Northern Ireland
Public Services
Ombudsman

OWN INITIATIVE

FOLLOW UP

"Forgotten"

A FOLLOW UP report on the progress of Healthcare Waiting List Communication Recommendations by the Northern Ireland Public Services Ombudsman

Glossary

GP	General Practitioner
HCNI	Health Care Northern Ireland
HSC	Health & Social Care
IEAP	Integrated Elective Access Protocol
NIECR	Northern Ireland Electronic Health Care Record
NIGPC	Northern Ireland General Practitioners Committee
NIPSO	Northern Ireland Public Services Ombudsman
PCC	Patient and Client Council
PHA	Public Health Agency
RCGPNI	Royal College of General Practitioners Northern Ireland
SPPG	Strategic Planning and Performance Group
WLMU	Waiting List Management Unit

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Foreword

Many patients in Northern Ireland (NI) are facing long and anxious waits for healthcare assessment and/or treatment, with recent statistics identifying that 55.6%[1] of patients are waiting more than 52 weeks for a first consultant-led outpatient appointment.

In order to 'wait well', reduce anxiety and prevent the feeling of being 'left in the dark', there must be effective communication with patients.

My Own Initiative (OI) report, 'Forgotten', identified systemic failings in how patients are communicated with, and made 34 sub recommendations to the Department of Health (the Department) and the five Health and Social Care Trusts (the Trusts). Since its publication in June 2023, my Office has continued to monitor implementation.

Overall, I have been encouraged by the positive engagement of the Department and the Trusts, who have demonstrated a willingness to learn and improve. I recognise and commend the work that has been undertaken, and the renewed focus on patient communication.

I also acknowledge the significant resource constraints which arose during this period, including the rollout of Encompass[2]. This, alongside current financial challenges, has meant that some of the recommendations have not been deliverable, with the Department and Trusts advising that any new funding is being directed at front line services. I am however confident that the actions that are planned, or underway, will ultimately have a significant impact in improving patient experience and the wider management of waiting lists. I urge the Department and the Trusts to continue to learn from each other and adopt best practice to ensure that waiting list communication continues to develop and improve.

Margaret Kelly
NI Public Services Ombudsman
March 2026

[1] NI Outpatient, Inpatient and Day Case, and Diagnostic Waiting Times Statistics - 30 September 2025 | Department of Health
[2] Encompass – DHCNI

Background

In April 2022 I commenced an Own Initiative investigation into healthcare waiting list communication following[3]:

- emerging themes of poor communication within waiting list complaints,
- observed inconsistencies in the provision of information,
- a significant lapse in the review of relevant policy (the Integrated Elective Access Protocol 'IEAP'); and
- concerns that patient communication had been relatively overlooked within scrutiny reviews of waiting lists in NI.

Having investigated concerns and assessed the actions of the Department and the Trusts, I published my investigation report, 'Forgotten', which identified several areas where improvements could be made.

Since publication, my Office has continued to engage with the Trusts and the Department, including the Strategic Planning and Performance Group (SPPG) and the Waiting List Management Unit (WLMU), to seek assurance that improvements are being made.

This is an important part of the Own Initiative investigation process as it ensures that any learning identified within NIPSO investigations is appropriately considered and effectively implemented by public bodies.

My follow up report provides further insight into this compliance monitoring stage, setting out a general overview of the actions taken, framed within the Principles of Good Administration. It also provides a summary assessment of progress against each recommendation.

[3] Waiting lists are managed by the five Health and Social Care Trusts ("the Trusts") in Northern Ireland, with the Department of Health ("the Department") having overall responsibility

Overview of Progress

Getting It Right

Central to public bodies 'getting it right' is the consistent application of guidance. In the case of waiting list communication, my investigation identified a lack of focus on relevant policy (the IEAP[4]), evidenced by widespread failure to carry out the directed communication; a lack of compliance monitoring; and extended delays in policy review.

Since publication of my report, the IEAP has been reviewed and updated five[5] times (R2.1). Copies are now publicly available on all Trust websites (R2.4) and have been uploaded to General Practitioner (GP) intranets. Distribution has also been extended beyond relevant Department and Trust staff, to the Northern Ireland General Practitioners Committee (NIGPC) and the Patient and Client Council (PCC) (R2.3).

In addition, all Trusts have rolled out IEAP refresher training to staff, with awareness and understanding being monitored and supported by internal Trust audits and WLMU's programme of regular on-site IEAP compliance audits. These will serve a valuable purpose in ensuring appropriate, consistent, application of guidance.

Being Customer Focused

During my investigation, it became apparent that information needed by people on a waiting list was often inaccessible to the public, with *a general lack of information online* - meaning that patients did not know where or how to access information - and *missed opportunities to provide communications directly to patients*.

This area has seen significant change since publication of my report, including:

- **The introduction/reinstatement of referral acknowledgements and 'long waiter' texts**: Acknowledgement texts have been introduced across all Trusts. These include confirmation of referral, specialty, triage outcome[6] and contact information. A programme of confirmation texts has also been put in place for those waiting over 52

[4] At the time of my investigation, I considered both the 2008 IEAP and the 2020 IEAP (which was published in 2021)
[5] September 2023; February 2024; May 2024; March 2025; September 2025
[6] Once a referral is received by a health professional in a Trust its Clinical Urgency is reassessed (Red Flag/Routine/Urgent)

weeks. These will confirm that the patient remains on a waiting list and provide 'change in circumstances' advice. Where it is not possible for a text to be sent, a letter will be provided. (R3.1, 3.2)

- **The introduction of a dedicated 'waiting list information' webpage**: A webpage[7] providing waiting list patients with further information on what to expect and who to contact has been introduced across all Trust websites. (R8.2)
- **The introduction of the Department's My Waiting Times NI website**: This website allows patients to look up the average waiting time[8] by Trust, specialty, and clinical urgency. It also includes links to all Trust Waiting list information webpages and contact lists.
- **The introduction of 'My Care'[9]:** A portal/app which provides patients/carers access to specific parts of their medical records such as medications, appointments and test results online. This is now live across Northern Ireland for all patients.
- **Development of a 'Support while waiting' policy:** which aims to improve the support available to individuals while they remain on waiting lists, including better information, signposting and consideration of wider impacts such as employment and wellbeing.
- **Revision of, and improved access to, the IEAP**: The revision of the IEAP has provided clarity on expected processes and patient communication, with a greater emphasis now placed on compliance. It is also more widely available to the public through its provision on all Trust websites. (R2.1)

Overall, I commend the significant action taken by the Department and the Trusts. However, I remain frustrated that a number of decisions have restricted full implementation of the report recommendations. For example, until recently it was intended that acknowledgement texts would include a direct link to the My Waiting Times NI website in order for patients to access average wait times. This link has since been removed by the Trusts following advice from their Digital teams (R2.1) and has instead been replaced with a statement which simply refers the patient to the Trust's website for waiting time information. I encourage the Department and the Trusts to consider how waiting time information could, safely, be made more accessible within referral acknowledgements.

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[7] Waiting Times | Belfast Health & Social Care Trust website; Waiting Times | Southern Health & Social Care Trust; Waiting Times - South Eastern Health & Social Care Trust; Waiting Times | Western Health & Social Care Trust; Home - Northern Health and Social Care Trust

[8] Belfast HSC Trust Waiting Times - DOH/HSCNI Strategic Planning and Performance Group (SPPG) – 'Average waiting time is the average (mean) of all patients waiting within the specialty at each Trust and can be impacted by waiting times for subspecialty appointments or treatments… The data presented in the website reflects the average waiting time for those patients who are actively waiting for their appointment, procedure or endoscopy'.

[9] My Care - Login Page; View your medical records online using My Care | nidirect

I am also disappointed that a number of 'patient focused' IEAP revisions were either not included or did not meet the intent of my recommendation. For example, whilst I acknowledge that a statement has now been included to encourage health professionals to provide a copy of Clinic letters to patients, my recommendation was that written guidance should be published to ensure that letters are shared routinely, and that health professionals should be encouraged to write the letters directly to patients, in line with NICE Guideline 197 (1.2.20)[10] (R7.1).

Being Open and Accountable

My investigation identified a lack of openness and transparency in waiting list communications, often resulting in patients/carers being negatively impacted. For example, patients were often unaware whether they had been placed on a waiting list or how long they may have to wait. It also identified that when patients had sought out information themselves, they were not always provided with open and honest responses.

As previously discussed, I welcome the review and refocus on the IEAP, and the improvements in the frequency and content of patient communications. This will undoubtedly improve transparency.

However, I am disappointed that the majority of the Trusts, and the Department, have remained resistant to communicating directly with (relevant) patients where fundamental issues with a service will significantly impact on their expected wait times. The failure to implement this recommendation means that some patients may remain unaware that a service they are waiting on is facing significant issues, which may be increasing waiting times or delaying their inclusion on a waiting list. To be fully open and accountable, when a Trust is in possession of this information, it should also be shared with patients (R5.1).

Acting Fairly and Proportionately

Over the course of my investigation, I observed significant variation in both the frequency and quality of communications provided to patients. This inconsistency had created an element of unfairness, as a patient's experience could differ depending on the Trust they had been referred to.

[10] Recommendations | Shared decision making | Guidance | NICE

Efforts have been made to standardise the information provided to patients within correspondence and Trust websites (R6,8.2). This, alongside a renewed focus on compliance with the IEAP, should ensure that patients, who are in similar circumstances, are receiving the same level of information.

Given our relatively small population, and the fact that many patients receive care and treatment from more than one Trust, I would encourage the introduction of standard templates to be used by all Trusts. This would address the minor variations that remain within correspondence and remove the potential that more significant variation, such as that identified during my investigation, could reoccur.

Putting Things Right & Seeking Continuous Improvement

My investigation identified that despite concerns being raised in the past, there was little evidence to suggest that any action had been taken by the Department or the Trusts to review or improve waiting list communications.

I am pleased to note that, since the publication of my report, the Department and the Trusts have evidenced a commitment to addressing issues, with the majority of my recommendations being met or partially met.

I congratulate the Trusts on the roll out of Encompass, which at the time of my investigation, was suggested as a means of improving patient communication through the introduction of the 'My Care' portal. I also welcome that, following engagement with my Office, Encompass now allows for the provision of referral acknowledgements as well as improved patient correspondence templates.

However, I consider that some opportunities for improvement remain. I would encourage the Department and Trusts to consider how best to monitor the effectiveness of improved communication systems to ensure that all those expecting an acknowledgement, and/or Clinic letter, are receiving one. This additional reassurance would enhance the positive steps already being taken to improve communication with patients and enable them to be partners in their own care.

Conclusion

I would like to thank both Trust and Department staff whose overall engagement, and willingness to implement my recommendations, has been encouraging. I recognise the considerable work involved to get to this point, and I am confident that patient communications will improve as a result.

I encourage the Department and Trusts to reflect on my assessment and consider what additional steps could be taken to enhance the progress they have already made.

Assessment of Implementation

The following assessments are based on information provided to my Office within action plans and in response to further information requests. To aid readability the responses of the Department and Trusts have been summarised.

Information or statements provided by the Department and/or the Trusts which were not considered relevant to the recommendation have not been included.

Of the 34 sub recommendations made within my investigation report, I assessed:

- 13 as being met (i.e. fully implemented, or alternative action taken addresses the issue);
- 19 as being part met (i.e. substantive action has been taken to progress and/or awaiting full implementation); and
- 2 as not met (i.e. not accepted or action remains unclear / unlikely to address issue).

NIPSO Assess as Met **Recommendation implemented, or alternative action taken to address the issue**
R 1.3: Raise awareness of the My Waiting Times NI Website
R 2.2: Update the IEAP publication date
R 2.4: Publication of the IEAP on Trust websites
R 3.1: Introduce a standard acknowledgement template
R 3.4: Include exceptions to acknowledgements within the revised IEAP
R 4.1 & 4.2: Include information on the triage process within the IEAP and Trust websites
R 6.1: Introduce clear guidance on non-response to letters
R 6.3: All discharge letters should refer to reinstatement policy
R 6.4: Review and improve Clinical validation letters
R 8.2: Introduce dedicated waiting list sections on Trust websites
R 9.1: The Role of WLMU in implementing improvements in patient communication should be clarified
R 10.2: Provide an Action Plan

NIPSO Assess as Partially Met

Substantive action taken to progress the recommendation and/or awaiting full implementation

R 1.1 & 2.3: Engage with GPs
R 2.1: Consider recommendations, amend the IEAP, and monitor compliance
R 1.2 & 5.2: Revise the IEAP
R 3.2: Provide a 6-month update to patients on waiting lists
R 3.3: Inform referrers and patients about acknowledgements
R 3.5: Undertake a compliance review 6 months after publication
R 5.1: Inform patients when there is a fundamental issue with a service
R 6.2: Introduce standard partial booking templates
R 6.5: Apply an address verification policy across all Trusts
R 6.6: Engage with patients in relation to advising of changes in circumstances
R 7.1: Publish guidance on clinic letters
R 7.3: Review and consider best practice in waiting list communications
R 8.1: Improve accessibility to waiting list information
R 8.3: Provision of refresher training to staff on providing waiting list information
R 9.2: Identify solutions to limitations of Encompass
R 9.3: Improve public information about WLMU and Encompass
R 10.1: Establish a working group

NIPSO Assess as Not Met

Recommendation not accepted or action remains unclear / unlikely to address issue

R 3.6: The Department should include an acknowledgement reminder within Encompass
R 7.2: Undertake compliance checks on the provision of Clinic letters

Recommendation 1: The Role of the General Practitioner

Recommendation Summary		Status
R1.1 Engagement with GPs	The Department and Trusts should engage with GPs, and their representative bodies, on a wide scale in order to discuss the provision of waiting list information to patients. This engagement/consultation should include: • Discussion on what waiting list information GPs expect/require from the Trusts to ensure appropriate management of patient care; • An agreed approach to the stages in which a GP is likely, or best able, to provide information to patients; and • An agreed approach to Trust communications with patients in regard to requesting repeat referrals.	**Partially Met**

Response to NIPSO

The Department stated:

- It engages with NIGPC on a six-monthly basis (initial focus on the 'My Waiting Times' website)

The Trusts stated they:

- Have established dedicated forums with GP Representatives to identify and implement best practice in respect of communication

NIPSO assessment of progress

My investigation identified that although GPs accept that they can play a role in sharing waiting list information, usually at the point of referral, the Trusts' failure to provide timely and consistent waiting list information, and the lack of clear policy and or agreement meant that they were unable to facilitate this role effectively. Furthermore, it found the Trusts' reliance on GPs to provide waiting list information outside of this stage, to be inappropriate. This recommendation sought to remedy these issues.

I am encouraged by the steps the Department and Trusts advise they have taken to improve the channels of communication between Primary and Secondary Care. However, the specifics of the discussions have not been provided to my Office.

In response to my draft report the Royal College of General Practitioners Northern Ireland (RCGPNI) advised that whilst it was aware of engagement between the Department, Trusts and

NIGPC, it was not aware of these discussions nor of any resulting changes for General Practice. It further advised that whilst dedicated forums to consider primary-secondary care interface issues have been established, they have not been formalised, and there has been no coordinated follow-up or published output. As a result, it stated that it is unclear whether this issue has been discussed and addressed consistently across each of the Trusts. I am therefore unable to consider this recommendation as met.

The GP Survey was a valuable source of data for the original investigation and may be a method the Office uses again in future to better understand whether communication is improving.

Recommendation Summary		Status
R1.2 **Revise the IEAP**	The Department should revise the IEAP in line with the consultation and issue guidance to ensure this approach is followed by all Trusts.	**Partially Met**

Response to NIPSO

The Department stated that it:

- Developed a Regional Review Group including representatives from Digital Health and Care NI, SPPG, Trusts, and GPs to review the IEAP

NIPSO assessment of progress

The purpose of this recommendation was to ensure that actions/agreements coming out of the recommended consultation with GPs would be reflected within policy/guidance.

I am encouraged by the actions the Department advised it has taken as part of the IEAP revision. However, RCGPNI has advised that it was not engaged by the Department and was not represented on the Regional Review Group.

As I am unable to confirm the extent of engagement; discussions; or whether agreements took place (noted in R 1.1), I am unable to assess to what extent the consultation informed the IEAP revisions.

Recommendation Summary		Status
R1.3 **Raise awareness of My Waiting Times website**	The Department should take sufficient steps to ensure GP Practices are aware of the 'My Waiting Times NI' website.	**Met**

Response to NIPSO

The Department stated that it:

- Met with NIGPC in September 2023 regarding the 'My Waiting Times' website
- Issued correspondence regarding the phased rollout

NIPSO assessment of progress

I welcome that the Department has taken steps to raise awareness of the 'My Waiting Times' website with GP Practices, including correspondence updates and attendance at NIGPC meetings.

Recommendation 2: The Integrated Elective Access Protocol

Recommendation Summary		Status
R2.1 **Consider recommendations, amend the IEAP, and monitor compliance**	The Department should review and amend the IEAP. The review should include: • Consideration of all recommendations made within this report; • Consultation with all Trusts and General Practitioner representatives to ensure agreement, understanding, and standardisation of approach; • An outline of how compliance with the IEAP (including communication) will be monitored and how non-compliance should be reported; and • A regular interval review requirement to ensure that the significant lapse in update does not reoccur.	**Partially Met**

Response to NIPSO

The Department:

- Issued a revised IEAP
- Committed to monitor elements of IEAP through Operational Working Groups alongside regular review

NIPSO assessment of progress

My investigation identified a lapse in revision and review of the IEAP, the protocol which contains guidelines to assist staff with the effective management of waiting lists.

I am pleased to note that since publication of my report, the Department, alongside the Trusts, has undertaken a number of reviews[11] of the IEAP and have implemented a number of revisions, including:

- Clear guidance on Referral Triage processes
- Expected content of Acknowledgements
- Encouragement to share Clinic letters with patients
- Statements on responsibility for monitoring compliance

I am encouraged by the overall actions taken to implement this recommendation and the commitment to regular review of the IEAP. I am confident that this, alongside refresher training

[11] September 2023, February 2024, May 2024, March 2025, September 2025

and wider dissemination of the protocol, will improve awareness and reduce the risk of non-compliance. However, I am unable to consider this recommendation as met in relation to the consultation with GP representatives.

Recommendation Summary		Status
R2.2 Amend the date of the IEAP	The Department should change the date of the 2020 IEAP to reflect the date of implementation.	**Met**

Response to NIPSO

The Department stated that it:

- Removed the June 2020 IEAP from its website
- The current version (September 2025) is now available on the Department and Trust websites

NIPSO assessment of progress

This recommendation has been met in full.

Recommendation Summary		Status
R2.3 Engage with GPs: IEAP Awareness	The Department should engage with GP representatives to discuss how best to engage with Primary care to ensure increased IEAP awareness and provision of training. Subsequent evidence of this engagement, and the facilitation of training should be collated and provided to NIPSO.	**Partially Met**

Response to NIPSO

The Department stated that it:

- Does not have the resource to undertake GP training on the IEAP
- Met with NIGPC in September 2024 and advised that it had been agreed that awareness training was not required
- Shared the revised IEAP with GPs via the Directorate of Integrated Care (upload to Primary Care Intranet[12])

[12] An intranet is a computer network for sharing information, collaboration tools, policies and procedures, etc within an organisation, usually to the exclusion of access by outsiders

NIPSO assessment of progress

The Department advised that in response to this recommendation the IEAP has been made available to GPs through its upload to an intranet for GPs, however it remains unclear what additional action the Department has taken to engage with Primary Care to help raise awareness of its availability and content.

Unfortunately, due to budget pressures the Department has not provided IEAP training to GPs and Practice staff. As the initial referrers, GPs play a key role in the patient pathway and therefore a general knowledge of the IEAP would be beneficial, particularly as the IEAP refers to the importance of the GP's role (section 1.1.2). This assessment has been confirmed by RCGPNI who have indicated its willingness to engage. I encourage the Department to give further consideration to this recommendation.

Recommendation Summary		Status
R2.4 **Publish IEAP**	All Trusts should place a copy of the IEAP within the recommended dedicated 'waiting list information' section of their website (refer to Recommendation 8).	**Met**

Response to NIPSO

The Trusts have:

- Included a link to the IEAP on their waiting times webpage

NIPSO assessment of progress

This recommendation has been fully implemented. Further discussion on the waiting list information section of Trust websites can be found under 'Recommendation 8'.

Recommendation 3: Acknowledgements

Recommendation Summary		Status
R3.1 **Introduce an Acknowledgement template**	The Department and the Trusts should review the survey data provided within this report, alongside the good practice guidance available across the UK and put in place a standard waiting list acknowledgement template. As a minimum this Acknowledgement should identify: • Receipt of referral; • The specific medical specialty within which the referral has been received; • The patient's Clinical Urgency and whether this has changed; • Average/expected waiting time and a link to the anticipated Waiting List Management Unit (WLMU) waiting times website (could not be implemented due to a potential security risk); • What to expect; and • Details on who to contact should more information be required. Moving forward, this template should be included within the Encompass system.	**Met**

Response to NIPSO

The Department stated that it:

- Provided Trusts with funding to implement acknowledgement texts – with an initial focus on outpatients
- Provided regional guidance on content of acknowledgements (letter and texts)

The Trusts stated that they:

- Are working through the implementation of all elements of the text message service. They further highlighted that there are limitations in the length of text messages and what can be included
- Will provide an acknowledgement letter in the absence of a mobile number or if a text message fails

NIPSO assessment of progress

My investigation identified that many specialties no longer complied with the requirement to send an acknowledgement to patients following receipt of a referral. It further identified that, where acknowledgements were in place, the level of information provided varied significantly. This recommendation sought to reinstate the provision of acknowledgements by all Trusts, and to improve content to ensure patients are provided with a sufficient level of information.

I welcome that work has been undertaken to standardise the information provided within acknowledgements and that expectations about what should be included is now listed within the IEAP. I am also encouraged that the Department provided funding to all Trusts to implement text message acknowledgements.

I note that the inclusion of a link to the 'My Waiting Time' website within the acknowledgement texts is no longer possible. I accept that, as an interim measure, the text has been adjusted to refer patients to the Trust website where links to this information are available. However, I encourage the Department and the Trusts to continue to consider how waiting time information could be made more accessible within referral acknowledgements.

Overall, I consider that this recommendation has been met.

Recommendation Summary		Status
R3.2 **Provide a 6-month update to patients on Waiting Lists**	Where a patient is waiting 6 months or more, the Department/Trusts should provide an update. As a minimum, this update should include the average waiting time and details on who to contact should more information be required or should their circumstances/contact details have changed.	**Partially Met**

Response to NIPSO

The Department stated that it:

- Is supporting and funding Trusts to implement a text messaging service
- The resources currently available will not facilitate communication with all patients on waiting lists waiting over 6 months but will work on a regional approach starting with the longest waiters in a chronological manner

The Trusts:

- Confirmed that 52-week texts are in place or are planned for implementation for outpatient specialties

NIPSO assessment of progress

The Department advised my Office that it is currently focusing on the implementation of texts for those waiting over 52 weeks, with each of the Trusts advising that they are at various stages of implementation. These will provide patients with reassurance that they are still held on a waiting list alongside contact information should their circumstances have changed.

I welcome the action taken in relation to this recommendation. I am also pleased to note that where a text cannot be sent, letters will be issued. I encourage the Department and the Trusts to continue expanding 'update' texts to all specialties.

Recommendation Summary		Status
R3.3 **Inform referrers and patients about Acknowledgements**	The Department should revise the IEAP to include these changes. It should also publicise these changes to all potential referrers, inside and outside of the Trusts, with direction to advise patients to expect this Trust communication.	**Partially Met**

Response to NIPSO

The Department and **the Trusts** stated they:

- Will work within available resources

NIPSO assessment of progress

The investigation found that although the IEAP included areas of expected communication with patients, many specialties no longer complied with these directions. This recommendation sought to clarify expectations within the IEAP and to raise patient awareness about what correspondence they should expect to receive - supporting patients to be partners in their care and allowing them to be alert to potential issues if a communication is not received.

I welcome that the IEAP has been revised to clarify expectations in relation to patient communication. I am also encouraged that the IEAP is now available to the public through Trust websites, should members of the public wish to seek it out.

However, opportunities to encourage direct advice to patients may have been missed. Although the Department advised that the 'go live' of text message acknowledgements was discussed at NIGPC meetings, I am unclear how this information was further disseminated amongst GP Practices, or if any direction was given to advise patients to expect this communication. This concern has been compounded by RCGPNI's advisement that while it was engaged in relation to this recommendation it is unaware of any further dissemination.

Based on the information that has been provided, this recommendation is assessed as partially met.

Recommendation Summary		Status
R3.4 **Include exceptions to acknowledgements within the revised IEAP**	If the Department/Trusts consider that there should be exceptions to the requirement – for example if an appointment/booking letter is likely to be sent on the same day as an Acknowledgement letter/text – this should be published within the IEAP. Adjustments should also be made to the booking/appointment letter to ensure the additional information provided within an Acknowledgement is still provided. The Department/Trusts may wish to consider the introduction of a separate 'waiting list information sheet', which includes the above information, and can be attached to either an Acknowledgement or a booking/appointment letter.	**Met**

Response to NIPSO

The Department referred to:

- Updated IEAP guidance (section 2.3.5)

The Trusts:

- Advised it is not feasible to include a separate 'waiting list information sheet' due to resources

NIPSO assessment of progress

In response to this recommendation the Department referred to section 2.3.5 of the revised IEAP, which sets out the requirement to send '*appropriate correspondence'* e.g. an acknowledgement letter/text or an appointment letter to patients within one working day of their referral being triaged. No additional evidence has been provided to suggest that appointment letters have been adjusted in line with this recommendation.

However, I accept that the only information currently included within acknowledgements, which does not appear within booking templates, is the referral to Trust websites for average waiting times and Triage Outcome, which may not be relevant to patients who are being advised to book or attend an appointment directly after triage. I therefore accept that full implementation of this recommendation is not currently required.

I encourage the Trusts to continue to consider what additional information could be provided to patients within acknowledgements to help them become partners in their care.

Recommendation Summary		Status
R3.5 **Undertake a compliance review 6 months after publication**	The Department and the Trusts should undertake a compliance review, 6 months after the publication of this report, to assess the implementation of this (R3.1 - 3.4) recommendation across all Trusts and medical specialties. Should non-compliance be identified this should be discussed, with actions recorded.	**Partially Met**

Response to NIPSO

The Department:

- Confirmed Trusts will participate in the WLMU internal audit process
- Will monitor text messaging activity levels on a monthly basis with support from the provider company

The Trusts:

- Will conduct their own internal audit processes
- Will ensure compliance of acknowledgement texts via their system provider

NIPSO assessment of progress

My investigation identified no apparent monitoring of compliance with patient communication directions. This recommendation sought to support the reintroduction of acknowledgements, and additional update communications, by ensuring that the activity was monitored and that issues are addressed where necessary.

In response, the Department provided reassurance that, in addition to the WLMU conducting audits, which looked at the implementation and content of the communications, it will also monitor text message activity. It also committed to addressing areas of non-compliance, advising that this will be escalated and addressed via the Supporting Intervention Framework. The Trusts also advised they would be carrying out internal compliance audits across their booking offices, as well as ensuring that processes are being put in place regarding IEAP training and compliance. I welcome this action.

However, although my Office has been provided with templates to evidence consistency in the content of acknowledgement templates and long waiter correspondence and overall figures of how many text messages have been sent, I have not been provided with specific data or information to evidence that correspondence is being sent where required, for example the number of referrals received, and the corresponding number of acknowledgements sent. It is

also unclear whether non-compliance can be monitored as it has been suggested that it is not within the functionality of Encompass (see R3.6). I therefore assess this recommendation as partially met.

Recommendation Summary		Status
R3.6 **Include an Acknowledgement reminder within Encompass**	The Department should consider the inclusion of an acknowledgement flag/reminder or suitable alternative within Encompass. The purpose of this flag would be to indicate to specialties where an Acknowledgement has not been sent within the required timeframe. It may also serve as a compliance tool/indicator for the Department.	**Not Met**

Response to NIPSO

The Department stated:

- Encompass does not have the ability to report on an acknowledgement text not being sent

NIPSO assessment of progress

The purpose of this recommendation was an additional step in ensuring that widespread non-compliance does not reoccur by using a system prompt to remind staff that an acknowledgement is required. This system could also be used as means of monitoring compliance rates.

Whilst I acknowledge that the Encompass system does not currently facilitate this action, I would encourage the Department to consider an alternative means of monitoring compliance with the provision of acknowledgements.

Recommendation 4: Referral Triage

Recommendation Summary		Status
R4.1 **IEAP: clarify the triage process**	The Department and the Trusts should revise the IEAP to clarify the Triage process and the expectation that patients will be informed of outcomes. As recommended within Recommendation 3, the outcome should be included within the Acknowledgement to the patient.	**Met**

Response to NIPSO

The Department and **the Trusts** stated that:

- Within the revised IEAP, a timeline has been included setting out how referrals should be processed

NIPSO assessment of progress

I am pleased to confirm that action has been taken to implement this recommendation. Section 2.3 of the IEAP, clearly sets out a timeline of how referrals should be processed. It also clearly sets out the expectation that the patient should be informed of the outcome and what information they should be provided with.

Although a clear explanation of the triage process has not been provided (i.e. that once a referral is received, it is reviewed by a health professional and assigned a clinical urgency) I accept that it is sufficient for this to be provided within the Trusts' dedicated waiting list information webpage (R4.2).

Recommendation Summary		Status
R4.2 **Trust websites: information on triage of referrals**	Consider providing additional information on the Triage of Referrals, and what to expect, within the recommended 'waiting list information' section of the Trust websites.	**Met**

Response to NIPSO

The Trusts stated they:

- have included information on their waiting list information pages

NIPSO assessment of progress

The intention of this recommendation was to improve the level of accessible information for those on waiting lists. All five Trusts have now implemented waiting list information sections on their websites (see R.8), each of which contain information on the triage of referrals and what to expect.

I welcome the full implementation of this recommendation.

Recommendation 5: Fundamental Impact on Services

Recommendation Summary		Status
R5.1 **Inform of fundamental issue with a service**	When a Trust/medical specialty become aware of a fundamental issue with a service, which is likely to have a significant impact on waiting times, they should inform all affected patients identifying: • The issue; • Any steps being taken to remedy the issue; • The likely impact on waiting times – if known • What to expect; and • Details on who to contact should more information be required.	**Partially Met**

Response to NIPSO

The Department:

- Referred to existing processes to allow Trusts to escalate issues to the Department
- Confirmed if a patient's appointment is cancelled due to a service issue, they will be informed of a new appointment date or if they are added back to the waiting list

The Trusts:

- Advised of resource implications and referred to escalation policies which could result in the communication of service pressures through Primary care
- **Northern Trust** confirmed it will communicate if there is an emerging issue deemed significant enough to notify patients
- **Southern Trust** confirmed it will discuss at Directorate/Senior Leadership level if there is an issue deemed significant enough to warrant communication directly with the patient

NIPSO assessment of progress

My investigation identified several cases where patients were not informed about fundamental issues with services which were significantly impacting on their expected waiting time, leading to distress and frustration. However, it also identified 'Good Practice' examples where direct communication had taken place. The purpose of this recommendation was to ensure that all Trusts would apply this 'Good Practice' approach.

I am pleased to note that Northern Trust have reconfirmed their commitment to communicate with patients where an issue is significant enough to do so, and that Southern Trust have

indicated that the potential for patient communication will be considered at a senior level, where required.

However, I am disappointed that the remaining Trusts and the Department solely referred to existing processes which focus on Departmental escalation and potential flagging to Primary care. I am particularly disappointed as this inappropriate reliance on GPs to relay information to patients on behalf of Secondary care was identified as a concern during my investigation.

I would urge the Department and the Trusts to reconsider their approach to this issue.

Recommendation Summary		Status
R5.2 **Reflect changes in the IEAP**	The Department should revise the IEAP to reflect these changes.	**Partially Met**

Response to NIPSO

The Department:

- Confirmed the IEAP has been updated

NIPSO assessment of progress

The purpose of this recommendation was to support the implementation of recommendation 5.1 through clear direction to staff.

The Department has updated the IEAP to include a new statement (Section 1.4.5) which advises that *'Where Trusts identify service issues which are likely to have a significant and sustained impact on capacity, an early alert should be sent to the department and formal communication issued to primary care'.*

This statement makes no reference to any communication being provided directly to the patient. Although a revision has taken place it has not met the intent of this recommendation.

Recommendation 6: Removal from the Waiting list

Recommendation Summary		Status
R6.1 **Provide clear guidance on non-response to partial booking letters**	The Department and the Trusts should revise the IEAP to provide clear guidance on the processes to be applied to non-response to partial booking letters.	**Met**

Response to NIPSO

The Department stated that it:

- Included guidance within the revised IEAP on the process that should be followed in relation to non-response
- Confirmed this guidance emphasises the need to, where possible, verify the patient's demographics prior to discharge

NIPSO assessment of progress

My investigation identified that, in the absence of clear guidance, variant action was taken when patients failed to respond to partial booking[13] letters. For example, while some Trusts did not allow for reinstatement once a patient had been removed from a waiting list as a result of non-response, other Trusts did, where the patient could provide good reason for their failure to respond. This recommendation sought to address the inconsistency in Trust practice.

In response the Department advised it has included guidance on non-response to partial booking letters within the IEAP; however, the revision (1.4.2) solely seeks to ensure that Trusts verify the patient's demographic details prior to discharge:

'Note: If patients fail to respond to a partial booking letter, Trusts should ensure that they have processes in place to verify the patients' demographic details are accurate prior to discharge.'

Whilst I welcome the direction to verify patient addresses/contact information, this amendment does not address the issues raised within the investigation report. I am however hopeful that the standardisation of the partial booking letter within Encompass (R6.2), and clarification that reinstatement is only applied to cases where a patient 'did not attend' an

[13] The process whereby a patient has an opportunity to agree/confirm the date and time of their appointment

appointment (R.3) will address these issues. I therefore consider that implementation of this recommendation is no longer required and have categorised it as met.

Recommendation Summary		Status
R6.2 **Introduce standard partial booking templates**	The Department and the Trusts should introduce standard partial booking templates to be used across all Trusts (and all specialties) providing the same timeframe for response. Both the initial letter and the reminder letter should include potential removal advice.	**Partially Met**

Response to NIPSO

The Department stated:

- It reviewed standardised partial booking letters, alongside the Trusts and Encompass, to ensure 'removal advice' is included. WLMU has validated this with each Trust during Operational Meetings
- Letters will become consistent across all Trusts under Encompass

The Trusts:

- Confirmed they are compliant with section 1.4 Booking Principles of IEAP

NIPSO assessment of progress

The purpose of this recommendation was to remedy the variation in partial booking templates in order to remove potential unfairness to patients. For example, some patients were being provided with advice that they may be removed from the waiting list if they do not respond (removal advice) at earlier stages than others, whilst others were being provided with longer timeframes to respond before removal would take place.

In response to this recommendation my Office was provided with sample partial booking templates for each of the five Trusts. I welcome that all now contain the same response timeframe and that all 'reminder' letters now include 'removal advice'.

However, although the content of the templates is now relatively consistent, there is still some variation across Trusts. For example, out of the five Trusts, only Belfast and Southern Trust's 'initial' partial booking letters include 'removal advice'.

I would urge the Department and the Trusts to continue to monitor and engage on variation in correspondence and to reconsider the introduction of a single suite of partial booking templates to be used by all Trusts.

Recommendation Summary		Status
R6.3 **Discharge letters should refer to the reinstatement policy**	The Department and the Trusts should ensure that all discharge letters refer to the 4-week reinstatement policy. Trusts should also make it clear whether a reinstatement to the waiting list will mean the patient will be placed back to the same position on the list, or at the end of the list.	**Met**

Response to NIPSO

The Department and the Trusts:

- Confirmed that reinstatement only applies to patients who do not attend (DNA)
- Confirmed that the reinstatement policy is noted on DNA discharge letters

NIPSO assessment of progress

My investigation identified that although patients (in certain circumstances) could request a reinstatement to a waiting list within 4 weeks of their removal, this information was not provided by all Trusts within patient correspondence.

Following review of the template letters, I am pleased to note that all of the Trusts have taken steps to address this recommendation, and patients are now advised of the 4-week window for reinstatement (where applicable).

The IEAP (2.7.1 (d), 2.7.2 (d)) has also been updated to reflect that, where reinstatement is requested, the patient should be added to the waiting list at the date they contacted the Trust.

I consider this recommendation to be met.

Recommendation Summary		Status
R6.4 **Clinical validation letters should be reviewed**	The Department and the Trusts should review the current clinical validation letters and consider the comments provided by the patients and the GPs in response to this concern. The letter should be amended to ensure appropriate information/detail is provided on the reasons patients are being discharged/removed from the waiting list.	**Met**

Response to NIPSO

The Department and **the Trusts**:

- Confirmed updates to the IEAP

NIPSO assessment of progress

In response to this recommendation, the Department highlighted that no single template can be applied to clinical validation letters as they are specific to a particular patient pathway and are individual to the patient based on their condition.

However, the requirement to include the reason for removal has been included within the revised IEAP. Section 1.7.4 states *'Where a patient is removed from a waiting list following validation, both the patient and the GP should receive a copy of the removal letter detailing reason for removal'*. I am satisfied that the action taken has met this recommendation.

Recommendation Summary		Status
R6.5 **Address verification policy**	The Department and the Trusts should introduce a verification of address policy to be applied across all Trusts as standard. In respect of non-response, the policy should include consideration of additional checks of NIECR and GPs prior to removal of the patient. Staff should be retrained accordingly.	**Partially Met**

Response to NIPSO

The Trusts advised:

- They have processes in place to verify patient demographics
- Patients have a responsibility to contact the GP Practice to advise of changes

NIPSO assessment of progress

My investigation identified concern that patients may move address and may fail to inform their GP/Trust. An incorrect/outdated address can result not only in patients being removed from waiting lists (as a result of non-attendance/non-response) but may also contribute to inefficient use of resources if patients fail to attend an appointment. It was therefore of concern that varied, and often limited, processes were employed by Trusts to verify patient addresses prior to their removal.

I acknowledge and welcome that Encompass will automatically cross reference patient details with GP systems on a daily basis. I further welcome the additional direction within the IEAP to check patient demographics prior to removal where a patient fails to respond to partial booking correspondence.

However, this will not account for all circumstances in which an address may be incorrect, for example where patients have failed to update their GP, or where errors in spelling result in the systems failing to match information. I would urge the Department and the Trusts to reconsider the value in introducing a standard policy which sets out what actions should be undertaken by Trust staff to verify patient addresses before a patient is removed from a waiting list due to non-response/non-attendance.

Recommendation Summary		Status
R6.6 **Engage with patients around change of addresses**	The Department and the Trusts should undertake engagement with patient representative bodies to identify ways in which notification of changes in addresses may be improved.	**Partially Met**

Response to NIPSO

The Department:

- Advised that WLMU undertook a service user survey in collaboration with the Patient and Client Council (PCC)

NIPSO assessment of progress

During the investigation, and in response to compliance, the Trusts and the Department reemphasised the responsibility of patients to notify their GP Practice/Trust of any changes to

their address. The purpose of this recommendation was to ensure that patients know how to report a change.

In response the WLMU provided my Office with the results of a survey it had conducted in collaboration with PCC which was focused on the accessibility of the 'My Waiting Times' website. Included within the survey was the question, *'Would you know how to change your postal address on your medical record?'* - 79% of the participants responded 'no'.

Whilst I welcome PCC and WLMU engagement, this survey does not address my recommendation, instead it re-emphasises the need for discussion on potential ways in which patients could be informed and encouraged to notify address changes.

I am however pleased to note that, in addition to Trust websites (R8.2), advice on reporting address changes has been included within the FAQ section of the 'My Waiting Times' website. I also note that in response to my Office, some of the Trusts indicated that they would welcome the opportunity to liaise collectively with service user experts regionally on this issue. I would encourage these further steps to deliver this recommendation in full.

Recommendation 7: Clinic Letters

Recommendation Summary		Status
R7.1 **Publish guidance on clinic letters**	The Department should publish guidance on clinic letters which will apply across all Trusts and specialties. This guidance should include: • The expectation that clinic letters will be copied to both the GP and the patient unless the health professional explicitly states otherwise; • The requirement to record reasons where a letter is not sent; • Encouragement to health professionals to write the letter directly to patients; and • Expected timeframes for dictation and sending of letters. Ahead of publication of this guidance the Trusts should implement the sharing of clinic letters with patients with immediate effect.	**Partially Met**

Response to NIPSO

The Department stated that:

- It has updated the IEAP
- Encompass functionality, and governance concerns, means that patients will only see clinic letters in the 'My Care' Portal if they are directly addressed, or copied, to them

NIPSO assessment of progress

I consider that patients should receive clinic letters as a matter of routine (unless exceptions need to be applied). This recommendation sought to amend current practice through the provision of written guidance which would encourage health professionals to write clinic letters directly to patients. This is in line with the Department's endorsement of the National Institute for Health and Care Excellence (NICE) Guideline NG197[14] in May 2022, which includes the recommendation:

*'**1.2.20** When writing clinical letters after a discussion, write them to the patient rather than to their healthcare professional, in line with Academy of Medical Royal Colleges' guidance on writing*

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outpatient clinic letters to patients. Send a copy of the letter to the patient (unless they say they do not want a copy) and to the relevant healthcare professional.'

In response to my recommendation the Department updated the IEAP (section 1.3.12) which now states: *'In line with best practice, where clinically appropriate, clinic outcome letters should be copied to both the GP and Patient'.* However, it has declined to produce separate guidance for staff, stating: *'Clinical letters are specific to a particular patient pathway and are relevant to the management of specific patient care, therefore separate guidance would not be appropriate'.*

This is not sufficient to meet either Recommendation 7.1 or those made within the endorsed NICE guideline.

I note however that, external to the implementation of my report's recommendations, the Public Health Agency (PHA) have been progressing draft guidance as part of a task and finish group relating to implementation of NG197's recommendation 1.2.20. The Southern Trust[15] has also recently published (June 2025) work it has undertaken as part of this group.

Following engagement with my Office, PHA advised that draft guidance is now under discussion with the Department and the Trusts.

I welcome that work is ongoing, however I am concerned by the limited progress that has been made since the NICE guideline was endorsed over 3 years ago[16]. I would encourage the Department and Trusts to engage with PHA's consultation and confirm an implementation plan to embed the practice of writing clinic letters directly to patients.

I look forward to full implementation being achieved.

[15] Shared decision making: the importance of writing clinical letters directly to the patient
[16] Circular-HSC-SQSD-NICE-NG197-Shared-decision-making-partially-upd.pdf

Recommendation Summary		Status
R7.2 **Compliance**	The Department and the Trusts should undertake a compliance review six months from the date of this report, across all specialties and Trusts, to determine if this practice is consistently applied. Where non-compliance is identified, it is expected that reasons will be recorded, and further action will be taken.	**Not Met**

Response to NIPSO

The Department:

- Advised they do not have access to Trust patient systems to monitor compliance

The Trusts:

- Advised that there is no report to monitor or assess the sending of clinic letters to patients on Encompass

NIPSO assessment of progress

Although the IEAP has been revised (see R7.1), I am disappointed that no additional action has been taken to monitor or assess whether clinic letters are now being sent to both patients and their GPs. If Encompass is unable to produce this data, I would encourage the Trusts and the Department to consider alternative methods to collect this data. This recommendation has not been met.

Recommendation Summary		Status
R7.3 **Review Best Practice**	The Department and the Trusts should also review best practice guidance regarding communicating with patients and consider how this can be implemented, including consideration of resource requirements and potential impact for other services. These considerations should be recorded, and further action noted.	**Partially Met**

Response to NIPSO

The Department and **the Trusts**:

- Advised there will be ongoing engagement with PCC
- Highlighted the importance of Encompass and the 'My Care Portal'

NIPSO assessment of progress

In response to this recommendation, the Department pointed to its ongoing engagement with the PCC and the previously discussed service user feedback survey. Both the Trusts and the Department also highlighted the importance of the Encompass 'My Care' portal and the 'My Waiting Times' NI website in improving the communications provided to patients.

The development of the websites and additional resources is a welcome step. I am also encouraged that additional initiatives are underway to improve patient communication, for example Western Trust have introduced a 'Connect West' app which includes a chat function, where patients can have a live chat regarding their appointment with a member of the booking team. This is also available out of hours, with staff responding when available.

However, my assessment of previous recommendations has identified that there is still scope for further improvement in patient communication. I therefore encourage all parties to continue to engage with colleagues at a regional and international level to monitor best practice and further develop patient communications.

Recommendation 8: Access to Information

Recommendation Summary		Status
R8.1 Improve accessibility	The Department and the Trusts should consider how accessibility to waiting list information can be improved. This should include consideration of: • Additional reassurance to patients that enquiries and/or complaints will have no impact on their care and treatment; • Discussion with the Patient Client Council (PCC) on how to improve awareness of their role in supporting individuals to access information – for example inclusion of PCC details within Acknowledgement or update letters to patients; and • Provision of clear contact information to patients for both waiting list enquiries, and complaints, within individual correspondence.	**Partially Met**

Response to NIPSO

The Department stated that it:

- Has further developed the My Waiting Times NI webpage to include a section named 'HSC Trust Contacts'
- Continues to engage with PCC

The Trusts:

- Confirmed provision of contact information within correspondence
- Provided reassurance that their respective websites clearly signpost patients to their complaints procedures and also the ability to use 'Care Opinion' to provide comments/feedback or raise queries

NIPSO assessment of progress

The investigation found that, despite patients identifying a clear desire for waiting list information, their ability to access this information is not always straightforward, for example 53% of respondents to the survey undertaken as part of the investigation, felt they were unable to complain or request information as they feared it would jeopardise their future treatment. The purpose of this recommendation was to improve the availability of information and provide appropriate support/signposting to remove any potential barriers.

A number of actions have been taken in response to this recommendation, including the addition of Trust contact information on the 'My Waiting Times' website and within

acknowledgement texts and letters. These are welcome steps in improving the accessibility of information for patients.

I can also confirm, following review of Trust websites[17], that both Northern and Western Trust now provide reassurance that complaints will have no impact on the services patients receive. For example, as well as providing contact information for its feedback/complaint team within its waiting list information webpage, Northern Trust have also included the following statement within the complaint section:

'Please do not be worried about complaining, it will not affect how we deal with you or the services you are receiving. We want to know about your concerns so that we can, where possible, make improvements or help resolve a problem for you.'

I am disappointed that the other Trusts have not made a similar update to their website. I have not been provided with evidence to suggest that a discussion relevant to this recommendation has taken place with PCC. I therefore consider that this recommendation has been partially met.

Recommendation Summary		Status
R8.2 **Introduce dedicated Waiting List information page**	The Trust should introduce an accessible area to their websites dedicated to 'Waiting List information', which holds: • Guidance on what to expect once referred, including expected communications; • The website address and/or link to the My Waiting Times NI website; • A copy of the current IEAP; • All contacts relevant to waiting list information; and • Alerts regarding the importance of advising of changes in circumstances and contact details.	**Met**

Response to NIPSO

The Trusts:

- Confirmed implementation

NIPSO assessment of progress

All Trust websites now offer patients and/or their carers clear, accessible information on what to expect when an individual has been referred/placed on a waiting list. I thank each of the

[17] 25 June 2025

Trusts for the work they have carried out to fully implement this recommendation and I welcome their collaboration to ensure consistency across the region.

I particularly commend Northern Trust, whose clear understanding of the intent of this recommendation, and subsequent expedition of the webpage, led to all other Trusts modelling their own waiting list information sections on their good practice example.

Recommendation Summary		Status
R8.3 **Staff refresher training**	The Trusts should provide refresher training – using case study examples provided within this report - to all staff involved in the provision of waiting list information (including complaint staff) to ensure that openness and transparency is at the forefront of all responses.	**Partially Met**

Response to NIPSO

The Trusts:

- Have confirmed refresher IEAP training is in place for existing and new staff
- Will include the need for openness and transparency within IEAP refresher training and shared the recommendation with their complaints departments

NIPSO assessment of progress

My investigation identified significant concern in relation to the provision of information to patients/carers when they made direct contact with the Trusts for further information on their waiting list status/service provision. The purpose of this recommendation was to improve these communications. The suggested use of case studies was to aid explanation of the importance of clear and open communication through illustration of the impact where this did not take place.

In response, the Department and the Trusts confirmed that the majority of Trusts[18] have carried out or received IEAP refresher training. The roll out of this training was recommended within my investigation report, however the IEAP does not contain guidance or direction on the importance of open and transparent conversations with patients who request information or make a complaint.

[18] South Eastern Trust was due to conduct this training following a return to Business As Usual following the implementation of Encompass.

The training materials provided to my Office did not contain case studies as suggested within this recommendation, nor did it provide any guidance on the provision of information following patient contact, or the importance of openness and transparency. The only exception to this was Northern Trust who provided reassurance that they had held a workshop with all booking office teams where details of each of the recommendations were discussed, alongside circulation of the report.

Whilst I have been provided with statements of reassurance that the importance of openness and transparency has been raised with staff, I have not been provided with supporting evidence to confirm this. I assess this recommendation as partially met.

Recommendation 9: Planned Improvements

Recommendation Summary		Status
R9.1 The Role of WLMU should be clarified	Clarify the role of the WLMU in regard to the improvement of patient communication – in doing so the Department should consider the findings within this report and consider whether implementation of some of the recommendations would be best placed within the remit of the WLMU.	**Met**

Response to NIPSO

The Department did not provide a clear and relevant response to this recommendation.

NIPSO assessment of progress

My investigation identified general confusion in relation to WLMU's role in monitoring and improving patient communication. To ensure appropriate and efficient implementation of my report recommendations, I sought clarification.

Although no clear statement was subsequently provided in response, it is apparent that WLMU's role was clarified internally as they played a significant role in implementing the report recommendations, including:

- Coordination of Trust responses and provision of the joint action plan
- General oversight of changes to correspondence templates
- Coordination of the review and dissemination of the revised IEAP and compliance monitoring

I therefore consider that this recommendation has been met.

Recommendation Summary		Status
R9.2 Identify solutions to limitations of Encompass	Consider the limitations of Encompass discussed within this chapter, and identify potential solutions – this consideration should include an update to Encompass to allow: • Patients to see the outcome of their referral; • Patients to raise waiting list specific queries with an appropriate team; • The inclusion of an Acknowledgement template; and • Agreement that clinic letter should be available to the patient by default.	**Partially Met**

Response to NIPSO

The Department:

- Confirmed outcome of referrals will be available to patients (once an appointment letter has been sent)
- Confirmed acknowledgement templates are now available on Encompass
- Reiterated that clinic letters will be visible in the My Care Portal, but **only** if addressed to the patient directly or if the patient is copied in
- Advised the messaging functionality will not be turned on at 'go live' due to lack of resources

NIPSO assessment of progress

A number of developments have been enacted within the Encompass system to improve patient communications, including acknowledgement templates. I recognise that patients will be informed of their clinical outcome (Routine/Urgent) within these texts and letters, however I consider that it would be beneficial for Encompass to also hold a record of the clinical outcome from the completion of the Triage. I also reiterate my recommendation for clinic letters to be made available to patients (R7.1).

Overall, I commend the Department and the Trusts for all their efforts in the implementation of Encompass. I encourage them to consider how this system can be further optimised to effectively contribute to improving waiting list communications with patients.

Recommendation Summary		Status
R9.3 **More information about WLMU & Encompass**	Take additional steps to provide greater clarity on the role of WLMU, and the planned introduction of Encompass, to the general public. Consideration should be given to the placement of additional advice on both of these areas of work within the previously recommended 'waiting list information section' of each Trust website.	**Partially Met**

Response to NIPSO

The Department:

- WLMU is not a public facing service and does not have capacity to handle patient queries about individual wait times

NIPSO assessment of progress

The investigation identified that despite significant work being undertaken or planned through the WLMU and the introduction of Encompass, little information was available to the public on these positive steps. This recommendation sought to publicise the improvements and raise awareness of the new system.

The Department's response to this recommendation unfortunately focused on the fact that the WLMU is not public facing and would not have capacity to handle patient queries, despite there being no suggestion within my recommendations that the WLMU had this role. I encourage the Department to review this recommendation and consider how the WLMU's work, and the improvements they have made, could be clearly explained and publicised.

I am pleased to note that steps have been taken by the Trusts to raise awareness of Encompass. Each of the five Trusts have sections on their website providing information on what Encompass is, why it is being implemented, and further information on how to access the 'My Care' portal. This includes information videos and helpdesk contact information. I welcome this additional information and support.

However, the accessibility of information on the 'My Care' portal varies between the Trusts, with some having clear and accessible links, while in other cases information was only sourced following a word search.

This may be a factor in the relatively low sign up to 'My Care'[19].

I would encourage the Department and the Trusts to consider how the 'My Care' portal and App may be promoted further.

Trust:	Number of sign-ups to 'My Care'
Northern (from 7 Nov 2024 - 29 May 2025)	40,000 (Approx 8% of local population)
South Eastern (from 9 Nov 2023 – 29 May 2025)	44,440 (Approx 12% of local population)
Belfast (from 6 June 2024- 29 May 2025)	33,990 (Approx 9% of local population).
Southern (from May 2025 – 16 June 2025)	Almost 18,000 (Approx 5% of local population)

[19] Western Trust My Care portal data was not available at the point queries were raised

Recommendation 10: Action Plan

Recommendation Summary		Status
R10.1 Establish Working Group	I recommend that a working group, with representatives from each of the Trusts and the Department, is established to take forward implementation of my recommendations. This group should promote shared learning across the Trusts and help facilitate the move towards a standardised approach to waiting list communications. Meetings should be held monthly, with minutes of the meetings being shared with my Office.	**Partially Met**

Response to NIPSO

The Department:

- Stated there is an existing regional operational working group and confirmed meetings have been held to discuss the NIPSO Action Plan
- Did not provide any further evidence regarding content

The Trusts:

- Confirmed they participate in all meetings as required to progress this work and provided individual action plans to the Department (WLMU)

NIPSO assessment of progress

The Department advised that this recommendation would be incorporated into an existing regional working group and that additional meetings had been set up between the Trusts and the WLMU to progress the implementation at a regional level.

I welcome the work that has been undertaken to discuss and implement my recommendations; however, I am disappointed that the Department has not shared minutes or other evidence of what has been discussed.

I also note recent Trust clarification that WLMU meet with Trusts individually to share learning/implementation of regional initiatives to support my recommendations. I urge the Department to engage with Trusts collectively to ensure collaborative communication, consistency in practice and the sharing of best practice.

Recommendation Summary		Status
R10.2 An action plan should be provided	I further request that an outline action plan is provided to my office within three months of the date of my report's publication. A comprehensive update on the progress made against each recommendation should then be provided nine months later, a year following publication.	**Met**

Response to NIPSO

The Department:

- Provided an action plan collated on behalf of both the Department and the Trusts

NIPSO assessment of progress

The Department provided a co-ordinated interim action plan to my Office in September 2023 and a further progress update in June 2024. These outlined constraints, actions planned/taken, and progress to date against each of the recommendations.

Northern Ireland
Public Services
Ombudsman

Northern Ireland Public Services Ombudsman
Progressive House
33 Wellington Place
Belfast BT1 6HN

Telephone: 02890 233821
Freephone: 0800 34 34 24
Email: nipso@nipso.org.uk
Freepost: Freepost NIPSO

www.nipso.org.uk