

**Department of Health  
Departmental Response  
to recommendations in the Northern  
Ireland Audit Office's Report  
Tackling Waiting Lists**

**Presented to the Northern Ireland Assembly  
by the Department of Health**

**1 December 2023**



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# Glossary of Abbreviations

<b>DoH</b>	Department of Health
<b>DNA</b>	Did Not Attend
<b>ECF</b>	Elective Care Framework
<b>ENT</b>	Ear, Nose and Throat
<b>ECMT</b>	Elective Care Management Team
<b>HSC</b>	Health and Social Care
<b>IS</b>	Independent Sector
<b>NDNA</b>	New Decade, New Approach
<b>NI</b>	Northern Ireland
<b>NIAO</b>	Northern Ireland Audit Office
<b>RTT</b>	Referral to Treatment
<b>T&amp;O</b>	Trauma & Orthopaedic
<b>UK</b>	United Kingdom

DEPARTMENT OF HEALTH DEPARTMENTAL RESPONSE TO NORTHERN IRELAND AUDIT OFFICE (NIAO) RECOMMENDATIONS IN THE NIAO'S REPORT OF 10 OCTOBER 2023 ON "TACKLING WAITING LISTS"

## Department of Health

### Tackling Waiting Lists

#### *Introduction*

The responses within this Departmental Response have been made at official level. Where specific recommendations relate to issues of policy these will require Ministerial decisions. Further, given the current scale of the backlog, significant and sustained investment is a core requirement to enable reduction in waiting times and to further progress transformation. Implementation of the recommendations is therefore, subject to the necessary funding being made available to the Department of Health (DoH) and decisions around funding commitments will be for incoming Ministers.

#### *NIAO Recommendation 1*

**The very long waiting times across all the main elective specialisms further underlines the range and scale of difficulties facing stakeholders. The Department and trusts should review the key causal factors influencing outcomes across the various elective specialisms and assess if action plans in place to address these need to be radically strengthened. Waiting list pressures are currently particularly acute for Neurology, Dermatology, ENT and General Surgery (initial outpatient appointments) and ENT, T&O Surgery, and General Surgery (hospital admission).**

DoH accepts this recommendation.

DoH acknowledges the scale of the difficulties across the Health and Social Care (HSC) Sector, the work is complex and challenging, however, the focus is on working together as a system.

A clear path for addressing the long waits across elective care has been set out in the Elective Care Framework (ECF), published in June 2021. This involves concerted action on a number of fronts.

Through the continued work on developing Day Procedure Centres and Elective Overnight Stay Centres, DoH is able to identify and put plans in place to address system wide and specialty specific issues impacting the delivery of elective care.

Further, at a specialty level, DoH has a number of service reviews completed or ongoing (neurology, orthopaedics and general surgery) that inform such considerations. Established clinical networks are also taking forward programmes of work aimed at tackling waiting lists, streamlining patient pathways and building capacity in the system. DoH has also commissioned "Getting It Right First Time" reviews on orthopaedics, gynaecology and urology to identify areas of improvement to how services are delivered across the region.

Significant and sustained recurrent investment is, however, required to tackle the backlog in care, including expansion and strengthening of the workforce to build the sustainable capacity needed to tackle the lengthy waiting lists.

Long-term improvements in efficiency and productivity are also essential to deliver more efficient and better services for patients within the existing HSC system. Work is already being taken forward collectively by the Elective Care Management Team (ECMT) to drive forward an efficiency and productivity agenda to ensure that the HSC Sector is making best use of the resources available.

#### *NIAO Recommendation 2*

**To support the introduction of local RTT measurement and targets, DoH must strive to ensure that the Encompass programme remains on course for implementation by its scheduled deadlines, and that it is fully capable of such reporting. In the interim, it should use the December 2022 comparative figures as a**

**baseline and continue regularly monitoring performance on that basis, to determine if the HSC performance gap with England and Wales is narrowing or increasing, and also identify if any best practice there, which has helped ensure performance has not deteriorated to the same extent, can be further implemented locally.**

DoH partially accepts this recommendation.

DoH recognises the importance of having robust data systems in place to ensure that data is accessible, usable and can act as a strategic asset for decision making, policy development and to support the delivery of services. DoH therefore remains committed to the roll out of the Encompass programme and will endeavour to ensure that scheduled deadlines are met.

However, it is not currently possible, or valid, to compare Northern Ireland (NI) performance with the other nations regarding Referral to Treatment (RTT) measurement and targets, and this is unlikely to change until Encompass is fully embedded and the current patient backlog numbers have significantly reduced.

In the interim, DoH health statisticians continue to work collaboratively across the four nations in relation to ongoing development of comparable performance data which may help to identify any best practice which may be implemented locally. In addition, statisticians are working closely with data producers from across the UK, to improve the “UK Statistical Coherence of Health data”.

#### *NIAO Recommendation 3*

**Whilst action is underway to try and address issues around trust performance and patient DNAs, and the Department is now trying to centrally drive improvements, the Department and trusts now need to explicitly quantify the increased capacity and activity required to sustainably reduce waiting times, and assess how this can be achieved at each trust, through both improving the efficiency of current operations and progressing HSC transformation.**

DoH accepts this recommendation.

At the time of publication of the ECF in June 2021 and in the context of known pressures at that time, the resources required over a five-year period to tackle waiting lists on a sustainable basis was identified. However, the HSC position has changed considerably in the time since the ECF was published. The deficit between demand and capacity has not been addressed and the backlog has been exacerbated by the impact of Covid. DoH therefore recognises that work now needs to be done to update this and fully quantify the funding now required to deliver the ECF. Part of this work will include quantifying the increased capacity and activity required across the Trusts.

In the meantime, DoH intends to carry out modelling that will shape activity and policies going forward and help to direct available resources, taking an informed and targeted approach to tackling our waiting lists and closing the gap between capacity and demand across the elective care system within all Trusts. However, even with the necessary funding, it will be a long and difficult path to rectify the current situation.

Work is also ongoing through the ECMT to drive forward the performance and efficiency agenda. HSC Trusts already have targets in place (waiting times and activity volumes) and also have productivity and efficiency targets covering a range of indicators including day case rates, Did Not Attend (DNAs) and Cancellation rates for Trusts to deliver. These are monitored through regular performance meetings and as part of the Service Delivery Plan process. Work is also being undertaken to drive productivity and efficiency gains in Trusts through the adding value work programme.

HSC transformation has progressed through the establishment of two dedicated Day Procedure Centres, three Elective Overnight Stay Centres, expansion of Post-Anaesthetic Care Unit beds and two Rapid Diagnostic Centres. As a result, for each of the last four quarters, there has been a small but continued reduction in waiting lists for in-patient and day procedure cases. Work will continue through ECMT to expand this dedicated elective care model and progress transformation.

#### *NIAO Recommendation 4*

**We recommend that the Department identifies the investment necessary to ensure the HSC sector can function more efficiently and sustainably, including reducing waiting times to targeted levels. It should**

**also demonstrate and quantify, in business case terms, if such investment can ultimately secure better longer-term value for money and patient outcomes, and the likely implications of failing to secure such funding. This will help DoH demonstrate how more sustainable funding arrangements can better support its objectives.**

DoH accepts this recommendation.

At the core, significant and sustained recurrent investment is required to tackle the backlog in care, including expansion and strengthening of the workforce to build the sustainable capacity needed alongside investment in infrastructure and equipment. Investing in our services and workforce across all sections of the HSC Sector would ultimately reduce the requirement for reliance on the Independent Sector (IS), secure better value for money and improve patient outcomes. Taken in conjunction with a targeted focus on driving efficiency and productivity improvements, this should over time secure a significant improvement in reducing waiting lists to targeted levels.

As reflected in the response to recommendation 3, at the time of publication of the ECF in June 2021 and in the context of known pressures at that time, the resources required over a five-year period to tackle waiting lists on a sustainable basis was identified. DoH recognises that work now needs to be done to update this and fully quantify the investment now required to deliver the ECF, which in turn, will help ensure the HSC Sector can function more efficiently.

DoH will seek to secure additional capital and revenue funding to deliver the ECF and associated actions. However, future budget availability will be within the context of wider Executive priorities but DoH will continue to make the case for funding for tackling waiting lists. In doing so, DoH will submit robust bids with the aim of securing additional funding for elective care provision over multiple years in future spending reviews and budget exercises.

In the interim, DoH intends to carry out modelling that will shape activity and policies going forward and help to direct available resources, taking an informed and targeted approach to tackling waiting lists and closing the gap between capacity and demand across the elective care system.

#### *NIAO Recommendation 5*

**As DoH and the Trusts seek to incrementally build increased dedicated elective capacity, they should monitor its impact on waiting times, and assess whether the additional facilities are having the desired success and impact. If waiting times are not reducing appreciably, they should assess the extent of further dedicated capacity required across key specialisms.**

DoH accepts this recommendation.

Plans to develop dedicated Elective Care Centres are set out in “Health and Wellbeing 2026 Delivering Together” and are included in New Decade, New Approach (NDNA) and the ECF published in June 2021. Regional Elective Care Centres have been established at Lagan Valley and Omagh Hospitals, alongside Elective Overnight Stay Centres at the Mater, South West Acute and Daisy Hill Hospitals to enhance dedicated capacity for elective care. These centres are a means of increasing productivity, efficiency and reliability of the service. The aim is to enhance the quality and consistency of care and help bring down waiting lists.

The ECMT oversees delivery of dedicated elective capacity on a regional basis, ensuring effective use of elective capacity across the HSC system, with a targeted focus on the issues impacting on elective capacity and measures needed to mitigate against these. In addition, DoH Strategic Planning and Performance Group evaluate performance data on an ongoing basis to inform the impact the dedicated elective sites are having against the waiting list data for the specialities delivered at these sites and assess the impact of funded initiatives on waiting times.

There is robust evidence to show that concentrating some specialised procedures on a smaller number of hospital sites, separated from emergency care, means more patients can be treated. As reflected above, DoH will continue to monitor this success and will consider the benefits of any further dedicated capacity across key specialisms which may be required.

#### *NIAO Recommendation 6*

**Given the current situation, the Department should firstly confirm the robustness of its estimate of the funding required to fully implement the Framework in preparation for any potential introduction of long-term budgets. Until it has greater certainty on the availability of recurrent funding, it should rank or prioritise the actions likely to have greatest impact on waiting times and allocate available recurrent and non-recurrent funding towards these on this basis. The Department should set revised Framework targets as soon as feasible.**

DoH accepts this recommendation.

As reflected in previous responses above, at the time of publication of the ECF in June 2021 and in the context of known pressures at that time, it was estimated that an additional £707.5m was required over the five year period to tackle waiting lists on a sustainable basis. However, the HSC position has changed considerably in the time since the ECF was published – the deficit between demand and capacity has not been addressed and the backlog has been exacerbated by the impact of Covid. DoH therefore recognises that work now needs to be done to update this and fully quantify the funding now required to deliver the ECF.

Until the availability of funding becomes clearer, DoH intends to carry out modelling that will shape activity and policies going forward and help to direct available resources, taking an informed and targeted approach to tackling waiting lists and closing the gap between capacity and demand across the elective care system. DoH also intends to identify and prioritise areas for regional elective transformation, should additional funding be made available, and to set out key strategic priorities which can be delivered within the available resources.

However, many of the actions are transformative in nature, and require reconfiguration of services and/or additional workforce which will take longer to achieve. Fundamentally, the majority of actions require sustainable funding to allow their full potential to be realised.

DoH will consider appropriate revised Framework targets but would highlight that setting revised Framework targets will require a decision by a Minister.

The timing of the introduction of long-term budgets is outside the control of DoH and is driven by HM Treasury.

#### *NIAO Recommendation 7*

**The limited implementation of previous strategies means the Department’s regular progress assessments on the Framework is welcome. Going forward, these should identify the specific work which must be progressed over the next reporting period to ensure milestones are met, who is responsible for driving this, progress against targets and timelines, and whether emerging evidence means any actions should be redesigned or reprioritised. Progress should continue being publicly reported, setting out why any actions are behind schedule, and whether, and how, this can be rectified.**

DoH partially accepts this recommendation.

DoH will continue to publish regular update reports on progress to drive forward the actions in the ECF when it is appropriate to do so, however, the format of such reports will be influenced by a number of factors including the political and financial situation.

DoH would highlight the ECMT has strategic oversight of the implementation of the actions contained within the ECF, monitoring progress against milestones, identification of issues impacting progress against actions, and making recommendations for, and actively guiding mitigatory actions. DoH, therefore, intends to identify and prioritise areas for regional elective transformation should additional funding be made available and to set out key priorities that can be delivered within the available resources.

#### *NIAO Recommendation 8*

**Close working between the various stakeholders involved in workforce-related issues is required, to ensure stronger elective care workforce planning. The stakeholders should now take stock of how their work is progressing and collectively agree the priority areas which require further attention to ensure the HSC elective workforce has the right capacity and capability to drive HSC transformation. Based on the**



**current situation and workforce deficits, revised projections and plans should be developed, together with targets and strategies for achieving these.**

DoH accepts this recommendation.

DoH engages and works closely with its various stakeholders with regards to workforce issues on an ongoing basis to agree those priority areas that need addressed. It is worth highlighting that significant investment in the HSC workforce is required to address the central issue of demand outstripping the current capacity. Building up the workforce is the best way to ensure safe and effective care and is vital in order to rebuild HSC services across NI and drive transformation. DoH have been doing so with the first 300 of the additional 900 locally commissioned nurses under NDNA having finished their training with a further 600 becoming available to the HSC workforce over the next two years. In addition, DoH is also maintaining successful recruitment of valuable international nurses.

Work is also ongoing through ECMT to expand capacity to deliver a skilled and well-equipped workforce, whilst making the most effective use of available resources. This includes measures to stabilise and expand workforce in particular areas; ensure development and implementation of robust workforce plans; continuation of international recruitment; 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.

Development of robust workforce data is important to support this work. One such example is the availability of data on the HSCNI medical workforce. Reliable regional data on the HSCNI medical workforce levels by specialty has been a known data gap for some time and work is now underway to establish a robust and detailed baseline of the medical workforce currently employed in the HSCNI by specialty. This is a joint project between DoH workforce statisticians and the HSC Regional Workforce Information and Analytics Group to gather data and report on the baseline HSCNI Consultant and Specialist, Associate Specialist and Speciality doctor workforce. Work on this project has progressed at pace and provisional findings (based on the medical specialty workforce at 31 May 2023) are in the process of being shared with relevant stakeholders in order to quality assure the statistics and ensure that the reporting of the statistics is fit for purpose.

Further, DoH has an ongoing programme of long term (5 to 10 year horizon) strategic workforce reviews, increasingly undertaken across programmes of care linked to wider service transformation, which assesses both the number of staff needed and the appropriate range of skills. This analysis sets priorities for investment in pre-registration education to recruit and establish the workforce as well as in the post registration training and other measures that supports the development and retention of existing staff.

#### *NIAO Recommendation 9*

**Increased use of the IS is likely to be necessary for the foreseeable future to address the colossal patient backlog. In preparation for any progress in approving multi-year budgets, DoH should set out its strategic plans for expanding use of the IS, and continue to clarify with the sector the degree to which it can build additional capacity to help clear the backlogs.**

DoH accepts this recommendation in principle.

DoH is working to quantify those specialties and procedures where additional IS capacity will be required to help reduce waiting times and help reduce the current backlogs.

However, DoH would highlight that, the IS will not agree to develop additional capacity at risk without the confirmation of a multi-year budget. Future budget availability will be within the context of wider Executive priorities and DoH will submit robust bids with the aim of securing additional funding for Waiting List Initiatives provision to significantly reduce waiting times in future spending reviews and budget exercises.

As reflected in the response to recommendation 6, the timing of the introduction of multi-year budgets is outside the control of DoH and is driven by HM Treasury.