Urology Services Inquiry

Written Submissions on behalf of the Department of Health

Introduction

1. These written submissions are provided on behalf of the Department of Health. They intend to draw together the main strands of the evidence provided to the Inquiry by the Department and to shape it in a manner which might better assist the Inquiry to address, analyse and conclude upon the issues of concern which are to be found within its Terms of Reference.

2. The Department thanks the Panel and the Inquiry team for progressing so diligently the work of undertaking this Inquiry. The fact that the Inquiry remains on track to publish its findings in 2025 is testimony of all the hard work that has taken place over the past three years. Further, the Department would like to thank the Inquiry for progressing its work in such a collaborative manner.

3. The Department has provided the following witness statements to the Inquiry:

    a. Witness statement of Ryan Wilson, dated 2nd September 2022 [WIT-50710 – WIT-50767]

    b. Witness statement No.1 of Peter May, dated 19th August 2022 [WIT-42367 – WIT-42427]

    c. Witness statement of Richard Pengelly, dated 20th December 2023 [WIT-105892 – WIT-105901]

    d. Witness statement No.2 of Peter May, dated 22nd March 2024 [WIT-107060 – WIT-107122]

4. The above also provided oral evidence as follows:

    a. Peter May, Permanent Secretary, on 15th November 2022 [TRA-00707] and 9th April 2024 [TRA-12251]

    b. Ryan Wilson, Director of Secondary Care, on 15th November 2022 [TRA-00759]

c. Richard Pengelly, Former Permanent Secretary, on 16th January 2024 [TRA-10321]

5. The Department repeats the introduction provided by the Permanent Secretary at the beginning of his evidence on 15th November 2022:

> *"I would just like to, firstly, apologise, on behalf of the Health and Social Care Services, and acknowledge the concerns, distress and anxiety for all the patients and families affected by both the Urology Lookback Review, and the matters relating to this Inquiry. I'm sure this has been a very anxious time for the patients and families concerned.*
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> *More broadly, the Inquiry is one of a number of public inquiries, which has been established by the Department. Some have been completed but there are a number that are similar in nature due to serious concerns raised relating to patient safety issues, and I do want to stress how important it is that we learn how we arrived here and improve the way these vital services are delivered. Finally, just to assure you that I am here to assist the Inquiry in any way I can with the genuine commitment to do all I can as Permanent Secretary of the Department of Health to ensure that the confidence in our healthcare systems can be restored."*

6. Since the inception of the Inquiry, the Department has considered it a priority that any learning arising from this Inquiry into urology services in the Southern Health and Social Care Trust must be identified and implemented at the earliest opportunity, both within the Southern Trust and across the Health and Social Care (HSC) system as a whole, in order to prevent any risk of further recurrence or potential harm to patients.

7. The Department has therefore not stood still whilst the Inquiry's work has been ongoing. Significant work has been undertaken over the past 3 years to mitigate or prevent further the risk of recurrence of similar issues and risks.

8. These submissions will address a number of the areas in which work has been undertaken or is planned as well as other areas which will be of concern to the Inquiry:

a. Culture

b. The Implementation of Recommendations from previous Public Inquiries

c. The reform of Maintaining High Professional Standards (MHPS) through the establishment of the Independent MHPS Review Panel.

d. Redesign of SAIs and Review of Early Alerts

e. The review of Urology Services by the Getting It Right First Time (GIRFT) team

f. Waiting Lists and Budgetary Constraints

g. Encompass data system

h. Regulation and the RQIA

i. Trust Boards

j. The implementation of the HSC Workforce Strategy

Culture

9. The Department recognises that any work undertaken to address the concerns raised by this Inquiry will not be effective unless they are enacted alongside efforts to improve the organisational culture within HSC in Northern Ireland. As the Permanent Secretary stated in his evidence of 9th April 2024, "*culture is absolutely the heart of all of the work here*", both in terms of allowing individuals to raise issues and ask questions, but also in terms of the engagement between the Department, the Trusts and other arm's length bodies.

10. The Department is committed to assisting the HSC to further embed a more open and learning culture - where staff feel safe to be open and candid at all times. Openness should be routine, not just when things go wrong.

11. In response to the findings of the Hyponatraemia Inquiry, a public consultation on Duty of Candour and Being Open was held in 2021. In response to the consultation, work on a Being Open Framework was initiated in Autumn 2022. The findings of the Neurology Inquiry have also been fed into the Framework, which has been developed for the HSC system with a focus on the supports necessary for staff to enable and empower them to be open and honest in all their work. It is intended that a consultation exercise will take place in Summer 2024. This cultural change will take time and will be a continuous journey. The draft Framework will be a key component to assist in enabling and supporting this.

12. There are many anticipated benefits if the Department can assist the HSC to truly realise an open culture and support staff to feel safe in speaking up. Those benefits include enhanced patient safety, increased public confidence and a positive and supportive work environment for staff.

13. The revised HSC Raising a Concern in the Public Interest (Whistleblowing) Framework and Model Policy was launched on Monday 4th March. It aims to improve accountability and good governance within the HSC by providing clarity as to the process and who to contact and to assure the HSC workforce that it is safe to raise concerns. The Department considers that enabling staff to engage with the process in a positive manner is key to facilitating a cultural change within HSC organisations.

14. The Framework has been revised in line with recent guidance to encourage staff to positively engage with the process of raising concerns by ensuring clarity for staff within the framework of who the policy applies to, what the process is for raising a concern and how staff can access it and the key contacts in relation to raising a concern along with their roles and responsibilities.

15. Many of the developments set out below also form key parts of the wider open, just & learning culture policy agenda adopted by the Department, including the work on redesigning the current Serious Adverse Incidents (SAIs) procedure and reviewing the Maintaining High Professional Standards (MHPS) process.

Implementation of Recommendations from previous Public Inquiries

16. A Departmental Inquiries Implementation Programme Management Board (IIPMB), chaired by the Permanent Secretary, has been established to oversee implementation of recommendations arising from recent Inquiries – including Inquiry into Hyponatraemia Related Deaths (IHRD) and the Independent Neurology Inquiry (INI).

17. A key purpose of the IIPMB is to develop a comprehensive and coherent programme of work across the Department in order to help ensure a robust implementation of recommendations. In addition, one of the objectives of this overarching group is to bring oversight to implementation of recommendations from Health Inquiries, such as the Infected Blood Inquiry, the Muckamore Abbey Hospital Inquiry and the Urology Services Inquiry in due course. It is recognised and understood that implementation can be best delivered when there is collaboration with external delivery partners, such

as the General Medical Council, the health care organisations and independent sector organisations.

18. The first meeting of the IIPMB took place on 21st April 2023 and the Terms of Reference are found at [WIT-107728 – WIT-107732]. The Terms of Reference are being kept under review and will be refined and revised as appropriate.

19. Implementation will be assessed against an assurance framework. This is a formal, standardised and robust process and the Department will report on its outcomes once assessment has been completed.

20. Mr May in his evidence on 9th April 2024 commented as follows:

> *"I think there's a number of different dimensions, and perhaps I could just briefly break them out. So in relation to taking forward individual recommendations, there may well be the need for external input in the way that we've described already in terms of MHPS and SAIs and the Being Open Framework. Those are all good examples where there are external people who are playing a leading role in taking that work forward to assist the Department. The second is, in terms of oversight, what we've done through the Integrated Programme Board that you've highlighted here, is we've introduced, in addition to a Steering Group that I Chair, there is a panel led by and exclusively populated by people who are not in health and social care, who are providing an assurance role as to whether or not a recommendation is properly signed off or not. So it's not us signing off a recommendation saying that's okay without -- so it goes through an assurance panel and the assurance panel look at it, there's a very detailed approach taken to ensure that not only the words on the page have been done, but the spirit under-pinning it is in place, and then that will come forward to the Steering Group with that imprimatur on it. So just to be clear, there's also a service user group that also looks at those elements of the work, particularly in relation to the Neurology Inquiry.*
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> *It's my expectation, obviously you haven't written or let alone us having sight of the report yet, but it's my expectation that this Inquiry will raise some themes that are very similar to INI in particular, and that, therefore, integrating the implementation into the one place will be the most sensible thing to do because, you know, this Inquiry is in arguably a more challenging place in that*

work is already proceeding as a result of other inquiries having taken place. So part of what may well come out of this Inquiry is a sense of whether the direction of travel that is already in place is the right one or not. And insofar as it is, you know, hopefully that will put wind in the sails of what needs to be done, and insofar as it isn't, then it allows for corrective action to be taken."

21. Subsequent to Mr Justice O'Hara's report of the IHRD, the Department initiated a comprehensive IHRD implementation programme. Mr Justice O'Hara identified 96 recommendations across ten themes where he had identified failings in competency in fluid management, honesty in reporting, professionalism in investigation, focus on leadership and respect for parental involvement. The implementation programme included a 'Duty of Candour and Being Open' workstream.

22. Following a public consultation in 2021 on duty of candour and being open, Minister Robin Swann engaged officials to develop detailed policy for a 'Being Open Framework' for the HSC system. The Framework is in development with further engagement and consultation planned. The main aims of the Framework are to ensure that individuals are fully empowered to exercise candour and openness, and that HSC organisations have in place the necessary support and systems required to enable and to nurture a truly open culture.

23. Emerging themes of the Framework include supporting and enabling a focus on routine openness as a key component of day-to-day activity; openness with a focus on learning, and openness when things go wrong. This will help ensure that staff, families and patients are provided with the appropriate help and support to exercise and experience openness and honesty in all circumstances as part of an open, just and learning culture.

24. The new Being Open Framework will assist in underpinning and supporting an open and candid culture where concerns and complaints can be raised freely without fear. The Framework will be supported with guidance and training across the HSC in order that staff have the appropriate knowledge, skills and supports to play their part in creating and maintaining this culture.

25. It is important that staff and organisations continue to learn and improve. Openness is essential to this. The Framework will seek to optimise opportunities for learning by enabling a safe space for staff to engage openly in learning processes as part of an

open and learning culture, avoiding a fear and blame culture which can be counterproductive, while ensuring that mistakes are investigated and accountabilities are discharged in a just and fair way. As well as training and guidance, staff must be given space to interact with one another and with service users in an open manner. Staff should be able to provide feedback and learn when something has not gone as well as expected and this learning should be shared.

26. Guidance will also be developed for service users, carers and their families in relation to openness when accessing Health and Social Care services. This will outline what they can expect, how they will be involved and how to access support, including when things go wrong. Organisations must also continue to respond to feedback and complaints from service users, carers and their families.

27. The Department and the HSC recognise that cultural change takes time but will be supported by the new Framework and the development of relevant guidance and training for staff.

The reform of Maintaining High Professional Standards (MHPS)

28. Following the Permanent Secretary's attendance at the Inquiry in November 2022 where he committed to a review of MHPS being commissioned as a priority for the Department, the Independent Review Panel was established in May 2023 to examine the application and effectiveness of MHPS.

29. The Independent Review Panel is made up of individuals external to the Department/HSCNI and is tasked with reviewing the current MHPS framework as it is set out and applied in Northern Ireland.

30. The Review Panel have not, as yet, finalised their recommendations but there are four main themes on which the Panel will be providing observations and recommendations on:

    a. The purpose of MHPS;

    b. The MHPS process;

    c. Roles, Responsibilities and Rights of those involved in the process; and

    d. Oversight, Governance & Accountability.

31. Following an intensive stakeholder engagement phase between August and December 2023, the Panel are currently preparing a draft report of their key findings and recommendations which they intend to formally present to the Department by June 2024. The Department undertakes to share a copy of the report with the Inquiry once published to allow it to inform the Inquiry's own deliberations on MHPS.

Redesign of SAIs and Review of Early Alerts

32. It has been highlighted in the evidence before the Inquiry, and the Department recognises, that often the current SAI procedure does not work well for those involved. There is a need for speedier learning reviews for both families and staff, along with meaningful engagement, involvement and support with patients and families early and ongoing throughout the process.

33. To that end, the Department has made a redesign of the SAI procedure a priority task. Proposals for a new Framework are progressing with further engagement and involvement ongoing with stakeholders. The Department is working towards a consultation on the new Framework in Autumn 2024.

34. It is anticipated by the Department that the new Framework will see a fundamental change in how health and social care can deliver learning and continuous improvement following patient safety incidents. When things go wrong, as the Inquiry has seen, there are many contributing factors within a complex healthcare system. Key aims of the new process are to identify and then embed learning quickly, while helping families to understand events.

35. The intention is that all those involved in such events will be engaged with on a compassionate basis, including patients, families and staff, whilst streamlining and simplifying the process. The Department sees this change as an essential tool in supporting an open, just and learning culture.

36. The new Framework will support and encourage compassionate engagement with all those involved in a health and social care safety incident – including patients, families, carers and staff - ensuring an approach that respects the contribution of everyone in the review process.

37. The Permanent Secretary committed to a review of the Early Alert system when giving evidence in November 2022. Due to resourcing pressures, this work has not

yet substantively commenced, but early planning has taken place and it is currently anticipated, subject to available Departmental resources, that a review of the Early Alerts Process will be undertaken by the Department in 2024.

The review of Urology Services by the GIRFT team

38. In February 2023, the Department commissioned the Getting It Right First Time (GIRFT) team to complete a review into Urology Services across Northern Ireland. The commissioning of the review recognised the need to identify and implement recommendations at the earliest possible opportunity to facilitate the improvement in the extensive waiting lists in urology services and to ensure that patients are treated as quickly as possible.

39. The report has identified 40 recommendations to improve the service, in addition to a list of recommendations for each Trust. The recommendations focus on the themes of maximising surgical assessment/diagnostic capacity, improving efficiency, strengthening pathways and protocols, exploring non consultant grade skills mix and training and regionalisation/specialisation of services.

40. The Planning Implementation Group (PIG) for urology is currently overseeing the implementation of many of the recommendations at a regional level to ensure consistency of approach.

41. The Recommendation Action Plan dated 6th March 2024 (TRU-306468) applies "RAG" (red, amber or green) Rating to each recommendation to designate status of action. Work has already begun on many of those recommendations. In respect of those that are outstanding, the Department awaits the budget outcome for 2024/2025 in order to plan work that is feasible. However, the budget set by the Executive is very constrained and the ability to begin new work may be difficult.

42. However, Mr May noted in his evidence on the 9 April 2024 (P 63 L 9-17) that:

> *"[I] did have a meeting with the team in the Department who are leading this work, and they did say that there was a strong clinical buy-in to the recommendations that have come forward from the GIRFT Review, and real momentum in terms of taking the actions that we can take. So they were clear that they thought it would be possible to make progress in most of the areas, in pretty much of the areas set out. There may be limits to how far they can*

go, in the absence of new money, but they can at least start the work in a range of those areas. So that I think was, for me, a positive signal, both in terms of orientation and of progress, and we will be issuing a progress report formally, probably in the summer as to where we've got to against each of the recommendations."

43. The Urology Assurance Group (UAG), chaired by the Permanent Secretary, had oversight of the Southern Trust Lookback Review. The Lookback Review is largely complete and the final outcomes report for Cohort 2 of the Lookback Review is being finalised for publication by the Trust. In addition, the final report into the findings of the RQIA Review of Southern Trust Urology Services is currently being completed. Both of these reports will be made available to the Inquiry at the earliest opportunity.

Waiting Lists and Budgetary Constraints

44. The Department recognises the concerns that have been raised in this Inquiry in relation to patient waiting lists and their impact both on patient safety and on the HSC workforce. The Minister and the Department have acknowledged that waiting lists are unacceptable and that there must be a continuous focus on quality, productivity, efficiency and transformation to ensure that the HSC system delivers to the best of its capability and capacity.

45. However, it is also clear that, without sustained investment and additional funding, the pace at which improvements can be made and sustained will be limited. The Inquiry is aware of the significant demand upon the health care system within Northern Ireland. The capacity of the system is unable to keep up with this demand. Budgets are constrained. Further, the Covid-19 pandemic had a significant impact on already finite resources. The Department is required to make decisions in relation to the work that can be delivered within current resources.

46. In terms of waiting lists and improving delivery, the Department has applied a clear strategic direction and plan - in particular, the Elective Framework which the Minister published in June 2021. There is a clear understanding of what needs to be done to transform the system and enable greater efficiency and effectiveness.

47. Work to date has delivered results. The overall treatment waiting lists reduced by over 12% in the 12 months ending 30 December 2023 with six consecutive quarters showing reducing lists. The Department's longest lists, general surgery and

orthopaedics, have been reduced by 20.8% and 7.6% respectively between December 2022 and December 2023.

48. The Inquiry will be aware of the Department's creation of Day Procedure Centres (DPCs) at Lagan Valley Hospital in Autumn 2020 and Omagh Hospital in May 2022, which has provided a dedicated resource for less complex planned surgery/procedures and have enhanced the quality and consistency of care while helping to bring down waiting lists. The Lagan Valley DPC has facilitated over 6,000 urology procedures since its inception. In addition, urology procedures are being carried out at the Elective Overnight Stay Centre (EOSC) at the Mater Hospital, Belfast. The DPCs and EOSCs have assisted in reducing urology waiting times overall by 9.6% between December 2022 and December 2023.

49. The scale of the problem is significant, but transformative work and recurrent investment will go a long way to address some of the core issues within the system. This transformation work sits alongside ongoing performance management and monitoring of achievement against HSC Service Delivery Plan targets which were set for 2023/24.

50. The Department also recognises the need to increase urology capacity. Increasing urology capacity has been a priority for the Department and additional recurrent funding has been provided over a number of years. Recurrent funding was allocated to Trusts in 2019 to increase the Urology Clinical Nurse Specialist Workforce and in terms of the Southern Trust this allowed the recruitment of 2 new urology specialist nurses.

51. Further recurrent funding was secured for the Southern Trust in 2020 to allow the expansion of funded consultant urology posts (i.e. from 6 posts to 7 posts). Unfortunately, the Trust were unable to fill this post and the funding has been used non-recurrent in the interim to support the urology service.

52. In recognition of the pressures being experienced by the Southern Trust urology team, it was agreed that additional recurrent investment (£1.1m) would be given to the Western Trust in August 2020 which would allow them to expand their catchment area to include the County Fermanagh population, an area previously served by the Southern Trust. The focus was therefore on both increasing capacity and reducing demand on the Southern Trust urology service.

53. The Department has continued to support the urology team in the Southern Trust and £3.8m non–recurrent funding has been allocated in 2023/24 to allow additional capacity to be delivered both inhouse and using local independent sector providers.

54. Reducing the demand and increasing capacity in the Southern Trust is having a positive impact on the waiting lists. From March 2021 to October 2023, the overall urology outpatient waiting list has reduced by 18%, while the number of suspect cancer/ urgent patients waiting for assessment has reduced by 31%. Over the same period the number of patients waiting for a day case or inpatient procedure has reduced by 38%.

55. More recently the Department has provided recurrent funding to establish a new regional Extracorporeal Shock Wave Lithotripsy (ESWL) in the Southern Trust. This is a non-invasive technical procedure in urology that enables the disintegration of urinary stones by shock waves without anaesthesia. This service is now operational and has helped reduce regional waiting time by approximately 55%.

56. The Department and the Trust are currently working to expand the range of regional stone services on the Craigavon Area Hospital site with the planned development of a new Percutaneous Nephrolithotomy (PCNL) service (a surgical procedure to remove stones which are not suitable for laser treatment). In addition, following the recent GIRFT review of Urology, the Department has already provided capital funding for TULA (a handset for Trans Urethral Laser Ablation) and HSC Trusts have commenced training relevant staff.

57. Following international recruitment, the Trust has been successful in appointing 2 new urology consultants, with one consultant already in post and another due to start in the coming months.

Encompass

58. The Encompass Programme is a clinical and operational transformation programme with an Electronic Patient Record system (‘EPR’) supplied by EPIC at its heart. This will significantly enhance the drive for improvement in safety, quality and performance, and inform integrated governance, while complementing existing data and information systems.

59. Northern Ireland is the first UK region to adopt this unified approach to an electronic health record at Integrated Care System level and is the first in the UK to incorporate Social Care and Mental Health as part of this endeavour. The Encompass roll-out is the largest implementation of the Epic platform in Europe. All HSC Trusts and patients will be live on the platform by mid-2025.

60. In Mr May's evidence on 9th April 2024, he explained that Encompass is the largest single change programme that health and social care has undertaken, as it requires radical change from all staff who interact with patients. He noted:

> *"And as a result, as with any major change, you will find that there is a spectrum of views about how easy or otherwise it is to use that system. But I was talking to the Chief Executive of the South Eastern Trust, which is the Trust that has already gone live recently. She was identifying clear benefits in relation to patient safety, in relation to patient experience, and in relation to efficiency in a range of different ways. So we've got more to do because there's still a few teething challenges, as you often find with the introductions of new systems, but I am confident that the Encompass system will be a big step forward, particularly assisting actually the safety and quality agenda, and I think that's been the experience elsewhere of where it has been brought in."*

61. The EPR provides those working in acute and community care with a single holistic view of a patient or service user's interactions with the relevant advisor or agency. Primary care professionals will also have access to the system, as appropriate. The system will also provide "near real time" data which can be used to benchmark HSC Acute Care and Community Care services across Northern Ireland, and with other Epic System users in the UK and Worldwide, to significantly enhance the drive for improvements in safety, quality and performance and inform integrated governance.

62. Perhaps most importantly, it will not only aid HSC staff, but greatly assist in the empowerment of patients through the My Care patient portal, which will allow patients much greater knowledge of their care, with access to some of their HSC records. Digital safety checks are also built into the system to ensure the protection of patients.

Regulation and the RQIA

63. The Department recognises that the current system of regulation within health and social care needs to be reviewed. The policy that underpinned the 2003 Order is over

25 years old and as such does not take account of changes in how and where HSC services are delivered today.

64. A “Right Touch” draft policy was prepared for public consultation in the summer of 2020, however, the consultation was paused due to the ongoing pressures at the time from Covid-19. The Department consider that the draft requires further detailed consideration and engagement with the HSC. Further, any draft policy should reflect the issues and learning from this Inquiry, the Neurology Inquiry and the Covid-19 pandemic.

65. A review of regulation remains an important identified priority for the Department. However, decisions are required to be made as to what work can be delivered at any given time. For the moment, therefore, work on the review of regulation is therefore paused to allow other priority projects to progress.

66. Any review of regulation would also involve a consideration of what services would fall within the scope of the Regulation and Quality Improvement Authority (RQIA). The evidence provided by Briege Donaghy, the RQIA Chief Executive, to the Inquiry raised the issues of fees. Work is ongoing between the RQIA and the Department to explore this issue. Any proposed amendment to fees would require further consideration by the Minister as well as legal input. It would also require public and stakeholder consultation.

67. The Inquiry also heard evidence in relation to regulation of the private work of doctors. The scope and interpretation of the relevant legislation, in relation to registration of independent clinics, is currently being considered by the Department and RQIA.

Trust Boards

68. Interest in positions continues to be high. In the 2022 HSC Trust Non-Executive Directors competition, for example, the high number of applications received (107) and the appointments made (22) suggest that there is not a particularly significant issue in the attraction of candidates to HSC Trusts Board positions. There is therefore no evidence that the rates of remuneration for ALB Board members are having an adverse impact on the quality and quantity of applications to public appointment competitions in the Department.

69. The Permanent Secretary, in his evidence to the Inquiry in April 2024, indicated that succession planning within the Boards of ALBs is a priority for the Department. End-dates for current appointments are actively monitored when planning the order of competitions and reserve lists created and utilised to address vacancies that occur between competitions.

70. The Public Appointments Unit has a comprehensive programme planning process in place. This includes consultation with ALB Chairs on issues such as monitoring term end dates, agreeing extensions to terms and second term reappointments, competition scheduling and, once competitions are completed, agreeing the commencement date for new appointees. Where possible, Board appointments are sufficiently staggered to ensure that there is appropriate retention of experienced Board members balanced by the influx of new members bringing fresh challenges.

The implementation of the HSC Workforce Strategy

71. The Department published the *Health and Social Care Workforce Strategy 2026: Delivering for our People* in May 2018 in response to the Bengoa report.

72. The aim of the strategy is that by 2026 "*we meet our workforce needs, and the needs of our workforce*". In practice, this means that the Department has to ensure that a transformed health and social care service has both the right numbers of appropriately-trained staff, and the right skills mix; and that the Department and employers create the conditions so that HSC is an employer, and a trainer, of choice.

73. As with many other programmes, delivery of the Workforce Strategy has been affected by the prolonged periods with no functioning Northern Ireland Executive and the Covid-19 pandemic response. This has resulted in both significant budgetary pressures, but also in considerable pressures being placed upon HSC employees.

74. The Strategy's current, and second, action plan contains 34 actions to be delivered through 103 programmes of work. It is a comprehensive and ambitious work programme that includes the development of initiatives to enhance our attraction and retention of staff; commissioning increasing numbers of training places to grow our locally trained workforce; removing barriers to recruitment; reducing agency spend; supporting employers in their provision of staff health and wellbeing services; and harnessing workforce data to develop our business intelligence.

75. Despite the challenges faced, significant progress has been made. The Department's strategic approach to workforce development has supported a 15.7% (+8,911) increase in whole time equivalent staff in post across the HSC in Northern Ireland between March 2018 (56,803) and December 2023 (65,714). This includes a 18.4% (+774 wte) increase in medical and dental staff, a 16.8% (+2,538 wte) increase in nursing and midwifery staff and a 21.6% (+1,754 wte) increase in professional and technical staff in post.

76. The Department continues to work through delivery of the Strategy up to 2026.

Conclusion

77. When the Inquiry was confirmed by the Minister in August 2021, he stated as follows:

> *"The urology patients and families affected remain in my thoughts as the Inquiry embarks on its statutory responsibilities and I would like to again acknowledge the upset, distress and anxiety these matters have caused. Patients and families affected and who have concerns are encouraged to avail of the support which the Southern Trust has made available, including the Family Liaison Service and related support services.*
>
> *I am confident the establishment of the independent Urology Services Inquiry will enable a full and transparent investigation of the circumstances leading to the Urology lookback review, and ensure lessons are learned in order to improve our healthcare systems and restore public confidence in our healthcare services."*

78. The Department is under no illusion as to the difficult challenges which have been presented to the Inquiry, or indeed that may be presented in the future, given the context of the issues arising within the health and social care services in recent years.

79. Culture is difficult to change, but change will be necessary to realise the benefits to be gained and the improvements and changes to healthcare systems which will help the welfare of patients. The Department is fully committed to doing all it can to support the advancement of our healthcare system.

80. The Department wishes to unreservedly apologise to those patients affected by the issues raised in this Inquiry and to their families for any upset and distress this has

caused. While the experience of patients who use our health services is overwhelmingly that of a safe and quality service, these incidents regrettably dent the confidence of service users. The Department fully acknowledges this and will do all that it can to ensure that lessons are learnt, to prevent situations such as these occurring again.