Elective Care Framework

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Funding and Implementation Plan 2026/27

Ministerial Foreword

Progress is being made to improve access to planned care across Northern Ireland, but I am clear that there is much more to do. Reducing waiting times and improving access to care remains an area of sharp focus for me as Health Minister. I recognise the very real impact delays can have on individuals and families, particularly for those living with pain, uncertainty or anxiety while they wait for treatment. I also recognise the commitment and effort of staff across our Health and Social Care (HSC) system who continue to deliver care and improve services in exceptionally challenging circumstances. While many aspects of care delivered across Northern Ireland are recognised as world class, I am equally clear that we must continue to improve the pathways through which people access that care. Efforts are underway to make services more joined up, responsive and easier to navigate, helping ensure patients receive the right care, in the right place, at the right time.

Anyone who has listened to the experiences of people waiting for care will understand that this is about far more than numbers on a page. Behind every waiting list statistic is a person trying to carry on with daily life while waiting for the care they need and deserve.

This **2026/27 Elective Care Framework Funding and Implementation Plan** sets out the next phase of our work to improve access to elective care across Northern Ireland. It builds on progress already achieved through regional elective care services, increased diagnostic capacity, elective care centres, waiting list initiatives, and stronger collaboration across the HSC system. I want to acknowledge the leadership, commitment and professionalism of staff across every Trust whose efforts continue to make a difference for patients.

The Executive's continued commitment, including the ringfencing of £80 million in 2026/27, provides an important opportunity to build on that progress. This investment will help increase activity, target long waits and improve access to care for people across Northern Ireland. However, investment alone will not deliver the improvements we need. We must also continue to reform how services are

delivered, improve productivity, and make the best possible use of the capacity available across our system.

The challenges remain significant. Demand for services continues to grow, waiting lists remain too long, and our health service continues to operate in a highly constrained financial and workforce environment. There is no single solution. This Plan therefore takes a practical and balanced approach strengthening core HSC capacity, targeting those waiting longest, supporting urgent and time-critical pathways, and making the most effective use of elective care capacity across Northern Ireland.

Our sharp focus in 2026/27 must be on turning progress into sustainable improvement. That means making better use of clinics, diagnostics and elective care facilities; supporting staff to work in innovative and flexible ways; expanding regional approaches where they improve outcomes and efficiency; and directing investment where it can make the greatest difference for patients.

There are reasons to be encouraged. We have seen improvements in some areas, including reductions in the longest waits and increased elective care activity despite significant pressures. This demonstrates what can be achieved when investment, reform and collective effort are aligned. However, I am clear eyed about the scale of the challenge ahead, particularly for those still waiting too long for an outpatient appointment or treatment. Continued focus, accountability and partnership across the system will be essential if we are to deliver the improvements people rightly expect.

We must also recognise the experience of patients while they wait. Keeping people informed, supporting them to manage their health where possible, and providing clear information about what happens next are all important parts of improving care and improving experience.

This Plan provides a realistic and credible framework for action in 2026/27. It reflects both the scale of the challenge and our determination to address it. By combining sustained investment with reform, innovation and collaboration, we can continue to

improve access, reduce waiting times and build a more sustainable elective care system for the people of Northern Ireland.

Mike Nesbitt MLA
Minister of Health

1. Introduction

1.1 Reducing waiting times for elective care remains one of the most significant challenges facing the Health and Social Care (HSC) system in Northern Ireland. While progress has been made through continued investment in elective care services, waiting lists remain at historically high levels across both outpatient assessment and inpatient/day case treatment.

1.2 The Elective Care Framework (2024) sets out a programme of work to address these challenges through a combination of service transformation, increased capacity and improved productivity across the HSC system. The Framework recognises that there is no single solution to reducing waiting times and that sustained action will be required across a number of areas to address both the existing backlog and the underlying demand and capacity gap.

1.3 Investment provided through previous Elective Care Framework funding has supported a range of initiatives including the expansion of core HSC capacity, the development of regional elective care services, the delivery of waiting list initiatives and continued partnership working with independent sector providers.

1.4 Building on this progress, the 2026–27 Elective Care Framework Funding and Implementation Plan will continue to support the delivery of elective care services through targeted investment aimed at:

- strengthening core HSC capacity in key specialties;
- improving productivity and utilisation of existing infrastructure;
- reducing the number of patients waiting longest for assessment and treatment;
- supporting the ongoing transformation of elective care services; and
- ensuring patients receive timely information and support while waiting for care.

1.5 Given the scale of demand for elective care services and the time required to develop additional core capacity within the HSC system, the Department will continue to adopt a balanced approach combining increased internal activity, service transformation and targeted use of independent sector provision.

1.6 Through this approach, the Department will continue to work with HSC Trusts and system partners to improve access to care, reduce waiting times and build more sustainable elective care services for the future.

2. Context, Progress and Strategic Direction

Budget

2.1 The 2025/26 Budget set a challenging but ultimately enabling context for elective care recovery. Aligned with a Programme for Government commitment to Cut Health Waiting Times, the Northern Ireland Executive earmarked £215 million for elective care and waiting list activity, comprising:

- £85 million for red flag, cancer and time-critical treatments;
- £80 million to increase elective care capacity; and
- £50 million specifically to address waiting lists.

2.2 Notably, only £50 million of the funding allocated in 25/26 represented additional funding, with the remaining £165 million reallocated from within the Department of Health's baseline. In practice, however, the full £80 million identified for elective care capacity was not made available for this purpose. Of this allocation, only £6.5 million was ultimately directed towards elective care expansion, with the remainder redirected to address wider health service deficit pressures. This materially constrained the Department's ability to deliver the scale of capacity growth originally envisaged.

2.3 The investment that was made available was deployed through the 2025/26 Elective Care Framework Funding and Implementation Plan, which set out a clear prioritisation framework across three areas: expanding core capacity to address red flag and time-critical gaps; increasing routine elective capacity; and utilising non-recurrent funding to begin tackling the backlog of patients waiting longest. This approach marked a shift away from short-term, fragmented interventions towards a more coordinated and system-wide response.

2.4 Looking forward to 2026/27 the Department will again spend £85m from its baseline to target red flag and time critical waiting times. In addition, in recognition of the progress made to tackle waiting lists, the Executive has committed to ringfencing £80m for waiting lists and elective capacity building activity, a continuation of their previous commitment.

2.5 While the 2025/26 position benefited from £50 million of non-recurrent funding to support waiting list reduction activity, there is currently no guarantee that equivalent non-recurrent funding will be available in 2026/27. As a result, while the proposed spend of £80 million and £85 million provide an important basis for continued investment in elective capacity and time-critical care, they remain below the wider level of investment needed to fully address the backlog and deliver sustained reductions in waiting times. While the investment is lower than what has been identified as being needed, it provides a defined financial envelope which has enabled the Department to plan and implement a structured programme of waiting list and capacity interventions.

2.6 Accordingly, the 2026/27 ECF Funding and Implementation Plan seeks to balance continued progress on waiting list reduction with investment in recurrent capacity, workforce and service resilience, recognising that sustainable improvement will require both ongoing capacity expansion and targeted backlog reduction activity over a number of years.

Progress to Date

2.7 Even within a constrained financial and operational environment, the 2025/26 Plan has delivered measurable and significant progress. Despite rising demand, there has been a reduction in the number of patients waiting for a first consultant outpatient appointment for the first time in several years as at December 2025, alongside reductions in inpatient/day case and diagnostic waiting lists observed from September to December 2025. Performance against key priorities has been particularly strong. Over 313,000 additional red flag and time-critical patients were treated, assessed and diagnosed between April 2025 and March 2026, achieving our Programme for Government target. Outpatients projected to be waiting over four years has been significantly reduced by 54%. For inpatient and daycase patients

projected to be waiting the same length of time, the reduction is 67%. We have achieved a 99% reduction in the number of patients projected to be waiting over four years for the named procedures identified within the Plan, with the total elimination of long waits in some areas, including waits of over four years for colonoscopies, tonsillectomies, waits of over six months for gynaecology mesh procedures, and waits of over 13 weeks for paediatric squint surgery and Percutaneous Endoscopic Gastrostomy (PEG) tubes. There has also been a 68% reduction in Endoscopy waits at March 2026 from their peak in June 2022.

2.8 This progress is further evidenced by a range of targeted delivery interventions and service developments across the system. Dedicated elective care capacity has continued to expand, with Day Procedure Centres at Lagan Valley and Omagh Hospitals treating approximately 24,293 patients between October 2020 and April 2026, and Elective Overnight Stay Centres at Daisy Hill, the Mater and South West Acute Hospitals treating over 26,319 patients between April 2023 and April 2026. In parallel, the two regional endoscopy centres at Lagan Valley and Omagh have treated almost 20,000 patients since this regional capacity commenced.

2.9 Regional hub models have also delivered significant throughput, with the orthopaedic hub at Musgrave Park Hospital treating more than 26,082 patients since January 2021, and over 5,857 patients treated in the refurbished Duke of Connaught Unit. Improvements in diagnostic pathways are evident through the Rapid Diagnostic Centres (RDC) at Whiteabbey and South Tyrone Hospitals, which have collectively provided diagnostic imaging to over 13,500 patients between April 2025 and March 2026.

2.10 Alongside these structural developments, a range of innovative delivery approaches have contributed to increased activity and productivity. Mega Clinics have treated over 45,000 patients between January 2021 and March 2026, while more than 12,181 additional elective care procedures have been delivered in primary care settings between April 2025 and March 2026, including dermatology, vasectomy, minor surgery, musculoskeletal and gynaecology procedures. The Waiting List Reimbursement Scheme (WLRS) has also supported over 523 patients to access

treatment outside Northern Ireland in the Republic of Ireland or wider European Union.

2.11 Importantly, the last number of years has also seen the completion of a number of service reviews, including general surgery, adult and paediatric orthopaedics, urology and gynaecology, which are helping to set the strategic direction for future service configuration. Further reviews are planned in areas such as Oral Maxillofacial Services, alongside an accreditation process for the Lagan Valley Day Procedure Centre. These developments, alongside ongoing work to improve productivity and efficiency across the Health and Social Care (HSC) system, represent a transition from ad hoc waiting list initiatives towards a more structured and regionalised elective care model.

2.12 Taken together, these developments demonstrate that targeted investment, aligned to clear priorities and supported by service reconfiguration, can deliver tangible improvements in waiting times and patient outcomes.

2.13 Against this backdrop, the 2026/27 Elective Care Framework Funding and Implementation Plan represents the next phase of delivery. Building on the progress achieved to date, the focus must now shift towards sustainability. This will require a greater emphasis on recurrent investment in core capacity, maximising the utilisation of existing elective care infrastructure, and embedding productivity and pathway improvements across the system. It will also require a more strategic approach to the use of the independent sector and alternative delivery mechanisms, ensuring they are integrated into system planning rather than deployed as short-term solutions.

2.14 The progress achieved in 2025/26 demonstrates that meaningful improvement is possible. The challenge for 2026/27 is to consolidate these gains and establish a sustainable elective care system capable of meeting current and future demand.

3. Elective Care Framework Themes

3.1 The Elective Care Framework focuses on the following themes –

- Transformation of Elective Services (outpatient and surgery services)
- Backlog Clearance
- Productivity and Efficiency
- Workforce
- Independent Sector Engagement
- Funding of Services
- Patient Communication

4. Theme 1: Transformation of Elective Services (Outpatients and Surgery)

Objective

4.1 Through the transformation of services, maximise the provision of care and reduce lengthy waiting times, in line with best practice and Ministerial targets. Funding allocated:

- Red Flag/time Critical Capacity Building– £85m (recurrent)
- Other Capacity Building - £80m (recurrent)

4.2 This section sets out plans to build core capacity in the HSC across a number of high-risk specialties for red flag and time critical treatments. Over time this investment will help to build capacity in the HSC, make these services more sustainable and reduce reliance on the independent sector.

4.3 It also describes how we will incrementally build core capacity to tackle the demand/capacity gap for elective care services. This will involve a combination of measures including maximising existing infrastructure, expansion in core capacity in a range of specialties and partnership working with the IS. Given the scale of the current backlog (both outpatients and treatments), and the time required to establish additional core capacity, the HSC will need to continue utilising IS capacity. While inhouse red flag and time critical core capacity is being developed, the Department

will continue to work with Trusts to secure additional Waiting List Initiative (WLI) capacity.

4.4 Addressing the current routine capacity gap will therefore require a range of initiatives.

4.5 Across both red flag/time critical capacity building and other elective care capacity building, there will be continuous work to change the culture on how we deliver services. We will seek to deliver services as close to the patient as possible, while at the same time delivering the most effective care to ensure best value for public money.

4.6 This will be done in a variety of ways, including continuing the shift from inpatient to day-case care, with more and more patients going home from hospital the same day they have surgery. Not only is this better for patients' clinical outcomes, it also enables us to treat more patients more effectively.

4.7 We will also extend working days from the normal two theatre sessions per day to three, meaning greater usage of our theatre infrastructure. Weekend working will continue to be expanded across elective and diagnostic services to maximise available capacity and improve patient flow.

4.8 This culture shift will require investment in staff and will take time to fully implement. However, as we continue to bridge the demand capacity gap through sustainable investment in core HSC services, operating days will grow longer and there will be more activity during weekends.

5. Investment Profile - Red Flag/Time Critical Capacity Building (£85m)

5.1 The £85m earmarked for red flag and time critical capacity will continue to support the expansion and embedding of core HSC capacity across a range of high-risk specialties, building on delivery achieved during 2025/26.

5.2 This investment remains essential to:

- improving the sustainability and resilience of services;
- reducing reliance on Independent Sector (IS) provision; and
- supporting delivery against multi-year waiting time and cancer pathway targets.

5.3 During 2025/26, Phase 1 implementation focused on commissioning existing, unfunded capacity and stabilising priority services. In 2026/27, the programme will consolidate these gains and progress Phase 2 expansion, with a focus on extended working days and 50-week service delivery. This will be delivered in a phased manner to align with workforce availability and ensure safe, sustainable growth.

5.4 While some priorities are now fully operational there are a number of areas which will continue to be prioritised for expansion in 2025/26 through the investment of £85m:

Endoscopy (£13m)

5.5 Investment in 2025/26 has supported the commissioning of vacant weekday sessions and initial expansion of capacity. In 2026/27, funding will continue to support phased expansion, progressing into extended days and 50-week working.

5.6 This forms part of a three-stage model:

- Phase 1 (to March 2026): Commissioning of vacant weekday sessions (substantially complete)
- Phase 2 (to March 2027): Expansion into extended days and 50-week working (current focus)
- Phase 3: Transition to weekend working

5.7 This approach supports planned workforce growth and improved service efficiency.

Target

- Maintain delivery of 21.25 commissioned sessions (4,743 patients) and progress expansion into extended days and 50-week working by March 2027, with subsequent transition to weekend working

Diagnostic Imaging – MRI, CT and Non-Obstetric Ultrasound (NOUS) (£12m)

5.8 Investment will continue to maximise utilisation of existing capital equipment and core workforce, building on capacity increases achieved in 2025/26. In 2026/27, the focus will be on expanding delivery across extended days, evenings and weekends, reducing the regional demand/capacity gap.

Target

- Deliver an additional 2,940 CT/MRI sessions and 1,000 NOUS sessions per annum by March 2027
- Progress toward further expansion into extended days by March 2028 and weekend/bank holiday working by March 2029

Trauma (£11m)

5.9 Recurrent investment will continue to support expanded trauma capacity, including additional theatre lists, to improve performance against the 24-hour Neck of Femur target and reduce elective cancellations.

Target

- Achieve 75% performance by March 2027, progressing to 85% by March 2028

Urology (£7m)

5.10 Investment will continue to support expansion of urology workforce and theatre capacity, reducing reliance on IS and improving cancer pathway performance.

Target

- Improve 62-day pathway performance to 50% by March 2027, 65% by March 2028, and 80% by March 2029

Dermatology (£5m)

5.11 Work will continue in 2026/27 to implement redesigned dermatology pathways, including development of nurse-led models within primary care hubs. This will reduce pressure on secondary care by shifting activity into community settings.

Target

- Reduce red flag and urgent referrals to secondary care by approximately 9,000 referrals
- Improve waiting times for assessment

General Surgery (£3m)

5.12 Investment will continue to expand regional general surgery capacity across outpatient, day case and inpatient pathways.

5.13 This will be supported by:

- completion of regional waiting list validation and demand/capacity exercises;
- maximisation of existing theatre utilisation, including vacant capacity; and
- development of regional approaches to additionality, including weekend working.

5.14 The development of a regional Hepatobiliary and Pancreatic (HPB) service at Belfast City Hospital will continue, supporting extended theatre sessions and improved access to complex surgery.

Target

- Deliver approximately 3,000 assessments and 3,500 treatments
- Increase HPB theatre utilisation to three sessions per day, delivering at least 200 additional complex gallbladder procedures per year
- Reduce waiting times for red flag and time critical patients

Plastics (£5m)

5.15 Funding will continue to support incremental expansion of plastic surgery capacity across outpatient, day case and inpatient services.

Target

- Deliver approximately 1,200 assessments and 1,600 treatments
- Reduce waiting times relative to the 2024/25 baseline

Vascular Surgery (£4m)

5.16 Investment will continue to expand theatre capacity and bed availability to address demand arising from emergency pressures.

Target

- Deliver approximately 5 additional theatre sessions per week (50 weeks)
- Improve waiting times for key procedures (critical limb, amputations, carotid and aneurysm)
- Reduce length of stay and incidence of major amputations

Ophthalmology (£3.5m)

5.17 Funding will support continued expansion of red flag and time critical capacity across key sub-specialties.

Target

- Deliver additional outpatient and treatment activity across VR, corneal and glaucoma pathways
- Improve service stability and responsiveness to demand

Gynaecology (£3.5m)

5.18 Investment will continue to address capacity gaps across outpatient, day case and inpatient pathways.

Target

- Deliver approximately 4,100 assessments and 900 treatments
- Reduce waiting lists by 40% by March 2027, 65% by March 2028, and 90% by March 2029

Breast Services (£5m)

5.19 Funding will support continued development and implementation of optimal service model for breast services.

Target

- Improve performance against the 14-day target to 80% by March 2027
- Provide benefit to approximately 3,200 patients

Cardiac Surgery (£3m)

5.20 Given ongoing capacity constraints, funding will continue to support multi-year IS arrangements to ensure continuity of access while core capacity develops.

Target

- Maintain trajectory to eliminate waits over 6 months by March 2027

Systemic Anti-Cancer Therapy (SACT) (£2.5m)

5.21 Investment will continue to address resilience gaps through additional consultant and nurse-led clinics.

Target

- Improve performance against the 62-day cancer pathway, contributing to overall system stabilisation

ENT (£2m)

5.22 Funding will continue to support resilience across key sub-specialties and development of sustainable regional pathways.

Target

- Sustain additional theatre capacity for complex paediatric cases
- Deliver reductions in outpatient and inpatient waiting lists relative to the 2024/25 baseline

Cancer Nurse Specialist (CNS) Posts (£1.5m)

5.23 Investment in 2025/26 successfully established 19 Cancer Nurse Specialist (CNS) posts, strengthening workforce capacity across cancer pathways and supporting improved patient coordination and pathway management. In 2026/27 and beyond, recurrent investment will maintain these posts as part of core service delivery, ensuring the benefits realised through initial implementation are sustained and embedded on a long-term basis.

Target

- Maintain staffing of 19 CNS posts, protecting capacity within cancer pathways.

Other Specialties (£4m)

5.24 Investment in 2025/26 successfully supported targeted capacity expansion across a number of smaller specialties, including service development, skill mix optimisation and workforce initiatives to improve resilience and pathway performance. In 2026/27 and beyond, recurrent investment will sustain this additional capacity while continuing to support further targeted development where opportunities for service improvement are identified.

Target

- Provide ongoing updates through programme monitoring arrangements, including the sustained delivery of specialty-specific capacity improvements.

Expansion of Rapid Diagnosis Centres (RDCs)

5.25 Work will continue in 2026/27 to develop and implement RDC models, building on initial pathways established in 2025/26.

5.26 This includes continued use of RDC capacity in South Tyrone and Whiteabbey Hospitals and progression of partnership models with the independent sector, linked to Belfast and North West Cancer Centres (subject to agreement).

Target

- Progress delivery of RDC services, with full implementation enabling up to 17,500 CTs and 10,000 MRIs per year
- Support earlier diagnosis and improved outcomes for patients with suspected cancer

Deliverability and Flexibility

5.27 Delivery of this programme will continue to be phased and aligned to workforce availability and service readiness, ensuring safe and sustainable expansion of capacity.

5.28 Robust monitoring and oversight arrangements will remain in place to allow flexibility in reallocating investment across specialties, maximising impact and supporting delivery of Programme for Government commitments.

5.29 Continued investment in both in-house and independent sector capacity will remain necessary in the short term to ensure continuity of service provision while core HSC capacity is further developed.

6. Elective Capacity Building - £80m

6.1 In addition to the £85 million to support red flag, cancer and time-critical activity, the 2026/27 Plan is further supported by £80 million ringfenced investment to expand elective capacity and address waiting lists. This funding is intended to support the continuation of elective care recovery, while also strengthening recurrent capacity and improving the long-term sustainability of services.

Existing Commitments (£14.9m)

6.2 A number of existing commitments set out in last year's ECF Funding and Implementation Plan will continue into 2026/27 to support system flow, workforce development and community-based capacity. These commitments build on initiatives established during 2025/26 and are intended to support the continued stabilisation and expansion of elective care services.

6.3 These include investment in:

- **GP Federations** - Primary care elective services delivered through GP Federations will continue to support the delivery of assessment and treatment closer to home, helping to reduce pressure on secondary care services and improve patient flow across elective pathways.
- **Pre-Operative Assessment** - Pre-Operative Assessment services will continue to support improved elective care delivery through better patient optimisation before surgery, reduced cancellations and improved utilisation of theatre capacity.
- **Increasing Training Places** - Funding will continue to support the expansion of training places across a range of specialties, particularly in areas experiencing significant recruitment challenges. In addition, trainees completing programmes in vulnerable specialties will continue to be supported into HSC employment where appropriate to strengthen resilience and maintain service sustainability.
- **Phlebotomy Hubs** - Investment in phlebotomy hubs will support increased appointment capacity, improved patient convenience and more efficient elective and cancer pathways, while also supporting the longer-term shift towards more flexible and community-based models of care delivery.

- **Third Sector Provision** – This will support the continuation of partnership working with the voluntary and community sector established during 2025/26, including the continuation of the Support While Waiting Grant Scheme and the Cancer Support Grant Scheme, recognising the important role these organisations play in supporting patients while waiting for assessment and treatment.

Priorities and Strategic Investment Areas for Health and Social Care

6.4 Beyond these existing commitments, the Department intends to target investment towards a range of priorities and strategic service developments for Health and Social Care aimed at improving elective capacity, reducing long waits and strengthening sustainability across the Health and Social Care system.

6.5 The following areas have been identified as key priorities based on the Department's understanding of system pressures and service need, informed by engagement through the range of regional oversight structures, clinical networks and programme groups established to support the transformation and reform of elective care services.

6.6 Expected areas of investment include a number of high-impact regional services and priority pathways. Areas under consideration include the expansion of thrombectomy services towards a 24/7 regional model, and measures to support the sustainability of Health Service dentistry through workforce expansion and improved urgent care access.

6.7 Further investment will also support expansion of elective activity at key regional sites, including Causeway Hospital, Daisy Hill Hospital and South West Acute Hospital, building on the Elective Overnight Stay Centre model and supporting increased day case and inpatient capacity across a range of specialties.

6.8 A significant focus will also be placed on diagnostic capacity, including regional imaging services, recognising the critical role diagnostics play in reducing delays across elective and cancer pathways and supporting increased activity across evenings and weekends.

6.9 The Department will continue prioritising women's health and gynaecology services, including further development of endometriosis services, ambulatory care models, diagnostic pathways and multidisciplinary support services aligned to the Women's Health Strategy and Getting It right First Time (GIRFT) recommendations.

6.10 Expansion of paediatric services will also remain a key priority in 2026/27. This will include investment to strengthen capacity and resilience across a number of vulnerable regional paediatric specialties, for example ENT, gastroenterology, endocrinology, medicine, oncology, specialist transport and complex surgical pathways, alongside further development of regional approaches to theatre utilisation, diagnostics and outpatient care.

6.11 Additional investment will also support the continuation of the Waiting List Reimbursement Scheme and continued development of regional elective care models, including robotics, specialist and rare disease services, workforce expansion, outpatient transformation, elective hubs and targeted interventions aimed at reducing long waits in high-volume specialties.

6.12 Final investment decisions will be informed by a range of factors including clinical priority, deliverability, workforce availability, waiting time pressures and the overall budget position for 2026/27. A flexible approach will therefore be maintained to ensure that available funding can be deployed rapidly and targeted towards areas of greatest impact.

7. Theme 2: Backlog Clearance

Objective

7.1 To reduce the elective waiting list backlog, with a particular focus on the longest waiting patients and those waiting for time-critical procedures.

Funding Context

7.2 In 2025/26, the Department received £50 million of non-recurrent funding to support backlog clearance and reduce the longest waits. At the time of publication, no specific non-recurrent allocation for backlog clearance has been confirmed for 2026/27.

7.3 £80 million has been ring-fenced in 2026/27 to support capacity building and waiting list activity. Given the time required to mobilise and embed additional capacity and pathways, it is anticipated that some in-year slippage may arise as the programme is implemented.

7.4 In the absence of dedicated backlog clearance funding, the Department will seek to maximise the use of any emerging in-year slippage from the £80 million investment to support targeted backlog clearance interventions.

7.5 To ensure that all available funding is fully utilised to maximise waiting list reductions, the Department has developed a targeted and scalable pipeline of backlog interventions which can be deployed rapidly against any emerging slippage during the year. This approach is intended to maximise the impact of the £80 million investment and sustain momentum in reducing the longest waits.

7.6 The Department will also continue to pursue additional in-year funding opportunities and will seek to secure and deploy any further resources available to support waiting list recovery.

Approach

7.7 The proposed approach builds on progress achieved during 2025/26 and reflects the Ministerial ambition to continue reducing the longest waits across both outpatient and treatment pathways.

7.8 Current modelling demonstrates that targeted non-recurrent investment could support significant reductions in long waits across a number of high-volume and long-wait specialties. This includes continued progress in reducing waits for named adult procedures already prioritised during 2025/26, alongside expansion into additional procedures and outpatient specialties.

7.9 Areas identified for targeted backlog reduction include:

- continuation of work to reduce waits for named adult procedures previously prioritised in 2025/26;
- expansion of the range of named procedures subject to targeted intervention, including areas such as spinal conditions and septorhinoplasty;
- targeted outpatient backlog reduction across specialties such as dermatology, ENT and gynaecology;
- focused action to reduce paediatric outpatient and treatment waits; and
- actions to reduce Adult Mental Health (AMH) and Child and Adolescent Mental Health (CAMH) waiting lists.

7.10 Initial modelling indicates that this approach could support movement towards a 3.5 year maximum wait across a number of priority outpatient and treatment pathways, both adult and paediatric. This includes potential reductions in waits for approximately:

- 1,500 patients waiting for named adult procedures currently targeted through backlog initiatives;
- 1,300 patients waiting for additional named adult procedures;
- Targeted reduction in outpatient waits across for example dermatology, ENT and gynaecology pathways; and
- 2,500 patients waiting for paediatric outpatient and treatment waiting lists.

7.11 The modelling further demonstrates that targeted backlog investment can deliver measurable reductions in long waits when combined with recurrent investment in

core capacity, workforce and productivity improvement. However, it also highlights the need to balance non-recurrent waiting list initiatives with continued investment in sustainable recurrent capacity across the Health and Social Care system.

7.12 Accordingly, the Department has developed a prioritised and scalable programme of interventions which can be deployed in full or in part depending on the level of funding available. This approach ensures that any additional funding secured during 2026/27 can be mobilised rapidly and directed towards areas of greatest impact for patients waiting longest.

8. Theme 3: Elective Efficiency and Productivity

Objective

8.1 Trusts will ensure the efficient operation of elective pathways and optimal use of all elective resources. This will support increased throughput, reduced waiting list backlogs and improved patient flow across the system.

Funding

8.2 No new funding needed.

Elective Efficiency and Productivity Measures (2026/27)

Measure	Objective	2026/27 Target	Expected Impact
BADS Day Case Rates	Maximise proportion of procedures delivered as day cases and reduce unnecessary overnight stays	Delivery in line with BADS benchmarks	Increased Day Case rates, reduced length of stay, improved patient experience and enhanced hospital flow
Outpatient DNA / CND Rate	Maximise use of outpatient clinic capacity	Maximum 5% DNA/CND rate for new outpatient activity % and 8% for review.	Increased clinic utilisation, improved productivity and reduction in waiting list backlogs
Theatre DNA / CND Rate	Maximise utilisation of theatre capacity and minimise lost slots	Maximum 5% DNA/CND rate for theatre activity	Increased procedures delivered and improved waiting list performance
Theatre Run Times	Improve productivity within theatre sessions	Minimum 90% run time utilisation across theatres	Increased number of patients treated per list and reduced backlog
Theatre Operating Times	Maximise effective use of staffed theatre time	Main theatres: minimum 85% utilisation Day Procedure Units:	Improved throughput and reduced waiting times

Measure	Objective	2026/27 Target	Expected Impact
		minimum 80% utilisation	

8.3 The above elective productivity measures are incorporated within the HSC System Oversight Metrics (SOMs) framework, with robust monitoring and reporting arrangements in place at regional and Trust level.

8.4 Where it is evident that sufficient progress is not being made to improve productivity and efficiency, services will be subject to escalation through the HSC Support and Intervention Framework, ensuring timely and proportionate action is taken to address underperformance.

8.5 In addition, work will continue during 2026/27 to strengthen public messaging and patient engagement, including targeted actions to reduce non-attendance (Did Not Attend – DNA), informed by audit findings and behavioural insights.

8.6 Accordingly, during 2026/27 the Department will continue to monitor performance against agreed DNA and cancellation benchmarks; assess the effectiveness of the shadow tariff in driving behavioural change; and consider the introduction of a formal tariff mechanism, including financial charging, should sufficient and sustained improvement not be demonstrated.

8.7 A final decision on the future operation of DNA and cancellation tariffs will be taken during 2026/27, informed by performance trends and system readiness.
Supporting System Productivity Actions (2026/27).

8.8 In addition, Trusts will deliver the following system-wide productivity improvements:

- A 10% increase in MRI throughput compared to 2025/26, reflecting optimisation of capital investment, including AI-enabled pathways
- A 5% reduction in bed days for specialties currently below the Caspe Healthcare Knowledge Systems (CHKS) peer group baseline
- A 5% increase in day-of-surgery admissions for elective inpatients in underperforming specialties

- 100% utilisation of theatre lists, with sessions booked to capacity (minimum of 4 hours per list) and delivering GIRFT-aligned throughput
- A minimum of 7.5% of appropriate patients managed through Patient Initiated Follow-Up (PIFU) pathways
- Active management of patients who do not attend appointments or planned procedures in line with the IEAP

9. Theme 4: Workforce

Objective

9.1 To transform and sustain the elective care workforce to meet future service requirements, ensuring effective multidisciplinary teams with the right skills mix to support increased capacity and service reform.

Funding

9.2 Workforce investment will be delivered through the initiatives outlined within waiting list investment and productivity and capacity programmes and is not presented separately to avoid duplication.

9.3 The reform of elective care services is dependent on a sustainable, appropriately skilled and flexible workforce. This is not solely about increasing staff numbers, but about new ways of working, improved productivity, and ensuring the right staff with the right skills are deployed to maximise patient benefit.

9.4 During 2025/26, progress has been made to stabilise and expand the workforce and to support more effective deployment of staff across specialties. In 2026/27, this work will continue with a strengthened focus on regional working, productivity and workforce modernisation.

Key priorities

9.5 **Regional Working:** HSC Trusts will continue to embed regional approaches to service delivery through the annual job planning process. It is expected that consultants will increasingly deliver care on a regional basis, including travelling to elective care centres and other sites to support service delivery where need is greatest.

9.6 **Consultant Job Planning and Productivity**: Building on changes initiated in 2025/26, Trusts will ensure that job plans actively support elective recovery and productivity objectives, including increased time in direct clinical activity. As capacity expands, there will be a continued expectation that consultant surgeons increase

time spent in theatre, with a trajectory toward at least two days per week in theatre, supported by appropriate workforce.

9.7 **Workforce Expansion and Skill Mix:** Continued development of multidisciplinary teams will be required to support service transformation. This includes expansion of nursing, allied health professional and extended roles to enable consultants to focus on complex and high-value activity. New Ways of Working and Culture Change: Delivery will require a continued shift in culture across the HSC workforce, including greater flexibility in deployment; increased regional working; and adoption of new roles and models of care to improve productivity and patient outcomes.

Target

9.8 To develop and embed a workforce of the appropriate size, skill mix and flexibility to support elective care transformation, including:

- demonstrable progress in regional working through consultant job planning;
- increased consultant time in direct clinical activity, including theatre; and
- expansion of multidisciplinary and skill-mix models to support service delivery.

10. Theme 5: Independent Sector Engagement

Objective

10.1 To establish clear policy framework for working with the independent sector.

Funding

10.2 Independent sector investment will be delivered through the initiatives outlined within waiting list investment and is not presented separately to avoid duplication.

10.3 The independent sector will continue to play an important role in supporting elective care delivery. However, in 2026/27 the focus will be on moving from transactional use of the IS to a more strategic and partnership-based approach.

10.4 During 2025/26, work progressed to develop a policy framework for IS engagement. In 2026/27, this will move into implementation. In that context, the Department is developing a Concordat with independent healthcare providers. The purpose of the Concordat is to establish a longer-term strategic relationship between the HSC system and independent and voluntary sector healthcare providers, ensuring that partnership working operates in the interests of patients, the public and taxpayers in Northern Ireland.

10.5 Previous arrangements have largely operated through spot purchasing models, which can result in higher unit costs and reduced opportunities for longer-term service planning. The proposed Concordat is therefore sought to provide a more strategic and coordinated basis for engagement with the sector. It provides an opportunity for sharing best practice between sectors specifically in terms of improved productivity and efficiency

10.6 The Concordat is expected to encompass a broad range of services, including diagnostics, elective care, outpatient services, therapies, mental health and learning disability services.

10.7 For the Concordat to truly support the development of longer-term strategic partnership arrangements we will require greater funding certainty and a move away from short-term commissioning approaches. Multi-year budgets would support more

effective service planning and development across both the HSC and independent sector, while also improving value for money and reducing reliance on higher-cost spot purchasing arrangements.

10.8 Consideration will also be given to how the HSC and independent sector can work more collaboratively on workforce development, training, research and future service planning. This may include the establishment of a Regional Advisory Group, enabling independent providers across Northern Ireland to contribute strategic advice and support the development of shared approaches to service delivery.

Key priorities

10.9 Implementation of the IS Policy Framework/ Concordat: A regional framework will support consistent, transparent and value-for-money use of the independent sector across HSC.

10.10 Strategic Partnerships: Greater emphasis will be placed on developing longer-term partnerships, particularly in areas such as diagnostics and elective procedures, to provide stability, improve planning and maximise value.

10.11 Integration with Core Services: IS provision will increasingly be aligned with HSC service models, ensuring it complements and supports core capacity rather than substituting for it.

10.12 Focus on Outcomes and Value: All IS activity will be subject to robust performance management to ensure delivery of agreed activity; high-quality patient outcomes; and demonstrable value for money.

Target

- Implementation of the independent sector policy framework / Concordat during 2026/27
- Increased use of strategic partnership models
- Improved consistency, value for money and alignment with HSC service priorities

11. Theme 6: Funding Models

Objective

11.1 To develop and implement funding approaches that incentivise efficiency, effectiveness, innovation and value for money across elective care services.

Funding

11.2 No new funding is required. This theme focuses on optimising the impact of existing investment through improved funding mechanisms and allocation models.

Approach

11.3 Consideration has been given to the current model used to fund elective care activity. While a full transition to a tariff-based system, as used in other UK jurisdictions, is not considered proportionate or cost-effective for Northern Ireland due to associated administrative complexity, work will continue to identify alternative approaches that deliver similar incentives and outcomes.

11.4 Coupled with this is the approach to test tariff- based, productivity-driven activity in Trusts in 2026/27. This is intended to reduce long waiting times through use of slippage funding, while recurrent capacity is embedded to deliver sustained activity levels and to prevent the emergence of new backlogs.

11.5 During 2025/26, progress was made in strengthening performance monitoring frameworks and oversight arrangements, supporting greater transparency and accountability in how funding is utilised.

11.6 In 2026/27, this work will be taken forward with a stronger focus on linking funding to performance, productivity and outcomes.

Key areas of focus

11.7 **Linking Funding to Delivery:** Further development of approaches to align funding allocations with delivery against agreed activity, productivity and waiting time targets

11.8 **Targeted Allocation of Resources:** Ensuring that available funding is directed toward areas of greatest need and impact, including high-volume specialties, longest waiting patients and areas of greatest clinical risk.

11.9 **Incentivising Productivity and Efficiency:** Building on existing oversight mechanisms, including System Oversight Metrics (SOMs), to ensure that funding supports improved utilisation of capacity and reduction in waste (e.g. DNAs and cancellations).

11.10 **Flexibility and Responsiveness:** Maintaining the ability to reallocate funding during the year to respond to emerging pressures and maximise system-wide benefit.

Target

11.11 During 2026/27, the Department will:

- further refine funding allocation approaches to strengthen the link between investment, delivery and outcomes;
- embed performance-informed funding decisions, supported by robust monitoring and reporting; and
- evaluate the effectiveness of funding mechanisms in driving improvements in efficiency, productivity and value for money, with a view to informing future funding models.

12. Theme 7: Patient Communication

Objective

12.1 Improved patient communication and support for patients on waiting lists.

Funding

12.2 Funding for patient communication and support will be delivered through the Waiting Well programme and associated initiatives, including engagement with the voluntary and community sector. Specific allocations will be confirmed as part of overall programme funding.

Approach

12.3 Improving communication and support for patients on waiting lists remains a key priority in 2026/27. Work is ongoing to develop a Waiting Well policy, which will provide a consistent framework for supporting individuals while they wait for care.

12.4 The policy will set out minimum standards and guiding principles for HSC Trusts, focusing on:

- clear and timely patient communication;
- access to information on waiting times and care pathways;
- symptom management and self-care support; and
- signposting to appropriate health, social care and community services.

12.5 Stakeholder engagement, including Trusts, PHA and service users, has commenced and will continue throughout 2026/27 to inform the development of the policy and ensure it reflects patient needs and experiences.

12.6 As part of the Waiting Well approach, there will be a continued focus on improving communication and engagement with patients while they are waiting for assessment or treatment. Digital solutions will play an increasingly important role in supporting this.

12.7 The use of the MyCare app will be further promoted as a key tool to enable patients to access information about their care, receive updates on their pathway, and

engage more actively in managing their health while waiting. Increasing uptake of the app will support more timely communication, reduce reliance on traditional correspondence, and improve the overall patient experience.

12.8 Targeted efforts will therefore be made to encourage greater patient registration and use of MyCare, including through primary care, outpatient services and elective pathways. This will form part of a broader shift towards digital-first communication, helping to ensure patients are better informed, supported and prepared for treatment.

12.9 Alongside policy development, a Waiting Well grant scheme was delivered during 2025/26 to support the voluntary and community sector in providing practical assistance to patients while waiting for care.

12.10 In 2026/27, the Department will review and evaluate the impact of this scheme, including its effectiveness in improving patient experience and outcomes. The findings of this evaluation will inform decisions on the future role and potential continuation of grant-based support, alongside the development of the wider Waiting Well programme.

Target

- progress development of the Waiting Well policy, informed by ongoing stakeholder engagement;
- evaluate the impact of the 2025/26 Waiting Well grant scheme, including its effectiveness in supporting patients while waiting; and
- use this evaluation to inform decisions on the future design and potential continuation of grant-based support.

13. Conclusion

13.1 This Funding and Implementation Plan for 2026/27 sets out a coherent, phased and deliverable approach to improving access to elective care services, with a particular focus on red flag and time-critical patients.

13.2 Building on progress made during 2025/26, the plan prioritises the expansion and embedding of core HSC capacity, supported by improvements in productivity, workforce transformation and more strategic use of the independent sector. Together, these actions are designed to deliver a more sustainable and resilient elective care system, reducing reliance on short-term interventions over time.

13.3 The plan recognises the significant scale of the waiting list challenge and the need for continued targeted intervention. While the availability of non-recurrent funding for backlog reduction remains uncertain, a prioritised and scalable programme of interventions has been developed to ensure that any funding secured can be deployed rapidly and to maximum effect.

13.4 A strong emphasis has been placed on efficiency, value for money and accountability. Robust oversight arrangements will ensure that delivery is actively managed and that underperformance is addressed at pace.

13.5 Delivery of this plan will require continued focus, collaboration and flexibility across the system. While progress has been made, sustained investment and reform will be necessary to achieve the Programme for Government ambition of improving timely access to care.

13.6 Overall, this plan provides a credible and deliverable framework for 2026/27, balancing immediate pressures with longer-term transformation, and ensuring that available resources are targeted to deliver the greatest benefit for patients.