



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

THE REGULATION AND QUALTY IMPROVEMENT AUTHORITY
REVIEW OF THE PATHWAYS RESULTING FROM THE
TEMPORARY SUSPENSION OF EMERGENCY GENERAL
SURGERY AT SOUTH WEST ACUTE HOSPITAL

DEPARTMENTAL AND WESTERN HEALTH AND SOCIAL CARE
TRUST RESPONSE

Ministerial Foreword

I welcome the publication of the Regulation and Quality Improvement Authority (RQIA) Report into the pathways resulting from the temporary suspension of Emergency General Surgery (EGS) at South West Acute Hospital (SWAH) commissioned by my Department with the support of the Western Health and Social Care Trust (the Trust).

The ultimate aim was to review the effectiveness of clinical pathways with a view to identifying any aspects for improvement. First and foremost the Review did not identify immediate patient safety issues arising from the pathways. It did, however, identify areas where improvements to pathways can be made. My Department, the Northern Ireland Ambulance Service (NIAS) and the Trust accept all of the recommendations of the Review and I am pleased to report that work is already in progress to take forward the recommendations arising.

In relation to the recommendation on direct admission at Altnagelvin (avoiding double ED waits), I am pleased to note that the Trust has already made considerable progress in this area with rates improving from 26% to 75%, with a 100% rate being achieved on occasions. I also note that the Trust has daily engagement with NIAS to ensure best use of private ambulance provision so as to minimise any impact on capacity and that the Trust has had a significant focus on its ambulance turnaround times. A repatriation pathway has also been introduced to support early transfer to SWAH after acute surgery.

I welcome the Trust's focus on data, clinical evaluation, audit and quality improvement which will be supported by the introduction of Encompass in the Trust in early 2025. I also welcome the Trust's plans to review existing surgical ambulatory care provision at SWAH within six months of this report to ensure maximum effectiveness of the service.

Importantly, the Trust will continue to proactively seek patient experience on an ongoing basis, working with key staff and teams to develop a survey of affected inpatients and ambulatory patients through the Care Opinion Platform.

I am very clear on the benefits of such an independent Review during times of service change and I have no doubt that the recommendations will provide relevant learning for the wider health system and will help shape best practice principles for Trusts moving through service change in the future.

The Review reinforces once again the message from Professor Bengoa - that it is better to plan and manage change than manage service collapse and the subsequent impact of that on communities. Within the constraints of existing budgets, I remain committed to driving forward the much needed reform of health and social care to ensure safe, sustainable services for everyone in Northern Ireland

At the heart of the Review was the voice of those working in, and using the clinical pathways who took the time to share their experience with the Expert Review Team and inform their work. My sincere thanks to you all.

MIKE NESBITT
MINISTER OF HEALTH

Table of Contents

Introduction	4
Background	5
RQIA Review Findings	5
Review Recommendations	6
Wider System Learnings	23

Introduction

The Independent Review of the temporary emergency general surgery (EGS) pathways put in place by the Western Trust was conducted by the RQIA at the request of the Department of Health and supported by the Trust. Further Information on the Terms of Reference for the Review is available on the RQIA website.

The Review was led by the RQIA with the support of an Expert Review Team, external to RQIA, whose knowledge and experience augmented that of the internal RQIA Team. The Expert Review Team covered clinical expertise in surgical, paramedic and emergency medicine and also included an expert by experience.

In addition to reviewing information provided by the Trust and NIAS, the Expert Review Team undertook a wide range of engagement activity with those involved in operating, or using the pathways to inform their findings. This included managerial and clinical staff across the range of relevant clinical specialities in both SWAH and Altnagelvin, GPs, NIAS, patients, their representatives and an interest group relating to the provision of services at SWAH. The Royal College of Nursing, the Trauma Network and the Patient Client Council also provided input.

The methodology used by the Expert Review Team to obtain information was:

- i. Request information and reports from the Trust and NIAS;
- ii. Site visits to SWAH, Altnagelvin and NIAS control centre to observe and engage with staff;
- iii. Lived experience engagement for patients, family members, and staff. Care Opinion was also used to obtain lived experiences.
- iv. Further stakeholder engagement with community groups, GP practices, and statutory organisations.
- v. Review of relevant strategy, policy, standards and guidelines

Background

In November 2022, the Trust made the decision to temporarily suspend EGS in SWAH on patient safety grounds due to a lack of consultants available to sustain the EGS rota, and that was implemented with effect from December 2022. The provision of inpatient EGS was temporarily consolidated on the Altnagelvin site, with a series of mitigating measures and revised pathways put in place, including the establishment of an ambulatory EGS service at SWAH.

The Trust is continuing to develop a Trust wide safe, sustainable model for general surgery that provides optimal outcomes and experiences for patients. The Department will continue to work with the Trust as it does so.

A range of assurance mechanisms provided to the Department by the Trust indicate that the new pathways and mitigating measures associated with the temporary change are working as expected and there are no indications of suboptimal or inequitable clinical outcomes for patients as a result.

However, to address concerns that continued to be raised within the community, the Department commissioned the RQIA to consider the effectiveness of the pathways, identify any improvements required and highlight any system wide learning. The Review has been welcomed by the Trust.

RQIA Review Findings

Foremost the Review did not identify any immediate patient safety issues. The Review states that the Trust have advised that there has been no increase in mortality rates in general surgery in Altnagelvin Hospital.

The Review did however identify several issues that are impacting on the effectiveness and patient experience of the clinical pathways put in place to mitigate the temporary suspension of EGS at SWAH.

In particular, the Review identified two recommendations to be addressed with urgency. These are: the 'double Emergency Department (ED) wait' for patients who

have been assessed in the SWAH, determined as requiring admission and accepted for admission, then onward transferred to Altnagelvin Hospital, have been required to wait again in ED; and the lack of sufficient commissioned capacity of NIAS. The Review notes that if these issues persist, it will undoubtedly adversely affect the effectiveness of the clinical pathways and patient experience.

In addition to these, the Review recognises the necessity for the development of further robust governance and oversight arrangements supported by appropriate information systems and timely data, to be scrutinised at Trust Board level. This includes the need for a clinical evaluation / audit programme and reviews of patient pathways and outcomes to provide evidence to establish the clinical effectiveness of the pathways put in place. This can then inform and drive an improvement programme.

Review Recommendations

The Review classifies the recommendations into four categories for implementation:

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

Some recommendations provide transferable learning for any Trust faced with managing the impact of service change.

Recommendations to be taken forward with urgency because they have the potential to deliver improvements to the clinical pathways with immediate effect

Recommendation 3

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. The Trust should ensure the achievement of this ‘direct to ward’ admission for transferred patients is accurately calculated and reported regularly to provide assurance it is sustained.

Status: Accepted¹

Response:

As noted in the report, it had been the intent in the development of the mitigation pathways for the temporary suspension of EGS at SWAH, that patients assessed at the SWAH and determined the need for surgical admission would transfer from the SWAH ED and would go on to be directly admitted on arrival at Altnagelvin to the surgical wards.

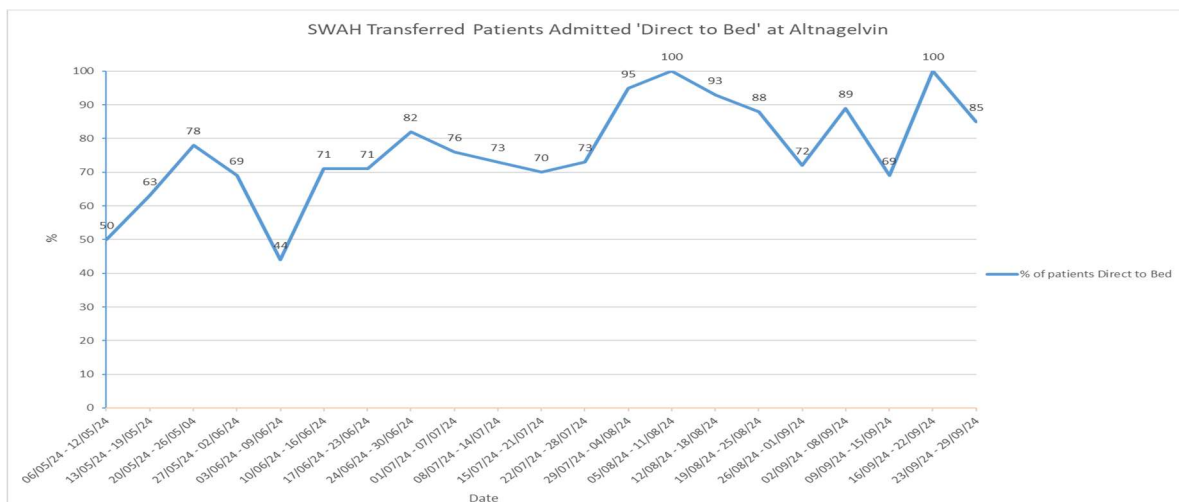
The issue of transferring from SWAH ED having been assessed and accepted for admission at Altnagelvin, was the issue most regularly raised with the Review in their engagement with patients and families and also raised by staff at SWAH in particular.

While this recommendation of the Review is accepted in principle by the Trust it is acknowledged that 100% direct admission pathway to a ward may not always be achievable. This recommendation must be considered in the context of wider system pressures and clinical priority. There cannot be a scenario where a patient of lower

¹ Recognising that there will be exceptions which will prevent 100% of patients proceeding direct to bed when transferred from SWAH

clinical priority from SWAH accesses an inpatient bed ahead of a patient of higher clinical priority from Altnagelvin, at times of significant bed pressure. The Trust will however continue to robustly manage patients by clinical priority and chronologically, accepting the SWAH ED wait and journey time in the chronological prioritisation approach developed. This would have the equivalent effect of “equalising” waits for a general surgery bed for those of equal clinical priority.

The Trust has already made considerable progress in this area. Up until the end of April 2024, the average achievement of ‘direct to ward or direct to bed’ admissions was reported by the Trust as 26%. Since May 2024 monthly improvements have been reported by the Trust and adjustments made to the reporting methodology to accurately capture relevant patient data. It was reported that since May 2024, using the adjusted rate (only patients transferred and therefore appropriate to a ‘direct to bed’ admission), a 76% direct to the bed/ward had been achieved, with several weeks achieving 100% since early August 2024. The chart below shows the weekly percentage of SWAH transferred patients admitted direct to a bed/ward in Altnagelvin for the period from 6th May 24 to 29th September 24.



The Trust has also been working with the surgical consultant team to develop a standardised operating procedure (SOP) for minor general surgery operations. This pathway will allow patients currently being transferred to Altnagelvin for minor procedures to have these in the Elective Overnight Stay Centre (EOSC) at SWAH.

Both the Department and the Trust recognise the overall validity of the Review's commentary that extended waiting times in ED can have a potential adverse impact on clinical outcomes and on patient experience. This is true of all specialties. Unfortunately, across Northern Ireland our Emergency Departments are experiencing times of extreme pressures and our ambulance crews are waiting longer than acceptable for patient handover. These issues are system wide and are not unique to Altnagelvin or indeed to the specialty of general surgery. The Department continues to work with all Trusts to address Emergency Department pressures on a sustainable basis.

In response to the specific issues raised in the Report, the Trust has advised that there is no evidence of an increase in in-hospital mortality following the temporary consolidation of EGS at Altnagelvin. This is however just one assurance mechanism and others such as patient experience, clinical outcome audits, governance arrangements etc are addressed throughout this document.

Recommendation 4

There is a need for the Department of Health to consider the provision of a more sustainable and resilient ambulance capacity to strengthen the model supporting emergency surgical services within the Trust area, and address concerns about the impact on NIAS services more widely in the area.

Status: Accepted

Response:

It was reported to the Review that no additional funding had been provided to support the creation of additional NIAS capacity to facilitate the temporary suspension of EGS at the SWAH. The current additional demands being placed on the NIAS service therefore has a reliance on staff working overtime. Not only are there the additional journeys out of area under the bypass pathway, and the additional transfer journeys, but there may also be delays in the handover at Altnagelvin Hospital due to ED

capacity and surgical ward capacity there. This often meant NIAS staff were working hours beyond their expected rota and beyond expected overtime, having a direct adverse impact on staff morale.

The Review was told of further concerns that the increased pressure on NIAS would have an adverse impact on the availability and responsiveness of NIAS services to the wider Fermanagh area.

The Department and Trust recognise the pressure on NIAS resulting from the temporary pathways and have engaged with NIAS from the outset of the temporary change process. As the Trust develops plans for the future model of general surgery, an assessment of NIAS capacity needs and funding requirements will be undertaken.

The Department notes that the Trust has daily engagement with NIAS to ensure best use of private ambulance provision so as to minimise any impact on capacity. It is also important to acknowledge that the Trust has had a significant focus on its ambulance turnaround times. The Department have a range of performance targets on ambulance handover of patients to EDs and ambulance turnaround and work is underway across the region to take this forward.

The Trust must also meet the requirements of the Trust's Consultation Scheme in its consideration of a permanent change, and any decision on permanent change must follow the Department's Circular on 'Change or Withdrawal of Services' and will require Ministerial approval.

Recommendations to be actioned promptly and will strengthen the sustainability of the service model

Recommendation 1

In developing plans for substantive recruitment of surgical doctors to staff the ambulatory surgical unit and surgical assessment service at SWAH, the Trust should include measures to strengthen direct access to consultant clinical supervision. Such plans should also include measures to broaden the skills and experience for doctors working in these areas. This should assist in improving the sustainability of the model.

Status: Accepted

Response:

The Report states that SWAH has a number of surgical doctors on site 24/7. These doctors are post-foundation doctors and middle grade doctors. These are fully qualified doctors and are not in training. Whilst there is clinical supervision of SWAH surgical doctors, it was noted that this is provided virtually by the surgical consultants based at Altnagelvin Hospital. A consultant general surgeon is on the SWAH site when elective surgical services are operating however there is no formal direct involvement between the consultants undertaking elective surgery and the emergency surgical service. This separation of emergency surgery and elective surgery is in keeping with the standards for delivery of general surgery which requires the separation of emergency care from elective care.

The Review considered that there are vulnerabilities within the existing surgical staffing model at SWAH. The Review considered that these potential vulnerabilities required consideration as to how to strengthen the staffing model, to secure substantive middle grade surgical doctors in the ambulatory unit, with greater access to direct clinical supervision built into the delivery model.

The Trust has advised that consultant oversight of the surgical doctors in SWAH ambulatory unit is virtual – the consultant rostered for Ambulatory Care Unit in Altnagelvin is responsible for consultant oversight. Consultant advice and input to patient care is currently available via virtual means, which in the Trust’s view is appropriate for the conditions and number of patients managed in the ambulatory service at SWAH which is led by experienced Specialty and Specialist (SAS) doctors. This however will be kept under review and considered further under the implementation of recommendation 2. Active recruitment for substantive doctors continues across many Trust specialties, and the Trust intends to take forward rotation of middle grade doctors between SWAH and Altnagelvin Hospital.

The Trust has confirmed to the Department that it has now made permanent appointments to all middle grade general surgery positions at SWAH, and that it is in the process of confirming start dates with the appointed doctors. The Trust has advised the Department that it has also progressed rotational placements for tier 2 resident doctors (core trainees and SHOs) between surgical sites. This will enable enhancement of supervision, skill development and optimal skill mix. Plans are well advanced for a similar process to include tier 3 doctors, broadening the scope of training and professional growth.

It should also be noted that further development of the Elective Overnight Stay Centre at SWAH will bring more consultants to the site. While this will not provide a consultant led EGS service, it will strengthen the surgical doctor model at SWAH through more onsite surgical services/ clinical practice opportunities.

[Recommendation 5](#)

The Trust should undertake clinical evaluation / audit to examine the issues that have a direct impact on surgical in-patient bed occupancy at Altnagelvin Hospital. This would help to define the bed capacity required to cater for the predictable additional admissions arising as part of the temporary emergency surgical model for the western area. Such audits should also explore potential for repatriation of patients to the SWAH.

Status: Accepted**Response:**

The original projection, supported by clinicians, for the number of patients that would come to Altnagelvin as a result of the temporary suspension of EGS at SWAH, was that it would increase the demand on the Altnagelvin surgical in-patient service of approximately 10 to 12 beds. However, the Review was told that current Altnagelvin surgical inpatient bed capacity had not changed following the temporary suspension of EGS services at the SWAH.

The Review considered that, should Altnagelvin surgical bed capacity not be enough to meet the volume of patients now required to be treated there, continued inefficiencies in ambulance turnaround, continued additional pressures on the ED service and surgical team at Altnagelvin and poor patient experience would be the result. The Trust will need to give consideration to how bed capacity in Altnagelvin can be increased on a permanent basis, through transfer of resources. The Review recommend that this is now audited to provide insight and potential development of new pathways which might reduce the additional bed requirement.

The Trust has already recognised the importance of reducing length of stay for transferred SWAH inpatients where possible and has developed a repatriation pathway to SWAH to support early transfer after an acute surgical event. A minor operations pathway is also nearing completion which will further minimise transfer and afford patients the opportunity to have their procedure in an elective surgical list in SWAH.

The Trust acknowledges the benefit of an evaluation to assess the effectiveness of the pathways and identifying potential areas for improvement. The Trust will assess the opportunity for directed reviews/clinical audit on inpatients from the Fermanagh and Omagh geography, affected by the temporary suspension of EGS at SWAH. The Trust proposes to commit to review all patients who have stayed over 14 days through the GAIN audit on a bi-monthly basis.

The Trust surgical team has initiated a clinical evaluation and quality improvement programme (QIP) to ensure effectiveness and safety of pathways including ambulatory care. The team is auditing key aspects which includes patient outcomes, those staying greater than 14 days and patients where there is judged to be an opportunity for repatriation.

Recommendations to be actioned promptly to ensure the Trust Board have appropriate information to enable it to fulfil its oversight and governance responsibilities, with particular regard to the effectiveness of the clinical pathways, identifying issues that require improvement.

Recommendation 2

The Trust should undertake a formal evaluation of the Surgical Ambulatory Care Unit at SWAH to explore the effectiveness of the model in providing for non-inpatient surgical care at SWAH, including examining the criteria for acceptance, and identifying any opportunities to improve the service. Information on its effectiveness should be made available to the Trust Executives and Board

Status: Accepted

Response:

The surgical doctors at the SWAH provide a surgical ambulatory care unit on weekdays. A patient who does not need an admission for EGS and who can be assessed and treated on the same day can be provided for at SWAH. Patients presenting to the SWAH ED who meet the criteria for assessment under the surgical ambulatory care unit, can be referred to the unit. It is noted that a pathway direct from triage in SWAH ED to surgical ambulatory care is in operation. GPs can also refer patients to the surgical ambulatory care unit.

The Review refers to the 'Ambulatory Care Network' which states 'ideally' a surgical ambulatory care service should be consultant led because evidence shows the service is more effective if led by a senior doctor. However, the Review also notes other models are not excluded. This is reflected in SWAH, where the surgical ambulatory care service is led by the SWAH SAS doctor, with access to the surgical consultant at Altnagelvin virtually.

The Trust reported that the unit has capacity to review up to 13 patients per day dependent on case mix. The data supplied to RQIA reported an average of 3.3 patients per day. Since then the Trust reported the average rising to 4.6 patients per day in the period April to July 2024.

The Review considers that it would be timely to undertake a formal evaluation of the effectiveness of the ambulatory care surgical unit at SWAH.

The Trust accepts the recommendation and will carry out an evaluation of the surgical ambulatory service in line with the principles agreed by the General Surgery Network with a view to ensuring that the use of the surgical ambulatory care unit is monitored and maximised, within 6 months from this report.

Recommendation 6

The Trust should review bypass and transfer pathways to identify any areas for improvement, and consider if they adequately allow for assessment of the patient's holistic needs, particularly those with palliative care and end of life needs.

Status: Accepted

Response:

The Review considered that the pathways should be reviewed by the collaborative clinical teams to test if the pathways, which are primarily condition and age based, are sufficiently sensitive to consider the holistic needs of the patient, including those with palliative care and end of life needs.

In line with the changing demographics of the Northern Ireland population, the particular needs of the frail elderly, and the increasing numbers of people receiving palliative care, is an issue across specialities and for all Trusts.

The Review heard of concerns of some staff regarding elderly, frail patients and those with terminal/palliative care needs being transferred to Altnagelvin, consistent with the temporary pathways, when they felt there may have been an opportunity to manage the patient at the SWAH.

The Trust acknowledges that in the early months after the change was implemented, there were transfers of very small numbers of palliative patients with surgical pathology. On some occasions, this was at the request of the patient or family.

The Trust has put in place a clinician-to-clinician review arrangement where a patient can remain in SWAH under the care of a physician, should the clinical circumstances warrant that. These patients would not receive general surgery operative treatment in line with clinical opinion and after engagement with patient and/or family due to end of life circumstances.

The Trust will monitor this pathway and report at Board level on outcomes and experiences those who may need extra support.

Recommendation 7

The Trust should develop a clinical evaluation/ audit programme, involving staff from across the two hospital sites and services, to examine how the clinical pathways are working and to consider clinical outcomes, in order to drive ongoing quality improvement of the pathways

Status: Accepted

Response:

The Review considered that a clinical audit programme supporting the review and evaluation of the service change, would offer valuable insight into issues that required improvement, offer insight into outcomes and provide a mechanism for clinical staff

involvement collaboratively across the service. The Review considered a Quality Improvement approach might also be usefully applied.

The Trust accepts this recommendation and already employs a wide range of governance tools. A clinical audit programme is just one tool in a suite of methods used by Trusts to achieve good governance. There are a range of interactive datasets across the HSC that are also in place to allow Trusts to monitor and challenge activity, access to care and performance. This includes, for example, internal audit procedures and a regional contract with the company CHKS to benchmark performance and there are key indicators for general surgery such as mortality, flow and efficiency, and safety and quality.

More generally the Trust Board completed its Board Governance Self- Assessment Tool on 7 March 2024 incorporating the 2022/23 year and the 2023/24 year. The Trust is assessed as meeting its governance requirements in all areas. Specifically, the Trust Board supported this self-assessment with a detailed case study on the Temporary Suspension of Emergency General Surgery at South West Acute Hospital, enabling a reflective view of the change at Board level.

[Recommendation 8](#)

The Trust should identify and monitor key indicators of potential impact on other specialties or services at SWAH, so that the Trust Board have the opportunity to identify and address any emerging issues proactively.

Status: Accepted

Response:

The Review looked at four areas at SWAH namely obstetrics and gynaecology, intensive care services, paediatrics and ED. The Review did not identify any clinically significant impact on these areas.

The Review considered that it is important that indirect or unintended consequences of the temporary suspension of emergency surgery at SWAH on other specialties or services that may have a co-dependency with the service, is monitored and reported on so it can be proactively addressed. The Trust acknowledges the importance of monitoring changes or vulnerabilities in other services, even where these are not clinically co-dependent, and accepts the recommendation in this light. The Trust will continue to engage with other specialties through its project team meetings on a monthly basis. Any issues for escalation will be considered by a programme board chaired by the Chief Executive.

Recommendation 9

The Trust should ensure that in addition to service activity levels, information relating to service quality, including identified outcomes from adverse incident reviews, and outcomes from an established clinical audit programme, are included in regular reporting at Trust Board to ensure effective governance.

Status: Accepted

Response:

The Review noted the limitations of the existing Trust information systems that made securing information specific to each pathway difficult and considered this may be resolved in the future by the implementation of Encompass. Encompass will go live in the Trust in May 2025 and, in the interim, the Trust should consider ongoing information gathering through audit and sampling to provide information on transferred patients and inform improvement.

The Review noted regularly reported information at Trust Board has a focus on activity, with less evidence of regular information on quality indicators, incidents, delays in provision of care or patient experience alongside activity levels. Evidence of such indicators are considered by the Review as essential for effective governance. The Trust accepts this recommendation and will update its report to Trust Board and

provide opportunities for more detailed briefings to Trust Board to reflect this feedback moving forward

The Review considered there may be an underreporting of adverse incidents. For example, the Review was told by some staff that the Datix system (where staff within the Trust record adverse incidents that occur) may not always be updated with incidents that have occurred. The reporting of adverse incidents are an integral part of governance arrangements around clinical outcomes and experiences. While this evidence is anecdotal, the Trust will review existing practices with staff in line with the Trust's incident reporting policy which is based on a regionally agreed policy. It is noted that of the 29 adverse incident reports considered by the Review, 22 had been reviewed at Medical Director level. None met the criteria for a Serious Adverse Incident.

The Review considered where there is a temporary suspension of EGS services and mitigating pathways developed, there may be value in sharing learning from incidents investigated. This is an already established process within Trusts regionally.

Recommendations to be actioned promptly to ensure patient experience is actively sought and evidenced as part of the improvement

Recommendation 10

The Trust should proactively seek patient experience, and demonstrate it is valued as a key component of a patient safety and quality improvement programme. Outcomes from the quality improvement programme should be reported at Trust Board.

Status: Accepted

Response:

The Review expresses concern that the consideration of complaints made by patients or families and carers, may not have been correctly identified as associated with the temporary service change at the SWAH. It recommends taking a more proactive approach to obtaining patient experience as part of the evaluation process for the change in conjunction with considering complaints/ online feedback, given the service change was developed at pace and out of a crisis situation.

The Review contains a detailed section on patient experience. Whilst the experiences of these patients are unacceptable and make for difficult reading it is not clear that they specifically relate to issues with the temporary pathways. Feedback from service users in the report raises concerns around an overcrowded and overwhelming ED environment, long waits to be seen in ED/ admitted to a ward, a lack of privacy and the particular impact on people living with frailty. These issues are not unique to the Western Trust and are unfortunately symptomatic of wider system pressures.

The Trust will however continue to proactively seek patient experience on an ongoing basis. Since the Review, the Trust has been working with key internal staff and teams to develop a survey of affected inpatients and ambulatory patients through the care opinion platform. This will ensure distribution to all patients directly

impacted by the temporary suspension of EGS at SWAH. Feedback from this survey work will be considered by a project team and the programme board and will be included in summary form in briefings to Trust Board when available.

Wider System Learning at times of Service Change

While the scope of the Review was specifically about the mitigating pathways put in place as a result of the temporary suspension of EGS at SWAH, the Review was asked to identify any learning for the wider HSCNI system given their independence from it.

The recommendations from this Review have helped us to shape a set of draft best practice principles for Trusts which will support them in their application of the Guidance on Change and Withdrawal of Services. The Department will now work with all Trusts to refine these draft principles and update the Guidance on Change and Withdrawal of Services accordingly.

Draft Principles

1. Trusts should develop or enhance existing clinical evaluation/ audit programmes, involving staff, to examine how the clinical pathways are working, to consider clinical outcomes and any adverse incidents, in order to drive ongoing quality improvement of the pathways.
2. Trusts should ensure that robust information and reporting mechanisms are in place to enable effective and timely reporting and evaluation of impacts on patient pathways and patient outcomes. With the introduction of Encompass, all Trusts will be better placed to report on the end-to-end journey for those patients affected by similar changes.
3. Trusts should identify and monitor key indicators of potential impact on other specialties or services (including NIAS), so that the Trust Board have the opportunity to identify and address any emerging issues proactively.
4. Trusts should ensure that service activity levels, information relating to service quality, including identified outcomes from adverse incident reviews, and outcomes from an established clinical audit programme, are included in regular reporting at Trust Board to ensure effective governance.

5. Trusts should proactively seek patient experience, and demonstrate it is valued as a key component of a patient safety and quality improvement programme. Outcomes from the quality improvement programme should be reported at Trust Board.

6. Within 6 months of the temporary or permanent change, Trusts should commission a review, independent of the Trust, of the change to determine the effectiveness of pathways and any improvements that could be made.