

Regional General Surgery Network

Terms of Reference

Background

1. The Review of General Surgery, published on 30 June 2022, addressed challenges to the delivery of a safe and sustainable general surgery service for the population of Northern Ireland. Namely there is significant variation in practice and in waiting times across the region, there are difficulties maintaining the required 24/7 rotas for emergency general surgery across multiple sites and, consequently, there are issues meeting professionally mandated standards of care.
2. The review was undertaken under the wider transformation agenda. *Health and Wellbeing 2026: Delivering Together* remains the overarching strategy by which the Department continues to reform.
3. The purpose of the review was to develop a regionally agreed service model for general surgery services across Northern Ireland. Within this overall aim, the review considered:
 - 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.
4. The final report of the review includes ten actions, through which solutions for the future are identified, with the overriding aim to ensure the best care for our population at a time and place when they need it.

5. These include emergency and elective general surgery standards which are evidence based and have been developed and refined with input from general surgeons, other clinicians, HSC Trusts, managers and service users.
6. The standards will be used to drive regional and local decisions on the future delivery of emergency general surgery in Northern Ireland. Some hospitals will be able to meet these standards with developments within their existing footprints and within existing budgets others will not meet them as currently configured. A higher standard of care will need to be delivered by reconfiguration of service delivery and cross-organisational working which may result in a change in provisions to ensure better patient outcomes.
7. Implementation of the elective care standards will also build on the success of the day procedure centre model and will lead to the establishment of Elective Overnight Stay Centres which is in line with the wider elective care policy direction set out in the Elective Care Framework.
8. The remaining actions support the standards and to help deliver effective general surgery. They are:
 - Increase elective paediatric general surgery activity.
 - A commitment for Post Anaesthetic Care Units (PACU) across Northern Ireland which will provide an intermediate level of care for patients after surgery, release critical care capacity, and reduce last minute cancellation of inpatient surgery.
 - A workforce review will take place as part of the implementation of emergency and elective standards
 - A Regional General Surgery Network to drive forward the transformation programme for general surgery.
9. In recognition of the benefits of Trusts working collaboratively to deliver services for patients across the region during the pandemic the Review identified the establishment of a Regional General Surgery Network as the means to drive

forward a multifaceted transformation programme for general surgery at a regional level, incorporating best practice from other parts of the UK.

10. Learning from initiatives, such as the Daycase Procedures Centre at Lagan Valley, it is clear that delivery of an equitable and sustainable model for general surgery across Northern Ireland will require regional collaboration.
11. Trust teams will be required to work within Trust boundaries, maximising workforce and facilities, as well as working as part of the Regional General Surgery Network to oversee the transformation and reconfiguration of Emergency and Elective General Surgery.
12. The NI Ambulance Service (NIAS) and GPs will also play a key role in the reconfiguration of services to ensure appropriate access arrangements, protocols, bypass and transfer arrangements are in place.
13. The delivery of complex elective care will benefit from regional oversight to improve equity of access to services, to improve outcomes for patients and to drive efficiency. The network will also work as a mechanism to ensure that pathways for new service developments are evidence based, fully encompassing and established in response to regional need.

Network Aim

14. The overall aim of the Regional General Surgery Network is to oversee the implementation of the actions set out in the review of general surgery to ensure a safe, sustainable and equitable general surgery service for the population of Northern Ireland. It will oversee the transformation and reconfiguration of General Surgery (both scheduled and unscheduled) at a regional level and will review performance, and provide a forum to drive innovation.

Network Remit

- Oversee the implementation of the standards for emergency and elective general surgery, considering regional implications
- Agree patient pathways ensuring consistent quality, reducing unwarranted variation in services and encouraging innovation
- Commission further demand/capacity work to better understand and manage regional capacity issues
- Inform the development of regional elective overnight stay centres for general surgery
- Drive forward workforce planning at a regional level to ensure optimum skills mix (informed by local modelling)
- Ensure regional consideration of the delivery of complex elective care to ensure efficiency and equity of access
- Oversee the implementation and evaluation of PACU (with an implementation group established)
- Inform target setting and review performance to drive efficiency
- Oversee the development of a performance dashboard
- Engage with the Child Health Partnership on the development of age appropriate pathways, training opportunities, models for delivery of paediatric surgery, and rebuilding elective lists.

Scope

15. The Network will focus on the delivery of elective and unscheduled general surgery for adults. It will also work alongside the Child Health Partnership to ensure appropriate service delivery models for general surgery of children.
16. Other surgical procedures are outside the scope however the Network will ensure the necessary linkages and alignment.

Membership of the Regional General Surgery Network Board

17. The Network will be clinically led with involvement from both clinical and managerial staff across HSC and DoH. It will be co-chaired by Professor Mark Taylor, Consultant in General and Hepatobiliary Surgery and Dr Tomas Adell, Director of Elective Care and Cancer Policy, DoH.
18. The regional commissioner will play a key role in the project and will be represented on the Network. All HSC Trusts including NIAS will have representatives on the Network.
19. Additional 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 objectives. Membership will be kept under review to enable the Network to draw on expert advice/critical friends as required.
20. Membership of the Network Board to be made up of the following stakeholders
 - Mark Taylor (Chair), BHSCT - Consultant in General and Hepatobiliary Surgery
 - Tomas Adell (Co-Chair), Elective Care and Cancer Services Director, DoH
 - Joanne Elliott, Review of General Surgery Project Manager, DoH
 - Andrew Kennedy, General Surgeon, BHSCT
 - Susan Yoong, General Surgeon, BHSCT
 - Sinead McGuirk, Anaesthetist, BHSCT
 - Stephen Boyd, Co- Director Surgery, BHSCT

- Tara Clinton, Co-Director for Anaesthetics, Critical Care Theatres and Sterile Services, BHSCT
- Barry McAree, General Surgeon, NHSCT
- James Patterson, General Surgeon, NHSCT
- Jonny Holland, Clinical Director Anaesthetics, NHSCT
- Lynne McCartney, Assistant Director Surgical Services, NHSCT
- Ian McAllister, General Surgeon, SEHSCT
- Gary Spence, General Surgeon, SEHSCT
- Maggie Parks, Assistant Director Surgery, SEHSCT
- Rachel Deyermond, Anaesthetist, SEHSCT
- Adrian Neill, General Surgeon, SHSCT
- Aiden Cullen, Anaesthetist, SHSCT
- Ronan Carroll, Assistant Director Acute Services, Anaesthetics and Surgery, SHSCT
- Tim White, General Surgeon, WHSCT
- Michael Mullan, General Surgeon, WHSCT
- Paul McSorley, Clinical Director / Consultant Anaesthetist, WHSCT
- Mark Gillespie, Assistant Director for Operations & Service Improvement, WHSCT
- Irene Milliken, Paediatric Surgeon, BHSCT
- Rosie Hogg, Anaesthetist, BHSCT/PACU Implementation Group Chair
- Nigel Ruddell, NIAS
- Brian McAleer, SPPG

Role of the Network Board Chair

21. The role of the Network Board Clinical Chair is to:

- Provide clinical leadership and direction to the Network Board to support the strategic direction;
- Take overall responsibility for ensuring the Network Board promotes active clinical engagement at all levels, with all disciplines within available resource;

- Establish and maintain positive and productive linkages both within and outside the Network Board, between organisations to ensure that the objectives of the Network Board are realised;
- To Chair the Network Board and represent the views of the Network Board at the Elective Care Management Team as required.

Workstreams

22. The Regional General Surgery Network Board may establish time bound workstreams as appropriate to take forward specific tasks.

Stakeholder Engagement

23. The Regional General Surgery Network Board will engage with a wide range of stakeholders including but not limited to all HSC bodies, professional bodies, Patient groups, Trade Unions, other Clinical Networks as appropriate to the requirements of the Network Board.

Accountability

24. The Regional General Surgery Network is accountable to the Elective Care Management Team.
25. The Network Board is not a statutory decision making body. It is an advisory and facilitative grouping that makes recommendations and proposals.