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IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND

KING'S BENCH DIVISION
(JUDICIAL REVIEW)

IN THE MATTER OF AN APPLICATION BY HELEN HAMILL FOR LEAVE TO APPLY FOR JUDICIAL REVIEW

Aaron Fitzsimmons (instructed by Conor Sally & Co Solicitors) for the Applicant
Matthew Corley (instructed by the Directorate of Legal Services, BSO) for the Western Health and Social Services Trust, proposed Respondent
Laura King (instructed by the Departmental Solicitor's Office) for the Department of Health, proposed Notice Party

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Hearing dates: 20 October 2026, 21 October 2026 and 22 October 2026

McALINDEN J

Introduction

[1] The applicant in this case is a director of "Save Our Acute Services (SOAS) Community Interest Company", a private company limited by guarantee without share capital, which seeks to ensure the maintenance of emergency general surgery services at the South West Acute Hospital in Enniskillen.

[2] In this application to apply for judicial review, she seeks to challenge the legality of the proposed respondent's decision to withdraw emergency general surgery services on a permanent basis at the South West Acute Hospital without a public consultation.

[3] The relief sought is an order of certiorari quashing the decision of the Western Health and Social Services Trust ("the Trust"); an order of mandamus requiring the Trust to conduct a public consultation in advance of coming to such a decision; and a declaration that the decision of the Trust to withdraw emergency general surgery

services on a permanent basis at the South West Acute Hospital without a valid public consultation exercise is unlawful and in breach of its statutory duty.

[4] The applicant also asks the court to engage in a fact finding exercise in that whilst the Trust and the Department of Health ("the Department") are adamant that no decision has been taken to withdraw emergency general surgery services on a permanent basis from the South West Acute Hospital, the applicant wants the court to examine the actions of the Trust and the Department from 2022 onwards, to direct disclosure of all relevant documentation; to allow the applicant's legal team to cross-examine the deponents responsible for any affidavit evidence adduced by the Trust and if necessary the Department and to conclude on the basis of all the available evidence that the Trust as far back as 2022 did make a decision to withdraw emergency general surgery services on a permanent basis at the South West Acute Hospital and in doing so without conducting a proper public consultation exercise, it acted unlawfully and in breach of its statutory duty.

[5] Without wishing to do any disservice to the applicant's arguments and the erudite, able and comprehensive submissions of counsel for the applicant, the application for leave in this case must fail because there is in effect no lis between the parties. The Trust and the Department are both adamant that no decision has been taken to withdraw emergency general surgery services on a permanent basis at the South West Acute Hospital. The Trust has given a public undertaking that it will fully comply with its legal duty to conduct a full and proper public consultation exercise prior to making any decision to withdraw emergency general surgery services on a permanent basis at the South West Acute Hospital. The Department has also highlighted the fact that in law the Trust does not have the power to unilaterally decided to withdraw emergency general surgery services on a permanent basis at the South West Acute Hospital. Such a decision requires Departmental approval. The Trust accepts that Departmental approval is needed for any permanent change. No Departmental approval has ever been sought, let alone given. That really is the end of the matter.

[6] During the hearing which lasted three days in the latter part of October of this year, the court had opened before it a considerable volume of material which was examined in detail and I hope that this careful examination of all the relevant material in the presence of the applicant and many other individuals involved in SOAS has in some meaningful way shed light on what has actually been happening in the Trust and the Department from 2022 to the present time in respect of this important issue.

[7] Over the course of the three days of the hearing of this matter, it became clear that in December 2022, emergency general surgery at the South West Acute Hospital was suspended on the basis that a safe 24/7 service could not be maintained because of the resignation of a number of Consultant General Surgeons from the Trust and the inability of the Trust to recruit replacements for those Consultant General Surgeons that had or were going to resign or retire in late 2022 and early 2023. The inability to

recruit replacements was linked to the promulgation by the Department in the summer of 2022 of new standards for the provision of emergency general surgical services by Northern Ireland Health and Social Care Trusts. In order to provide this specific service at any specific hospital site, there had to be a raft of ancillary, complimentary and support services in place and these new requirements had never been met in the South West Acute Hospital.

[8] Unless, the Trust obtained significant additional funding to provide this raft of ancillary, complementary and support services at the South West Acute Hospital, a service which was compliant with the new standards could not be provided at the South West Acute Hospital even if Consultant Surgeons could be recruited and no General Surgeon worth his or her salt would wish to take on the role of providing a service which did not comply with Departmental standards. However, it is clear that there were recruitment difficulties in relation to the South West Acute Hospital long before the promulgation of these new standards and these difficulties were becoming manifest as far back as 2014. Historically, consultant cover at the hospital had relied very heavily on locum appointments and this is recognised to constitute a sub-optimal model of medical care provision. In essence, the suspension of the service in December 2022 was precipitated by acute staffing issues but the reinstatement of the service was dependent on significant additional funding being found for the provision of a raft of ancillary, complementary and support services at the South West Acute Hospital and the successful recruitment of a sufficient number of Consultant General Surgeons to safely staff a 24/7 rota at the hospital.

[9] For the avoidance of doubt, the references to the ancillary, complementary and support services in the preceding paragraphs relate to the requirements clearly set out in the new standards to have in place in the hospital sufficient consultant level cover to populate 24/7 rotas in the fields of interventional radiology, endocrinology, renal medicine and gastro-intestinal medicine to provide what is referred to as a "bleeding rota." It can be seen that in order to provide emergency general surgical services at a hospital site that does not have these medical specialists, not only would general surgeons have to be recruited but recruitment exercises for the other specialist areas would have to take place at a considerable cost. This cost could be met in two ways. The Department could provide considerable annual funding to the Trust to meet this cost or the Trust could decide to cut other services and divert the funds saved by such cuts to the establishment of an emergency general surgery service at the South West Acute Hospital which was compliant with the new standards.

[10] Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Trust was required to consult on the suspension of emergency general surgery services at the South West Acute Hospital and the Departmental guidance relating to this duty to consult indicates that where possible such consultation should take place before any such suspension of a service takes place. However, the guidance recognises that in some instances, a consultation process in advance of the suspension of a service is not feasible or practicable and, in such circumstances, the consultation process must take place as soon as possible after the suspension has taken place with

the aim being to ensure that the services is restored if a viable means of doing so can be identified. A consultation process did take place in early 2023 and the Trust did not shy away from setting out the difficulties it faced in restoring the service so that it would comply with the new standards. In essence, a new service would have to be provided at a significantly greater cost. SOAS provided a formal consultation response in April 2023 and the Consultation Findings Report was published by the Trust in July 2023.

[11] SOAS's consultation response was in the form of a five-point plan for the South West Acute Hospital. Point one involved the establishment of a new NHS Trust for the South West area with its own management team which would address the Western Trust's failure in its duty of care to the South West Acute Hospital's patients and staff. Point two was the restoration of emergency general surgery services at the hospital. Point three was the development of new initiatives to ensure a settled workforce with all staff including consultants and locums being respected and valued. Point four was the introduction of new surgical specialties with emphasis on key areas including bariatric, colorectal, breast and ENT surgery. Point five was the relaunch of all five theatres to provide emergency care and elective care for local and regional needs including cross-border.

[12] The Trust's Consultation Findings Report ran to 41 pages. It is to be noted that the Trust had offered to meet SOAS during the consultation process but this offer was not taken up. The Trust addressed SOAS's five-point plan as best it could. The only response that is directly relevant to this application is the response to point two. In essence, the Trust set out the situation in black and white. Due to geography and travel times, it is not possible to safely provide cross-cover between Derry and Enniskillen. A safe emergency general surgical rota would require a minimum of four substantive Surgical Consultants supplemented by locum Consultants to cover the "in hours" emergency general surgery theatre sessions and to provide a safe out of hours on call rota. Further, a range of additional services would have to be freshly commissioned in order to comply with the new surgical standards and the requirements of clinical interdependencies.

[13] The report highlighted the fact that the South West Acute Hospital did not have a Consultant Radiologist with interventional skill despite active efforts to recruit a radiologist with such skills. It also highlighted that the endocrinology specialists in the hospital (two in number) could not provide 24/7 cover. In terms of renal medicine, the South West Acute Hospital was dependent on input from an outreach Consultant based in Altnagelvin. A sustainable 24/7 service would require six such Consultants based in the hospital. In terms of a Bleeding Rota, a team of six Gastroenterologists would be required to provide the necessary 24/7 service to support the emergency general surgery service. The Report went on to stated that:

> "The fundamental requirement of the Standards is that hospitals admitting Emergency General Surgery patients

> must have access to timely assessment and review from these clinical specialties. Currently, SWAH relies on small numbers of Consultant staff providing Cardiology and Diabetic care and has no renal clinical presence or interventional radiologists. There is a significant gap in meeting the required General Surgery Standards, and considerable investment would be required to establish a range of new 24/7 services and associated Clinical Teams at the hospital to support Emergency General Surgery."

[14] The Report went on to describe in detail the steps and measures that had been taken to ensure emergency general surgical patients from the area served by the South West Acute Hospital would receive timely and high-quality care elsewhere. There is no need to describe in detail these steps and measures in this judgment.

[15] Following this SOAS, as part of its campaign to restore the service at the South West Acute Hospital, published a discussion paper in January 2025 entitled "SWAH – An integrated Roadmap. Ensuring a sustainable long-term solution for all Hospital Services in the SWAH catchment area." In essence, this document emphasised that the South West Acute Hospital is a state-of-the-art hospital that opened in 2012 and has been seriously under-utilised since then. The roadmap envisaged the recommissioning of two unused theatres and 92 presently unused beds. It also envisaged the provision of new elective specialist outpatient and inpatient services and the re-opening of the hospital to emergency surgery and major trauma stabilisation. This would ensure a critical mass of activity which would make the hospital attractive to clinical staff. The roadmap also envisaged that the hospital would be accessed by patients from ROI in respect of emergency cases, trauma cases and elective cases for agreed shared specialties.

[16] When one considers the earlier five-point plan and the follow-up roadmap authored by SOAS, is it clear that these could only be progressed with significant input from the Department and, in relation to matters of cross-border co-operation, possibly the Executive as a whole. The proposals contained in both documents are more strategic than specifically operational in nature and to a large extent are outside the ambit of the Trust's powers, duties and responsibilities. In this regard, it is worthy of note that it is now ten years since the Bengoa report was published. This report laid out a ten-year strategy for the transformation of health and social care services in Northern Ireland. The report has by and large not been implemented. One of the main obstacles to implementation of the report's recommendations has been the significant public and political resistance to the closure of local hospital services.

[17] We have seen a recent example of this with the proposal to close emergency general surgical services at the Causeway Hospital in Coleraine, which was supported by the former Health Minister, Mike Nesbitt MLA, but opposed by the new leader of the Ulster Unionist Party, Jon Burrows MLA. Mr Burrows was co-opted as the MLA for North Antrim in 2025 following the resignation of Colin Crawford who in turn had

been co-opted to replace Robin Swann who had been elected to Westminster in 2024 as MP for South Antrim. This disagreement between Mr Nesbitt MLA and Mr Burrows MLA resulted in the resignation of Mr Nesbitt MLA as Minister for Health and his replacement by Robbie Butler MLA. In early September 2026, Mr Butler MLA announced the setting up of a new independent expert advisory committee to review how services will be delivered across hospitals in Northern Ireland. This Reconfiguration Committee will provide the Minister with advice on major or controversial proposals for permanent changes to health and social care services. The makeup of this committee has yet to be announced. When it begins its work, it will be interesting to see whether, in addition to the closure of emergency general surgical services at the Causeway Hospital, one of the issues it will address will be the cessation of emergency general surgery at the South West Acute Hospital.

[18] Following the publication of the roadmap by SOAS in January 2025, the Trust Board met on 3 July 2025 and it was agreed that a proposal for the permanent removal of emergency general surgery services at the South West Acute Hospital should be put out for public consultation. Following this, the Trust issued a press release in July 2025 in which it stated that it was proposing to conduct a public consultation on the permanent change to emergency general surgical services in the Trust. The proposal involved the delivery of emergency general surgery solely at Altnagelvin on a permanent basis supported by ambulatory and elective general surgery on both the South West Acute Hospital and the Altnagelvin Hospital sites. The consultation formally launched on 8 July 2025 and was due to last for fourteen weeks until 14 October 2025. It was stated in the press release that the Trust had been advised by its surgical team that delivering all inpatient emergency general surgery from the Altnagelvin site on a 24/7 basis is the only way in which the Trust can meet the new Departmental regional standards.

[19] The press release also highlighted that the provision of acute services at the South West Acute Hospital was a top priority for the Trust and an assurance was given that the hospital would remain an acute hospital site with 24/7 Type 1 Emergency Department services, full resuscitation facilities and ICU services. It would also remain part of the major trauma network. The press release emphasised that the South West Acute Hospital offered a wide range of "vibrant medical specialties" and was a teaching hospital. Commitment to the long-term development for the hospital was evidenced by the success of the Regional Overnight Stay Centre and its delivery of the hospital's full commissioned elective capacity.

[20] In relation to the impact on patients of the temporary cessation of emergency general surgery at the South West Acute Hospital, the press release informed the public that an independent UK wide health care performance monitoring body, CHKS, had analysed emergency surgical admissions in the Trust. The figures provided were the most recent available at the time of the press release. These figures have been subject to more recent updates and it is worthy of note that the monitoring of outcomes for patients undergoing emergency general surgery in the Trust both before and after the temporary cessation of emergency general surgery at the South

West Acute Hospital has demonstrated that between December 2022 and April 2025, there has been a 24% reduction in post-operative mortality rates for patients undergoing emergency general surgery in the Trust. There has been a 12% reduction in the average length of hospital stay. There has been a reduction of 22.5% in the number of readmissions within 30 days of surgery and there has been a reduction of 28.5% in the rate of key post-operative complications. This would suggest that the cessation of emergency general surgery services at the South West Acute Hospital, rather than giving rise to worse outcomes for patients, has significantly improved patient outcomes.

[21] Following representations made by SOAS to the Department and to the Patient and Client Council concerning alleged deficiencies in the proposed consultation process, the Department wrote to the Trust in mid-July requesting that the Trust pause its consultation in order to take account of the feedback around the content, scheduling and timescales of the consultation process. The Trust Board met on 17 July 2025 and agreed to pause the consultation process in order to reconsider the consultation approach.

[22] Following further reflection within the Trust, a new approach was devised and subsequently considered and approved by the Trust Board at a meeting on 7 October 2025. The new approach envisages "the development of a wider People and Place-based Visioning" for services in Fermanagh and west Tyrone ("FWT") which "is based on population needs and builds on the FWT Pathway engagement previously undertaken." This approach would involve "an extensive process of engagement with staff, local and regional stakeholders, taking account of the multiple requests for a wider engagement approach in the Southern Sector."

[23] The Trust indicated that this approach would take into account the relevant strategic context which included the then ongoing Departmental consultation on creating a hospital network for better outcomes. By way of update, the new Minister for Health published the consultation report in early September 2026 and, thereafter, announced plans for the independent Reconfiguration Committee referred to above. The Trust stated that it would also take account of the then pending Advocacy Report on building a sustainable model for rural healthcare provision across the south west region of Northern Ireland including its cross-border functional area which was in the process of being prepared by the International Centre for Local and Regional Development ("ICLRD"), having been commissioned by Fermanagh and Omagh District Council. This Advocacy Report was subsequently launched at an event in the Killyhevlin Hotel in Enniskillen on 17 February 2026.

[24] The Trust announced that it was closing its consultation on the permanent change to emergency general surgery Trust-wide with the intention that this consultation which is a statutory requirement would be re-launched "as appropriate on completion of the visioning work." The Trust stated that the temporary cessation of emergency general surgery at the South West Acute Hospital would remain in place. At or about the same time, the Trust also provided a specific and detailed

response to the twenty recommendations contained in the SOAS roadmap. In general, the Trust indicated that it endorsed nine of the recommendations as they "aligned closely with work that we already have underway in the Trust, and with the Department of Health, or we have made clear are our strategic direction of travel."

[25] The Trust went on to state that other recommendations "will require decisions or leadership at regional, national or cross-border level if they are to move forward." However, the Trust was also clear that "a small number of recommendations cannot be supported because they do not meet the Department of Health's clinical standards for safe care of surgical patients or commissioning requirements."

[26] In relation to the restoration of emergency general surgery at the South West Acute Hospital the Trust stated that "any move to reinstate EGS at SWAH would effectively mean implementing a new service model which would require major investment and commissioning. We have written to the Department of Health to ask if they wish to make the case for this – including the required evidence of population need, delivery of safe care and affordability."

[27] On 18 November 2025, the then Chief Executive of the Trust wrote to the interim Permanent Secretary at the Department enquiring whether the Department would provide funding for, and the Strategic Planning and Performance Group ("SPPG") would commission, the implementation of a new service model necessary to ensure that the carrying out of emergency general surgery at the South West Acute Hospital complied with the Departmental standards introduced in June 2022.

[28] It is worthwhile setting out the relevant paragraph of the letter from the former Chief Executive of the Trust to the interim Permanent Secretary as it conveys in very clear terms the firm view that the restoration of the service would require significant input and funding from the Department:

> "… I require clarification on the DoH's position in relation to the commissioning of EGS at SWAH. Minister Swann's revised standards for EGS effectively require new services to be commissioned, linked to the clinical interdependencies. As SWAH cannot be clinically covered from Altnagelvin Hospital, for EGS to return to SWAH, it would require DoH to commission a wide range of additional services, including Renal, Interventional Radiology, Bleeding Rota (with substantial consultant numbers) and 24/7 Cardiology cover. It would not be for the Western Trust to commission such extensive expansion at SWAH – that is the role of DoH. Before we advance our Vision work for Fermanagh and West Tyrone, the Western Trust will need to get clarity on commissioning intent."

[29] The Department replied on 4 December, 2025 in the following terms:

> "With regard to your query on the Department's position on commissioning a new Emergency General Surgery (EGS) service in SWAH, this is set within the context of the review of General Surgery which set out evidence-based standards which hospitals delivering EGS must meet. In line with other providers, it is for the Western Trust as a provider to determine how it will configure its General Surgery services to meet these standards on a safe and sustainable basis to meet the needs of your populations. This might also helpfully consider service wide delivery on a regional wide level alongside other providers.
>
> I know you will appreciate that any permanent change in the delivery of EGS at SWAH will require approval from the Department in line with the 'Guidance for Change and Withdrawal of Services' and officials will continue to work closely with the Trust on this matter.
>
> Undoubtedly the experience of the temporary EGS pathways and supporting outcome data, along with the ongoing work on the vision for the future health and care services for Fermanagh and West Tyrone will inform the plans for its future model for general surgery."

[30] It would appear that the long and the short of it is that the Department is not going to provide the significant additional funding needed to provide an emergency general surgery service at the South West Acute Hospital which complies with the Departmental standards and if such a service is going to be restored it will be for the Trust to find the funding internally. In the current financial climate in which the Executive has failed to agree a budget for 2026-2027 with the result that the Executive Departments and arm's length bodies such as Health Trusts have to operate on the basis of funding set at 95% of the sums allocated under the 2025-2026 budget, it is clear that the funding of such a service could only be achieved by making substantial savings/cuts in service elsewhere within the Trust.

[31] All of the above material provides strong support for the case being made out by the proposed respondent and the proposed notice party that the decision taken in December 2022 was in relation to the temporary cessation of emergency general surgery at the South West Acute Hospital and that to date no decision has been taken on the permanent cessation of emergency general surgery at the hospital.

[32] In seeking to persuade the court that there is an arguable case that the decision taken in December 2022 was a decision on the permanent cessation of emergency general surgery at the South West Acute Hospital, the applicant relies heavily on comments made and views and opinions expressed by senior Trust personnel when

they appeared before the Health Committee of the Northern Ireland Assembly when it conducted one of its formal meetings away from Stormont in late 2025. The meeting was held at the South West Acute Hospital on 27 November 2025.

[33] In advance of the hearing, the Trust provided the Committee with a briefing paper which was in the form of a speaking note which addressed a wide range of issues including the provision of emergency general surgical services within the Trust catchment area. The SOAS group were also invited to give evidence before the Committee and the applicant in this judicial review was one of those who gave evidence. The Trust representatives before the Committee were the then Chief Executive, Mr Neil Guckian OBE, Ms Teresa Molloy, Director of Planning, Performance and Corporate Services, Dr Brendan Lavery, a Consultant in Accident and Emergency Medicine and Medical Director of the Trust, and Dr Tom Frawley CBE, the former Northern Ireland Ombudsman who at the time of the Committee meeting was the Chairman of the Trust Board and who sadly passed away in June 2026 at the age of 77, having devoted all his working life to public service.

[34] The applicant in this judicial review relies upon a transcript prepared by her of a YouTube video recording of the Committee hearing which was subsequently uploaded onto the Northern Ireland Assembly Committee webpage. In essence, it is argued on behalf of the applicant that during exchanges between Committee members and the four Trust representatives, these representatives accepted that the temporary cessation in December 2022 was in effect the permanent removal of the service because to restore the service would require the commissioning of a new service involving recruiting for a raft of other medical specialisms in order to provide an emergency general surgical service that met the Department's new standards. It is argued that the transcript reveals that an unidentified Trust representative, when asked whether emergency general surgery was "ever coming back to the SWAH" answered that "It can't." Ms Molloy then said that it would be a new service "if it was to come back." Mr Guckian then indicated in response to a further question that such a decision would be for the Department and the SPPG.

[35] It would appear that the late Dr Frawley made it clear to the Committee in his comments that he was genuinely concerned about how this whole issue was playing out in the public domain. He was worried about the loss of the public trust in the Western Trust when they would have to consult on the permanent cessation of emergency general surgery in the South West Acute Hospital in circumstances where it was clear that unless the Department decided to commission a whole raft of new services for the hospital, emergency general surgery which complied with the Department's regional standards could not return to the hospital.

[36] Ms Molloy emphasised that the cessation of the service in December 2022 was an emergency initially precipitated by the lack of consultant cover and because it had to happen very quickly it was not possible to consult in advance. Ms Molloy apparently then went on to draw a distinction between the consultation that took place after the cessation in December 2022 which was a consultation on temporary

cessation and was not about whether the service would come back or not and the consultation on permanent closure which would have to take place as required by the legislation but which would be very difficult to do when the change had already happened.

[37] The applicant's case is that a decision was made in relation to the permanent cessation of emergency general surgery at the South West Acute Hospital in December 2022 and that this decision was unlawful because it was not preceded by proper and meaningful consultation process. The applicant seeks an order quashing the decision and an order requiring the Trust to conduct a meaningful consultation exercise before making any decision on permanent cessation.

[38] Even if the applicant were to succeed in full in its present application, the applicant would be in no better a position than she is at present. The Trust and the Department both agree that there has been no decision taken on permanent cessation. They both agree that a proper and meaningful consultation process has to be conducted before any such decision is taken and they both agree that the Department would have to give its approval to the making of any such decision. There is no utility in this judicial review proceeding to a substantive hearing.

[39] I do not intend to get into the minutiae of whether it is appropriate for a judicial review court to engage in a contested fact-finding exercise as I am satisfied that where such a course of action is necessary, the court can find a justification to go down that route. It is simply not necessary in this case as it would serve no useful purpose. The court is not being asked to make an order to reverse the cessation of emergency general surgery at the South West Acute Hospital and even if this was the ask in this case, the court could not even contemplate making such an order which would in effect amount to taking on the role of managing emergency general surgical services in the Trust.

[40] Further, the court is not being asked to make some form of order which would in effect prevent an unlawful decision being made in the future as was contemplated in the *National Bank of Anguilla* case [2025] UKPC 14. The applicant's pleaded and argued case is that the unlawful decision was made in December 2022 and it was unlawful because it was not preceded by a proper and meaningful consultation process.

[41] The proposed respondent in this case argues that the application of judicial review of the decision made in December 2022 is woefully out of time as the application was only launched in February 2026. It is pointed out by the proposed respondent that there has been no excuse or justification offered for this lengthy period of delay. The applicant argues that this is a case of a continuing wrong and therefore time does not run and, in any event, it was only when the senior Trust officials were questioned by the Health Committee in November 2025 that the true nature of the decision taken in December 2022 became apparent. Again, I do not propose to make a firm determination on the time point in this case. The members of

SOAS are well-meaning individuals who are genuinely and rightly concerned about the provision of healthcare in Fermanagh and west Tyrone and I do not think it would be in any way appropriate for a court to dismiss their application for leave to apply for judicial review on a time point.

[42] The issue here is the academic nature of the application and its utility. The academic nature of the challenge and its lack of utility is encapsulated in the contents of the press release issued by the Trust during the course of the hearing of this application on 22 October 2026 which gives a clear indication when the consultation of the permanent cessation of emergency general surgery in the South West Acute Hospital will commence. It pays to quote this in full:

> "The Western Health and Social Care trust is reiterating its commitment to engaging with the public, health partners, staff and all interested parties regarding any permanent changes to Emergency General Surgery (EGS) as the South West Acute Hospital.
>
> Any proposal for permanent change to EGS would be subject to a public consultation process and the decision on any significant change rests with the Department of Health and the Health Minister.
>
> The Trust wishes to thank the public and staff who have engaged in the visioning work that is currently underway on future healthcare services across the Fermanagh and West Tyrone area. There is an opportunity for everyone who wishes to share their views and feedback to do so until Saturday 31 October via the Trust's website.
>
> Once the visioning process has concluded, the findings will be published. This is expected to happen in late February/early March 2027.
>
> It is anticipated that the public consultation should commence in summer 2027, subject to Trust Board approval.
>
> Patient safety and providing our patients with safe, high-quality care remains out priority."

[43] In conclusion, I hope this court process has been of some use to applicant and other members of SOAS. I am refusing leave to apply for judicial review as what the applicant seeks in this challenge the Trust and the Department have jointly promised the applicant will receive. To proceed to a substantive hearing of this matter would serve no purpose. There will be no order as to costs.