



Western Health
and Social Care Trust

Temporary Suspension of Emergency General Surgery at South West Acute Hospital

Consultation Findings Report

Alternative Formats

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

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

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Foreword

As Chief Executive of the Western Trust, I want to at the outset recognise the level of concern in communities at the change which we made to General Surgery services at SWAH last year. This was due to the Consultant gaps which rapidly emerged from October 2022 onward. I, my Corporate Team and my Trust Board, believed that it would simply be unsafe to try to sustain the service without permanent Consultant General Surgeons, and for this reason we sought to develop and put in place safe alternative pathways for our population.



Throughout this difficult process, patient safety has been my over-riding concern, and that of my Team. They have worked tirelessly to find solutions and we were confident before we suspended the service on 5 December 2022 that those solutions were workable for Clinical Teams and NIAS, and safe for patients. The evidence shows that we now admit on average 2.4 patients per day to another hospital as a result of this change, and those patients will have an improved clinical service and outcomes.

I was determined to ensure that, through the public consultation, the Trust would hear views and listen carefully to any other pathways we might need to consider. For that reason we entered into a consultation process with many ways to engage. I want to recognise how very challenging some of the public events were for those who attended, and indeed for me and my own Team. There were events that were turbulent, and we worked hard to change our processes so we could ensure all voices were heard. I wish to thank everyone who came to our public meetings, virtually or in person, and who took the time to respond to the consultation questionnaire.

Clear messages repeatedly emerged during this process. These are captured in the report. I want to acknowledge that the inability to recruit and retain Consultants to a small hospital was one of these, and you will see that we are not the only Trust in Northern Ireland, or elsewhere, to face that challenge. I also want to recognise the desire to re-establish this service, from those who attended and responded. At this point, I cannot say when or if that will happen. I believe that how and where Emergency General Surgery will be delivered into the future will need to change, as standards change, and as the availability and training of our skilled workforce changes over time.

The consultation brought home to me how strongly people in Fermanagh want to have a more direct connection to the Trust's management and our Board. For this reason, and with the support of my Chairman and Board, I have moved to establish a SWAH Strategic Development Group. I will co-chair this with one of our 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.

Thank you once again to all of you who, through your voices, shaped this Findings report.

Neil Guckian

Summary of Patient Numbers and Dates we Reference in the Report

321	Number of people who were transferred to another Hospital due to the temporary change in Emergency General Surgery at SWAH.
296	Is the total number of people who we admitted to Altnagelvin Hospital and who previously would have received their Emergency General Surgery care at SWAH. (We have used this Group within the document when comparing trends as we have full access to the patient files).
25	Is the total number of people who were admitted to Craigavon Hospital and who previously would have received their Emergency General Surgery care at SWAH.
155	This is the number of patients who received their care within the newly established ambulatory care service at SWAH
19 December 2022 to 30 April 2023	We have used this time period to monitor patients to 30 April 2023 attendance for the report. This period was used as the report writing commenced in May 2023.

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 to 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.

In planning for the change, the Trust estimated, based on regional dashboard information that approximately 5 patients per day were previously 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.

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.

During this period, 155 patients were treated at SWAH in the newly established Ambulatory Care Service. There have also been 90 elective (planned) reviews.

Purpose of This Report

The purpose of this report is to reflect the breadth of views expressed during the consultation, and identify key themes emerging from the responses to the consultation, in order that the Trust can listen and respond to the concerns of the community it serves.

The Trust, as required by our statutory duty to consult, sought views on any other viable means of delivering the service, which might inform improvements or changes to the pathways which had been put in place.

The consultation process provided extensive opportunities for interested parties and members of the public to comment on the temporary change, allowing the Trust to answer a range of questions which arose relating to the decision.

Involvement and Consultation Process

The Trust undertook a staged process to inform and prepare for the public consultation on the temporary change:

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
October 2022 - January 2023	17 November 2022 - Early January 2023	December 2022 - Mid January 2023	17 January 2023 - 10 April 2023	April 2023 - June 2023
Planning	Pre-consultation	Readiness for Consultation	12 Week Public Consultation	Review and Report

1. Planning

The Trust initiated a project to review General Surgery across all its hospitals in September 2021. This was in response to challenges to the delivery of a safe and sustainable General Surgery service across the Western Trust, and to address the particular challenge in maintaining 24/7 rotas to meet professionally mandated standards of care. It was expected that at the conclusion of the review the Trust would proceed to consult on options for 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.

At this point it was clear that the service was increasingly fragile, and the Trust began preparing a contingency plan, which could be enacted if there was a sudden unplanned collapse of the service due to further gaps in the Consultant workforce.

This happened when there was a further Consultant resignation in early November 2022, and resulted in an unplanned and temporary change to Emergency General Surgery services at the South West Acute Hospital from 5 December 2022.

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 worked with its Information Teams to outline the potential demand in terms of those patients who would require admission to Altnagelvin Hospital. The Trust estimated, based on regional information, that approximately 5 patients per day could be affected by the temporary suspension of Emergency General Surgery at SWAH.

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

2. Pre-consultation and Readiness

Service User Involvement

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. Questions about the conditions for 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. For this reason, the Trust included information on these matters in the consultation document.

An Involvement and Communications Sub Group had previously been established as part of the wider Western Trust Review Project for General Surgery. 4 service user / carer representatives were recruited at the initial stages of the review. The 4 representatives were recruited using a selection criteria from existing Trust involvement networks. In December 2022, the 4 service user / carer representatives were invited to sit as members of the Project Management Group as the separate Involvement Sub Group was stood down.

Staff Involvement

Staff engagement sessions were held each week with staff, along with HR, Trade Union representatives, and led at Director level. 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.

The Trust along with its Human Resources Team and the Service Director 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.

Public and Elected Representative Engagement

Following the announcement on Thursday 18 November 2022, that the Trust would temporarily suspend 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 the Fermanagh and Omagh District Council.

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.

3. 12 Week Public Consultation

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. The infographic below is a summary of our programme of communication, involvement and engagement:



• The Trust also received 30,268 signed leaflets, which were headed the ‘SOAS 5 point plan for SWAH’.

Public Consultation Document



The document provided information on the temporary suspension of Emergency General Surgery and the pathways that the Trust implemented to continue to provide a safe service to patients (Click on the blue icon on the left to view the document).

The Trust publicised the consultation documents and information about the consultation events through the Trust's Consultation Stakeholder database, which has over 2,000 members, made up of service users/carers and staff/volunteers from organisations and representative groups. The consultation document was shared with Elected Representatives, Local Councils, GPs and other Health and Social Care partners such as Patient Client Council and Public Health Agency. The consultation was publicised regularly across social media channels and in local media. The Trust also produced leaflets to inform the public on the consultation, and the new pathways. An email address for the Trust's PPI Involvement Team was made available so the public could correspond directly with the Trust and receive direct responses.

Consultation Events

The Trust anticipated that there would be considerable public interest in the consultation, and the pre-consultation engagement and discussion with stakeholders shaped planning for the delivery of consultation events.

The Trust organised 7 face to face events across the 7 District Electoral Areas (DEAs) in the Fermanagh and Omagh District Council Area. 2 further online events were also offered during day time and evening time to offer options to the public to join. The events were facilitated by experienced Independent Facilitators, and each event was supported by the Western Trust PPI/ Involvement Team and Officers from the Public Health Agency (PHA).

The Trust Involvement Team proactively engaged at consultation events with attendees, to record queries and to summarise recurring themes or concerns. A number of changes were also made to event coordination, based on public feedback at or after events.

The 'You asked/We did' summary of changes included providing a booking line for the public to book tickets in order to guarantee they would have admission to their selected venue, allowing "walk-in" attendance at every event, provision of the consultation document at events and changes made to events to allow more speakers to direct questions to the panel themselves, or through delegation to one of the Trust's or PHA's PPI Team which were supporting each event. Attendance at the consultation events is highlighted in the table below.

Date	Venue	Actual Attendance
30/01/2023	Lakeland Forum	217
31/01/2023	Lisnaskea	93
01/02/2023	Fintona	23
02/02/2023	Irvinestown	87
07/02/2023	Belcoo	135
08/02/2023	Gortin	4
09/02/2023	Omagh	20
08/03/2023	Online event 1	25
13/03/2023	Online event 2	28
TOTAL		632

The Trust held meetings with the Southern GP Federation group and with the Fermanagh and Omagh District Council Disability Group to brief them on the new pathways for patients and to take questions or comments.

Requesting Responses From Individuals and Representative Organisations

An on-line form, hosted on Citizen Space, was available to complete. Responses were also accepted in other formats including hard copies of written or typed responses, sent in by post or email, and hand delivered to the Involvement Team at the Trust's premises.

Reporting During the Consultation Period

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 healthcare experience.

The Trust engaged their Care Opinion Lead to facilitate community information sessions within the Omagh and Fermanagh areas. This approach allowed the public to use Care Opinion as a way of providing real time feedback of their experience of the general surgery pathways, and enabled the Trust to be informed about patient's experience of the temporary change in Emergency General Surgery at SWAH.

Promoting Equality and Rural Needs

The Trust completed an Equality Screening Form and Rural Needs Impact Assessment to examine if the temporary change and the new patient pathways may have had a differential impact on Section 75 groups and those that live rurally. The findings from the Equality Screening and Rural Needs Assessment helped shape the public consultation document which provided

information on the temporary suspension of Emergency General Surgery and the new patient pathways that the Trust had implemented to continue to provide a safe service to patients.

The Trust made attempts to ensure the consultation document was easy to understand and provided it in an easy read format. Other steps taken to ensure the Trust made our consultation accessible are listed below:

- **Engaged with Patient Client Council to promote across S75 groups**
- **Offered consultation document in alternative formats**
- **Provided sign language support at each consultation event**
- **Worked with Fermanagh and Omagh District Council to ensure fully accessible venues were used.**
- **Collated FAQ from each event to acknowledge the questions of those who did not get an opportunity to speak at their event.**

Summary of Findings

A total of 101 consultation responses were returned, with 90 of these responses returned on Citizen Space.

The responses to the consultation questionnaire are summarised below:

- **85% of respondents did not believe that the decision was a reasonable response to patient safety concerns as outlined in the consultation document**
- **85% of respondents did not consider the actions taken by the Trust as reasonable nor address some of the challenges faced by the service to facilitate patients receiving treatment in a timely, suitable and safe environment based on their clinical need**
- **42% responded that they had evidence to suggest the actions taken by the Trust created a negative impact. Some information that was referenced as evidence included: the PHA Health Inequalities report; The Rural Needs Act (2016); Hayes Report; Dalton Report; Health and Wellbeing 2026 – Delivering Together; and People First – Community Care in NI in the 1990's.**
- **41% did not provide a clear answer to the question.**
- **17% did not present evidence to suggest that the actions taken by the Trust created a negative impact**

The Trust has received different forms of feedback and responses from different individuals and groups (from public events, online questionnaires, and individual responses, responses from CVS and Statutory groups).

The Trust's Equality and Involvement Team themed the responses from the public consultation events, the consultation questionnaire and from other correspondence received by the Trust, and the main issues raised are set out in the following sections:

1. Recruitment and Retention of Staff at South West Acute Hospital

A number of responses referenced the difficulty the Trust has in attracting staff to the area. The Trust's approach to the recruitment and retention of staff regularly featured in questions or comments at the public meetings. There were suggestions and queries about how the Trust could use pay and benefit incentives to attract staff to SWAH.

Some respondents agreed that the temporary suspension of the service was reasonable due to patient safety concerns when managing a rota of only locum staff. Many respondents felt there wasn't enough effort being made to attract staff to SWAH, and questioned why the Trust were recruiting for staff across the Western Trust geography and not specifically for SWAH. Some respondents made assertions that the retention rate of Consultants at SWAH was significantly lower than the NI average, and requested further information on international recruitment. There was generally a perceived lack of confidence around the future recruitment and retention of staff.

Trust Response

Recruitment and Retention at SWAH

The Trust completed five recruitment exercises for Consultant Surgeons for SWAH from June 2018 to July 2021. In three of these recruitment exercises, no appointment was made (June 2018, September 2019 and July 2021). Four appointments were made from the other two recruitment exercises; 1 in March 2019 and 3 in September 2020. 1 of the 4 Consultants still remains in post as at June 2023.

The Trust acknowledges the difficulty in attracting Consultants to posts in smaller hospitals across Northern Ireland and in retaining them in these posts once appointed. This is due to workforce shortages in a range of specialties and the opportunities that arise to transfer to larger units. These issues are not unique to the Western Trust or to SWAH.

Given the difficulty in retaining Consultant General Surgeons in SWAH, and following the decision to temporarily suspend Emergency General Surgery in SWAH in November 2022, the Trust has moved to recruit General Surgeons to Trust-wide posts. The Trust believes that Trust-wide posts as part of a larger clinical team will be more attractive and will enable the Trust to improve retention.

The Trust now has completed two recruitment processes for Consultant General Surgeons, based in Altnagelvin with a Trust-wide remit and a third process is ongoing. The first process was advertised in October 2022 and closed in November 2022. A significant number of candidates applied for these posts however no candidates were shortlisted from this competition. In January 2023, a further recruitment process was completed. Once again a significant number of applications were received. Shortlisted candidates

were interviewed in March 2023 with 2 candidates successfully appointed. These consultants are in the final stages of pre-employment checks. The two remaining vacancies were re-advertised with a closing date of 16 June 2023. Interviews are scheduled for mid-July 2023.

In addition the Trust has had further success in recruiting International Doctors as outlined in the section on International Medical Recruitment.

Since January 2022, 4 Consultants joined other Clinical Teams (not General Surgery) in SWAH in a range of specialities including Obstetrics & Gynaecology, Radiology and Emergency Medicine.

In the same period 11 consultants left SWAH from a range of specialities including Anaesthetics, Cardiology, General Surgery, General Medicine, Radiology and Obstetrics & Gynaecology. 1 of these was from General Surgery. 8 of the Consultants resigned from their posts and 3 retired.

There is no current evidence that recruitment to posts in General Surgery in the Trust has been impacted by the temporary suspension of Emergency General Surgery at SWAH. There were 7 applicants for the most recent Consultant Recruitment in General Surgery. In our experience this is a high number of applicants for these roles. The Trust is currently recruiting for clinical fellow positions across the Trust including SWAH, and there is exceptionally high interest in these roles this year. There is no empirical evidence that retention in other specialties has been adversely impacted by the changes in Emergency General Surgery at SWAH.

Recruitment and Retention (R&R) Incentives (policy and application)

The Department of Health in Northern Ireland sets the policy in respect of recruitment premia (salary premium or incentive) for Consultants. Trusts do not have the discretion to apply a recruitment premium without their prior approval. The Department's guidance confirms that recruitment premia will only be considered on a regional basis and will not be left to local employers to determine.

The guidance notes the potential for recruitment premia to further destabilise the system and result in employers across Northern Ireland competing with each other for the same resources. For this reason, it is recommended that premiums are only paid in very exceptional circumstances and in those instances where the whole HSC benefits by a post being filled from an applicant currently working outside of the HSC.

To gain approval to pay a recruitment premia to a role, the Trust is required to develop a business case in line with criteria set out in the guidance. This includes demonstrating recruitment difficulties and outlining the background and attempts made to recruit. The case should also include details of consideration of non-pay options for alternative service provision.

Normally, the maximum payment should be set at no more than 10% of starting salary, and recruitment premia will normally be linked to an expectation that the Doctor will stay in the post for at least 2 years.

International Medical Recruitment (IMR)

The Trust has been operating an IMR Project since May 2015. Appointments to posts through the IMR Project are made on the basis of 2 year fixed term contracts in the first instance. During this time the Trust works with these Doctors to develop their skills and encourages them to seek permanent positions with the Trust. To date the IMR project has sought to recruit a range of Doctors for SWAH, with mixed success.

IMR Consultant Recruitment Activity

The Trust has repeatedly reviewed Consultant CV's over recent years for General Surgeon positions in SWAH. Unfortunately most of these did not meet the eligibility criteria and were not shortlisted. However, in 2022, 4 CVs were reviewed and 1 appointment made to a post on a Trust-wide contract with a remit in SWAH.

IMR Middle and Junior Doctor Recruitment Activity

Since the project commenced, 8 Junior and 6 Middle Grade Doctors have been appointed to General Surgery in SWAH. 4 of these Doctors are still in post. In April 2023 a further series of interviews of International Doctors were held. 4 posts were offered and 3 appointments have been made to Trust wide contracts including a remit in SWAH (one at Junior Doctor level and two at Specialty Doctor level). The Junior Doctor arrived on 18 June 2023 and is expected to commence work by 28 June 2023. The 2 Specialty Doctors are continuing to work through pre-employment checks, 1 aiming to arrive mid-July 2023 and the other mid-September 2023. There is a further Junior Doctor CV with the service for review.

General Comments on how the Trust has Promoted SWAH in Recruitment Campaigns

Recruitment campaigns have sought to broaden our reach beyond Northern Ireland recruitment and have included advertisements in British Medical Journal (BMJ), BMJ Careers Hub, HSCNI Jobs, Belfast Telegraph and Jobs NI, with additional platforms used, including social media. The Trust's recruitment packs have been redesigned to attract applicants and include information on the benefits of living in the Western Trust area, including images reflecting social aspects of life in e.g. schools, leisure and culture.

The Trust has been promoting SWAH as a great place to work on social media platforms with video diaries by Leading Consultants, showcasing the experience of working in the 'state of the art' theatre facilities in SWAH.

2. Travel Times Service Users/Carers and Families and Patient Safety Risk to Rural Service Users

There were significant concerns, at the public events and within the consultation questionnaire responses, relating to the additional travel time for patients who require Emergency General Surgery. The risk to largely rural communities was of particular concern to the public. There was repeated reference to the 'Golden Hour' and the repeated queries on patient safety requirements for those who may require quick access to a Consultant General Surgeon at SWAH.

The difficulty in travelling longer distances for family and friends to visit patients in Altnagelvin or Craigavon hospital was also raised. The poor road infrastructure and lack of public transport in rural areas was of concern to respondents with frequently raised issues on the number of accidents and difficult travel conditions along the A5 road. The Trust received suggestions to expand the Hospital Travel Scheme to compensate for the additional financial burden for patients, their carers and families.

Trust Response

The Golden Hour

The 'Golden Hour' is a term previously used in trauma care to suggest that an injured patient has 60 minutes from time of injury to receive definitive care. The original concept of the 'Golden Hour' only applies to patients with traumatic injuries and there is no link of any kind to patients with General Surgical pathology such as appendicitis.

The term "Golden Hour" is widely attributed to R. Adams Cowley in 1975 – this was in an era characterised by a lack of an organised trauma system and inadequate pre-hospital care.

The validity of this concept remains controversial and since 2010 numerous observational studies have failed to find significant survival advantage for trauma patients with shorter pre-hospital rescue times. Modern trauma clinical practice involves patients being transferred to large trauma centres across the UK with associated longer travel times.

Road Infrastructure and Transport

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, particularly patients in rural areas of Fermanagh. The Trust actively contributes to improve access to facilities by collaboratively working with Statutory and CVS partners in Community Planning Partnerships in Fermanagh Omagh District Council, Derry City and Strabane District Council and Causeway Coast and Glens Council.

Hospital Travel Scheme

Financial help from the Hospital Travel Costs Scheme can be sought for those on a low income who 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, click on the blue icon to the left to view the document.

3. Department of Health's Review of General Surgery in Northern Ireland

The Trust's consultation document referenced the "Review of General Surgery in Northern Ireland – Standards and a Way Forward", and that the Trust would be required to comply with these standards at both Altnagelvin and SWAH going forward. During the consultation public meetings the Trust was questioned about whether the Regional Standards had been consulted on, and had been equality and rural screened. Click on the blue link on the right to view the document.



There were questions about the legality of the decision to temporarily suspend Emergency General Surgery at SWAH without approval from a Health Minister or Health Committee for decision oversight.

Trust Response

Decision Making

The Department of Health have provided the following response in relation to the decision making queries raised:

The Department has provided guidance on the change and withdrawal of service (Change or withdrawal of services – Guidance on Roles and Responsibilities, published in 2019). This includes temporary changes or withdrawal. The guidance is clear that the decision making for temporary decisions is one for the Trust to make after support from the SPPG in the Department of Health.

The Trust decision to temporarily suspend the Emergency General Surgery service in SWAH was in line with the guidance and Department's support was sought. In line with that guidance the decision was made by the Trust.

The Trust has taken legal advice and has complied with all legal requirements in relation to this change and the associated consultation process.

Review of General Surgery in Northern Ireland:

The Department of Health have provided the following response in relation to the decision making queries raised:

The Review of General Surgery provided standards for Emergency and Elective General Surgery. The standards represent best clinical practice and are based on available evidence.

The Department of Health fully adhered to the statutory provisions on public engagement and consultation, and have carried out all required impact assessments.

Where the implementation of the standards would lead to service change, Trusts would need to consider the Department's guidance on change or withdrawal of service and the statutory requirements and guidance to engage and consult the public.

4. Views on SWAH as a Type 1 Emergency Department and Hospital and the Future of the Acute Status of SWAH

It was clear from the responses to the consultation and the public meetings that respondents felt great pride and respect for the hospital and staff. There was acknowledgement of the excellent facilities within the hospital, and it was often referred to by respondents as a 'state of the art facility'. Some respondents queried the future of the acute status of the hospital and the grading of its Emergency Department.

People felt that the decision to remove Emergency General Surgery from SWAH would be a major threat to other services provided in the hospital, and would lead to it being "downgraded".

A repeated area of concern raised at the consultation events was the future of maternity services, and how emergency obstetric procedures such as emergency caesarean sections would be carried out without a Consultant General Surgeon on site. The public referenced staffing levels and communication/emails from staff that raised concerns on the long term viability of this service within SWAH.

Trust Response

Type 1 ED

A Type 1 Emergency Department has 24/7 supervision and clinical input from a team of Emergency Medicine Consultants.

There are many Emergency Departments (ED) across the UK, which have varying degrees and type of inpatient services on the same site. This does not change their designation as a Type 1 Emergency Department. SWAH ED has 8 permanent Emergency Medicine Consultants and a fully staffed Consultant rota. SWAH ED remains a Type 1 unit and has a fully functioning Intensive Care Unit in place for critically ill patients.

The Department of Health will change their definition of a Type 1 ED to be consistent with that used elsewhere in the UK NHS. This is;

'Type 1 Emergency Department – Emergency Departments are a Consultant Led 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency care patients'.

The official statement from the Department of Health on hospital status of South West Acute Hospital is:

“The suspension of Emergency General Surgery from South West Acute Hospital (SWAH) does not change its Type 1 ED status or the acute status of the hospital. In addition, the ED definitions used in Northern Ireland have been reviewed and will be brought in to line with those used by NHS England. The revised ED definitions will be added to the NI Data Dictionary and will be reflected in future DoH ED statistical publications.”

Future of Maternity Services and Delivery of Obstetrics at SWAH

There was confusion about the role of General Surgeons in Obstetric care and the Trust has provided clarification on this issues during the consultation processes. 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 Trust informally approached a local representative of the Royal College of Obstetrics when it became clear that the General Surgery rota could not continue due to staffing problems. A number of options were discussed, including on site middle tier surgical cover, exploring a private ambulance service contract to transfer acute patients to Altnagelvin and consideration that all elective Obstetrics and Gynaecology patients who had high risk potential for bowel injuries are performed in Altnagelvin.

All of the above options have been actioned and have been in place prior to the temporary change to Emergency General Surgery in SWAH. To date there have been no clinical incidents related to this temporary change that have affected patients of the Obstetrics and Gynaecology service.

Future of Acute Status of SWAH

During the consultation, the Trust announced that it was working with the Department of Health to develop SWAH as an “Overnight Elective Stay Centre (EOSC) to as part of the Department of Health’s plan to improve elective care in Northern Ireland. This was confirmed by the Department of Health’s statement which announced that SWAH would be Northern Ireland’s third EOSC, alongside the Mater Hospital in Belfast and Daisy Hill Hospital in Newry.

SWAH is funded for 10 elective inpatient theatre sessions per week. 5 of the 10 inpatient sessions per week have been allocated to EOSC activity. EOSC targets General Surgery patients waiting on a Laparoscopic Cholecystectomy (Gallbladder Surgery) or Laparoscopic Hernia (bulging of internal organs or tissues through the wall that contains it) waiting list.

As of June 2023, the Trust is able to deliver 9 to 10 sessions per week with a full recovery to pre-Covid levels from week commencing 3 July 2023. The allocation of sessions to EOSC is overseen by Trust Management, and reported to the Department of Health's Elective Care Management Team.

5. Patient Pathways/By-Pass Protocols

Many of the issues raised connected to the patient pathways are in relation to the time to access treatment which has been addressed under point 2 above.

In addition to travel, respondents referenced their concerns about the need to ensure patient safety and ensure patients receive appropriate care in their conveyance to hospital. The use of Northern Ireland Ambulance Service (NIAS) and private ambulances and their roles was raised, with some respondents concerned for NIAS capacity and the training/quality assurance of privately contracted ambulance providers. Respondents also had concerns on the additional workload that would be created in Altnagelvin and Craigavon due to SWAH patients being transferred to those hospitals. Specific queries were raised on the estimated numbers of patients affected by the change to patient pathways within the consultation document with a general feeling these were under-estimated.

Concerns were raised on whether emergency patients could access care across the border if travel times were shorter, with specific reference to feasibility of Sligo as a possible receiving hospital within the patient pathway.

Trust Response

Numbers of Patients Affected by the Change

The priority for the Trust is to provide a safe, sustainable and effective Emergency General Surgery service for patients in the Western Trust area ensuring safe services and the best outcomes for all patients.

The Trust has gathered information on admission rates at Altnagelvin and Craigavon due to the temporary suspension of emergency general surgery at SWAH. From the period 19 December 2022 to 30 April 2023 a total of 321 were admitted to hospital, 296 patients were admitted to Altnagelvin and 25 patients admitted to Craigavon.

Alternative Patient Pathways

The alternative patient pathways are a key safety aspect of the temporary change to Emergency General Surgery Services at SWAH. The Trust worked with our partners in NI Ambulance Service, Northern Ireland Trauma Network, the Southern Trust and Sligo University Hospital to ensure that patients are managed in the Acute setting which best meets their clinical needs.

As part of the planning for the temporary change with its partners, the Trust had agreed the following pathways:

- **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 ED 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 Omagh Hospital and Primary Care complex, high risk procedures would not be carried within South West Acute Hospital.

In order to test agreed pathways the Trust implemented these new pathways on 5 December 2022, 2 weeks in advance of when Emergency General Surgery was temporarily suspended on 19 December 2022. 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 and partners 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.

Partnership Working and Assurance

As part of the Trust's wider planning arrangements a Project Board has been established and meets regularly with key internal stakeholders. These include service user representatives and HSC partners, namely Southern Trust, Northern Ireland Ambulance Service (NIAS) and Strategic Planning Performance Group (SPPG).

The Trust also liaised with Health Service Executive (HSE) and directly with Sligo University Hospital to seek agreement in supporting the management of critically unwell or penetrating trauma for patients where travel times would be shorter for isolated geographical areas. In response to the Trust's letter of 12 December 2022 to HSE, confirmation was received on 16 December 2022 that HSE supported appropriate arrangements with them. To date, the Trust has not had any patients who needed to be transferred to Sligo.

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

Close scrutiny of quality & safety during the contingency arrangements was maintained through enhanced reporting and review of any incidents, complaints and other relevant learning sources to ensure issues were identified and actions taken to appropriately manage any risk. Other actions taken are outlined below;

- **Regular information and reports to the Service Director at the Directorate Governance forum**
- **Regular review of data associated with by-pass protocols, time vehicles are unavailable etc. reviewed monthly with NIAS as a key partner involved in delivering the alternative pathways,**
- **Regular updates to Department of Health SPPG and other stakeholders as required.**

- **A Clinical Lead for Emergency Surgery was appointed to support this temporary change.**
- **All of the incidents reported via the Trust's incident reporting processes are promptly investigated to support learning. At present there is no evidence that the temporary change has negatively impacted on patient clinical outcomes.**

Introduction of Ambulatory Surgery at SWAH and Altnagelvin

As part of the Trust's contingency arrangements Ambulatory Surgical Services were established on both sites. The aim of ambulatory care is to safely treat patient conditions without the need for an overnight stay in hospital. This ensures that the Trust makes the best use of inpatient beds and promotes efficient pathways which provide a good experience for patients.

Altnagelvin established Surgical Ambulatory Assessment (SAA) services on Monday 5 December 2022. As part of this arrangement there is direct access via Mobile Telephone to a Middle Grade Doctor/ Consultant between the hours of 09:00 - 17:00, Monday to Friday initially. This service will offer same or next day services to local GP's and to the Emergency Department of SWAH and Altnagelvin. Planned slots will be available in order to ensure that the capacity available is maximised and this service can also be utilised to facilitate early discharge with follow up in a 'hot clinic'. Whilst GP's can refer up to 5pm, the service will remain open until 8pm each day.

SWAH established Surgical Ambulatory Assessment (SAA) services on Monday 12 December 2022. This arrangement means there is direct access to a Middle Grade Doctor at SWAH between the hours of 09:00 – 17:00, Monday to Friday. This service offers same or next day services to patients referred from local GP's and the Emergency Department of SWAH. The Middle Grade doctor will also have access to the Consultant at Altnagelvin.

Access to Protected Beds at Altnagelvin

As part of planning for the temporary change to Emergency General Surgery in SWAH the Trust introduced protected beds in Ward 31 in Altnagelvin to minimise the likelihood of patients transferring from one Emergency Department to another.

During winter, maintaining this approach proved difficult due to the need to allocate beds based on clinical priority. This resulted in some patients directly transferring to Altnagelvin Emergency Department. It is recognised across all Trusts that waiting times for admission from Emergency Department have deteriorated over the winter period, and this was the case in both SWAH and Altnagelvin Hospital.

Discharge Lounge at Altnagelvin

To support the hospital flow, the Discharge Lounge continues to provide a safe area for patients to wait for transport or to be collected by family or friends on the day of their discharge. This service continues to be an effective way to support flow of patients and expedite their discharge in a timely way.

Repatriation Pathways

The Trust has recently developed and initiated a repatriation pathway for those patients who have completed their acute surgical journey and require ongoing medical care or rehabilitation. This will ensure that, patients at the end of their acute surgical journey, can be transferred back to SWAH for the remainder of their inpatient episode. This will minimise the impact on families, and carers travelling to visit their loved one in Altnagelvin.

Cost of Private Ambulances

Details of conveyance by private ambulance for patient transfer by private ambulance range from the date of 5 December 2022 up to 24 April 2023. A total of 150 patients received a private ambulance transfer with a total cost of £132,355.04. Private ambulance is available 8am - 12 midnight, 7 days per week and a cost is attributed per shift, not per patient journey.

6. Decision-making, Approval and Legality of the Temporary Change

There was considerable feedback on the decision making process to suspend Emergency General Surgery at SWAH by the Senior Management within the Trust. Concerns were raised on the content and process for the consultation and perceived lack of openness and transparency on the temporary change, including lack of options in the consultation document and/or solutions to the issue presented. There was frustration and sometimes anger and a lack of trust raised in the Western Trust Senior Management and the Trust Board. This included reference to the lack of representation of people from the area in the Trust's Senior Team and the Trust Board.

Trust Response

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. Out of the 6.5 substantive Consultant General Surgeon posts required to deliver the General Surgery service in SWAH, there had been 3 substantive Consultants in post. This then rapidly changed as set out below:

- 1. A resignation was received on Monday 3 October 2022 from one substantive Consultant who notified the Trust of the leaving date of 20 December 2022**
- 2. Notice of a period of planned absence from another substantive Consultant who, following a risk assessment, could only work in a green pathway from 21 November 2022**
- 3. A resignation received on 8 November 2022 from the remaining substantive Consultant who notified the Trust of his leaving date of 3 February 2023.**

Given this rapidly changed picture of 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 took steps to comply with the requirements which are placed on it by the Department of Health in the relevant Departmental Circular 'Department of Health Policy Guidance Circular – Change or Withdrawal of Services – Guidance on roles and responsibilities'. The circular foresees that, having considered the need to consult, a Trust may decide that it is imperative, in the interests of patient safety, to implement the change immediately. This was the position in respect of the provision of Emergency General Surgery at SWAH, given the workforce challenges outlined above. The Department of Health SPPG, was formally notified of the temporary change. Given its imminence, the Trust was unable to undertake a consultation in advance of the temporary change. The circular provides for this, recommending in these circumstances

that consultation should be carried out following the event with the clear intention of re-opening or reinstating the service if an alternative viable means of preventing the change or withdrawal is identified by the consultation.

Given the controversial nature of the change, the Trust planned to hold a minimum 12 week public consultation exercise in compliance with statutory requirements and our PPI scheme, and that this would take place after the implementation of the change. The Trust has fulfilled that requirement and this Findings Report is the final stage of that process.

The temporary change was approved by Trust Board on 17 November 2022, and was formally supported by Department of Health SPPG as was required.

The Trust immediately met with staff, then Elected Representatives and finally the media and press to communicate the change, to be transparent about the reasons, and to begin the process of communicating the new patient pathways which would protect public safety and patient outcomes.

As part of its pre-engagement processes the Trust met with staff, Elected Representatives, and applied additional resources through its communications processes to publicise the new patient pathways and to reassure the public as to the safe care which would be provided.

7. Concerns About Privatisation and the Relevance of the Private Finance Initiative (PFI) Funding of the Hospital

At some of the public meetings, there were individual members of the public who had placards which referred to the privatisation of the health service, and questions about the Private Finance Initiative Contract for SWAH, and whether it had an effect on funding of services at the hospital. There were a small number of respondents who provided extensive responses about privatisation of health services.

Trust Response

SWAH was the first and only full-hospital PFI project in Northern Ireland. There are many other Trust facilities across NI which are PFIs, such as renal services, car park, pharmacy and laboratory facilities.

The decision that SWAH would be built as a PFI was made at Ministerial level. At the time the contract was negotiated, Private Finance Initiative (PFI) was supported by UK Treasury as a method of funding major capital investments without the immediate need to use public funds.

The PFI contract with Northern Ireland Health Group (NIHG) was signed in May 2009, and the term of the contract runs for 30 years from date of opening (2012 – 2042). At this point the ownership of SWAH transfers fully to the Western Trust without further payment from the Trust.

NIHG as the PFI contractor is required to maintain the building and equipment and systems that they are responsible for, and also to replace these when they have reached the end of their accepted life at no additional cost to the Trust throughout the 30 year life of the contract.

This means that when the hospital is handed back to the Trust at the end of the contract in May 2042, the facility will be of the required standard and shall not have back-log maintenance. These aspects are included in the annual Charge paid by the Trust, which is £21.5M per annum at 2022/23 rates.

NIHG subcontract all aspects of the “Hard” Facilities Management Service to an experienced Provider, Mitie FM Limited. “Soft” Facilities Management, i.e. support services such as cleaning and catering, is provided by the Trust.

The Trust was allocated recurring funding by the Health and Social Care Board in 2012/13 to meet the full costs of the Charge for the South West Acute Hospital PFI following approval of the business case. Expenditure has remained within the budget allocation since the beginning of the contract. The PFI Charge does not have any impact on the Trust’s financial position as it is fully funded under the allocation arrangements established in 2012/13, and therefore does not impact on the Trust’s ability to fund other services.

The Trust has no policy or operational processes to engage with the private sector on the running of SWAH, or its future, other than managing the PFI contract to ensure performance, compliance, and Value for Money.

8. Equality Screening, Equality Impact Assessment and Rural Needs Impact

Many respondents raised concerns that the changes would have an impact on rural communities referencing the reduction of primary care provision across rural towns and villages in Fermanagh.

Questions were raised on the potential impact the decision would have on health inequalities, not only in the Fermanagh and Omagh areas, but also in the Derry City and Strabane District Council areas including Castleterragh. Respondents felt that the change could create a perceived ‘postcode lottery’ of emergency health care across Northern Ireland. The Trust received some feedback at both public events and consultation response that the Trust did not sufficiently consider the impacts of the changes on the rural population

Trust Response

The Trust is committed to ensuring equality is at the heart of our service delivery. The Trust completed an Equality Screening, Equality Impact Assessment and Rural Needs Impact on the temporary change at the outset of the consultation.

The Trust has continued to gather and review up to date information during the consultation to assess any differential impact the change might have on rural communities and Section 75 groups. The Equality Screening has been updated to reflect the data from 19 December 2022 to 30 April 2023. 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%.

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.

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 to hospital. The Trust has therefore 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.

From 19 December 2021 to 30 April 2022 (previous year data before the Temporary Change) a total of 496 people attended SWAH for Surgery with 130 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 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.

The Trust Rural Needs Impact Assessment acknowledges that SWAH delivers services to people primarily in rural areas. The distance service users now have to travel to an alternative hospital and return home after treatment has increased (the Rural Needs Impact has noted an additional travel time of over 1.30 hours for some areas in Fermanagh) as well as the travel time for their family/carers. The Trust has used information categorising by District Electoral Areas and those patients that were admitted to Altnagelvin Area hospital. Using this approach, the Trust has recorded attendance of those 296 from:

- **Enniskillen 58**
- **Erne East 33**
- **Erne North 42**
- **Erne West 44**
- **Mid Tyrone 33**
- **Omagh 25**
- **West Tyrone 34**
- **Other areas 27**

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.

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.

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.



Click the blue link on the left to view the Equality Screening Document.

9. Save Our Acute Services - 5 Point Plan

“Save our Acute Services” states its aim as: “Save Our Acute Services is 100% focussed on saving emergency acute services in SWAH, our life-saving emergency hospital”. SOAS presented the Trust with 30,268 signed one-page leaflets, supporting a 5 point plan for the South West Acute Hospital.

The Trust at the outset offered to meet SOAS on Friday 18 November 2022, but this was refused by the SOAS secretary and no further requests were received by the Western Trust to meet the Group.

The signed letters returned to the Trust did not have the same five points within all 30,268 responses. Whilst Points 2 to 5 are similar across all the responses, the signed forms have two different Point 1’s. An extract from the signed letter and the two different ‘Point 1’s’ in the returned 30,268 signed plans is set out below:

1. A separate NHS Trust for the South West area with its own management team will enable us to address the Western Trust failure in its duty to our patients and staff

A majority of the forms returned had Point 1 above

1. New senior management to address the Western Trust failure in its duty of care to patients and staff

A minority of forms returned had Point 1 above

2. Restore Urgent and Emergency surgical services at SWAH with Department of Health assistance on rotas

3. New initiatives to ensure a settled workforce where all staff – including consultants and locums – are respected and valued.

4. New surgical specialities to be introduced with emphasis on key areas (e.g. bariatric, colorectal, breast, ENT).

5. Relaunch of all 5 theatres to provide Emergency Care and Elective Care for local and regional needs – including cross-border

Extract – ‘Yes we can save our SWAH’ – Signed declaration response to consultation on SOAS 5 point plan.

Point 1 (first and the majority of forms returned) Proposing a Separate NHS Trust

The creation of a new Trust for Northern Ireland is not a matter over which the Western Trust has any authority or influence. The Trust therefore has chosen not to make any comment on this aspect of the SOAS proposals.

A number of people who attended public consultation events made the point that there was a lack of local influence or focus with no representation from the South West on Trust Board.

In response to this, it is important to emphasise that the Trust's Management Team and Chief Executive does not select or appoint its Non-Executive Directors (NEDs), and has no involvement in that process. It is done independently of all Trusts by the Public Appointments Unit in the Department of Health.

In order to address this point, the Trust's Chair has agreed that the Chief Executive should establish a new 'Strategic Development Group' for SWAH. This Group will include Senior Leaders and Staff in the Trust, Senior Management and Clinical Leaders in SWAH, GP representation, Key Community Stakeholders and providers in the area, and include a Senior Council representative. The Group will be jointly chaired by the Chief Executive and a Non-Executive Director.

In addition to further ensure engaging local opinion with regard to SWAH the Trust Chief Executive, having confirmed with Trust Board and the Permanent Secretary, has established a SWAH All Party Group which discusses challenges, provides information and takes on board local opinion from key elected representatives in the area. This Group comprises the Chief Executive, Trust Senior leaders and a MLA Representative from each of the 5 main political Parties represented in the area – Alliance, DUP, SDLP, Sinn Fein and UUP. This group will meet regularly going forward.

Point 1 (Second and Minority of Forms Returned) New Senior Management to Address the Western Trust Failure in its Duty of Care to Patients and Staff

The Senior Management of the Trust are appointed through a competitive recruitment process. All permanent Senior Management are recruited through open competition.

The Trust is held to account for the delivery of its statutory duties and all aspects of its performance through a formal accountability process. This includes regular performance accountability meetings between the Trust's Senior Team and Lead Officers from SPPG, and culminates in formal meetings twice per year with the Permanent Secretary and the Trusts DoH Sponsor Branch lead, with the Chair and Chief Executive of the Trust.

Point 2 – The Re-establishment of Emergency General Surgery at SWAH

The Trust Senior Team were open at each consultation event about the circumstances required for the re-establishment of Emergency General Surgery at SWAH, and that they could not give a timeline or guarantees for there-establishment. Due to geography and travel times, it is not possible to safely provide cross cover between two separate sites. In its consultation document, and at public meetings, the Trust was transparent that re-establishment would require 2 main things:

A Safe Emergency General Surgery Rota. This requires a minimum of 4 substantive Surgical Consultants, supplemented by Locum Consultants, to cover the 'in hours' (9am to 5pm), Emergency General Surgery theatre sessions and provide a safe out of hours on call rota. It is also required to

supervise Junior and Middle Grade staff and provide ongoing high level patient care. The Trust has taken action to recruit additional General Surgeons with a Trust-wide remit, as part of a single service for the whole of the Western Trust area. This will allow the Trust to have one unified service with equal waiting times for outpatient assessment and surgery.

A safe and sustainable service cannot be provided with less than 4 substantive Consultants as this results in an over reliance on a high number of locum staff, which creates safety risks for patients.

A range of additional services to be commissioned which would comply with the requirements for clinical interdependencies.

There are key areas where SWAH does not currently meet the requirements of the standard for other services being on the hospital site. These would need to be developed as a suite of services at SWAH, in order to meet the Standard.

Radiology

There is no Consultant Radiologist with Interventional skills at present working in SWAH. Radiology services have experienced difficulties recruiting in SWAH and has been reliant on Locum Doctors to support their service. The service is actively recruiting via the international route to improve on site presence.

Endocrinology

There are 2 Diabetes and Endocrinology Consultants in SWAH, who provide inpatient support to their Acute colleagues 5 days per week. We are unable to provide ongoing 24/7 cover with 2 Consultants.

Renal Medicine

Currently there is renal support from an outreach Consultant from Altnagelvin Hospital who visits SWAH for 1 day per week. The pathway for patients who require renal intervention is through the Renal Team based in Altnagelvin. In order to create a sustainable renal on call service based in SWAH, 6 Consultants would be required.

Bleeding Rota

Currently SWAH has 2 Gastroenterology Consultants who support the medical on call rota. In order to deliver on the standards laid out in the regional review at least 6 would be required to support an on call arrangement across 7 days of the week and 24 hours per day. The fundamental requirement of the Standards is that hospitals admitting Emergency General Surgery patients must have access to timely assessment and review from these clinical specialities. Currently, SWAH relies on small numbers of Consultant staff providing Cardiology and Diabetic care, and has no renal clinical presence or interventional radiologists. There is a significant gap in meeting the required General Surgery Standards, and considerable investment would be required to establish a range of new 24/7 services and associated Clinical Teams at the hospital, to support Emergency General Surgery.

The Trust also set out its work to establish an Elective Overnight Stay Centre (EOSC) at SWAH in its consultation document, and spoke about this issue at public meetings. SWAH has been selected by the Department of Health as the 3rd EOSC for Northern Ireland. It has been agreed that General Surgery will be the specialty for initial work, and that laparoscopic cholecystectomies (an operation to remove the patient's gallbladder) will be performed there initially. Other specialties and treatments will be considered over time.

Since March 2023, patients from the Western Trust area, and from elsewhere in Northern Ireland have had this procedure at the hospital. Surgeons have come from Altnagelvin, Belfast and Southern Trusts to operate on patients with this condition at SWAH.

Point 3 - New Workforce Initiatives.

All new Consultant appointments to General Surgery will be made on a Trust-wide basis to ensure that commissioned operating theatres across the Trust are used to full capacity for elective work. This will involve Consultants who are based in Altnagelvin for their emergency duties providing outpatient clinics and elective operations in both Omagh and SWAH.

The Trust opened a new Surgical Ambulatory Unit in SWAH on 12 December 2022. This allows many Emergency General Surgery patients to be assessed and treated at SWAH without admission to hospital. This ensures that patients receive early senior input with appropriate investigations on site, without the requirement to transfer to another hospital for their care.

In section 1 we have provided a detailed response to the recruitment and retention concerns raised during the consultation process. This includes information that is relevant to this section and summarised below but not repeated in full here.

Given the difficulty in retaining Surgeons in SWAH, and following the decision to temporarily suspend Emergency General Surgery in SWAH in November 2022, the Trust has moved to recruit General Surgeons to Trust-wide posts. The Trust believes that Trust-wide posts as part of a larger Clinical Team will be more attractive and will enable the Trust to improve retention. The Trust now has completed two recruitment processes for Consultant General Surgeons, based in Altnagelvin with a Trust-wide remit and third process is ongoing. 2 candidates were successfully appointed and these doctors are in the final stages of pre-employment checks. The 2 remaining vacancies were re-advertised with a closing date of 16 June 2023. Interviews are scheduled for mid-July.

In addition the Trust has had further success in recruiting international doctors as outlined in the section on International Medical Recruitment. 1 appointment has been made at Consultant level, 2 appointments have been made at Specialty Doctor level and 1 appointment has been made at Junior Doctor level. Recruitment via the IMR project to posts in SWAH is ongoing.

Point 4 – The Introduction of new Surgical Specialities.

SWAH has been selected as the 3rd EOSC for Northern Ireland, and it has been agreed that initially it will focus on patients who require General Surgery operations, specifically laparoscopic cholecystectomies. There are currently 430 people waiting over 4 years for gallbladder removal through an inpatient procedure, and a total of 2,224 people on the waiting list regionally.

The introduction of new specialties to any hospital takes considerable planning and a full and formal commissioning process to ensure the specialty addresses growing demand, is sustainable and has all of the relevant clinical and management governance and controls in place to deliver a safe, effective and efficient service.

The strategic planning and commissioning of change programmes for elective care is delegated currently to the Elective Care Management Team, which is co-chaired by Department of Health Policy Lead and a Senior Clinician. The Trust is represented on this Group by the Trust's Director of Planned Care and Director of Performance & Service Improvement. Commissioning actions arising are then taken forward formally by SPPG with relevant Trusts. The Trust is a provider of services, not a commissioner, and it cannot act unilaterally to put in place new services or specialties at any hospital.

The Trust will also take discussions forward with Department of Health, SPPG and relevant clinical networks through its Strategic Development Group.

Point 5 - Relaunch of all 5 Theatres to Provide Emergency Care and Elective Care for Local and Regional Needs – Including Cross-border

When SWAH opened in 2012, 3 theatres were commissioned. The hospital was built with 5 theatres, in order to “future proof” it for demand for the 30 year life of the contract. Therefore 2 theatres were not commissioned at the time, and that has remained the case. The Trust is a provider of Health and Social Care Services and the Department of Health SPPG are the commissioning body – any decision to put in place new services will require commissioning support and additional investment approval by SPPG as Commissioner.

The Trust has received funding from the Commissioner in previous years to offer out these theatres to private sector providers as part of “Waiting List Initiatives”, however there is currently no long term plan for the 2 unused theatres, and no funding allocated to developing this capacity by the Trust for Northern Ireland patients. The commissioning of 2 new theatres would be a medium to long term development, given the staffing and resources needed. Planned surgery sessions in SWAH will be recovered to pre-COVID levels by end of June 2023.

Conclusion

The Trust has completed an extensive and wide ranging public consultation, in line with its Consultation scheme, and in accordance with the requirements specified by Department of Health for Health and Social Care Trusts in their Circular on “Department of Health Policy Circular – Change or withdrawal of services – Guidance on roles and responsibilities’

The Trust is required under these arrangements to seek out “viable alternatives” to the temporary pathways which were put in place, through consultation with the public and staff. The Trust is satisfied that the consultation process has fulfilled this requirement. There has been significant commentary on the fact that this change, although temporary, has already been made. This was done by the Trust to protect public safety as the Trust was experiencing an acute shortage of Consultant General Surgery staff. This meant that the Emergency General Surgery rota could not be staffed.

Although there were very significant objections to the temporary change, developing alternative pathways did not come forward in the consultation responses. Rather these were focussed on the suspicion that services would be downgraded, more services would be lost, and many emphasised the importance of the Trust redoubling its efforts to recruit and retain consultant staff, in order to restore emergency general surgery at SWAH.

The Trust now has a clear body of evidence on the impacts of the change on its patients, and this has been analysed up to 30 April 2023 for the purposes of this Findings Report.

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.

For the period 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 into the future given the very good access to radiology diagnostics in SWAH.

However, during the same period, the evidence showed that on average 2.4 patients per day transferred to another hospital and were subsequently admitted from the 5 December 2022. 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.

The Trust accepts that this was 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 significant incidents are recorded and reviewed. At present there is no evidence that the temporary change has negatively impacted on patient clinical outcomes.

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 will be monitored carefully by the Trust and will continue at this time.

Acknowledgement

The Trust acknowledges this is an area of concern for the public and thanks everyone that attended one, some or all of the public consultation events. The Trust also wishes to acknowledge the response received to the consultation.