

ELECTIVE CARE FRAMEWORK: RESTART, RECOVERY AND REDESIGN

PROGRESS REPORT

MAY 2023

Permanent Secretary Foreword

I am today publishing the third progress report on the implementation of the actions set out in the Elective Care Framework originally published in June 2021.

The Elective Care Framework is a five-year plan, with a dual focus on clearing the existing backlog of patients awaiting treatment and closing the gap between capacity and demand. It covers 55 actions to reduce our waiting lists and to improve capacity across the elective care system.

I am pleased that there has been significant progress against many of the actions, each having the potential to reduce the number of patients on Health and Social Care waiting lists while delivering improvements in efficiency and productivity.

However, without an Executive and in a difficult financial context there is uncertainty around the future implementation of the Framework. The ability to plan strategically continues to be hugely limited by the lack of a financial certainty.

However, in the meantime we continuously strive to maximise the resources available to us by identifying potential areas to deliver more efficient and better services for our patients within the existing HSC system. By working smarter and using the resources we have better, we can make positive improvements even in very difficult times.

I want to take this opportunity to recognise the invaluable role played by the HSC workforce in implementing this Framework. Their continued dedication and hard work has enabled the considerable progress that has been made so far.

Peter May
Permanent Secretary
Department of Health

Introduction

1.1 The Elective Care Framework (ECF) was originally published in June 2021. It is a strategic tool to tackle the backlog of patients waiting for assessment and treatment across Northern Ireland.

1.2 The Framework sets out a detailed plan for addressing hospital waiting lists. It covers 55 actions to reduce our waiting lists and to increase capacity across the elective care system.

1.3 Waiting times in Northern Ireland were on the brink of crisis before Covid-19 and the pandemic has made the position worse. Despite the best efforts of the HSC workforce, waiting lists in Northern Ireland continue to grow and the needs of some of these patients waiting have become more complex.

1.4 At the time of publication of the Framework, it was estimated that an additional £707.5m was required over the five-year period. While there has been significant non-recurrent investment of around £92-95m per year in 2021/22 and 2022/23, the Framework is clear that sustained recurrent investment is required to address the central issue of demand outstripping the current capacity. The improved outcomes described in the Framework will only be achieved with significant sustained recurrent investment to address the central issue of demand outstripping the current capacity. This sustained, recurrent investment has not been made available.

1.5 However, even in this difficult financial context we continuously strive to maximise the resources available to us by identifying potential areas to deliver more efficient and better services for our patients within the existing HSC system. By working smarter and using the resources we have more efficiently, we continue to make positive improvements even in very difficult times.

1.6 Considerable progress has been made on the actions in the Elective Care Framework for example:

- the introduction of mega clinics to maximise patient throughput;

- outpatient assessments delivered by GP Federations in primary care settings;
- development of day procedure centres and elective overnight stay centres to maximise patient throughput in the most appropriate setting;
- the development of rapid diagnosis centres; and
- development of in-house HSC capacity and continued investment in staffing.

1.7 In addition, activity levels for inpatient/daycase and outpatient appointments have steadily increased since 2020, are now performing close to levels seen pre-pandemic.

1.8 The actions in the Framework alone will not quickly resolve all the issues affecting our system. In the context of increasing focus on the efficient and productive use of existing resources, as well as smart new ways of working, it is designed to implement a range of short to long term actions to mitigate the extent of the waiting list crisis.

2. Framework Target

2.1 The Framework sets two five-year targets, together with an underlying ambition to increase productivity and to improve performance.

2.1.1 Subject to a commitment from the NI Executive that the necessary backlog funding will be made available, the Department's clear aim is 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.

2.1.2 Subject to a commitment from the NI Executive that the necessary capacity funding will be made available, the Department's clear aim is that, by March 2026, we will have eradicated the gap between demand and capacity for elective care.

2.2 Unfortunately, we are not on track to meet the targets in the Framework. Whilst implementation of the actions has progressed significantly, these have not to

date had the desired impact on increasing capacity. Many of the actions are more transformative in nature, requiring sustainable funding, sustainable staffing models and potential regional reconfiguration of services which will take longer to achieve.

2.3 The sustainable funding required to deliver these targets has not been made available and it is our assessment, that even with new recurrent investment now, it is not possible to reach the targets in the Framework – the deficit between demand and capacity has been going on for too long and the backlog has been exacerbated by the impact of Covid. However, we continue to make progress towards the targets and with continued transformation of elective care, it has been possible to stop the continued increase in waits with small improvements being noticed.

2.4 The HSC system has changed considerably, even in the short time since the Framework was published. We therefore intend to carry out modelling that will shape our activity and policies going forward and help us to direct our available resources, taking an informed and targeted approach to tackling our waiting lists.

3. Progress Against Actions

3.1 For reporting purposes, the 55 actions have been broken down into 15 broad categories outlined below.

- 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

3.2 Overall, 23 Actions have been completed. 6 Actions are on track for delivery. 21 Actions are Amber where delivery is at risk with corrective action being taken. 5 Actions are red where it has not been possible to deliver the anticipated progress within the desired timescale.

4. Treatment Capacity

4.1 The constraints on hospital capacity in Northern Ireland are historic and well documented. The HSC system had faced significant challenges in terms of workforce shortages and budgetary constraints for many years without any significant improvement being made. It will take time and sustained investment to recruit and train the staff needed to increase HSC capacity to required levels. In the course of building HSC capacity, it will be essential to rely on both HSC and private sector delivery methods to sustain services.

4.2 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 SPPG 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	Complete
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4.3 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). Utilisation of the ECRI facilitated the delivery of additional appointments,

scopes or treatments. In 2022/23, a total of 9,347 interventions were delivered. To date April & May 23/24 approximately 299 interventions have been delivered.

Action 2: In order to increase capacity, the SPPG 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
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4.4 The Belfast Trust is continuing to use the Independent Sector (IS) on an in reach basis for additional weekend scope lists and ophthalmology day case procedures to assist with Waiting List reduction. The Western and Northern Trusts secured IS in reach providers in 2022/23 for endoscopy patients and these contracts have been rolled forward into 23/24. South Eastern Trust has secured IS insourcing providers to deliver additional weekend capacity for both scopes and cataracts for April & May 2023.

4.5 Successful delivery of this action should see an increase in elective activity for HSC patients within HSC facilities, by utilising IS providers.

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

RAG status	Amber
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4.6 Discussions are underway with 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. Progress on this action will be subject to the confirmation and allocation of multi-year budgets.

4.7 Successful delivery of this action would see an increase in the delivery of elective procedures for those currently on waiting lists. 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.

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	Complete
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4.8 A new combined fracture orthopaedic and general rehabilitation model was operational between 6th September 2021 and end of March 2023. 966 patients were cared for at Whiteabbey during this period.

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

RAG status	Complete
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4.9 The refurbished Duke of Connaught Orthopaedic Day Procedure Unit at Musgrave Park Hospital has been fully operational since April 2022. Between December 2021 and March 2023, this Unit delivered surgery to 886 patients.

4.10 Since September 2022 a programme has been underway to exhaust the list of patients waiting for orthopaedic carpal tunnel procedures. 365 patients have been treated under this initiative. The development of the Orthopaedic Theatre Nurse Specialist (OTNS) pathway has seen a reduction in waiting times for carpal tunnel procedures from approximately three years to three months.

5. EXPANSION OF ELECTIVE CARE CENTRES

5.1 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. In addition, the Omagh Hospital has been announced as Northern Ireland's second regional DPC and will see increasing activity in the first half of 2023. The Duke of Connaught (DoC), Orthopaedic Day Procedure Unit at Musgrave Park Hospital fully opened in April 2022. The Unit has been available for patients since December 2021.

5.2 The Mater Hospital in Belfast, South West Acute Hospital in Enniskillen and Daisy Hill Hospital in Newry will become elective overnight stay centres, providing a service for patients requiring intermediate complexity surgery, to include a range of specialities, for example, general surgery, urology, gynaecology and ENT.

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	Complete
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5.3 The Elective Care Management Team has been established and continues to oversee the delivery of the Elective Care Centre model on a regional basis, ensuring prioritisation of elective capacity across the HSC system.

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	Complete
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5.4 The Day Procedure Centre (DPC) at Lagan Valley Hospital (LVH) was established in Autumn 2020 and continues to support a range of specialties from across the region to undertake elective surgery. Since commencement approximately 10,557 patients have received a procedure at the DPC across a range of specialties. In addition, approximately 9,672 patients have received a scope or biopsy procedure at the weekend.

5.5 In May 2022 Omagh Hospital was announced as Northern Ireland's second regional Day Procedure Centre with additional funding to enhance capacity for our elective care services. Omagh Hospital Day Procedure Centre will see seven regional theatre lists per week across urology and general surgery – two specialities with some of the longest waits across the HSC. This means an extra 1,225 – 1,300 patients across these specialities will be treated per year when fully implemented by July 2023.

6. OUTPATIENT REFORM

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

6.3 Regional outpatient assessments being carried out virtually are at 20.6%. As social distancing rules have relaxed, consultants are now prioritising their clinic capacity for red flag and urgent patients who require a face-to-face appointment which allows for a more comprehensive clinic assessment. SPPG will continue to monitor this. A review of delivery at Trust and specialty level is being undertaken to identify regional variation. This analysis will be discussed at performance meetings.

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

RAG status	Complete
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6.4 Mega clinics are now common place in orthopaedic services. Overall, since the inception of mega clinics, 14,831 patients have been seen with 1,867 orthopaedic patients across all Trusts seen/treated in a mega clinic.

Action 10: The SPPG will introduce assessment mega clinics for cataracts by September 2021

RAG status	Complete
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6.5 Cataract mega-clinics are one stop diagnostic and assessment clinics, which collapse the historical two-appointment diagnosis out-patient appointment followed by pre-assessment (biometry, consenting, lens selection) into one patient visit, and where possible, offering and booking a surgery slot where appropriate.

6.6 Between 11 September 2021 and 29 October 2022 BHSCT delivered a total of eleven cataract mega-clinics, seeing 345 patients and boarding 284 for surgery. In addition, from September 2021 South Eastern Trust has hosted an in-reach

weekend cataract surgical, assessment and post-operative review service which has delivered:

- 2,425 One-stop Assessment clinics
- 345 Theatre lists
- 3,903 cataract treatments
- 3,947 Review OP

Action 11: The SPPG will oversee the introduction of pre-operative assessment mega clinics by September 2021

RAG status	Complete
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6.7 This action has been successfully delivered, with a series of pre-operative assessment mega clinics operational across the Belfast, Western and Southern Trusts. Whilst this action is complete, the SPPG continues to monitor progress.

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

RAG status	Red
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6.8 An action plan has been developed which detailed the key actions required to address the booking functions and governance arrangements which will need to be in place to ensure a safe and streamlined transfer to a single waiting list.

6.9 It has been agreed in the first stage that Belfast Trust will work with Northern Trust to create one single waiting list and this will go live on 31 August 2023.

6.10 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.

6.11 A regionalised booking system will help to ensure improved patient access for Breast Assessment Clinics and equity of service across all Trust areas in Northern Ireland. This will help improve the delivery against the 14 day breast standard.

7. ELECTIVE PATIENTS WITH AN URGENT NEED

7.1 The excessive extent of the waiting lists in Northern Ireland is 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. 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	Green
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7.2 The No More Silos (NMS) Programme is supporting all Trusts on the development and expansion of Rapid Access Assessment and Treatment Services (RAATS) to minimise preventable admission to hospital. All areas have developed ambulatory and rapid access pathways with supporting Clinical Communication Gateway (CCG) electronic referrals for common clinical presentations.

7.3 These pathways are fundamental to providing Emergency Department (ED) alternatives, for scheduling referrals from General Practice, Phone First and Urgent Care Centres. They provide more timely access to specialist opinion and

investigation, in order to provide increased diagnostic certainty for clinicians and patients.

8. 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	Red
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8.1 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.

8.2 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

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
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8.3 Work continues to focus on priority items such as NIPACS+ (Imaging Framework Action 55), workforce, accreditation, the NI Imaging Academy (Imaging Framework Action 35) and establishment of imaging networks. Four HSC Trusts have been awarded prestigious Quality Standards for Imaging (QSI) service accreditation, with work on the final Trust ongoing. A regional register of major imaging equipment is in place and a plan to prioritise replacement of aged equipment and additional new equipment can be developed when a budget is in place. A regional approach for peer review and peer feedback has been developed and is currently being piloted; this will promote shared learning and continuous quality improvement and excellence within imaging practice. All HSC Trusts are now using, or in the process of implementing, an agreed obstetric imaging storage and reporting system and work is ongoing to develop standardised reporting requirements for first trimester and later pregnancy.

8.4 Meeting diagnostic imaging targets requires a sufficiently trained workforce and equipment capacity and capability. An effective outcome of ensuring sufficient workforce and equipment capacity will enable HSC to reduce reliance on expensive independent sector provision, thereby freeing up more resource for service improvement.

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	Complete
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8.5 On 24th March 2022, a Test, Trace & Protect Transition Plan was published, so that from 22nd April 2022, PCR testing is no longer recommended or available for

most people in the general population with symptoms of Covid-19. It is still available for those for whom it is recommended for clinical care / pathways.

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	Amber
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8.6 Good progress has been delivered, with most elements of this action complete. Work on the regional standardisation of laboratory processes is progressing.

9. 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.

RAG status	Complete
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9.1 The cross-border scheme closed to new applications in summer 2022.

10. SPECIALTY SPECIFIC ACTIONS

10.1 Actions 19 to 21 are speciality specific and provides action relating to cancer, orthopaedics and general surgery.

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	Complete
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10.2 This action has been successfully delivered with publication of the Cancer Recovery Plan on 24 June 2021. The Recovery Plan was superseded by the publication of the Cancer Strategy in March 2022.

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	Complete
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10.3 A review of orthopaedic services was carried out by the 'Getting it Right First Time' (GIRFT) team in early 2022. A plan providing the future of orthopaedic services was published in June 2022, accepting all recommendations by the review.

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	Complete
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10.4 On 30th June 2022 the Minister published the Review of General Surgery which will act as a building block for the wider transformation of our health and social care system.

10.5 The Review of General Surgery Report sets out 10 actions, with the first two actions creating evidence based emergency and elective general surgery standards. Most of the actions in the review are either complete or close to completion.

11. PERFORMANCE MANAGEMENT

11.1 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, 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 SPPG) 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	Complete
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11.2 A Head of Performance Management was appointed to the then HSCB (now SPPG) in September 2021 and additional Waiting List Management Unit staff are now in post.

11.3 In terms of information and reporting. Theatre utilisation data is now available, and weekly tracking of local Independent Sector activity is in place. A new BADS

(British Association of Day Surgery) sharepoint site has been created which will allow Trusts to benchmark their day surgery performance against each other and BADS recommended rates.

11.4 Theatre Utilisation and cancellation reports are produced monthly and are helping to identify areas of poor performance. This information has already been used to highlight specific issues across different sites.

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

RAG status	Complete
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11.5 The WLMU was established in SPPG in 2022. It has established a Regional Operational Working Group which is represented by all Trusts. The Unit has agreed a regional approach to Waiting List Validations. Dashboards and Technical Guidance have been finalised and implemented across each of the Trusts. Rigorous monitoring processes have been established to ensure compliance and continuous progress. Work is also progressing with the development of using Text Messaging to support this process.

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	Complete
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11.6 This action was completed in 2021 and has since been replaced by a new approach.

11.7 This new approach includes the adoption of an integrated HSC service delivery plan which brings a single focus to primary, community and acute services. The HSC Service Delivery Plan (SDP) for Community, Acute and Primary Care Services, which is effective from 1st July 2022, sets out the performance trajectories

required on an individual service area basis to achieve a return to pre-Covid-19 levels of service provision as a minimum by the end of September 2022 or as soon as possible thereafter, but no later than end of March 2023. SPPG are reviewing these trajectories for 2023/24.

Action 25: Subject to confirmation of the available budget, the SPPG 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
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11.8 Trusts will continue to be monitored against the agreed Service Delivery Plan improvement targets 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 of an annual plan currently. SPPG have continued to engage with Trusts to understand reasons for any under/over performance against trajectories.

12. SEPARATION OF ELECTIVE AND UNSCHEDULED CARE

12.1 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	Complete
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12.2 Elective Overnight Stay Centres are centres for intermediate complexity surgery that sometimes, but not always, requires an overnight stay in hospital. It is expected that the majority of patients will require a no overnight stay or a one-night stay. In exceptional circumstances only patients may have to stay longer. An Elective Overnight Stay Centre (EOSC) will provide a service for patients requiring intermediate complexity surgery and will include a range of specialties, for example, General Surgery, Urology, Gynaecology and ENT.

12.3 In line with the Review of General Surgery, the Mater Hospital in Belfast was announced as an Elective Overnight Stay Centre. Subsequently Elective Overnight Stay Centres (EOSCs) were announced at Daisy Hill Hospital and South West Acute Hospital. These three EOSCs are being taken forward on a phased approach with lists already underway at sites.

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

RAG status	Complete
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12.4 Rapid Diagnosis Centres became operational in Whiteabbey and South Tyrone Hospitals in December 2022 for patients with vague but worrying symptoms. Patients are being accepted from a number of GP federations, with plans to increase the catchment area in 2023.

Action 28: The SPPG 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	Amber
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12.5 South Eastern Trust has 4 regional core sessions currently in place and plans to have a 5th list operational by end of May 2023. The Trust is using slippage on

investment to secure additional IS Inreach while recruitment processes are completed. Western Trust have nurse staff in post and are currently in the process of securing Endoscopists to undertake the 10 regional lists in Omagh. Again, slippage is being used to secure additional IS capacity. Work to reduce current waiting times means that it would not be feasible at this stage to consolidate work onto fewer sites.

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	Amber
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12.6 This action is directly linked to Action 28. This action will be taken forward after completion of Action 28. Delivery of regional capacity at Lagan Valley Hospital and Omagh Hospital Complex will demonstrate the feasibility of this model.

Action 30: Taking into account the work of the General Surgery Review, 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	Complete
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12.7 PACU are operational in Belfast and South Eastern HSC Trusts. Implementation is ongoing in the other Trusts.

13. WORKFORCE

13.1 Workforce 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
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13.2 In the absence of confirmed recurrent funding no new funding has been allocated for these top 15 specialties. However, non-recurrent funding is being used to support these services. Discussions are taking place with the IS to scope what additional capacity can be secured in those specialties where we have large volume of patients waiting e.g. orthopaedics, urology, gynae, ENT, general surgery and dermatology. But again, these plans, including agreeing contract volumes and duration of contracts, could be progressed if the funding allocation was confirmed.

Action 32: In addition to ongoing medical, pharmacy, nursing & AHP workforce planning: The new Elective Care 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	Amber
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13.3 The Elective Care Management Team is considering workforce as a standing item on the agenda and workforce planning is a core aspect of the development of elective care centres. However, no multi-disciplinary workforce plans have been created specifically for each centre due to finance constraints.

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	Complete
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13.4 All posts are recruited. All 5 Band 7 posts have now been filled together with all 30 Band 6 posts.

13.5 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.

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	Red
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13.6 The Project aims to recruit up to 3,000 international nurses over a five-year horizon 2022/2023 – 2026/2027, at a maximum cost of £40.6m (approx. £8m per annum).

13.7 Funding was provided for £5m in year allocation for International Nursing in 2022/2023, providing a total in year commitment of £8m in 2022/2023. The total number of nurses recruited internationally in 2022/23 is 436 up to the end of February 2023.

13.8 The recruitment of nurses internationally is the most direct and immediate plan to address the immediate workforce pressures across HSC. Any expenditure towards international nursing will also contribute directly to reducing the costs associated with agency nursing. The £8m of annual funding to support this project is

not recurrent and therefore further recruitment will be constrained in 2023/2024 unless further additional funding is identified.

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

RAG status	Complete
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13.9 Scoping work for a NI Imaging Academy has been carried out and a Project Initiation Document (PID) developed and supported by the Regional Medical Imaging Board. Trusts have submitted formal proposals against a final specification to enable an independent options appraisal panel to select the host Trust to take forward this project on behalf of the region. A sub-group will take forward the options appraisal process, after which a Strategic Outline Business Case will be developed.

13.10 Developing an academy for multi-professional imaging training in Northern Ireland will support a continuous supply of consultant radiologists and advanced radiographer practitioners to meet the increasing 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 respond to current and future challenges and improve the quality and efficiency of HSC Pathology Services delivered on a regional basis.

RAG status	Amber
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13.11 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. Regular engagement with the pathology leads in the UK and

Republic of Ireland has been established to share learning and to explore the potential to work together for learning and support.

13.12 The Blueprint Programme Board, chaired by the Chief Medical Officer, continues to meet quarterly to monitor progress. A comprehensive programme of stakeholder engagement has been developed and further Stakeholder engagement commenced in the last week of February 2023, with Staff Engagement Roadshows planned for each of the 5 Trusts and NIBTS. Regular meetings have also continued with Trades Union and professional bodies.

13.13 The Programme Board met on 30 September 2022 and agreed a six-month extension to the original business case timeline. A revised plan and timescale for delivery of Phase 1 within the 6-month extension of the Business Case has been developed. The process for options shortlisting and appraisal will continue during March-July 2023.

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
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13.14 Orthoptic Heads of Service continue to meet monthly to discuss and progress milestone actions, highlighting issues or difficult areas that may arise. Engagement with key stakeholders for a number of projects is planned for coming months with the aim to pilot certain projects proposed to demonstrate benefit of service.

- An agreed designated Ophthalmology squint surgery theatre list for the Orthoptic Theatre Assistant and Scheduling Champion to support.
- Funding to pilot a Neuro-Orthoptic Specialist Clinics in WHSCT/ SHSCT replicating the BHSCT model.

13.15 Orthoptists have the potential to develop an extended role as first assistant in theatre, which would be supportive for Consultant Ophthalmologists as we navigate

through lengthy paediatric and adult squint 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. Development of this Orthoptic extended role will in turn free up trainee doctors' capacity to attend urgent clinics, without impact on delivery of Ophthalmology service.

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

RAG status	Amber
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13.16 The South Eastern Trust has been running an SLT-Led ENT Parallel clinic for patients with a range of voice and throat conditions from Jan 2019 with very good outcomes. This clinic works for the majority as a one stop clinic, 90% of patients are discharged from the ENT caseload without needing to see a consultant, and 80% no longer require follow up in the SLT Voice and Throat service. Now an established and necessary service, this service gives back 1 ENT Consultant clinic for every 2 SLT Led clinics run.

13.17 Whilst there has been progress on actions 37, 38 and 39 further progress will be determined on the appointment of a Chief Allied Health Professional and Lead Allied Health Professional within the department.

13.18 There is Increased opportunities for skills mix, including expanding opportunities in Ear Nose and Throat (ENT) with Speech and Language Therapists. This expansion of the available workforce, sufficiently qualified and experienced, will allow better throughput of patients and should reduce lists in due course.

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
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13.19 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).

13.20 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.

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

RAG status	Complete
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13.21 In November 2021, a Task and Finish (T&F) group was established by to develop a prototype for a commissioned podiatric surgery service within the HSC. Through a wide range of formal and informal engagement, it was agreed that there was no current service model available elsewhere that would meet the needs of Northern Ireland. It was also determined that the current pressures are best met within existing provisions, and that changing the service model would therefore cause unnecessary turmoil during difficult times.

13.22 The work was therefore paused in 2022 and will be resumed at a future date.

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

RAG status	Green
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13.23 The provision of nurse led pre-assessment services for endoscopy is not uniform across Trusts, with levels of resources to deliver this varied. SPPG has liaised with Trust to understand the options available to create and bolster pre-assessment services and to support Trusts to plan for this in line with the implementation of pre-assessment services at the Regional Endoscopy Centres. This work is reaching a conclusion, with Trusts finalising the models they wish to pursue and outlining the necessary resources to implement this. SPPG are currently issuing the Investment Proposals to Trusts to allow the recruitment of additional endoscopy pre operative assessment nurses to support this service.

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

RAG status	Red
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13.24 This Action was originally to see the introduction of cross sector pharmacist led medicines optimisation reviews, for which work had commenced on scoping out a small, sample pilot study to inform the action. However, this task has been reviewed. In light of HSC system pressures, it is no longer feasible to develop and run a pilot. Therefore, the task was changed to the development of Pharmacy Perioperative Guidance with the anticipation of carrying out this work in 2024/25.

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	Amber
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13.25 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.

13.26 We have commissioned 6 x Band 7 training posts to commence a 2 year MSc Advanced Nurse Practitioner (ANP) programme in 2022/23. Following successful completion of the programme (2024/25), the ANPs would then commence Band 8a Perioperative and Critical care ANP roles within the HSC.

13.27 There has been engagement throughout with the Trusts who are aware that these roles are required. 12 places have also been commissioned on the Specialist Practice Qualification (SPQ) Anaesthetic nursing 21/22. Additionally, short courses on Peri-operative nursing, anaesthetic nursing and Endoscopy nursing were commissioned in 21/22. These 2 year courses have also been supported in 22/23.

13.28 The Department has commissioned 9 places on the Specialist Practice Qualification (SPQ) Anaesthetic nursing 22/23. Additionally, short courses on Peri-operative nursing, Anaesthetic nursing and Endoscopy nursing were commissioned in 22/23.

13.29 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. 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.

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

RAG status	Red
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13.30 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. As part of the Perioperative Career Pathway, a subgroup is being established to examine the role of Operating Department Practitioners in the perioperative setting. 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.

13.31 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.

14. COMMISSIONING AND TARGETS

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

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

RAG status	Green
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14.2 Work has been undertaken 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.

14.3 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 together with the potential for more complex potential procedures (e.g.: hip arthroplasty).

14.4 In considering this matter, a review of the latest versions of payment by results across the rest of the UK has been researched and its applicability to the current NI position in terms of elective backlog, demand and capacity, scale, opportunity in the context of redesign and reconfiguration and resources required e.g., Digital and Information systems.

14.5 This action has considered the impact of introducing a tariff to a number of high-volume specialities (examples include cataracts, varicose veins and hernias).

14.6 The evaluation has considered the impact of the introduction of a tariff regarding driving productivity and which specialities, 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.

14.7 The actions have included 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 and what actions might be required prior to any planned introduction of a tariff in Northern Ireland.

14.8 It is hoped a report will be completed by the end of May 2023. DoH is currently developing / delivering an enhanced programme of Efficiency called Delivering Best Value. 2 Modules have been considered at this stage, the 2nd being Elective Productivity opportunities, this along with other enhanced performance oversight and the encompassing Redesign Programme is seeking to drive Acute efficiency across Northern Ireland.

14.9 The level of information systems and the enhanced digital agenda provides both opportunities and significant challenge in considering such a change to the finance regime in terms of both timescale for implementation and resource intensive management in the role of NI.

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

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

15. PRIMARY CARE

15.1 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 SPPG 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	Amber
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15.2 Primary Care Elective Services provide five key pathways (Dermatology, Gynaecology, Vasectomy, Minor surgery and Musculoskeletal) to enable patients with routine conditions to be managed appropriately and efficiently in primary care, avoiding the need for onward referral to secondary care services. Since the establishment of the Primary Care Elective Service and the five clinical pathways over 50,000 referrals have been received and 45,000 patients treated. Each

Federation area has established a Hub Practice and GPs with enhanced skills to provide clinical services to patients in line with the guidelines developed and implemented across the five pathways.

15.3 This model shifts demand and activity from secondary care services effectively reducing demand on existing commissioned capacity across Trusts. These services are currently not provided by Trusts given the focus on red flag and urgent referrals. The Primary Care Elective (PCE) Model provides services for the longest waits in the system who would otherwise remain on secondary care waiting lists.

15.4 Whilst the service will be sustained throughout 23/24, given the constrained financial position it has been necessary to downturn activity post June 23.

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
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15.5 Work is being taken forward to deliver this action, with discussions underway with key stakeholders across the HSC to agree orthopaedic procedures to be trialled on a regional booking system. Consideration is being given to a pilot for hips and knees initially. Work is ongoing with orthopaedic units in Belfast, Western and Southern Trusts to build a comparable dataset for a pooled list. This work is still at a very early stage and is currently experiencing some delays due to IT staffing pressures, however the team are currently exploring other options to support delivery of this action.

15.6 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

trials 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	Amber
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15.7 Costings has been received from CISCO and funding has been now agreed to take forward the implementation of text messaging. Trusts have been asked to develop business cases for implementation. The Waiting List Management Unit will work with CISCO and Encompass to create a workplan to ensure delivery against agreed timescales.

15.8 Between April 2022 and April 2023, 119,694 referral acknowledgement messages were sent, 20,071 waiting list validation messages were sent, 845,103 text reminders were sent to outpatients and 32,815 reminders were sent to day-case patients.

15.9 Successful delivery of this action should lead to a reduction in ‘Did Not Attends’ (DNA), thus ensuring the effective use of all available capacity and assisting patients to ensure attendance.

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

RAG status	Amber
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15.10 Waiting Lists Management Unit (WLMU) are continuing to engage with Trusts to discuss solutions to implementing staffing resource to support the work of booking teams contacting patients prior to elective surgery and how this can be incorporated into the pre-surgery booking process.

16. LONGER TERM ACTIONS – JANUARY 2023 ONWARDS INFRASTRUCTURE

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	Complete
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16.1 Work continues to develop a draft capital budget plan, including investment in Elective Care, which once completed, it is hoped will be referred to an incoming Minister for their approval. Funding of just under £3.5m had been allocated in the 2022-2023 financial year to HSC Trusts to meet equipment and minor works bids for elective care. There has been some slippage in their allocations which has reduced the amount allocated to £2.6m.

17. TARGETS

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

RAG status	Green
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17.1 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.

17.2 RTT have now been developed for 8 Procedures.

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	Amber
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17.3 This action will be kept under review in line with the delivery of respective programmes of work. A timescale for the wider introduction of referral to treatment will be agreed once SPPG evaluate the impact of the initial pilot and in particular the accuracy of the waiting time data which is being extracted.

18. 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
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18.1 Seven-day working for trauma and non-elective procedures is already in place.

18.2 SPPG meets with Trusts on a weekly basis to ensure available elective capacity is maximised. Weekend lists are taking place across a number of sites including Antrim Area Hospital, Lagan Valley Hospital, and 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, Belfast City, Royal Victoria, Omagh Hospital and Whiteabbey hospital sites.

19. DIGITAL

Action 55: 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
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19.1 This action will be kept under review in line with the delivery of respective programmes of work.

May 2023

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