Save Our Acute Services

Press Briefing

24th June 2026

“The staff have spoken with honesty and courage setting out, in stark terms, how these pathways expose patients to unsafe delays and real harm.
They deserve to be taken seriously.”

SOAS statement

SOS Save Our Acute Services

ENOUGH IS ENOUGH

“What troubles us is the clear disconnect between repeated warnings from staff, and the carefully constructed findings without statistical basis presented by senior management which have been accepted by the regulator.”

SOAS statement

SOS Save Our Acute Services

ENOUGH IS ENOUGH

RQIA 'Review'

- Published Jan 2025
- 10 strong recommendations
- Not implemented yet

"If these issues persist, it will undoubtedly adversely affect the effectiveness of the clinical pathways"

RQIA 'Inspection Report'

- Unannounced inspections – SWAH & Altnagelvin
- November, December 2025
- Report published 2 weeks ago

SOS Save Our Acute Services

RQIA – health Regulator – 2 reports

ENOUGH IS ENOUGH

RQIA ‘Review’

(Jan 2025)

“This review will examine the **effectiveness** of the pathways that have been developed”

RQIA ‘Inspection’

(Jun 2026)

“The aim of this inspection was to assess the **effectiveness** of the temporary .. pathways ”

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Aim of both RQIA Reports

ENOUGH IS ENOUGH

Section 1: The Regulation and Quality Improvement Authority

1.1 Role of RQIA and Legislative Remit

RQIA is committed to conducting Reviews, Investigations and Inspections, taking into consideration our <u>four key domains</u>:

- Is care **safe**?
- Is care **effective**?
- Is care compassionate?
- Is the service well-led?

*(Extract
RQIA Review, Jan 2025)*

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3.0 Inspection summary

In conclusion, RQIA acknowledges improvement in a number of areas across the pathways including; the improvement in direct-to-bed admissions from SWAH to Altnagelvin; implementation of the learning from audits; and improved sustainability of the surgical team.

Furthermore, the Trust provided a review of DATIX reports for incidents relating to SWAH ED between 1 March 2025 and 28 February 2026; 20 incidents were identified, most of which related to ED-to-ED transfer issues and no evidence of patient harm was found. Nonetheless, staff in the Trust remained concerned and reported recurring themes attributed to the EGS pathway; these included issues relating to ED-to-ED transfer and coordinating access to transport between SWAH and Altnagelvin hospital for patient transfers.

RQIA Unannounced Inspection Report

Feedback Received

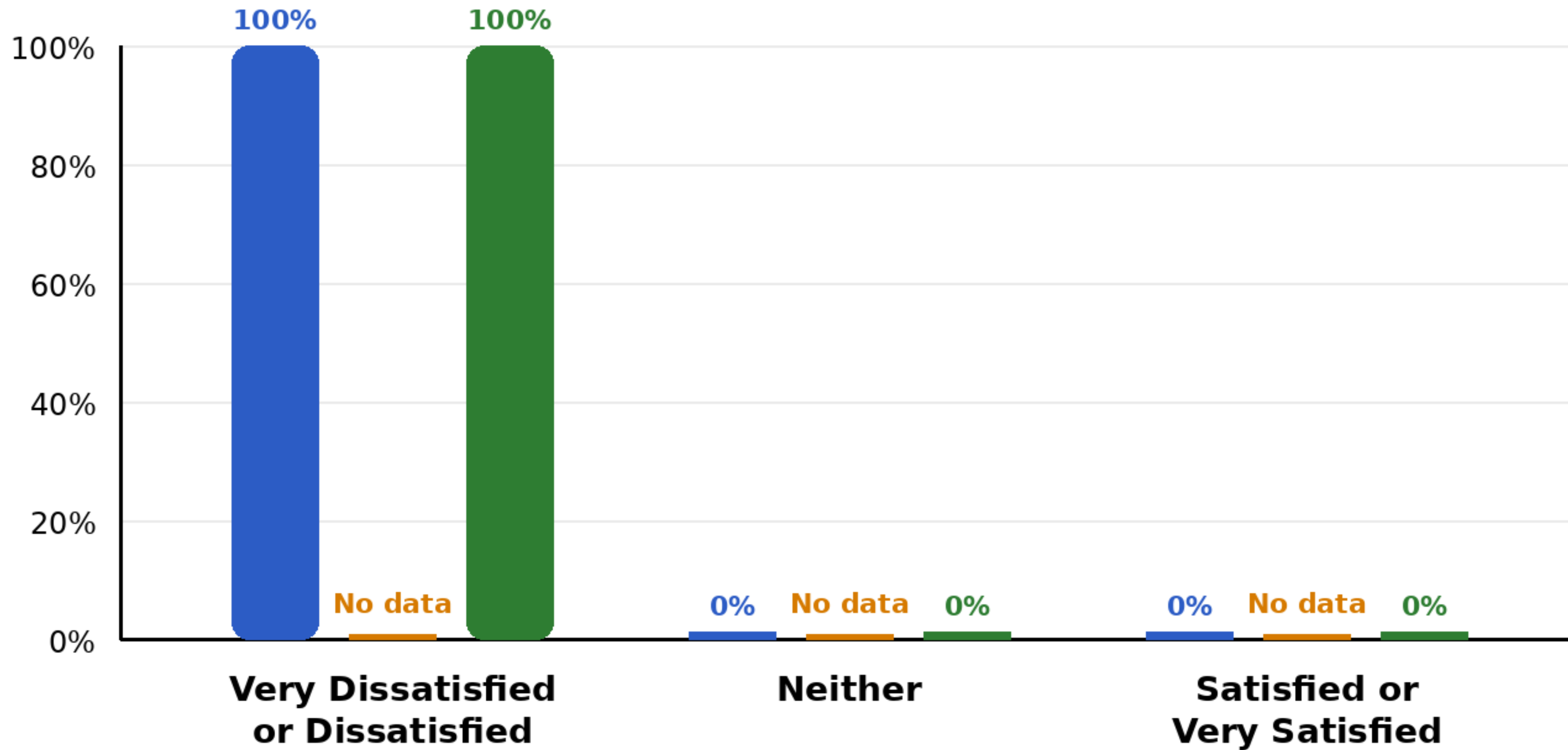
Format	Senior Management	Staff
Online	0	30
Hardcopy	0	10
Face-to-face	6	29

Senior management total	Staff total
6	69

Note: RQIA to confirm 3 x NIAS senior management and 3 x WHSCT senior management

Do you feel satisfied that service users are SAFE and protected from harm?

% of Online Responses (resulting from Regulator Request)



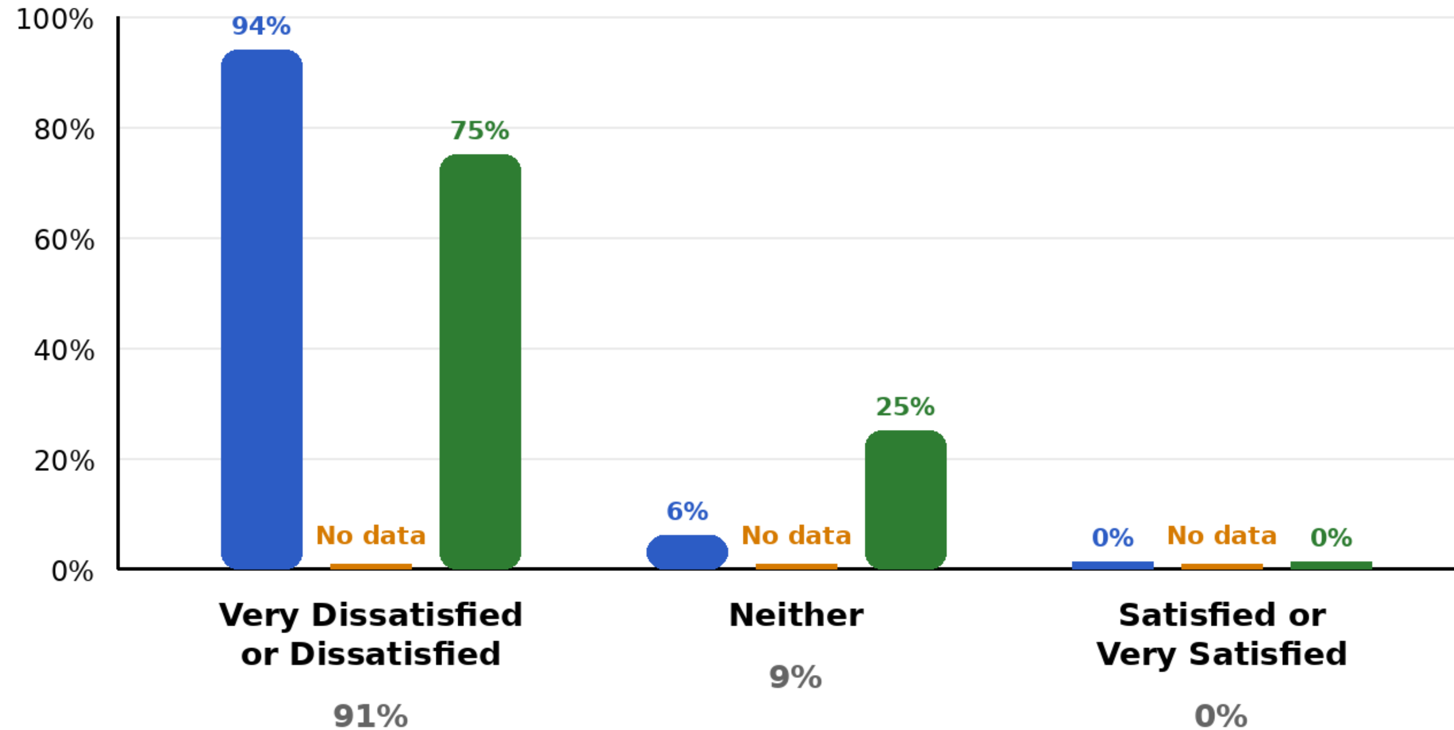
Colour coding

- Altnagelvin
- **SWAH (no online responses)**
- NIAS

Do you feel satisfied that care delivered to service users is EFFECTIVE?

From the Regulator:

"The aim of this inspection was to assess the effectiveness of the temporary .. pathways



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ENOUGH IS ENOUGH

face-to-face: 29 staff speaking up

- EM consultants refuted claims of ‘no patient harm’
- NIAS has no extra cover for transfers, leaving rural communities vulnerable
- ‘not uncommon’ to have no ambulances
- SWAH clinicians report dangerous delays: difficulty getting Altnagelvin consultants to accept patients, especially at weekends, and ambiguity over who ‘owns’ the patient during transfers.
- Relationships and trust between SWAH, Altnagelvin and NIAS have broken down, with Datix concerns not acknowledged or addressed
- confusion around ‘ownership’ of patient

The report reveals a concerned but obvious disconnect: leadership presents the pathways as safe and effective, while staff and evidence describe a system of prolonged transfers, overcrowded EDs, unclear responsibility, moral injury and burnout.

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ENOUGH IS ENOUGH

"EM consultants refuted suggestions that patients had not come to harm and cited cases where requests for external review were not supported." (p15)

face-to-face: staff speaking up

"NIAS senior management reported that there was a knock on effect for all these transfers and advised it is not uncommon for the Enniskillen area to have no ambulances." (p22)

"in SWAH ED where staff reported that relationships with ambulance staff had come under increasing pressures to the extent where it was felt that professional relationships had broken down since the implementation of EGS pathway." (p20)

face-to-face: staff speaking up

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“NIAS staff commented on the pressures on the provision of emergency ambulances and expressed concerned that the demand on emergency vehicles for transfers affects the overall availability of emergency ambulances therefore leaving the rural community vulnerable.”(p22)

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face-to-face: staff speaking up

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Staff reported no significant changes have been made to improve the system or address the issues despite concerns being raised at every level of the Trust's management structure with worsening conditions prevailing over a number of years. (p31)

face-to-face: staff speaking up

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RQIA Review – January 2025

SOAS analysis of recommendation delivery after four quarterly updates

Category	#	Recommendation	Implemented?	Update from unannounced inspection
URGENT RECOMMENDATIONS		These two carry the greatest weight		
URGENT	3	DoubleED should not happen	No	Still happening per multiple staff & regulator
	4	Increase NIAS Capacity	No	Non-implementation acknowledged by Regulator
PROMPTLY RECOMMENDATIONS		Only two appear delivered; six remain outstanding		
PROMPTLY	1	Direct Access to Consultant	No	Clear, continuing issues identified by staff
	5	Clinical evaluation / audit – beds	No	Significant issues identified by Regulator
	2	Audit of Surgical ACU	Yes	
	6	Identify areas for improvement	No	Confusion remains with pathways per Regulator
	7	Clinical evaluation / audit – outcomes	No	Significant issues highlighted by staff & regulator
	8	Impacts on Other Services in SWAH	No	Clear Datix issues identified by Regulator
	9	Accurate Reporting to Trust Board	No	Datix and Audit issues identified by Regulator
	10	Proactively document patient experience	Yes	

Two urgent recommendations remain unmet, and six of eight further actions still show no clear delivery.

Overall picture: the January 2025 review remains materially 'not implemented'.

What is SOAS saying?

‘enough is enough’

Staff have shown real courage in speaking out about a flawed system they did not design, and 18 months on their message is unmistakable: these pathways are not safe, not effective, and failing our community.

The Minister of Health must drive urgent progress towards the funding and commissioning of a new sustainable emergency surgical service for SWAH

YES WE CAN SAVE OUR SWAH

every job matters
every life matters