



**EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE**

**THIS IS A PUBLIC DOCUMENT**

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| <b>Title of Proposal:</b>   |  |
| Temporary Suspension of Emergency General Surgery at South West Acute Hospital (SWAH), Enniskillen.   |  |
| <b>Lead Manager:</b> Mark Gillespie   | <b>Title:</b> Director of Planned Care Services  |
| <b>Directorate:</b> Acute   | <b>Department:</b> Acute Services  |
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| <b>Short Description of Proposal</b>  |  |
| From 5 December 2022, the Trust has made an unplanned temporary withdrawal of Emergency General Surgery at SWAH, in response to consultant workforce challenges. Despite previous and ongoing efforts to recruit, the Trust has not been successful in securing the necessary consultant workforce and is, therefore unable to maintain the required workforce to sustain and deliver a safe emergency (unplanned) general surgery service to the population from SWAH. |  |
| <b>Final Recommendations:</b> (please tick as appropriate)  |  |
| 1.  | <b>GREEN: No equality issues/impact: no further action</b>   |
| 2.  | <b>AMBER: Minor equality issues/impact: actions identified</b>                                       |
| 3.  | <b>RED: Major equality issues/impact: full EQIA recommended</b> <span style="float: right;">√</span> |
| <p>Please send draft completed form for quality assurance to<br/> <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a><br/> For further information on quality assurance see page 3, section 3.</p>   |  |
| <b>Final Approval Date:</b>   |  |

## **(1) INFORMATION ABOUT THE POLICY OR PROPOSAL**

### **1.1 Title of proposal**

Temporary Suspension of Emergency General Surgery at SWAH, Enniskillen.

### **1.2 Description of proposal**

#### **Background**

The Western Health and Social Care Trust (the Trust) initiated a Review Project in September 2021 (“Review of General Surgery in the Western Trust”) in order to work towards a sustainable general surgery service across its hospitals and bring forward options to reform services. This was in response to challenges to the delivery of a safe and sustainable general surgery service, and address the particular challenge in maintaining 24/7 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 18 December 2022.

The Trust temporarily suspended Emergency General Surgery at SWAH from 5 December 2022. The suspension ran in test mode, with full consultant back up until 19 December 2022, when the temporary change was fully implemented. This was due to significant workforce gaps in the consultant emergency general surgeon staffing which meant that the Trust was no longer able to maintain 24/7 rotas to meet professionally mandated standards of care, and deliver a safe and sustainable Emergency General Surgery (EGS) service.

The contingency plan and its patient pathways to provide safe emergency treatment of general surgery patients at Altnagelvin Hospital, Craigavon Hospital and Sligo General Hospital formed the main part of this consultation.

The Trust also began to consider what arrangements might be needed to involve and consult on the temporary change, with SPPG (Strategic Planning and Performance Group) and others.

In planning for the change, the Trust estimated, based on regional dashboard information that approximately 5 patients per day were admitted to SWAH for Emergency General Surgery treatment, and would need to travel to Altnagelvin or another hospital for their emergency treatment after the temporary change.

As part of the planning the Trust had agreed the following:

- Acute Upper Gastrointestinal Bleeding: patients with any of the following should bypass SWAH ED:-
  - Vomiting fresh clots of blood
  - 3 or more recent episodes of coffee ground vomiting
  - Acute onset Melena
  - 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)
  
- Abdominal Pain: Any patient over 55 years of age complaining of abdominal pain will bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in.
  
- Acute scrotal or hernia pain: Patients with acute scrotal or hernia pain will 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.
  
- Trauma Management: All non-major accidents will 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 Emergency Department and are taken to Altnagelvin, Sligo or Craigavon based on Paramedic assessment and the location they are in.
  
- Post-Operative Complications (14 days or less): In order to ensure continuity of care, it will be important that patients return to the site where they had their operation, which is where their Consultant is based.
  
- Children with head injuries - Children who sustain a minor head injury and require admission for a short period of time will be admitted to SWAH under the care of the paediatric medical team as is the practice in other District General Hospitals. Those with associated trauma or an isolated major head Injury will need discussion with the neurosurgical team in Belfast after a CT scan (scan of the patients head). This practice replicates the patient experience in Altnagelvin.
  
- Colorectal Surgery: All patients requiring colorectal surgery continue to have their surgery in Altnagelvin Hospital.
  
- General Day Case Surgery: General Surgery patients who have not sufficiently recovered from their day procedure in Omagh Hospital and Primary Care Complex (OHPCC) and SWAH will be admitted to Altnagelvin Hospital with the exception of Gynae patients who will continue to receive their inpatient care in SWAH.
  
- Endoscopy: Contingency arrangements will ensure there will be capacity to provide elective and unscheduled endoscopy activities. Endoscopy procedures will continue at SWAH using a risk based approach. Similar to endoscopy in OHPCC, high risk procedures would not be carried within SWAH.

In order to test agreed pathways the Trust implemented these new pathways on 5 December 2022, 2 weeks in advance of the 19 December 2022 when Emergency General Surgery was temporarily suspended. This facilitated testing in a safe environment when surgeons were still available 24/7 in SWAH. As part of this test phase the Trust also initiated a daily 'safety huddle' with the key stakeholders to review progress and discuss any learning points. During this phase no changes were made to the agreed pathway however work was required with clinical teams on both sites to embed communication systems and processes.

The Project Board continues to meet regularly following the unplanned change to ensure contingency arrangements are working as initially intended. Project Board continues to report to Programme Board Chaired by the Chief Executive.

### **Current position:**

Information provided from 19 December 2022 to 30 April 2023 indicates an average of 2.4 patients per day were admitted to another hospital for their emergency treatment.

155 patients continued to be treated within SWAH in the newly established ambulatory care service at SWAH. There has also been 90 elective (planned) reviews at SWAH Emergency Surgery Ambulatory Assessment from the period 12 December 2022 to 30 April 2023.

The Trust has developed a transfer/repatriation pathway which will ensure that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to SWAH. The overall aim of this approach is to minimise the impact on travel for family members. It is intended that this pathway will be operational from June 2023.

The Trust Chief Executive has committed to the establishment of a SWAH Strategic Development Group. He will co-chair this with Non-executive Directors and it will involve key stakeholders. Its aim will be to work collectively to maintain the acute status of the hospital, and develop it strategically into the future.

### **1.3 Main stakeholders affected (internal and external)**

The key stakeholders for the project include but are not limited to:-

- Western Health and Social Care Trust Staff
- Trade unions/staff side representatives
- Local population including service users and carers
- Patient representative groups
- Patient Client Council
- Pathfinder Strategic Partnership Group
- Fermanagh & Omagh District Council
- Derry & Strabane District Council
- Community and Voluntary Groups
- Rural Networks and organisations
- Public representatives

- GP Federation
- Department of Health
- Southern Health & Social Care Trust
- Belfast Health & Social Care Trust
- Health Service Executive (HSE) / Sligo General Hospital
- Strategic Planning and Performance Group (SPPG)
- Public Health Agency (PHA)
- Northern Ireland Ambulance Service (NIAS)
- Private Ambulance Providers
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Royal College of Surgeons
- Royal College of Obstetrics and Gynaecology (RCOG)
- Regional Trauma Network
- Regulation and Quality Improvement Authority (RQIA)
- NI Commissioner for Older People

#### **1.4 Other policies or decisions with a bearing on this policy or proposal**

- Health and Wellbeing 2026 – Delivering Together – Department of Health
- Western Trust - Strategic Change Board
- Trust Human Resources Strategy
- Human Rights Act 1998
- Change or Withdrawal of Services – Revised Guidance on Roles and Responsibilities – Department of Health September 2019
- Disability Discrimination Act 1995
- United Nations Convention on the Rights of Persons with Disabilities
- Regional Surgical Review commissioned by the Minister of Health appointed by the Northern Ireland Executive June 2021
- Hospital Travel Costs Scheme
- Trust Management of Change Framework

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

- Review of Trust information on Emergency General Surgery admissions and regional Dashboard
- Care Opinion
- DATIX Report Downloads relating to Incidents, Complaints (Informal and Formal) and SAIs.
- Census 2011 Information for Western Trust Area
- Transformation Programme for Northern Ireland
- Health and Wellbeing 2026 – Working together, Delivery Value – Service configuration reviews – Department of Health
- Western Trust Staffing Information
- Pathfinder Stakeholder Engagement Exercises.
- Population Health Needs Analysis – PHA
- Surgical Services Summit – September 2020
- A “Test of Change” Regional initiative - Winter/Spring 2020/21
- Orthopaedics Initiative – January – March 2022
- Regional Review Dataset analysis specific to Western Trust.
- Regional Surgical Review commissioned by the Minister of Health June 2021
- The Western Trust Review of General Surgery Workshops/events
- The Western Trust Review of General Surgery Staff Updates, Focus Groups and Drop in meetings
- HRPTS – Human Resources system - downloads re recruitment to surgical specialty.

### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

During pre-consultation the Trust engaged with identified stakeholders and hosted a service user webinar, which helped influence the development of the full 12 week consultation. The re-establishment of Emergency General Surgery came up repeatedly at the pre-consultation engagement, as did the importance of promoting SWAH as a valuable asset for the region delivering elective care, therefore, the Trust included information on these matters in the consultation document.

## **Consultation and Engagement Statement**

An Involvement and Communications sub group was established as part of the Review structure. 4 service user / carer representatives were recruited at the initial stages of the Trusts Review Project for General Surgery. The four representatives were recruited using a selection criteria from existing Trust involvement networks. In December 22, the four service user / carer representatives were invited to sit as members of the project management group and the involvement sub group was stood down.

Following the announcement on Thursday 18 November 2022, that the Trust would be temporarily suspending Emergency General Surgery at SWAH, there were a significant number of engagements and enquiries dealt with from Public Representatives. The Trust began a significant programme of communication with the public, including messaging on its website, social media channels and distributing posters to areas of high public footfall, including GP surgeries.

As part of the pre-consultation engagement process, from 18 November 2022 until the start of the Public Consultation on 17 January 2023, the Trust held two MLA/MP Briefing Sessions and attended two full public meetings with Fermanagh and Omagh District Council (FODC). The Trust also engaged consistently and regularly with Public Representatives throughout November 2022 to 16 January 2023, providing information and responding to over 100 enquiries in that period.

The Trust commenced the Public Consultation on Tuesday 17 January 2023. At the outset the Trust briefed its senior staff at the Trust's Senior Leaders Forum and uploaded all relevant documentation to the Trust website for the public. The Trust made every effort to inform and engage with the public during the consultation period. Below is a summary of the Trust's communication, engagement and consultation:-

- Over 2,000 people received the Consultation Document via Trust Stakeholder Database
- 2 media briefings held
- 7 media interviews
- 173 media enquiries
- 4 press releases issued
- 1 Service user webinar
- 50,000 leaflets distributed
- 21 posts on Social Media
- 7 Face to Face public meetings
- 2 online meetings
- 632 attended public consultations
- 60 staff attended 3 staff engagements
- 1 meeting with FODC Disability group

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

| <b>Category</b>   | <b>Service Users, etc.<br/>Census 2011 data</b>   | <b>Ward 3 Staff at<br/>21/11/2022 (34)</b><br>These figures include bank staff  |
|-------------------|---|---|
| Gender            | Male: 146,051<br>Female: 148,366  | Female 31<br>Male 3   |
| Age               | 0-4: 20,445<br>5-7: 11,322<br>8 – 9: 7,668<br>10 – 14: 21,186<br>15: 4,467<br>16 – 17: 9,266<br>18 – 19: 8,097<br>20 – 24: 19,865<br>25 – 29: 20,097<br>30 – 44: 61,230<br>45 – 59: 56,781<br>60 – 64: 15,380<br>65 – 74: 22,101<br>75 – 84: 12,301<br>85 – 89: 2,878<br>90+: 1,333 | 16-24 2<br>25-34 12<br>35-44 7<br>45-54 8<br>55-64 5<br>65+ 0   |
| Religion          | Catholic: 182,996 (62.16%)<br>Presbyterian: 29,353 (9.97%)<br>Church of Ireland: 37,154 (12.62%)<br>Methodist: 4,900 (1.66%)<br>Other Christian: 7,212 (2.45%)<br>Other religions: 1,475 (0.50%)<br>No religion: 12,199 (4.14%)<br>Religion not stated: 19,128 (6.50%)              | Protestant *<br>Roman Catholic *<br>Not Determined/Not Known *<br><br>*Due to small numbers this information cannot be provided as it could identify individuals. This data has been considered and the majority of staff are Roman Catholic. |
| Political Opinion | Nationalist: 86,834 (53%)<br>Unionist 61,995 (38.06%)<br>Other: 14,025 (8.62%)<br>Overall total: 162,854  | Broadly Unionist 3<br>Broadly Nationalist 1<br>Other 3<br>Do not wish to answer/not known 27  |
| Marital Status    | Marital Status: All usual residents aged 16 and over (229,329)<br>Single: 87,557<br>Married: 106,383<br>In registered same-sex civil partnership: 161   | Married 17<br>Single 14<br>Other 3  |



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|                    | Separated but still legally married: 9,678<br>Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063<br>Widowed or surviving partner from a same-sex civil partnership: 14,487   |  |   |
| Dependent Status   | All families in households: 77,758<br>Households with no dependent children: 37,650<br>Households with children: 76,204<br><br>Residents who:<br>Provide 1-19 hours unpaid care per week: 17,538<br>Provide 20-49 hours unpaid care per week: 5,859<br>Provide 50+ hours unpaid care per week: 9,096<br>Provide no unpaid care: 261,924 | Yes<br>No<br>Not Known   | 4<br>9<br>21  |
| Disability         | Persons with:<br>Long-term health problem or disability: Day-to-day activities limited a lot: 37,988<br>Long-term health problem or disability: Day-to-day activities limited a little: 26,351<br>Long-term health problem or disability: Day-to-day activities not limited: 230,078  | Yes<br>No<br>Not Known   | 0<br>16<br>18   |
| Ethnicity          | White: 290,923 (98.81%)<br>Chinese: 486 (0.17%)<br>Mixed: 740 (0.25%)<br>Irish Traveller: 251 (0.09%)<br>Indian: 893 (0.30%)<br>Other Ethnic Group: 294 (0.10%)<br>Pakistani: 99 (0.03%)<br>Black African: 115 (0.04%)<br>Black Caribbean: 64 (0.02%)<br>Black Other: 58 (0.02%)<br>Bangladeshi: 21 (0.01%)<br>Other Asian: 473 (0.16%) | Black African<br>Bangladeshi<br>Black Caribbean<br>Chinese<br>Indian<br>Irish Traveller<br>Pakistani<br>White<br>Mixed Ethnic Group<br>Other<br>Filipino<br>Black Other<br>Not Known | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>19<br>0<br>2<br>0<br>0<br>13 |
| Sexual Orientation | Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442   | Opposite sex<br>Same sex<br>Same and Opposite sex<br>Do not wish to answer/not known   | 15<br>0<br>0<br>19  |

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

|                       | <b>Needs and Experiences</b>  |  |
|-----------------------|---|--|
| <b>Equality Group</b> | <b>Service Users, etc.</b><br>Any change of service could impact upon various sections of the Trust geography who may have to travel longer to receive general surgical procedures.<br><br>All patients will be individually assessed   | <b>Staff</b><br>Weekly discussion sessions with staff that are impacted. Directors will also be present at SWAH three times per week for walk and talk sessions. Staff will not be asked to move from SWAH unless they express a preference to work elsewhere. |
| Gender                | Emergency Caesarean sections are only carried out by Obstetrics and Gynaecology senior doctors in the UK and Ireland and are not carried out by General Surgeons. Therefore the service which provides elective and emergency Caesarean sections remains unchanged.   | The majority of staff are female. No identified issues   |
| Age                   | The pathway for children is unchanged.<br><br>From the 296 Emergency General Surgery patients that attended Altnagelvin during that period, 26 were aged 0–17 (considered dependants), which equates to 8.78%. There were 144 patients aged 65+ (considered Older People) which equates to 48.65%.<br><br>Data obtained on patients affected by this temporary suspension indicate that older people tend to have more frequent, and more complex needs than the general population, and the temporary suspension of Emergency General Surgery has affected them disproportionately. However, for the same time period the previous year, 183 people 65+ were admitted to | No identified issues   |

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|-------------------|--|---|
|                   | SWAH for General Surgery compared to the 144 people aged 65+ admitted to Altnagelvin as part of the by-pass protocols from 19 December 2022 to 30 April 2023, indicating similar trends.   |   |
| Religion          | No identified issues   | No identified issues  |
| Political Opinion | No identified issues   | No identified issues  |
| Marital Status    | No identified issues.  | No identified issues  |
| Dependent Status  | 26 patients that attend Altnagelvin Hospital were aged 18 and under and considered 'dependents'. This equates to 8.78% of the total admissions of 296.   | There have been no issues raised in engagement with staff to date.  |
| Disability        | <p>The Trust has also conducted an exercise to review any disproportionate impact on people living with disabilities. Information relating to specific disabilities is not recorded at admission for Emergency General Surgery . The Trust has widened the review of admission data to those people living with Long Term Conditions to allow comparison against the Census data within the Equality Screening.</p> <p>From 19 December 2021 to 30 April 2022 (previous year data before the Temporary Change) a total of 496 attended SWAH for Surgery and 130 were recorded as having a Long Term Condition (26.21%). From 19 December 2022 to 30 April 2023 a sample of 128 patients of the 296 patients have been processed on the recording system. From the 128 patients, 36 of these are living with a Long Term Condition (28.12%). The census data states that a total of 64,339 people in the Western Trust area were living with a long term condition. This is equivalent to 21.85% of the population. From the sample data of 128 patients, there is a small increase in the number of people living with a Long Term</p> | The needs of any member of staff with a disability was taken in to account. Information continues to be available in alternative formats. |

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|                    | <p>Condition that have by-passed SWAH to Altnagelvin when compared to similar dates in previous year (less than 2%) and against the census data for the population.</p> <p>The Trust put in place a new Surgical Ambulatory Service at SWAH which has been in operation since 12th December 2022. This reduces the number of patients who need to transfer to another hospital and enables assessment and ambulatory care at SWAH.</p> <p>The Trust has developed a transfer/repatriation pathway which will ensure that those patients at the end of their acute surgical journey and required rehabilitation, transfer back to SWAH. The overall aim of this approach is to minimise the impact on travel for family members. It is intended that this pathway will be operational from June 2023.</p> <p>The Trust has reviewed all care opinion feedback relating to SWAH and there has been no reference specifically to the temporary change to Emergency General Surgery at SWAH.</p> <p>The Trust has arrangements in place for the provision of information in alternative formats and for sign language interpreting.</p> |                       |
| Ethnicity          | The Trust has arrangements in place for the provision of face-to-face interpreting, telephone interpreting and written translations for service users.  | No identified issues. |
| Sexual Orientation | No identified issues  | No identified issues  |

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| Other Issues:<br>e.g. Rurality | The Trust Rural Needs Impact Assessment acknowledges that SWAH delivers services to people primarily in rural areas and the distance service users now have to travel to a new hospital and home after treatment is completed, and the travel time for their family/carers to visit. | No identified issues |
|--------------------------------|--|----------------------|

**2.4 Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

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| Any change of service could impact upon all sections of the Trust geography who may be transferred to receive Emergency General Surgical procedures (up to 2 hours). |
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## 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

| Equality Group                  | Actions that promote equality of opportunity or minimise (mitigate) adverse impacts   |
|---------------------------------|---|
| <p><b>All Service users</b></p> | <p>At the outset of the change, the Trust estimated that on average 5 patients per day would have a changed pathway for treatment, and have their inpatient Emergency General Surgery treatment undertaken at another hospital. Potentially all of these patients would be transferred to Altnagelvin or Craigavon for their emergency surgery. The implementation of a new ambulatory pathway at SWAH from 12 December 2022 was intended to reduce the numbers of Emergency General Surgery patients who would receive their care in another hospital, and enabled many of them to continue to receive their treatment at SWAH without the need to transfer to another hospital. During the period of 19 December 2022 up to 30 April 2023, 155 new and 90 review patients who presented requiring Emergency General Surgery assessment or treatment had that delivered in the Surgical Ambulatory Assessment area at SWAH. The Trust continues to explore opportunities to develop this service further in future given the very good access to radiology diagnostics in SWAH.</p> <p>During the same period, on average 2.4 patients per day transferred to another hospital and were subsequently admitted from the 19 December 22. These patients did have to transfer to Altnagelvin (296) and Craigavon (25), either directly conveyed by NIAS, or conveyed by private ambulance from SWAH ED.</p> <p>This is a material change to the treatment pathway for these patients. The concerns which the Trust heard at the public consultation meetings and in the replies to the consultation were focussed on the effect that this change would have on patient safety and outcomes. As part of ongoing governance within the Trust all incidents are recorded and reviewed. At present there is no evidence that the temporary change has negatively impacted on patient clinical outcomes.</p> <p>As delivering safe care to the population of the West was the primary reason for the temporary change, the Trust is satisfied that the temporary suspension of Emergency General Surgery at SWAH and the new pathways put in place to treat patients has significantly mitigated the patient safety risks which arose from the significant unplanned gaps in the consultant general surgeon workforce at</p> |

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|                         | <p>SWAH in late 2022. The alternative clinical pathways for the treatment of Emergency General Surgery patients at SWAH have continued to be monitored carefully by the Trust throughout this period. Of the patients admitted to other hospitals a small number of patients experienced delayed discharges totalling 52 bed additional days in hospital for people who were medically fit for discharge. The reasons for this included waiting for community based care or transfer to a sub-acute hospital. These community issues were separate issues and would have resulted in extended stays in hospital if these patients had been on the SWAH site.</p> <p>The Trust is currently developing a transfer/repatriation pathway which will ensure that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to SWAH. The overall aim of this approach is to minimise the impact on travel for family members. It is intended that this pathway will be operational from June 2023.</p>  |
| <p><b>All staff</b></p> | <p>Staff engagement sessions were held each week with attendance from HR, Trade Union colleagues and led by the Acting Director of Acute Services initially, then the interim Director of Acute Services. The purpose of these meetings was to update staff on the temporary change, the development of pathways and the implications for staff so that the Trust could address any issues of specific concern. These weekly meetings were stood down when the consultation period began.</p> <p>The Trust along with its Human Resources team and Acting Director of Acute Services, then Interim Director of Acute Services also met Trade Union colleagues separately on a weekly basis to brief them on any issues associated with the temporary change and respond to their questions about how the impacts on staff would be managed. These meetings with staff representatives continued bi-weekly.</p> <ul style="list-style-type: none"> <li>• There were 10 weekly meetings with staff groups directly impacted by the Temporary unplanned withdrawal of Emergency General Surgery services at SWAH from November 2022 to January 2023.</li> <li>• Weekly staff engagement meetings with these staff stepped down as Consultation period began</li> <li>• There were 20 Update meetings made available with Staff Side Representatives from November 2022 to June 2023</li> <li>• Staff Engagement sessions on Consultation (Trustwide/All staff): <ul style="list-style-type: none"> <li>28 February 2023 – Virtual</li> <li>1 March 2023 – Omagh Hospital and Primary Care Centre</li> <li>16 March – SWAH</li> </ul> </li> </ul> <p>The Trust has been promoting SWAH as a great place to work on social media platforms with video diaries by leading consultants,</p> |

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|   | <p>showcasing the experience of working in the ‘state of the art’ theatre facilities in SWAH.</p> <p>Affected staff were met as a group with their union representatives by the hospital management team and Human resources and the vast majority of staff got their first preference in choice of where they wished to work – there were five volunteers to move to theatres and some staff have now requested a permanent transfer to that area. Other staff changed to different directorates into vacant posts. All staff from the affected ward were given pay protection under the temporary change arrangements.</p>   |
| <b>Gender – Service Users</b>           | Obstetric services remained at the SWAH. All patients under the care of the Obs & Gynae team continued to have early assessment for possible complications during pregnancy.   |
| <b>Age – Service Users</b>              | <p>The pathway for children is unchanged.</p> <p>From the 296 Emergency General Surgery patients that attended Altnagelvin during that period, 26 were aged 0–17 (considered dependants), which equates to 8.78%. There were 144 patients aged 65+ (considered Older People) which equates to 48.65%.</p> <p>Data obtained on patients affected by this temporary suspension indicate that Older people tend to have more frequent, and more complex needs than the general population, and the temporary suspension of Emergency General Surgery has affected them disproportionately. However, for the same time period the previous year, 183 people 65+ were admitted to SWAH for General Surgery compared to the 144 people aged 65+ admitted to Altnagelvin as part of the by-pass protocols from 19 December 2022 to 30 April 2023, indicating similar trends.</p> <p>The Trust is currently developing a transfer/repatriation pathway which will ensure that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to SWAH. The overall aim of this approach is to minimise the impact on travel for family members. It is intended that this pathway will be operational from June 2023.</p> |
| <b>Dependent Status – Service Users</b> | <p>From the 296 Emergency General Surgery patients that attended Altnagelvin during that period, 26 were aged 0 – 17 (considered dependants), which equates to 8.78%.</p> <p>The Trust has developed a transfer/repatriation pathway which will ensure that those patients at the end of their acute surgical journey who require rehabilitation, transfer back to SWAH. The overall aim of this approach is to minimise the impact on travel for family members.</p>  |
| <b>Dependent status - staff</b>         | Staff from the SWAH Surgical Ward were asked to work flexibly and have been working in other areas. Consideration was given to individual circumstances such as their ability to care for dependents and any change to working patterns when transferring staff to other   |



|  |   |
|--|---|
|  | <p>areas of work. 12% of staff stated they have dependents, 62% did not provide an answer to the question therefore the actual number of people with caring responsibilities could potentially increase. Staff were not asked to move from the SWAH location.</p> <p>With the exception of one staff member, all others got their first choice in the redeployment process. The one person who didn't get their first choice did get their second. The staff who were redeployed were given the opportunity to return to their base ward when a vacancy became available. These opportunities have been declined as staff are happy with current temporary redeployment arrangements.</p> <p>Regular meetings were held with senior trust representatives and staff members. These meetings allowed staff the opportunity to discuss any concerns or issues regarding the position at the hospital.</p> <p>Regular meetings took place with Trade Unions and staff impacted by the change. This allowed staff to "drop in" and discuss any concerns they might have. We facilitated individual and group engagement sessions and feedback with staff groups. Information including FAQs have been posted on the Trust Intranet.</p> |
| <p><b>Disability – Service Users</b></p> | <p>The Trust conducted an exercise to review any disproportionate impact on people living with disabilities. Information relating to specific disabilities is not recorded at admission for Emergency General Surgery. The Trust widened the review of admission data to those people living with Long Term Conditions to allow comparison against the Census data within the Equality Screening.</p> <p>From the sample data of 128 patients, there is a small increase in the number of people living with a Long Term Condition that have by-passed SWAH to Altnagelvin when compared to similar dates in previous year (less than 2%) and against the census data for the population.</p> <p>The Trust has arrangements in place for the provision of information in alternative formats and for sign language interpreting.</p>  |
| <p><b>Disability – staff</b></p>         | <p>The Trust is aware that there is under-reporting by staff on disability however Human Resources and Trade Unions have been involved in the temporary unplanned change. HR policies are in place within the Trust and have been relied upon as we have progressed through this temporary unplanned change. Any staff with occupational health restrictions or advice were adhered to.</p> <p>Staff have been supported throughout this period by regular information sessions, focus groups and engagement events in order to ensure that all possible mitigations were in place for the temporary change in service provision.</p>   |

|                                  |  |
|----------------------------------|--|
|                                  | The Trust endeavoured to minimise the impacts of this change by consulting widely with staff groupings.  |
| <b>Ethnicity – Service Users</b> | Information was translated and interpreters continue to be used in line with Trust Guidelines.   |
| <b>Rurality</b>                  | <p>The Trust has used information categorising by District Electoral Areas and those patients that were admitted to Altnagelvin hospital. Using this approach, the Trust has recorded attendance for those 296 having attended from:</p> <ul style="list-style-type: none"> <li>• Enniskillen 58</li> <li>• Erne East 33</li> <li>• Erne North 42</li> <li>• Erne West 44</li> <li>• Mid Tyrone 33</li> <li>• Omagh 25</li> <li>• West Tyrone 34</li> <li>• Other areas 27</li> </ul> <p>In relation to the rurality, road infrastructure and transport, the Trust recognises the challenging circumstances patients must overcome when accessing health care in the West, and in particular for those patients in areas of rural Fermanagh. The Trust actively contributes to improve access to facilities by collaboratively working with Statutory and Community &amp; Voluntary sector partners in Community Planning partnerships in Fermanagh Omagh District Council, Derry City and Strabane District Council and Causeway Coast and Glens Council.</p> <p>Financial help from the Hospital Travel Costs Scheme can be sought if service users on a low income, need Health Service treatment at a hospital, Health Service centre or private clinic and have been under the care of a consultant. Details of eligible criteria can be found online at Hospital Travel Costs Scheme   nidirect<br/> <a href="#">Hospital Travel Costs Scheme   nidirect</a></p> <p>The Trust has reviewed all care opinion feedback relating to SWAH and there has been no reference specific to the temporary change to Emergency General Surgery at SWAH.</p> |

**2.6 Good Relations**

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

| Group             | Impact/Consequences  | Suggestions  |
|-------------------|--|--|
| Religion          | The Trust is committed to ensuring that patients have equality of access to its services and feel welcome, comfortable and safe accessing all Trust facilities regardless of race, religion or political opinion.  | The Trust has an ongoing strategy of staff training and awareness raising which includes the e-learning module 'Making a Difference'. There is nothing to indicate that this temporary change has created any adverse impact in regard to the promotion of good relations. |
| Political Opinion | The Trust is committed to ensuring that patients have equality of access to its services and feel welcome, comfortable and safe accessing all Trust facilities regardless of race, religion or political opinion.  | As above   |
| Ethnicity         | Ethnicity of patients is not currently recorded in HSCNI and we do not have data on the ethnicity of patients. The Trust is committed to ensuring that patients have equality of access to its services and feel welcome, comfortable and safe accessing all Trust facilities regardless of race, religion or political opinion. | The needs of persons who do not have English as a first language continue to be taken into account. The Trust has arrangements in place for the provision of face-to-face interpreting, telephone interpreting and written translations.                                   |

### (3) CONSIDERATION OF DISABILITY DUTIES

**How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?**

As part of this change to Emergency Surgery Services at SWAH, the communication needs of persons with any disability continue to be taken into account.

In addition to face to face interpreting there is a remote sign language interpreting service available. Sign language interpreters were available at all public consultation events. Information is available in alternative formats on request.

#### (4) CONSIDERATION OF HUMAN RIGHTS

##### 4.1 Does the policy or proposal adversely affect anyone's Human Rights? Complete for each of the Articles.

| Article  | Positive Impact | Negative Impact - human right interfered with or restricted | Neutral Impact |
|--|-----------------|---|----------------|
| Article 2 – Right to life  |                 |   | ✓              |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment                    |                 |   | ✓              |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour                         |                 |   | ✓              |
| Article 5 – Right to liberty & security of person  |                 |   | ✓              |
| Article 6 – Right to a fair & public trial within a reasonable time  |                 |   | ✓              |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law                   |                 |   | ✓              |
| Article 8 – Right to respect for private & family life, home and correspondence.                           |                 |   | ✓              |
| Article 9 – Right to freedom of thought, conscience & religion   |                 |   | ✓              |
| Article 10 – Right to freedom of expression  |                 |   | ✓              |
| Article 11 – Right to freedom of assembly & association  |                 |   | ✓              |
| Article 12 – Right to marry & found a family   |                 |   | ✓              |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights                       |                 |   | ✓              |
| 1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property |                 |   | ✓              |
| 1 <sup>st</sup> protocol Article 2 – Right of access to education  |                 |   | ✓              |

**If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.**

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

| Article Number | What is the negative impact and who does it impact upon? | What do you intend to do to address this? | Does this raise any further legal issues?*<br>Yes/No |
|----------------|--|---|--|
|                |  |   |  |

***\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.***

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (Refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

|                            |   |
|----------------------------|---|
| <b>GREEN:</b> No impact    |   |
| <b>AMBER:</b> Minor impact |   |
| <b>RED:</b> Major impact   | x |

**Please tick:**

|     |   |
|-----|---|
| Yes |   |
| No  | x |

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

A full Equality Impact Assessment was completed following the first Equality Screening. The temporary change was approved as an emergency measure by the Trust Board due to critical gaps in the consultant general surgery workforce which emerged rapidly and in succession over a short period in October/November 2022. Given the situation with consultant staffing, the Trust's view was that to continue the service without consultant staff would present a risk to public safety, and that the Trust would be in breach of its legal duty to provide safe care to the required standard

The Trust acknowledges this is an area of concern for the public. 632 people attended the face to face and online events. In addition, the Trust received 101 responses to the Consultation Questionnaire.

Some of the public events were very challenging for those who attended, and indeed for Trust staff. There were events that were turbulent, and every effort was made to change our processes so we could ensure all voices were heard.

The consultation process has shown how strongly people in Fermanagh want to have a more direct connection to the Trust's management and our Board. For this reason, the Trust will now establish a SWAH Strategic Development Group. This will be Co-Chaired by Chief Executive and a Non-executive Director and it will involve key stakeholders. Its aim will be to work collectively to maintain the acute status of the hospital, and develop it strategically into the future.

As delivering safe care to the population of the West was the primary reason for the temporary change, the Trust is satisfied that the temporary suspension of Emergency

General Surgery at SWAH and the new pathways put in place to treat patients has significantly mitigated the patient safety risks which arose from the significant unplanned gaps in the consultant general surgeon workforce at SWAH in late 2022. The alternative clinical pathways for the treatment of Emergency General Surgery patients at SWAH have continued to be monitored carefully by the Trust throughout this period. Of the patients admitted to other hospitals a small number of patients experienced delayed discharges totalling 52 bed additional days in hospital for people who were medically fit for discharge. The reasons for this included waiting for community based care or transfer to a sub-acute hospital. These community issues were separate issues and would have resulted in extended stays in hospital if these patients had been on the SWAH site.

The Trust will continue to monitor the impact of the change on its service users. Since the temporary change, the Trust is also working with clinicians to develop a repatriation pathway. This will ensure that, patients at the end of their acute surgical journey, can be transferred back to SWAH for the remainder of their admission episode. This will minimise the impact on families, and carers travelling to visit their loved one in Altnagelvin.

The Trust is compiling a consultation findings report which will be taken to Trust Board on Thursday 6 July 2023.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

From January 2023, reports have been prepared by the Western Trust and provided to Department of Health SPPG and Trust Board. The Trust also monitored private ambulance usage on a monthly basis. The Trust uses Care Opinion to allow patients to share their experience of their healthcare. The Trust engaged their Care Opinion lead to facilitate community information sessions within the Omagh and Fermanagh areas. This approach allowed the Trust to be informed about patient's experience of the temporary change in Emergency General Surgery at SWAH.

The Trust will continue to monitor the impact of the change on its service users.

**Approved Lead Officer:** Mark Gillespie

**Position:** Director of Planned Care Services

**Policy/Proposal Screened By:** Elizabeth Campbell and Carol Reid

**Date:** 28 June 2023