



Western Health
and Social Care Trust



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1 July 2025

Changing Emergency General Surgery in the Western Health and Social Care Trust

Surgery, Paediatrics and Women's Health Directorate

**Equality Impact Assessment in accordance with Section 75 and
Schedule 9 of The Northern Ireland Act 1998**

Consultation Dates: 8 July 2025 to 14 October 2025

V3a 1 July 2025

Alternative formats

This document is available in alternative formats including: large font, braille, Easyread, electronic version etc. It 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。

Contact the Equality Team on equality.admin@westerntrust.hscni.net or telephone 028 7186 5127

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Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Western Health and Social Care Trust to assess the impact of Changing Emergency General Surgery in the Western Health and Social Care Trust.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998. This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

The EQIA should be read alongside the Trusts Public Consultation document on Changing Emergency General Surgery in the Western Health and Social Care Trust. This document and others associated with this process are available on the Trust website:

<https://westerntrust.hscni.net/egsconsultation/>

Statutory Context – Section 75 NI Act 1998

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

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

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. The Trust's Equality Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 of the Northern Ireland Act.

When we publish the results of an EQIA, we must give details of anything that could reduce any adverse impact on equality of opportunity of the proposal. We must also give details of alternative policies that might better promote equality of opportunity.

We have followed procedures outlined in the Equality Commission for Northern Ireland (ECNI) 'Guide to the Statutory Duties', which it expands upon in its publication 'Practical Guidance on Equality Impact Assessment'. The primary function of an EQIA is to determine the extent of any differential impact of the proposal on the 9 sections 75 categories and to determine if the differential impact is an adverse impact. An EQIA can assist in decision making and improve policy making by adding to the evidence base available.

Following consultation a summary report of feedback received will be made available in compliance with the legislation, when making any final decision the Trust will take into account the feedback received on this EQIA.

Human Rights

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

Overview of 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 and 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 and Strabane District Council, Fermanagh and Omagh District Council and Causeway Coast and Glens Borough Council (for Limavady/Dungiven). It is characterised by a mix of dense urban area and extensive rural communities.

The Trust provides a wide range of health and social care services from a number of hospitals, community facilities and people's own homes across a geography which has a mix of highly urbanised and extensive rural communities. This, alongside high levels of multiple deprivation and related health inequalities in some areas of the Trust geography, creates significant challenges for service delivery for the Trust as a health and social care provider and for service users accessing services.

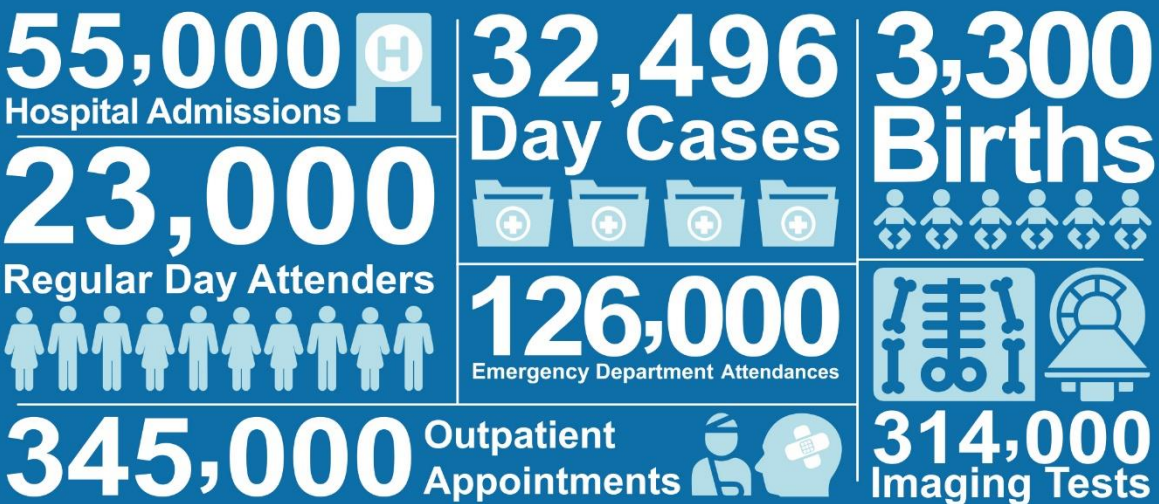
We Deliver Services From:



We Provide Support to People in our Communities Through Approximately:



Each Year in our Hospitals we Handle Approximately:



Our Changing Population Needs

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.

Deprivation

The Western Trust area has some of the highest poverty rates in Northern Ireland - 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 DoH Health Inequalities Annual Report 2024](#)

Despite high levels of deprivation, the population of the Western Trust shows equivalent or better health outcomes than the Northern Ireland average, except for:

- Respiratory conditions, i.e. asthma and chronic obstructive pulmonary disease (COPD).
- Mental health is considerably worse than the NI average, particularly due to anxiety and depression.
- More people are likely to suffer pain and discomfort than for Northern Ireland as a whole.
- There is a higher number of children in need as a proportion of our population.

The Trust works within a diverse society and we want to improve how we support the differing needs of those people and families who receive our services and of the staff who provide these services. We are committed to meeting our roles and responsibilities in the promotion of equality of opportunity, good relations and diversity in the services we offer and within the workforce that provides these services.

Within the Trust, we will provide services and employ staff regardless of their age, dependent status, disability, gender, marital/civil partnership status, political opinion, race, religious belief and sexual orientation. We respect diversity and believe that by knowing our public and staff better we can provide better services.

The Western Trust wants to support people on their life journey and help our staff to provide appropriate care when required. We believe that this will be achieved by working in partnership with patients, service users, carers, families, staff, communities and other agencies to co-design and co-produce our services.

We want to safeguard and support the most vulnerable in society to achieve this we work in partnership to ensure that the health and social wellbeing of our community is nurtured. It is important to see the whole person, not just treat different conditions. We want to work together to develop and expand specific pathways of care which are designed around people and their needs.

General Surgery Services in South West Acute Hospital

General Surgery within the Western Health and Social Care Trust had faced challenges related to the recruitment and retention of General Surgeons at the South West Acute Hospital (SWAH), Enniskillen, which resulted in the Temporary suspension of EGS that came into effect at 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.

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, and on the Trusts public website.

The Consultation Document explains why we need to move to a permanent delivery model in the Western Trust. It describes one preferred option we have identified through an Options Assessment 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

More detail on this in the 'Considering the Options' paper which can be accessed on the link below:

<https://westerntrust.hscni.net/egsconsultation/>

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 launched a public consultation on “Hospitals – Creating a Network for Better Outcomes” (October 2024) which closed in February 2025. [Hospitals - Creating a Network for Better Outcomes - Public Consultation | Department of Health](#)

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, 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.

The consultation sets out how elective care has been reformed over the last few years, with a focus on Centres of Excellence which are delivering high quality reliable care for patients, and will enable greater efficiency and timely delivery of care. Within the west, there are three of 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, 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 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 (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.

All available 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, p19)

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 Patients	Fermanagh and Omagh District Council Area Patients	Causeway Coast and Glens Council Area Patients	Patients outside WHSCT 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 Trust

of patients being transferred to them over this period. Summary information can be found on the Trusts website: [Western Health & Social Care Trust | Western Health & Social Care Trust](#)

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 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 years' experience of working with the NHS.

Average Length of Stay for non-Elective General Surgery Patients

Hospital Reviewed	Timeframe	WHSCT 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 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	WHSCT 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 march 2022 (23 months)	8.92 patients	13.61 patients
Conclusion: Altnagelvin readmission rates since the temporary change shows a drop of 12.5% of patients having to be readmitted to hospital in comparison to previous rates in SWAH. The performance of Altnagelvin also compares very favourably to the region 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%
<p>Conclusion: This shows significantly lower complication rate in Altnagelvin post the temporary change to EGS than SWAH pre change – a decrease of 17.1%. Also our complication rate in Altnagelvin is 36.6% lower than NI peer.</p>			

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 has not been able to be maintained at any time in recent years. As a result the Trust 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 had been made. These consultants work across SWAH and Omagh. 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 attained throughout 2024/25 the Western Trust were 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.

- **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 in both Northern and Southern sectors. 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 assure 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 in to 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. As part of this work all DATIX information was reviewed. 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 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 hospitals. From May 2024 to March 2025 the Trust has seen the percentage of patients transferred direct to a bed increase to 79% of patients went directly to an inpatient bed.

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 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 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 <https://westerntrust.hscni.net/egsconsultation/>

SHORTLISTED OPTION

Following the Task and Finish group consideration of 11 initial options, 3 were shortlisted that would potential 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, have 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

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

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

- 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 Trusts have 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:

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 Standard Operating Procedure

The Trust has implemented a Standard 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. 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 the 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 following infographic summarises some key aspects of the changes and how they meet the Trust's Corporate objectives:

 <p>01</p>	<p style="text-align: center;">Quality & Safety</p> <p>Patients will have better access to all sub speciality medical and surgical services</p> <p>Patients will have access to diagnostic services 24/7</p>
 <p>02</p>	<p style="text-align: center;">Our People</p> <p>Appropriate levels of surgical staff can support a sustainable surgical consultant service rota</p>
 <p>03</p>	<p style="text-align: center;">Performance & Access</p> <p>Ongoing Surgical Assessment and Ambulatory service will be provided at both Altnagelvin Hospital and SWAH</p> <p>The Emergency Department services at both Altnagelvin Area Hospital and South West Acute Hospital will be maintained as "level 1" EDs</p> <p>There will be 24/7 Middle Grade cover at SWAH</p>

 <p>04</p>	<p style="text-align: center;">Delivering Value</p> <p>SWAH selected by DoH as an Elective Overnight Stay Centre (EOSC) focusing on high volume low complexity procedures with a focus on Obstetrics, Gynaecology and General Surgery.</p>
 <p>05</p>	<p style="text-align: center;">Our Culture</p> <p>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</p>

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 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 the 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 the next 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 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 Omagh Primary Health Care Complex 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. 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 these 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 a Western Trust Consultant Cardiologist. This group had direct linkage to the Trusts Strategic Development Group.

Engagement with Stakeholders

Following the temporary suspension of EGS in SWAH, the Trust implemented and/or engaged with the following 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 representation. It has a shared purpose to support the long-term sustainability and development of SWAH as an acute hospital. SDG reports to the Trust Board, and its membership includes non-executive Trust Board member. 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 involving 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 TOR agreed in April

2024. This Group was established to “provide a forum for ongoing 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 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 WHSCT and the progress of the implementation of the recommendations of the RQIA Review of Emergency General Surgery at the South West Acute Hospital.

RECOMENDATION	UPDATE
RECOMMENDATIONS TO BE TAKEN FORWARD WITH URGENCY BECAUSE THEY HAVE THE POTENTIAL TO DELIVER IMPROVEMENTS TO THE CLINICAL PATHWAYS WITH IMMEDIATE EFFECT	

<p><u>RECOMMENDATION</u> <u>3</u></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 Dec 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 an equalisation of waits for inpatient General Surgery beds. The totality of waits in ED is used to ensure no patients are disadvantaged when accessing inpatient beds. All allocation of beds must be on basis of clinical priority. A minor operations procedure 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> <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.</p>
<p><u>RECOMMENDATION</u> <u>4</u></p> <p>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 NIAS services more widely in the area.</p>	<p>DoH are conducting a wider piece of work with NIAS to understand changes in demand across the region and the impact on services and have brought in an external consulting organisation to undertake a regional capacity & 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 any additional NIAS capacity will require investment.</p> <p>In advance of the temporary change the Trust engaged with a private ambulance provider to minimise the impact on NIAS and this remains in place.</p> <p>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.</p> <p>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 a patients transferring from SWAH ED.</p>

	NIAS colleagues remain a core member of both Project Team and Programme Board.
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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 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.

<p><u>RECOMMENDATION</u> <u>5</u></p> <p>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.</p>	<p>The Trust have completed a Length of Stay (LoS) audit on patients greater than 14 days.</p> <p>An audit has also been undertaken of patients transferred from SWAH.</p> <p>Modelling work would suggest the need for 10-12 beds of capacity to support the temporary change. The Trust is currently reviewing plans for increasing bed capacity at Altnagelvin Hospital.</p> <p>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.</p> <p>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.</p>
<p>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</p>	
<p><u>RECOMMENDATION</u> <u>2</u></p> <p>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</p>	<p>The Trust completed an audit on the pathway of referral and outcomes for SWAH Emergency Surgical Ambulatory Assessment (ESAA).</p> <p>The audit findings were shared at Programme Board and Governance Committee. These findings have supported the development of a minor operations pathway which eliminates the need for transfer with patients booked electively to SWAH OESC or Omagh DPC.</p>

<p>improve the service. Information on its effectiveness should be made available to the Trust Executives and Board.</p>	
<p><u>RECOMMENDATION</u> <u>6</u></p> <p>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.</p>	<p>The Trust undertakes annual review of the bypass protocols with NIAS. As part of this review, interface DATIX incidents are discussed and learning identified.</p> <p>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.</p> <p>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.</p> <p>As well as the above, 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</p> <p>Patients requiring a period of observation following a head injury can now also have this care in SWAH.</p>

<p><u>RECOMMENDATION</u> <u>7</u></p> <p>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.</p>	<p>The Trust has received mortality data from CHKS and it has been agreed that indicators for Readmission within 30 days/ Length of Stay/ Post Op infections can be obtained.</p> <p>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.</p> <p>Surgical colleagues at SWAH engage at the monthly audit meetings and any incidents relating to existing pathways are discussed.</p> <p>ED colleagues trust wide have been invited to attend the monthly surgical meeting to share experiences and discuss service improvements.</p> <p>There is also a regional contract with CHKS to benchmark performance.</p>
<p><u>RECOMMENDATION</u> <u>8</u></p> <p>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.</p>	<p>All datix incidents that have any link to the Temporary Suspension of Emergency General Surgery will continue to be reviewed with weekly discussions at Corporate Safety Huddle and relevant details shared at RRG (Rapid Review Group is weekly safety meeting), Programme Board and Governance Committee quarterly</p> <p>All specialities have senior representation at Programme Board and Project Team. This ensures any issues of concern can be escalated.</p> <p>The Trust has a well-established Rapid Review Meeting, chaired by the Medical Director. Any issue of concern would then be escalated to Corporate Management Team and Governance Committee.</p>
<p><u>RECOMMENDATION</u> <u>9</u></p> <p>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</p>	<p>The Trust have embedded weekly discussions at corporate safety huddle regarding all datix incidents. Any relevant incidents shared at Rapid Review Group and presented to governance committee quarterly.</p> <p>From March 2025 the Trust Directorate Report to Governance Committee, chaired by a Non- Executive Director has been amended to include a section relating to service quality. This will include identified outcomes from adverse incident reviews and audit review.</p> <p>The Trust Directorate Report that is submitted to the Governance Committee which is chaired by Non- Executive Directors, includes a section on service quality in respect of</p>

<p>established clinical audit programme, are included in regular reporting at Trust Board to ensure effective governance.</p>	<p>the temporary suspension of Emergency General Surgery in SWAH. This report is also shared with Trust Board along with the service activity report.</p>
<p>RECOMMENDATIONS TO BE ACTIONED PROMPTLY TO ENSURE PATIENT EXPERIENCE IS ACTIVELY SOUGHT AND EVIDENCED AS PART OF THE IMPROVEMENT</p>	
<p><u>RECOMMENDATION 10</u></p> <p>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.</p>	<p>The Trust agreed a formal approach to distribute a survey to patients affected by the temporary suspension.</p> <p>This is being conducted monthly with patients who attended from the southern sector catchment area who had been treated through the planned pathways, self-presented or treated at the Emergency Surgical Assessment unit in SWAH.</p> <p>From 1st January 2025 to 31st March 2025, the Trust issued letters/QR codes to 412 patients as well as follow up phone calls. From this there was a total return of 79 (19.2%).</p> <p>The feedback received from the surveys that were returned confirmed that 77% of patients related 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 also said for patients receiving their treatment at Altnagelvin. Some patients suggested that communication from staff could be improved.</p> <p>As part of the survey, there were 59 comments received in relation to any suggestions, improvements or further commentary with respect to 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 excellent in a very busy environment. There was also commentary around the need for better communication between SWAH and Altnagelvin and some improvements 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 in saying there were no improvements needed and they were happy with the care they received.</p> <p>A report on themes will be brought to Programme Board monthly.</p>

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

RISK ASSESSMENT

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 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 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.*

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 TU 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.

Data on Section 75 equality groups

In line with the ECNI Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA. We gathered data for those affected, namely:

- Analysis of the resident population of Western Trust into Section 75 categories to determine who may need emergency surgery services in the future. Statistical Information was available from NISRA including Census Information from the most recent census from 2021.

Therefore in preparing this EQIA, we took into account data and research findings from a range of sources. Statistical information was available from NISRA and NINIS (including Census information from 2021, the most recent census for which detailed analysis is available). Staffing information was also available within the Trust from our Workforce Planning Department.

Profile of Western Health and Social Care Trust Resident Population

Section 75 Group	Service Users: 2021 Census figures – Total WHSCT Population: Approx 301,616			
Gender	Female	152,563		
	Male	149,055		
Age	Age: 0 -15	16-24	25-34	25-44
	63,854	31,181	35,996	39,218
	Age: 45-54	55-64	65-74	
	40,927	39,043	51,398	
Religion	Catholic			194,050
	Presbyterian Church of Ireland			26,996
	Church of Ireland			34,802
	Methodist Church of Ireland			4,540
	Other Christian (including Christian related)			8,873
	Other Religions			2,388
	No Religion			25,107
	Religion not stated			4,860
Political Opinion	Stats not currently collected			
Marital Status (from a total of 237,762 people, children excluded)	Single	Married	Other	No Code
	92,708	107,063	37,991	63,854
Dependent Status	Day to day activities limited 77,631			
	Day to day activities not limited 223,985			

Profile of Emergency General Surgery

Table 1: Attendance by Council Area at Altnagelvin for Emergency General Surgery (non-elective) – 19 December 2022 to 31 March 2025

Council	Admissions
Derry City and Strabane Council Area Patients	4902
Fermanagh Omagh District Council Areas	2675
Causeway Coast and Glens Council Areas	891
Patients outside WHSCT Catchment	384
Total	8852

Table 2: Emergency General Surgery admissions to Altnagelvin: patients who would have previously been treated at SWAH

Period	Admissions
19/12/2022 to 31/03/2025	2043

Table 3: General surgery non-elective adult admissions to Altnagelvin

Period	Admissions
19/12/2022 to 31/03/2025	8852

The annual and daily average non-elective (unscheduled) general surgery admissions to SWAH is summarised in Tables 4a and 4b:

Table 4a: Admissions to Altnagelvin for Emergency General Surgery (non-elective) – 19 December 2022 to 31 March 2025 (Post SWAH EGS Transfer).

Non elective patients	16 Years & Above	Under 16 Years	Total
Annual average*	3726.5	243	3969.5
Average Per Day	9.9	0.7	10.6

***Annual Average is calculated based on the 2 Complete Financial Years 2023/24 and 2024/25**

Table 4b: Admissions to Altnagelvin for Emergency General Surgery (non-elective) – 19 December 2022 to 31 March 2025 (Post SWAH EGS Transfer).

Non elective patients	Male	Female	Not Known	Total
Annual average*	1901	2067.5	1.0	3969.5
Average Per Day	5.1	5.5	0	10.6

***Annual Average is calculated based on the 2 Complete Financial Years 2023/24 and 2024/25**

Table 4c: Patients with Long Term Conditions who were admitted to Altnagelvin for Emergency General Surgery (non-elective) - 19 December 2022 to 30 November 2024.

Non elective patients	16 Years & Above	Under 16 Years	Total
Average Per Day*	2.5	0.01	2.51

***Average Per Day calculation for Long Term Conditions is based on the total days between 19 December 2022 and 30 November 2024 (713) due to a backlog of clinical coding.**

Long Term Conditions include Asthma, COPD, Diabetes, Heart Failure and Stroke.

Profile of 419 staff working in General Surgery in the Western Trust: June 2025

SECTION 75 GROUP	CATAGORIES	NO. of STAFF
GENDER	Female	323
	Male	96
RELIGION	Protestant	66
	Catholic	205
	Not Determined/Not Known	148
POLITICAL OPINION	Broadly Unionist	15
	Broadly Nationalist	37
	Other	43
	Do not wish to answer/not known	324
AGE	16-24	37
	25-34	139
	35-44	132
	45-54	69
	55-64	39
	65+	3
MARITAL STATUS	Married	180
	Single	202
	Other	37
DEPENDANT STATUS	Yes	65
	No	124
	Not Known	230
DISABILITY	Yes	8
	No	248
	Not Known	163
ETHNICITY	Bangladeshi	0
	Black African	8
	Black Caribbean	0
	Black Other	0
	Chinese	0
	Filipino	7
	Indian	27
	Irish Traveller	0
	Mixed Ethnic Group	0
	Not assigned	122
	Other	5
	Pakistani	2
	White	248
SEXUAL ORIENTATION: ATTRACTED TO:	Opposite sex	228
	Same sex	4
	Same and Opposite sex	2
	Do not wish to answer/not known	185

The provision of equality information by staff is voluntary. Staff are encouraged to provide/record their equality information at recruitment stage and to update it during the course of their employment however, disclosure rates vary across the groups and this should be taken into account when interpreting the data.

Assessment of Impact on Affected Service Users by Section 75 Equality Groups

The Trust has noted the following in relation to Emergency General Surgery:

Men and women generally

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). The Trust does not anticipate that this proposal will have an adverse or major impact on service users because of their gender. Service Users under the care of the Obstetrics & Gynaecology team will continue to have early assessment for possible complications during pregnancy. This will ensure that patients are cared for in the most appropriate setting. The Trust will continue to monitor for any adverse impact.

Persons of different age

There is projected to be marked growth in the Western Trust 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.

With an ageing population comes the prevalence of long-term conditions. Older people are more likely to require elective surgery and are more likely to be impacted by the proposed change in emergency surgery. Older people who wish to visit family or friends may also be impacted by proposed the proposed change. The Trust will engage with older people and representative groups as part of the consultation. The Trust is committed to monitoring for any adverse impact.

The patient pathways identified take account of the needs of younger people. All those requiring emergency surgery should receive individualised, respectful care. The Trust has not identified that any particular age range will experience an adverse or major impact and is committed to monitoring for any adverse impact.

Persons with or without a disability

The Trust will continue to ensure that the needs of each service user are fully assessed and that any additional requirements are identified and taken into account when meeting their future needs. All those requiring emergency surgery should receive individualised, respectful care. The alternative care providers and vehicles used for transfer of patients will meet the needs of people with disabilities. The rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17- 21% of the NI population have a disability, affecting 36.3% of households (Source 2021 Census) in the Trust area. The prevalence of disability amongst adults varies significantly with age. For those aged 75 and above, the prevalence of disability increases to over 68%.

We are aware that the permanent changes of Emergency General Surgery will mean that some of the population will have to travel further to access the service. This may present difficulties for people with reduced mobility. The Trust will engage with disabled people and representative organisations as part of the consultation. The Trust is committed to ensuring that its services are accessible to everyone and provides sign language interpreting for deaf service users/their families. A remote sign language interpreting service is also available. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

The Trust does not anticipate that this proposal will have an adverse or major impact on service users because of their marital status. All those requiring emergency surgery should receive individualised, respectful care. The Trust is committed to ongoing monitoring for any adverse impact.

Persons of different religious belief

All of the Trusts services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for service users to practice their religious beliefs. All those requiring emergency surgery should receive individualised, respectful care. The Trust has not identified that anyone from a religious group will experience an adverse impact and is committed to monitoring for any adverse impact.

Persons with/without dependents

There are 38,219 households in the Western Trust area with children. It is also estimated that there are currently over 220,000 carers in Northern Ireland. Many of the people who require emergency surgery will be accompanied by a friend or family member. The Trust is also aware of the impact of extra travel times and distance for those who currently accompany people to the hospital.

It is anticipated that some of the people who would require transfer will have caring responsibilities. The nature of the service means that people are discharged home from inpatient services as soon as possible, with limited hospital stay. This should minimise impact upon both the service user and family. All those requiring emergency surgery should receive individualised, respectful care. The Trust does not anticipate that anyone will experience an adverse impact and is committed to monitoring for any adverse impact.

Persons of different political opinion

The Census 2021 survey did not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. As stated above, all services within Western Trust and the alternative facilities that people may now have to attend as a result of this permanent service change provide a welcoming environment where everyone can be cared for together. All those requiring emergency surgery should receive individualised,

respectful care. There is no evidence to suggest this proposal will have an adverse impact on the grounds of political opinion.

Persons of a different racial group

While the Trust does not routinely gather this information on service users, there is no evidence to suggest that this permanent change will have an impact on the grounds of racial background. All those requiring emergency surgery should receive individualised, respectful care. Any specific cultural needs will be addressed in the proposed new service model.

The proposed changes may impact upon some ethnically diverse service users in terms of further travel distances and journey times for service users who do not have access to a form of transport. The Trust will continue to work with users and representative groups to monitor impact and ensure that ethnically diverse service users have access to Trust services. This will be particularly necessary in planning a communication strategy around this proposal so that ethnically diverse communities and the wider population are aware of any changes in the future provision of general surgery.

The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English as do the alternative facilities that service users may now attend. Written information provided to service users can also be translated.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation, research would indicate that 10% of the population is lesbian, gay or bisexual. All those requiring emergency surgery should receive individualised, respectful care. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

The Trust will continue to work with service users, carers and representative groups to monitor impacts and ensure that patients continue to have access to services.

Mitigation of Impact on service users

The Western Trust is committed to continually improving the quality of its services. The Trust wants to deliver the best outcomes for patients who require Emergency General Surgery and our priority is to provide the best care possible through a service that meets quality standards.

The main 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 in both Northern and Southern sectors. The Trust currently has mitigating measures and pathways put in place to assure patient safety. The Trust fully accepts its obligation to take necessary steps to consider policy alternatives and mitigation, as an integral part of the EQIA process, in order to address any potential

differential impact on current service users. The Trust is committed to continually monitoring for impacts.

The Trust wants to deliver the best outcomes for people who require Emergency General Surgery by providing services that reflect the best evidence for Emergency General Surgery care. Our priority is to provide the best care possible through a service that meets quality standards. The proposed permanent change may have travel time and cost implications especially for older people and people with disabilities who depend on public transport or lifts from family/friends. When required patients will be transported to the appropriate hospital by ambulance but we recognise that carers and families may be required to travel further. For some patients it would also mean relatives are quite a distance away from patients and we recognise that this may be a long journey for people using public transport. The Trust is mindful that visits from family and friends are an important part of a patient's recovery process.

The Trust is committed to the promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for Human Rights is integral to the implementation of this proposal.

During the consultation process the Trust will engage fully with groups representing those where potential impact has been identified. Consultation/engagement events during the consultation process will provide the opportunity to learn more about the rationale for the change to general surgery services, the steps taken to keep all patients safe, and for people to give feedback.

Assessment of impact on current staff by Section 75 Equality Groups

The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change Human Resource Framework. Staff's individual and specific circumstances will be considered and, where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust will ensure that its engagement arrangements adhere to best practice principles governing consultation and are meaningful and inclusive of all staff affected and all Trade Unions in line with the Trust's Management of Change Framework. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process. With regards to the information provided, the assessment of impact identified the potential for differential impact with regard to the following S75 categories: between men and women generally, age, disability and dependants by virtue of the makeup/profile of existing staff.

The Trust values and respects its staff and will keep them informed at every stage of this process. We want to retain our highly trained and highly skilled staff and regular weekly meetings have been established with senior staff available, to meet with staff and discuss any concerns or issues they might have regarding the position at the hospital. There is a Director or Assistant Director on site regularly to support and respond to any issues that staff may have.

At the time of the temporary change, the Trust consulted with affected staff at SWAH, and their representatives, in line with the Trust's Management of Change Framework. As part of this proposed permanent change, the Trust plan to re-engage with affected staff in SWAH, and their representatives, to confirm long-term redeployment to these, or other suitable alternative roles, and to address any other concerns.

The Trust also committed to engaging with any affected staff in Omagh and Altnagelvin, along with their representatives, to discuss potential impacts and provide support where needed. There was also ongoing engagement with staff across the Trust to ensure their views were heard and that any issues were addressed promptly. This included:

1. Site visits by Medical Director, Chief Executive and Director of Acute Services.
2. Daily safety huddle – open to all medical staff 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 all other staff was facilitated through weekly meetings each Friday at 10am, which commenced on 11th November 2022 with local and regional Trade Unions present. These were followed by Staff Engagement Sessions directly afterwards, which were supported by Human Resources. This allowed staff to drop in and discuss any concerns they might have. The most recent staff engagement session was held on 29th January 2025.

It is important to note that the impact on staffing was first realised in December 2022 and was managed in line with the Management of Change Framework. It is not anticipated that there will be any further direct impact on affected staff however at this time this is not wholly apparent. In the event of a presenting issues during the Consultation period the Trust will apply the principles outlined in the Management of Change Framework

The Trust remains committed to our PPI duties and this stakeholder engagement will continue as we robustly monitor and review the temporary change. The Trust will organise public events in local communities so we can engage with our population on the permanent change.

Between men and women generally

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff affected by this change to service is 77% female and 23% male. The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected including Flexible Working to reconcile work and caring commitments.

Persons of different age

The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of age. The Trust is mindful that as people get older they may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected. The Trust is committed to monitoring for any future adverse impact and will manage any staffing issues in line with the Trust's Management of Change Framework.

Persons with or without a disability

There is an overall low percentage of employees in the Western Trust who have declared that they have a disability. 2% of the staff affected by this change to service have declared that they have a disability. However the status for 163 staff (39%) is not known. The completion of Section 75 monitoring data by staff is voluntary. The Trust is mindful that people may be reluctant to declare that they have a disability and is currently working to ensure staff that have or declare a disability are fully supported. There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability however, for staff who have indicated that they have a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines. Human Resources and Trade Unions will be involved in every stage of the change. HR policies are in place within the Trust and will be relied upon as we progress through this temporary unplanned change. The Trust is committed to monitoring for any future adverse impact and will fulfill its obligations with regard to the Disability Discrimination Act 1995.

Persons of different marital status

The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married and will consider any mitigating measures for staff directly affected.

Persons of different religious belief

The religious breakdown for the staff within General Surgery indicates that 49% of staff are Roman Catholic and 16% Protestant, information for 35% of the staff is unknown. While there may be a differential impact, there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief. The Trust will consider any mitigating measures for staff directly affected.

Persons with/without dependents

16% of Trust the staff affected have indicated they have caring responsibilities either for a dependant older person, a person with a disability or have dependent children. While 30% of the staff have indicated that they do not have caring responsibilities the status is unknown for the remaining 55%. We are also mindful that the majority of staff are female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers. The Trust is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

The Trust is committed to supporting working carers, acknowledging their significant contribution and recognising the potential impact on their work life balance. The Carers Hub is a resource available to all staff and it provides support and guidance to staff who are carers. The Trust is a member of Employers for Carers through Carers UK. Carers Digital is a website that hosts all information together for family carers. Staff can also download the care co-ordination application, Jointly, for free, a self advocacy guide as well as many more links to local information and support for carers which is specific to the Trust area. The Trust will consider any mitigating measures for staff directly affected including requests for flexible working options in line with the Trust's Flexible Working Policy, Procedures and Toolkit. The Trust has a special leave policy which recognises that the lives of staff can be complex, acknowledges the varying and personal circumstances staff may experience and outlines how the Trust can support staff through different types of paid and unpaid leave.

Persons of different political opinion

The majority of staff did not wish to answer this question when surveyed or no data was collected at the time. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

Persons of a different racial group

Available figures indicate that the majority of staff members affected are white. This is largely reflective of the overall average for all Trust staff. The Trust is committed to a welcoming working environment where all staff are treated with dignity and respect regardless of their ethnic background. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

Persons of different sexual orientation

The majority of Trust staff who answered this question have identified they are attracted to people of the opposite sex. It is important to note that the majority of people did not complete the question or indicated that they did not wish to answer this question. There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of sexual orientation.

Mitigation of impact on current staff

The Trust's Management of Change Human Resource Framework provides a Framework to support strategic developments impacting on the workforce within the Western Trust. It will relate to all employees affected by this proposed change.

The Framework has been developed to ensure that the impact on employees is minimised and that service continuity is maintained. The Framework should assist in a smooth transition to new arrangements during periods of proposed restructuring/reorganisation. This Framework will provide support to managers, Trade Unions and employees in dealing with these changes in order to ensure consistency of approach and to minimise the effects on individual employees and to maximise security of employment. The Framework will ensure that:

- Any disruption to services for patients and clients is minimised during any period of change
- Managers and Trade Unions work together to ensure the implementation of change is fair and equitable
- The change moves at a pace which ensures timely communication, consultation, negotiation and decision-making on the implementation
- Managers ensure that employees affected know how changes will be managed and how this is likely to affect them personally and that they are appropriately supported through the change process

The Trust is committed to managing organisational change, which may culminate in redeployment of staff, in an effective manner in compliance with legislative requirements and good practice principles. The following are the key principles which underpin the management of proposed change:

- Change will be taken forward through the Trust's consultation process and the views of the Trade Unions will be taken into account in managing the change process.
- All reasonable steps should be taken to avoid redundancies in order to ensure that valuable skills and experience are not lost to the service.
- All HR processes applied will be fair and transparent and will seek to match individual abilities with available posts. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.
- Implementation of vacancy control systems will identify opportunities to facilitate the redeployment of affected staff.
- Where relocation or redeployment is required, all efforts will be made to ensure employees remain as close as is reasonably possible to their current work base, taking account of work/life balance issues and reasonable adjustments. Staff will however be expected to show flexibility.
- Appropriate training and re-training opportunities will be provided to assist employees who move to new roles and responsibilities.
- The Trust should ensure that those managers and HR representatives who are responsible for managing and advising affected staff have the skills and capability to effectively support staff through a change process.
- Staff affected will be consulted with and supported during any change process, both across groups and at individual level.

A communication strategy will ensure that staff were kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings.

Updates to trade unions will also take place weekly with senior HR representatives. HR meetings with impacted staff also take place on a weekly basis with trade union colleagues present. Any change to the provision of general surgery may impact on staff in terms of relocation to a new work site or redeployment to a different post. The Trust will work in partnership with Trade Unions to assess the impact on staff and to put robust mitigating measures in place.

The impact on redeployed staff will be managed through the Human Resources Management of Change Framework and appropriate consultation. There are systems in place to support staff through the changes such as the availability of retraining opportunities, consideration of redeployment options and eligibility for excess travel allowance payments, the latter addressing the economic impact of change of work location. The Trust will ensure that its engagement arrangements adhere to best practice principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Human

Resource Framework. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust ensured that its engagement arrangements adhere to best practice principles governing consultation and were meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Human Resource Framework. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

Publication of the results of this Equality Impact Assessment

The outcomes of this consultation process will be published and a summary of feedback received will be posted on the Trust's website and staffnet (intranet).

Monitoring

In keeping with the Equality Commission's guidance, the Trust will put a strategy in place to monitor the impact of this proposal on the relevant groups. If as a result of the monitoring the Trust finds that the impact of the change results in a greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

Freedom of Information Act 2000 – Confidentiality of Consultations

The Western Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Western Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.