ELECTIVE CARE FRAMEWORK: RESTART, RECOVERY AND REDESIGN

INTERIM PROGRESS REPORT

FEBRUARY 2022

Ministerial Foreword

I am today publishing an interim progress report on the implementation on actions contained within the Elective Care Framework which I published in June last year.

The key focus of the Elective Care Framework was to take forward a range of actions, 55 in total, which aim to improve service delivery across the Health and Social Care sector, and reduce the significant backlog of patients waiting for elective care services in Northern Ireland.

Overall, there has been significant progress against many of the actions, although the Health and Social Care service continues to be impacted by continuing pressures associated with the COVID-19 pandemic.

Good progress has been made across a range of services in a short period of time. There have been some very significant developments here, each of which has the potential to reduce the number of people on a Health and Social Care waiting list, and to improve how services are delivered through better ways of working. But, it is only through a continuous and sustained focus on ensuring effective implementation of all these arrangements that improvements will be secured.

I am very grateful to all involved in delivering these important changes.

It is intended to provide a further report after the first full year of implementation and I look forward to seeing further improvements at that point. This is just the beginning of a journey to tackle the lengthy waiting lists for elective services in Northern Ireland.

Robin Swann

Minister of Health

,

1. Introduction

1.1 The Elective Care Framework (the Framework) for Health and Social Care (HSC) services in Northern Ireland, was published in June 2021. The Framework was developed in response to the need to address the significant backlog of patients waiting for assessment and treatment across Northern Ireland. It sets out a 5 year plan to tackle these waiting lists, with a proposed investment of £700m across the five year period, underpinned by 55 actions.

1.2 Fundamentally, the Framework sets out firm, time bound proposals to systematically tackle the backlog of patients waiting longer than the agreed Ministerial standards. It outlines how we will invest in and transform services to allow us to meet the population's demands in future. It describes the funding and reform that is needed to ensure more people are treated as quickly as possible; and that the long-term problems of capacity and productivity are properly addressed.

1.3 The Framework contains a range of short, medium and longer term actions to address the excessive waiting lists in Northern Ireland. It highlights how the waiting list crisis, which has been building up for several years, has been seriously exacerbated by the impact of the COVID-19 pandemic. The Framework makes it clear through its proposals that there are no quick fixes to the situation.

2. Strategic Context

2.1 When the Framework was published in June 2021, it was set in the context of known pressures at that time. These included anticipated winter pressures and the rebuilding of HSC services following the initial surges of COVID-19. However, since then, the HSC environment has suffered further and ongoing setbacks associated with the pandemic, including the emergence of the Omicron variant of COVID-19. Hence the problems already facing the HSC sector when the Framework was published were further exacerbated and the progress detailed in this report needs to be considered in this context.

2.2 As highlighted in the Framework document, there are many and varied strands to the factors which have historically contributed to, and continue to contribute to, the build-up of extensive waiting lists across a range of specialties in Northern Ireland. Notable among these are the significant workforce shortages (which have in many respects become critical as a result of the impact of the pandemic), financial constraints and capacity limitations, none of which can be considered in isolation.

3. Financial Position

3.1 The Framework recognises that the Department of Health requires significant investment to deliver its short, medium and longer-term targets in this area, of an additional £707.5m over a five-year period. Additional non-recurrent funding was made available in 2021/22 to support elective care, and this funding has being targeted at those patients with the highest clinical priority.

3.2 However, the performance gains described in the Framework will only be achieved with significant sustained investment. Investment and reform are now both required - targeted investment to get many more people treated as quickly as possible; and reform to ensure the long-term problems of capacity and productivity are properly addressed.

3.3 The 2022-25 Draft Budget was announced by the Finance Minister on 10 December 2021, however the current operating context is such that it is not possible to confirm funding going forward. The proposed 2022-25 Draft Budget included a funding allocation of some £394.5 million (£91.5m, £126,5m, £176.5m) over the budget years to take forward the first three years of the Framework. However as the budget has not been agreed, this funding cannot be confirmed. This may delay the implementation of the Framework.

4. Progress Against Actions

4.1 The actions underpinning the Framework are, by their nature, complex and diverse. It is not anticipated that they will quickly solve the substantial waiting list problems within the HSC. However, the combined impact of all actions, if successfully delivered should over time, secure a significant improvement in waiting list times across specialties. This interim report is intended to outline the progress that has been made in the first 6/7 months of implementation. In assessing the effectiveness of implementation it will be important to take account of ongoing factors, which continue to militate against effective implementation in this complex environment. It is also important to note that for some actions, the extent of impact is difficult to assess at this early stage as the focus is on embedding processes that will support the implementation of actions. For other actions, there are some quick wins, for which the extent of impact can be easily identified.

4.2 As highlighted above, there are 55 actions underpinning the implementation of the Framework. These consist of a number of standalone and interdependent actions, each of which is critical to the successful achievement of the Framework objectives. In that respect, it is not only important but necessary that progress against each action is reported on separately. However, from a strategic perspective, it is also important to be able to understand the synergistic impact of the combined actions.

4.3 The 55 Actions have been categorised into 15 broad areas to ensure coherence in assessing and reporting progress (see para 4.14 below). The summary below does not highlight the position in relation to each individual Action, or indeed each category of Action, but rather focuses on the key actions/progress in order to provide a high level view of overall progress in the context of the strategic objectives of the Framework. Detail on progress on individual Actions is contained in the individual Action reports at pages 10 to 66.

Treatment Capacity

4.4 Treatment capacity is a key area within the Framework. It is very much focused on the demand/capacity constraints which have historically plagued the HSC service in Northern Ireland. There are 5 Actions (Actions 1 to 5) included within this category

which are focussed on measures to increase capacity. These actions are focussed on: increasing efficiency through better use of existing resources to increase in-house activity; more flexible arrangements with the independent sector in terms of utilisation of HSC resources; greater flexibility in contractual arrangements with the independent sector; and use of existing resources for bespoke clinics.

4.5 Of the 5 Actions in this category, 3 Actions (Actions 1, 4 & 5) have been delivered. These relate to more effective use of HSC resources (both staff and material assets) including establishment of bespoke clinics for orthopaedics and should assist in ensuring increased activity. The Actions relating to more flexible arrangements with independent sector providers (Actions 2 & 3) are making progress, however this has been impacted by the uncertainty around the budget position.

Expansion of Elective Care Centres

4.6 The 'Expansion of Elective Care Centres' category is also focussed on increasing capacity in the HSC. There are two Actions within this category (Actions 6 & 7) aimed at establishing arrangements to ensure expansion of elective care centres and planning of services at regional level. This has clear benefits in making effective use of existing resources at regional level and delivering increased activity. Action 6 has been delivered with the new arrangements working well, and Action 7 is well underway for delivery.

Outpatient Reform

4.7 Given the scale of waiting lists in Northern Ireland, it is not surprising that attention is drawn to outpatient services and how these are currently delivered. This category consisting of 5 Actions (Actions 8, 9, 10, 11 & 12) is focused on new ways of working to provide outpatient services, including provision of services at a regional level and increased activity levels. Notable here is the development of virtual outpatient appointments across all HSC Trusts (Action 8). The initial 25% target has been surpassed at a regional level and progress of virtual appointments is progressing well. Actions 9, 10, 11 & 12 are focussed on the development of megaclinics across a range of specialties, where services are planned and prioritised at a regional level, thus avoiding postcode lottery in service delivery. This also facilitates a greater scale

and pace for the assessment of patients. Progress across all actions is good and is continuing to develop.

Cross Border Healthcare

4.8 The establishment of a cross border reimbursement scheme with the Republic of Ireland (RoI) (Action 18) was one of the early Actions to be implemented under the Framework. Under this arrangement, individuals on HSC waiting lists in Northern Ireland can avail of services in the private sector in the RoI. Subject to prior approval by the Health and Social Care Board (HSCB), individuals who avail of such services and pay for them up front can claim reimbursement from the HSCB up to the level of the cost of the treatment if it was delivered by the HSC. To date there have been 1,864 applications to the scheme, with 1,470 of these being approved. This has the potential to reduce waiting lists in Northern Ireland without any increase in costs.

Performance Management

4.9 Performance management is critical to effective service delivery and service improvement. In a large and complex operating environment such as the HSC, effective communication, sharing of lessons learnt, learning from best practice and effective use of all available resources are critical to improved service delivery. Actions 22, 23, 24 & 25 of the Framework detail a range of measures which will facilitate effective monitoring and measurement of service delivery across the HSC. Work is progressing well across all these Actions.

Separation of Scheduled and Unscheduled Care

4.10 Unscheduled care by its very nature has the potential for significant adverse impact on elective care at times of pressure both in terms of demands on the service and the capacity of the service. This was clearly evident by the impact of the COVID-19 pandemic right across the HSC. In this context, the Framework sets out a number of Actions (Actions 26,27,28,29 & 30) aimed at the separation of unscheduled care and elective care. These include the expansion of the Elective Care Centre model, a Rapid Diagnostics centre, scoping potential for regional endoscopy centres and development of post anaesthetic care units (separate from ICUs). Work is progressing on all Actions but delivery has been impacted by unscheduled care pressures.

Workforce

4.11 Without an effective, well equipped, fully trained and fit for purpose workforce it is not possible to deliver the Framework. This is not just about numbers, it is about different ways of working to get the best service for patients from all available resources and having the right staff with the right skills mix, to do that. There are 14 separate actions within the Framework focused on workforce improvements (Actions 31 to 44). These include measures to: stabilise and expand workforce in particular areas; ensure development of robust workforce plans; continuation of international recruitment plan; development of training facilities; enhancing roles in some specialties; more effective use of staff across different specialities; and enhancement and development of core roles to maximise the benefit of nursing to perioperative care and treatment. Progress on these actions is variable. Progress has been hampered, not only by the continuing pressures on the service, but by the current uncertainty around funding.

Summary of Progress

4.12 Progress has been made across a range of services in a short period of time. There have been some very significant developments here, including: the establishment of megaclinics; regional planning of services; expansion of elective care centres; better use of existing resources; cross border reimbursement scheme; greater flexibility in engagement with the independent sector. Each of these measures has the potential to reduce the number of people on HSC waiting list and improve how services are delivered through better ways of working. But, it is only through a continuous and sustained focus on ensuring effective implementation of all these arrangements that improvement will be made. While the numbers may not appear significant at this point, they are making a difference. It is also clear that the pressures facing the system currently, including uncertainty around budget allocations, has the potential to further delay progress across many of these actions. It is intended that an annual progress report will be delivered after the summer 2022 to further show the impact of the Framework.

4.13 Progress to date of each of the 55 actions within the Framework are set out in pages 10 to 66 below. Each action has been allocated an overall Red, Amber or Green (RAG) assessment. In summary, 33 actions are rated as green (on track for delivery or

complete) and 21 are rated as amber (delivery may be at risk with corrective action taken as required). 1 action (Action 42) has been flagged as having a red RAG status as there are concerns about delivery within the desired timescale. A summary of the RAG status for all actions is included at **Annex A** of this report.

4.14 Whilst the scope of the Framework is wide and complex, the 55 actions have been categorised into the following 15 broad areas in order to ensure coherence in reporting progress.

- Treatment Capacity
- Expansion of Elective Care Centres
- Outpatient reform
- Elective Patients with an Urgent Need
- Imaging and Pathology
- Cross Border Healthcare
- Specialty Specific Actions
- Performance Management
- Separation of Scheduled and Unscheduled Care
- Workforce
- Commissioning and Targets
- Primary Care
- Administration of Waiting Lists
- Longer Term Actions – January 2023 onwards – Infrastructure
- Targets

5. Treatment Capacity

5.1 The constraints to hospital capacity in Northern Ireland are historic and well documented. The HSC system has faced significant challenges in terms of workforce shortages and budgetary constraints for many years without any significant improvement being made. These constraints not only continue to exist, but have worsened considerably with a consequential adverse impact on hospital capacity today. The profound impact of the Coronavirus pandemic has been a significant factor in this, with resources by necessity redirected within the HSC to address all aspects of the immediate and urgent pressures arising as a result of the pandemic.

5.2 Historically, additional activity has been secured through funding additional sessions above core capacity within HSC Trusts and contracting with independent providers to provide services to HSC patients, either in private hospitals or through the use of HSC facilities, where these are not being used to deliver activity. While this has been positive in many respects, the HSC has been beset by further problems arising from the impact of the pandemic. It is clear that the pandemic has a significant adverse impact on HSC staff, many of whom are exhausted after many months of managing the high volume of seriously ill patients as a result of the COVID-19 pandemic. In addition to this, it is clear that a significant increase in staff numbers is required to deliver a safe and effective service. It will take time and sustained investment to recruit and train the staff required to increase HSC capacity to required levels. In the course of building HSC capacity, it will be essential to reply on both HSC and private sector delivery methods to deliver services.

5.3 The Framework highlights these pressures, and the need to tackle the compound impact of patients being added to waiting lists without corresponding reductions through patients being treated. This highlights starkly that the HSC does not have capacity to keep up with demand. It is within that context that a number of actions have been formulated to specifically address the various aspects of this capacity shortfall.

Action 1: In order to increase capacity, the HSCB will support HSC staff to deliver greater levels of in-house elective care activity by increasing the use of existing bank and on-call arrangements, including the introduction, of temporary, enhanced rates for targeted shifts and priority activities

RAG status	Green

Progress

5.4 This action has been delivered. Enhanced pay arrangements are now in place for use by HSC Trusts through the utilisation of the Elective Care Recovery Initiative (ECRI).

Impact / Potential Impact

5.5 To date, Trusts have agreed plans to utilise the ECRI, which will incur spend of £1.297m, and deliver some 4,942 appointments, scopes or treatments. At the end of December 2021, a total of 2,013 interventions had been delivered, with an increase in activity already planned for the January to March 2022 period. Clinics in Dentistry, Ear Nose and Throat (ENT), Endoscopy, Ophthalmology, Urology and Orthopaedics have been supported, as have breast cancer assessment clinics. All activity delivered under ECRI **has been additional** and would not have been completed without its use. Trusts have broadly deployed ECRI in supporting "Megaclinics" which is elective care delivered at scale and at pace.

Action 2: In order to increase capacity, the HSCB will make recommendations on medium term contracts to lease theatres to independent providers to address current backlogs. This will include theatre capacity that is not in active use, including use of HSC theatres in evenings and weekends where HSC activity cannot be delivered. (By December 2021.)

RAG status	Amber

Progress

5.6 Discussions are at an advanced stage between the Health and Social Care Board (HSCB) and private healthcare providers across Northern Ireland and the Republic of Ireland in relation to the provision of in-reach weekend day case lists. This includes

ENT and General Surgery (GS) specialties within HSC facilities at the Royal Victoria Hospital and Belfast City Hospital.

Impact / Potential Impact

5.7 Successful delivery of this action should see an increase in elective activity for HSC patients within HSC facilities, by utilising IS providers. This will ultimately secure achievement of the Ministerial target that by March 2026, that no-one should wait more than 52 weeks for a first outpatient appointment and/or inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

5.8 A number of insourcing arrangements are now in place across the Belfast Trust, Western Trust and South Eastern Trust, with patients who are currently on HSC waiting lists being treated by IS providers within HSC facilities. This is creating **additional capacity** to treat patients who were not otherwise being seen, whilst maximising the use of HSC facilities.

Action 3: Where independent providers can provide value for money and the same standard of service as the HSC, the HSCB will bring forward proposals for multi-year arrangements with independent sector providers to address backlogs

RAG status	Amber

Progress

5.9 Discussions are underway between the HSCB and IS providers to ascertain what capacity the IS could allocate to the HSC in the years ahead. Throughout the course of this engagement, a list of priority Outpatient specialties and treatments have been identified and agreed for allocation in the first instance.

5.10 Weekly meetings are currently underway with Trusts to confirm IS capacity available. This capacity will then be allocated out by specialty on a regional basis, based on the percentage share of waiting lists in each Trust.

5.11 The use of IS capacity in the years ahead will play a critical role in addressing the significant backlog of patients waiting across NI on elective patients. However, a critical factor in all of this is the budget position. In the absence of a commitment on the financial allocation, Trusts are reluctant to approve multi-year contracts. Trusts are working to get approval to run contracts into April to avoid any break in service provision.

Impact / Potential Impact

5.12 Successful delivery of this action would see an increase in the delivery of elective procedures for those currently on waiting lists. Ultimately, this action aims to secure achievement of the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

5.13 It is also anticipated that this action will lead to an increase in the number of IS providers who are willing to provide in-reach services to N Ireland. It is anticipated that this would in turn increase competition and therefore reduce prices.

Action 4: While retaining the ability in the medium term to flip back to a Covid-19 focus if required, the Whiteabbey Nightingale will be repurposed as a regional facility to support advanced rehabilitation – by September 2021

RAG status	Green

Progress

5.14 This action is now complete, with a new combined fracture orthopaedic and general rehabilitation model operational since 6 September 2021. Plans are being developed to secure funding for the 2022/23 financial year.

Impact / Potential Impact

5.15 Since the new combined fracture orthopaedic and general rehabilitation model has been in operation 433 patients have been treated, saving 4,718 acute bed days, as follows:

- 213 patients under the general rehabilitation model, saving 2,474 acute bed days; and
- 220 patients (as of 28 January 2022) under the combined COVID/ general rehabilitation model to date, saving 2,244 acute bed days

5.16 In the course of dealing with the impact of COVID-19, the Whiteabbey Nightingale was repurposed to help with non-COVID unscheduled and elective pressures. While COVID patients numbers have reduced significantly, COVID-19 remains and ongoing unpredictable and dangerous risk, and for that reason a key principle of the legacy work has been to ensure the Nightingale facility retains the ability to refocus quickly again on COVID-19, should the need arise. It is within that context that the Department allocated funding to NHSCT for the Whiteabbey Nightingale until September 2022. This will ensure the facility has the necessary stability to operate effectively during the upcoming difficult winter period, while HSCB considers the unit's longer-term funding position through the normal budgeting processes.

5.17 It is anticipated that the enhanced therapeutic facility will continue to be available to the region to both alleviate pressure on acute beds and to provide better outcomes for patients.

Action 5: The Duke of Connaught (DoC) Unit at the Musgrave Park Hospital site will be refurbished as a daycase surgery unit for orthopaedics commissioning work is expected to complete by the end of summer 2021

RAG status	Green

Progress

5.18 The refurbishment of the Duke of Connaught (DoC) building as a daycase surgery unit for orthopaedics is now complete. A successful pilot list was run in the unit in December 2021, and the unit is ready to deliver regular lists. It is anticipated that further lists will be delivered from the unit from March 2022 onwards.

Impact / Potential Impact

5.19 The refurbishment of the DoC Unit at MPH will support the restart of elective services. The waiting times for elective orthopaedic services in Northern Ireland have been increasing since early 2015 due to the wider HSC financial position and the increasing gap between patient demand and funded health service capacity for both assessment and inpatient/day case treatment. The refurbishment and mobilisation of the DoC Unit will contribute to addressing the increase in the waiting times for urgent and routine patients. This development will support the delivery of the objective of increasing Orthopaedic capacity, supporting service rebuild and reduction of waiting lists.

5.20 Estimated day case procedures delivered in DoC Unit theatre once scheme completed and unit is fully staffed is estimated to be circa FYE 820. This is **additional capacity** for the delivery of elective orthopaedic surgery.

6. EXPANSION OF ELECTIVE CARE CENTRES

6.1 Capacity constraints and chronic staffing deficits across the HSC for many years have had a significant adverse impact on the delivery of elective services. The redeployment of resources from elective services throughout the pandemic to areas of critical care have further strengthened the argument that elective care needs to be entirely separate from unscheduled care in order to ensure service delivery is protected.

6.2 Much progress has been made on the establishment of Day Procedure Centres and work in this area can be regarded as a success story in terms of maintaining elective services throughout the pandemic. Day Procedure Centres for cataracts and varicose veins have been operational since December 2018, and a Day Procedure Centre is currently operational at Lagan Valley Hospital and has been providing much needed support to the region for urgent and red flag daycase procedures in response to the downturn in elective activity in other hospitals during surge periods.

Action 6: Building on the success of the elective care centre prototypes in cataracts and varicose veins, and the development of the first Regional Day Procedure Unit, the Department will establish a new Elective Care Centre Management Team to oversee planning of services at regional elective facilities – by September 2021

RAG status	Green

Progress

6.3 This action is now complete, with a new Elective Care Management Team established. The Management Team has been working to prioritise the use of elective capacity across the HSC system, with a focus on progressing work at the Day Procedure Centre (DPC) at Lagan Valley Hospital (LVH), and exploring the potential to establish a second DPC at the Omagh Hospital and Primary Care Complex (OHPCC).

Impact / Potential Impact

6.4 Between August 2021 and end of December 2021, over 900 priority patients were treated at the regional DPC at LVH across a range of surgical specialties. In addition,

the DPC at LVH has continued to support the region using an insourcing arrangement at weekends for urology and endoscopy procedures. Between August 2021 and end December 2021, around 4,000 patients were treated in total.

Action 7: The new Team [Elective Care Centre Management Team] will make recommendations on the next site for expansion of the day procedure programme – by October 2021

RAG status	Green

Progress

6.5 There has been good progress on delivery of this action to date. The Western Health and Social Care Trust (WHSCT) has identified a number of uncommissioned sessions in OHPCC that could potentially be used for regional day procedures. The WHSCT is working to develop a costed proposal to develop a DPC at the OHPCC site, which will be presented to the HSCB for consideration. The Elective Care Management Team is continuing to engage with WHSCT to ensure this is taken forward as quickly as possible.

Impact / Potential Impact

6.6 The expansion of the Day Procedures Programme at the OHPCC site will equate to additional day case patients being treated on a regional basis. Delivering these sessions will however require additional staff and funding.

7. OUTPATIENT REFORM

7.1 The excessive scale of the waiting lists in Northern Ireland makes stark the need to accelerate reform of outpatient services. It is anticipated that this would include new ways of working for example, the use of virtual clinics and the increased use of Multi-Disciplinary Teams (MDTs). The following actions have been developed to support the reform of outpatient services and so assist in reducing waiting lists within the HSC service.

Action 8: All HSC Trusts will move to provide a minimum of 25% of outpatient attendances virtually, either by telephone or by video conference by October 2021

RAG status	Green

Progress

7.2 Overall, excellent progress has been made with all HSC Trusts across Northern Ireland delivering outpatients attendances virtually (either by telephone or by video conference).

Impact / Potential Impact

7.3 Since publication of the Framework, this action has secured the delivery of an average of 29%[1] of outpatient assessments (new and review) undertaken virtually across the region, with approximately 175k patients seen virtually over the 9 month period 1 April to 31 December 2021. The HSCB will continue to monitor progress to ensure these levels are maintained.

7.4 This action will help secure achievement of the Ministerial target that by March 2026 meaning no-one should wait more than 52 weeks for a first outpatient appointment. The increased provision of virtual outpatient activity will also minimise the risk of impact of future Covid surges on elective outpatient capacity. As well as clear benefits

[1] It should be noted that this may not be achieved by all specialties due to the variation in clinical risk across different specialties.

to patients, who will save in terms of the associated costs of travel time and the general inconvenience of attending face-to-face appointments, there is also huge potential for a beneficial impact to productivity and efficiency within the HSC, in terms of cost effectiveness, increased throughput, and reallocation of scarce resources. At the same time, there is also opportunity to improve patient satisfaction in terms of their experience of outpatient services. Without the delivery of these virtual clinics, it is highly unlikely that these patients would have been seen on a face-to-face basis within the HSC**.**

Action 9: The NI Orthopaedic Network will oversee the development of megaclinics for orthopaedic outpatients by September 2021

RAG status	Green

Progress

7.5 The Northern Ireland Orthopedic Network is actively encouraging the development of mega clinics as part of core outpatient services for the region across the three Orthopaedic units (Belfast Trust, Southern Trust, and Western Trust). This action has been delivered, with a number of successful megaclinics delivered to date. The HSCB continue to monitor progress on the delivery of these megaclinics.

7.6 It should be noted that, prior to the pandemic, additional recurrent funding was allocated to the Western Trust to increase the number of specialist physiotherapists and Allied Health Professionals (AHPs) supporting co-located outpatient clinics which has allowed a significant increase in the number of patients seen (especially for upper limb assessments). Belfast Trust has also increased the number of co-located clinics but additional recurrent funding is required to expand this initiative further.

Impact / Potential Impact

7.7 This action will help deliver against the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment.

7.8 The following has been delivered:

- In Belfast Trust, a total of 171 patients have been seen at an Orthopaedic mega clinic, with plans in place for the delivery a further two megaclinics before 31 March 2022. A Scoliosis clinic took place in January 2022 with 120 new patients seen;

- In Southern Trust, a total of 120 patients have been seen at an orthopaedics mega clinic. Of those patients, 25 (21%) were discharged with the remaining 95 (79%) booked for surgery. Further clinics have been included in the Trust's elective plan for quarter four (1 January 2022 –31 March 2022);

- In Western Trust, a number of orthopaedic megaclinics have taken place with over 1,200 patients seen (both new and review appointments) across a number of areas including Foot and Ankle, Hip and Knee, Upper Limb, and ICATS waiting lists. The Western Trust is currently scoping potential to deliver more megaclinics before 31 March 2022.

7.9 These megaclinics are **additional capacity** that are enabling patients to be seen at a significant scale and pace. Without these megaclinics, it is likely that much fewer patients would have been seen.

7.10 The delivery of further megaclinics across these sites is however dependent on staffing confirmation and COVID pressures.

Action 10: The HSCB will introduce assessment megaclinics for cataracts by September 2021

RAG status	Green

Progress

7.11 Progress against this action has been good, with a series of cataracts megaclinics established in both the Belfast Trust and Western Trusts since September 2021. The HSCB continue to monitor progress on the delivery of these megaclinics.

Impact / Potential Impact

7.12 This action will help secure achievement of the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment. Where possible, these mega-clinics will operate at the new pathway one-stop diagnostic and assessment level. This will ensure that patients are assessed biometrically for timely access to surgery, delivered from a pooled list. This list will equalise regional waits and access, creating the environment for cataract surgery to be offered at any of the three Cataract Day Procedure Centres which act as a resource for the region and across traditional Trust boundaries. The action will also scope potential for weekend cataract surgical lists in addition to the assessment megaclinics.

7.13 Since September, over 170 patients attended megaclinics in Belfast Trust in an all-encompassing “one stop shop” approach i.e. one visit to megaclinics where patient was also consented for surgery and assigned a date for surgery. Throughout this period, a very small number of patients did not attended (DNA) or cancelled their appointment (> 5 patients). One Megaclinic in November had to be reduced due to staff sickness, with appointments unfortunately reduced by 22.

7.14 In the Western Trust, plans are currently underway to delivery Megaclinics in the Omagh Primary Care Complex, with sessions being scheduled on weekends for delivery from January 2022 onwards. COVID relates pressures have impacted on the delivery of this model, with staff isolations meaning that the cataract clinics were unable to proceed sooner.

7.15 These megaclinics are **additional capacity** that are enabling patients to be seen at a significant scale and pace. Without these megaclinics, it is likely that much fewer patients would have been seen.

Action 11: The HSCB will oversee the introduction of pre-operative assessment megaclinics by September 2021

RAG status	Green

Progress

7.16 This action has been successfully delivered, with a series of pre-operative assessment megaclinics operational across the Belfast, Western and Southern Trusts. Whilst this action is complete, the HSCB are continuing to monitor progress.

Impact / Potential Impact

7.17 This action will help secure achievement of the Ministerial target that by March 2026, no-one should wait more than 52 weeks for inpatient/ day case treatment.

7.18 To date, this action has secured the successful delivery a number of pre-operative assessment megaclinics. Belfast Trust is currently delivering Cataract Mega clinics for pre-operative assessment, with 130 patients seen for outpatient consultation since 13 November 2021. In the Western Trust, Macular mega clinics for pre-operative assessment have been operational since 13 November 2021, with over 200 patients seen for outpatient consultation by mid- January 2022. In southern Trust**,** a Urology pre-operative assessment clinic was undertaken in November 2021 where over 30 patients were assessed.

7.19 These megaclinics are **additional capacity** that are enabling patients to be seen at a significant scale and pace. Without these megaclinics, it is likely that much fewer patients would have been seen.

Action 12: Breast assessment clinics for symptomatic patients will move to a regional booking system by December 2021

RAG status	Amber

Progress

7.20 Work is ongoing to develop electronic systems that will allow a regional approach to be taken for breast assessment referrals through a coherent system across the HSC. Progress has been delayed due to staff redeployment in relation to the Covid pandemic.

Impact / Potential Impact

7.21 The variability of service provision, whereby members of the public in some Trust areas have significantly longer to wait than those in other Trusts, is not acceptable and must be addressed in the short term through equalisation of referrals and waiting lists. The current architecture of separate Trust Patient Administration Systems (PAS) does not facilitate referrals for breast assessment outside a patient's own Trust area. This contributes to poor performance as patients continue to be referred within a Trust whose capacity at that time may be compromised. It is anticipated that, through the implementation of a regional booking system for patients for Breast Assessment clinics, performance and patient choice would be significantly improved by overcoming the administrative limitations in the system as it currently stands. Once implemented, a regionalised booking system would ensure equal access to assessment and address the current issue of some individuals waiting longer for assessment depending on what Trust they are referred to.

8. ELECTIVE PATIENTS WITH AN URGENT NEED

8.1 The excessive extent of the waiting lists in Northern Ireland are such that it is becoming more common for patients with an elective need to be referred to Emergency Departments as their condition deteriorates. This is often not the best or indeed the correct place for a patient to attend, but in many cases it has become the only available option. In order to ensure the best service for patients, primary care and hospital clinicians must have access to rapid access assessment and treatment services in a range of clinical areas. This should not be through an Emergency Department (ED). The following action has been designed to address this issue.

Action 13: Through the 'No More Silos' network, the Department will invest in specialty assessment units that will be directly bookable and accessed from primary care – by September 2021

RAG status	Amber

Progress

8.2 The No More Silos (NMS) Programme is supporting the development and expansion of Rapid Access Assessment and Treatment Services to minimise preventable admission to hospital. All areas are developing ambulatory and rapid access pathways with supporting Clinical Communication Gateway (CCG) electronic referrals for common clinical presentations. Work is progressing well with pathways across all Trust areas and in line with agreed plans.

Impact / Potential Impact

8.3 These pathways are fundamental to providing Emergency Department (ED) alternatives, for scheduling referrals from General Practice, Phone First and Urgent Care Centres. They will provide more timely access to specialist opinion and investigation in order to provide increased diagnostic certainty for clinicians and patients. Examples of services in place include Medical and Surgical Assessment Units, Respiratory, Cardiology, Gastroenterology, Diabetes and Endocrine, MSK, Paediatrics, Gynae and Obstetrics.

9. IMAGING & PATHOLOGY

Action 14: Extending radiography advanced practice in diagnostic radiography to enable radiographers to report a greater volume of less complex work traditionally carried out by consultants – by June 2022

RAG status	Amber

Progress

9.1 Early engagement with stakeholders during the scoping exercise identified the urgent need to stabilise the current imaging workforce in the first instance, as high vacancy rates amongst the radiography workforce were identified. If left unaddressed, these vacancies would detrimentally impact the plan to increase the number of radiography advanced practitioners. Work is now being taken forward to consider options to increase the numbers of commissioned training places for both Consultant Radiologists and Diagnostic Radiographers within the HSC, as well as a scoping exercise to understand radiography advanced practice requirements.

Impact / Potential Impact

9.2 If successful, the plan to increase the number of radiography advanced practitioners will:

- Streamline imaging services and reduce gaps in service provision
- Positively impact imaging waiting lists and times – with potentially more exams meeting Ministerial and Departmental targets/objectives
- Free up Consultant Radiologist time to do more complex work
- Improve recruitment and retention in Radiography
- Help begin the reform of Imaging services
- Meet Outcome Four of the draft Programme for Government 2016 - 2021 – “We enjoy, long, healthy and active lives”

Action 15: Services will be developed in line with the recommendations of the Strategic Framework for Imaging Services, 2018 which outlines the future vision for imaging services over the next 10 year period to meet the needs of the population of NI.

RAG status	Amber

Progress

9.3 The Regional Medical Imaging Board (RMIB) has been operational since April 2021. It was established to implement the recommendations of the 10 year Imaging Strategy (Strategic Framework for Imaging Service), which was published in 2018. Work is continuing to deliver this action, with a focus on priority items such as the Northern Ireland Picture Archive and Communications System + Solution (NIPACS+), workforce, the NI Imaging Academy (see Action 35), establishment of imaging networks and Quality Standards for Imaging (QSI) image services accreditation.

9.4 A Capital and Equipment sub-group has been established to take this work forward, and a register of major equipment is in place. Work is ongoing to identify priority areas for funding, and when a budget is clarified to support delivery, it is intended that a plan will be put in place for the both replacement of aged equipment and decisions around additional, new equipment and sites.

Impact / Potential Impact

9.5 Imaging underpins the success of other Framework actions that rely on imaging, for example, establishing orthopaedic services, mega clinics, Elective Care Centres and the Cancer Strategy. It is anticipated that successfully providing an appropriately trained imaging workforce will have a positive outcome on the patient journey through timely diagnosis and treatment. Business cases have been developed for radiologists, radiographers and medical physics staff and are subject to funding availability.

Action 16: Continuing to support delivery of COVID-19 testing across the HSC whilst ensuring routine laboratory services are restored and equipped to support Rebuilding activity across all relevant areas (diagnostics, elective care etc);

RAG status	Green

Progress

9.6 The Interim Protocol for Testing was first published in March 2020 to support the strategy for COVID-19 testing in Northern Ireland. Multiplex testing subsequently commenced from 01/09/21 over the winter period to facilitate combined testing for Flu A/B, RSV and COVID-19. Funding of £5.5m was made available to HSC Trusts through October monitoring to support the delivery of this testing.

Impact / Potential Impact

9.7 Successful delivery of this action will support the Pathology Network in ensuring that HSC Pathology Services are equipped to support delivery across all relevant Rebuild programmes, in line with the modernisation and transformation of HSC Pathology Services. Efficiently managed, well-resourced and modern pathology services are vital to the ongoing effective delivery of the COVID-19 testing strategy.

Action 17: Continuing the programme of HSC Pathology Transformation to improve long term resilience through: regional standardisation of laboratory processes; procurement of replacement of Laboratory Information Management Systems (LIMS) by April 2021; implementation of regional digital pathology solution by summer 2021.

RAG status	Green

Progress

9.8 Good progress has been delivered to date, with some elements of this action already complete. The Laboratory Information Management Systems (LIMS) was launched in September 2021. Work is now underway to take forward the regional standardisation

of laboratory processes, with approval now in place for LIMS Blood Production and Tracking (BPaT).

9.9 The regional Digital Pathology Service is now live across all Trusts. Northern Ireland is the first in the UK to include Radiology and Digital Pathology within the same imaging system (though the current NIPACS), providing benefits to staff, the service and service users. Northern Ireland picture archive and communications system + solution (NIPACS+) is currently in the procurement phase, with expected contract award in April 22.

Impact / Potential Impact

9.10 Benefits to be realised from this action include a single regional view and functionality to report histopathology imaging from anywhere within the HSC, including home access, faster and more accurate measurements and quantifications, digital enhancement of image features, improved training and research capability, with second opinions now available in real time. The storage of digital images also provides the opportunity for sharing images at local, regional and national level.

9.11 The implementation of Digital Pathology aligns with the strategy of the HSC Pathology Transformation Programme.

10. CROSS BORDER HEALTHCARE

Action 18: The Minister will introduce a new limited administrative version of the Cross-Border Healthcare Directive for the Republic of Ireland for a 12 month period. Applications will be accepted by the Health and Social Care Board from 30 June 2021.

10.1 The Republic of Ireland Reimbursement Scheme sets out a framework, based on the Cross-Border Healthcare Directive and will allow patients to seek and pay for routinely commissioned treatment in the private sector in Ireland and have the costs, up to the cost of the treatment to the HSC in Northern Ireland, reimbursed. The Republic of Ireland Reimbursement Scheme will be open to ordinary residents of Northern Ireland and be managed by the HSCB and all treatments are subject to prior authorisation.

RAG status	Green

Progress

10.2 One of the immediate actions itemised in the Framework is the introduction of a new limited administrative version of the European Union (EU) Cross Boarder Health Directive (CBHD), or Republic of Ireland Reimbursement Scheme (ROIRS), for patients to access care in the RoI for a 12 month period from 1 July 2021. This action is now complete with the ROIRS rolled out to the public in Northern Ireland.

Impact / Potential Impact

10.3 The new ROIRS is a patient driven route and is expected to make a contribution to the backlog of mainly orthopaedic waits. The ROIRS allows patients who are already on a HSC waiting list to seek and pay for routinely commissioned treatment in the private sector in RoI and have the costs reimbursed, up to the cost of the treatment to the HSC in Northern Ireland. It is opened to ordinary residents of Northern Ireland and is managed by the HSCB. All treatments are subject to prior authorisation[2].

[2] The ROIRS was originally administered by the Health and Social Care Board (HSCB) but no longer applies to the United Kingdom (UK) after the end of Brexit Transition.

10.4 To date, the HSCB has received 1,864 applications from individuals across Northern Ireland requesting to use the scheme, of which it has approved 1,470 and has authorised 406 payments[3] at a cost of £2.3m.

[3] There is a lag between approval, the patient planning and receiving the surgery/treatment and subsequently submitting receipts to the HSCB for reimbursement. Patients are given nine months from date of approval to submit their receipts. By end of January 406 of the 1470 approved had been reimbursed

11. SPECIALTY SPECIFIC ACTIONS

Cancer

11.1 Cancer surgery makes up a significant proportion of all surgical activity. It is estimated that cancer surgery accounts for approximately 26% of all surgery across the region. The actions in this Framework will therefore have significant benefits for cancer patients.

Action 19: In order to address wider cancer services, the Department will publish a Cancer Recovery Plan setting out key actions to stabilise and reform cancer services over the next three years – by June 2021

RAG status	Green

Progress

11.2 This action has been successfully delivered, with publication of the Cancer Recovery Plan on 24 June 2021.

Impact / Potential Impact

11.3 A £10m grant fund set up by the Minister of Health in March 2021 has already started delivering some of the actions in the recovery plan. In addition, the Department of Health has also commenced work on some of the specific recovery plan actions including workforce planning, early diagnostic centres and phlebotomy.

11.4 The recovery plan is aligned with the 10 year cancer strategy which is due to be published in early 2022.

Orthopaedics

11.5 Orthopaedic waiting times in Northern Ireland have been significantly adversely impacted by the pandemic, with most elective orthopaedic surgeries being suspended as resources were redirected to address the pressures arising from the pandemic. This action will support the transformation and recovery of the Elective Orthopaedic Service in Northern Ireland with recommendations on key areas for transformation and recovery in the months and years ahead.

Action 20: The Northern Ireland Orthopaedic Network will deliver a recovery plan setting out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as rapidly as possible – by August 2021

RAG status	Amber

Progress

11.6 Whilst it was initially intended that the Orthopaedic Recovery Plan would be published by August 2021, the ongoing impact of COVID-19 on orthopaedic services has meant that this was not possible. The Recovery Plan by its very nature needs to take account of all impacts and potential impacts on service delivery Work on the Recovery Plan is, however, now well advanced. A draft report is developed, outlining progress to date in terms of transformation work, and recommendations for resuming activity after the winter period. It is anticipates that the Recovery Plan will be finalised shortly.

Impact / Potential Impact

11.7 It is intended that the Recovery Plan will provide an overview of the key issues impacting the elective orthopaedic service in Northern Ireland, together with a series of recommendations on how these challenges can be overcome. The key aim will be to improve patient services and reduce orthopaedic waiting times significantly.

General Surgery

11.8 The current general surgery service in Northern Ireland 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. There are also 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. Some elements of general surgery that are delivered as planned elective procedures have been particularly impacted by the pandemic. The following action has been developed to address these issues:

Action 21: The Department will carry out a clinically led review of General Surgery in Northern Ireland. The first phase of this review will include a rapid assessment 11 of the actions required to stabilise general surgery in the short to medium term. This is likely to have implications for how elective and emergency surgical services are planned and delivered – by October 2021

RAG status	Green

Progress

11.9 One of the early objectives of the Review was the development of interim plans on emergency surgery stabilisation and stabilisation of paediatric general surgery to address and mitigate current pressures. The Review team engaged with clinical teams across all Trusts and proposed that each Trust develop plans in line with established policy and process. The pace at which these plans are developed should be informed by the timing of the stabilisation issues at each site. Stabilisation forms part of a wider Review of General Surgery that will be subject to public consultation in due course.

Impact / Potential Impact

11.10 The overriding aim of the review of general surgery 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 access to high quality services irrespective of postcode.

12. PERFORMANCE MANAGEMENT

12.1 Effective Performance Management has the potential to make a significant contribution to the achievement of a range of actions across the Framework. It should assist in: identifying potential problems at an early stage, and facilitate corrective action; support effective communication across and between HSC bodies; and facilitation of shared learning across the HSC. The following actions have been developed to support effective performance management:

Action 22: To ensure additional investment is used as effectively as possible, the performance management function within the Health and Social Care Board (HSCB) will be enhanced to:

- **Measure and monitor accurate and timely data on theatre utilisation, productivity and efficiency;**
- **Identify underperformance and put measures in place to support improvement;**
- **Learn from international experience to identify best practice and promote adoption and spread of learning;**
- **Identify and invest in high performing services;**
- **Provide monthly performance updates including: o levels of activity delivered in the HSC and the independent sector;**

Theatre utilisation and productivity for lists delivered through the HSC and productivity in the independent sector, benchmarked against NHS good practice.

RAG status	Green

Progress

12.2 There has been excellent progress to date on the delivery of this action. A Head of Performance Management was appointed to the HSCB in September 2021 and recruitment on going for permanent additions including those for Waiting List Management Unit (WLMU).

12.3 In terms of information and reporting. Theatre utilisation data now available, and weekly tracking of local Independent Sector activity is in place. A Ministerial Dashboard has also been developed and is now live. It provides real time information on Northern Ireland waiting lists. Plans are currently being developed for further updates and expansion to increase capability.

Impact / Potential Impact

12.4 This action will help deliver against the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment. Performance metrics will include:

- Theatre utilisation;
- Day surgery rates;
- Cancellation rates;
- DNA rates;
- Benchmarking of throughput.

Action 23: A new Waiting List Management Unit (WLMU) will be in place at the HSCB by summer 2021

RAG status	Green

Progress

12.5 This action has been successfully delivered, with a new WLMU established in the HSCB. As one of its first tasks, the WLMU has been working with Trusts to agree a regional approach to waiting list validation, ensuring that Trusts have mechanisms in place to undertake this validation and communicate the outcomes of the validation with GPs. Patient Administration System (PAS) Technical Guidance has also been developed which will ensure that Trusts can record the outcome of the validation for each patient providing an audit trail across the validation process.

Impact / Potential Impact

12.6 The WLMU will have oversight of the elective waiting times, ensuring that patients are managed chronologically and, where necessary, work with Trusts to ensure the transfer of patients across Trust boundaries and to the independent sector. It will work with Trusts to identify available capacity across Northern Ireland, both in-house and in the IS, and ensure that this capacity is allocated to patients on the basis of their clinical priority and in chronological order. It is anticipated that this will support successful delivery against the Ministerial target ie by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

Action 24: HSC Trusts will produce three-monthly delivery plans setting out how they will continue to restore services and reach required activity levels.

RAG status	Green

Progress

12.7 This has been implemented since April 2021, with Trusts completing three-monthly delivery plans setting out how they will continue to restore services and reach required activity levels every quarter. The Department will continue to work with Trusts to ensure these plans are delivered.

Impact / Potential Impact

12.8 This action will support the re-establishment and rebuilding of elective services across the HSC, to ensure commissioned activity levels are fully delivered. Ultimately, it is anticipated that this will lead to a reduction in waiting times for elective surgery.

Action 25: Subject to confirmation of the available budget, the HSCB will produce an annual Elective Care Delivery Plan setting out: performance in the previous year; realistic annual activity targets; projected activity for independent sector (IS) contracts and in-house additionality; and overall demand/capacity information for each specialty.

RAG status	Green

Progress

12.9 Delivery of this action is dependent on the availability of funding to deliver. At this stage, without a confirmed budget, it has not been possible to progress this action. However, Trusts will continue to produce quarterly rebuild plans in line with Action 24, and it is anticipated that this will support decision making and planning around the delivery of elective care in the absence on an annual plan currently.

Impact / Potential Impact

12.10 This action will help deliver against the Ministerial target ie by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment. This will also support decision making and planning around the delivery of elective care to ensure all capacity is maximised.

13. SEPARATION OF ELECTIVE AND UNSCHEDULED CARE

14. Unscheduled care by its very nature has the potential for significant adverse impact on elective care at times of pressure both in terms of demands on the service and the capacity of the service. This was clearly evident by the impact of the COVID-19 pandemic right across the HSC. The following actions have therefore been included in the Framework to address these pressures:

Action 26: The new Elective Care Centre Management Team will make recommendations on the development of a regional 23 hr Elective Care Centre – by March 2022

RAG status	Amber

Progress

14.1 The expansion of the Elective Care Centre model has been impacted by continued unscheduled pressure in the HSC system. This has therefore had an adverse impact on the delivery of this action.

14.2 Work is progressing on the delivery of actions 6 and 7 which are directly linked to this action. The Review of General Surgery and plans at Trust level will also inform this work however there will need to be alignment with other surgical specialties.

Impact/ Potential Impact

14.3 Elective Care Centres are designed to provide a dedicated resource for less complex planned surgery and procedures. Crucially, they operate separately from urgent and emergency hospital care – meaning they will not be competing for operating rooms, staff and other resources, leading to fewer cancellations of operations. They are also a means to increase productivity, efficiency and reliability of the service. They are expected to have a significant impact on the number of patients treated. While concentrating services on a smaller number of locations means that some patients may have to travel a bit further for their day surgery, this will be offset by a significant reduction in the time spent waiting for that surgery. Successful delivery of this action should support the delivery of elective surgery services and a reduction in elective waiting times.

Action 27: In line with the recommendations in the Cancer Recovery Plan, the Department and HSCB will bring forward proposals for the development of one or more Rapid Diagnostic Centres – by March 2022

RAG status	Green

Progress

14.4 Work is continuing to develop two Rapid Diagnostic Centre pilots for Northern Ireland. A Programme Board has been set up and work is ongoing to identify the two pilot locations with a view to launching in the new financial year.

Impact/ Potential Impact

14.5 Rapid Diagnostic Centres will target those with vague symptoms that don't easily fit in to one specific diagnostic pathway initially. The Centres have already been successfully piloted in England, Wales and Scotland, where the time to diagnosis has been significantly reduced.

Action 28: The HSCB will bring forward proposals to redesign endoscopy services. This will include the possibility of consolidation on fewer sites delivering a higher volume of procedures – by January 2022;

RAG status	Green

Progress

14.6 Work is progressing on this, with the development of a Standard Operating Procedure (SOP) for endoscopy services at Lagan Valley Hospital (LVH), pending confirmed start date. The patient cohort that has been identified to access this service will be the longest waiting planned patients, i.e. waiting over 78 weeks (4,787 regionally). Trusts are currently undertaking a validation exercise, looking initially at 100 patients each. At this stage, patients have not yet transferred as the start date has not been agreed. This is to ensure patients aren't disadvantaged.

14.7 Medical staff are available to support the service and are in place. Unfortunately, nursing staff recruitment has been unsuccessful to date, both for permanent staff and as additional hours. South Easter Trust is working to progress this.

14.8 Performance metrics will be monitored throughout, including benchmarking of throughput in order to test the effectiveness of the model.

Impact/ Potential Impact

14.9 Consolidation onto fewer sites will mean that higher volumes of patients could be treated, thus leading to a reduction in waiting times**.** This action will help deliver against the Ministerial target i.e. by March 2026, no-one should wait more than 26 weeks for diagnostic assessment.

Action 29: A scoping exercise on the feasibility of a new regional endoscopy centre(s) to deliver high volume scopes – by March 2022

RAG status	Green

Progress

14.10 This action is directly linked to Action 27. This action will be taken forwarded after completion of Action 27.

Action 30: Taking into account the work of the General Surgery Review, the HSCB will bring forward proposals for the introduction of Post-Anaesthetic Care Units (PACU) at all sites providing complex surgery. This will provide postoperative high-dependency or intensive care for high-risk surgical patients in an area separate from the general intensive care unit (ICU) – by March 2022

RAG status	Amber

Progress

14.11 The Pre and Post-Operative Care work stream of the General Surgery Review has allowed stakeholders from across Northern Ireland to consider:

- Proposed models of Post-Anaesthetic Care Units (PACU) delivery which are in line with best practice and endorsed by Royal College of Surgeons, Association of Surgeons in Great Britain and Ireland and the Royal College of Anaesthetists;
- the role of the PACU service within current service models in Northern Ireland,
- broad criteria / principles for patients suitability and unsuitability for admission into PACUs.
- the scope of patients which could be appropriately managed within these facilities.

14.12 Following these initial considerations the PACU working group has now moved on to:

- consider the admission criteria of patients into PACU facilities;
- collate data to predict the likely demand for PACU beds within each hospital unit, so that a regional business case can be develop to provide PACU bed needs across NI for hospitals providing high risk surgery;
- consider, develop and agree a workforce framework for PACU with PHA, and a gap analysis of workforce requirements;
- consider education and upskilling requirements for nursing and AHPs.
- consider likely Impact of the PACU development on critical care, theatre outliers and surgical units.

Impact / Potential Impact

14.13 The development of Post Anaesthetic Care Units (PACU) is part of the wider Pre and Post-Operative Care work stream which aims to support the General Surgery Review. Post Anaesthetic Care Units (PACU) provide the best pathway for patients with monitoring, treatment or care needs which are greater than those that can be provided on normal postoperative wards, but who are not expected to require Level 2 or 3 (critical care) interventions or staffing to meet their care needs.

14.14 PACU services are not for patients at immediate risk of deterioration and are not a substitute for or step down from critical care. Instead, they bridge the gap between existing ward and critical care facilities, allowing high risk patients to be managed safely in an appropriate environment dependent on their needs. However, it is

recognised that if these facilities are not in place, then high risk patients are more likely to be manage in high dependency areas.

14.15 As such, it is expected that as well improving the quality of care and safety of high risk surgical patients, the development of PACU facilities will also release critical care capacity previously used to support initial postoperative care for high risk patients. This also means that there will be increased protection of surgical capacity during times of increased critical care activity, such as during emergency surges or winter pressures, it will also reduce 'last minute' cancellation of inpatient surgery, for which one of the biggest risk factors is patients requiring postoperative critical care.

14.16 PACUs are not a new concept and have been evidenced as providing a positive impact to the management of high risk surgical patients in the UK. With the exception of Belfast City Hospital, where a PACU service is currently being piloted, these units have not been developed within Northern Ireland.

15. WORKFORCE

This is perhaps one of the most fundamental issues facing the HSC in everything it does. Irrespective of what new measures are identified and transformations planned none of this is possible without an effective, well equipped, fully trained, fit for purpose workforce. The following Actions have been developed to address workforce challenges:

Action 31: New recurrent investment to be targeted at increasing capacity in each of the 15 largest elective specialties.

RAG status	Amber

Progress

15.1 Delivery of this action is dependent on the availability of recurrent funding. In the absence of confirmed recurrent funding being made available, no new funding has been allocated for these top 15 specialties, therefore it has not been possible at this stage to progress this action. In the absence of recurrent funding, non-recurrent funding is being used to support these services.

Impact / Potential Impact

15.2 If recurrent funding is made available to support the delivery of this action, it is anticipated that contracts could be agreed with IS providers to secure additional capacity for the treatment of patients in those specialties where there are large volumes of patients waiting e.g. orthopaedics, urology, gynae, ENT, general surgery and dermatology. Ultimately, this action will help deliver against the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

Action 32: In addition to ongoing medical, pharmacy, nursing & AHP workforce planning: The new Elective Care Centre Management Team will lead on the development of a multi-disciplinary workforce plan to ensure each centre can deliver its full capacity using the most appropriate skills mix and in line with appropriate professional regulation and standards – by March 2022

RAG status	Green

Progress

15.3 A new lead nurse has been appointed at the DPC at LVH and one of the key roles of the lead nurse will be to consider staffing models for the DPC team. The aim will be to develop an appropriate skills mix for the DPC team that will be efficient and effective for patients and staff alike. This work will then inform the staffing of future DPC models.

Impact / Potential Impact

15.4 Elective Care Centres are a means to increase productivity, efficiency and reliability of the service. They are expected to have a significant impact on the number of patients treated. While concentrating services on a smaller number of locations means that some patients may have to travel a bit further for their day surgery, this will be offset by a significant reduction in the time spent waiting for that surgery.

15.5 It is anticipated that with sufficient staffing in place with appropriate skills mix, this will help to maximise the use of all available capacity at designated Elective Care Centres, ensuring the efficient delivery of day case procedures, thus leading to a reduction in elective waiting lists.

Action 33: The Department will shortly finalise work on a review of perioperative nursing in Northern Ireland that is intended to stabilise and grow the perioperative nursing workforce. As part of the Safe Staffing budget allocation for 2021/ 2022 there will be an additional 30 WTE Band 6 senior nursing posts recruited across the Region and one dedicated Band 7 Clinical Education Facilitator per Trust to support staff development recruited into post by October 2021. This work will also support and promote advanced and specialist practice.

RAG status	Amber

Progress

15.6 The initial projection under this action was for Trusts to recruit and have all positions filled by 31 September 2021. However, Trusts have experienced, and continue to experience, extraordinary workforce pressures exacerbated by the impact of the pandemic, and this has led to difficulty in recruitment across all areas. The majority of posts however are now recruited and all Trusts have given assurances that final posts will be recruited permanently by the end of February 2022.

Impact / Potential Impact

15.7 Successful delivery of this action should stabilise and enhance the perioperative workforce (Band 6 senior nurse posts). Recruitment of Band 7 Clinical Education Facilitators will support staff training and development.

15.8 Stabilisation and growth of the perioperative workforce underpins the objectives of the Elective Care Framework. These additional posts offer opportunities for career progression and leadership development within the perioperative workforce while encouraging retention within the current workforce; thus aligning with Nursing and Midwifery Task Group recommendations.

Action 34: Building on success to date, we will continue our international recruitment programme, as a complement to our ongoing investment in training, and to ensure we have sufficient workforce supply to meet the demands being placed on our HSC system.

RAG status	Green

Progress

15.9 The recruitment of nurses internationally into the HSC system is just one of the avenues being utilised, alongside a longer term workforce strategy for growth in the domestic nursing workforce, to assist in meeting all the workforce needs of a health care system with ever increasing demands. The nurses who arrive to work here across the HSC system provide an immensely valuable contribution to the delivery of health and social care services, let alone to our communities.

Impact / Potential Impact

15.10 Recruitment of nurses from abroad has been extremely successful with 1,019 nurses recruited over the last 5 years, of which 953 remain in post, as at 31st December 2021. In the coming years it is envisaged that recruitment internationally will continue to play an important role in an effort to ensure we have sufficient workforce supply to meet the demands being placed on our health and social system.

Action 35: In line with the findings of the Regional Imaging Review, the Regional Imaging Board will bring forwards proposals for a new Imaging Academy to deliver training, research and collaboration – by March 2022

RAG status	Amber

Progress

14.2 Scoping work for a NI Imaging Academy has been carried out and a Project Initiation Document (PID) has been developed. A sub-group is being established to take forward work to develop a Strategic Outline Business Case, which will outline a plan for the Programme. To date work on the Academy has included: a proof of concept paper for

a multi-professional Imaging Academy in NI; Consultant training requirement modelled and costed; High level capital costs provided for 10-year capital plan; Outline Specification of academy requirements; and forged links with academies in Wales and England for shared learning.

Impact/ Potential Impact

14.3 The solution to imaging workforce issues will not be found in traditional approaches which are unable to deliver the required consultant workforce to respond to growing demand. Developing an academy for multi-professional imaging training in Northern Ireland will ensure that the supply of consultant radiologists and advanced radiographer practitioners can meet demand for imaging investigations and reduce reliance on costly outsourcing.

Action 36: Progress and explore options to establish a new single regional management structure for HSC Pathology Services, to underpin the ongoing Pathology transformation programme, better equip the service to 14 respond to current and future challenges and improve the quality and efficiency of HSC Pathology Services delivered on a regional basis.

RAG status	Green

Progress

14.4 On 10 November 2021, the Minister of Health published a Departmental Policy Statement on Transforming HSC pathology including the 'Blueprint Programme' to explore options for a new single management structure for HSC Pathology Services. A Programme Manager has been appointed to progress the Blueprint and a Programme Team is being recruited to lead this work.

Impact/ Potential Impact

14.5 Efficiently managed, well-resourced and modern pathology services are a key enabler to the success of HSC Rebuild Plans and service transformation priorities, including the Elective Care Framework and the Cancer Strategy. Reform of pathology services also presents an opportunity to generate significant savings for reinvestment, in order to equip these vital services to continue to underpin our HSC system for the future.

Action 37: Increase opportunities for skills mix including an extended role for orthoptists as assistant in theatre, which would support Consultant Ophthalmologists by September 2022;

RAG status	Amber

Progress

14.6 Orthoptic Heads of Service (HoS) continue to meet regularly to progress. Key stakeholders for a number of projects have now been approached. A number of pilot projects have been proposed to demonstrate benefit of service and will be progressed in coming months. Ongoing Workforce issues (vacancy rate 7.5%) due to Covid

pressures and ongoing Surge planning however has delayed progress with the delivery of this action.

Impact / Potential Impact

14.7 Orthopists working in extended scope roles or in advanced practise roles have not been explored or piloted in Northern Ireland. There are two potential benefits that could be delivered from this.

14.8 Firstly, Orthoptists have the potential to develop an extended role as an Assistant in theatre, which would be supportive for Consultant Ophthalmologists as we navigate through lengthy paediatric and adult surgery waiting lists. This extended role may yield better surgical outcomes as the Orthoptist can assess pre-, peri- and post-operatively on the day, and potentially improve capacity as often the Consultant Ophthalmologist has to operate alone as the trainee doctors are relocated at late notice and prioritised to support urgent clinics. This model is in place in a number of sites nationally and this project seeks to determine its application in Northern Ireland.

14.9 In addition, Current Neuro-Ophthalmology waiting times are lengthy and a delay in review time may subsequently cause a delay in referral to Neuro MDT colleagues for surgery. Although not a direct impact on elective waiting times, there is scope to explore a Neuro-Orthoptic role(s) in Northern Ireland to aid review of current waiting lists. This extended role could allow Orthoptists to free up time to review routine/stable cases, allowing Consultant Ophthalmologists to better utilise their time and expertise to see more complex/new/query surgery cases. The Neuro-Orthoptist role is active in England and yet to be explored in Northern Ireland.

Action 38: Expand opportunities in ENT with Speech and Language Therapists by March 2022;

RAG status	Amber

Progress

14.10 The South Eastern Trust has been running a Speech and Language Therapist (SLT)-Led ENT Parallel clinic from Jan 2019 with very good outcomes. Progress of this clinic has been significant, with 60% of patients discharged from ENT lists following a one stop appointment in the parallel SLT Clinic. A further 30% were discharged from ENT but referred on for further Speech and language Therapy (voice) but with therapy already commenced at the clinic.

Impact / Potential Impact

14.11 Successful delivery of this action should lead to an increase ENT outpatient capacity and therefore an increase number of patients seen per clinic. This would ultimately lead to a reduction in demand for Consultant ENT appointments. To date, the impact on ENT is that only 0.05 % required further ENT intervention.

Action 39: Introduction of a new multidisciplinary approach to treatment, prehabilitation and rehabilitation as part of consultant led orthopaedic services – by October 2021

RAG status	Amber

Progress

14.12 Allied Health Professionals (AHPs) are working within Trusts, i.e. Physio, Podiatry, Occupational Therapist Orthotist and Prosthetist professionals (dependent on body part) to review all patients waiting on orthopaedic surgical waiting lists for consideration of conservative management, using the current workforce, doing additional clinics. In the context of the Framework, this has been delivered through orthopaedics Mega and co-located clinics (Action 9).

Impact / Potential Impact

14.13 It is anticipated that successful delivery of this action will lead to a reduction in the number of patients on orthopaedic surgical waiting lists by redesigning the referral and assessment pathway to ensure all conservative and non-surgical management options are considered prior to a surgical referral.

14.14 National and local pilots demonstrate that the reduction in patients requiring orthopaedic surgical intervention can be reduced from 67% to 25% dependant on body part and local referral practise when all appropriate conservative rehabilitation and management are exhausted prior to referral.

Action 40: Introduction of a podiatric surgery pilot as part of consultant led orthopaedic services – by January 2022

RAG status	Amber

Progress

14.15 In November 21, a Task and Finish (T&F) group was been established by the Department to consider new ways of working to reduce waiting lists, including Foot and Ankle waiting lists. The T&F group consists of a range of key stakeholders from across the Health and Social Care (HSC) service including representatives from both the Orthopaedic and Podiatry specialisms. A key objective of the T&F group is to reduce the Northern Ireland Foot and Ankle waiting list, through maximizing the capacity of the skilled workforce available. This includes looking at new ways of working, to help address waiting lists. The T&F Group has been working to validate the Foot and Ankle waiting list across the region to establish a baseline of patients waiting. In that context, one key area which is under consideration, is utilising all the resources available to HSC to carry out surgery, including the skills of podiatric surgeons within Northern Ireland. The focus to date has been on the validation of the Foot and Ankle waiting lists to establish the baseline of patients awaiting surgery. A subgroup will now work to consider options for a podiatric surgery pilot, including usage of IS capacity.

Impact

14.16 Through the T&F group, all Trusts are carrying out Multi-Disciplinary Team (MDT) clinics to review the current outpatient waiting lists and it is planned that this exercise will be completed by 31 March 2022. It is anticipated that this will result in a validated waiting list, which should clearly show how many patients require surgery. Early indications are that this will result in a reduction in the waiting list overall. This is largely due to the Trust approach of organising MDT clinics, which are highlighting that a proportion of patients are able to be treated conservatively, and may not require addition to the surgical waiting list.

Action 41: Nurse led pre-assessment for endoscopy by September 2022

RAG status	Green

Progress

14.17 The HSCB Board is currently working with Trusts to increase funding to support an increase in the number of nurse endoscopists across the HSC.

Impact / Potential Impact

14.18 It is anticipated that successful delivery of this action will help reduce waiting ties for urgent diagnostics procedures, particular for lower GI tests. This action will help deliver against the Ministerial target i.e. by March 2026, no-one should wait more than 26 weeks for diagnostic assessment. It is also anticipated that this action will increase opportunities for skill mix in the workforce.

Action 42: Cross sector pharmacist led medicines optimisation reviews – by March 2022

RAG status	Red

Progress

14.19 As a result of the impact of COVID-19 on the HSC, it is anticipated that work to progress this action will resume in March 2022 with a revised completion date of September 2022.

Impact / Potential Impact

14.20 This action, when fully implemented, has the potential for a positive impact across a range of areas as follows:

- better health outcomes for patients through the appropriate use of medicines, taken as prescribed;
- better informed patients who are engaged and involved in decisions about their medicines;
- improved medicines safety and avoidance of harm related to inappropriate polypharmacy, use of high risk drugs and at transitions of care;
- an active medicines optimisation and safety culture within HSC organisations;
- reduced variance in medicines use through the consistent delivery of medicines management best practices;
- improved intra and inter professional collaboration and a HSC workforce who recognise their role in medicines optimisation and are trained and competent to deliver it as part of routine practice;
- reduced costs through better use of resources, the consistent, evidence based and cost effective prescribing of medicines; and
- the development and implementation of best practice solutions in medicines optimisation across the HSC.

Action 43: Development of core roles, including specialist and advanced practice, consultant nurse roles which will enable us to maximise the contribution of nursing to perioperative care and treatment and the expansion of advanced and specialist roles such as advanced practice in anaesthetics, and expanded capacity in nurse endoscopists - as part of a five year plan to develop capacity and capability of staff within the perioperative workforce;

RAG status	Green

Progress

14.21 This work is progressing well with work underway on the Delivering Care Perioperative work phase which is actively progressing. Work has commenced on the Perioperative Career Pathway.

14.22 Commissioning has also been taken forward via the Department of Health's Education Commissioning Group for 2021/22, with 10 Non medical prescribing places available for perioperative nurses. These posts are 1st level preparation for Advanced Nurse Practitioner (ANP) training posts.

14.23 Plans are also being developed to to commission five Advanced ANP Band 7 training posts to commence a 2 year MSc ANP programme in 2022/23. Following successful completion of the programme (2024/25), the ANPs would then commence Band 8a Perioperative ANP roles within the HSC.

Impact / Potential Impact

14.24 A career pathway for the perioperative nursing workforce will offer career development opportunities for core specialist and advanced practice roles that maximise the nursing contribution to the delivery of safe care and support the rebuild agenda.

14.25 It will also support the stabilisation of the current perioperative nursing workforce by building capacity and capability, creating clinical leadership roles, promoting recruitment, supporting retention, and importantly, improving outcomes for patients.

14.26 The resultant action will support implementation of strategic theme two of the Nursing and Midwifery Task Group Report and the objectives in Delivering Together, Elective Care Framework.

Action 44: The role of Operating Department Practitioners, including options for a Northern Ireland training programme – by September 2022

RAG status	Green

Progress

14.27 Delivery of this action will require consideration alongside the agreed perioperative nursing workforce five year workforce development plan (Action 43).

Work is currently being taken forward to scope services to identify the potential numbers of Operating Department Practitioners (ODP) required to ensure each Trust can deliver its full capacity of services in line with the Elective Care Framework.

Impact / Potential Impact

14.28 Within the perioperative theatre environment, consideration of expanding ODP roles may support the Elective Care Framework objectives by supplanting workforce to deliver elective services, thus supporting reduction in waiting lists. As there are currently no available training courses within Northern Ireland, the impact of this action is likely to be realised in the longer term.

15 COMMISSIONING AND TARGETS

15.1 The introduction of a tariff/incentivisation model is expected to make it simpler to monitor activity, tackle underperformance and reward productivity. The HSCB is currently piloting a shadow tariff model in several high volume specialties.

Action 45: The HSCB will carry out an evaluation of shadow tariff models by July 2022

RAG status	Amber

Progress

15.2 Work is underway to understand how a tariff model may be applied to the HSC to support the delivery of services. Research of tariff based models in use across the NHS has been completed and a draft paper has been prepared considering options, risks, issues and applicability to the Northern Ireland context.

15.3 Work is also being carried out to understand how a tariff would be costed against expected activity levels for a number of specialties including ENT, Urology, Hernia and Gynaecology.

Impact / Potential Impact

15.4 This action will consider the impact of introducing a tariff to a number of high volume specialities (currently cataracts, varicose veins and hernias) and whether this makes it simpler to monitor activity, tackle underperformance and reward productivity in the HSC.

15.5 The evaluation will consider the impact of the introduction of a tariff regarding driving productivity and which specialties, services (and locations) and service delivery models may be appropriately incentivised to be funded via a tariff system, along with the consideration of a rate for the related tariff on the pilot areas.

15.6 The actions will include modelling of the potential wider financial impacts of introduction of a tariff, e.g. the value of any incentive and disincentive to the wider HSC, and will inform next steps regarding any potential changes to the related finance

regime for elective care activity (action 6). The focus of this action is a learning exercise to establish the practicalities of a tariff based approach in the HSC for Elective Care.

Action 46: Using the learning from this evaluation, a new tariff/incentivisation model will be developed for elective care services. The HSCB will bring forward proposals for a new funding model by January 2023

RAG status	Amber

Progress

15.7 Consideration of the appropriate implementation of this action and any tariff/incentivisation model will be dependent on the outcome of recommendations on Action 45.

16 PRIMARY CARE

16.1 Where care can be provided appropriately in a primary care setting, this has potentially significant benefits for patients who may be able to receive their treatment faster, in a more convenient and patient friendly setting. It also has potential benefits for the HSC system as a whole through prevention of unnecessary attendance at hospital.

Action 47: The HSCB will continue to develop and expand the delivery of appropriate elective procedures in a primary care setting. Plans for the next phase of this work are expected to be ready by March 2022 and should include activities that can move to be delivered by community pharmacies or other primary care providers to reduce workload pressure in general practice.

RAG status	Green

Progress

16.2 The Primary Care Elective Programme Board has been established to provide a regional forum to support the implementation of the actions set out in the Elective Care Framework.

16.3 The Primary Elective Care Programme Board is currently working to agree a proposed 3 year work plan which includes priorities which focus on;

- Existing pathways and associated activity (vasectomy, dermatology, Gynae, primary care minor surgery and MSK)
- Regional roll out of existing pathways (current footprint detailed in Table 2)
- Education and training
- Demand management
- Workforce planning
- Additional clinical priorities for consideration

16.4 A dashboard has been established to monitor the activity delivered across Primary Care and a robust monitoring process is in place with the Primary Care Elective Services (PCES) Programme Team to ensure agreed activity and outcomes are delivered in line with the business cases approved. Monitoring impact on secondary

care services is a priority for the Programme Board and in that context, this will help to demonstrate the impact of investment across primary care elective services.

Impact / Potential Impact

16.5 Successful delivery of this action should see the following benefits:

- Reduced demand on unscheduled care by better management of urgent demand;
- Improved access to appropriate secondary care opinion for those patients on elective lists with urgent care needs;
- Pathways beginning in primary care which enable clinicians to ensure as much care as possible is managed and delivered in the community;
- Reduction in patients admitted through ED with resulting reduction in 12 hr waits for those individuals;
- Improved clinical outcomes for patients;
- Increased capacity within primary care for managing care through referral for advice and telephone support from secondary care
- Reduced admissions enabling bed days saved;
- Expedited treatment, enabling right care, right time, right place reducing the need for patients to remain or to be placed on waiting lists.

17 ADMINISTRATION OF WAITING LISTS

17.1 The quality of information underlying HSC waiting lists is critical to ensuring elective services run efficiently and reliably. In that respect, strong administration is essential to ensuring robust and valid waiting list data. The following actions are intended to strengthen and enhance the validity of waiting list information.

Action 48: In orthopaedics, the NI Orthopaedic Network will trial a regional booking system for one or two procedures by January 2022.

RAG status	Amber

Progress

17.2 Work is underway to deliver this action, with discussions underway with key stakeholders across the HSC to agree procedures to be trialled on a regional booking system. Current low levels of orthopaedic activity in HSC has meant that it hasn't been possible to trial system to date, however it is anticipated that the pilot will be functional for when services resume.

Impact / Potential Impact

17.3 Implementation of this action will see the development of a single waiting list for a high volume area of elective orthopaedics, such as high volume day case or arthroplasty procedures. This will help to promote equity of access for patients in Northern Ireland, thus eradicating the postcode lottery that currently exists and the creation of a fairer system for patients who are currently awaiting treatment. By trialling a regional booking system, it is also anticipated that this will inform the potential for further expansion into more procedures.

Action 49: All HSC Trusts will ensure the introduction of text or voice messaging services to reduce DNA rates for all elective services – by September 2022

RAG status	Green

Progress

17.4 Good progress is being made on the delivery of this action, with text and voice reminder services in place in Belfast Trust and Western Trust for outpatient services, and a text reminder service in pace in Northern Trust for acute outpatients. Plans are currently being developed by the South Eastern Trust for the extension of text messaging for all elective services.

17.5 Within Southern Trust, a text reminder service in place for acute outpatient services only, however plans are currently being developed to expand this for all elective services.

Impact / Potential Impact

17.6 Successful delivery of this action should lead to a reduction in 'Did Not Attends' (DNA), thus ensuring the effective use of all available capacity. Ultimately, this action should support delivery against the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

Action 50: HSC Trusts will invest to increase capacity in patient booking teams to ensure that patients are contacted prior to surgery.

RAG status	Green

Progress

17.7 Work is underway to deliver this action. Given the impact of Covid on nursing support and the associated impact on elective surgery, Trusts are generally only scheduling patients 1-2 weeks in advance of surgery. To ensure that these lists are filled, all Trusts

currently phone the patient to confirm their surgery date and ensure that a swab to detect COVID-19 can be arranged prior to their procedure. Prior to the pandemic, patients would have been scheduled 4-6 weeks in advance of their surgery. All Trusts are now considering required investment to secure the resources needed so that they can supplement their current processes to ensure that patients are contacted prior to surgery.

Impact / Potential Impact

17.8 Successful delivery of this action should lead to a reduction in 'Did Not Attends' (DNA), thus ensuring the effective use of all available capacity. Ultimately, this action should support delivery against the Ministerial target that by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

18 LONGER TERM ACTIONS – JANUARY 2023 ONWARDS INFRASTRUCTURE

18.1 **Action 51: The Department will develop a long term strategic plan for future capital investment, incorporating plans to maximise elective capacity and capability across the HSC. Consequently, when prioritising funding for elective care, due consideration should also be given to funding the associated infrastructure requirements. (January 2023 onwards)**

RAG status	Green

Progress

18.2 Work is underway to develop a draft capital budget plan will be refined/completed following the allocation of a budget to the Department of Health.

Impact / Potential Impact

18.3 Capital funding is required to deliver several actions in the Framework and if this is not secured from Department of Finance (DoF), many of the actions will not be affordable and there will be a delay in delivery of the framework.

19 TARGETS

Action 52: In line with the commitment in New Decade New Approach, the HSCB will pilot referral to treatment targets across 5 procedure types. (January 2023 onwards)

RAG status	Amber

Progress

19.1 Work is underway to deliver this action, with 5 procedures to pilot referral to treatment (RTT) targets having been identified.

19.2 Presently there is no single system solution to provide whole patient journey measurement in Northern Ireland with a number of different patient administration information systems, e.g. Patient Administration System (PAS), Belfast Orthopaedic Information System (BOIS), and the range of imaging systems in use.

Action 53: The Department will oversee the development and introduction of new waiting times targets to reflect the entire patient journey, from referral to treatment. (January 2023 onwards)

RAG status	Green

Progress

19.3 This action will be kept under review in line with the delivery of respective programmes of work.

20 7-DAY WORKING

Action 54: In line with increasing HSC capacity, HSC Trusts will move to a 7-day working week for existing theatre infrastructure. There are, however, significant challenges to this. In addition to the necessary investment in the workforce, this will require significant engagement with staff. This is therefore a longer term aspiration and is subject to the delivery of additional recurrent investment. (January 2023 onwards)

RAG status	Amber

Progress

20.1 The HSCB meets with Trusts on a weekly basis to ensure available elective capacity is maximised. This includes ascertaining what additional weekend working can be accommodated using the current WLI funding, Elective are recovery Initiative (ECRI) payment or through the use of the IS. Weekend lists are taking place across a number of sites including Altnagelvin Area Hospital, Lagan Valley Hospital and the Downe hospital. Discussions are also taking place with a number of IS providers to secure additional insourcing at the weekend on the South West Acute Hospital (SWAH), Belfast City Hospital (BCH) and Royal Victoria Hospital (RVH) sites.

Impact / Potential Impact

20.2 Successful delivery of this action would support the maximisation of all available theatre space across the HSC< and thus a reduction to elective waiting lists.

21 Action 55: DIGITAL There are a number of major digital programmes that will deliver significant benefits to elective care services. From January 2023 onwards

These include:

- Implementation of a Northern Ireland Picture Archiving and Communications (NIPACS+) Programme. The NIPACS+ Programme will provide a single enterprise imaging solution for HSCNI - to support clinical diagnosis, improve clinical pathway planning, improve patient safety and enhance patient care through continued and enhanced medical image sharing and collaborative working.
- The introduction of Encompass. Encompass is a HSC-wide programme, working to deliver the digitally enabled transformation of Health and Social Care in Northern Ireland. The Encompass vision is for a digital care record for every person in Northern Ireland that better informs and supports their health and wellbeing throughout their life. The implementation of electronic prescribing in primary care which will reduce workload associated with the management of prescriptions in general practices and community pharmacies.

RAG status	Green

Progress

21.1 This action will be kept under review in line with the delivery of respective programmes of work.

Annex A

Overall Red, Amber or Green (RAG) assessment of Actions

Action	RAG Status		Action	RAG Status	
1	Green		29	Green	
2	Amber		30	Amber	
3	Amber		31	Amber	
4	Green		32	Green	
5	Green		33	Amber	
6	Green		34	Green	
7	Green		35	Amber	
8	Green		36	Green	
9	Green		37	Amber	
10	Green		38	Amber	
11	Green		39	Amber	
12	Amber		40	Amber	
13	Amber		41	Green	
14	Amber		42	Red	
15	Amber		43	Green	
16	Green		44	Green	
17	Green		45	Amber	
18	Green		46	Amber	
19	Green		47	Green	
20	Amber		48	Amber	
21	Green		49	Green	
22	Green		50	Green	
23	Green		51	Green	
24	Green		52	Amber	
25	Green		53	Green	
26	Amber		54	Amber	
27	Green		55	Green	
28	Green				

Red		concerns about delivery within the desired timescale
Amber		delivery may be at risk with corrective action taken as required
Green		on track for delivery or complete