

South West Acute Hospital (the South West Acute Hospital) Strategic Development Group (SDG)

Held on 30th January 2025 in Lecture Theatre, South West Acute Hospital and via Microsoft Teams

Present:

Neil Guckian, Co-Chair (Chief Executive, Western Trust);
Mark Gillespie (Director of Planned Care, with overall responsibility for the South West Acute Hospital and Omagh HPCC, Western Trust);
Dr Brendan Lavery (Medical Director, Western Trust);
Prof Mark Taylor (Independent Expert Health Advisor);
Tomas Adell (Department of Health – Director of Elective Care and Cancer Policy);
Dinah Shortt (Independent Service User, User Involvement)
Cllr John McClaughry (Chair, FODC);
Geraldine McKay (Director Unscheduled Care, Cancer, Diagnostics & Medicine, Western Trust);
Teresa Molloy (Director of Performance & Service Improvement, Western Trust);
Jenny Irvine (Independent Community Stakeholder)
Joanne McClean (Independent Expert Health Advisor, Director of Public Health, PHA);
Alison McCullagh (Chief Executive, FODC);
Maura O'Neill, (Interim Director of Community and Older People's Services);
Dr Laura McDonnell (Director, South West GP Federation) Prof Monica Monaghan (Divisional Clinical Director of Medicine, Southern sector, Western Trust);
Chris Curran (Public Affairs/Relations, SPOC MLAs, MPs, lead on the South West Acute Hospital All Party Group, Western Trust);

Apologies:

Carol Reid (Asst Director of Nursing the South West Acute Hospital & Omagh H&PCC);
Paul Doherty (Asst Director of Operations the South West Acute Hospital & Omagh H&PCC);
Donna Keenan (Director of Nursing & PCOP, Western Trust);
Michelle McKinley (Planning & Performance Manager, Community & Older Peoples Services); Oliver Kelly (Head of Corporate Communications, Western Trust);
Prof Ronan O'Hare (Deputy Medical Director, Western Trust);
Jim Wilkinson (Department of Health, Deputy Secretary, Healthcare Policy Group);
Judi McGaffin, Co-Chair (Non-Executive Director, Western Trust Board);
Bernie McCrory (Independent Community Stakeholder);

In Attendance: Michelle Gilmore (Business Support)

Welcome

Mr Guckian, Co-Chair, welcomed all present and apologies were noted. Mr Guckian acknowledged the shorter notice for this meeting however reminded the group that the sole focus of today's meeting would be to talk through the publication of the RQIA Review of temporary patient pathways associated with emergency general surgery at SWAH which was released the day previous.

Copy of the published report can be located at the following link. <https://www.health-ni.gov.uk/publications/independent-review-pathways-associated-emergency-general-surgery-south-west-acute-hospital>.

Mr Gillespie provided the group with a comprehensive presentation. He began by providing an overview of the review;

- February 2024 – DoH directed with Western Trust agreement that RQIA undertake a review of the pathways implemented as a result of the temporary suspension of emergency general surgery in SWAH
- Aim was to review the effectiveness of clinical pathways with a view to identifying any aspects for improvement
- The review was led by RQIA with the support of an Expert Review Team external to RQIA
- Scope of the review was restricted to examination of the clinical pathways associated with the temporary suspension of emergency general surgery and their direct and indirect impacts
- Expert Review Team undertook a wide range of engagement activity with those working in, and using, the clinical pathways
- The Review did not identify immediate patient safety issues arising from the pathways
- DoH and Western Trust accept all the recommendations of the review in principle and work is already in progress to take forward actions arising

Mr Gillespie gave some detail on what the methodology used by the Expert Review Team to obtain information was:

- Information requests and reports from the Western Trust and NIAS (These included reports from Project Team, Programme Board and Trust Board)
- Observation and Site Visits to SWAH (4 & 5 June 24), Altnagelvin (26 June 24) and NIAS (3 & 5 June 24)
- Lived experience engagement for patients, family members and staff.
- Care Opinion
- Further stakeholder engagement with community groups, GP Practices and statutory organisations
- Engagement with an interest group relating to the provision of services at SWAH
- Review of relevant strategy, policy, standards and guidelines

Mr Gillespie then shared detail on RQIA's engagement approach, including Patient Experience engagement and Staff Experience Engagement;

Patient Experience Engagement

As part of the review, service users (or their family or carer representatives) were invited to engage;

- 25 Letters issued by the Trust at the request of RQIA to a random sample of patients who had direct experience of the changed pathways since December 2022
- A similar letter was made available by RQIA to Save Our Acute Services (SOAS) group who wished to distribute this letter to people with whom they engaged
- Experiences shared with RQIA officer(s) via face to face meetings, telephone calls, MS Teams 'online' meetings or submission of a written experience
 - 78 individuals had contacted RQIA
 - 44 were deemed within the scope of the Review Team ToR
 - 16 people (9 male and 7 female) took the opportunity to feed back
 - Of the 16 experiences, eight were shared by service users and eight shared by representatives
 - Mean age of service users was 55 years old
 - Of the 16 engaged, 14 had first attended SWAH and then transferred to Altnagelvin while two arrived directly at Altnagelvin

Mr Guckian and Mr Gillespie both echoed the importance to note here that clinical decision will on occasion result in a patient going to emergency department for assessment. Patients that require transfer have clinical assessment in SWAH emergency department prior to transfer.

Mr Gillespie added that we had previously engaged Care Opinion however would be more purposeful in terms of reaching out and accessing those patients impacted by pathways going forward.

Staff Experience Engagement

- Flyer circulated internally to Western Trust staff and Southern Trust (Craigavon site) inviting staff to engage with RQIA
- Flyer also shared by RQIA with SOAS group for distribution to staff members they may have engaged with
- 27 staff members contacted RQIA to share their experiences (18 shared their experience by email and 9 by telephone/MS Teams)
- Staff members who contacted RQIA worked in a diverse range of settings and roles including GPs, WHSCT and NIAS roles

Mr Gillespie presented the group with the ten recommendations, stepping out how the ten were categorised. The Review classifies the 10 recommendations into four categories for implementation: these are;

- to be taken forward with urgency because they have the potential to deliver improvements to the clinical pathways with immediate effect (2)
- to be actioned promptly and will strengthen the sustainability of the service model (2)
- to be actioned promptly to ensure the Trust Board have appropriate information to enable it to fulfil its oversight and governance responsibilities, with particular regard to the effectiveness of the clinical pathways, identifying issues that require improvement (5)
- to be actioned promptly to ensure patient experience is actively sought and evidenced as part of the improvement programme (1)

Mr Gillespie shared and talked through the ten recommendations and provided the group with a broad update on the actions taken to date in relation to the ten recommendations. Mr Gillespie will be providing an update on a monthly basis going forward to the General Surgery Review Programme Board.

A workforce update followed;

- Trust has funding for 12.2 WTE Consultants
- New appointments in the specialities of General Surgery, Upper GI and Colorectal
- These Consultants will work across SWAH OESC and Omagh DPU. All will have been appointed to Trust wide positions which should provide stability and resilience moving into the future
- In February 2025 the Trust will no longer have dependency on locum medical consultant staff to support the general surgery on call rota

With regards the new recruits for Upper GI and Colorectal, they are coming with some really good substantial experience which will further strengthen the medical workforce.

Mr Lavery provided some updates in relation to Patient Safety, sharing some of the ways in which the Trust are overseeing patient safety and governance;

1. Rapid review group – safety oversight role
2. Specific review of Datix incidents from SWAH ED over preceding 14/12
3. Audit of patients who self-transfer from SWAH ED
 - The Rapid Review Group is a Multi-disciplinary group with medical, managerial, nursing, social workers, AHP and mental health all represented
 - All Red Datix events are reviewed from the previous week
 - A Red Datix is when there is the potential for significant patient harm
 - Datix can be entered by any group of staff
 - This is the decision making group where escalation leads to SAI investigations
 - To date there have not been any Datix events where after investigation the clinical outcome of a patient has been adversely affected
 - Temporary change has been in place now for 2 years and all Datix events continue to be reviewed at this group

In relation to the audit of patients who self-transferred – during a 5 week period – 5 patients self-transferred – no harm to any patient or risk was identified.

Mr Gillespie added there are no patients transferring on ‘zero clock’. Wait times are being equalised; unless in the event of clinical needs being prioritised.

Mrs McKay provided assurances that oversight of this sits with the daily Site co-ordination hub; liaising with professionals advising patients of direct to bed status. This hub has x 3 daily link in.

Mr Guckian wished to have noted that there were further safety nets in place since the RQIA review and echoed that no member of the population will be disadvantaged.

Professor Taylor added that from a regional point of view the Trust were to be commended, stating they were leading the way in negotiating how we deliver general surgery and noting that he was greatly reassured by discussion today; the expansion of surgery in the West is reassuring from a regional stance. With regards to direct to bed patients, he agreed it would be wrong to allow geography to dictate priority for direct to bed status if patient with greater clinical need was already in the building. There had been a lot of inappropriate and inaccurate commentary over a long period of time in relation to the arrangements and provision of general surgery and Mr Taylor acknowledged and commended the work and commitment of the Western Trust management and staff.

Discussion was then in relation to patient communication. Acknowledgement that we are not as effective at communicating with patients as we could be; and agreement that a review such as this following a temporary change to pathways is extremely useful, highlighting the areas for focus or to be addressed. Dr McDonnell voiced that she felt it would be beneficial if a clear message was to be shared whether that be in relation to the temporary change or any potential permanent change in the future. There was agreement that as a Trust we could definitely further communicate what all DO have across sites, particularly SWAH and Omagh and what was not provided previously.

Date of next meeting –

Thursday 27th March 2025, 1.30pm