# Emergency General Surgery in the Western Trust Following the Temporary Suspension of Services at South West Acute Hospital: Pathways Inspection Report

## 12 November 2025 – 19 February 2026

# Western Health & Social Care Trust

Type of service: Acute Hospital

Address: MDEC Building, Altnagelvin Area Hospital Site, Glenshane Road, Londonderry BT47 6SB, Telephone number: 028 7134 5171

## Foreword

This inspection report format reflects the complex and evolving circumstances surrounding the ongoing mitigation of Emergency General Surgery pathways within the Western Health and Social Care Trust.

Accordingly, the report content includes commentary on actions taken by the Western Trust and reported to RQIA after the inspection had concluded, in order to present the most current and accurate picture of the situation in relation to such actions.

The inclusion of this additional information was considered to be in the best interests of the public. Any such updates have been clearly identified where they appear.

## 1.0 Service Information

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| **Responsible Person:**<br>Ms Karen Hargan | **Position:**<br>Chief Executive |
| **Person in charge at the time of inspection:**<br>Mark Gillespie | **Position:**<br>Director of Surgery, Paediatrics and Women's Health |
| **Brief description of how the service operates:**<br><br>The Western Health and Social Care Trust provides inpatient, day case and outpatient healthcare services for up to 300,000 people across an extensively rural geographical area.<br><br>Whilst there is a temporary suspension of Emergency General Surgery in South West Acute Hospital, the Emergency Department remains a Type 1 ED and part of the Major Trauma Network. | |

## 2.0 Background

In 2021, the then Minister for Health, Robin Swan, commissioned a Review of General Surgery in Northern Ireland, which can be accessed here. Published in June 2022, the Department of Health describes the review as a clinically led assessment established to address challenges within the current configuration of general surgery. These challenges include increasing surgical specialisation, the impact of new technologies, capacity constraints within existing structures, and rising demand, all of which mean that the current system is no longer meeting modern requirements.

In November 2022, the Western Health and Social Care Trust (the Trust) announced the temporary suspension of Emergency General Surgery (EGS) at the South West Acute Hospital (SWAH), due to issues securing sufficient substantive consultant general surgeons to maintain an out-of-hours rota for EGS at SWAH. This decision was effected on 18 December 2022.

The Trust undertook a 12-week consultation exercise in early 2023, setting out the clinical pathways to be implemented following the temporary suspension of Emergency General Surgery (EGS) at SWAH. The findings of this consultation were published in July 2023. The Trust's Chief Executive stated that there was "no evidence that the temporary change to the pathways at SWAH has negatively impacted patient clinical outcomes". This statement, along with a link to the Trust's report, can be found here.

On 22 February 2024, the Department of Health (DoH) commissioned RQIA to undertake a review of the Trust pathways, which were developed to mitigate the temporary suspension of EGS, make a report of the findings and make recommendations to support improvements in accessibility, quality and safety. The review also explored patient and staff experience since the pathways came into effect.

The review report, titled *Review of the Pathways Associated with the Temporary Suspension of Emergency General Surgery at South West Acute Hospital*, was dated October 2024 and published in January 2025. The report sets out ten recommendations and can be accessed here.

The DoH and the Trust responded to RQIA's independent Review and their response can be accessed here.

Subsequent to the publication of RQIA's independent Review, the Northern Ireland Assembly Health Committee requested quarterly written updates from the Trust on the status of each of the recommendations of the RQIA Review.

This inspection was undertaken in response to increasing intelligence received by RQIA from patients and relatives, highlighting concerns about patient safety in relation to the temporary EGS pathways.

**The Aim of the Inspection**

The aim of this inspection was to assess the effectiveness of the temporary emergency general surgery (EGS) pathways and the quality and safety of care delivered since May 2024.

**Regional context**

While the inspection centred on temporary Emergency General Surgery (EGS) pathways, patient experience and outcomes, it was conducted within a complex and sensitive environment. A range of broader factors were influencing how the pathways operated and how the findings from the inspection could be interpreted.

The temporary arrangements for the management of emergency surgery were in place for almost three years at the time of inspection. In the absence of an agreed permanent service arrangement, the longevity of the temporary arrangements has had an impact, with Trust staff and members of the local community expressing frustration with the ongoing uncertainty about service provision. It should also be noted that no additional resources have been provided or commissioned to alleviate pressures experienced by Northern Ireland Ambulance Service (NIAS) to support the changed pathways in terms of increased transfer activity, or out of area journeys to Altnagelvin Hospital. Nor have resources been commissioned to provide additional surgical bed capacity at Altnagelvin to accommodate additional admissions.

The Trust commissioned a private ambulance service (initially 8am to 8pm) to assist with SWAH to Altnagelvin patient transfers and, since the inspection, it has been confirmed that the service has been extended from 8am to 2.30am seven days a week. This inspection focused on a complex set of connected pathways including initial presentation at the SWAH; diagnosis; transfer by a variety of means (including ambulance and private transfer); assessment and admission at Altnagelvin Hospital; and subsequent clinical management. In addition, multiple providers played a role in operation of the pathways, including the Western Health and Social Care Trust, the NIAS Trust and private ambulance/transport services.

Due to the complexity referenced above, much of the feedback received during the inspection from staff cited challenges in ED, often about waiting times, the physical environment, privacy and dignity issues and poor staff morale. The inspection team was unable to fully disaggregate the impact of ED pressures on patients and relatives using care pathways from the wider, persistent pressures affecting EDs regionally and across the UK, as highlighted in reports such as the Department of Health's Getting it Right First Time Review (GIRFT) of Emergency Medicine in Northern Ireland and the Royal College of Nursing's January 2025 report, "On the frontline of the UK's corridor care crisis".

It was noted that activity levels were different across the hospital sites; the EGS pathway patients transferred from SWAH formed a small proportion of the total Altnagelvin Hospital admissions (reported as 2.4 patients per day at the time of inspection). However a significant portion of SWAH activity (reported as 5.6 patients per day) presenting at and managed at the SWAH, meant that there was a very different experience for staff at the two hospital sites and may explain the variance in how each perceived the effectiveness of the pathways, as is detailed later in this report.

While much of this report concentrates on the patient journey and experience within the Trust services, RQIA was cognisant of the important role of NIAS concerning emergency transport and patient transfer. In preparation for this inspection the inspection team considered published reports such as the Northern Ireland Audit Office report entitled; "Ambulance Handovers in Northern Ireland" published in March 2025 and the DoH report entitled: Northern Ireland Hospital Statistics: emergency Care 2023/2024 Revision originally published on 19th July 2024 and updated with the Revised Edition: 10th June 2025 (Patient Transport & Emergency Response section).

## 3.0 Inspection summary

An unannounced inspection of the Trust, with a specific focus on the temporary EGS pathways, commenced on 12 November 2025 and was completed on 19 February 2026 when feedback was provided to Trust representatives.

As part of the inspection process, feedback from patients and relatives who were present during the inspection visits to the hospital sites was sought in relation to their experience of the temporary EGS pathway. A link to an experience survey was prominently displayed at both hospital sites. The inspection also engaged with staff and patients on both sites (including NIAS crews) during the inspection visits. Inspectors reviewed documentation on Encompass (computer system and now implemented in the Trust - designed to create a single digital care record for all Health and Social Care service users in Northern Ireland).

Feedback regarding the experiences of patients and their relatives who had experience of the temporary EGS Pathway was mixed. Those spoken with face-to-face (n6) during the inspection visits reported mainly positive experiences, whilst feedback from an online survey (n4) was less positive and highlighted concerns reported in many EDs across the region and not just relating to the temporary EGS pathways.

The inspection team spoke with 30 staff in-person and received 30 responses from staff on the online survey, 29 of whom made comments.

During the inspections, and on both hospital sites, staff reported ongoing challenges with the implementation of the pathways. These challenges are impacted by NIAS's ability to respond to patient transfers in a timely manner, and challenges to decision making on patient acuity and urgency of transfers. Notwithstanding the Trust's protocol in place for transfers, ambiguity was reported around clinical 'ownership' of the patient while waiting in SWAH for transfer, and delays in handovers from NIAS on arrival at Altnagelvin Hospital. These issues have led to strained relationships between SWAH ED staff and the NIAS ambulance crews. A concerted effort is required to restore and improve relationships and communication both within the Trust staffing and with the NIAS workforce to strengthen collaborative working. Clarity on roles, procedures and pathways need to be more explicit. During a meeting with the Trust on 31 March, the Trust gave an undertaking to work to improve staff relationships and reported plans for a facilitated workshop between NIAS crews and ED Staff in SWAH for 12 May 2026 alongside further work to help staff better understand each other's roles and responsibilities.

At the time of inspection, on average 2.4 patients a day were admitted from SWAH to Altnagelvin via the EGS pathways, of which 95% were admitted directly to a surgical bed. A recent (January 2026) and independent analysis of Caspe Health Knowledge System (CHKS) concluded that there was a statistically significant reduction in mortality rate for patients undergoing emergency surgery within the Trust. Whilst improvement in mortality for admitted patients is a significant quality indicator, it is only one component of patient care.

The Trust reported that 5.6 patients per day who present at the SWAH for emergency general surgery related conditions are managed at SWAH and are not transferred. RQIA takes the view that the Trust should extend the scope of examining outcomes, to include the measurement of other quality indicators for a sustained period; and to include patients who are not admitted to the surgical wards at Altnagelvin. Patient experience must also be a key component. RQIA acknowledges that the Trust has a plan in place to complete a further audit cycle and that patient experience is reflected in the audit.

There were a number of effective mechanisms to identify, record and review risks associated with the EGS pathways. There was evidence that incidents were reported, analysed and escalated.

In conclusion, RQIA acknowledges improvement in a number of areas across the pathways including; the improvement in direct-to-bed admissions from SWAH to Altnagelvin; implementation of the learning from audits; and improved sustainability of the surgical team.

Furthermore, the Trust provided a review of DATIX reports for incidents relating to SWAH ED between 1 March 2025 and 28 February 2026; 20 incidents were identified, most of which related to ED-to-ED transfer issues and no evidence of patient harm was found. Nonetheless, staff in the Trust remained concerned and reported recurring themes attributed to the EGS pathway; these included issues relating to ED-to-ED transfer and coordinating access to transport between SWAH and Altnagelvin hospital for patient transfers.

Notwithstanding improvements in the EGS pathways, further measures are recommended to sustain and continue improvements. Specifically, the inspection resulted in the identification of four areas for improvement (AFIs) and these are described within the inspection findings section of this report. They are also stated in the associated Quality Improvement Plan (QIP); see section 8.

RQIA invited Trust representatives to a meeting to discuss the AFI's on 31 March 2026. The purpose of the meeting was to better understand the Trust's position and plans to address matters raised during earlier feedback (19 February 2026). The Trust representatives who attended the meeting provided supplementary evidence in response to the issues raised and this will be referred to throughout the body of the inspection report, some of which has been referenced in this summary.

## 4.0 How we inspect

RQIA inspections form part of ongoing assessment of the quality of Health & Social Care services in Northern Ireland. RQIA inspection reports reflect how services were performing at the time of the inspections, highlighting both good practice and any areas for improvement.

It is the responsibility of the Trust to ensure compliance with legislation, standards and best practice, and to address any deficits identified during RQIA inspections. Similar to all HSC hospital inspections, this hospital inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; and care provision was measured against the DHSSPSNI Quality Standards for Health and Social Care (March 2006).

Key lines of enquiry for this inspection included; governance arrangements in relation to the EGS pathways; patient outcomes; and patient and staff experience. These are referred to in the HSC Quality Standards including; Corporate Leadership, and Accountability of Organisations (Theme 1); Safe and Effective Care (Theme 2); and Flexible and Responsive Services (Theme 3). The methodology for the inspection includes listening and engagement with staff, service users and others; observation while on inspection; and review of written materials and data/information, relevant to the service area.

Two hospital sites were visited during this inspection:

- Altnagelvin Area Hospital (12 November 2025)
- SWAH (13 November 2025 and 15th December 2025)

The inspection team also met with NIAS staff at local level in Altnagelvin and SWAH, and met with representatives of the NIAS senior management team at their Headquarters in Knockbraken Health Care Park on 8 January 2026.

## 5.0 The Inspection

## 5.1 Inspection findings

The Trust was asked to provide information that related specifically to the temporary pathways associated with EGS at SWAH and Altnagelvin Hospital from May 2024 to October 2025 (in advance of the commencement of the inspection).

This included information in relation to incidents, risk management, complaints, staff concerns, compliments, auditing schedules and associated action plans, standard operating procedures/transfer protocols, and governance meeting minutes. This information will be referred to in relevant sections throughout the report.

### 5.1.1 Members of the public bypassing SWAH

During engagement with the Trust's senior management team, concerns were discussed regarding members of the public who had contacted RQIA prior to the inspection. These concerns related to individuals from the Fermanagh area who would ordinarily have attended SWAH Emergency Department (ED), but, following the introduction of the pathway, chose instead to bypass SWAH ED and present at Altnagelvin ED.

Members of the senior management team acknowledged this situation and recognised each patient's right to choose where they attend for care. However, they advised that no regional process has been established to capture this data, and therefore the number of patients bypassing SWAH ED during the inspection period is not known. They further noted that data on patients from the Fermanagh area who have self-presented to Altnagelvin ED should now be available more recently following the introduction of the Encompass system. For further information on Encompass, refer to section 5.1.6.

RQIA convened a meeting on 31 March 2026 with senior Trust representatives, during which the Trust reported that from the outset of temporary pathways implementation, they had access to a regional information dashboard for approximately 18 months. This enabled the Trust to monitor the number of patients being transferred/or presenting outside of the Trust (Southern Health and Social Care Trust; paediatric patients to Belfast Health and Social Care Trust). The DoH and the Strategic Planning and Performance Group (SPPG) retained oversight of this information. The Trust reported that numbers of patients presenting at other hospitals at that time were small. Furthermore, they advised that once Encompass is embedded in all Trusts, this type of information would be readily available. The Trust also reported, since the implementation of Encompass, SPPG no longer reports the information for Belfast and Southern Trust on their information dashboard.

### 5.1.2 Other pathways and models of care in SWAH

As already cited in the RQIA Review report (pages 11 and 12), there were a number of clinical pathways which were put in place when the temporary suspension of emergency general surgery commenced; *"where patients would 'bypass' the SWAH following assessment by NIAS with the patient taken directly to Altnagelvin Hospital. On some occasions, the patient may be taken to another acute hospital depending where the location of the incident has occurred. The NIAS crew also consider the NI Trauma Network 'Major Trauma Triage Tool' to determine the hospital destination"*

These by-pass pathways included;

- Upper Gastrointestinal (GI) Bleeding
- Acute Scrotal or Hernia Pain
- Abdominal Pain
- Trauma Management
- Post-operative complications (≤14 days)
- Children with head injuries
- Colorectal surgery
- General day case surgeries

  Note: General surgery patients who have not sufficiently recovered from day procedures at Omagh Hospital and Primary Care Complex (OHPCC) and SWAH will be admitted to Altnagelvin Hospital, with the exception of Gynaecology patients who will continue to be managed at SWAH.

During the meeting held on 31 March 2026 the Trust advised of a number of additional pathways for emergency general surgery as a direct consequence of the Trust's learning gained from Cycle 1 and Cycle 2 audits of the EGS pathway. It was reported that this had resulted in the growth of ambulatory care services (in Omagh and SWAH), which has reduced the number of patients requiring transfer from SWAH to Altnagelvin Hospital. It was reported that 5.6 patients per day, with emergency general surgery related issues, remain in SWAH and receive same-day or next day care through the Emergency Surgical Ambulatory Assessment Unit (ESAAU).

RQIA sought to ascertain if some patients with surgical issues remained at SWAH for several days, and during such periods sought clarity on the clinical management of those patients while remaining in SWAH. The Trust referred to the updated pathways and acknowledged the need to include information and outcomes for patients managed at the SWAH, which they advised, will be addressed in the cycle 3 audit.

Other developments were reported including;

- Ear Nose and Throat (ENT) Rapid Access Clinic in SWAH
- A revised palliative care pathway for surgical patients
- Updated guiding principles and pathways to reflect roles and responsibilities with respect to clinical responsibility while patient's remain at SWAH and
- Prioritisation of ambulance bookings for patients transferring to Altnagelvin Hospital

It was also reported that further steps have been taken to create protected capacity for SWAH patients arriving in Altnagelvin Hospital to include;

- A protected escalation bed for Urology patients transferring from SWAH, as well as two beds protected in the Altnaglevin surgical ward.
- A Transfer/Repatriation pathway for those patients requiring rehabilitation in SWAH after a stay in Altnagelvin Hospital.

The Trust further advised that staff have been recruited into the ESAAU services across the Trust with the prospect of the service running 7 days per week from 8am to 8pm. In addition, the Trust reported that it has recruited a full complement of surgeons across all grades.

### 5.1.3 Application of the EGS pathway

During the onsite element of the inspection across both hospital sites, there was notable variation in the perspective of staff on the effectiveness of the EGS pathway; this was site dependent. Senior managers based in Altnagelvin believed the EGS pathways were working well. They did however acknowledge that challenges were encountered when the pathways were first introduced, but believed these had resolved over time. Staff in SWAH did not always concur with this position.

The Trust's senior management team outlined two process-mapped pathways. One refers to the pathway to be followed for acute surgical adult patients who present at SWAH. The second pathway refers to the path to be followed for critically unwell general surgical patients. Both pathways require the involvement of a middle grade doctor or above in the decision-making about the transfer of a patient to Altnagelvin. The pathways outline that an agreement and consultation must occur with the receiving consultant or middle grade doctor in Altnagelvin who agrees to accept the patient. Once this agreement is reached, patient flow staff in SWAH make contact with patient flow staff in Altnagelvin to ascertain which ward or resuscitation area the patient is to be admitted to. Once determined, a call would be made by SWAH to the Regional Control Centre (RCC) to request the dispatch an ambulance to facilitate the patient transfer. The RCC allocates an ambulance crew once clinical priority has been determined.

### 5.1.4 Interface issues

Stabilisation by the ED team prior to patient transfer reflects normal practice. However, because of such measures when the NIAS crew arrive the clinical presentation of the patient may appear less urgent than when the request for transport was made. It was reported that this scenario compounds relationship difficulties between hospital and ambulance staff.

SWAH staff including consultants, patient flow teams, and ED personnel expressed frustration that, even after a transfer has been agreed and arranged, NIAS is often unable to provide timely transport. Despite protocols being in place staff reported some uncertainty on whom to consult if a patient deteriorated. This was discussed with senior managers on the day of inspection and they advised that immediate consultation should take place with the ED Consultant who would then discuss with the SWAH surgical doctor who assessed the patient as requiring transfer and/or the accepting surgical consultant in Altnagelvin.

While pathways were in place, SWAH consultants reported concern for those patients requiring transfer but for whom the time and distance of transfer may compromise their wellbeing/condition, albeit this is a rare occurrence. In the majority of circumstances, there is no doctor or nurse available to accompany the patient in the ambulance. This is a common issue across Northern Ireland; however, it is accentuated in SWAH due to the greater time and distances involved. In addition, SWAH is a smaller hospital and it may be more difficult to provide suitably skilled staff to accompany a patient in an ambulance.

Nevertheless, the Trust reported during the feedback session held on 19 February 2026 with Trust representatives, that a business case has been proposed by the EM consultants in SWAH for a dedicated surgical transfer team. This team would ensure that patients requiring interventions such as IV therapy, chest drains, or nasogastric tubes receive appropriate clinical support during transfer. Senior Trust representatives advised that this business case has not yet been submitted for consideration, as it requires further work. EM consultants expressed the view that such a team would significantly improve the management of clinical risk during transfers. Trust representatives confirmed that an update on the business case proposal would be added to the agenda for the next monthly ED forum at SWAH.

During the meeting held on 31 March 2026 senior Trust representatives reported an improved situation, with a sustained focus on direct to bed transfers and they reported that currently 95% of all patients who required to be transferred go directly to an in-patient bed in Altnagelvin Hospital. In addition, the Trust reported on NIAS data illustrating no significant delay for patients transferring from SWAH ED versus the region. The Trust reported an improving picture in relation to NIAS response times for Category 2 calls from SWAH to Altnagelvin since 2024/25 to 2025/2026. Both the Trust and NIAS provided information that NIAS response times for Category 2 calls for the Trust is better than the mean response time for the region.

Trust representatives further reported that funding has been secured for the appointment of a Hospital Ambulance Liaison Officer (HALO) at SWAH ED. Currently, only the five main hospitals in the region have HALO support, and the Trust believes expanding this role to SWAH will provide valuable assistance to ED staff. In addition, the ESAAU consultant at SWAH is available daily, and safety huddles between SWAH and Altnagelvin Hospital surgeons take place each day via video link.

Trust representatives also outlined their plans to improve relationships between NIAS crews and ED staff in SWAH and confirmed that a facilitative workshop has been arranged for 12 May 2026, supported by the RCC to help mend relationships between NIAS Crew and ED staff from SWAH ED. This workshop will help develop a shared understanding of each other's roles. Plans are also underway to support reciprocal shadowing opportunities, enabling SWAH Trust staff to spend time in NIAS ambulance control and with NIAS crews, and vice versa, to strengthen awareness of the operational pressures each service faces.

Two areas for improvement (AFI) have been made in relation to the application of the EGS pathways; and staff engagement, communication and collaborative team working. Refer to section 8.

### 5.1.5 Monitoring patient outcomes through audit

Since the EGS pathways have been introduced, the Trust have conducted a number of audits (two reported) to monitor the impact on patient outcomes. RQIA reviewed both audits and identified a number of concerns. Notably, compliance with the requirement for all critically unwell patients to be assessed by a Surgical Middle Grade Doctor at SWAH before transfer reduced between Cycle 1 and Cycle 2. In Cycle 2, two out of five patients bypassed this requirement. Overall, middle-grade assessment rates fell from 42% in Cycle 1 to 29% in Cycle 2 despite an increase in out-of-hours presentations.

Transfer times averaged 6.8 hours and nearly half of patients waited over six hours from acceptance to transfer. This likely impacted elderly patients more given their significant representation in the audit. The audit did go on to recommend disease-specific pathways and service development at SWAH.

At the time of inspection, the RQIA review of the two audits found that the data did not consistently measure clinically relevant processes or outcomes. There were gaps in the data, including a lack of recording of patient's locality, or where the patient transferred to, to enable analysis and outcomes to be assessed specifically for those geographical populations affected by the temporary suspension of EGS at the SWAH. There was no data available on patients who live in the Omagh and Fermanagh area who would normally be served by the SWAH and who may have chosen to self-present elsewhere. Overall, the Cycle 1 and Cycle 2 audits highlighted that current data collection is not capturing the wider scope of the extent of the pathways, nor process or outcome measures, to meaningfully assess performance, quality of decision-making, or the wider system impact. This reinforces the need for clearer, standardised metrics that focus on timeliness, senior involvement, clinical outcomes and how well services work across and between both hospital sites.

Trust representatives confirmed at the meeting on 31 March 2026 that audit Cycle 3, which at the time of inspection was being planned, would be a core component of future discussions at the monthly Morbidity & Mortality (M&M) meetings. The Cycle 3 audit will cover the entire patient pathway, including EGS cases managed at SWAH and not transferred to Altnagelvin. It was advised the M&M Lead would play a key role in supporting this work.

CHKS data (independently verified) report entitled *"Review of mortality and selected quality indicators for emergency surgery patients"* for the Trust was shared via email on 6 February 2026. CHKS analysis is nationally accepted data that is universally measured and counted to enable comparison across hospitals. This report uses statistical process controls to identify any statistically significant variation in performance that may be linked to the change in provision of emergency surgery, assessing the following set of quality indicators: Mortality rate; Risk Adjusted Mortality Index (RAMI); Average length of stay (Commonly abbreviated as LoS); Readmissions within 30 days; and others.

The following paragraph is an excerpt from this report.

> "The data shows a clear and statistically significant reduction in mortality rate for emergency surgery patients following the revision to surgical services. Readmission rates within 30 days have also reduced, but there is some fluctuation within recent months, so more data is recommended. Across the other quality indicators, there appears to have been a short-term improvement but this is either not sustained or not directly linked to the consolidation of surgery to Altnagelvin. Data over a longer period of time will be needed to determine if there have been any longer-term effects."

The report noted the need for caution in interpretation at this stage. While the availability of the CHKS report is welcome, the CHKS report is limited to assessing clinical outcomes for patients admitted to the inpatient EGS wards at Altnagelvin, with no distinction between patients transferred from SWAH and those admitted directly from across the wider Derry/Londonderry and surrounding geographical areas. As such, this analysis of inpatient care represents only one part of the EGS pathways: the Trust reported that around two thirds of patients who present to SWAH with EGS issues are managed at SWAH and are not transferred to Altnagelvin wards, and outcomes for these patients must be captured to provide a meaningful assessment of pathway performance.

An AFI has been made regarding assessing patient outcomes across the whole EGS pathways, and particularly the ability to identify outcomes for populations affected by the EGS pathways. Refer to section 8.

### 5.1.6 Encompass

Encompass was introduced in the Trust in May 2025. It is a programme designed to create a single digital care record for all Health and Social Care service users in Northern Ireland.

RQIA reviewed six Encompass records for EGS patients attending SWAH ED to understand the patient journey from arrival to discharge or transfer.

It was found that arrival times, ED practitioner assessment times, and subsequent clinical entries were consistently time-stamped. Records demonstrated evidence of ongoing care and treatment, including immediate interventions and diagnostic tests such as X-rays, CT scans, and ultrasound scans.

SWAH ED staff reported that Encompass enables them to view total waiting times for patients requiring transfer to Altnagelvin ED; however, they emphasised that accuracy is dependent on consistent and correct user input throughout the patient journey. Altnagelvin staff were not aware that total waiting times were available within Encompass but confirmed they receive this information verbally from ambulance personnel and through accompanying clinical documentation for transferred patients.

While Encompass data can support monitoring and auditing, RQIA understands that retrieving the required information is time-consuming, as it must be extracted manually from patient records. During the meeting with senior Trust representatives held on 31 March 2026, the Trust advised that Encompass has the capability to incorporate the additional metrics, and they intend to utilise this functionality within their audit programme.

### 5.1.7 Managing risk, complaints and incidents

The inspection team sought evidence that the Trust had systems to prevent, identify, assess and manage risk; including the review of adverse incidents related to the EGS pathways and to ensure the Trust had mechanisms to share any associated learning.

**Risk assessments**
A sample of risk assessments from May 2024 were shared with the inspection team. It was determined identified risks are escalated through relevant structures and incident-reporting processes were and are followed.

**Datix**
Datix incident reports in relation to the temporary EGS pathway were reviewed. Overarching themes included a lack of shared understanding of and agreed application of the pathways especially surrounding transfer arrangements from SWAH to Altnagelvin, incidents surrounding delays in transfer and with communication. A review of a large volume of additional emails detailed staff efforts to resolve and follow-up issues in relation to the EGS pathways, this evidenced significant efforts made by front line staff to address the issues.

Staff reported that they received good support from immediate management and felt comfortable escalating issues with their managers. However, some frustrations were voiced that, whilst concerns were escalated up to senior management, there was very little reassurance or communication filtered back from senior managers to local managers and staff on the frontline dealing with challenges on a daily basis. The Trust did however provide evidence of regular communication with staff.

**Complaints**
Seven complaints were shared with the inspection team that had been submitted to the Trust since May 2024, which specifically related to the EGS pathways. Four related to the public consultation for the EGS pathway and were received in July 2025. In each response, the Trust acknowledged that the consultation process on the permanent service model had been paused. The Trust assured the inspection team that they were committed to ensure any revised process represents genuine engagement with its population. Three concerns related to quality of care and the Trust is progressing an investigation into two of these complaints. About the third complaint, the complainant has received an apology from the Trust who accepted that their experience was poor; part due to a number of issues based on system pressures. Upon review of these cases, RQIA determined that the Trust acknowledged and investigated each complaint in relation to the EGS pathways since May 2024.

**Serious adverse incidents (SAIs)**
The Trust was asked to submit details of SAIs that relate to the EGS pathway since May 2024. The Trust returned details of two incidents that were/are reviewed under the SAI process as they relate to the EGS pathways since May 2024. One SAI notification form was received which outlined the incident and additional supplementary information was provided indicating learning was identified. The remaining case is being reviewed and the report is being progressed.

**Rapid review group (RRG)**
The Rapid Review group is a Trust wide multidisciplinary, cross-site meeting. It monitors and assesses safety indicators such as SAIs and complaints to maximise the potential for identifying and sharing learning as quickly as possible.

A sample of the action notes of RRG meetings were reviewed for period May – Oct 2025. Meetings occur weekly. There was evidence that the matters discussed in the meetings included: SAIs; datix incidents; learning letters; and early aslerts. The action note evidenced that teams were encouraged to ensure timely progress of SAIs to closure and actions included reference to SPPG targets. Action notes of the meetings record decisions to agree closure of Datix incidents following review of closure information.

At the meeting with senior Trust representatives held on 31 March 2026 the Trust clarified that although some staff raised concerns about '*batch closure*' of Datix incidents, the RRG issue a closure report that is returned to the relevant team for action. This is not a batch closure. A briefing paper on recurring themes and learning from the incidents reviewed feeds into the RRG and summary reports are prepared for the Clinical and Social Care Governance Committee meetings. The Trust advised that learning is disseminated to staff via their line managers.

Senior Trust representatives also reported at the meeting held on 31 March, that they had reviewed Datix reports for incidents relating to SWAH ED between 1 March 2025 and 28 February 2026 and identified 20 entries, most of which related to ED-to-ED transfer issues. It was reported that no evidence of patient harm was identified in the incidents reviewed by the Trust. It was reported by the Trust that NIAS undertook a similar review of appropriate incidents and found no evidence of harm associated with the interface incidents.

The numbers of new complaints each week are noted, as are how many have been closed**.** There is limited narrative about specific SAIs but the minutes evidenced group discussion on the quality of investigations to be undertaken, where notifications of incidents were going to SPPG.

SWAH EM consultants reported several serious cases involving prolonged ED stays for patients with bowel perforation or gastrointestinal bleeding; with multiple adverse incident reports submitted, (These occurred prior to the May 2024). While aware of the RRG, they reported no direct involvement in this process and that opportunities to participate in RRG decision-making were limited. In contrast, senior Trust representatives provided evidence of meetings held with consultants and advised that EM SWAH consultants are encouraged to take on governance leadership roles and to engage more actively in RRG processes but to date none have taken up these opportunities.

EM consultants questioned the interpretation of mortality trends and whether patients receiving palliative surgical care but managed medically were excluded from reported mortality data. They refuted suggestions that patients had not come to harm and cited cases where requests for external review were not supported.

However, senior Trust representatives at the meeting held on 31 March 2026 confirmed that learning from M & M meetings, including lessons from incidents and SAIs, are shared with all clinical teams. The induction pack for surgical doctors contains learning from SAIs and Datix. Participation in Datix investigations is also discussed at appraisal meetings and that ED teams attend daily safety huddles across sites to share key information.

RQIA confirmed there are a number of effective mechanisms to identify, record and review risks. There was evidence that incidents were reported, analysed and escalated appropriately. At the meeting held on 31 March 2026 the Trust gave a commitment that from 1 April 2026, SWAH ED staff will be formally invited to RRG meetings whenever a red-level incident or red Datix matter is being discussed, recognising their key role in the implementation and development of the EGS pathways.

While positive steps have been taken to identify and manage risks associated with the EGS pathways, collective leadership arrangements for governance and oversight require continued embedding and strengthening to ensure shared ownership of risks, mitigations and actions taken. This approach is required with any service/system change.

An AFI has been made in relation to risk and incident management processes associated with the EGS pathways. Refer to section 8.

### 5.1.8 Engagement with medical director and director of surgical services

The Medical Director and Director of Surgical Services provided assurance that the EGS pathways are supported by senior clinical oversight, established governance arrangements, and routine audit. Transfer decisions are led by consultant surgeons, with approximately 2.4 patients from SWAH were admitted daily to Altnagelvin. Audit and CHKS mortality data demonstrated a statistically significant improvement in outcomes following pathway implementation, addressing previously elevated Risk Adjusted Mortality Index (RAMI) scores at SWAH. Acknowledging this report focuses on patients admitted to the emergency surgical wards at Altnagelvin Hospital from all geographies, some caution is required when attributing these improvements solely to the pathways, as other factors including the significant work undertaken in respect of recruitment to all surgical tiers within the Trust. This recruitment has facilitated improvements in on-call arrangements with the separation of upper and lower Gastroenterology (GI) surgical teams.

Although data captured prior to the introduction of Encompass (May 2025) was limited, it was reported that subsequent monitoring has not identified systemic safety issues associated with EGS transfers. Both senior leaders expressed confidence that the pathways have enhanced patient safety, whilst acknowledging that patient experience is not consistently optimal especially where a transfer is required.

### Surgical services and Clinical effectiveness

The Medical Director reported that general surgery services across the Trust comply with current safety standards. Consultant-led Emergency Surgery Ambulatory Assessment Units (ESAAU) operate on both sites, supporting improved patient flow and access to care.

The Director of Surgical Services advised that clinical effectiveness is monitored through routine audit of all transfers from SWAH for admission to the Altnagelvin in-patient wards. It was advised that the Cycle 1 and 2 audit findings have informed standing operating procedures, including those for abscess drainage and gallbladder surgery at Omagh Hospital Primary Care Complex (OHPCC) and SWAH. This development is important to ensure that patients, where clinically appropriate, can have their surgery closer to home. Initially, two inpatient beds were protected for EGS pathway patients at Altnagelvin Hospital, but these were lost due to sustained demand pressures.

At the meeting held on 31 March 2026, senior Trust representatives advised that an escalation bed is now available for urology patients, along with the two surgical beds again protected for SWAH transfers.

Patient safety is further supported through consultant authorisation of all transfers, joint decision-making for patients requiring palliative care, and exclusion of such patients from transfer where clinically appropriate. While priority handover at Altnagelvin ED for transferred patients generally works well, it has historically been more challenging outside normal hours. The Trust reported on 31 March 2026 that this situation has improved, with 97% of patients transferred directly to an inpatient bed at Altnagelvin.

RQIA remains of the view that a patient accepted for transfer from SWAH to the surgical wards at Atlnagelvin, should not have a further wait in Altnagelvin ED. RQIA recognises there may be occasions when a patient, due to clinical complexity, may require further assessment and ED is usually the most appropriate area to do this. In those circumstances, the ED represents a feasible location for determination of the patient's ongoing clinical needs. This is specific to transferring cases needing further ED clinical assessment.

## 6.0 What people told us about the service

### 6.1 Patient & relative experience

Whilst the Trust reported on its patient experience surveys, RQIA also sought feedback on patient experiences of those patients who accessed the temporary EGS transfer pathways to understand their experiences.

Feedback on experience was acquired through several methods; face to face interviews with patients and/or relatives; the completion of an online survey via a QR code displayed on posters positioned around the EDs; or if individuals preferred they could avail of postal questionnaires which were left with senior staff on both sites to be distributed to patients who were subject to the EGS transfer pathways.

Despite the significant efforts made to gather feedback throughout the course of the inspection, only ten responses were received in total from patients or their relatives.

During the inspection, inspectors met face to face with six patients and / or their relatives, (five from Altnagelvin and one from SWAH). A further four responses were received from patients and/or their relatives from Altnagelvin Hospital via the online survey.

As part of the semi-structured online survey, respondents were asked to rate the service provision in terms of safety, compassion, effectiveness and service management.

Feedback from patients and relatives who completed the online survey was mixed and it was evident that the wider issues frequently reported in EDs, such as long delays waiting for an inpatient bed, clinical care being provided on corridors and an overwhelmed staff, were being reflected as part of some responses. A number of respondents stated that whilst care was compassionate and effective in some cases, patients and / or their relatives did not feel safe or protected from harm in Altnagelvin Hospital ED.

Despite the concerns reported regarding their experiences, there was recognition by patients and relatives that staff were doing the best they could given the challenges they were presented with.

In contrast to this, patients and relatives interviewed on a face-to-face basis, as part of this inspection spoke very highly of the care and treatment received from all professionals throughout their journey, including hospital staff on both sites and ambulance personnel. They described staff as being very caring and compassionate throughout. Although some expressed frustration at experiencing frequent delays whilst awaiting surgery or the need to travel many miles from home to receive appropriate care and treatment, patients and relatives understood the reasons for their transfer and they were kept informed of their care and treatment.

**Care Opinion**

Care Opinion is a platform used by Trusts to capture patient and service-user feedback. RQIA reviewed stories in relation to the EGS pathways at SWAH and Altnagelvin Hospital, focusing on those published between May 2024 to October 2025. It was noted that service user feedback from Care Opinion in relation to SWAH and Altnagelvin Hospital was varied; with a number of reports highlighting that high standards of clinical care was experienced whilst others reported concerns with delays in accessing appropriate care and treatment.

**6.2 Staff engagement online survey**

As part of this inspection, RQIA extended an opportunity for all staff who were impacted by the EGS transfer pathways to share their thoughts and experiences by completing an online anonymous questionnaire. The questionnaire was accessed via a QR code printed on posters, which were situated throughout the EDs in Altnagelvin and SWAH. The survey remained open for two weeks. At the end of two weeks there were eighteen responses received from staff in Altnagelvin site and a zero response rate from staff in SWAH.

In an effort to ascertain why no response was received from SWAH, the inspection team completed a further visit to SWAH on 15th December 2025. Verbal reports from members of the senior management team indicated that staff in SWAH were frustrated with the prolonged and ongoing discussion about the pathways and now had a degree of apathy with providing feedback given it had been in operation for three years. Members of the senior management team agreed they would encourage staff and increased circulation of the anonymous survey by email distribution. In addition, several more posters with the QR codes were positioned in the ED, staff room and some wards. Hard copy questionnaires were also left with pre-paid, addressed envelopes, and survey closed on 5 January 2026. Eight staff from SWAH completed the survey during the extended time frame.

As part of the semi-structured online survey, respondents were asked to rate the service provision in terms of safety, compassion, effectiveness and service management.

The majority of staff respondents at Altnagelvin Hospital (n18) felt service users were not safe and protected from harm, and (n17) respondents believed care delivered to service users was not effective. Many staff respondents (n 14) believed service users were not treated with compassion and believed the service was not managed well.

Meanwhile, staff respondents at SWAH reported they felt service users were safe and protected from harm, and believed care delivered to service users was effective (n6). The majority of staff respondents (n7) believed service users were treated with compassion and (n6) believed the service was managed well.

**Altnagelvin staff comments specifically related to the EGS pathways:**

Staff reported they were disheartened when they have to inform patients who come from SWAH and who expect to receive a bed upon arrival that they cannot be admitted to a surgical bed as one does not exist.

Staff had concerns that surgical patients from SWAH have exceptionally long journeys to endure to attend an ED that is already overcrowded and has a lack of beds. Staff reported this could be isolating patients from their families at a time when they are most vulnerable due to the distance and time taken to travel.

There were concerns in relation to communication. Staff reported the surgical team routinely changes patient's plans, but often the nursing team are not updated on the changes. Some staff acknowledged that the current service pressures also affected NIAS staff who are responsible for the transfers between the hospitals.

The staff comments detailed above do not take into account advances implemented by the Trust (reported to RQIA on 31 March 2026).

**SWAH staff comments specifically related to the EGS Pathways:**

Since the temporary emergency general surgery pathway has been implemented, staff reported the patient's journey to hospital is longer and more stressful, and their care and treatment is delayed and not effectively managed.

As referenced in section 2.0, much of the staff feedback reflected broader ED challenges such as long waits, issues with the physical environment, compromised privacy and dignity, and poor staff morale. These responses are detailed in Appendix 1.

### 6.3 Face-to-face engagement

The inspection team sought to understand staff experiences implementing the transfer pathways to assess if they believed it was working as intended and to assess if staff believed patient care was delivered in a safe, effective manner.

Inspectors met face-to-face with over 30 staff from a range of disciplines and roles, which included doctors, nurses, patient flow staff, managers, service leads, assistant directors, directors and NIAS staff across the two hospital sites.

All staff engaged with on both sites were familiar with the surgical pathways introduced because of the temporary suspension of EGS in SWAH in December 2022. They were able to describe the pathways in use with patients clinically assessed as requiring transfer to Altnagelvin for EGS. However, when the pathways were introduced EM consultants at SWAH expressed significant concerns regarding the pathway's implementation and operational impact. While they did not support the temporary suspension of EGS locally, they worked proactively to mitigate patient safety risks.

It was reported that initial implementation was characterised by uncertainty and inconsistent arrangements, with interim pathways developed by EM consultants due to delays in securing surgical assessments. Final pathways were not formally signed off for approximately one year. Although clarity and consistency have since improved, challenges remain in securing timely acceptance of patients for transfer.

Staff reported pathways do not always run smoothly with issues being highlighted at each stage. Staff reported witnessing non-consultant surgeons having challenging conversations with the surgical team in Altnagelvin when there is a reluctance to accept patients unless all available diagnostic tests have been carried out at SWAH. SWAH staff reported that diagnostic tests (namely radiology or ultrasound scans) were not always being carried out in a timely manner due to a lack of available appointment slots and no availability over weekends.

Some staff were unsure regarding which category of patients can be reviewed in SWAH's Surgical Ambulatory Care Unit that operates during weekdays and there were reports of a lack of available ambulance resources or delays in ambulance vehicles arriving to SWAH ED; and difficulties with patients not wanting to transfer to Altnagelvin away from their family, particularly where the patient or their immediate family members are elderly.

Staff in SWAH raised concerns about feeling constantly in conflict either with other professionals, such as ambulance personnel, or with patients who were unhappy about their waiting times or that they required transfer to Altnagelvin. Staff, particularly in SWAH ED also reported that quite frequently they were subject to verbal abuse from patients and relatives who are frustrated with the waiting times in general and due to the transfer to Altnagelvin for ongoing care and treatment.

Staff reported that they were constantly challenged around ambulance availability and ambulance bookings, frequently questioned by NIAS personnel regarding the rationale for booking an ambulance to transfer patients as part of the EGS pathways. This was particularly evident in SWAH ED where staff reported that relationships with ambulance staff had come under increasing pressures to the extent where it was felt that professional relationships had broken down since the implementation of EGS pathway.

Staff reported that, whilst the acceptable standard is to ensure patients transferring from SWAH ED to Altnagelvin go directly to an in-patient surgical bed, there are occasions where patients may experience an ED to ED transfer for example if they require emergency clinical care, and also if they require urgent transfer and there is no surgical bed available in Altnagelvin ward.

Generally, staff felt there was no difference in the implementation of the EGS pathway during core working hours or at weekends and overnight however, they did indicate it was more difficult to contact consultant surgical staff out of hours. SWAH staff, reported frustrations when a transfer has been agreed and arrangements to transfer the patient have been made, but NIAS are unable to facilitate the transport for a considerable amount of time.

Staff in SWAH reported that there had been a successful recruitment drive for more staff, and six more nursing staff were due to take up post. In addition, existing staff described opportunities to develop their skills and expertise with full support of their management. This contradicts the previous information received from staff who responded to the online questionnaire.

During the feedback session, members of the Trust senior management team highlighted that there are clear communication issues with SWAH staff regarding access to CT and ultrasound scans within diagnostic services over weekends.

## 7.0 Engagement with NIAS

### 7.1 Frontline NIAS staff feedback regarding the use of the pathways

The inspection team also approached NIAS staff in person at both sites. Whilst some engagement did occur at the Altnagelvin site on 12 November 2025, opportunities were limited to speak with NIAS staff during the initial visit to SWAH on 13 November 2025 due to workload pressures. During the second visit, (15 December 2025) NIAS staff were offered a hardcopy questionnaire to complete at their convenience.

In an effort to elicit additional responses members of the inspection team attended the NIAS hub in Enniskillen, met with the station manager and left posters with the QR code and additional hardcopy questionnaires and asked if he would encourage staff to complete either the online or hardcopy questionnaire and return them by 5th January 2026.

NIAS staff were also afforded an opportunity to report on their experience on facilitating transfers in accordance with the pathways. NIAS staff had the opportunity to inform the inspection via responding to online questionnaires or via completion of hardcopy questionnaires. Fourteen NIAS staff responded, four through the online platform and ten via submission of hardcopy completed questionnaires.

NIAS staff described a breakdown in communication between themselves and ED staff in SWAH and Altnagelvin and feel that when they raise concerns through Datixes they are not acknowledged or addressed. NIAS staff expressed they were experiencing burn out and the cumulative impact of these long-standing issues was affecting their overall wellbeing.

An AFI has been made in relation to staff engagement, collaborative team working with all stakeholders and communication. Refer to section 8.

**Summary of face-to-face engagement with NIAS staff**

As part of the semi-structured online survey, respondents were asked to rate the service provision in terms of safety, compassion, effectiveness and service management. Four staff respondent's felt service users were not safe and protected from harm, and three believed care delivered to service users was not effective. There was a mixed response to whether or not staff felt service users were treated with compassion and (n3) believed the service was not managed well.

All confirmed that they were aware of the various pathways in use including the by-pass pathways and the EGS pathways. Ten NIAS staff were of the opinion that the pathways were not effective in practice and felt a number of patients were being transferred unnecessarily.

There was particular concern for frail elderly patients being transferred long distances.

NIAS staff commented on the pressures on the provision of emergency ambulances and expressed concerned that the demand on emergency vehicles for transfers affects the overall availability of emergency ambulances therefore leaving the rural community vulnerable.

Other staff also expressed frustration when patients are frequently being transferred from ED to ED rather than direct to a ward as this results in extended handover times in Altnagelvin.

### 7.2 NIAS senior management

In an effort to ensure NIAS voice was heard, members of RQIA's senior management team met with representative of NIAS senior management team on 8 January 2026.

The purpose of the meeting was to hear more about NIAS's *risk based* approach to the timing of facilitating transfers from SWAH ED; to discuss staff relationships in the Trust and particularly relationships with SWAH, and to better understand the information NIAS was monitoring in respect of the implementation of the EGS pathways and if it showed any material difference compared to other areas in Northern Ireland.

**Risk Based Approach**

NIAS advised that when the pathways were first put in place they used over-time however, that was not sustainable, as there was no recurrent funding, NIAS use a risk based approach and transfers that are deemed time critical are transferred as soon as resource is available whereas patients who are being transferred for less urgent issues such as planned surgery or investigation may be held until a definitive destination is provided e.g. a bed.

In general, NIAS felt that the prehospital component of the EGS was working well and that the greatest risk was the ED-to-ED transfers. They reported other hospitals in the region who had similar arrangements in place for emergency general surgery with transfers to another hospital, (Daisy Hill Hospital to Craigavon Area Hospital) which was working effectively when all patients are transferred directly to a bed or go for definitive treatment. NIAS advised that they also have to facilitate ENT, trauma and orthopaedic, urology and maxillofacial transfers from SWAH and Omagh which also place significant demands on their service.

NIAS senior management reported that there was a knock on effect for all these transfers and advised it is not uncommon for the Enniskillen area to have no ambulances. There are three ambulances in total for the Enniskillen area.

When asked about transferring patients who require IV fluids and blood transfusions, NIAS management advised that transferring patients who need IV Fluids en-route are not an issue but a nurse or doctor does need to accompany patients who require blood transfusion/chest drains, stroke lysis treatment etc. They advised that private ambulances have no paramedics and do not transfer patients who require IV fluids.

**Relationships between NIAS and Western Trust staff**

When asked about senior relationships with the Trust, NIAS senior management team reported that they are good however; they stated they believed there is a difference between SWAH and Altnagelvin sites. They reported that there were many agreements made regarding handover of patients but they do not materialise and the ambulance crews have lost confidence. They reported that regional handover times in NI average at 80 minutes as opposed to 31 minutes in England and they believe once ED becomes overcrowded, staff cannot see beyond their doors and this is problematic for those patients waiting in ambulances. The Western Trust have now put in place a number of interventions discussed earlier in this report to help address these issues, reporting 95% of transfers are to an identified bed and more recently that has increased to 97%.

RQIA reported to NIAS that staff in SWAH believed that ambulance control was second-guessing their clinical judgement and their decision making regarding patients who need transfer and the urgency of the transfer. NIAS medical director advised that there is a national set of questions that are to be asked to help determine patient acuity and urgency. Category 1 calls relate to immediate lifesaving and CPR situations (target response 8 minutes). Category 2 calls generally relate to patients who have suffered a suspected stroke or where there is danger to life and limb, and pressure to treat e.g. patients who need to go straight to theatre are prioritised. The target response is 18 minutes; however, the mean time achieved for the region is 49 minutes, whilst it is 43 minutes for the Trust. He also stated that if a consultant deemed a transfer critical that they would never question this. Category 3 calls are to respond to fractures and Category 4 calls respond whenever an ambulance is free.

RQIA remain of the view, as recommended in the Review (October 2024), that there is a need for the Department of Health to consider the provision of a more sustainable and resilient ambulance capacity to strengthen the model supporting emergency surgical services within the Trust area, and address concerns about the impact on NIAS services more widely in the area.

An AFI has been made in relation to staff engagement, collaborative team working with all stakeholders and communication. Refer to section 8.

## 8.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Quality Standards for Health and Social Care DHSSPSNI (March 2006).
The Quality Standards for Health and Social Care 2006 state that organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver monitor and promote safety and quality improvements in the provision of health and social care.

| | Standards |
|---|---|
| **Total number of Areas for Improvement** | 4 |

AFIs have been identified where action is required to ensure compliance with the Quality Standards for Health and Social Care DHSSPSNI (March 2006).

The Quality Standards for Health and Social Care 2006 state that organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver monitor and promote safety and quality improvements in the provision of health and social care.

| **Quality Improvement Plan** | |
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| **Action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006)** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 4.1<br><br>**Criteria:** 4.3 (a) (h)<br><br>And<br><br>Standard 8.1<br><br>**Criteria:** 8.3 (d) (e) (f) (i)<br><br>**To be completed by:**<br>19 June 2026 | **Application of the EGS Pathways**<br><br>The Trust should ensure that the Emergency General Surgery (EGS) service operates as a cohesive, coordinated and clearly defined single service across all relevant sites. To achieve this, the Trust should:<br><br>1. **Develop, approve and implement** a single set of EGS pathway protocols that outline clear, unambiguous roles, responsibilities and decision-making processes for all staff groups.<br>2. **Ensure effective communication** of the updated EGS pathways to all, including clinical, operational, and support staff, using multiple communication channels.<br>3. **Provide staff training/briefing** to ensure consistent understanding and application of the protocols.<br>4. **Embed, monitor and sustain** adherence to the protocols through regular audit, feedback loops and periodic review.<br><br>**Ref 5.1.5** |

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| | **Response by registered person detailing the actions taken:**<br>The Trust has developed a set of EGS pathway protocols which has recently been reviewed and updated. Further work will be undertaken to educate staff and embed these pathway protocols across Northern and Southern sectors, to ensure consistency of approach. Application of these pathways will be monitored and reviewed through the cycle 3 audit which commenced in May 2026. Outcomes of this audit will be presented to Programme Board and Trust Board |

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| **Area for improvement 2**<br><br>**Ref**: Standard 5.1<br><br>**Criteria:** 5.3.1 (a) (f); & 5.3.3 (a) (d)<br><br>And<br><br>Standard 6.1<br><br>**Criteria:**6.3 (a), (b), (e) & (f)<br><br>**To be completed by:**<br>19 June 2026 | **Staff engagement, collaborative team working and communication.**<br><br>The Trust should strengthen staff engagement and collaborative working with NIAS crews and ED staff at SWAH to support safe and effective delivery of the EGS pathways. This should include:<br><br>1. Ensuring **all staff** across organisations and sites **are aware of, understand, and consistently apply** the agreed EGS transfer pathways, including any changes made.<br>2. Developing and implementing **clearly defined and jointly agreed ambulance-booking procedures** to facilitate patient transfer that are understood and used by all relevant staff in both Trusts.<br>3. Ensuring **mutual understanding of clinical prioritisation**, including how SWAH clinical decisions inform urgency, transfer timelines and NIAS tasking.<br>4. Establishing and agreeing with NIAS a **joint audit plan** to monitor transfer pathway compliance, identify delays, communication issues and opportunities for improvement<br>5. Providing regular updates to all relevant staff on audit findings, actions taken and pathway performance.<br><br>**Ref 5.1.6** |
| | **Response by registered person detailing the actions taken:**<br>A facilitated multi-agency engagement approach has been initiated to rebuild professional relationships and shared understanding across SWAH ED, NIAS crews/control and relevant Trust teams.<br>As part of this, the Trust has already held a workshop on |

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| | 12th May 2026 with NIAS colleagues. A detailed action plan has been developed from the themes agreed at workshop with associated working groups established. An agreed ambulance booking procedure is in place as part of the EGS pathways. Transfer pathway compliance will be monitored and reviewed through the cycle 3 audit and outcomes of this audit will be presented to Programme Board and Trust Board. |

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| **Area for improvement 3**<br><br>**Ref**: Standard 5.1<br><br>**Criteria:** 5.3.1 (a) (f); a<br><br>And<br><br>Criteria 5.3.3 (e) (f) (g) (h) (i) (j)<br><br>**To be completed by:**<br>19 June 2026 | **Temporary EGS Pathways Audit Data**<br><br>The Trust should progress its work to develop and implement a robust audit to evaluate the safety, effectiveness and outcomes of the temporary EGS pathways. This audit should include:<br><br>1. **Systematic collection and analysis** of key performance indicators such as (not limited to):<br>o length of stay for patients transferred from SWAH and admitted at Altnagelvin Hospital, and other in-patient quality indicators<br>o audit of quality indicators and outcomes for patients managed at SWAH, both under ambulatory service and patients who are admitted to SWAH<br>o timeliness of clinical decision-making on patient pathways<br>o transfer times<br>o readmission rates<br>o patient experience and<br>o clinical outcomes across all the pathways specific to EGS<br>2. Producing **regular, structured reports** that inform learning, support improvement and provide assurance to senior management and the Trust Board.<br>3. Using audit results to **identify gaps, monitor trends** and adjust pathways or processes where required.<br><br>RQIA request an interim report outlining the audit plan, detailing the data being reported on and proposed timeframes for completion by 19 June 2026. Furthermore RQIA request a copy of the completed audit report by Autumn 2026.<br><br>**Ref 5.1.7** |

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| | **Response by registered person detailing the actions taken:**<br>Analysis of the key performance indicators detailed above will be included through the cycle 3 audit process. This audit has commenced in May 2026 and the completion of the data collection, analysis and the final report will be presented to Trust Board by November 2026. Audit findings will be compiled into regular structured reports with thematic learning and improvement actions. Audit outputs will be reviewed through agreed governance routes, including Morbidity & Mortality (M&M) reporting, with escalation to senior management and Board assurance reporting where appropriate. Assurance will be demonstrated through completion of the audit plan, regular reporting, governance review, and evidence that audit learning is translated into pathway refinements and measurable improvements. |

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| **Area for improvement 4**<br><br>**Ref**: Standard 5.1<br><br>**Criteria:** 5.3.1 (a) (b) (e) (f);<br><br>And<br><br>Criteria: 5.3.2 (a) (b) (c) (d);<br><br>And<br><br>Criteria 5.3.3 (e) (f) (g) (h) (i) (j)<br><br>**To be completed by:**<br>19 June 2026 | **Risk/Incident Management**<br><br>The Trust should strengthen its approach to identifying, recording and managing risks and incidents related to the EGS pathways, including risks arising from the temporary suspension of emergency surgery at SWAH. This should include:<br><br>1. **Reviewing and updating** the EGS pathway risk register to ensure comprehensive identification, scoring and mitigation of risks across the entire pathways.<br>2. Improving the **reporting, investigation and thematic analysis** of EGS-related incidents, including identifying recurring patterns or system weaknesses.<br>3. Ensuring **regular clinical input** from staff at SWAH and Altnagelvin (ALT) into the Rapid Review Group (RRG) and other relevant forums.<br>4. **Enhancing communication** with all relevant staff regarding incident review processes (internal and external), associated learning, and changes implemented as a result.<br>5. Embedding a process to ensure that identified risks and learning **translate into clear actions** with defined owners and timescales.<br>6.<br><br>**Ref 5.1.9** |

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| | **Response by registered person detailing the actions taken:**<br>The Trust does not hold an individual risk register for EGS However, any incidents associated with the temporary change in emergency general surgery are considered at Governance Committee. Moving forward the Trust will consider a standard report to be tabled at the Programme Board for General Surgery. Clinical Leads are now invited to all RRGs where relevant items are tabled and, this invite will be extended to all affected clinical leads for EGS related incidents. The current established process of incident review at Corporate Safety Huddle will be enhanced to provide an assurance report to Programme Board as a standing item and actions monitored there to completion with communication plan back to relevant services. |

**Appendix 1: Summary of online responses from Trust Staff**

**Online responses from Altnagelvin staff**

Staff feedback predominantly detailed significant ED pressures and the impact on patient care, safety and experience, as well as the significant impact on staff.

Impact on Patients

Staff reported concerns for patients facing long waits and were coming to harm within the ED. Staff reported the following concerns;

- Patients are experiencing deteriorating health due to long waits
- Overcrowding in EDs impinges privacy, dignity and comfort
- There is a lack of beds, and inadequate space and facilities including toilets and showers
- There is no easy access to meals or consideration for specific dietary requirements.
- Elderly, vulnerable sick patients are waiting on seats for hours because there are always ambulances to off load “sicker” patients requiring a trolley. As a result, some patients report they do not want to return to ED in the event of future illness.
- ED is an unsuitable environment for patients experiencing mental health crisis.

Impact on staff

Significant impact was reported to the wellbeing of staff who described they had experienced burn out, low morale and feeling undervalued. Staff reported a high level of moral injury to be an every-day occurrence and the psychological impact on staff was felt to be under recognised. In addition, staff reported;

- Staffing levels are inadequate, and many reported the ED was not fit for purpose.
- Staff felt despair when having to inform patients that there was no ward bed available, and they reported their stress was compounded with having to manage patient’s frustrations.
- They felt ED absorbs all risk from community and hospital, which is unsustainable and, not recognised or heard.
- Concern regarding ED being the sole route for hospital admission for patients who have been referred directly to specialties from primary care or admitted from clinics. Staff reported under these circumstances, patients are advised to come to the emergency department and join the queue for assessment further adding to the workload.

Staff reported they believed senior management within the Trust appeared to accept the worsening conditions in ED and rather than spreading the risk across the entire hospital staff reported management focused on increasing capacity in ED.

Staff reported no significant changes have been made to improve the system or address the issues despite concerns being raised at every level of the Trust's management structure with worsening conditions prevailing over a number of years.

**Online responses from SWAH staff**

Online staff comment detailing ED pressures

Staff commented on the challenges of trying to uphold professional standards whilst delivering high quality care in an over-stretched and under pressure service. Staff reported under staffing, and whilst there was, an increase in patients presenting to the ED this had not been reflected in staffing levels.

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