Terms of Reference for the Review of General Surgery in Northern Ireland

Strategic Context

1. General Surgery is a wide ranging specialty with many subspecialties. As one of the largest surgical specialties in the UK, General surgery plays a key role in the provision of elective and emergency surgery.

2. Unfortunately, as with other areas of care, the current general surgery service is struggling as a result of increasing demands for services, increasing surgical specialisation and capacity gaps within the current structure. There is significant variation in practice and in waiting times across the region and, allied to this, there are specific issues relating to the requirement to maintain multiple 24/7 rotas for emergency surgery for adults and children and the difficulties this creates in terms of staffing and meeting professionally mandated standards of care. It is also important to note that some elements of general surgery delivered as planned elective procedures have been particularly impacted by the pandemic.

3. A new approach is needed to ensure that general surgery, both unscheduled and elective, can be provided safely and sustainably across Northern Ireland. This project therefore seeks to introduce a new regional service model for General Surgery in order to ensure the specialty is equipped to deliver an equitable, sustainable, and high-quality service for every adult and child in Northern Ireland irrespective of postcode. It is critical that such change addresses in as robust a way as possible the issue of waiting lists and the impact that unscheduled care can have on elective practice.

4. Whilst it is acknowledged that a new approach is needed, it is also acknowledged that reorganisation and change will have an impact on the wider primary care and hospital system. The availability of 24/7 surgical services on site is fundamental to the safe provision of some acute services. Where it is not possible to maintain safe rotas for general surgery, this has the potential to affect the profile of services being provided on specific sites.

5. The review is being undertaken under the wider transformation agenda. *Health and Wellbeing 2026: Delivering Together* remains the overarching strategy by which the Department continues to reform. Decisions on the nature and approach to service changes and the wider rebuilding of services will be considered in adherence to the overarching principles of *Delivering Together* and will take place in the context of this broader strategic approach. The review will also take account of the impact of the pandemic and any emerging learning from this. Strategies which were proven to be successful during the pandemic may provide a stable foundation for some of the changes required.

Project Aim

6. The overriding aim of the project is to develop a regionally agreed service model for general surgery services across Northern Ireland. The new model should improve the

overall sustainability of the service whilst ensuring patient safety and high quality services. Within this overall aim, the review will consider:

a) The most effective model for the delivery of scheduled care, taking into account quality, standardisation, productivity and specialism;
b) The development of a regional service model for emergency surgery, taking into account safety, access, sustainability and specialism; and
c) The optimal service model for the delivery of elective and emergency general surgery of childhood across Northern Ireland.

7. A clinically-led project board has been established to take this work forward, and it is intended that an initial report will be submitted to the Department in mid-2021.

Objectives

8. The key objectives identified for this project are as follows:

i. Carry out a demand/capacity exercise to identify current and future demand for general surgery in adults and children (both unscheduled and elective surgery) taking into account future demographic changes and the range of interlinking specialties/ specialists;

ii. Carry out an analysis of demand for emergency surgical care and surgical procedures in and out of hours in each relevant hospital site in Northern Ireland;

iii. Carry out an analysis of general surgery demand for planned and emergency admission to critical care units in each relevant hospital site in Northern Ireland;

iv. Develop PACU models for post-operative complex surgical care that will be separate from the general intensive care unit (ICU);

v. Promote robust preoperative assessment and enhanced recovery models for surgery;

vi. Consider the impact of future Intensive Care Medicine workforce modelling and ICU capacity on the provision of complex and unscheduled surgical care within NI;

vii. To consider the implications of the future provision of complex and unscheduled surgical care for surgical training and education.

viii. Benchmark elective performance in Northern Ireland against best practice in other parts of the UK, including an assessment of delivery of procedures as daycase in line with BADS guidance;

ix. Building on the analysis at sections a-c, identify the most sustainable options to address capacity shortfalls in the short to medium term;

x. Work with Trust leads to develop local and regional pathways and a sustainable, networked approach for the long term delivery of high quality emergency surgery for adults and children in and out of hours;

xi. Work with Trust leads to develop local and regional pathways (from primary care through to discharge) for the long term delivery of high quality elective surgery for adults and children;

xii. Assess initial multi-disciplinary workforce considerations, including consideration of staffing levels and skills mix;

xiii. Ensure collaboration with other Departmental/HSC projects including perioperative nurse recruitment, the development of elective care centres, Elective Care reform, regional prioritisation, the New Planning Model for Commissioning, No More Silos and the Cancer Strategy. The review team will also consider local Trust led projects and their timelines and how these would fit in to a regional model.

xiv. Work alongside finance and infrastructure teams to develop short–medium terms plans that might be required to support recommendations.

xv. Ensure the project has co production from the start with engagement with service users.

xvi. The review should follow the principals of GIRFT reducing waste and variation and link in with John Abercrombie GIRFT lead in the RCS and the outcome of should reflect best practice principles outlined in “The Future of Emergency General Surgery (AUGIS, 2015);;

xvii. Produce a final report, with recommendations, to the Department of Health on a regional service model for general surgery in Northern Ireland

Scope

9. This project will focus on the provision of elective and unscheduled general surgery and general surgery of children across Northern Ireland.

10. All elements which contribute to the delivery of these procedures from start to finish are included within the scope of the project.

11. Other surgical procedures are outside the scope however the project board will ensure the necessary linkages and alignment.

External dependencies

12. The project is externally dependent on the following:

- Involvement by representatives of all staff disciplines;
- Involvement by representatives of all Trust areas; and
- Liaison with TUS; and
- Patients/ Service Users.

Interfaces

13. The other key projects and pieces of work which interface with this project are:
    - No More Silos;
    - Elective Care Framework
    - Regional plans for elective care centres;
    - Perioperative nurse recruitment;
    - New Planning Model for Commissioning;
    - Cancer Strategy
    - The Department's Capital Investment Strategy Plan

Proposed Membership

14. The review of general surgery will be a clinically led project, with involvement from both clinical and managerial staff across HSC and DoH. The project board will be co-chaired by:
    - Professor Mark Taylor, Consultant in General and Hepatobiliary Surgery; and
    - Alastair Campbell, Director of Hospital Services Reform, Department of Health (to January 2022).
    - Tomas Adell, Director of Hospital Services Reform, Department of Health (from February 2022).

15. The regional commissioner will play a key role in the project and will be represented on the project board. HSC Trusts will nominate representatives from each hospital site to sit on the project board. A list of the initial Project Board members is attached at Annex A.

16. Additional project team members will be selected to reflect a range of knowledge, skills and experience within the HSC which will be necessary to support successful delivery of the project. Membership will be kept under review to enable groups to draw on expert advice/critical friends as required. It is also expected that other stakeholders will be responsible for supporting the project board as required in order to achieve their objectives.

Key Deliverables

17. The project team will oversee the following key deliverables:

    <u>Phase One (June 2021)</u>
    - Approval of the Project Initiation Document (PID);
    - Agreeing the terms of reference;

- Identification of key work streams and work stream leads;
- Engagement with other parts of the UK and capture lessons learnt; and
- Endorse a forward work programme with timescales.

Phase Two (June 2021-October 2021)

- Development of interim plans by two priority work streams on emergency surgery stabilisation and paediatrics to address and mitigate current pressures, to include plans for implementation and identification of appropriate performance metrics for sign-off by Department Health/Minister;
- Complete a population needs assessment and associated demand/capacity work;
- Develop an appropriate engagement strategy, including with professional bodies, staff, local communities, political parties and representatives; and
- Consider the outputs of the work streams including identification and implementation of ‘early wins’, taking account of learning from the priority work streams
- Align individual Trust plans with the overall regional model of General surgery
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Phase Three (October 2021-June 2022)

- Agree plans for a new long term regional model for general surgery (both elective and emergency), including workforce implications. These proposals should be supported by a Strategic Outline Case; and
- Agree a public consultation document setting out an analysis of options, including high level costs and benefits for a new regional model for general surgery.
- Launch a 3 month public consultation.

Phase Four (June 2022- December 2022)

- Analysis of consultation responses;
- Development of robust Outline Business Case, implementation plan and investment / funding requirements; and
- Development and publication of final plan for General Surgery in NI

Work streams

18. Work stream groups will be established for progressing the agreed work streams and delivery of objectives within agreed timelines. These will be either clinically led, managerially led or co-chaired as appropriate and will report to the Project team. It is expected that membership may change over the course of the project and other individuals/organisations may be approached as specific areas are explored. The workstream lead will determine such individuals and confirm with Project Board.

19. As appropriate, colleagues from across the HSC/DoH will be invited to join the work streams, as they possess knowledge, skills and experience (both managerial and clinical) which will be necessary to support successful delivery of the regional Review. Whilst the work streams may have individuals from each HSC Trust, members will not be selected to represent the HSC Trust in which they work. It is intended that members will be tasked with leading on strands of the work, linking with existing networks as necessary across the HSC to deliver that work and supported by the project secretariat and other work streams as required.

Governance and Reporting

20. The Rebuilding Management Board (RMB) will act as sponsor for the project with the Permanent Secretary of the Department of Health and Chair of RMB as SRO. The Project Director will be Alastair Campbell, assisted by the Project Manager, Joanne Elliott. The Project Director will co-chair the Project Board and will assist the SRO throughout the life of the project. The Project Manager will manage the project on a daily basis and will be responsible for supporting the Project Board and the SRO by managing the finance, liaising with external bodies, overarching management of administration, secretariat and by providing regular performance reports/stocktakes on work streams against targets, deadlines and work plans

Proposed Approach

21. During the course of the project, the Project Director may identify the requirement for further resourcing to support the project. Where this is required, and is not currently available, this shall be communicated to the Deputy Secretary Healthcare Policy Group, Project Board and SRO in advance for approval and resource allocation.

22. The Project team will initially meet fortnightly (frequency will be kept under review - likely to become monthly) and will:
    - Receive brief verbal (and written) progress reports from the agreed work streams on objectives, achievements, and any critical issues;
    - Discuss issues arising and risks with a view to deciding how items can be resolved or mitigated; ensuring that appropriate actions are put in place;
    - Consider matters requiring approval and/or issues referred under escalation procedures; and
    - Focus on those issues that have a major impact on the overall project and/or require resolution across work streams or with operational services.
    - Determine engagements with the public, politicians, trade unions, voluntary and community sector and other arms length bodies

Outcome

23. The outcome of this review will be the identification of optimal service configuration of general surgical services for the next 10-15 years.

Annex A

Project Board Members

Name	Organisation	Role
Alastair Campbell	DoH	Director of Hospital Services Reform (Co-Chair) (to January 2022)
Tomas Adell	DoH	Director of Hospital Services Reform (Co-Chair) (from February 2022)
Mark Taylor	DoH	Consultant in General and Hepatobiliary Surgery (Co-Chair)
Jackie Johnston	DoH	Deputy Secretary
Jim Wilkinson	DoH	Deputy Secretary
Chris Hagan	BHSCT	Medical Director
Janet Johnston	BHSCT	Director of Acute Services
Andrew Kennedy	BHSCT	Clinical Director
Irene Milliken	BHSCT	Paediatric Surgeon
Barry McAree	NHSCT	Consultant General & Colorectal Surgeon
James Patterson	NHSCT	Consultant General & Colorectal Surgeon / Clinical Lead
Margaret O'Hagan	NHSCT	Divisional Director of Surgery & Clinical Services
Robert Kennedy	SEHSCT	Clinical Director and Consultant Surgeon
Ian McAllister	SEHSCT	Consultant Surgeon
Paul Foley	SEHSCT	Assistant Clinical Director and Consultant Anaesthetist
Maggie Parks	SEHSCT	Assistant Director, Surgery and ATICS
Mark Haynes	SHSCT	AMD Surgery
Ronan Carroll	SHSCT	Assistant Director Surgery
Colin Weir	SHSCT	Clinical Director
Teresa Molloy	WHSCT	Director of Performance
Michael Mullan	WHSCT	Consultant General & Colorectal Surgeon
Ronan O'Hare	WHSCT	Assistant Medical Director, South West Acute Hospital
Anand Gidwani	WHSCT	Clinical Lead for general Surgery, Altnagelvin Hospital
Alex MacLeod	WHSCT	Local Surgery Lead
Gary Spence	Association of Surgeons of Great Britain & Ireland	ASGBI rep for Gen surgery NI
Rosie Hogg	BHSCT	DPC Network Chair
Paul Cavanagh	HSCB	Director of Commissioning
Diane Corrigan	PHA	Public Health Consultant
Rachel Coyle	PHA	Public Health Trainee
Mary Hinds		Nursing Rep
Roisin Kelly		Involvement Rep
General Practice Rep		Alan Stout (TBC)
Raymond McKee		Critical Care
TBC		HR Rep
Nigel Ruddell		NIAS
Simon Paterson Brown		Critical Friend
		Service User

Sophie Davidson	DoH	Adept