



Changing Emergency General Surgery
in the Western Trust

Consultation Document

June 2025

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Foreword



I want to begin by acknowledging the difficult period we have come through due to the emergency change which we had to make back in December 2022, to our General Surgery Services. This particularly affected patients from Fermanagh, who had to bypass South West Acute Hospital (SWAH) or transfer from SWAH Emergency Department to Altnagelvin.

We know that the experience of care was not what people wanted and we accept that the processes which we put in place due to the emergency change needed to be improved, and that has happened over the two and a half years since the service was suspended. Today, the service we provide to the people of Fermanagh and throughout the West is safe and meets the required NI Standards for General Surgery. It is delivered by a hugely committed Team of Doctors, Nurses, Managers and Support Staff. We believe it is time to move on to a permanent new model of delivery for General Surgery, and we want to consult with the public and hear your views on that.

Our work shows that there is a preferred permanent model for General Surgery which is supported by our Leadership Team and by our General Surgery Team. That model would continue with the delivery of Emergency General Surgery treatment from Altnagelvin Hospital, with ambulatory (less complex) treatments in our 2 surgical ambulatory units at Altnagelvin Hospital and SWAH. We have sought in this model to make sure that those patients who can be safely treated at SWAH remain at SWAH or are returned promptly to SWAH for the remainder of their care, particularly palliative patients and those patients who have completed their acute surgical episode of treatment.

The preferred model is compliant with the Standards set for Emergency General Surgery by the Department of Health, which are designed to reliably provide the best clinical outcomes for patients. Put simply, more people will survive because their emergency will be treated in Altnagelvin, by an Expert Team, with all of the clinical services available 24/7 to them on site.

As a provider of health and care services, our priority is safe care and good outcomes for our patients which are in line with clinical and professional standards. Thank you for your engagement in this consultation, and we look forward to hearing your views.

Neil Guckian
Chief Executive, Western Health and Social Care Trust.

About the Western Trust

The Western Health and Social Care Trust is one of five Health and Social Care (HSC) Trusts which provide health and social care services across Northern Ireland. The services we provide span acute and community care, mental health, learning and physical and sensory disability, children's services and social care services to over 300,000 people living in the West of Northern Ireland, covering Limavady, Derry, Strabane, Omagh and Fermanagh.

We also provide sub-regional services to the Northern Trust for ophthalmology, trauma & orthopaedics, urology and oral surgery which increases the Trust's catchment population to over 410,000.

As a border region, the Western Trust also has well-established cross border collaborative arrangements with the Republic of Ireland for the delivery of a number of services, including the North West Cancer Centre. The Trust's geography extends over 4842 km² and encompasses 3 Council areas – Derry City & Strabane District Council, Fermanagh & Omagh District Council and Causeway Coast & Glens Borough Council (for Limavady/Dungiven). It is characterised by a mix of dense urban areas and extensive rural communities.

Our Services at a Glance

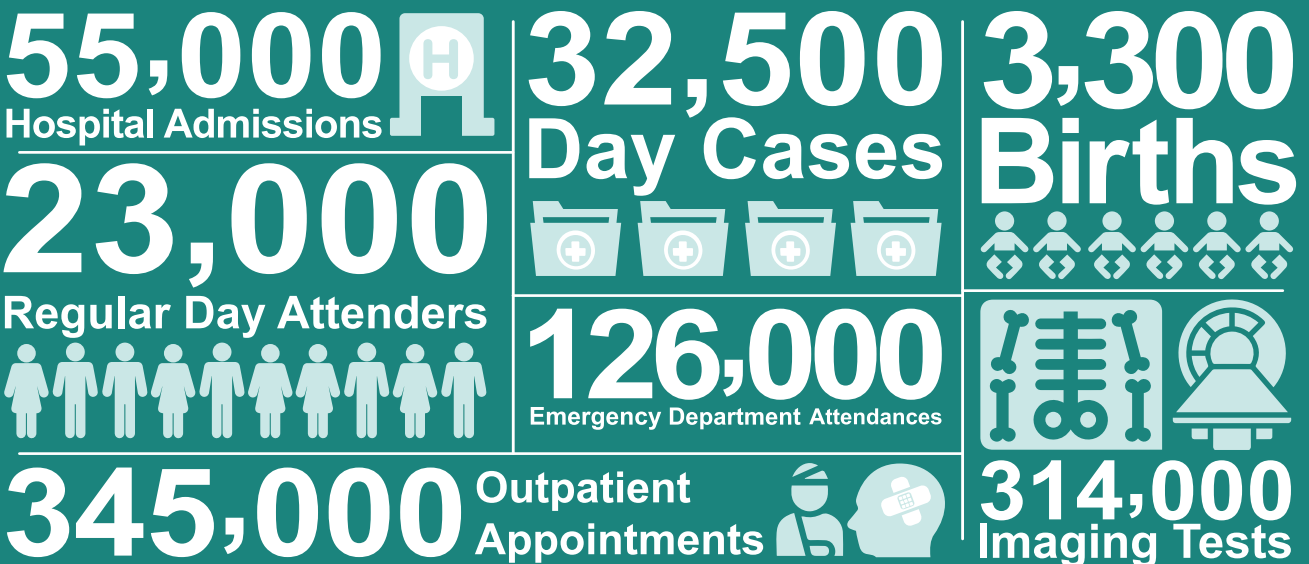
We Deliver Services From:



We Provide Support to People in our Communities Through Approximately:



Each Year in our Hospitals we Handle Approximately:



Introduction

General Surgery within the Western Health and Social Care Trust had for many years faced challenges in staffing 2 separate emergency rotas with substantive (permanent) Consultants, and the recruitment and retention of General Surgeons at the South West Acute Hospital (SWAH) proved particularly challenging. This resulted in the Temporary Suspension of Emergency General Surgery (EGS) that came into effect at SWAH in December 2022, when there were no remaining substantive Consultants who could staff the emergency rota.

The Trust wishes now to give consideration to the implementation of a permanent future model of delivery to ensure that the General Surgery Service can be provided safely and sustainably into the longer term.

This Consultation Document explains why we need to move to a permanent delivery model in the Western Trust. It describes the preferred option we have identified through an Options Appraisal process. It does not represent a final commitment to any particular course of action. Its aim is to support a conversation and to gather feedback on the option we have identified

Click the link on the right to access the 'Considering the Options' paper. 

If you would like to request a printed copy of the document please contact

involve@westerntrust.hscni.net

or telephone 028 7186 5127

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 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, 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.

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 and reducing waiting lists, and stabilising and sustaining acute hospital services and workforce.

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 Health & Social Care (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)

Our Ambitions for our Acute Hospitals

The Trust is justifiably proud of the services it provides to the people of the West (and beyond), and the developments in services over the last 20 years demonstrate that a wider range of services are now delivered in the West, which are more accessible to the population.

The North West Cancer Centre opened in 2017 providing state of the art assessment and treatment services to those with suspect cancer, and to people living with a cancer diagnosis;

We have 2 relatively new and very modern hospitals in Omagh and Enniskillen, providing emergency services with a Type 1 Emergency Department and an Urgent Care and Treatment Centre, and planned (or elective) services for the West and for the region.

Our Trust is however challenged in its performance and delivery of services due to difficulties in attracting and retaining Senior Medical Staff, including those from the medical training scheme. This results in gaps in our rotas and in our Medical Teams which if possible are filled with Locum Doctors, and our Medical Locum bill is over £30m per year. We need a workforce which is much more stable, with fewer specialties which are vulnerable to collapse due to their small teams, or lack of training places.

As a Trust we welcome the concept of a network of hospitals working closely together for the population of NI. We believe this fits well with our own approach to working together across our hospital network in the West, to use resources wisely and to the benefit of our whole population.

South West Acute Hospital (SWAH)

Looking into the future, we want to develop a long term vision for SWAH, and are commencing our preparations for this work which we believe will take around 12 months. We know that there is concern in rural communities that services will be lost from SWAH, and we are keen to work together with those communities and other stakeholders to set out our collective vision for the hospital.

The Trust is ambitious to see much more planned surgery in SWAH, to fully use this superb Private Finance Initiative (PFI) hospital as an asset for the local population and for the region. We also recognise that care needs will change for our aging population, that many people will have multiple long term conditions, and that we need to be more person-centred in our models of care for older and frailer people particularly when they live in a rural area, maintaining people for as long as possible in their own home setting.

Much progress has been made in relation to the stabilisation of services within SWAH. There are more specialties and patients have more services provided in SWAH over the last two years. We have worked hard to stabilise our workforce, and made good progress.

This sits well with how General Hospitals will work into the future – providing essential emergency services, and frequently required assessments, diagnostics and interventions for a local population, while fully using assets to the benefit of the population of NI.

Altnagelvin Hospital

Based on specialty breadth and service profile, Altnagelvin could be regarded as the second hospital in NI. We also have strong links with the Republic of Ireland, and we provide specialist emergency cardiac services to patients and a range of cancer assessment and treatment therapies to cross border patients.

Through the progressive development of Altnagelvin Hospital in the last 15 years, we have expanded many of our care services, as demand for them has grown. In planned care, demand for care often outstrips the capacity we have, and we therefore prioritise the most clinically urgent people referred to us, and assessed by our Clinical Teams. This means we deliver very timely care to the most urgent patients, but have unacceptably long waiting lists for those whose care needs are assessed as less urgent.

We have a personalised medicine research capability in C-TRIC which we want to maximise. We are eager to commence robotic surgery, when funding permits this.

We commenced an International Medical Recruitment Programme some years ago, and continue to attempt to maximise this route to bring Doctors to the West, where we have not succeeded in recruitment in the UK. We are working with Northern Ireland Medical and Dental Training Agency (NIMDTA) to improve the number of Doctors who train in the West. We are changing the skill mix of our Teams to support our Doctors with a whole range of advanced practitioners such as Nurse Consultants and Advanced Nurse Practitioners (ANPs) in. We contributed significantly to the case for the Graduate Entry Medical School in Magee, and have been training these Student Doctors in our hospitals. We expect that over time this will improve the pipeline of doctors into our hospitals in the West. Beyond this, we are eager to maximise research and technological developments.

In summary, we have many challenges, but also unique opportunities to change and improve services to the benefit of the people in the West, and contribute greatly to the need to improve waiting lists for elective care in NI.

Emergency General Surgery in the Western Trust

Patients of emergency general surgery require general surgical assessment, diagnosis and/or treatment in an unplanned way, often following presentation in an emergency department. Following the Temporary Suspension of EGS in SWAH from December 2022, the provision of EGS was temporarily consolidated on the Altnagelvin site with a series of mitigating measures and revised pathways put in place.

The table below illustrates Admissions at Altnagelvin for Non-Elective Emergency General Surgery – 19 December 2022 to 31 March 2025 across the different District Council areas.

Admissions at Altnagelvin for Non-Elective Emergency General Surgery 19 December 2022 to 31 March 2025			
Derry City and Strabane Council Area	Fermanagh Omagh District Council Area	Causeway Coast and Glens Council Area	Patients outside Western Trust Catchment
4902	2675	891	384

Our analysis shows that 2,043 patients were affected by the Temporary Suspension of EGS at SWAH, over this time period. There has been minimal impact to other Trusts in patients being transferred to them over this period. Summary information can be found on the Trusts website. Click the link on the right for access.



Patient Outcomes

The Trust has monitored and reviewed data to measure the impact on patient outcomes, for non-elective general surgical patients, up to March 2025. The following is a summary of patient outcomes.

This data is provided by CHKS an independent organisation who are a leading provider of health care intelligence and quality improvement services. CHKS have partnered with Trusts across the UK and internationally to help deliver better care and outcomes to the population. They have over 30 year's experience of working with the NHS.

Average Length of Stay for Non-Elective General Surgery Patients

Hospital Reviewed	Timeframe	Western Trust Length of Stay Score	NI Peer Length of Stay for Comparison
Altnagelvin Hospital	January 2023 to April 2025 (28 months)	5.64 days	5.56 days
Altnagelvin Hospital	January 2024 to April 2025	5.26 days	5.50 days

Conclusion:

The data shows that initially there was a slight increase in the average length of stay for EGS patients. Since January 2024 this has improved and is now lower than our Northern Ireland peer comparison.

Patient Readmissions to Hospital Within 30 Days

Hospital Reviewed	Timeframe	Western Trust Average Patient Readmission rate in 30 days.	NI Peer Average Patient Readmission rate in 30 days.
Altnagelvin Hospital	January 2023 to March 2025 (27 months)	7.80 Patients	12.47 Patients
SWAH Hospital	January 2020 to December 2022	8.92 Patients	13.61 Patients

Conclusion:

Altnagelvin readmission rates since the temporary change shows a drop of 12.5% of EGS patients having to be readmitted to hospital in comparison to previous readmission rates in SWAH.

The performance of Altnagelvin also compares very favourably to the NI Peer with significantly lower readmission rates.

Complication Rates

Hospital Reviewed	Timeframe	Hospital Complication Rate	NI Peer Complication Rate
South West Acute Hospital	January 2020 to December 2022 (36 months)	2.68%	2.69%
Altnagelvin Hospital	January 2023 to September 2024 (21 months)	2.22%	3.50%

Conclusion:

This shows significantly lower complication rate in Altnagelvin post the temporary change to EGS than SWAH pre change – a decrease of 17.1%.

Our complication rate in Altnagelvin is 36.6% lower than NI peer.

A Message from our Consultant Surgeon, Mr Anand Gidwani



“Myself and my General Surgical Team would aim for our patients to be safe and receive the best possible outcomes under our care.

The changes made during the Temporary Suspension of Emergency Surgery at SWAH undoubtedly came with numerous challenges. This change was considered due to critical level of substantive General Surgical Consultant staff to sustain a safe emergency on call service at SWAH. Since the Suspension Of Emergency Surgical Service at SWAH on the 5th of December 2022, the Clinician and Management teams have put in place a series of mitigating measures and revised pathways to ensure patient safety across all sites within the trust. This mainly includes expansion of the general surgical workforce at all tiers, establishment of ambulatory care units at both Altnagelvin and SWAH site, endorsement of several care pathways for emergency surgical patients attending both sites and audit of these pathways.

We presently have a sustainable staff team in General Surgery, with no reliance on Locum Staff in the Consultant and Middle Grade rota. Also, the data shared from CHKS has demonstrated improvement in several parameters regarding patient outcomes. Presently, the Emergency Surgical Service at Altnagelvin is compliant with the Standards set for Emergency General Surgery (EGS) by the Department of Health, which are designed to reliably provide the best clinical outcomes for patients. Also, emergency surgery at Altnagelvin site will ensure that emergency patients get access to various medical and surgical specialities including a 24/7 Upper Gastrointestinal Bleeding rota. Having access to other specialist services and sub-specialisation in General Surgery will provide better training opportunities and facilitate recruitment and retention of surgical workforce.

Thank you for taking the time to read this document. It remains beyond doubt that there is always room for improvement in any existing service or if there is any change in the service delivery. I want to encourage you to participate in the many ways that are available during this consultation and to work with us to provide the best service we can for our people”.

Why we Need to Make This Change

Meeting the Standards for General Surgery

The Review of General Surgery in Northern Ireland - Standards and a Way Forward, identified essential clinical interdependencies for a modern, safe Emergency General Surgical service, as:

Radiology (diagnostic) – All hospitals admitting surgical emergency patients must have 24 hours a day access to diagnostic services such as plain film x-ray, computerised tomography (CT) and timely access to MRI and ultrasound scanning on-site.

Radiology (interventional) - All hospitals admitting surgical emergency patients must have on-site access to simple interventional radiological procedures such as drainage, ideally 7 days per week but a minimum of 5 (Mon-Fri). More complex IR procedures must be accessed either onsite or through a formalised network.

Hospitals with emergency inpatient surgery must have clinically appropriate access to laboratory services, either on-site or through a formalised network.

The hospital admitting surgical emergency patients must have access to a gastroenterology service and an on-site “bleeding rota” with the ability to undertake urgent upper and/or lower endoscopy on emergency surgery patients as required for diagnostic and therapeutic purposes.

A hospital admitting paediatric emergency surgical patients must have a local and networked model of care in place that involves advice and input from paediatricians and/or paediatric surgeons as required.

The hospital admitting surgical emergency patients must have access to timely assessment / review from other clinical specialities such as cardiology, renal, diabetes, care of the elderly, etc.

Altnagelvin Hospital:

At the time of the publication of the Regional Review, Altnagelvin did not fully meet the EGS standards but has moved towards full implementation since then. In June 2025 Altnagelvin Hospital implemented a 24/7 Upper GI Bleeding rota, and now complies with the Standards.

South West Acute Hospital:

SWAH has no current interventional radiology on site, no 24/7 Upper GI Bleeding rota and would not be able to provide on-site timely assessment from renal medicine.

SWAH is not the only hospital in this position, the regional document stated:

“The remaining hospitals (Causeway Hospital, Daisy Hill Hospital and South West Acute Hospital) require more fundamental changes in a number of areas to meet the standards.”

Workforce

The Trust is funded for 6.5 WTE Consultants in Emergency General Surgery in SWAH, however this workforce had not been able to be maintained at any time for some years before the suspension of services in December 2022. As a result the Trust had relied on a number of Locums to maintain the Emergency General Surgery rota at SWAH.

Six rounds of recruitment activity were undertaken from 2014 to 2021 and resulted in Five consultant appointments. However from 2019 to 2021 six Consultants left the Trust through three retirements and three resignations to take up posts elsewhere.

At the beginning of October 2022 the Trust highlighted the increasing fragility of the rota for Emergency General Surgery due to a number of critical staffing changes. At that time there were three substantive Consultants and one Locum Consultant employed in the General Surgery Team in SWAH. Due to notified resignations and the ability of one Consultant to work only on a green pathway (elective care pathway), there was expected to be only one Consultant remaining in December 2022. As a result, in November 2022, Trust Board approved a Temporary Suspension of Emergency General Surgery in SWAH due to these workforce gaps.

Given the repeated attempts to fill the Consultant posts in SWAH a decision was taken, following discussion with the Royal College, that the Trust would move to recruit to Trust wide Consultant posts.

The Trust is funded for 12.29 WTE General Surgery Consultants for the whole Trust area. Following recruitment to Trust wide posts the Trust now has a full complement of Consultants in post. New appointments in the specialities of General Surgery, Upper GI and Colorectal subspecialties have been made. These Consultants work across South West Acute Hospital and Omagh Hospital & Primary Care Complex (OHPCC). All have been appointed to Trust wide positions which is expected to provide stability and resilience moving into the future. From February 2025 the Trust no longer is dependent on Locum Medical Consultant staff to support the General Surgery on call rota.

As a consequence of a full complement of Consultants recruited throughout 2024/25, the Western Trust was able to release the Breast Surgeons from the General Surgery On Call Rota as the last HSCNI Trust to do so. This has now been in place since June 2024, and has enhanced the sustainability of our Breast Surgery Service Trust-wide.

Patient Safety/Specialisation

The priority for the Western Trust is to provide a safe and effective Emergency General Surgery service for patients in the Western Trust area ensuring the best outcomes for all patients. The provision of Emergency General Surgery was temporarily consolidated on the Altnagelvin site with a series of mitigating measures and revised pathways put in place to ensure patient safety.

The Trust has closely monitored the number of patients who have been transferred by ambulance and received inpatient treatment since the temporary change was instigated. This is reported quarterly to Trust Board with plans to publish patient outcome data moving into the future. All available evidence shows that when a patient is admitted with a surgical issue to a larger unit with more frequent operations they have a better clinical outcome. This has been replicated in the Western Trust where we have seen an improvement in RAMI (Risk Adjusted Mortality Index) scores. This is a statistic produced by an independent company CHKS which shows that patients across the Trust now have lower mortality and a higher likelihood of survival since the temporary change.

As a result of the Temporary Suspension to Emergency General Surgery in SWAH, the Trust introduced ambulatory care services in SWAH and Altnagelvin. Evidence indicates that many surgical patients who present to the Emergency Department can have their care in an ambulatory care setting and avoid the need for admission to hospital. Given the diagnostic assessment capacity and that Senior Surgical Doctors remained in SWAH it was important to maximise these opportunities to avoid where possible the need to transfer to Altnagelvin Hospital. Access to this service in Altnagelvin also ensured that we had consistency of approach and that we maximised our available bed capacity.

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 temporary pathways have been reviewed with key stakeholders including NIAS, Southern Trust, General Surgeons and Emergency Department colleagues from the Northern and Southern sectors of the Trust's area. As part of this work all DATIX information was reviewed. (Datix is a risk management and incident reporting system used primarily within healthcare organisations, including the NHS, to track and manage incidents, complaints, claims, and risks). To date no changes have been made to these pathways.

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.

The Trust initially had challenges in ensuring that those patients transferred from SWAH moved straight to an inpatient bed. There have been numerous reasons for this including clinical priority of those patients requiring a bed over a period where the demand for inpatient bed capacity has increased.

From December 2022 to end of April 2024, 26% of those patients transferred from SWAH to Altnagelvin 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 May 2024 to March 2025, the Trust has seen the percentage of patients transferred direct to a bed increase to 79%.

In order to ensure timely transfer and to minimise the impact on Northern Ireland Ambulance Service (NIAS), the Trust has worked with private ambulance providers to support patient transfer. Each patient requiring ambulance transfer is assessed by the Senior Doctor present with respect to the most appropriate mode of transfer.

Identifying Options to Sustain EGS in Western Trust

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 the provision of Emergency General Surgery services at the South West Acute Hospital from 5th December 2022.

A Task and Finish Group was established by the Project Board to consider a long list of options and identify viable 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 models options for consideration and were appraised on them meeting Emergency General Surgery Standards below:

Model of Emergency Surgical Care: 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

Clinical Infrastructure: Provide the capacity and environment that satisfies the existing and projected demand for EGS attendances and admissions. This includes Access to critical care services, provision of theatre 24/7, required resources and equipment to stabilise and resuscitate patients at all times and bed capacity

Clinical Interdependencies: Access to 24/7 radiology and interventional services, laboratory, gastroenterology and onsite bleeding rota, Paediatrics and other clinical specialities (Cardiology/renal/diabetes).

Surgical Workforce: The emergency surgical service should be delivered by a 24/7 emergency surgical team led by a consultant surgeon, less dependent on locum staff and consultant rotas must be of sufficient size

For full details of all the options we have considered please see 'Considering the Options' paper



Shortlisted and Preferred Option

Following the Task and Finish Group consideration of 11 initial options, 3 were shortlisted that would potentially mitigate safety and sustainability issues.

Option 8: Two Site Model – 24/7 Consultant cover at Altnagelvin Hospital with 9am – 5pm weekday Consultant cover at South West Acute Hospital.

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

Option 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

The Task and Finish Group then applied a 'Weighting Score' to each option, relating to their potential to mitigate safety and sustainability issues.

After considering all the options, the Task and Finish Group, endorsed by Project Board, has identified one clinically deliverable preferred 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

What Does the Preferred Option Mean for the People we Serve?

Patients who Would Have Attended SWAH Before the Temporary Suspension of EGS

The Trust implemented contingency 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.

The clinical pathways that were initiated and developed during the Temporary Suspension of EGS in SWAH, will be continued within the preferred Option 10 proposal. This will mean permanently consolidating the Emergency General Surgery service on the Altnagelvin Area Hospital site

Bypass Protocols

Patients with any of the following should bypass SWAH Emergency Department and will go to Altnagelvin or Craigavon Hospitals based on Paramedic assessment and location they are in:

Upper Gastrointestinal Bleeding (this refers to bleeding from the oesophagus, stomach or duodenum)

Vomiting fresh clots of blood

Three or more recent episodes of coffee ground vomiting

Acute onset Melena (refers to black stools as a result of bleeding)

Any GI Bleeding with signs of hypovolemic shock (this is an emergency condition caused by severe blood loss meaning the heart is unable to pump enough blood supply to the body)

Acute Scrotal or Hernia Pain

Patients with acute scrotal or hernia pain bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in – with the exception of those aged five and under who will transfer to Royal Belfast Hospital for Sick Children, in Belfast.

Abdominal Pain

Any patient over 55 years of age complaining of abdominal pain bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in.

Trauma Management

All non-major accidents continue to present to SWAH. The major trauma triage tool used by Northern Ireland Ambulance Service (NIAS) has been amended to reflect that those critically unwell or with penetrating trauma, are not brought to SWAH ED and are taken to Altnagelvin or Craigavon based on Paramedic assessment and the location they are in.

Patients With Post Operational Complications (14 days or less)

In order to ensure continuity of care patients return to the site where they had their operation, which is where their Consultant is based.

In addition to the bypass protocols the Trust has implemented a series of mitigating measures and revised pathways put in place to assure patient safety. Below is a summary of the pathways to ensure patient safety:

Mitigating Measures

Ambulatory and Surgical Assessment

Both Acute sites will have access to ambulatory surgical assessment facilities. Ambulatory care, also known as outpatient care, refers to medical services provided to patients without requiring an overnight hospital stay. These facilities will have same day access to diagnostic radiology services and have oversight from a Surgical Consultant. This system avoids the need for patient admission, provides a safety net for review and ensures that inpatient beds are used in an efficient way.

Development of a Minor Operating Procedure

The Trust has implemented a Minor Operations 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. Patients throughout the Trust's geography who attend any of our Emergency Departments with an unscheduled surgical presentation and, who do not require immediate admission, will be scheduled to attend sessions across Altnagelvin, Omagh or South West Acute Hospitals.

Head Trauma

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

Repatriation Pathway

For this pathway, patients who can be safely treated at SWAH will remain at SWAH or are returned promptly to SWAH for the remainder of their care.

Patients who Would Have Attended Altnagelvin Hospital

Patients in the Northern sector of Western Trust who would have traditionally presented to Altnagelvin Hospital (this is patients, who, by and large, reside in the boundaries of Derry City Strabane District Council and Limavady/Dungiven) will not experience any change in their pathway.

The infographic on page 26 summarises some key aspects of the changes and how they meet the Trust's Corporate objectives:



Quality & Safety

Patients will have better access to all sub speciality medical and surgical services
Patients will have access to diagnostic services 24/7.



Our People

Appropriate levels of surgical staff can support a sustainable surgical consultant service rota.



Performance & Access

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

The Emergency Department services at both Altnagelvin Area Hospital and South West Acute Hospital will be maintained and supported.

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



Delivering Value

SWAH selected by the DoH as an Elective Overnight Stay Centre (EOOSC) focusing on high volume low complexity procedures with a focus on Obstetrics, Gynaecology and General Surgery.



Our Culture

The presence of an enhanced Emergency Surgical Service for the Western Trust at Altnagelvin Area Hospital will be attractive to new staff and thus will support recruitment and retention of all members of the surgical team and the wider supporting clinical services.

In the following eight scenarios we describe the patient pathways for our preferred option and what the changes will mean for different types of patients.

Thomas aged 36, a dairy farmer is gored by a bull and is brought to the SWAH Emergency Department with chest and head injuries by his neighbour.

Given that SWAH is a trauma receiving unit, he is assessed and has an initial FAST scan (FAST is a rapid ultrasound bedside test which looks primarily for abdominal bleeding and avoids delay with CT scan. Commonly performed by ED Senior Doctors) performed by the ED Consultant, followed by a CT scan of his abdomen.

Thomas is assessed by the Senior Surgeon on site who discussed his case with the Surgeon On-call in Altnagelvin.

As Thomas requires close observation and repeat assessments by Senior Surgeons he is transferred to Altnagelvin HDU for observation and management of his pain.

Mary aged 70 describes a one week history of abdominal pain with associated constipation. The GP refers Mary on an ambulatory pathway to Emergency Surgical Assessment Unit at SWAH where she is seen that day by the Senior Surgeon on site. She is assessed, has blood work undertaken followed by an abdominal X-ray. Her case is reviewed by the Consultant On-call in Altnagelvin following diagnostic investigations and a diagnosis of constipation is made. An enema is administered and a follow up review appointment made in 48 hours.

Jude is a 13 year old boy who presents to SWAH ED with increasing testicular pain with associated vomiting. His mum is becoming increasingly worried with respect to his symptoms. In SWAH a diagnosis of testicular torsion is made following an ultrasound scan. A referral is made to the Urology Team and he is accepted for transfer direct to Paediatrics in Altnagelvin, avoiding the need to stop in ED. Jude is then taken to theatre.

Maggie is a 45 year old lady who attends SWAH ED with pain in her abdomen through to her back and she is awaiting gallbladder surgery. Maggie is transferred to the Emergency Surgical Assessment Unit where she is seen and assessed by the Senior Surgical Doctor. Following ultrasound scan her condition is discussed with the Surgical Consultant in Altnagelvin who advises that she is commenced on antibiotics, reviewed by the Pre-op Assessment Team and scheduled to an elective operative list in SWAH the following week.

Seamus is a 78 year old man who presents to SWAH and following assessment and CT scan is diagnosed with a perforated ulcer. He is assessed by the Senior Surgical Doctor on site who following discussion with the Consultant On-call in Altnagelvin decides that surgery will be required in the next few hours. An ambulance transfer is arranged direct to a bed in Ward 32 in Altnagelvin. One week following his surgery Seamus is transferred back to SWAH under the care of the Medical Team to continue his rehabilitation.

Ryan is 17 and has been involved in a road traffic collision. He has sustained abdominal and chest injuries. Following assessment by the Paramedic Team and the seriousness of the trauma a decision is made to bypass SWAH and is admitted directly to Altnagelvin.

Eric, a 54 year old man presents to the Emergency Department of Altnagelvin Hospital with a history of increasing pain between his buttocks. Following assessment by the Emergency Department Medical Team and review by the Surgeons he is diagnosed with a pilonidal sinus. Using the Minor Operations Policy Eric is booked to a day case operating list in should read Omagh Hospital & Primary Care Complex (OHPCC) the following day. Prior to development of this pathway Eric would have been admitted to Altnagelvin for an overnight stay.

Nora a 39 year old woman attends her GP with increasing abdominal pain over a few days. Nora's GP calls the Surgical Ambulatory Unit and she is accepted for assessment. Nora is seen by the Surgical Resident Doctor on arrival and has a series of blood investigations sent. These show no abnormality and Nora is reviewed by the Duty Consultant and discharged for follow up with review, after outpatient ultrasound.

ENGAGEMENT

Engagement with Staff

As part of the temporary change to Emergency General Surgery, 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 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 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 Unions 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 agreement with Trade Union colleagues to stand these meetings down following the meeting on the 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 linkage to the Trust's Strategic Development Group.

Engagement with Stakeholders

Following the Temporary Suspension of EGS in SWAH, the Trust implemented and/or engaged with the following External Stakeholder Engagement Groups:-

SWAH Strategic Development Group (SDG): This Group is made up of Senior Leaders and staff in the Trust, Senior Management and Clinical Leaders in SWAH, GP representation, Department of Health and Public Health Agency representatives, including policy and commissioning leaders, independent health experts, key community stakeholders and Service User representation, as well as Senior Council and Local Elected representatives. It has a shared purpose to support the long-term sustainability and development of SWAH as an Acute Hospital. SDG reports to Trust Board, and its membership includes Non-Executive Trust Board members. The Group was established in August 2023, in direct response to the views shared with the Trust during our public consultation events on the Temporary Suspension of Emergency General Surgery at SWAH which showed a view from some who responded that there was "a lack of local influence or focus with no representation from the South West on Trust Board."

Fermanagh and Omagh Council Health & Social Care Sub-Committee:

This partnership Working Group involves Senior Leaders of the Western Trust together with Fermanagh and Omagh Council elected members, which is chaired by the nominated Council member, has been in place for some time and a new Terms of Reference was agreed in April 2024. This Group was established to "provide a forum for ongoing engagement between Fermanagh and Omagh District Council (the engagement between Fermanagh and Omagh District Council (the Council) and the Western Health and Social Care Trust (the Trust) to work collaboratively and in partnership to help inform and recommend on the

delivery of health and social care services within the Fermanagh and Omagh District so that the highest standard of care and access to services is provided to the people of the district.”

SWAH All Party Group: This Group was established in January 2023 and includes Senior Leaders in the Western Trust and SWAH together with appointed MLA/MPs and Councillors from the five main parties – Alliance, DUP, SDLP, Sinn Fein and UUP. The Group meets regularly in SWAH with collaborative ongoing discussion on the delivery of health and social care services in the South West area, not only in SWAH but in relation to all services across Hospital and Community in the area.

Service User/Critical Friends Group: This Group was openly recruited for and established to provide advice, guidance and constructive challenge to the Trust regarding the proposed changes to Emergency General Surgery. Its primary aim is to ensure that the voices of service users and carers are meaningfully embedded throughout the process, and that the Trust meets its statutory duty to involve, as set out in the (NI) Health and Social Care (Reform) Act 2009. Members bring a broad range of lived experience and professional knowledge across both healthcare and the community and voluntary sector. This diversity strengthens the Trust’s approach to co-production, helping to shape engagement strategies, ensure accessibility, and identify lesser-heard communities who may be most affected by changes to service provision.

Regulation and Quality Improvement Authority Review

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.

The Department of Health engaged with Regulation and Quality Improvement Authority (RQIA) to review the effectiveness of clinical pathways associated with the temporary suspension of EGS at SWAH. The review considered any improvements that may need to be made.

The following table summarises the actions taken by the 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.

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 in our internal processes. The totality of waits in ED is used to ensure in our internal no patients are disadvantaged in accessing inpatient beds as allocation of beds must be on the basis of clinical priority.</p> <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 avoid the need for transfer.</p>

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 had 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 is brought to the 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](#)



Risk Assessment

As the final step to conclude the Option Appraisal process on 11 April 2025 the Task and Finish Group met with 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 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

Promoting Equality and Considering Rural Needs

We are committed to promoting equality of opportunity, good relations and human rights in all aspects of our work. In keeping with our legislative requirements, the Trust has completed and is consulting on an Equality Impact Assessment (EQIA) on the option. The EQIA is available on the Trust's website or click the link on the right to access.



We are also committed to understanding the impact, the preferred option will likely have on people in rural areas. We have completed a Rural Needs Impact Assessment (RNIA) on the option which is available on the Trust's website or click the link on the right to access.



We invite views on these assessments and will consider all feedback received during the consultation process. We are also keen to be flexible in how we engage with local people so please contact us to talk about how you would like to provide feedback.

Working With our Staff

The Trust has formal mechanisms to engage and inform our staff of any changes to services. This is through our Joint Forum arrangements, including the Trade Union Consultation Group and the Local Negotiating Committee. We will use these Forums to present any changes and engage our Trade Union colleagues as early as possible in relation to any decisions made.

We will hold staff engagement events and staff meetings which will keep everyone informed and aligned and allow staff to raise concerns in real time. We will have face to face briefings, email updates, intranet FAQs. For those staff who are impacted by this change, the Management of Change Framework principles will be followed. This includes direct meetings with them and their Trade Union representatives.

Staff will have access to HR and their individual circumstances will be addressed. Any staff redeployed will be given full induction and any training as necessary. Any impact will be protected under their relevant terms and conditions.

Participate in the Consultation

We are consulting with you on one preferred option which scored highest in the option appraisal.

The Trust welcomes all feedback, on this consultation. We wish to consult as widely as possible on the proposals within this document and the findings of our Equality Impact Assessment (EQIA) and our Rural Needs Impact Assessment (RNIA) over a 14-week period commencing Tuesday 14th July to Tuesday 14th October 2025.

During the consultation period we will hold listening events in person and online as follows:

In Person Events

15 July 2025 7pm – 9pm Killyhevlin Hotel, Enniskillen

17 July 2025 7pm – 9pm Waterfoot Hotel, Derry

Online Event

27th August 7pm – 9pm Teams Online. If you would like to attend click the link on the right.



These events will provide the opportunity to ask further questions and give feedback. If you would like to attend please click the link on the right.



It is important to note that the in-person events will be ticket only events so register early if you wish to attend as the venue has a maximum capacity limit. One ticket will be allocated per person and ticket duplication must be avoided to comply with health and safety regulations.

To facilitate your feedback, a consultation proforma is available online, please click the link on the right to request a copy of the proforma for you to fill in at home or to arrange to complete it with a member of staff contact us at the details below.



The Western Trust will continue to consult directly with staff affected by the proposals and engage with Trade Union representatives.

If you have any queries or comments regarding this consultation document, EQIA or RNIA and their availability in alternative formats (including Braille, disk and audio, and minority languages to meet the needs of those who are not fluent in English) please contact:

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