Emergency General Surgery in the Western Trust Following the Temporary Suspension of Services at South West Acute Hospital: Follow up inspection to Emergency General Surgery Pathways Inspection November 2025 – February 2026.

29 July 2026 – 4 August 2026

Western Health & Social Care Trust

Type of service: Acute Hospital

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1.0 Service information

Service Provider: Western Health and Social Care Trust Ms Karen Hargan	**Position:** Chief Executive
Person in charge at the time of the follow up inspection: Mark Gillespie	**Position:** Director of Surgery, Paediatrics and Women's Health
Brief description of the accommodation/how the service operates: 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. There is a temporary suspension of Emergency General Surgery (EGS) in South West Acute Hospital (SWAH) in place, where patients requiring inpatient EGS have their surgery in Altnagelvin Hospital. The Emergency Department (ED) in SWAH remains a Type 1 ED and part of the Major Trauma Network.	

Background

In November 2022, the Western Health and Social Care Trust (the Trust) temporarily suspended Emergency General Surgery (EGS) services at South West Acute Hospital (SWAH) due to an inability to sustain a safe consultant surgical rota.

In 2024, the Department of Health commissioned RQIA to review the arrangements put in place following the suspension of EGS - Review of the Pathways Associated with the Temporary Suspension of Emergency General Surgery at South West Acute Hospital (SWAH) (October 2024). The review had identified several issues that were clearly impacting on the effectiveness of the clinical pathways put in place to mitigate the temporary suspension of emergency surgical services at SWAH. The review recommended that these were addressed with urgency.

1. Patients assessed in SWAH and accepted for admission to the Altnagelvin surgical service should be admitted directly to the surgical ward and should not be required to attend or wait within the ED at Altnagelvin.

2. 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 the Northern Ireland Ambulance Service (NIAS) operations in the wider area.

RQIA subsequently undertook an unannounced inspection, *Emergency General Surgery in the Western Trust Following the Temporary Suspension of Services at South West Acute Hospital: Pathways Inspection IN048928*, with a focus on the EGS pathways, between November 2025 and February 2026 and identified four Areas for Improvement (AFI):

- AFI 1: Application of the EGS Pathway
- AFI 2: Staff Engagement, Collaborative Team Working and Communication
- AFI 3: Temporary EGS Pathways Audit Data
- AFI 4: Risk and Incident Management.

RQIA Follow-up Inspection

RQIA returned to the Trust on the 29 and 30 July 2026 at SWAH and on 4 August 2026 at Altnagelvin Hospital to assess the pathway operation and progress against these AFI.

RQIA provided formal feedback to a group of Trust Senior Managers on the 21 August 2026.

Acknowledgement

RQIA would like to take this opportunity to thank the Trust and all HSC staff who participated in the follow up inspection. The organisation acknowledges the significant work undertaken by Trust staff to collate and provide extensive documentation, audit material, data and supporting evidence requested by RQIA as part of the process.

Clarification

Following publication of the inspection report *Emergency General Surgery in the Western Trust Following the Temporary Suspension of Services at South West Acute Hospital: Pathways Inspection IN048928 (the primary inspection),* RQIA

received a request for information regarding staff engagement activities undertaken during that inspection.

In responding to that request, a review of the primary inspection records identified that the inspection report referred to engagement with "over 30 staff". Subsequent verification confirmed that inspectors engaged with 52 staff members through meetings, interviews, surveys and other engagement activities.

In the interests of accuracy and transparency, RQIA has included this clarification in this report. The clarification relates solely to the reported number of staff engaged during the previous inspection and does not affect the findings, conclusions, or the AFI identified. The views and experience expressed by staff who engaged with RQIA at the time of that inspection were reflected in the inspection report.

3.0 Pathway Activity

Information collated by the Trust demonstrated that between 8 May 2025 and 12 July 2026, a total of 677 patients were transferred from SWAH to Altnagelvin Hospital for EGS care within the in-patient service, equating to an average of 1.6 transfers per day across all transport methods (i.e. NI ambulance service, independent ambulance services contracted by the Trust and patients making their own transfer transport arrangements).

Over the same period, the information shows that 97% of patients were transferred directly to an inpatient bed at Altnagelvin Hospital. Emergency department to emergency department (ED-to-ED) transfers occurred in 17 cases over that period. There were no ED to ED transfers reported since the end of January 2026.

In these instances, the average NIAS ambulance turnaround time, from arrival at Altnagelvin ED to handing that patient over formally to the care of the ED, was 33 minutes, which was within the regional target of two hours.

The NIAS ambulance bypass pathway of SWAH to Altnagelvin ED for certain conditions continues to operate, with 195 by-pass events recorded over this time period. There is a stable level of activity recorded, with an average of three bypasses being reported each week. There were occasional weeks when higher activity levels have been recorded.

Patient self-presentations (relating to EGS services) at Altnagelvin ED are logged and averaged 4.5 per week over this period.

4.0 The Follow Up Inspection

This follow up inspection reviewed progress against the four AFI identified during the previous inspection and the extent to which actions had been implemented and embedded in service delivery.

Methodology included site visits, direct observation, engagement with patients, the Trust and NIAS staff, discussions with the Trust senior management, review of relevant documentation, and analysis of Trust data. A small number of patients were also engaged with.

These activities enabled the RQIA team to gather a range of front line staff and stakeholder perspectives on EGS pathways following the previous inspection. This information was considered alongside documentary evidence, observations, patient feedback, and performance data in reaching the assessment findings.

The multidisciplinary RQIA inspection team comprised of six staff.

On balance, RQIA found evidence of progress across all four AFI. Governance arrangements have been strengthened: through the availability and monitoring of pathway activity data; pathway arrangements have developed, notably at the Ambulatory Care unit at SWAH; and Trust staff reported improvements in communication, operational processes and organisational oversight. While a number of areas require further development, the AFI can now be narrowed in scope and managed through established improvement, operational and governance arrangements. Further update on completion of these, and their sustainability, is due to be provided to RQIA in November 2026.

Each of the AFI are described below alongside RQIA's assessment of the progress made and what actions the Trust still require to take to achieve full compliance.

5. 0 Assessment of AFI

5.1 AFI 1

Application of the EGS pathways

The Trust should ensure that the EGS service operates as a cohesive, coordinated and clearly defined single service across all relevant sites.

The Trust has taken significant action to strengthen the operationalisation of the EGS pathways. Pathway documentation, staff feedback and governance evidence demonstrated greater consistency in EGS pathway design, clearer roles and responsibilities for decision-making, and improved communication with staff involved in the delivery of EGS pathway requirements.

Trust staff reported a better understanding of EGS pathway escalation arrangements, decision-making processes, the management of deteriorating patients, and the identification and involvement of the named consultant. The Trust also provided evidence of accessible EGS pathway documentation, EGS pathway review arrangements, the use of workshops and testing exercises to secure involvement, service developments, such as ambulatory care at SWAH, and ongoing monitoring being in place to support consistent application across sites.

Engagement with patients and staff, together with a review of six patient records, demonstrated alignment with the documented EGS pathways. Encompass records for patients attending the SWAH ED were reviewed to track their journeys from presentation to discharge or transfer to Altnagelvin Hospital. Overall, there was evidence that the Trust's patient transfer processes, set out in the transfer pathway, were being followed.

RQIA met with members of the Trust's senior surgical and medical leadership teams and the Clinical Lead for palliative care. They expressed a consistent view that the EGS pathways had continued to develop and mature. The group reflected on concerns previously raised, both internally and externally, about the management of frail patients with complex clinical needs and the challenges of balancing transfer decisions, goals of care and wider clinical considerations.

The group reported increased confidence in the operation of the EGS pathways and the clinical decision-making processes supporting patient management. There was a shared view that greater emphasis is now placed on multidisciplinary discussion, including medical and palliative care input, senior clinical input and patients' goals of care when determining the most appropriate treatment pathway.

The group also highlighted the commitment of frontline teams, positive working relationships between services, including ambulatory surgical and palliative care nursing and medical teams, and a continued focus on person-centred care and patient experience. Twice-daily contact meetings between SWAH and Altnagelvin Hospital were also reported to support these arrangements.

RQIA reviewed evidence confirming that EGS pathway performance and operational data are regularly reported through established governance arrangements. Reports to the Programme Board include activity levels, direct-to-bed admissions, transfer data and attendance at the Emergency Surgical Ambulatory Assessment Unit (ESAAU). These arrangements support ongoing oversight of EGS pathway performance and the identification of further improvement opportunities. The Programme Board consists of the Trust's senior management team, and they are responsible for oversight, performance and governance of the EGS pathway. A number of members of this group are also members of the Trust's executive team. Additionally, there is also senior clinical, and risk management representation.

1. Develop, approve and implement a single set of EGS pathway protocols that clearly define roles, responsibilities and decision-making processes for all staff groups

This has been achieved.

The Trust provided evidence that the EGS pathway protocols had been reviewed since the previous inspection, including through workshops held in April and May 2026. The April 2026 workshop focussed on review of the pathways and production of a unified package of pathway documents. The May 2026 workshop focussed on relationships between the Trust and NIAS; this workshop was independently facilitated through the Regional Co-Ordination Centre (RCC). The RCC provides a regional co-ordination function to maintain an overview of pressures, patient flow, and co-ordinates the response across the five the geographic HSC Trusts areas, including NIAS.

Through these workshops the pathway documentation was reviewed and amended as necessary; the guiding principles for the pathway were revisited; pathway maps were refreshed in respect of clinical responsibilities; escalation arrangements were clarified; and agreed decision-making processes were consolidated.

2. Communicate the updated EGS pathways effectively to clinical, operational and support staff through multiple channels

This has been achieved.

The Trust provided evidence of ongoing communication and engagement activities to support their staff's understanding of the EGS pathways. Staff generally demonstrated awareness of the EGS pathway arrangements and reported greater clarity about roles, responsibilities and escalation processes than during the previous inspection.

Communication methods included the April and May 2026 workshops, multidisciplinary meetings, safety huddles, governance reporting and engagement with partner organisations, including the NIAS and the RCC.

Copies of the EGS pathways were visible and available in relevant Trust areas and could also be accessed through the Trust's SharePoint site.

3. Provide staff training and briefings to support consistent understanding and application of the protocols

This has been achieved.

The Trust demonstrated a range of mechanisms to support ongoing staff training and briefing. These included directorate governance forums, twice-daily safety huddles, patient flow meetings, feedback processes and service development arrangements.

Staff reported that the workshops held in April and May 2026 had improved their understanding of the EGS pathways and the roles of relevant stakeholders. The Trust's SharePoint site acts as the central repository for EGS pathway documentation and is accessible to all staff. Staff who engaged with RQIA in SWAH ED reported using both the documentation and the site routinely.

In addition to EGS pathway specific feedback arrangements, the Trust holds monthly staff engagement sessions. RQIA observed posters promoting these sessions at key locations, including the SWAH Education Centre, lift areas and a prominent canteen noticeboard.

The Director of Medical Education provided evidence that the EGS pathways form part of the corporate and local induction arrangements for Resident Doctors, ensuring familiarity with EGS pathway requirements from the start of their placement.

The Director of Medical Education also reported that:

- No EGS pathway related safety concerns had been identified through General Medical Council (GMC) trainee surveys;
- Northern Ireland Medical and Dental Training Agency (NIMDTA) oversight had continued following the most recent Deanery visit, with no concerns raised about the EGS pathways; and
- The separation of unscheduled and elective surgical care had created enhanced learning opportunities for Resident Doctors, which the Trust considers has strengthened the quality of training and clinical experience.

4. Embed, monitor and sustain adherence to the protocols through regular audit, feedback and periodic review

This has been partially achieved.

Full reporting of the Cycle 3 audit has not yet been completed and is due in November 2026.

The Trust has made progress in establishing mechanisms to monitor implementation of the EGS pathways. Findings from audit ~~c~~Cycles 1 and 2 informed EGS pathway improvements, service developments and governance discussions. These included extending the services provided by independent ambulances until 2.30 am each day and continuing to develop the ESAAU at SWAH.

The range of activity undertaken within the ESAAU has been expanded, enabling more patients to be assessed or treated locally and reducing the need for some transfers to Altnagelvin Hospital.

The Trust has also developed a comprehensive Cycle 3 audit programme comprising 43 parameters. It is designed to assess EGS pathway compliance, transport arrangements, patient outcomes, patient experience and service effectiveness across the full patient journey.

RQIA reviewed the unvalidated Cycle 3 data available and noted the inclusion of additional parameters, including transport type and patient experience. Arrangements were in place for the findings to be considered through established governance structures, including the Programme Board, Morbidity and Mortality (M&M) processes and Trust Board reporting.

The principal outstanding requirement is to complete and validate the Cycle 3 audit and provide evidence that the improvements introduced have been consistently embedded and sustained over time.

AFI 1: What is still required?

The Trust should provide evidence that:

- The Cycle 3 audit has been completed and reported through the appropriate governance channels;
- The Cycle 3 audit includes outcomes for patients transferred from SWAH to Altnagelvin Hospital under the EGS pathways;
- The Cycle 3 audit includes outcomes for patients who remain at SWAH and are not transferred to Altnagelvin Hospital under the EGS pathways; and
- The Cycle 3 audit includes data on transfer activity, mode of transport and patient experience, and that these are monitored and reported on an ongoing basis.

Transport data should distinguish between:

- NIAS emergency ambulance transfers;
- NIAS non-emergency ambulance transfers;
- Independent ambulance service transfers; and
- Transfers using patients' own transport.

5.2 AFI 2

Staff engagement, collaborative team working and communication

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.

RQIA found evidence of progress in staff engagement, communication and collaborative working. The Trust and NIAS had undertaken joint improvement activities, including facilitated workshops in April and May 2026. These activities were intended to strengthen working relationships and improve understanding of the EGS pathway processes. Following the May 2026 workshop, a task and finish group was established to take forward the actions raised. Regular meetings are now in place between the Trust and NIAS in relation to the transfer elements of the pathways, supported by RCC, with the most recent held on 27 July 2026.

The Trust staff generally reported improved communication, greater clarity about roles and responsibilities, and increased confidence in the operation of the EGS pathways compared with the position reported during the previous inspection.

Feedback from the NIAS focus group remains a matter of concern. Participants raised issues relating to risk, communication, operational pressures, patient transfers and professional relationships. However, much of the discussion extended beyond the operation of the EGS pathways and related to staff perception of risk within the Enniskillen community and surrounding areas, for those patients waiting for an ambulance response in the community; and to wider system, organisational, workforce and operational pressures affecting NIAS.

RQIA recognises the importance of the concerns raised by NIAS staff. It is also noted that the recommendation made in relation to additional NIAS capacity from the RQIA review undertaken in 2024 has not resulted in additional resourcing for the NIAS emergency services and that this undoubtedly is contributing to the concerns of NIAS staff in relation to patients having to wait for an emergency ambulance response in the community.

These matters will be raised separately by RQIA with NIAS through appropriate governance and engagement arrangements. RQIA will also raise this issue with the Department of Health. These issues do not materially alter RQIA's assessment of the Trusts progress against this AFI. However, the limited capacity of the NIAS emergency services remains a factor in securing a reliable, safe and sustainable transfer pathway.

1. Ensure that staff across organisations and sites are aware of, understand and consistently apply the agreed EGS transfer pathways, including any changes

This has been achieved.

Trust staff generally described improved communication, greater clarity about roles and responsibilities, and increased confidence in the operation of the EGS pathways compared with the previous inspection.

Staff demonstrated a stronger understanding of EGS pathway requirements and reported improvements in day-to-day operational arrangements. They were able to provide RQIA with paper copies of the EGS pathways and demonstrate access to the documentation through the Trust's SharePoint site.

As noted under AFI 1, the Director of Medical Education provided assurance that information about the EGS pathways is included in induction packs for new Resident Doctors. This is supplemented by local induction arrangements at SWAH.

Senior Trust Managers who fulfil the Single Point of Contact role for EGS pathways reported that, particularly since the workshop held on 12 May 2026, they had received no escalations from operational staff in SWAH ED. This represented an improvement compared with the period before the workshop and was reported as an indicator of improved EGS pathway operation.

The Trust had also introduced twice-daily EGS pathway huddles, bringing together teams from across the EGS pathway to provide operational oversight and address issues in real time. Staff identified these huddles as an important development supporting the consistent application of the EGS pathways within the Trust.

2.Develop and implement clearly defined, jointly agreed ambulance-booking procedures that are understood and used by relevant staff in both organisations

This has been achieved.

The Trust provided evidence that agreed transfer arrangements and operational procedures had been further developed through engagement with NIAS. Regular meetings and subsequent working groups that have been set up between the Trust and NIAS provided opportunities to review EGS pathway processes, clarify operational arrangements and address patient transfer issues.

Although NIAS staff continued to raise some concerns about transfer arrangements, particularly in relation to wider system pressures, RQIA found evidence that the Trust and NIAS had engaged constructively to improve consistency and shared understanding of the EGS pathway processes.

The Trust reported that:

- 97% of transfers from SWAH to Altnagelvin Hospital were made directly to a bed;
- Transfers from ED to ED have been largely eliminated with the last cases (2) reported at the end of January 2026;
- Where ED transfers occurred, facilitated by NIAS ambulances, the average ambulance turnaround time at Altnagelvin Hospital was 33 minutes.

The RCC Trust Affiliate reported a strong commitment from the Trust and NIAS management teams to work collaboratively and effectively in relation to the EGS pathway. The Trust Affiliate is a senior member of the RCC team who is aligned to a specific Trust(s) and who supports with providing support, direction and improvement capacity/ capability to the Trust from the RCC in respect of system patient flow.

They are supporting this work by independently facilitating workshops and overseeing the shared Trust / NIAS work streams.

The Trust had also commissioned additional services from independent Ambulance Services to increase capacity, reducing demand on NIAS and waiting times for patients requiring transport to (SWAH to Altnagelvin and vice versa), noting that Independent Ambulance Services do not provide emergency transfers, so there will continue to be an ongoing need for NIAS vehicles and crews for some patient transfers. The Trust advised that transport was available for all patients requiring transfer and that patients were never expected to make their own way between SWAH and Altnagelvin Hospital under the EGS pathway.

It was acknowledged, however, that some patients may choose to travel between the hospitals using their own transport. Information about this patient group was not available at the time of the assessment but is expected to be included in the Trust's EGS pathways audit, due for completion by the end of November 2026. RQIA consider that patients transferring for admission should not be required to make their own provision for transport. Where this would occur, such cases should be examined to understand the underlying issues and seek to address these.

3. Ensure mutual understanding of clinical prioritisation, including how SWAH clinical decisions inform urgency, transfer timescales and NIAS tasking

This has been partially achieved.

As previously referenced the Trust and NIAS had undertaken collaborative work to improve mutual understanding of EGS pathway operation, clinical decision-making, and their respective roles and responsibilities. The workshops in April and May 2026, followed by meetings in July 2026, provided structured opportunities to discuss operational challenges and pathway requirements.

Staff feedback indicated improved understanding of escalation and decision-making arrangements compared with the previous inspection.

Some variation remained between the Trust and NIAS staff regarding the clinical prioritisation of patients requiring transfer. The Trust Senior Management and Clinical staff reported that clinical prioritisation issues had reduced over time and that arrangements had improved, however frontline Trust staff expressed more mixed views. These positive perceptions were generally not shared by NIAS operational crews.

RQIA was advised that recruitment to a Hospital Ambulance Liaison Officer (HALO) post for SWAH was nearing completion. The post, funded by the Trust, is intended to strengthen communication, support shared understanding of clinical prioritisation and improve operational coordination between the Trust and NIAS.

4. Agree a joint audit plan with NIAS to monitor transfer pathway compliance, delays, communication issues and opportunities for improvement

This has been partially achieved.

The Trust demonstrated that audit and assurance arrangements had been strengthened through the development of the Cycle 3 audit programme. The methodology includes measures relating to EGS pathway compliance, transfer activity, patient experience and operational effectiveness.

The Trust and NIAS had also established joint monitoring arrangements and improvement working groups, overseen by the RCC Affiliate. Completion and validation of the Cycle 3 audit remains an important source of assurance.

Whilst there is collaborative audit activity involving the RCC, the Trust and NIAS underway this should become an established part of the Trusts EGS pathway's assurance and governance arrangements. For example, transport modalities and metrics must become part of routine reporting going forward and it is noted that there is intent to do this in the Cycle 3 audit.

5. Provide relevant staff with regular updates on audit findings, actions and pathway performance

This has been achieved.

RQIA reviewed evidence of ongoing governance reporting, staff engagement and improvement planning associated with the EGS pathways. Findings from audits, workshops and improvement initiatives were being shared at a variety of fora including through regular the regular Surgical Governance Assurance Meetings, and the Programme Board.

Other important fora in place which are used to provide staff with regular updates on all matters related to patient safety, including as required for EGS, are the Trust Safety Culture Group and the Learning for Improvement Forum.

Staff demonstrated greater awareness of improvement activity than during the previous inspection. Continued communication and engagement will be important to embed and sustain this progress.

The Trust had also made tangible changes to the ESAAU pathways, as a result of Cycle 1 and 2 EGS pathway audit findings, including extended operating hours and a broader scope of activity. The ESAAU is a specialised assessment and treatment unit for ambulatory care that is for patients who can be assessed and or treated without an inpatient admission. It is based at SWAH. Average daily activity has increased year on year as follows:

- 1 April 2023 to 31 March 2024: 3.1 patients per day;
- 1 April 2024 to 31 March 2025: 4.4 patients per day; and
- 1 April 2025 to 31 March 2026: 5.7 patients per day.

AFI 2: What is still required?

The Trust should provide evidence that:

- Work continues with NIAS to address the remaining differences in staff views regarding the clinical prioritisation of patients;
- The Trust regularly seeks assurance from relevant staff that there is a shared understanding of clinical prioritisation and that this understanding is embedded and sustained;
- A joint audit plan involving the RCC, the Trust and NIAS has been agreed and established as a core component of the pathway's assurance and governance arrangements; this could be incorporated into the Cycle 3 audit and beyond.

5.3 AFI 3

Temporary EGS Pathways Audit Data

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.

RQIA acknowledged that the principal action associated with this AFI, completion and validation of the Cycle 3 audit, is not due until November 2026. The assessment therefore focused on progress to date, the quality of the Cycle 3 audit arrangements and the level of assurance currently available.

RQIA found progress in the development of the Cycle 3 audit and assurance arrangements for the EGS pathways. The Trust had established a comprehensive Cycle 3 audit comprising 43 parameters. These reflect concerns identified during the previous inspection and include EGS pathway performance and compliance, transfer activity and transport arrangements, patient demographics, clinical outcomes and patient experience.

The revised Cycle 3 audit strengthens the Trust's ability to assess the effectiveness, safety and outcomes of the EGS pathways. Preliminary findings presented during the follow up inspection provided encouraging early indications. The data had not been fully validated and remained subject to completion of the Cycle 3 audit process.

RQIA identified opportunities to strengthen the analytical value and presentation of the Cycle 3 audit findings. In particular, transfer-time reporting should include measures of data spread and variation alongside median times. These may include ranges, interquartile ranges or centiles. This would support the identification and review of outliers, including exceptional delays, associated learning and resulting improvement actions.

Transport reporting should also be refined. Although some information was available on NIAS, independent Ambulance Services and patient provided transport, further analysis should distinguish between these. This would help identify any patients who arranged their own transport, support review of the circumstances and inform service improvement. Continued monitoring would enable trend analysis and provide ongoing assurance about EGS pathway effectiveness and sustainability.

The Trust demonstrated that it had several ways of monitoring patient outcomes and identifying potential concerns. For example, deaths and complications were reviewed by clinical teams, with additional scrutiny provided by the Independent Medical Examiner (IME). The IME provides independent scrutiny of the circumstances of and causes of death, helping to ensure accurate death certification, appropriate referral to the Coroner and opportunities for learning and improvement in patient care.

Information from incidents and complaints was also reviewed, alongside reports to governance committees and regional monitoring of patient outcomes. Together these arrangements provided several opportunities to identify concerns or unusual patterns.

The Trust advised that, at the time of the follow up inspection there had been no Serious Adverse Incidents (SAI) relating to the EGS pathways and no known Coroner's Inquests involving patients managed through them.

Additional assurance is provided through the Trust Morbidity and Mortality arrangements which have been reviewed, and the Summary Hospital-level Mortality Indicator (SHMI) data. SHMI data compares actual deaths following hospitalisation with expected deaths based on Northern Ireland averages and patient characteristics. The Trust advised that its SHMI outcomes remained within expected parameters and did not indicate increased mortality.

RQIA also reviewed information from the Risk Adjusted Mortality Index (RAMI), produced by CHKS using recognised healthcare intelligence and quality-improvement methodologies. RAMI adjusts for relevant patient demographic and clinical factors when analysing mortality. The information reviewed showed outcomes consistent with expected levels and provided no evidence of increased mortality associated with the EGS pathways.

Local Mortality and Morbidity processes, IME oversight, Internal Audit and established Trust assurance and governance arrangements provide multiple layers of assurance regarding patient outcomes.

The Trust advised that Mortality and Morbidity oversight is embedded within its wider assurance framework and will remain a key component of the developing Patient Safety Quality Assurance Committee. Outcomes will continue to be monitored through routine governance processes.

RQIA noted that regional mortality and outcome datasets are evolving as HSC organisations complete their transition to Encompass. This provides opportunities to strengthen future outcome measurement and assurance.

During the feedback meeting on 21 August 2026, RQIA discussed information relating to a Department of Health Assembly Question AQW 45424/22-27 (AQW). The figures cited for surgical transfers from SWAH to Altnagelvin Hospital in the AQW response appeared to differ from information previously provided to RQIA. The Trust informed RQIA that it did not recognise the data contained in the AQW response and had proactively contacted the Department of Health for clarification. RQIA welcomed this action. The Trust agreed to provide RQIA with the outcome of its review as soon as possible. RQIA also advised that it would seek clarification directly from the Department of Health to establish a consistent understanding of the data, its source and its interpretation.

1. Systematically collect and analyse key performance indicators

This has been partially achieved, as the audit has not yet concluded.

The Trust had strengthened its approach to audit and performance measurement since the previous inspection. The Cycle 3 audit was underway and had been designed to address gaps identified during the previous inspection and audit Cycles 1 and 2.

The Cycle 3 audit includes a broader range of performance and outcome measures relating to pathway compliance, transfer activity and transport arrangements, patient experience, patient outcomes, patients managed at SWAH and patients transferred to Altnagelvin Hospital.

This represents a more comprehensive approach to evaluating the effectiveness and impact of the EGS pathways across the full patient journey.

Planning should now begin to ensure regular audit remains an ongoing component of the Trust's assurance arrangements. Future audits should assess the reliability of transport arrangements between SWAH and Altnagelvin Hospital and include the experiences of patients using those arrangements.

Performance data should be presented over time in a format that supports interpretation, oversight, improvement monitoring and assurance. Where summary measures or measures of central tendency are used, these should be accompanied by information on data spread and variation. For example, where median values are reported, the Trust should consider also presenting ranges, interquartile ranges or centiles (95th), together with an explanation of why the selected measures are appropriate. Significant outliers should be examined individually, as these cases may provide important learning and identify opportunities for improvement.

Although patient experience information was being actively gathered it was not always presented in a way that supported clear interpretation or the identification of emerging themes. The Trust should strengthen the analysis and presentation of this information so that it provides meaningful assurance and better informs service improvement.

2. Produce regular, structured reports that support learning and improvement and provide assurance to senior management and the Trust Board

This has been partially achieved, as the audit has not yet concluded.

The Trust provided evidence that findings from audit Cycles 1 and 2, together with wider pathway performance information, had been routinely reported through established governance arrangements.

Audit findings had informed pathway development, service improvement and governance discussions. Resulting actions included developing ambulatory pathways through the ESAAU, revising operational processes, providing additional Independent Ambulance Service capacity and strengthening oversight arrangements.

RQIA reviewed evidence that audit findings were considered through clinical governance structures, Programme Board arrangements and Trust Board reporting processes. Learning from audit activity had been translated into improvement actions, monitored through governance systems and used to inform pathway development.

The Trust advised that the completed Cycle 3 audit findings would be reported through the same governance arrangements. This should provide senior management and the Trust Board with a more comprehensive assessment of pathway effectiveness and compliance, patient outcomes and experience, transfer activity and the sustainability of improvements made since the previous inspection.

3. Use audit findings to identify gaps, monitor trends and revise pathways or processes where required

This has been partially achieved, as the Cycle 3 audit has not yet concluded.

The Trust demonstrated that Cycle 1 and Cycle 2 audit findings had been used to identify improvement opportunities, monitor performance and inform changes to the EGS pathways. Learning from previous audit cycles had contributed to pathway revisions, additional ambulatory care pathways, clearer roles and responsibilities and service redesign intended to reduce unnecessary transfers and improve patient flow.

The Trust reported that 78% of patients rated their transfer experience as good or excellent. While this provides some assurance, further detail is required to understand the number of patients who provided feedback and to determine what the drivers of poorer experiences are, for example whether poorer experiences are associated with transfer times, transport modality or other aspects of the patient journey. This would support targeted improvement actions and ongoing trend monitoring.

RQIA also found that patient experience information was being collected and considered through the Cycle 3 audit process. However, it should be presented in a more accessible and meaningful format to support the interpretation of themes, trends and learning and to inform EGS pathway development.

The Trust advised that Cycle 3 audit findings would inform the development of future key performance indicators for the EGS pathways. This should strengthen operational oversight, performance monitoring, governance and assurance.

4. Provide an interim audit plan setting out the data, methodology and proposed completion timescales

This has been partially achieved, as the Cycle 3 audit has not yet concluded.

The Trust provided the framework and methodology for the Cycle 3 audit. The Cycle 3 audit commenced in May 2026 and included a broader range of indicators than previous audit cycles.

Unvalidated preliminary data was presented to RQIA to demonstrate progress. As the Cycle 3 audit period remained open, this could not be accepted as evidence of completion.

The Trust had established plans for data collection, analysis, governance review and reporting, with completion of the Cycle 3 audit anticipated by the end of November 2026.

5. Provide a completed audit report

This has been partially achieved, as the audit has not yet concluded.

At the time of the assessment, the Cycle 3 audit remained in progress and its findings had not been fully validated. Preliminary information provided encouraging early indications regarding pathway performance and governance arrangements.

The completed and validated Cycle 3 audit remains a principal source of assurance regarding the effectiveness, impact and sustainability of improvements made since the previous inspection. The final Cycle 3 audit is expected by the end of November 2026.

AFI 3: What is still required?

The Trust should provide evidence that:

- A programme of regular audit has been established as an ongoing component of assurance for the EGS pathways;
- Future audits assess the reliability of transport arrangements between SWAH and Altnagelvin Hospital and include the experiences of patients using those arrangements;
- Performance and outcome data are presented over time in a format that supports interpretation, monitoring, improvement and assurance;
- Summary measures are accompanied by appropriate information on data spread and variation;
- Where medians are used, consideration is given to including ranges, interquartile ranges or percentiles, with a clear explanation of why the selected measures are appropriate;
- Significant outliers, including exceptional transfer delays, are identified and subject to appropriate case-level review to support learning and improvement;
- Transport data distinguish between the different types of Trust-provided and patient-arranged transport;
- Patient experience information is analysed and presented in a way that clearly identifies themes, trends and opportunities for improvement;
- The Cycle 3 audit is completed, validated and considered through the Trust's governance arrangements;
- The Trust develops a sustainable performance-monitoring framework informed by the Cycle 3 audit findings; and
- Patient outcome and experience information is demonstrably used to support ongoing assurance, learning and service improvement.

5.4 AFI 4

Risk/ Incident Management

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 EGS at SWAH.

RQIA found evidence that the Trust had strengthened its governance and oversight of risk and incident management. Documentation reviewed and discussions held with the Trust demonstrated greater organisational oversight of EGS pathways related risks, incidents, complaints and learning than was evident during the previous inspection.

The Trust provided evidence of enhanced governance reporting, strengthened review arrangements and improved monitoring of actions arising from incidents, complaints and risk reviews.

Governance structures, including the Surgery, Paediatrics and Women's Health Governance meeting, the weekly Rapid Review Group * (RRG), and the EGS Programme Board, had been established and were being held regularly.

The RRG is held weekly for the purpose of monitoring and reviewing of SAI, red rated Datix incidents, all categorised high-risk complaints, litigation, claims and inquests to maximize the potential for identifying and sharing learning rapidly across the Trust and where appropriate the HSC system/region.

Together, these provided a structured way for relevant information and concerns to be reviewed, discussed, managed and escalated within the Trust.

Senior Trust Management demonstrated a clear understanding of the Trust's risk management processes, including the management of EGS pathway related risks through the Directorate and Corporate Risk Registers. RQIA reviewed the relevant Corporate Risk Register entry and found evidence of regular review of the risk associated with EGS pathway, active management and Trust Board oversight.

The risk score had reduced from 20 to 15, indicating progress in mitigating the identified risks and strengthening assurance. The risk remained above the Trust's target risk score of 6. RQIA also reviewed evidence that the Trust Board had considered the longer-term management of the corporate risk associated with EGS pathways.

Collectively, these arrangements provide multiple sources of assurance about the identification, management and oversight of EGS pathways related risks. They demonstrate a more developed and embedded approach to governance and organisational learning than was evident during the previous inspection.

1. Review and update the EGS pathway risk register to ensure comprehensive identification, scoring and mitigation of risks across the pathway

This has been achieved.

Risks were subject to regular review, with evidence that their identification, escalation and mitigation were considered through relevant oversight groups, including the weekly RRG, as well as Trust committees and established reporting arrangements.

The Trust advised that EGS pathway related issues were also considered through the EGS Programme Board, supporting wider organisational oversight and assurance.

The Corporate Risk Register was regularly updated. The Corporate Risk Register was discussed at the April 2026 Trust Board meeting, when the Board committed to reviewing its longer-term management. A range of controls and mitigating actions was recorded, and the risk rating was regularly reviewed.

The original risk score of 20 had reduced to 15. While this indicates progress, the risk remains above the Trust's target score of 6.

2. Improve the reporting, investigation and thematic analysis of EGS-related incidents, including the identification of recurring patterns and system weaknesses

This has been partially achieved.

RQIA found evidence of structured incident reporting, investigation and review processes. The Trust reviewed Datix reports relating to the EGS pathways and had identified recurring themes and learning, including transfer arrangements, communication and operational interfaces between services.

Incidents, complaints, SAI and emerging themes were considered through established governance processes, including the RRG, with evidence of escalation and thematic review where required.

The number of incidents associated with the EGS corporate risk was generally consistent at between zero and one per month. However, increases were recorded in November 2025 and May and June 2026. The information presented did not provide sufficient detail to explain these increases, assess the severity of the incidents or identify any associated themes. Further analysis is therefore required to support effective oversight, learning and targeted improvement.

3. Ensure regular clinical input from staff at SWAH and Altnagelvin into the RRG and other relevant forums

This has been achieved.

The Trust described measures taken to strengthen clinical engagement in governance processes. Relevant clinical leads were invited to participate in RRG discussions when EGS pathway related matters were being considered.

Arrangements had also been strengthened to support contributions from staff directly involved in delivering the EGS pathways.

The Trust demonstrated wider multidisciplinary engagement through twice-daily site and service safety huddles, Mortality and Morbidity review processes and the EGS Programme Board arrangements.

4. Improve communication with relevant staff about incident reviews, associated learning and resulting changes

This has been achieved.

The Trust described arrangements for sharing learning from incidents and SAI through existing management structures, governance reporting, safety huddles, learning forums, and staff induction arrangements.

5. Embed a process to ensure that identified risks and learning result in clear actions with defined owners and timescales

This has been achieved.

Evidence reviewed indicated improved organisational oversight of actions, monitoring and governance reporting compared with the previous inspection.

The Trust provided evidence of assurance reporting through the EGS pathways Programme Board and through the Surgery, Paediatrics and Women's Health Governance meeting.

The Trust appointed a Lead Nurse for Surgical Governance in 2024. The post holder works closely with the Risk and Governance Team and across the Surgical Directorate on all aspects of surgical governance to ensure that risks and learning result in clear actions with defined owners and timescales. The post holder is a member of the Trusts Clinical and Social Care Governance Sub-Committee the stated purpose of which is to provide the Trust Governance Committee with assurance that arrangements relating to Clinical and Social Care Governance within the Trust are effective and are contributing real value to the delivery of safe and effective services.

AFI 4: What is still required?

To support ongoing assurance, the Trust should provide evidence by November 2026 that:

- EGS incident data associated with the corporate risk are presented clearly and consistently over time;
- The reporting format supports interpretation, performance monitoring, improvement activity, governance and assurance;
- Appropriate statistical parameters are used to identify special-cause variation, with Statistical Process Control charts recommended;
- Increases or unusual patterns in incident reporting are investigated to establish their nature, severity and underlying causes;
- Recurring themes and system weaknesses are clearly identified; and
- Findings are used to inform proportionate and targeted improvement actions where required.

6.0 What did those that engaged with RQIA say?

6.1 Patient Engagement

During the visit, RQIA met with four patients who had experience of the EGS pathway, including one awaiting transfer at SWAH and others who had transferred from SWAH to Altnagelvin Hospital.

Patients who had transferred described challenges associated with the journey, including its length, discomfort and the impact on existing pain. Concerns were also raised regarding uncertainty around transport arrangements and the practical difficulties of travelling significant distances from home, including returning after discharge.

One patient reported communication difficulties on arrival at Altnagelvin Hospital. Some patients also described uncertainty regarding their treatment plans and frustration when investigations were delayed or cancelled without what they considered timely communication. Patient feedback about individual staff was consistently positive.

Patients generally distinguished between the care they received and the operational challenges associated with the EGS pathway, with concerns primarily relating to practical and logistical issues rather than the quality of care provided.

6.2 Staff Engagement

6.2.1 Trust Staff Engagement

RQIA engaged face-to-face with 47 staff at SWAH and 14 staff at Altnagelvin Hospital, alongside receiving six responses to an anonymous online staff survey.

Across all engagement methods, staff demonstrated a good understanding of the EGS pathways and governance arrangements. Staff generally reported improvements since the previous inspection including greater clarity regarding roles, responsibilities and escalation processes, improved communication between teams, and better accessibility of EGS pathway documentation. SWAH staff also spoke positively about the ongoing development of ESAAU.

While recognising these improvements, staff continued to identify challenges associated with patient transfers, particularly where patients deteriorated while awaiting transfer. Some also expressed frustration regarding ambulance availability and the perceived lack of feedback following Datix submissions. The workshop held in May 2026 was widely viewed as having improved relationships, communication and understanding between the Trust and NIAS.

Staff at Altnagelvin Hospital highlighted the impact of travel on patients and families, particularly those from the SWAH wider area. They noted that some transferred patients required additional assessment and investigation on arrival and considered these challenges reflective of wider system pressures rather than issues specific to the EGS pathway.

Survey responses reflected similar themes. Most respondents reported confidence in their understanding of the EGS pathways. Ambulance availability, bed capacity and communication were identified as the main causes of operational difficulties. Views on EGS pathway safety and improvement were mixed, although most staff considered arrangements to be either unchanged or improved.

Senior Management and Clinical staff consistently reported that the EGS pathways had developed positively over time, citing increased confidence in EGS pathway operation, multidisciplinary decision-making and alignment of care with patients' goals. They acknowledged that complex decisions involving frail patients remain challenging but viewed this as a broader clinical issue. Strong staff commitment, positive working relationships and a focus on person-centred care were recurring themes.

Overall, Trust staff reported increased confidence in the EGS pathways, improved communication and strengthened governance arrangements, while recognising continuing challenges relating to transfers and wider system pressures.

6.2.2 NIAS Staff Engagement

RQIA engaged face-to-face with 11 NIAS staff at Enniskillen Ambulance Station, two staff at Altnagelvin Hospital and received nine anonymous survey responses.

Across all engagement methods, NIAS staff raised concerns regarding communication, transfer arrangements, ambulance availability, patient experience and the impact of the EGS pathways on ambulance service delivery.

Focus group participants reported concerns regarding communication, clinical decision-making, transfer processes and the effect of lengthy journeys on local ambulance availability for those patients waiting in the community for an ambulance response. Some questioned the urgency of certain transfers and highlighted limited feedback following incident reporting through Datix.

Survey responses reflected these concerns. While most respondents understood the EGS pathways, many did not consider ambulance-booking processes, clinical prioritisation arrangements or escalation procedures to be consistently understood across organisations. Bed availability, ambulance availability, handover delays and communication were identified as the principal operational challenges.

Communication and collaborative working emerged as a significant theme. Most survey respondents did not believe relationships and communication had improved since the previous inspection, although focus group participants acknowledged positive engagement opportunities alongside ongoing concerns regarding day-to-day EGS pathway operation.

NIAS staff also highlighted the impact of the EGS pathway on older and more vulnerable patients, including those living with frailty or dementia, citing long journeys and distance from family support networks. Concerns were also expressed regarding the transfer of higher-acuity patients.

Awareness of joint audit and monitoring activity was limited among survey respondents. Two operational NIAS staff identified the increase in Independent Ambulance Service provision as a significant improvement, reporting benefits for patient flow, reduced delays and reduced pressure on NIAS resources.

Overall, NIAS staff feedback reflected continuing concerns regarding response times to patients waiting for an ambulance in the community, communication issues, transfer times and ambulance resourcing pressures.

6.2.3 The Trust and NIAS Perspectives

A notable finding was the difference in perspective between the Trust and NIAS staff. The Trust staff generally described improvements in communication, governance, collaborative working and EGS pathway clarity since the previous inspection. NIAS staff were more likely to report ongoing concerns relating to communication, transfer arrangements, ambulance availability and operational impacts on ambulance services.

RQIA considered these differing views carefully and noted that, while some NIAS concerns related directly to the EGS pathway, many also reflected broader workforce, operational and system pressures affecting ambulance services.

Despite these differing perspectives, staff from both organisations highlighted the benefits of ongoing engagement, and in particular the workshop held in May 2026. Both organisations recognised the value of continued collaboration, open communication and shared learning in supporting further improvement of the pathway and staff experience.

7.0 Conclusion

RQIA found evidence of progress across all four Areas for Improvement (AFI) identified during the previous inspection. Improvements were evident in EGS pathway governance and delivery, staff engagement and communication, audit and assurance arrangements, and risk management processes.

Staff across the Trust generally reported a better understanding of EGS pathway arrangements, clearer roles and responsibilities, improved communication, and stronger governance oversight. Senior Trust Management and frontline staff also described increased confidence in EGS pathway operation, multidisciplinary team decision-making, and alignment of patient management with clinical need and goals of care.

A notable finding was the difference in perspectives between the Trust and NIAS staff. Trust staff generally reported improvements in communication, governance and EGS pathway delivery. In contrast, NIAS staff continued to raise concerns regarding impact to patients awaiting ambulance response in the SWAH area, communication, transfer arrangements, and the impact of wider ambulance service pressures. RQIA noted that many of the issues raised by NIAS related to broader operational and system pressures rather than the EGS pathway itself. These matters will be pursued separately by RQIA with NIAS through appropriate channels.

RQIA found evidence that learning from audit Cycles 1 and 2 have informed EGS pathway development and service improvement. This has included expansion of ambulatory care services, increased direct-to-bed admissions, strengthened patient flow arrangements, enhanced governance structures, and greater organisational oversight of risk and performance. Evidence reviewed by RQIA indicated that ED to ED transfers have been almost entirely eliminated.

The Trust advised that patients are not expected to arrange their own travel between SWAH and Altnagelvin Hospital, and that transport arrangements supporting the EGS pathway are robust. Further analysis is required to provide assurance regarding transfer modalities, transfer times, and whether current transport arrangements continue to meet demand and support long-term sustainability. RQIA considers that a fuller understanding of patient flow and transport requirements will be an important component of future assurance.

The main area requiring further assurance remains completion and validation of the Cycle 3 Audit Programme, which is scheduled for completion in November 2026. RQIA acknowledged that this work was not expected to be complete at the time of this follow-up inspection. The completed Cycle 3 audit should provide further assurance regarding outcomes for patients managed locally at SWAH and those transferred to and managed at Altnagelvin Hospital. Future Cycle 3 audit findings and patient experience information should be presented in a way that supports meaningful trend analysis, identification of improvement opportunities, and effective governance oversight.

During the follow-up inspection, RQIA identified an opportunity to strengthen governance arrangements through more consistent application of document control standards across EGS pathways related documentation. This includes the use of version control, approval and review dates, document ownership, and clear records of amendments. While further development is required in this area, it does not detract from the progress made by the Trust in addressing the AFI.

The original AFI have now narrowed in scope, with the focus moving from implementation of improvement actions to gathering further evidence on the sustainability, effectiveness and impact of the changes introduced.

RQIA requests the following updates and evidence to support ongoing assurance regarding the EGS pathways between SWAH and Altnagelvin Hospital.

1. Update required by 4 September 2026

The Trust should provide an interim assurance update covering:

- EGS Patient transfers, transfer time and mode of transport
- Review of data referenced in Assembly Question AQW 45424/22-27.

2. Comprehensive Assurance Submission Required by 30 November 2026

The Trust should submit a comprehensive assurance report including the completed and validated Cycle 3 Audit Report and associated evidence demonstrating compliance with the requirements of AFI 1-4.

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