeholders, including patients, carers, community representatives, and staff, to inform and shape the direction of the work. Regular Project Board meetings have included long-standing service user representatives who have contributed valuable insight and challenge. In addition, a new group of service users, the 'Critical Friends', was established to bring fresh perspectives and act as an advisory body to the project. This Group has met on several occasions and has helped ensure that the evolving proposals reflect the needs and concerns of those who use our services. Their feedback has been instrumental in refining the preferred model. As we move into the formal consultation period, we are committed to further strengthening this engagement, ensuring that all voices are heard and that the consultation process is inclusive, transparent, and meaningful.

17.0 Equality Impact Assessment

An Equality Impact Assessment has been completed. The Equality Impact Assessment looks at the potential impacts of the options on those classed as having protected characteristics as laid down in Section 75 of the Northern Ireland Act 1998. If an option shows a possible 'adverse impact' on any Group, the Trust must consider how this might be reduced. This would include how an alternative proposal might lessen this effect and serve to promote equality of opportunity and good relations. The Trust will also consult on its Equality Impact Assessment during the consultation period in order to assess the views of those who will be affected by decisions. This will help to raise awareness of issues and problems that options may pose for various Groups, which may not otherwise be discovered.

Impact on Service Users and Carers

Older People are more likely to require emergency general surgery than younger age groups and are more likely to be impacted by the proposed permanent move of EGS to Altnagelvin site under Option 10.

The impact on the proposal on people with dependents is anticipated to be on family carers. The proposed change will result in patients in the Fermanagh & Omagh District Council (FODC) area having to go further for treatment. This will mean a greater distance to travel for family, some of whom may be carers for the service user or who may have other caring responsibilities.

The Trust has implemented mitigations including:

- **A transfer/repatriation pathway was initiated which ensures that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to South West Acute Hospital. The overall aim of this approach is to minimise the impact on travel for family members.**
- **The Trust has developed and expanded the ambulatory care pathways in SWAH and Altnagelvin Hospital and refers to medical services provided on an outpatient basis without the need for admission to hospital. This service provides an alternative to admission and access to rapid assessment by a Senior Doctor. It has direct access to radiological investigations and has a direct line for referral or advice to General Practitioners in the locality. This has proven to be a successful model in the new patient pathways.**

- **The Surgical Team has also developed a Standing Operating Procedure to enable those requiring a minor operation to be scheduled in SWAH Elective Overnight Stay Centre or Omagh DPC thereby reducing the need for Altnagelvin Hospital attendance. This will also be operational from an Altnagelvin Emergency Department perspective with respect to those requiring minor operations. They can now be booked in SWAH and Omagh DPC**

- **Review of Palliative Patients' Pathway: Surgical patients requiring palliative care are reviewed to consider whether their holistic needs can be served by the Clinical Team at SWAH. This is currently on a case-by-case basis requiring discussions with the family, including the patient and multi-disciplinary team members which includes Senior Doctors.**

Patients requiring a period of observation following a head injury can now have their care in SWAH.

Impact on Staff

As part of the Temporary Suspension To Emergency General Surgery in SWAH, all nurses and nursing assistants were transferred to posts of their choice in other wards in SWAH. A number of nurses also volunteered to be redeployed on a temporary basis to theatres. This supported the Trust to increase its theatre capacity as part of the commitment for rebuild and development of the Overnight Elective Stay Centre. Currently theatres in SWAH have no nursing vacancies for the first time in a number of years.

At the point of the temporary change, the Trust consulted with affected staff in SWAH, and their representatives, in line with the Trust's Management of Change Framework. As part of this proposed change the Trust will once again engage with affected staff in SWAH, and their representatives, to seek to confirm their redeployment to these, or other suitable alternative posts, for the longer term and to seek to address any other concerns. The Trust will also engage with any affected staff in Omagh and Altnagelvin Hospitals and their representatives to discuss any impacts and to seek to address any concerns.

There has been extensive consultation and ongoing work with medical staff in SWAH to ensure that they have had an opportunity to make their views known and to ensure that any issues identified are rapidly resolved.

This includes:

- 1. Site visits by the Medical Director, the Chief Executive and the two Acute Services Directors.**
- 2. Daily Safety Huddle – open to all medical staff enabling them to highlight any arising issues about surgical patients.**
- 3. Establishment of the General Surgery Review Project Board with regular meetings.**
- 4. Close working practices with the Assistant Medical Director and the Divisional Clinical Director both based in SWAH.**

Engagement with the directly affected staff based in SWAH had been facilitated through weekly meetings each Friday which commenced on 11th November 2022, with local and regional Trade Union representatives present. These were followed by staff engagement sessions for all staff directly afterwards, which were supported by Senior Human Resources staff. This allowed staff to drop in and discuss any concerns they might have. Demand for the weekly staffing meetings reduced and therefore there was an agreement with Trade Union colleagues to stand these meetings down following a meeting on 20th January 2023. The Trust developed a Staff Engagement Forum chaired by the Director of Surgery, Paediatrics and Women's Health and the Consultant Cardiologist. This Group had direct access to the Trust's Strategic Development Group.

18.0 Rural Needs Impact Assessment (RNIA)

A Rural Needs Impact Assessment has been completed. A Rural Needs Impact Assessment helps the Trust to understand the impact the options are likely to have on people who live in rural areas.

For this proposal, the Western Trust has defined rural areas based on drive time from a town centre or settlement with a population of 10,000 or more (a large service centre). In the Western Trust there are 4 large areas that fall outside the 30 minute drive time boundary to a town centre or large settlement exceeding 10,000.

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In the Derry City and Strabane Council (DCSDC) area there are rural communities within the Faughan, Sperrin and Derg District Electoral Areas (DEAs).

In Fermanagh and Omagh District Council (FODC) area there are 3 large areas that fall outside the 30 minute drive time boundary. These include communities in Erne West, Erne East, Erne North, West Tyrone and Mid Tyrone.

The Western Trust has also analysed the travel times and distances to SWAH and AAH sites for rural communities most impacted by the change in service within the geographical area (those communities who previous were treated within SWAH). All patients within the FODC area are in excess of 30 minutes travel time to Altnagelvin Hospital.

The proposed changes will have a different impact for rural communities in DCSDC area and FODC area. Under Option 10 proposal, EGS will be moved to Altnagelvin site, therefore there is no additional impact for patients in rural locations in DCSDC. The impact for patients in rural communities in FODC area will be from additional financial costs e.g. travel costs and availability of public transport for family/carers of the patient transferred to an alternative hospital,

19.0 Link to Documents

Click on any of the icons on the right to access the documents.

Equality Impact Assessment Document



Rural Needs Impact Document



Permanent Change to EGS in Western Trust Consultation Document

