

Rec no.	Recommendation	Department of Health and NICCY responses
1	<p>Embed a rights-based approach to the delivery of child health and social care services in Northern Ireland. This should include the application of a child rights assessment framework in the development or review of plans and proposals to ensure that children’s rights are fully considered in all decision-making processes.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department is committed to ensuring that children’s welfare, best interests and rights will continue to be central to relevant policy decisions within the Department as part of our pandemic rebuild and reform endeavours.</p> <p>The Department would welcome further discussion with NICCY regarding the application of a child rights assessment framework.</p> <hr/> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>Happy to discuss CRIA framework in further detail.                      NB: Introductory session has already been held with some DoH Officials.</p> <p>Seek update on ‘waiting list management unit’- set up by HSCB Aug 2021. Does the focus of the unit include Children’s Services?</p> <hr/> <p><b>Departmental response – October 2022</b></p> <p>The Department has discussed the CRIA framework with NICCY and will take a practical view in relation to further introductory sessions with NICCY for relevant officials and to adopting a rights-based approach to relevant policies and plans where this may be applicable.</p> <p>For example, a Children’s Rights Screening and Impact Assessment was carried in relation to the recently published Cancer Strategy. The strategy considered the specific needs and experiences of children and young people who experience cancer, including close engagement with families and children’s cancer charity organisations, and will lead to holistic review of Teenage and Young Adult cancer services in Northern Ireland. In addition, children, young people, families and carers, as well as representative organisations such as VOYPIC and CiNI, are central to the ongoing Review of Children’s Social Care Services which commenced in February 2022.</p>

<p>2</p>	<p>A full review of the child health system should be undertaken to ensure that health and social care reform is based on an up-to-date understanding of need across the system. This process should take account of existing implementation plans relevant to the reform and redesign of children’s health services and care pathways, and address gaps in knowledge about individual child health services.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>A review of children’s hospital and community services culminated in the publication of the Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 - 2026), published in November 2016. The Department considers that practical and immediate improvement to child waiting lists can be delivered through a renewed focus on the current strategy and support for the Child Health Partnership (CHP), Northern Ireland’s paediatric network, which was established in 2019 as the vehicle for driving forward this programme of work. The pace of progress will be subject to available funding and the prevailing pandemic situation.</p>
		<p><b>NICCY Initial Feedback – August 2022</b></p> <p>NICCY’s review raised significant concerns about a lack of funding to deliver the Paediatric Strategy with no ‘comprehensive’ progress updates on the paediatric strategies since it was launched 6 yrs ago.</p> <p>The hospital and communities strategy focuses mainly on hospitals with limited focus on the community child health system. Whilst recognising the pressures faced by system in continuing to respond to pandemic impact- the issues with community child health care are so dire that we urge Dept to prioritise time to address this area.</p>
		<p><b>Departmental response – October 2022</b></p> <p>The Department recognises that progress with the Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community has been constrained by limited funding due to successive single-year health budgets since its publication in 2016. Transformation funding enabled the establishment of the CHP in 2019 during a prolonged period of Assembly suspension, however the COVID-19 pandemic and the current lack of a NI Executive or a health budget for 2022/23 have placed further constraints on progress on this and many other Departmental priorities. A progress report was published on the Department’s website in September 2021. The Department remains committed to supporting the CHP in the delivery of this programme of work, including community child health services, however as noted previously the pace of progress remains dependent on additional recurrent funding becoming available.</p>

<p>3</p>	<p>Improve the visibility of and accountability for children’s health within key departments or agencies by:</p> <ul style="list-style-type: none"> <li>a. Considering the appointment of a Deputy Chief Medical Officer for Child Health;</li> <li>b. Considering the appointment of a policy lead for child health at the Department of Health;</li> <li>c. Establishing a single point of entry system across all HSCTs for all child health services; and</li> <li>d. Strengthening co-ordination between the Departments of Health, Education and Communities for children with complex and long-term health conditions.</li> </ul>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department’s Chief Medical Officer is currently supported by professional medical and nursing officers whose remits include the provision of professional advice to the Department and the Health Policy responsibility for different areas of child health resides within relevant policy and commissioning teams within the Department including primary and secondary care, mental health, social care, family policy, commissioning and performance monitoring. Policy leads work collectively on issues which cut across these responsibilities. The Department would welcome discussion with NICCY to explore how this may be improved.</p> <p>In relation to complex and long term conditions, the interim autism strategy set out a commitment to improve integrated working between health and education and in doing so the Department is participating in a cross-departmental Special Educational Needs Steering Group and Education/Health Oversight Group, which was established during the pandemic to address specific needs of children who required additional support; this group continues to meet.</p> <p>Stronger links and greater collaborative working in terms of social inclusion has also increased with the Department for Communities. Officials have been engaged in the work towards creating autism friendly environments in Jobs and Benefits Offices and have also participated in the delivery of Autism Capacity Building events, training over 600 staff working as Job Coaches and front line staff.</p> <p>The Department has also been proactive in recognising the importance of including people with lived experience of autism, and the organisations who represent them, to inform and co-produce actions, strategic direction and policy across the NICS. In doing so the Department established an Autism Forum, which is co-chaired by two autistic advocates, which meets on a quarterly basis as a platform for engagement and consultation. Each Forum meeting is focused on a specific topic with relevant representatives in attendance, for example, education, housing, employment and skills.</p> <p>The Department’s Strategic Planning and Performance Group (SPPG), formerly the HSCB, is currently working on the development of an Emotional Health and Wellbeing Framework, to include autism and ADHD, which will introduce a Single Point of Entry to enable children to obtain access to support based upon presenting need and streamline pathways of care across the region.</p> <p>The draft Children with Disabilities Framework sets out an overview of the current Health &amp; Social Care system, gaps and a proposed approach to recalibrate services for children with complex needs. A key</p>
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4	<p>Establish a transparent budgeting process that shows clear budgeting lines for public spending on children’s health services which meets the five child rights principles for public budgeting i.e. effectiveness, efficiency, equity, transparency and sustainability.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>Children access multiple secondary care acute hospital services and a wide range of primary care and community services which are not solely restricted to specific age groups. Budgets for these areas reflect services and teams providing the service as opposed to the age groups of service users. It is therefore not currently possible to fully identify the total funding which children benefit from.</p> <p>Capital funding is allocated directly to the HSC from the Department of Health therefore investment in capital schemes specifically relating to children’s services, such as the new Children’s Hospital at the Royal Victoria Hospital, a new paediatric unit at Altnagelvin, paediatric imaging services and the paediatric schemes which have been completed at Craigavon and Daisy Hill Hospitals, can be identified from the Department’s budgeting records.</p> <p>Capital funding is also allocated to HSC Trusts each year for investment in ICT, equipment, minor works and transport and whilst it is for each HSC Trust to prioritise the areas this funding is allocated to, at the end of the financial year each Trust completes an outturn report for the Department detailing the specific schemes that has received capital funding. Whilst this enables the Department to identify where there has been specific investment in children’s services from this funding, it should be noted that capital investment such as this made across HSC Trusts impacts on all patients regardless of age.</p> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>The ability of any government to demonstrate how much public money is being invested on children is at the core of a child rights based health care system, without which it is impossible to measure or demonstrate effectiveness, efficiency, equity transparency or sustainability.</p> <p>We strongly recommend that the Dept considers solutions to this problem starting with those services in which extrapolating investment for children is easier.</p>
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5	<p>Explore the potential for further strengthening collaboration with neighbouring jurisdictions in the delivery of health services for children that could help reduce waiting times, improve quality of care and patient outcomes.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The all-island Congenital Heart Disease Network has successfully demonstrated the benefits of cross border collaboration delivering healthcare for one patient population across two jurisdictions that is greater than the sum of its parts. There are also existing arrangements in place with providers in Great Britain in relation to specialist services that cannot be delivered locally. The Department will continue to explore any opportunities to strengthen child services through collaboration with neighbouring jurisdictions.</p> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>Any further information on areas identified or details around the mechanisms in place to identify areas that would benefit from collaboration.</p>

		<p><b>Departmental response – October 2022</b></p> <p>Generally, the areas that already benefit from north-south or east-west collaboration are those which have been potentially vulnerable or difficult to provide solely in NI due to the specialist nature of services, workforce shortages, or a low critical mass of patients in the population to make services safe and viable (or a combination of these factors). Where the need for collaboration with other health jurisdictions arises due to these factors, commissioners establish links with the relevant providers in order to assess the available options on the basis of demand, cost, accessibility etc. and seek to develop appropriate patient pathways, thus ensuring equity of access to services which it may not be possible to provide locally.</p> <p>The formal mechanism for seeking Ministerial agreement to progress new areas of cross-border or all-island collaboration in healthcare is through the North-South Ministerial Council (NSMC). Through this forum, for example, Ministers have agreed to scope the potential for cross-border collaboration in relation to paediatric pathology services, however progress on this work has been impacted by the COVID-19 pandemic. The NSMC is not currently meeting due to the collapse of the NI Executive in February 2022.</p>
6	<p>Establish an interim regional waiting list management process to better monitor and review children on hospital and community health service waiting lists - to include enhanced clinical triage, targets for review appointments and support for parents / carers.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department has established dashboards to better monitor children on hospital waiting lists. The data will highlight to Trusts individually, and on a regional level, waiting times across new and review waiting times. The dashboards will also allow monitoring of non-attendance rates, hospital and patient cancellations and chronological management.</p> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>This is welcomed:  Further information would be helpful around whether this system includes more regular communication with patients. In our review, participants identified a need for better communication between clinicians and patients about where they are on waiting lists and clearer triaging processes across the system to flag and prioritise the most urgent cases, with regular reviews and monitoring of conditions (pg69)</p> <p>Also, further info on whether any of this info / data is in the public domain.</p>

		<p><b>Departmental response – October 2022</b></p> <p>The Department’s Strategic Planning and Performance Group has established a Waiting List Management Unit (WLMU) which provides guidance, support and leadership to HSC Trusts to ensure good practice in relation to the management of waiting lists. The Unit is working with Trusts and the Patient and Client Council to agree how standardised waiting time information can be made accessible to both GPs and patients. The Department is also cooperating with an ongoing investigation by the Northern Ireland Public Service Ombudsman into communication with patients on healthcare waiting lists. The investigation is examining whether patients are told if they have been added to a waiting list, if their case is classed as ‘urgent’ or ‘routine’, how long they might have to wait before being seen, and whether and how often patients are updated while on a waiting list.</p>
7	<p>Develop a data management process that applies the principles of visibility, vulnerability and voice as recommended by the Office for Statistics Regulation (OSR).</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department will keep this recommendation under review and would welcome further discussion with NICCY regarding how such a process could be developed within the current and future data infrastructure.</p> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>We would be happy to put the Dept in touch with the OSR who developed these principles and who have produced a number of Northern Ireland specific reviews on data development.</p> <p><b>Departmental response – October 2022</b></p> <p>DoH statisticians routinely work with OSR to improve information outputs in line with official statistics standards and according to the OSR review calendar. The Department will continue to strive to implement the “three V’s” principles where possible.</p>

<p>8</p>	<p>Collect and monitor a greater depth of information regarding patient experiences and outcomes, including outcomes identified by children, young people and their families. Mechanisms to ensure that service user feedback is reflected in service improvements should be strengthened.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>Initiatives such as the 10,000 More Voices Project and Care Opinion have been established alongside existing Trust feedback and complaint procedures to learn from patient experience and improve service delivery. The Department will keep this recommendation under review and would welcome further discussion with NICCY regarding how these processes could be strengthened with regard to children, young people and their families.</p>
		<p><b>NICCY Initial Feedback – August 2022</b></p> <p>We are aware of these mechanisms and would be interested in understanding how effective they are in capturing information for specific service areas.</p> <p>NICCY would suggest that this is an area where practical solutions could be explored within CHP with support of PPI functions within HSCTs.</p>

**Departmental response – October 2022**

The Department and its Arm's Length Bodies recognise that the experiences of patients, clients, families and staff are a key element in improving the delivery of healthcare. In light of this, the PHA launched 10,000 More Voices to gather accounts from patients, clients, families, carers and staff about their experiences in healthcare, with the aim of introducing a more patient and client-focused approach to services and shaping future healthcare in Northern Ireland. Care Opinion Northern Ireland is the PHA's online patient feedback platform for health and social care services across the region. Patients are supported in engaging with both initiatives by the Patient and Client Council.

In order to support better understanding of these mechanisms and their effectiveness, the Department would recommend that NICCY engage directly with the Public Health Agency, which leads on these initiatives and works with HSC Trusts to ensure that feedback is provided to service areas and used to improve their services and patient experience. A number of reports in relation to specific service areas or conditions are available at: <https://10000morevoices.hscni.net/publications/reports/>

The PHA also recently relaunched the Engage website (<https://engage.hscni.net/>), which provides service users and carers with online access to training, resources, information and support on Personal and Public Involvement (PPI). The PHA has recently reached out to the Children and Young People's Strategic Partnership (CYPSP) to explore how to encourage and facilitate children and young people to use the site and in particular the involvement opportunities advertised.

The PHA has also appointed a Regional Peer Mentor Lead for service user and carer involvement, and would welcome a wider discussion with the NICCY and other relevant organisations to develop a systemic approach to meaningful involvement and partnership with children and young people, including exploring the feasibility of young people getting involved as peer mentors and to help champion the voice of children and young people being heard in HSC commissioning, service planning, development and evaluation.

<p>9</p>	<p>Establish an agreed set of minimum service standards which can be used as a benchmark by the health and social care system. Improvement plans should be put in place for those services requiring support to meet these standards.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department has published Quality Standards for Health and Social Care, available at: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/the-quality-standards-for-health-and-social-care.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/the-quality-standards-for-health-and-social-care.pdf</a></p> <p>In May 2010, the Department introduced standards for general paediatric surgery: “Improving Services for General Paediatric Surgery – Policy and Standards of Care for General Paediatric Surgery in Northern Ireland”, which continue to provide a benchmark for service delivery and improvement in this area of healthcare. The recently published Review of General Surgery makes reference to a 2019 RQIA Review of General Paediatric Surgery, which assessed arrangements for the provision of general paediatric surgery in Northern Ireland against the 2010 Standards and proposed a future service model aligned to the Department’s 2016 Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community. The RQIA review made a total of 13 recommendations which aim to improve general paediatric surgical services across Northern Ireland.</p> <hr/> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>For the purposes of clarification, this recommendation is referring to the need for a regional standardised quality framework for child health services. A consultation process for a service framework was carried out in 2014 by the Department of Health titled ‘Young People Health Services Standards Framework for Northern Ireland’ but it has never been published. We would welcome further discussion on the rationale for this.</p> <p>This recommendation also refers to the need to embed the standard into the system and ensure that quality monitoring systems are in place that support services to achieve ‘at least’ minimum standard.</p>
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		<p><b>Departmental response – October 2022</b></p> <p>The draft Children &amp; Young People’s Service Framework (CYPSF) was one of a planned series of service frameworks developed under the oversight of a Departmental Service Framework Programme Board, with the aim of improving the health and wellbeing of children, their carers and families, promote social inclusion and reduce inequalities through a series of standards and Key Performance Indicators (KPIs). Following consultation in 2014/15, the draft Framework underwent further development within the Department but unfortunately was not published prior to the period of Assembly suspension between 2017-2020. During this period, further work was paused and in 2019 the Programme Board made a decision to end the Programme, and determined that the series of extant Service Frameworks which were reaching the end of their lifecycle in 2019 would not be renewed and new Frameworks were not to be commissioned.</p> <p>The Department will consider how standards and quality monitoring systems for child health services may be incorporated into the new Integrated Care System which is currently under development.</p>
10	<p>All parts of the system should use the same source data for analysing and interpreting service performance and waiting time information. The system codes used across primary, secondary and tertiary services should be harmonised to include specific codes for individual child health services and be integrated with electronic patient health records to ensure no duplication of waiters /</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>As per the response to Recommendation 7, the Department will keep this recommendation under review and would welcome further discussion with NICCY regarding how such a process could be developed within the current and future data infrastructure</p> <hr/> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>We expected to see reference to the Encompass software in response to this recommendation. We welcome further detail on engagement with software developers on harmonising data to ensure one central hub for patient info.</p>

	<p>referrals are included in waiting time statistics.</p>	<p><b>Departmental response – October 2022</b></p> <p>The Department acknowledges the constraints arising from the current variations in recording and coding patient activity and agrees that good data and data systems are desirable. The roll-out of the Encompass programme will provide a modern data infrastructure across the Health and Social Care system and create the capability for improved analysis and performance monitoring. While Encompass is not responsible for agreeing data standards and coding used by services, it is expected to drive more consistent collation of patient and service user information.</p>
<p>11</p>	<p>Comprehensive waiting time data on hospital and community child health services should be developed as part of a broader performance management system. A range of data users should be involved in determining the information collected by the system; the data collected should include the following:</p> <ul style="list-style-type: none"> <li>a. Breakdown by specific child health services;</li> <li>b. Number waiting, length of time waiting;</li> <li>c. Maximum full patient journey times from referral to treatment;</li> </ul>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department currently monitors and tracks Outpatient waits from Referral to First Appointment for Community Paediatric and Child and Adolescent Mental Health Services.</p> <p>The Department has established dashboards which include data to track volumes of patients waiting on hospital waiting lists and length of wait based on priority, clinical specialty and across Trusts.</p> <p>Data has also been developed to monitor activity which will include date of referral to first appointment and management of referral priority across hospital services.</p> <p>The Department also plans to develop data to monitor length of wait from first hospital appointment to follow up based on clinically indicated time.</p> <p>In relation to waiting time between referral and diagnosis and diagnosis and treatment, this will form part of the analysis work with Digital Health and Care NI colleagues within patient pathways from Referral to Treatment and to determine if monitoring tools can be developed.</p>

<p>d. Number of referrals and % accepted and not accepted;</p> <p>e. Referral types i.e. routine/ urgent / red flag referrals;</p> <p>f. Waiting times between referral and first appointment;</p> <p>g. Waiting times between first and follow-up appointment with professionals;</p> <p>h. Waiting time between referral and diagnosis and diagnosis and treatment;</p> <p>i. Measuring and reporting on waiting times for health professionals other than first appointment with consultant, to include Allied Health Professionals, Technicians or Nurses;</p> <p>Waiting times for transition / transfer from paediatric to adult services;</p>	<p><b>NICCY Initial Feedback – August 2022</b></p> <p>The information on waiting times that is in the public domain remains incredibly limited in terms of children’s community services, i.e. Autism and CAMHS. This recommendation is aimed at ensuring that all child health services across the system have equitable info available and reported on.</p> <p>It is also important that waiting time data comes from one standardised central source. For NICCYs review, information was taken from PAS system which provided much more detailed information, and overall waiting time figures that were significantly different to those published in DoH statistical bulletins which use a different source (CH3 Returns from HSCTs)</p> <p>NICCY reviewed hospital waiting list data published on the DoH website as part of its scoping exercise for the review and found that the data was limited to 'paediatric speciality' for first consultant outpatients and similar for inpatient / day case.</p> <p>In terms of outpatients, there are up to 50 individual child health services or subspecialties that come under paediatrics. It was clear from the outset of our review that 'paed specialty' did not provide a level of detail required to understand waiting times for specific children’s health services.</p> <p>We know that the system does hold some disaggregated data on children service waiting times, some of which is included in our report, and was sourced from HSCB Information management team. For the purposes of clarification, we are recommending that a greater range of data should be made available in the public domain.</p>
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	<p>k. Breakdowns (disaggregated data) by demographic characteristics and geographic area i.e. deprivation and HSCT; and                      l. Monitoring and reporting on HSC patients treated by the independent sector and out of jurisdiction i.e. number, conditions, cost.</p>	<p><b>Departmental response – October 2022</b></p> <p>Many of the statistics produced by the Department are reliant on data from systems accessible within the Regional Data Warehouse. Unfortunately, these do not currently include coverage of all working data used in direct patient care, and there is no community electronic data warehouse currently available to enable robust regional figures to be routinely produced that would fully meet the requirements of this recommendation. It is likely this will be developed following the rollout of the Encompass programme. In the interim Departmental statisticians are engaging with the Strategic Planning and Performance Group to establish what currently available CAMHS information would meet official statistics standards and could potentially be disseminated under that framework. The Department will also examine the data quality of paediatric sub-specialty and non consultant led activity and determine if this is of sufficient quality for use in the production of official statistics.</p>
<p>12</p>	<p>Hospital Waiting Time reporting should always be disaggregated by specific child health services alongside type of treatment i.e. outpatient, inpatient, day case, diagnostics, treatment / surgical waiting times.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>Further work will be needed with Departmental statisticians to explore the feasibility of reporting waiting times as recommended. The Department will keep these recommendations under review.</p> <hr/> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>n/a</p> <hr/> <p><b>Departmental response – October 2022</b></p> <p>Please see October 2022 response to Recommendation 11.</p>
<p>13</p>	<p>Community Child Health Waiting Times reporting should be established in line with scheduled publishing for hospital waiting times.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>As above, further work will be needed with Departmental statisticians to explore the feasibility of reporting waiting times as recommended. The Department will keep these recommendations under review.</p> <hr/> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>n/a</p>

		<p><b>Departmental response – October 2022</b></p> <p>Please see October 2022 response to Recommendation 11.</p>
14	<p>Consideration should be given to whether child specific waiting time targets should be developed for elective hospital services.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>Further work will be needed with Departmental commissioning and performance management leads to explore the feasibility of establishing new waiting time targets in these areas within a new integrated care system.</p> <p>The Department would welcome further discussion between NICCY regarding these recommendations and will keep these under review.</p> <p><b>NICCY Initial Feedback – August 2022</b></p> <p>n/a</p> <p><b>Departmental response – October 2022</b></p> <p>Work is under way to develop indicators for the new Strategic Outcomes Framework (SOF) underpinning the Integrated Care System (ICS) for planning and delivering local and regional health services for Northern Ireland. The SOF will identify suitable measures and metrics in relation to each of the strategic outcomes, which include that “Children and Young People have the best start in life and their families or networks are supported in enabling them to reach their full health and well-being potential”. The Department will consider whether child specific waiting time targets should be developed as part of this model.</p>
15	<p>Establish regional waiting time targets for community child health services.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>As above.</p>

		<p><b>NICCY Initial Feedback – August 2022</b></p>
		<p><b>Departmental response – October 2022</b></p> <p>Please see October 2022 response to Recommendation 14.</p>
<p>16</p>	<p>Set waiting time targets for review appointments for both hospital (elective) and community child health services.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>As above.</p>
		<p><b>NICCY Initial Feedback – August 2022</b></p>
		<p><b>Departmental response – October 2022</b></p> <p>Please see October 2022 response to Recommendation 14.</p>
<p>17</p>	<p>Consider ways to strengthen accountability for breaches of waiting time targets, such as a regional performance dashboards.</p>	<p><b>Departmental Initial Response – July 2022</b></p> <p>The Department has developed a range of dashboards which provide at-a-glance, up to date views of key performance data, including waiting time information, across a range of performance areas including elective and social care.</p>
		<p><b>NICCY Initial Feedback – August 2022</b></p> <p>Further info required on how existing dashboards are improving accountability- are they included in the public domain? and what child health services these ‘at a glance’ key performance data covers.</p>

**Departmental response – October 2022**

HSC Trust performance in relation to commissioned activity and waiting time targets is monitored and managed by the Department’s Strategic Planning and Performance Group (SPPG, formerly the Health and Social Care Board). The dashboards referred to are primarily for internal performance monitoring use within SPPG and have not been developed for publication purposes at this stage. A Department-led Performance and Transformation Executive Board (PTEB) has been established to provide strategic leadership in the oversight of HSC performance, safety, quality and transformation. This includes oversight of performance in relation to the HSC Service Delivery Plan for 2022/23 as well as extant Ministerial waiting time targets for access to HSC services, which are:

- 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks;
- 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks;
- 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks; and,
- no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).