



Southern Health
and Social Care Trust

Quality Care - for you, with you

**PROVISION OF EMERGENCY GENERAL
SURGERY IN THE SOUTHERN HEALTH
AND SOCIAL CARE TRUST**

**PUBLIC CONSULTATION FEEDBACK
REPORT SEPTEMBER 2023**



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1.0 Foreword

The Southern Health and Social Care Trust (the Trust) is committed to providing Emergency General Surgery services to the population it serves, which are based on the best available evidence and quality standards, and which will deliver the best possible outcomes for our patients.

The Trust has a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provides to individuals and the environment in which it provides them (Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003), and to do so in a way that meets their obligations under equality legislation. The Trust must also carefully plan how to meet growing need and ensure best use is made of all our available resources to provide services which are, safe, sustainable, accessible and of a high quality. We recognise how people value ease of access and a service close to home but we must prioritise patient safety and the delivery of high quality care. Our General Surgical Team is proud of the care that they provide to our patients, however acknowledges that to ensure the best possible outcomes, services must adapt and develop to meet new regional guidelines and changing population needs.

The Trust's General Surgery Team has been significantly challenged for a considerable period of time to provide a service across the two hospitals in our Acute Hospital network, which are Daisy Hill Hospital and Craigavon Area Hospital. The challenges are due to workforce deficits, particularly in relation to the ability to secure appropriately trained and qualified general surgeons. To address these challenges, contingency arrangements were put in place by the Trust in February 2022.

The Trust in the Consultation Document set out the changes it proposed to make on a permanent basis for the provision of Emergency General Surgery services.

The Trust proposes to provide Emergency General Surgery Services on the Craigavon Area Hospital Site, 24 hours per day, and 7 days per week. This is in keeping with the current contingency service model with a number of enhancements to enable the Trust to meet Regional Standards as set out by the Department of Health.

This proposed permanent change is to ensure these services are safe, of a high quality and sustainable into the future.

This report describes the consultation process undertaken and gives a summary of the feedback the Trust received. The Senior Leadership Team wishes to thank everyone who gave us feedback during the consultation. At the centre of our plans are the people who use our Emergency General Surgery services and the Trust would like to thank everyone who took the time to respond to the consultation and meet with us.

For further information this Report should be read alongside our consultation proposal document.



**Dr Maria O’Kane
Chief Executive**



**Cathrine Reid
Director of Surgery and Clinical
Services**

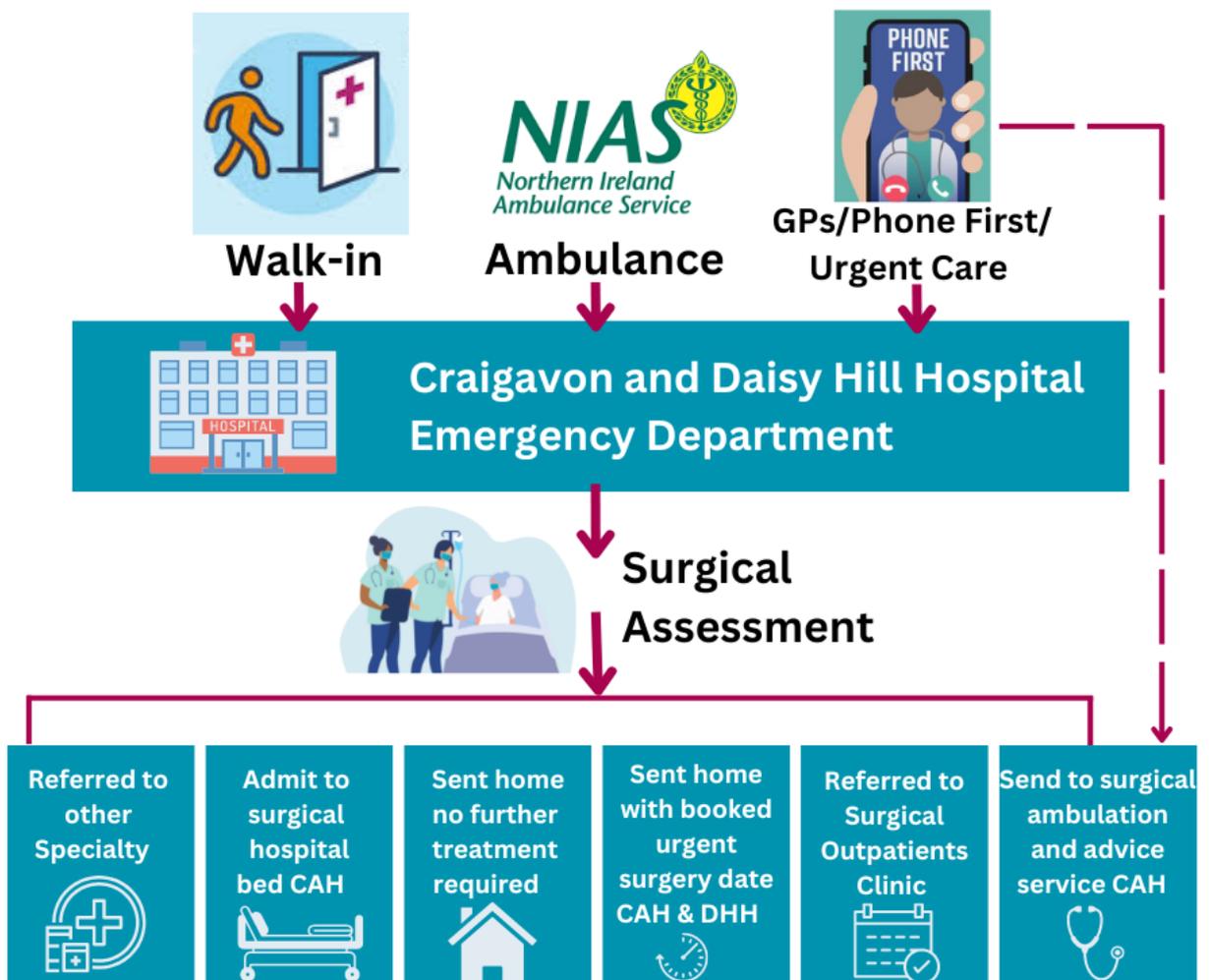


**Dr Stephen Austin
Medical Director**

2.0 Background

Since February 2022, the Trust has operated a contingency single site model for the provision of Emergency General Surgery similar to other surgical specialities. Any patient requiring an admission for emergency general surgery is admitted to an inpatient bed in Craigavon Area Hospital with any emergency surgical operations taking place in Craigavon Area Hospital. Figure 1 below sets out the current patient pathway.

Figure 1 – Current Patient Pathway – Single Site Contingency Model



The Southern Trust General Surgery team is committed to providing the best possible care and outcomes for our patients. The service has faced challenges in delivering Emergency General Surgery across two separate sites for a considerable period of time. These challenges have significantly impacted upon the recruitment, training and retention of specialist colleagues and jeopardises the sustainability of Emergency General Surgery in the Southern Area.

The publication by the Department of Health - Regional Standards for Emergency and Elective General Surgery has highlighted the specialist resources required to achieve modern standards of safe, high quality surgical care. Whilst the number of patients requiring immediate emergency surgery is relatively low, all patients must have access to expert assessment and treatment in a fully-supported surgical centre alongside other medical specialties including intensive care.

We must change the service in order to achieve these standards for our patients and secure specialist care for future generations.

Changes within hospital services are challenging and it is understandable that such decisions can cause concern. It is an unavoidable fact, both nationally and internationally that hospitals, with low volumes of emergency surgery, are finding it increasingly difficult to recruit, train and retain consultant surgeons, and to provide all the supporting services that a modern surgical service requires. Many parts of the UK and Ireland have changed the delivery of General Surgery well over a decade ago. Emergency General Surgery is delivered in bigger hospitals whilst increased elective surgery takes place in specialist elective centres, in locality hospitals.

Patient care and outcomes have benefitted greatly from such developments. Patients have access to all the required diagnostics, theatres, staff and support services, 24 hours per day. Their care is provided by larger teams of surgeons equipped with specialist skills in all aspects of Emergency General Surgery. This is how we need to deliver your service.



What is General Surgery?

General Surgery is a wide-ranging surgical specialty that focuses on diseases of the alimentary (digestive) tract.



What is Emergency General Surgery?

It relates to the treatment of patients presenting with acute abdominal pain, infections, bleeding, trauma and similar conditions.

The move to implement the new Regional Standards for Emergency and Elective General Surgery will also support improved training opportunities for junior doctors to become the surgeons of the future and thus safeguard a high quality comprehensive surgical service for all the patients in the Southern Trust area.

3.0 Consultation Process

In undertaking this consultation, the Trust has complied with the Department of Health Guidance on the Change or Withdrawal of Services and the relevant legislation along with its own Equality Scheme, taking account of how significant changes proposed to service delivery may impact on individuals. Specific equality legislation, which impacts on the Trust and the manner in which it carries out its functions include the following:

- Northern Ireland Act 1998 (Section 75 (i) and (ii));
- Disability Discrimination Act 1995 (as amended) i.e. to promote positive attitudes toward disabled people; and to encourage participation of disabled people in public life - *The Disability Duties*;
- Human Rights Act 1998;
- UN Convention on the Rights of Persons with Disabilities in particular Article 19 – The Right to Independent Living;
- UN Principles for Older Persons; and
- Rural Needs Act (NI) 2016.

In line with the Trust's statutory duties under Section 75 of the Northern Ireland Act 1998, the Trust carried out an initial equality screening in relation to this proposal. The screening outcome was progressed to a full Equality Impact Assessment (EQIA) as a key element of the consultation process. A Rural Needs Assessment was also undertaken by the Trust.

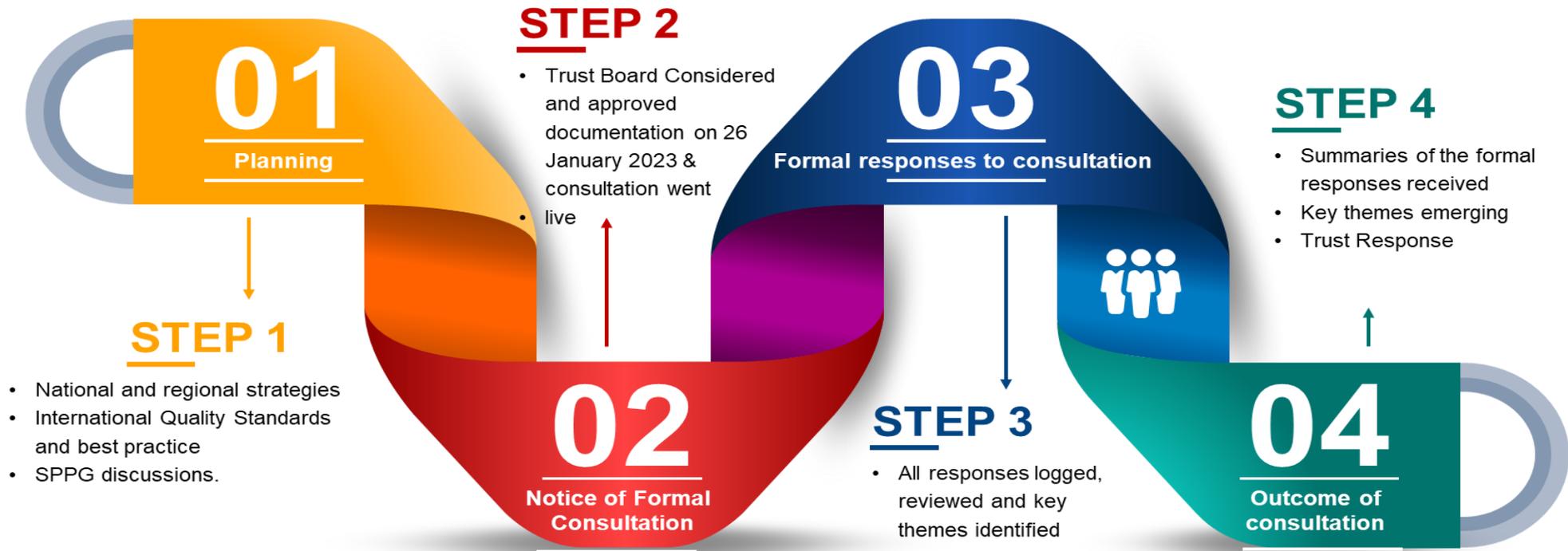
From the outset the Trust has been committed to consulting as widely as possible on its proposals for change, including:

- Raising awareness of the consultation process with key stakeholders;
- Encouraging and facilitating their participation; and
- Facilitating opportunities for two-way communication in order to explain the proposal.

The Trust also reaffirmed throughout the consultative process that it would not take a decision in relation to the proposal without taking into account the findings of the EQIA and consultation carried out in relation to this proposal.

The following diagram details the methodology used in the Consultation Process.

Methodology



Step 5 – Trust Board Decision on Consultation Process – Trust Board will consider the outcome paper at its public meeting on Thursday 28 September 2023, following which the paper will be shared with Department of Health for consideration of the way forward. The final decision taken will be placed on the Trust’s website and all individuals and organisations on the Trust’s consultation list will be notified.

4.0 Engagement

Engagement and discussion with internal stakeholders shaped our option for future services. Stakeholders were involved in a range of meetings and briefings prior to the long list of options being collated and the Option Appraisal Process being undertaken.

On the 27 January 2023, we commenced a public consultation on the preferred option for the future of Emergency General Surgery in the Southern Trust area. The Trust's approach was to develop a consultation document that was easy to understand. An Equality Impact Assessment and a Rural Needs Impact Assessment were also included within the consultation documentation. The methods of engagement are detailed below:

Engagement and responses received



Consultation Period
27 Jan 23 – 21 April 23



432

Regional Organisation and
representative groups
were informed



267

Local Groups and
Organisations were
informed



3 listening events & 1
public meeting

24 February, 3 March, 9 March
and 22 March



362

Engagement Event
Attendees

5 Formal
Responses received



319 Responses to
Trust Questionnaires
(both Microsoft forms
and hard copy)



11,053

Signatures
endorsing - Save Our
Emergency Surgery
at DHH response

2 Freedom of
Information Requests
Received



WHAT WE DID TO ENGAGE



The Consultation Period lasted for 12 weeks. Documents were published on the Trust website with contact details, encouraging anyone requiring additional information and meetings to make contact. Documentation in other formats were offered on request.

Regular updates during the process were posted on the Trust's website and via social media.



To raise awareness of the consultation process we publicised the consultation documents and information about the listening events through our regional consultation lists, which included MLAs, MPs and Councils.



We circulated information to 267 local groups and organisations such as Rural Community Groups and voluntary groups



Engagement and discussion took place via online sessions and one public engagement session.

Three listening events took place on:

Friday 24 February – 11am until 1pm;

Friday 3 March – 2pm until 4pm; and

Thursday 9 March – 6pm until 8pm.

The above listening events were facilitated online and across the three events, 25 people logged on to listen to the panel of surgeons on the preferred model for Emergency General Surgery.

A Public Meeting took place on 22 March 2023 in the Canal Court Hotel, Newry and was hosted by the Daisy Hill Hospital Futures Group. The Trust had a panel of people to present and respond to queries. Also present were representatives from the Department of Health and, the Northern Ireland Ambulance Service. 337 people attended this event.

WHAT WE DID TO ENGAGE



All questions raised at the above events have been recorded and a response to these will be included within this report.



In recognition that not everyone has access to the Trust website and the equipment to download the documentation, we offered to provide hard copies of the documentation on request. The Trust received five responses in other formats including hard copies of written or typed responses, sent in by post, or email and we welcomed responses provided over the telephone.



The Trust initially published an electronic questionnaire on our website, which the public could download, complete and return via the Consultation email address. Four of these were received. This questionnaire could also be requested in hardcopy by contacting the consultation email address, telephone number or by writing to the Trust.

During the Consultation process the Trust received a number of complaints regarding the electronic questionnaire as the public were unable to download and complete this on phones and other devices. The Trust then launched an on-line proforma via Microsoft Forms and published the link on their website. 315 Microsoft Forms were received.



The 'Save Our Emergency Surgery at Daisy Hill Hospital' group completed a questionnaire on behalf of 11,053 people.

Each individual completed a form, with their name and email address and submitted a pre-populated questionnaire (using a QR code) which was collated and saved by the group. The Trust received a hard copy of the database containing the details of this questionnaire from the group, 588 names were recorded on this database.

WHAT WE DID TO ENGAGE

	<p>Whilst not everyone completed the questionnaire individually, all 11,053 forms have been logged and response acknowledged as not in agreement with the preferred option.</p>
	<p>Two Freedom of Information requests were received and responded to by the Trust.</p>

The Trust would like to thank everyone who attended the listening events and the public meeting. It enabled the Trust to hear some very memorable testimonies and to hear about local aspects and some of the concerns raised. Consultees have contributed their valuable time to respond to our consultation process.

It is important to note that the feedback received should not be taken to represent the views of the population as a whole.

5.0 Summary of Feedback

The Trust received a total of 11,377 responses and welcomed the suggestions and views received from the local population. The total responses received represented 3% of the population of the Southern Trust and feedback received was detailed and informative. Given the different forms of responses (questionnaire, narrative responses, surveys, listening events), we have categorised the feedback into themes.

Some of the questions in the online questionnaire required respondents to choose from a fixed set of options. For the questions which invited a free-text response and feedback received during the listening events and public meetings, we used a qualitative content analysis approach to identify, analyse and interpret patterns of meaning (or 'themes').

There were a number of themes identified which interlink with each other and these are detailed below:

Theme 1

Workforce

Theme 2

Data and Activity

Theme 3

Patient Safety

Theme 4

Patient Transfer and Impact on Northern Ireland Ambulance Service

Theme 5

Infrastructure, Roads and Facilities

Theme 6

Impact on other Services

Theme 7

Processes and Structures

Theme 8

Equality and Rural Needs

Theme 9

Communications

Breakdown of responses received:

Individual Responses	11,352
Groups or Organisations	10
Member of staff	15
Total	11,377

The following section details the responses to the fixed set of questions within the questionnaire.

Questions 1 – 3 were confirmation questions as follows:

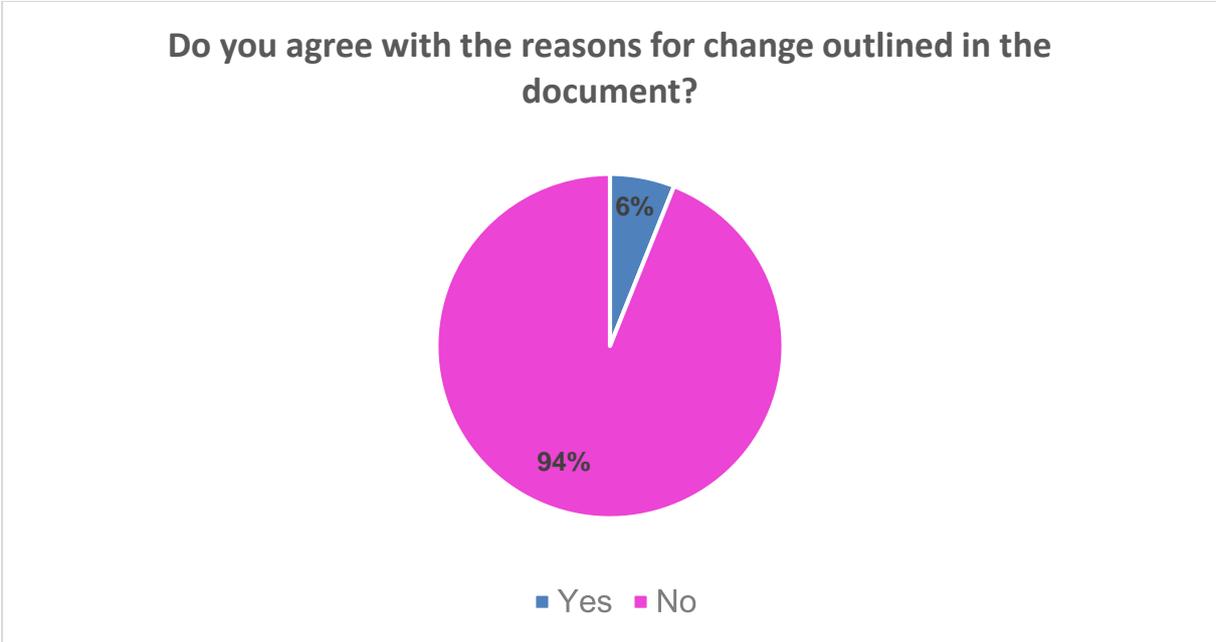
Question 1 – What is your name?

Question 2 – What is your email address?

Question 3 – I am responding as

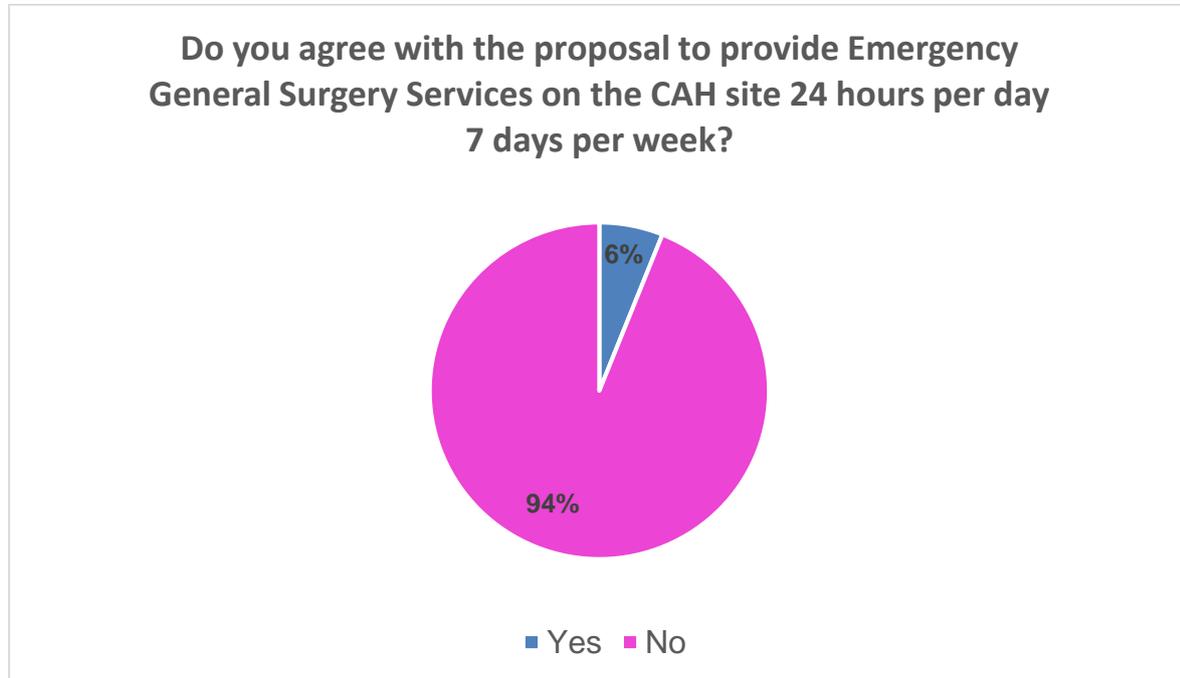
Question 4 – Do you agree with the reasons for change outlined in the document?

The number of responses received in total to this question was 315 and the following chart details the percentage of those who agreed and disagreed.



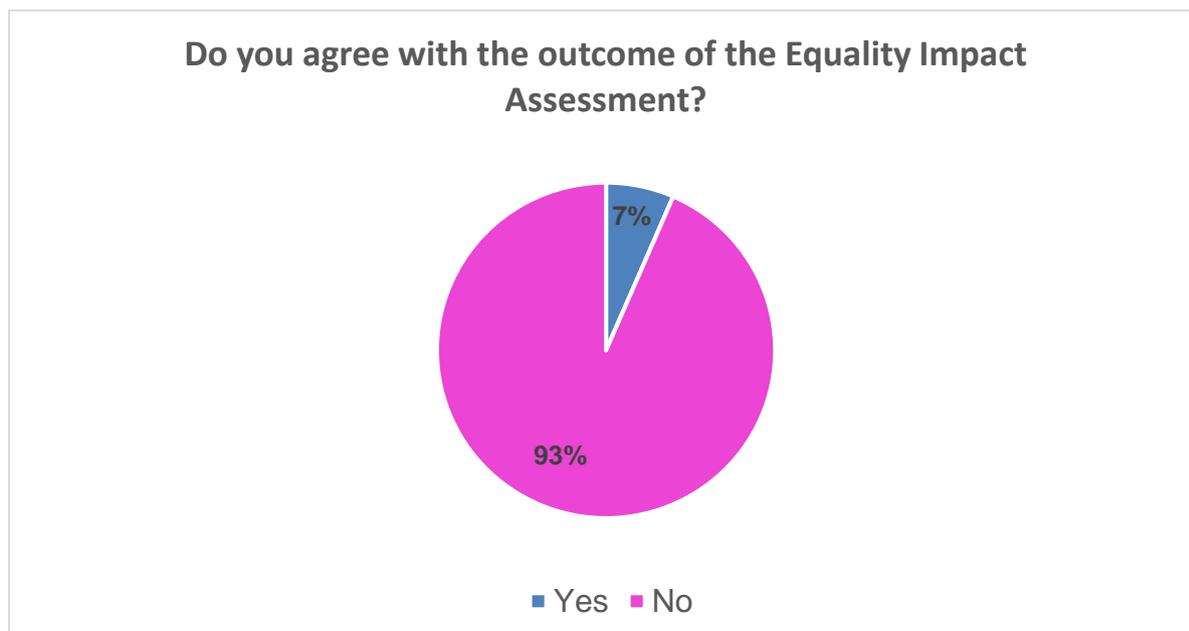
Question 5 – Do you agree with the proposal to provide Emergency General Surgery Services on the Craigavon Area Hospital site 24 hours per day 7 days per week.

The number of responses received in total to this question was 313 and the following chart details the percentage of those who agreed and disagreed.



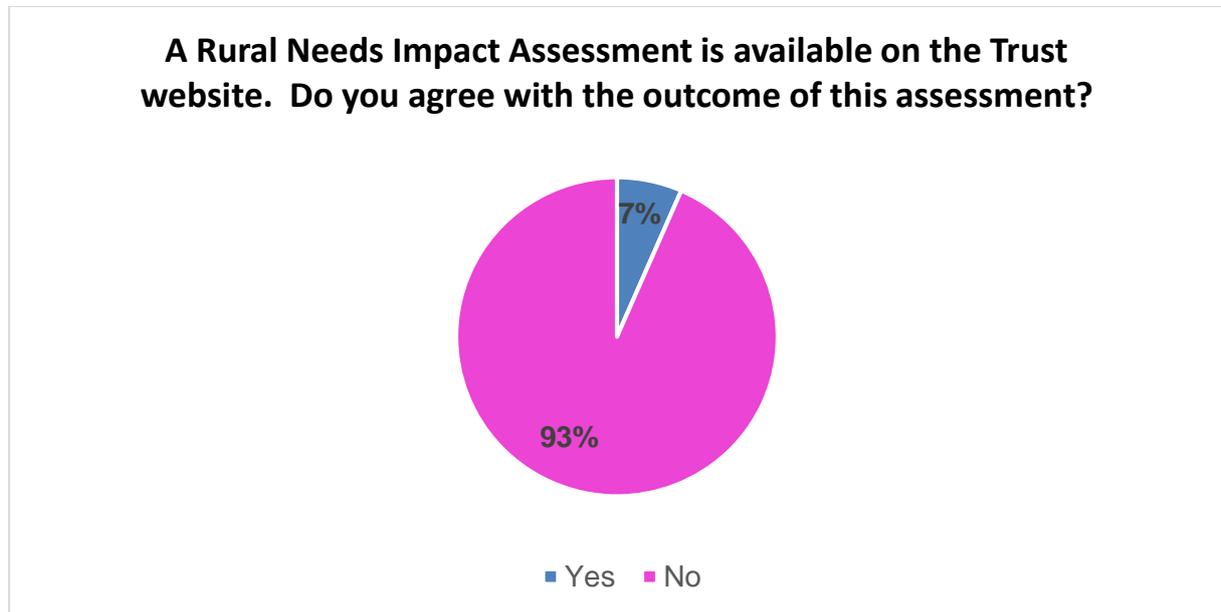
Question 6 – Do you agree with the outcome of the Equality Impact Assessment?

The number of responses received in total to this question was 308 and the following chart details the percentage of those who agreed and disagreed.



Question 7 – Do you agree with the outcome of the Rural Needs Assessment?

The number of responses received in total to this question was 305 and the following chart details the percentage of those who agreed and disagreed.



Formal Responses

The Trust also received five individual/group responses not in the form of a questionnaire and the response to the questions raised within these documents has been included within the outcome report. Four of these five responses were not in agreement with the Contingency Model/Consultation.

Other Responses

A questionnaire was also completed by the 'Save Our Emergency Surgery at Daisy Hill Hospital' group which was endorsed by 11,053 people who sent QR Codes. The questionnaire completed was not in agreement with the Contingency Model/Consultation.

A response has also been included to all questions raised at both the online events and public engagement meeting.

Response Received

A number of responses queried the actions taken by the Trust to recruit Consultant General Surgeons prior to and during the contingency model being implemented.

Another response refers to there being little evidence to a sustained approach to recruit and retain staff over the past number of years and reference is made to a deliberate campaign to deplete services.

Trust Response

The recruitment and retention challenges experienced by the General Surgery Team are the symptom of operating an outdated service model for Emergency General Surgery. This issue is not unique to the Southern Trust; General Surgical Departments throughout the UK and Ireland have faced and are facing the same issues. Hospitals, with low volumes of emergency general surgery patients are finding it difficult to recruit, train and retain General Surgery Doctors, with many also unable to provide all the supporting services that a modern surgical centre requires.

With regards to recruitment, from June 2016 to December 2019, six General Surgery Consultants were appointed to Daisy Hill Hospital. By December 2021, five of the six had resigned to take up posts elsewhere. Common themes emerged following discussion with Consultants regarding their decision to resign - the inability for the Consultant to practice their sub-specialty interest; deskilling due to limited exposure to emergency surgery; and high frequency of on-call due to the small rota. Surgical training is lengthy and has changed towards subspecialisation as the evidence base for the safe provision of services has grown.

Feedback received by the General Surgical Team from the trainees nearing their certificate of completion of training, and thus eligible to apply for Consultant posts, advised that they would not apply for a General Surgery position in Daisy Hill Hospital for the same reasons as above.

The Trust is strongly of the view that to ignore the feedback from former, current and prospective General Surgery Doctors and continue with a two-site model for Emergency General Surgery, would yield the same results i.e. doctors commencing and then leaving to further sub-specialty interests leaving the service relying general surgery locums and ultimately an unsustainable service. Reconfiguration and modernisation is required to recruit, train and retain a suitably skilled and sustainable workforce.

Consolidating the Emergency General Surgery Service on to one site addresses the aforementioned challenges and enables the General Surgery Team to meet the best practice standards whilst also providing a safe, sustainable and high quality service.

The Trust surgeons have welcomed the announcement made in October 2022 regarding Daisy Hill Hospital being appointed as a regional elective overnight stay centre for patients requiring planned surgeries. This will seek to bring visiting surgeons to the site and will increase capacity to deal with elective surgeries addressing the extensive local and regional waiting lists, which will see effective utilisation of the Daisy Hill Hospital elective surgical capacity.

Response Received

One response was received which agreed with the centralising of all Emergency General Surgery within Craigavon Area Hospital however there was high concern regarding the impact of services at a ward level from a nursing perspective.

Trust Response

Analysis of emergency general surgery admissions prior to the contingency model being implemented, and also the continuous monitoring since implementation, has demonstrated that the daily occupied beds for Emergency General Surgery is 65 beds. On the Craigavon Area Hospital Site two 36-bedded wards have (i.e. 72 beds) been designated as Emergency General Surgery wards and thus are adequate to accommodate the Emergency General Surgery demand at this time. Nurse staffing levels for the two Emergency General Surgery wards are identical and have been modelled with the use of tools (i.e. the Telford Model of Nursing Workforce Planning¹) that calculate safe levels of staffing for the patient cohort being looked after.

The Executive Nursing Team has recently reviewed the nurse staffing levels across the Trust to ensure these are safe and reflective of the patient cohorts being cared for. The current nurse staff levels and shift patterns within the Emergency General Surgery wards have been deemed safe and appropriate.

It is important to acknowledge that whilst the two Emergency General Surgery wards have been identified for general surgical use, at times a proportion of these beds are being used by other specialties. Staffing levels are reviewed to reflect this patient cohort. This situation is also a reflection of the generalised increased demand across all Emergency Department specialties and not just due to the single site model for Emergency General Surgery.

¹ Telford, W.A (1979). A Method of Determining Nursing Establishments

Theme 2 – Data and activity

Response Received

A response was received seeking data around the number of transfers from Daisy Hill Hospital to Craigavon Area Hospital on a daily basis.

Trust Response

The average number of Emergency General Surgery patients transferred from Daisy Hill Emergency Department to an Emergency General Surgery Ward in Craigavon Area Hospital each day is three patients. As is detailed below, the maximum number of patients transferred on any one day was nine, however, this only occurred on two occasions. Naturally, there are peaks and troughs, some days there will be less than three patients transferred and some days there will be more. The tables below detail the total number of patients transferred per month from when the contingency arrangements were put in place and shows the range of daily transfers. –

Total number of Patients transferred from DHH ED to EGS Wards in CAH	
Month	Number of transfers
Feb 2022	1
Mar 2022	90
Apr 2022	105
May 2022	104
Jun 2022	104
Jul 2022	106
Aug 2022	103
Sep 2022	104
Oct 2022	91
Nov 2022	76
Dec 2022	79
Jan 2023	94
Feb 2023	76
Mar 2023	104
April 2023	79
May 2023	89
June 2023	98
Total	1503
Daily Average	3.1

Range of daily Patients transferred from DHH ED to EGS Wards in CAH	
No. of Patients Transferred	No. of Days with that volume of Transfers
0	20
1	70
2	111
3	102
4	81
5	66
6	22
7	11
8	3
9	2

Response Received

A response was received indicating that there was a lack of medical evidence based data in the consultation.

Trust Response

The General Surgery Team liaised with experts throughout the UK and Ireland to identify best practice service models. The Team also worked in collaboration with clinical and management colleagues across the Region to develop actions and standards to create safe, sustainable service models for the delivery of both Elective and Emergency General Surgical Care.

The Review of General Surgery, published by the Department of Health in June 2022, is the evidence base for general surgery services in Northern Ireland. The Review highlighted the standards and specialist resources required to deliver safe, high quality surgical care. The contingency model and the Trust's preferred option for the provision of Emergency General Surgery meets 27 out of the 28 standards set by the Department of Health. The standard not yet met (standard number 3.4) is in relation to access to a Gastroenterology Service and an on-site bleeding rota. It should be noted that other HSC Trusts have also reported difficulties in implementing this standard.

Response Received

A response was received asking the Trust to detail the number of deaths which have occurred due to the contingency model.

Trust Response

Constant clinical monitoring of this change in surgical provision has not identified an increase in mortality or morbidity. There have been no deaths attributed to the emergency general surgery contingency model. The service continue to work closely with the Daisy Hill Hospital Emergency Department and Inpatient Wards.

Response Received

A response was received indicating that the Census information within the Equality Impact Assessment was outdated.

Trust Response

At the time of the Consultation, only 2011 Census information was available to the Trust at the category required for an EQIA i.e. Level 3. Since then, the 2021 census data has been published and an updated table is available and included in section Theme 8.

Theme 3 – Patient Safety

Response Received

A response was received which referred to a statement within the consultation document which referenced that there had been no adverse incidents (up until January 2023) since the implementation of the Contingency Model. The response referred to the patient's own personal treatment and time spent in hospital and they queried why their experience was not recorded as a surgical adverse incident.

Trust Response

The statement in the Consultation Document is correct. No adverse incidents relating to the emergency general surgery contingency model occurred, and therefore, none required to be recorded.

The Trust recognises that at times patient/carer expectations, and what can be realistically delivered, are sometimes different. The Trust welcomes the opportunity to reflect and learn from the experiences shared, whether related to Emergency General Surgery or not.

During the consultation process a number of personal stories were shared at the various listening events and public meeting. Several of these stories were not related to Emergency General Surgery, and in the instances where stories did involve general surgery input, the Emergency General Surgery pathways worked as intended with patients receiving appropriate care from the General Surgical Team. As such, no adverse incidents relating to the contingency model occurred.

Response Received

A response was received stating that patient handover at Craigavon Area Hospital was poor and no investigatory work had been completed.

Trust Response

There are long-standing safety processes/pathways and mandatory information that must be recorded and handed over when a patient is being admitted from the Emergency Department to an inpatient ward. The Trust has standard policies and procedures in place for all handovers, which all staff adhere to. Should a handover not meet the expectations of the receiving ward, staff are asked to escalate this so it can be investigated and any actions or learning implemented.

Response Received

A response was received stating that staffing levels were insufficient to accept these patients. The acuity of the patients is not being fully assessed prior to transfer and transferring a patient directly to the ward in Craigavon Area Hospital is not the correct route for the patient.

Trust Response

A response relating to ward staffing levels has been provided on page 18.

The staffing levels in the Daisy Hill Hospital Emergency Department Team are safe and sufficient to assess patients effectively prior to transfer. If a patient is identified as unfit for transfer, a multi-disciplinary discussion will be held between the Emergency Department, Anaesthetic and General Surgical Teams. An appropriate management plan will be agreed; this may in some instances involve the Emergency General Surgical Team providing on-site assessment and treatment in Daisy Hill Hospital.

Patients who have been assessed at Daisy Hill Hospital Emergency Department and who require Emergency General Surgery input will be transferred to Craigavon Area Hospital. Direct admission to an Emergency General Surgery ward is the correct pathway as it ensures the patient is admitted to the right area to receive the safe care they require from the right team, and not have a further wait in the Emergency Department in Craigavon Area Hospital, which could delay the treatment and the care they require. Moreover, for the cohort of patients transferred by Northern Ireland Ambulance Services, direct admission to a ward allows the Ambulance Crew to complete the transfer in a timely manner as they by-pass the often-long hand over wait times that are experienced when taking a patient to the Emergency Department.

Response Received

A response was received referring to safety issues in Daisy Hill Hospital and in a general surgery emergency, if the consultant on call will be available to come to site. Reference was also made to the 'Golden Hour' in relation to the need to get to hospital within one hour.

Trust Response

The General Surgical Team maintain a daily presence Monday to Friday on the Daisy Hill Hospital site to undertake elective surgical sessions. During evenings and weekends there are two Consultant General Surgeons on-call for the Trust. If the first Consultant on-call is occupied with a patient and a further Consultant is required, the second Consultant will be called. It is rare for a patient to actually need immediate surgery for an immediate life threatening condition, however should this need arise the

General Surgical Team will make arrangements to assess and treat the patient on the Daisy Hill Hospital site.

The 'golden hour' is a concept specifically relating to a patient who sustains an unexpected and critical injury who requires definitive care within 60 minutes from the occurrence of the serious injury. This was a term previously used in trauma care. The original concept of the 'golden hour' only applies to patients with traumatic injuries and is not transferable as a standard to patients with General Surgical pathology such as appendicitis. Once a patient has been stabilised in Daisy Hill Hospital, any time critical condition presented is reduced and enables the safe escalation of patients for clinically appropriate investigation and treatment in a centre with access to a wide range of more readily available expertise in either Craigavon Area Hospital or the Royal Victoria Hospital.

Responses received to the Consultation that were in agreement with the service model:

"We need to listen to and support the advice of our surgical experts who have found a solution to improve services in very difficult circumstances."

"I understand the pressures the health service is under, it makes sense to consolidate services to make better use of what little resource there is".

"I think change is hard to accept for people who perhaps feel that this is the start of the demise of Daisy Hill. Working in the health service I can see that things have to change - the days of every hospital being able to do everything are over. There simply isn't enough specialised staff."

"We recognise that the proposal to re-locate emergency general surgery from Daisy Hill Hospital to Craigavon Area Hospital is difficult for our local community to have to consider, however, we believe that faced with the current realities of under staffing and changes in how surgeons are trained, the safest option is to perform Emergency General Surgery on the one hospital site in the Southern Trust that currently can provide a range of surgical expertise, intensive care facilities and modern MRI/CT diagnostics under one roof. Since Daisy Hill Hospital has been nominated as an Elective Surgery Overnight Stay Centre, we expect that the hospital will continue to be a busy surgical centre for planned procedures, focused on significantly reducing the numbers of people currently on waiting lists."

Response Received

A number of responses were received regarding the patient transfer, journey and handover and the impact on the Northern Ireland Ambulance Service.

Northern Ireland Ambulance Service (NIAS) Response

In preparation for the temporary suspension of acute surgical services at the Daisy Hill Hospital site, NIAS worked with the Southern Trust to develop protocols aimed at determining which patients required direct transfer to Craigavon Area Hospital and which could still be assessed and appropriately managed at Daisy Hill Hospital. This had the aim of minimising the impact of temporary changes to acute services and keeping vehicles from NIAS Southern Division in their local area as much as possible in order to maintain the emergency response time to the public, but given the lack of any additional funding for the ambulance service it is inevitable that there will be some impact. The Southern Trust has taken steps to mitigate against this through the introduction of an internal ambulance transfer service to convey patients requiring admission from Daisy Hill Hospital to Craigavon Area Hospital, reducing the impact on NIAS. NIAS is continuing to seek additional resource to improve response times across all of Northern Ireland.

A number of critical conditions including patients suffering heart attacks² and major trauma already bypass not just Daisy Hill Hospital but also Craigavon Area Hospital, being brought directly to the Royal Victoria Hospital in Belfast instead. There is good evidence that bringing patients directly to a specialist centre instead of first being assessed in a local hospital actually improves clinical outcomes. It is true that NIAS as a whole required additional resources across Northern Ireland, and NIAS are concerned that any changes in the hospital setting which may increase demand on service provision.

The suggestion that “inter-hospital transfers are not a priority for NIAS” is not correct. Following the introduction of the Inter-facility Transfer Protocol in late 2021, NIAS took steps to ensure that patients being transferred between hospitals or referred to hospital by their GP etc. are triaged on exactly the same basis as members of the public making a 999 call by focussing on the clinical condition of the patient rather than who is requesting the ambulance, and allocating ambulance responses on the basis of attending the sickest patients quickest.

² Heart attacks requiring primary per cutaneous intervention

NIAS had made the Southern Trust aware of the potential impact of the suspension of emergency general surgical services at the Daisy Hill Hospital site would have on their service provision. However, NIAS appreciates that in the absence of surgical staff to deliver an emergency general surgery service at Daisy Hill Hospital, the Trust had to consolidate services at Craigavon rather than trying to sustain an unsafe model in Daisy Hill Hospital.

NIAS always encourage patients to travel by personal or public transport when it is safe and appropriate to do so, as ambulances are provided on clinical grounds rather than simply facilitating transport over longer distances. NIAS would however welcome any additional resource being made available and are awaiting a response from the Department of Health to the business case for the Clinical Response Model which would potentially see the introduction of hundreds of additional staff across Northern Ireland, including the Newry, Mourne & Down area. Current arrangements are dependent on temporary staff which is not sustainable.

Theme 5 - Relates to Infrastructure, Roads and Facilities

Response Received

A number of responses were received around the future infrastructure proposals for Daisy Hill Hospital.

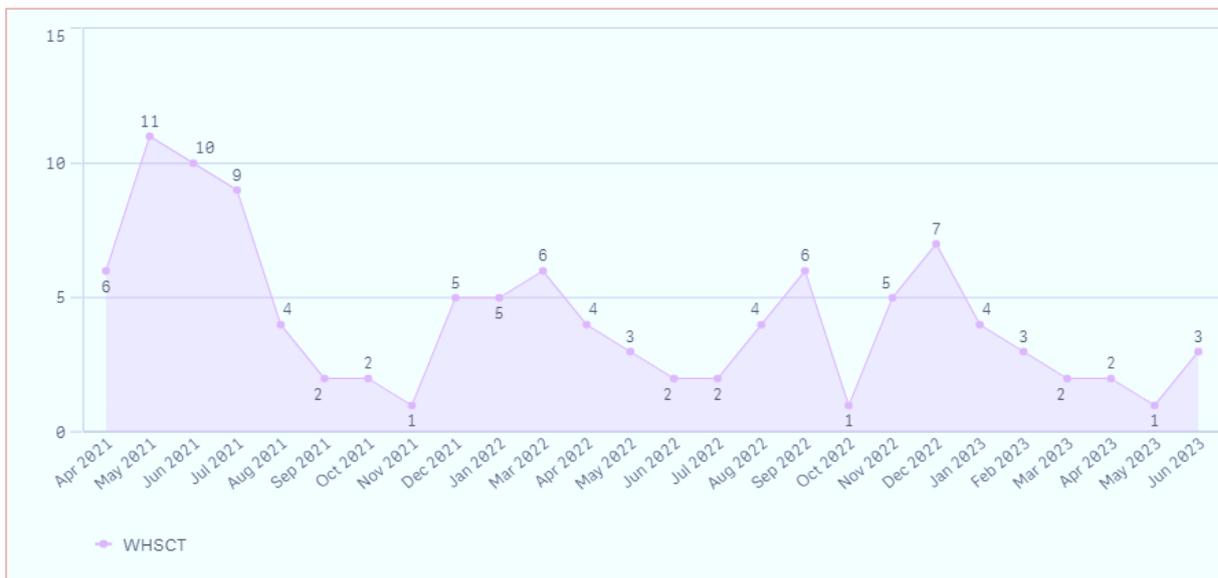
Trust Response

The Trust has provided an update below on a number of projects already commenced or due to commence on the Daisy Hill Hospital site or within the Newry area.

- Daisy Hill Hospital is a regional Elective Centre for patients, including surgery for patients for day surgery and for those requiring to stay overnight. Procedures have been agreed and work has already commenced with 18 lists currently operational from mid-June 2023. The service will work towards increasing the number of lists to 25 by October 2023. The initial focus has been on general surgery, ENT and Dental procedures and these lists commenced in mid-June 2023.
- Daisy Hill Hospital upgrade of the Low Voltage electricity supply - the business case was approved for the sum of £9 million on 6 January 23. Work has already commenced and this will be on a phased approach.
- Newry Community Care and Treatment Centre (CTCC) - Approval has been given to the recently submitted Strategic Outline Case (SOC) for the Newry CTCC project including an allocation of £4.5m to enable the purchase of the Abbey way site and its associated design. As of 31st March 2023, the site is now in the ownership of the Trust. The Outline Business Case was submitted to the Department of Health on 18 July 23 to seek approval to secure investment in line with the capital and revenue costs to construct the centre.
- Monaghan Row - as of the 31 March 2023, the Trust has purchased the council buildings (£0.9m) at the Monaghan Row site in Newry which provides additional accommodation and car parking directly adjacent to Daisy Hill Hospital. Plans are underway to use the space in Monaghan Row to decant non-clinical staff from Daisy Hill Hospital which will then provide access to more clinical space within the main hospital. The additional car parking is already available.
- CT scanner – The Trust has recently purchased a modular CT scanner and completed works (£0.85m) to replace the leased modular CT scanner. Estates works have been completed to link the modular scanner to the main hospital removing the need for patients to go outside to have their scan carried out and facilitation scanning of inpatients.

- MRI –the Trust now has in place a mobile MRI scanner on the Daisy Hill Hospital site as an immediate solution to provide MRI capacity to support outpatient and inpatient activity. This will avoid the need for travel or transfer to Craigavon Area Hospital which will also reduce the impact of transfers required by Northern Ireland Ambulance Service. Prior to MRI being available on the Daisy Hill Hospital site there would have been approximately 20 patients transferred per week.
- The Trust is committed to upscaling Elective Paediatric Surgery on the Daisy Hill Hospital site.
- South Western Acute Hospital (SWAH) - the Trust continues to work closely with colleagues in the Western Trust to monitor the impact of the temporary arrangements in place at the South Western Acute Hospital and any associated impact on Southern Trust, in particular Craigavon Area Hospital. The information to date has not indicated a significant impact on Craigavon Area Hospital with regards to either ambulance arrivals or admissions, and this is being kept under regular review.

The Chart below details the number of admissions to General Surgery from the Western Health and Social Care Trust from April 2021 to June 2023. As can be seen from the data, there is no significant increase in the number of patients attending Craigavon Area Hospital since 18 December 2022 since the changes to General Surgery at SWAH were implemented.



Data source: Trust Qlik Data - Out of Trust Area Patients – 25 July 2023

Response Received

A number of responses were received in relation to capacity regarding bed numbers, theatre capacity, waiting room capacity and car parking within Craigavon Area Hospital.

Trust Response

A response relating to bed numbers has been provided on page 18.

As expected, there has been a small increase in the number of Emergency General Surgery patients requiring surgery on the Craigavon Emergency Theatre list. This has, and is, being managed by a Theatre Utilisation Group and through the use of the General Surgical Ambulatory Service.

There will be no impact on waiting room space in the Emergency Department in Craigavon Area Hospital as those patients transferring from Daisy Hill Hospital will be admitted directly to an Emergency General Surgery ward or go straight to the Surgical Ambulatory Unit. It is important to emphasise that there is no requirement for patients who would have historically presented to Daisy Hill Hospital Emergency Department to change their practice; patients can and should continue to attend Daisy Hill Emergency Department.

Car Parking remains an issue on both hospital sites and the Trust continues to work towards improving access to car parking spaces on both sites for patients, visitors and staff.

Theme 6 - Impact on other Services

Response Received

A number of responses were received indicating there was a downgrading of Daisy Hill Hospital Emergency Department and seeking clarification on the Type of Emergency Department that will be provided in Daisy Hill Hospital.

Trust Response

A Type 1 Emergency Department is a Consultant led 24 hours service with full resuscitation facilities and designated accommodation for the reception of emergency care patients. As stated within the Consultation document, Daisy Hill Hospital Emergency Department will continue to operate as previously.

The Trust can assure its population that it is fully committed to the Emergency Department service in Daisy Hill Hospital. These services will be available on a round the clock basis, with Emergency General Surgery undertaken at Craigavon Area Hospital where required. The Department of Health has advised that the proposed changes will not impact on Daisy Hill Hospital's Emergency Department status.

Response Received

A response was received seeking how the removal of Emergency General Surgery would impact on other services in Daisy Hill Hospital including Obstetrics and Gynaecology, Anaesthetics, and Paediatrics.

Trust Response

The other services in Daisy Hill Hospital are specialties in their own right and do not require Emergency General Surgery on site to continue with their day to day work. Should it be required, these services can access Emergency General Surgery advice 24/7.

The General Surgery Team continues to undertake elective work on the Daisy Hill site Monday to Friday. This means that General Surgery Outpatient, Endoscopy and theatre sessions have remained as they were and thus no skills are being depleted.

Paediatric Services recognise that increased cross-site working is required to enable surgical paediatric patients to be managed in the Blossom Unit on the Craigavon Area Hospital site and medical paediatric patients to be managed across both sites with support from Northern Ireland Ambulance Service and Primary Care colleagues.

Response Received

At the public meeting a question was asked as to why there was no public consultation taken forward on the Review of General Surgery as any major strategic change should be consulted on.

Trust Response

The Department of Health has provided the following response in relation to consulting on the Review of General Surgery.

The Review of General Surgery provided standards for Emergency and Elective General Surgery. The standards represent best clinical practice and are based on available evidence. The Department fully adhered to the statutory provisions on public engagement and consultation, and has carried out all required impact assessments. Where the implementation of the standards would lead to service change, Trusts would need to consider the Department's guidance on change or withdrawal of service and the statutory requirements and guidance to engage and consult the public.

Response Received

A response was received questioning Service User representation and the processes that were followed in appointing service users to the Service User Reference Group. The Trust is asked to detail the composition of the Service User Reference Group.

Trust Response

Service Users and carers from across the Southern Trust area were invited in February 2022 to participate in a User Reference Group to support the development of proposals for Emergency General Surgery provision. This invitation was shared as a public call across Trust social media platforms, contacts and mailing lists of service users and carers who have expressed interest in involvement opportunities. Individuals from the Southern Trust area contacted the Involvement Team to advise of their interest in participating in this group following the public call. The User Reference Group was then comprised of six individuals who all had service user and/or carer experience of Trust services.

Response Received

Reference was made to the lack of co-production and that the Trust did not include the views of the workforce or their representatives in developing proposals for the future of these services.

Trust Response

The Project Team included wide representation from service leads, Trade Union colleagues and support services who liaised with staff, providing regular updates and relaying feedback and concerns to the Project Team. Project Team meetings took place on a fortnightly basis in the first instance and then monthly and there were a total of 14 Project Team meetings.

A Service User Reference Group was also established at the outset of the project to ensure patient and public involvement in the process. The Group was engaged at all stages in the development of the proposals and subsequent consultation documents. The Trust found this to be an extremely useful and welcome input to the process ensuring open and transparent engagement at all stages.

The Trust also kept the Daisy Hill Pathfinder Group and the Daisy Hill Future Group updated through the consultation process

Response Received

The Trust received a response in relation to frustration and disappointment at how the consultation process was carried out, as it was felt that the decision to remove Emergency General Surgery from Daisy Hill Hospital has already been made. It was felt that there was disregard for the consultation process which has caused a lack of faith in the Trust.

Trust Response

The Trust has been reviewing Emergency General Surgery provision from September 2020 when concerns were raised around staffing challenges to the Trust's Senior Leadership Team. Prior to this the General Surgery Team had recognised that change was required and had been exploring alternative ways to deliver their service given the challenges they had been facing in delivering their emergency service across the two acute sites.

The Trust took steps to comply with the requirements which are placed on it by the Department of Health in the relevant Departmental Circular 'Change or Withdrawal of Services'.

Approval was sought from Trust Board in November 2021 to commence a review of Emergency General Surgery to agree a preferred service model. Any change in service provision requires the Trust to engage in a formal public consultation process. Following Trust Board a formal project management structure was agreed and put in place to ensure all key stakeholders including the Department of Health's Strategic Planning and Performance Group, Trade Unions and Service User Representatives were appropriately engaged in this process. (Refer to Appendix 1 – Project Structure).

Unfortunately, a further resignation was received from one of the two remaining substantive General Surgery Consultants in Daisy Hill Hospital in January 2022. As a direct consequence, with only one permanent consultant remaining, the Trust was required to implement a service contingency and take immediate actions to safely sustain the delivery of Emergency General Surgery Services across the two acute sites. An immediate contingency plan was developed and implemented from 28 February 2022 for the Southern Trust population and Emergency General Surgery was provided from the Craigavon Area Hospital site. Given the staffing challenges also present on the Craigavon Area Hospital site, transferring consultants from Craigavon Area Hospital to Daisy Hill Hospital did not offer a solution and would only further destabilise the Craigavon service leaving vulnerable and fragile services in both hospitals and further increasing risks to patient safety. The contingency arrangement seeks to ensure patient safety is maintained for all patients accessing Emergency General Surgery services in the Southern area until such times as a permanent solution is agreed.

The Department Circular 'Change or Withdrawal of Services' foresees that, having considered the need to consult, a Trust may decide that it is imperative, in the interests of patient safety, to implement the change immediately. The Department of Health's Strategic Planning and Performance Group, was formally notified of the implementation of the contingency model.

The Project Team continued to scope options for a preferred service model and continued with the Public Consultation process with an agreed date for a local public consultation on a permanent solution to take place at the end of June 2022.

An update paper was tabled at Trust Board on 23 June 2022 regarding the Public Consultation Process. This paper also provided information to Trust Board on the Department of Health Regional Review of Emergency Surgery Standards which was running in parallel with the Trust Consultation process and at this time the Trust had sight of the draft standards. It was agreed by the Trust Senior Leadership Team and Trust Board that the Trust would pause their consultation process until such times that the standards were published. While these standards were still in draft they had

undergone significant scrutiny, including discussions with clinicians, which our own Trust clinicians had been involved with.

On 30 June 2022 the Minister for Health launched the Review of General Surgery in Northern Ireland, Standards and Way Forward. This review sets out the standards that hospitals will be required to meet to continue providing emergency and planned (elective) surgery. All Trusts are assessing services against these standards.

The Southern Trust Senior Leadership Team and the Trust's clinicians agreed that it would be more prudent to align with the Western Trust who were also preparing to consult at a local level. The Department of Health recommended that it would be advantageous if there was regional consistency. It was agreed by the Trust Board to pause the consultation process.

A decision was made to resume the consultation process in December 2022 in line with the Western Trust and support was sought and received from the Strategic Planning and Performance Group and Trust Board approval was given to move forward with the public consultation in January 2023. The Trust adhered to regional consultation guidelines when moving forward with this process.

Response Received

The Trust received a response on the Options Appraisal document and the Options Appraisal process. It was stated that the Trust did not make available the Option Appraisal nor were they transparent in the process. It was stated that the Trust did not explore all options fully in particular the cross border option.

Trust Response

The Options Appraisal was available on request to all members of the public via the email address, telephone number and address published on the Trust website.

A full Options Appraisal was taken forward and all options were fully explored. The benefits and descriptors were directly linked back to the Standards for Emergency and Elective General Surgery as a regionally endorsed benchmark for the delivery of services. The options appraisal process was shared with the Project Team and the Service User Reference Group at all stages of the process and final agreement of the preferred option was endorsed by the Trust's Senior Leadership Team.

The cross-border option was originally short-listed, however after further consideration by the Clinical Sub-group, it was felt that there were too many unknowns regarding this option to score fairly for example the implications of Brexit and the NI protocol.

Developing any cross-border health service proposals would require political agreement in both jurisdictions. There would also need to be detailed joint policy work developed involving officials from both sides of the border. This is a highly complex process and would require significant time and resources. There are also wider implications for stakeholders and partners including Northern Ireland Ambulance Service. Ministerial approval would be required for this option.

The Department of Health will continue to consider opportunities for the provision of Health Care Services to the population of both sides of the border area which could be of benefit to the population of the Southern Trust.

Response Received

The Trust was asked to detail any Risk Assessments that were taken forward prior to the move to the Contingency model.

Trust Response

An internal consultation process was carried out with allied specialties to General Surgery during the month of December 2021 and into January 2022. In addition to this, weekly meetings took place, which were jointly chaired by the Director of Acute and the Medical Director, to ensure that identified risks were discussed and mitigations were put in place.

A risk log has been maintained throughout the process. This is a live document and is continually updated with mitigating measures put in place where required. Risks are escalated when appropriate.

Theme 8 - Equality and Rural Needs

Response Received

There was some criticism of the travel times quoted in the consultation documents with the view expressed that the Trust does not take in to consideration weather conditions or traffic delays.

Trust Response

The Trust acknowledges that it is difficult to document accurate travel times from every point in the Southern Trust area to either of the two acute hospitals, and therefore a baseline for all journeys is required which are taken from the same source. Distance was taken from Department of Agriculture Environment and Rural Affairs - *Source: <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>*

Response Received

Responses were received regarding the poor state of the public transport network particularly in rural areas and for those who do not have access to a private vehicle

Trust Response

While the Trust acknowledges that public transport infrastructure may not be ideal in all areas of the Trust, data demonstrates that the number of families who now have access to private transport is increasing and there are 207,959 licensed cars within the Southern Trust area.³ The NI Census 2021 data states that the number of cars and vans available for use has increased by 21% from the 2011 Census with only one in five households not having access to a car or van. The Trust acknowledges that not all families have access to a car, however it is expected that patients will continue to contact phone first and present as they had previously to our Emergency Departments in Daisy Hill Hospital and Craigavon Area Hospital, in the first instance.

³ NISRA – Cars licensed- Private & Company

Response Received

A number of responses were received regarding the increased travel time for those people living in rural areas within the Newry and Mourne area and the impact it will have on this population.

Trust Response

Patients will continue to travel to their closest Emergency Department and will not be required to bypass Daisy Hill Hospital or Craigavon Area Hospital. Northern Ireland Ambulance Service will continue to bring patients to the closest Emergency Department except if the patient meets one of the agreed Ambulance Bypass Protocols.

As stated in the Consultation Document, patients will continue to contact phone first and present as normal to our Emergency Departments. The Emergency Department clinically assesses patients who present. If, following assessment, the Emergency Department Doctor decides the patient requires Emergency General Surgery advice or assessment, the Emergency Department Doctor will contact the Emergency General Surgery Team in Craigavon Area Hospital. Following this consultation, the patient may require:

- Further investigations by the Emergency Department Team at either hospital;
- Discharge home from the Emergency Department for follow up with the general surgery team at an Outpatient clinical appointment;
- If transfer to Craigavon Area Hospital is required from Daisy Hill Hospital this will be via patient's own transport, private ambulance or by Northern Ireland Ambulance Service:
 - ❖ To attend general surgery ambulatory unit for further investigations and where required, booked or added to the waiting list for planned surgery at either Daisy Hill Hospital, South Tyrone Hospital or Craigavon Area Hospital, or provided with an outpatient referral;
 - ❖ Direct admission to surgical ward for management under the General Surgical Team this could be for either conservative and/or surgical management (operation).
- If a patient is not fit for transfer by Northern Ireland Ambulance Service and requires immediate surgical input, the Emergency General Surgery Team will arrange for prompt onsite assessment and appropriate management. The patient

will remain under the care of the Emergency Department Team at Daisy Hill Hospital while surgeons travel to Daisy Hill Hospital. (Note that during the period of the contingency model this has been infrequent with surgeons only travelling to Daisy Hill Hospital on three occasions); and

- Paediatric Patients (i.e. children aged under 16 years) who present to Daisy Hill Hospital Emergency Department are managed as outlined above, however should they require an admission for management under the General Surgical Team they will be transferred and admitted to the Blossom Paediatric Ward.

Response Received

A response was received regarding those patients who are referred directly to Craigavon Area Hospital via the GP phone line who will have increased travel time and will have to use their own source of transport or public transport.

Trust Response

Patients referred from the Newry and Mourne Area by their GP and deemed appropriate for assessment and treatment at the General Surgery Ambulatory Unit in Craigavon Area Hospital, will have an increased travel time as historically they would have attended Daisy Hill Emergency Department. However, it is important to note that historically they would have been admitted for inpatient treatment which would require an overnight stay. Attendance at the General Surgery Ambulatory Unit allows patients to be assessed by a senior decision maker in a timely manner (i.e. no waiting in Emergency Department and being seen by multiple doctors), and in most cases allows for same day treatment.

The Trust has in place the Hospital Travel Costs Scheme and it is possible for those patients on a low income to claim reimbursement for travel costs when attending hospital appointments or for treatment under the care of a consultant.

The Trust also has in place a virtual visiting system on acute sites which enables family members/relatives and friends to link in with patients on line.

Response Received

A request was received for data on Section 75 on those patients who received Emergency General Surgery during the contingency period.

Trust Response

Detailed below is a snapshot of unplanned inpatient admissions for general surgery to Craigavon Area Hospital and Daisy Hill Hospital from April 2022 to August 2023. This table gives an indication of the profile of patients against Section 75 categories where information is available.

Section 75 Group	Non elective admissions to CAH from April 2022 – August 2023	Avg % April 22 – August 23
Gender	Female	48.6%
	Male	51.4%
Religion	Protestant	23.0%
	Roman Catholic	41.5%
	Other	35.3%
Age	0-17	9.3%
	18-65	53.8%
	>65	36.8%
Marital Status	Married	43.7%
	Single	34.8%
	Widowed	7.5%
	Unknown	7.3%
	Divorced	3.3%
	Separated	2.0%
	Common Law	1.4%

Section 75 Group	Non elective admissions to DHH from April 2022 – August 2023	Avg % April 22-August 23
Gender	Female	43.3%
	Male	56.7%
Religion	Protestant	6.6%
	Roman Catholic	50.0%
	Other	43.4%
Age	18-65	76.7%
	>65	23.3%

Section 75 Group	Non elective admissions to DHH from April 2022 – August 2023	Avg % April 22-August 23
Marital Status	Married Single Widowed Unknown	50.0% 20.0% 3.3% 26.7%

During this period there were a total of 6437 non elective admissions (6407 to CAH and 30 to DHH).

Response Received

One response stated that it was unfair to ring fence beds in Craigavon Area Hospital for Daisy Hill Hospital patients.

Trust Response

As previously stated, Emergency General Surgery has 72 inpatient beds (two 36-bedded wards) in Craigavon Area Hospital, with an average daily need of 65 beds. Ring fencing beds ensures that there are beds available so patients can be admitted to the area best placed to look after their needs in a timely manner. The Emergency General Surgery beds should be ring fenced for all Southern Trust patients requiring Emergency General Surgery admission.

Response Received

A response was received regarding the poor road infrastructure and signage to Craigavon Area Hospital.

Trust Response

The Trust recognises the challenges and frustration around road infrastructure and poor signage and will continue to raise these issues through appropriate forums including Community Planning Partnerships and relevant statutory bodies.

Responses that were in agreement with travelling to a central location received by the Trust:

I am willing to travel to where I will receive the best care by the best person. I would prefer to be treated by a specialist.

Would prefer to travel to Craigavon Area Hospital to have emergency surgery where the expert consultants are.

Updated Census figures:

During the Consultation process the Trust reported figures using 2011 census data however during the summer 2023, the Trust was able to access the Census 2021 Flexible Table Builder. Please find below updated tables for the population of Southern Trust and specifically Newry and Mourne areas reporting 2021 data:

**Profile of Southern Health and Social Care Trust Resident Population –
2021 Census (390,976)**

Section 75 Group	Make up of Population Affected	SHSCT Population Percentage Census 2021	N&M population Percentage Census 2021
Gender	Female	50.2%	50.5%
	Male	49.8%	49.5%
Religion	Protestant	35.5%	22.0%
	Roman Catholic	57.0%	72.1%
	Neither	7.5%	5.9%
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	Not Collected	Not Collected
Age	0-15	22.5%	22.0%
	16-24	10.2%	10.4%
	25-34	12.8%	11.9%
	35-44	13.7%	13.0%
	45-54	13.3%	13.3%
	55-64	12.0%	12.7%
	65+	15.6%	16.7%
Marital Status	Single	28.1%	28.6%
	Married/Civil Partnership	37.7%	37.5%
	Other/Not Known	34.2%	33.9%
Dependant Status (based on 147,205 households, census 2021)	Households with dependent children (Census 2021)	32.9%	32.1%
Disability (based on 147,205 Households, census 2021)	Household with one or more persons with a limiting long term illness or disability (Census 2021)	43.1%	44.3%
Ethnicity	Bangladeshi	0%	0%
	Black African	0.4%	0.11%
	Black Caribbean	0%	0%
	Black Other	0.4%	0.06%
	Chinese	0.3%	0.19%
	Filipino	0.1%	0.09%
	Indian	0.2%	0.16%
	Irish Traveller	0.3%	0.19%
	Pakistani	0.1%	0.03%
	Mixed Ethnic	0.8%	0.49%
	Arab	0.1%	0.05%
	Roma	0.1%	0.05%
	Other Asian	0.4%	0.09%
	Other Ethnicities	0.2%	0.17%
White	96.5%	98.32%	
Sexual Orientation towards:	Heterosexual	69.8%	70.5%
	LGBTQ+	1.1%	1.2%
	Not Stated	29.1%	28.3%

Theme 9 - Relates to Communications

Response Received

A number of queries were received regarding communication with stakeholders during the consultation process as follows:

- Lack of engagement with community groups
- Lack of engagement with staff
- Listening Events were not sufficient
- More face to face meetings were required

Trust Response

Detailed below are the actions the Trust has taken to communicate with all stakeholders:

The consultation was launched on 27 January 2023 with the following activity:

- Papers and press release published on the Trust website which included an invitation to online listening events and an offer to meet with any other group;
- Press release issued to all local and regional press receiving widespread local press coverage and broadcast on both BBC and UTV;
- Shared across Trust social media channels (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers);
- Included in the Trust Board briefing to elected representatives – mentioned in face to face zoom update;
- Article in the weekly staff newsletter Southern-I and mentioned in the weekly Chief Executive update to staff 'Chat with the Chief' on Monday 31 January;
- Mail out to 432 regional groups and organisations and 267 local groups and organisations;
- The Trust also worked alongside the Patient and Public Involvement Team and the Community Development officers for the Newry and Mourne area to circulate information further;

- On 17 February a reminder of the invitation to attend Zoom listening events was posted on Trust social media channels (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers);
- 22 February – update provided to Daisy Hill Pathfinder meeting which includes Trade Union representatives;
- Trust responses to press queries in local papers on 1 February, 8 February and 28 February all include reminders of where to access consultation events and encouraging responses;
- On 28 February a reminder of the invitation to attend Zoom listening events was posted on Trust social media channels (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers);
- On 6 March DHH Future Group/Pathfinder issued a press release encouraging attendance at a public meeting;
- On 8 March a message referring to the public meeting was posted on Trust social media channels (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers);
- On 13 March a midway reminder press release was issued to all local and regional outlets and posted on Trust social media channels (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers). This was also included in the staff newsletter and mailed to the consultation list;
- On 14 March the Trust participated in a UTV feature mentioning the consultation;
- On 22 March the Trust participated in a public meeting in the Canal Court Hotel in Newry attended by over 300 people. The event was also covered by BBC;
- On 27 March, Trust representatives presented at the Newry Mourne and Down Council meeting;
- On 31 March a reminder was included in a briefing to elected representatives following Trust Board;
- On 12 April a last call reminder for responses was issued by social media (Facebook 60,000 followers/Twitter 14,400 followers/Instagram 8,015 followers).

The Trust did offer to meet with individual groups – we received one request and agreed to facilitate a meeting with Killeel Chamber and Killeel Development Association on 3 March however they did not attend.

6.0 Conclusion

The Trust has adhered to regional consultation guidelines when moving forward with this consultation process and has completed a full Public Consultation on Emergency General Surgery Provision in the Southern Trust. As previously stated, the Trust has followed Departmental Guidance on Change or Withdrawal of Services. The Trust moved to the contingency model in February 2022 due to patient safety concerns and did receive approval from the Department of Health to implement this.

The Trust acknowledges that this contingency arrangement has raised some concern for some local people, however the Trust is satisfied that the contingency model has significantly mitigated the patient safety risks associated with the two-site model. As part of ongoing governance within the Trust all serious incidents are recorded and reviewed. To date there have been no incidents recorded relating to the provision of Emergency General Surgery. The contingency model continues to be monitored on a daily basis.

The Trust has responded to all queries and concerns raised throughout the consultation period and all responses are included within this report. The feedback report will now be tabled at Trust Board for consideration and following this will be shared with the Department of Health to agree a way forward. The contingency model will continue in the interim until a final decision is agreed.

The Trust would like to thank everyone who attended the listening events and the public meeting and recognises that Consultees have contributed their valuable time to respond to our consultation process. The Trust welcomes all feedback received and is grateful to everyone for their time and effort.

7.0 Appendix 1 – Project Structure

PROJECT MANAGEMENT: Provision of Emergency General Surgery

