

INFORMATION  
ANALYSIS  
DIRECTORATE



# Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland

2022/23



Department of  
**Health**

An Roinn Sláinte  
Máinnstríe O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)



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# Reader Information

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Target Audience	Health Visitors, Directors of Nursing, Directors of Children's Services, Chief Executives of HSC Board, PHA and Trusts in Northern Ireland.
Main use of document	Data from this report is used to monitor the delivery of services to children, to help assess Health and Social Care (HSC) Trust performance, corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions.

The statisticians within IAD are out posted from the Northern Ireland Statistics & Research Agency (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the [Code of Practice for Official Statistics](#).



IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

This report is produced by Community Information Branch.

## About the Community Information Branch

The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services and community health by providing quality information and analysis.

We collect, analyse and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>

## Our Vision and Values

- *Provide up-to-date, quality information on children and adult social services and community health;*
- *To disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and*
- *Be an expert voice on health and social care information.*

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# Child Health Promotion Programme

[Healthy Child, Healthy Future \(HCHF\)](#) is a framework for the universal Child Health Promotion Programme within Northern Ireland. It is recognised as being central to improving child health across a range of issues and giving every child and young person the best start in life.

## *Effective implementation of the programme will lead to:*

- Strong parent-child attachments resulting in better social and emotional well being;
- Care that keeps a child healthy and safe;
- Early detection of and actions to address developmental delay, abnormalities, ill health and concerns about safety;
- Identification of factors that could influence health and well being in families;
- Increased rates of breast feeding;
- Early recognition of growth disorders and risk factors for obesity;
- Healthy eating and increased activity leading to a reduction in obesity;
- Prevention of serious and communicable diseases;
- Better short and long term outcomes for children at risk of social exclusion;
- Increased learning and readiness for school.

In order to meet these goals, the framework sets out a programme of child health reviews that every family can expect. This statistical bulletin details the number of preschool health reviews completed within the accepted timeframe (tolerance), outside the tolerance (both earlier and later) and the number that were not completed<sup>1</sup>.

**Table 1:** Recommended timeframe of different Health Visitor reviews in Northern Ireland

Health Visitor Reviews	Timeframe
New Baby Review /First Visit	10 - 14 days
6 - 8 Week Review	6 - 11 weeks
14 - 16 Week Health Review	14 - 19 weeks
6 - 9 Month Contact	26 - 42 weeks
Health Review at 1 Year	52 - 60 weeks
Health Review at 2 - 2 ½ Years	104 - 140 weeks

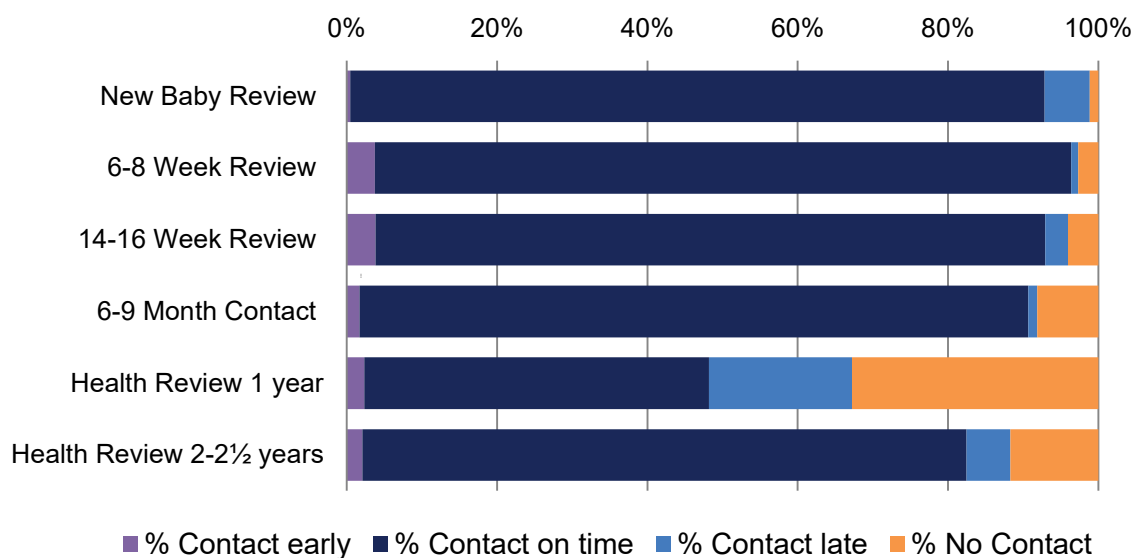
<sup>1</sup> This publication does not cover Antenatal visits, 3 Year Contact information, or the 4 Year Record Review.

## Summary Statistics – 2022/23

During 2022/23, Health Visitors were expected to have completed 127,164 reviews of children across Northern Ireland<sup>2</sup>.

- Some 103,272 of these (81%) were completed within the recommended time frame (contact on time).
- An additional 8% (10,752) were completed, but outside the recommended time frame (contact early or late).
- Some 10% of the reviews did not take place.

**Fig. 1: Percentage (%) of health reviews completed by timing of the contact (2022/23)**



During 2022/23, three of the HSC Trust's Public Health Nursing services were on their respective Trust Risk Register for all or part of the year as a result of workforce pressures. One of the Trusts also received additional supported from PHA. This should be borne in mind when considering the following data.

Please note that this publication does not cover the reasons why reviews did not take place. In some instances it may be based on parents' wishes. Furthermore, the reports these figures are taken from are based on individual HSC Trust's Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter HSC Trust, and as such will be on the report as 'Not seen'. This is a recording issue for all the HCHF reviews, but is in particular relevant for the 2-2 ½ review as it can take place over an 8 month period.

<sup>2</sup> These figures exclude Antenatal Visits, 3 Year Contact and the 4 Year Record Review.

# New Baby Review / First Visit

## Timing:

Visit to be carried out between day 10 and 14 after birth.

**92%**

of all reviews were completed within the accepted time

of reviews were completed in total

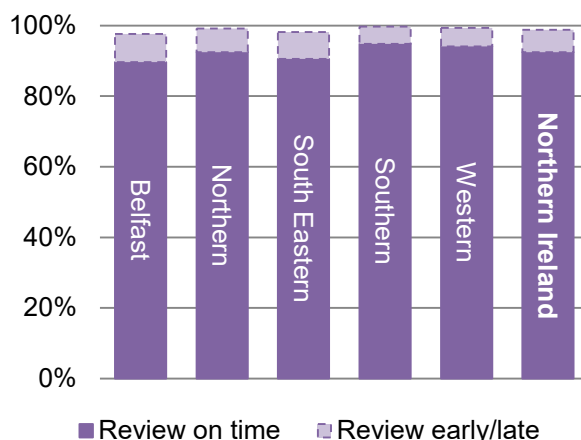
**99%**

## % of reviews completed during 2022/23:

Children in cohort	20,241
Early contact (before day 10)	<1%
<b>On time contact (day 10 - 14)</b>	<b>92%</b>
Late contact (after day 14)	6%
Not seen	1%

*Southern HSC Trust had the largest proportion of reviews take place within 10 - 14 days (95%).*

**Fig. 2** Graph showing the percentage of new baby reviews completed by HSC Trust (2022/23)

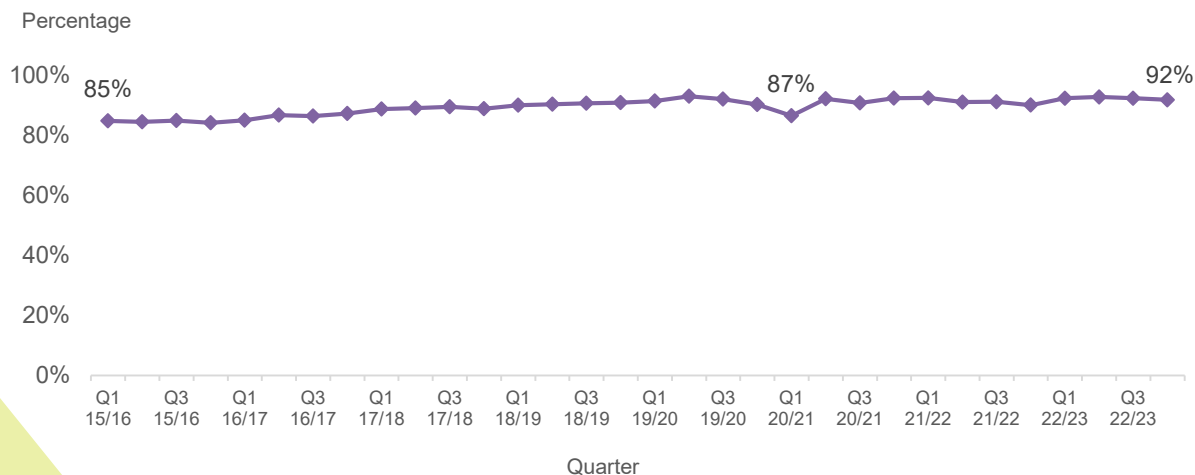


Please note that if a child is in neonatal unit or if the mother is in hospital during day 10-14, the first visit cannot take place and will be recorded as "Not seen". Currently, it is not possible to exclude these children from the reports presented here and this should be born in mind when analysing these figures.

## Reviews on time by Quarter:

The proportion of new baby reviews completed within the expected timeframe has slowly increased since 2015/16; however, a slight dip was seen in the first quarter of 2020/21, the beginning of the Covid-19 pandemic. The numbers have since returned to pre-pandemic levels.

**Fig.3** Graph showing the percentage of new baby reviews completed on time by quarter (2015/16 - 2022/23)



## 6 – 8 Week Review

### Timing:

Review to be carried out between 6 - 8 weeks after birth; however up to week 11 is acceptable.

**93%**

of all reviews were completed within the accepted time

of reviews were completed in total

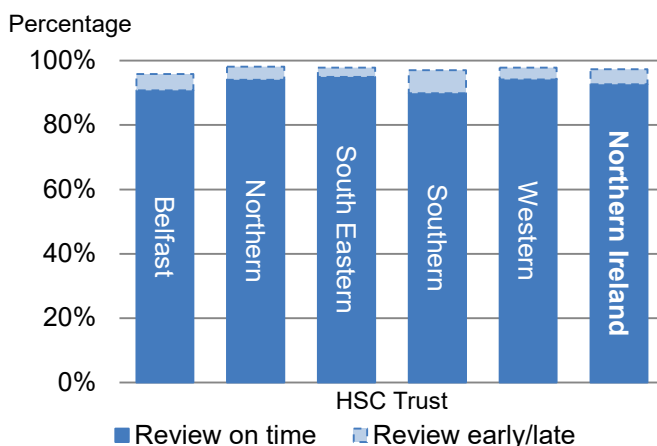
**97%**

### % of reviews completed during 2022/23:

Children in cohort	20,485
Early contact (before week 6)	4%
<b>On time contact (week 6-11)</b>	<b>93%</b>
Late contact (after week 11)	1%
Not seen	3%

*Western HSC Trust had the largest proportion of reviews on time (95%)*

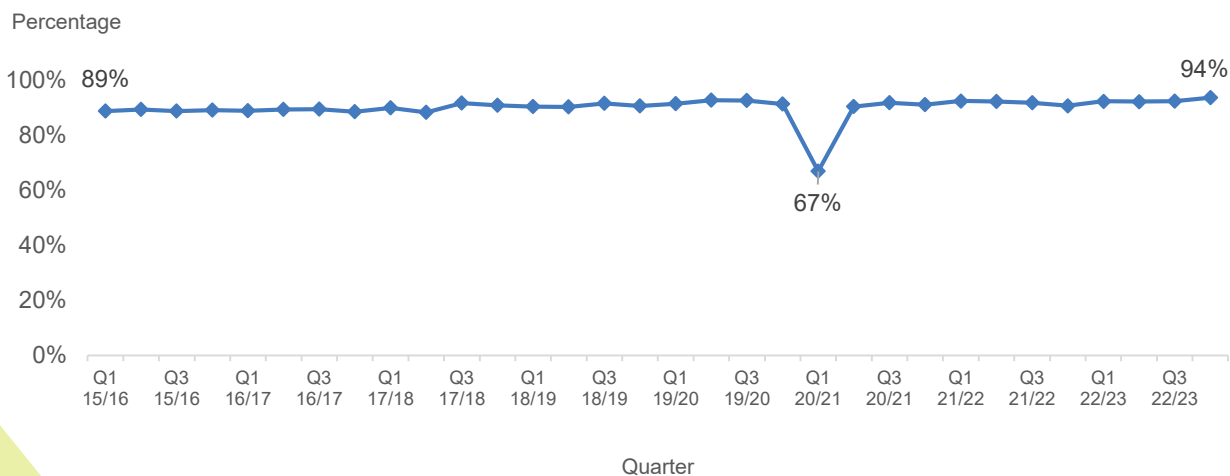
**Fig. 4** Graph showing the percentage of 6 – 8 week reviews completed by HSC Trust (2022/23)



### Reviews on time by Quarter:

The proportion of 6 – 8 Week Reviews completed within the expected timeframe have remained relatively stable since 2015/16. Furthermore, when including contacts made early or late, this review has consistently had a very high coverage. A dip was seen in the first quarter of 2020/21, the beginning of the Covid-19 pandemic. The numbers have since returned to pre-pandemic levels.

**Fig.5** Graph showing the percentage of 6 – 8 week reviews completed on time by quarter (2015/16 - 2022/23)





# 14 – 16 Week Health Review

**Timing:** Review to be carried out between 14 - 16 weeks after birth; however up to week 19 is acceptable.

**89%** of all reviews were completed within the accepted time

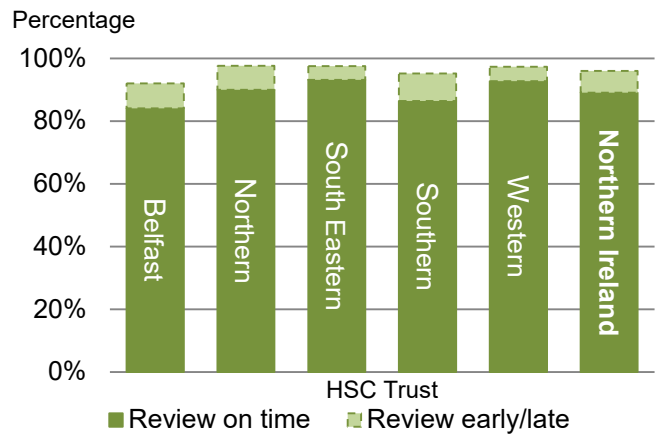
of reviews were completed in total **96%**

## % of reviews completed during 2022/23:

Children in cohort	20,700
Early contact (before week 14)	4%
<b>On time contact (week 14-19)</b>	<b>89%</b>
Late contact (after week 19)	3%
Not seen	4%

*The South Eastern and Western HSC Trusts had the largest proportion of reviews on time (93%).*

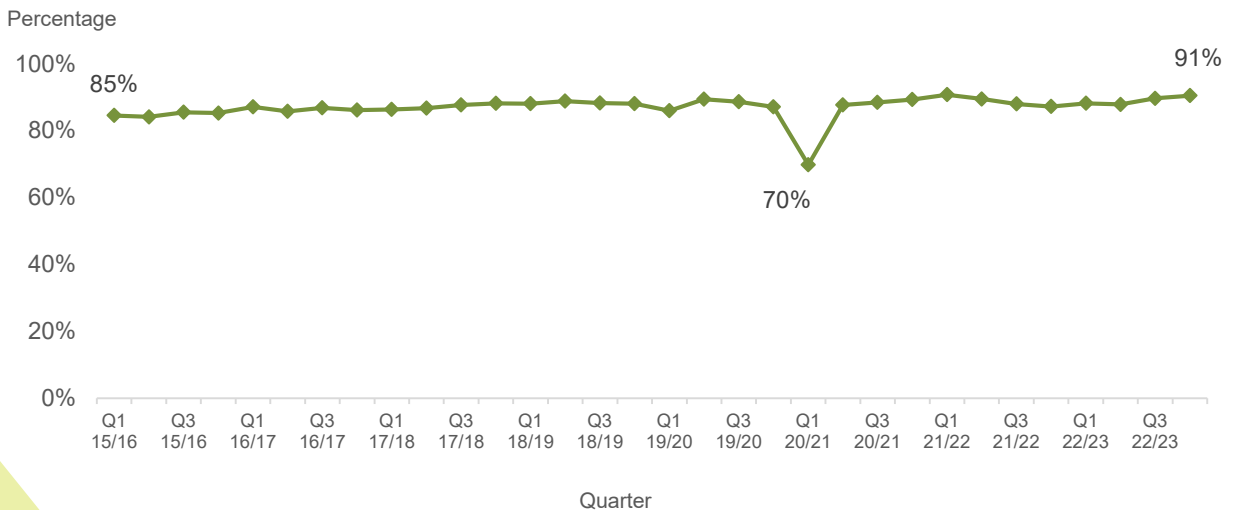
**Fig.6** Graph showing the percentage of 14 – 16 week reviews completed by HSC Trust (2022/23)



## Reviews on time by Quarter:

The proportion of 14 – 16 Week Health Reviews undertaken within the accepted timeframe has remained relatively stable since 2015/16. A dip was seen in the first quarter of 2020/21, the beginning of the Covid-19 pandemic. The numbers have since returned to pre-pandemic levels.

**Fig.7** Graph showing the percentage of 14 – 16 week reviews completed on time by quarter (2015/16 - 2022/23)



## 6 – 9 Month Contact

### Timing:

Contact to be carried out between 6 - 9 months after birth; however up to month 10 is acceptable.

**89%**

of all contacts were completed within the accepted time

of contacts were completed in total

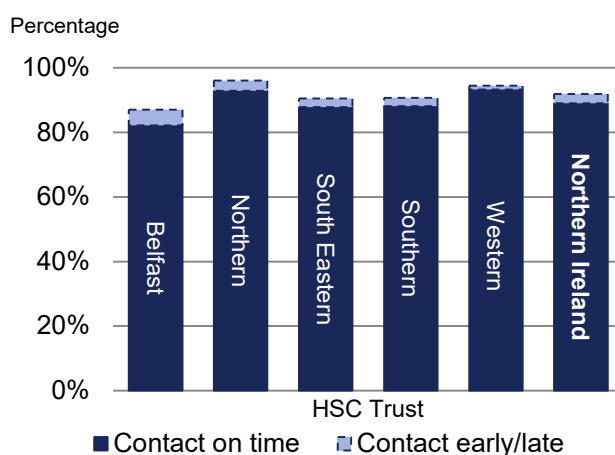
**92%**

### % of contacts completed during 2022/23:

Children in cohort	21,523
Early contact (before month 6)	2%
<b>On time contact (month 6-10)</b>	<b>89%</b>
Late contact (after month 10)	1%
Not seen	8%

*The Northern and Western HSC Trusts had the largest proportion of reviews completed on time (93%).*

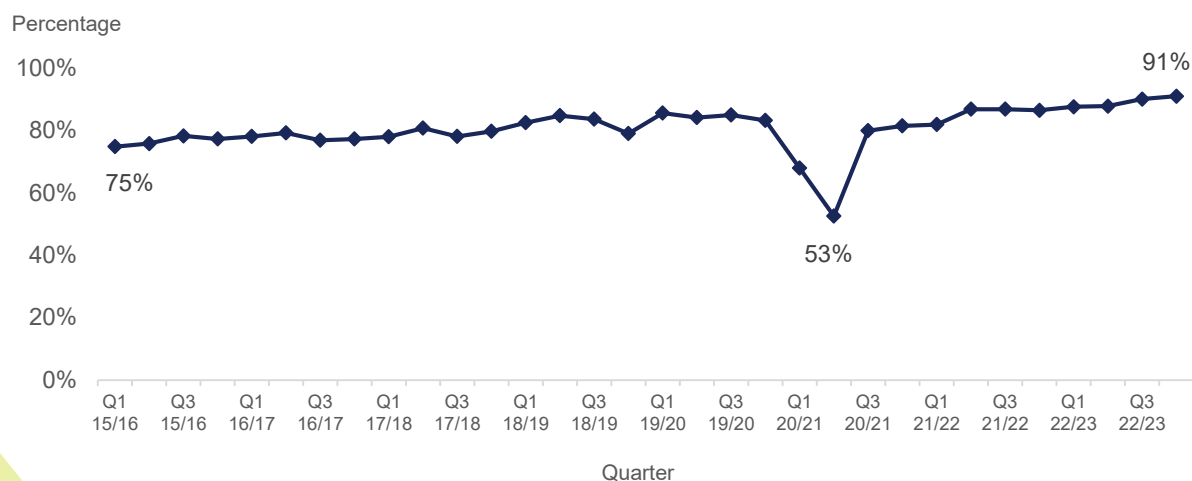
**Fig.8** Graph showing the percentage of 6 – 9 month contacts completed by HSC Trust (2022/23)



### Reviews on time by Quarter:

From 2015/16 to 2019/20, there was a year on year increase of the proportion of 6 – 9 month contacts undertaken on time. There was a large reduction in the percentage of completed contacts the first two quarters of 2020/21, the beginning of the Covid-19 pandemic. The numbers have since returned to pre-pandemic levels.

**Fig.9** Graph showing the percentage of 6 – 9 month contacts completed on time by quarter (2015/16 - 2022/23)



# 1 Year Health Review

## Timing:

Review to be carried out 1 year after birth; however up to month 14 is acceptable.

**46%**

of all reviews were completed within the accepted time

of reviews were completed in total

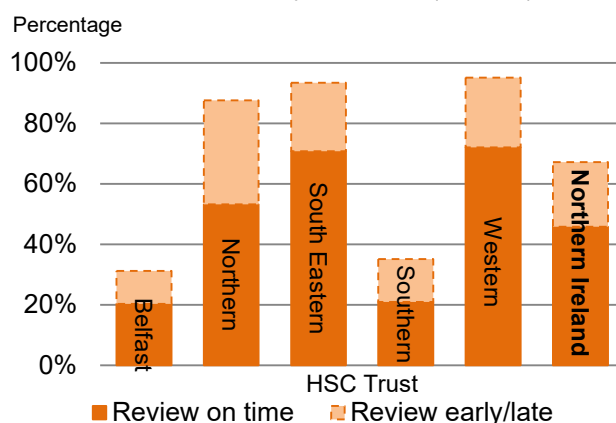
**67%**

## % of contacts completed during 2022/23:

Children in cohort	21,867
Early contact (before month 12)	2%
<b>On time contact (month 12-14)</b>	<b>46%</b>
Late contact (after month 14)	19%
Not seen	33%

*The Western HSC Trust had the largest proportion of reviews within 12 - 14 months (72%).*

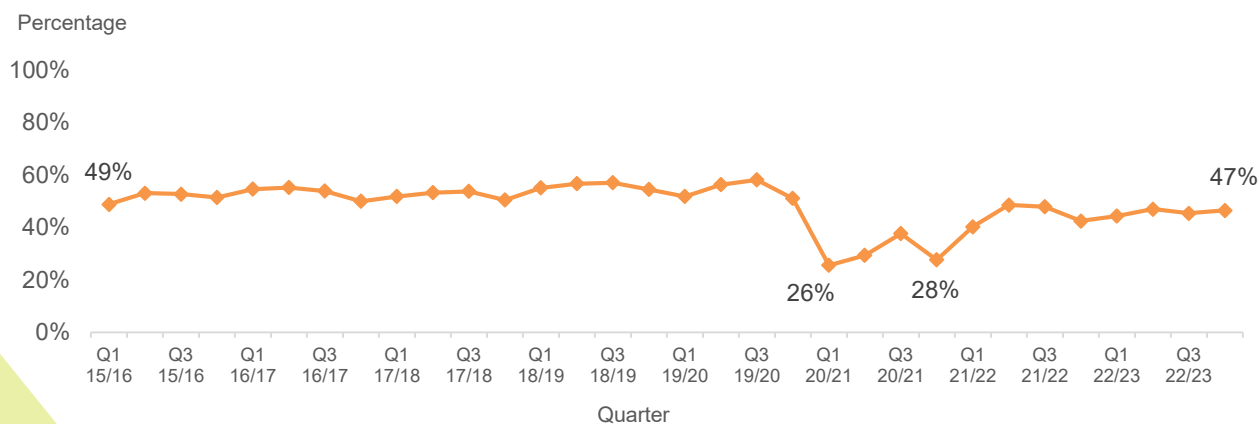
**Fig.10** Graph showing the percentage of 1 Year reviews completed by HSC Trust (2022/23)



## Reviews on time by Quarter:

As a result of workforce pressures, the Public Health Agency has previously issued interim measure guidance to HSC Trusts that the 1 Year contact could be omitted under specific circumstances. There was a large reduction in the percentage of completed contacts from end of 2019/20, likely to be a result of these interim measures, as well as the Covid-19 pandemic (Figure 11). Interim measures have since been stood down, however it should be noted that as a result of workforce pressures during 2022/23 three of the Trusts' Public Health Nursing services were on their respective Trust Risk Register for all or part of year. Individual Trusts may have adopted differing approaches to the completion of the 1 year review and this should be borne in mind when considering the following data.

**Fig.11** Graph showing the percentage of 1 Year reviews completed on time by quarter (2015/16 - 2022/23)



## 2 – 2 ½ Years Health Review

### Timing:

Review to be carried out 2 – 2 ½ years after birth; however up to 2 years 8 months is acceptable.

**80%**

of all contacts were completed within the accepted time

of contacts were completed in total

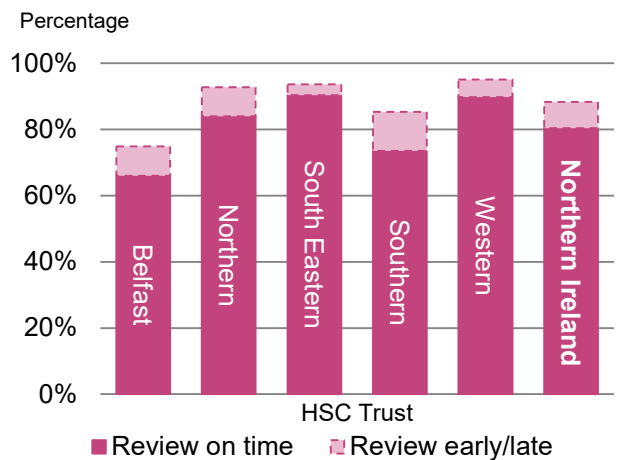
**88%**

### % of contacts completed during 2022/23:

Children in cohort	22,348
Early contact (before 2 years)	2%
<b>On time contact (2 years – 2 years 8 months)</b>	<b>80%</b>
Late contact (after 2 years 8 months)	6%
Not seen	12%

*The South Eastern and Western HSC Trusts had the largest proportion of reviews within 2 years – 2 ½ years (90%).*

**Fig.12** Graph showing the percentage of 2 – 2 ½ Year reviews completed by HSC Trust (2022/23)

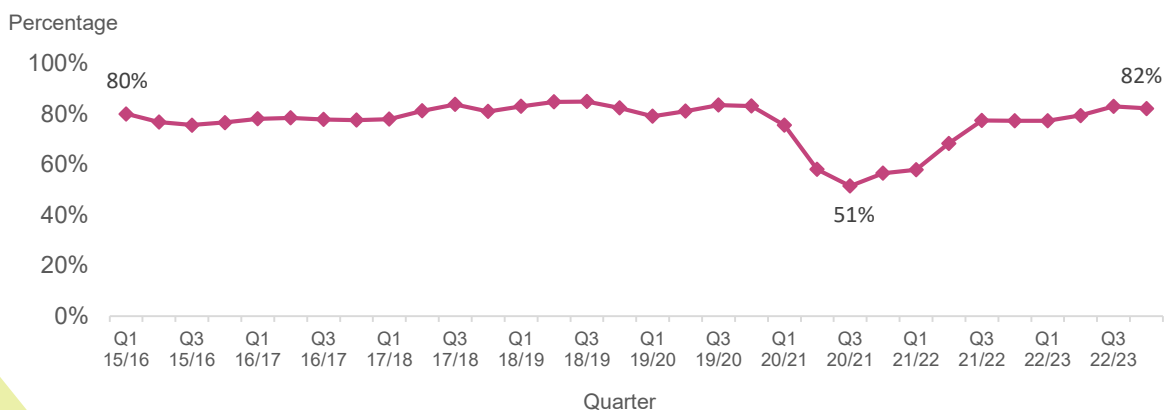


Please note that the reports these figures are taken from are based on the individual Trusts' Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter Trust, and as such be recorded as 'Not seen'. This is a recording issue and is in particular relevant for the 2-2 ½ review as it can take place over an 8 month period. This should be born in mind when analysing these figures.

### Reviews on time by Quarter:

Following a general increase in the proportion of 2 – 2½ year Health Reviews completed on time from 2015/16 to 2019/20, 2020/21 saw a large dip at the beginning of the Covid-19 pandemic. The numbers in 2022/23 are back to pre-pandemic levels.

**Fig.13** Graph showing the percentage of 2 – 2 ½ year reviews completed on time by quarter (2015/16 - 2022/23)



# Annex A

**Table 1: Summary Health Visits 2022/23**

Northern Ireland	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
New Baby Review by HV	20,241	89	18,706	1,213	233
6 to 8 Week Review by HV	20,485	764	18,986	186	549
14 to 16 Week Health Review by HV	20,700	795	18,443	629	833
6 to 9 Month Contact by HV	21,523	367	19,153	261	1,742
Health Review at 1 Year by HV	21,867	513	10,026	4,158	7,170
Health Review at 2-21/2 Years by HV	22,348	469	17,958	1,308	2,613

Northern Ireland	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
New Baby Review by HV	<1%	92%	6%	1%	99%
6 to 8 Week Review by HV	4%	93%	1%	3%	97%
14 to 16 Week Health Review by HV	4%	89%	3%	4%	96%
6 to 9 Month Contact by HV	2%	89%	1%	8%	92%
Health Review at 1 Year by HV	2%	46%	19%	33%	67%
Health Review at 2-21/2 Years by HV	2%	80%	6%	12%	88%

**Table 2: New Baby Review by Health Visitor 2022/23**

New Baby Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,752	36	3,364	262	90
Northern	4,939	19	4,568	311	41
South Eastern	3,573	25	3,236	246	66
Southern	4,676	0	4,432	230	14
Western	3,301	9	3,106	164	22
<b>Northern Ireland</b>	<b>20,241</b>	<b>79</b>	<b>19,600</b>	<b>1,476</b>	<b>320</b>

New Baby Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	1%	90%	7%	2%	98%
Northern	<1%	92%	6%	1%	99%
South Eastern	1%	91%	7%	2%	98%
Southern	0%	95%	5%	<1%	100%
Western	<1%	94%	5%	1%	99%
<b>Northern Ireland</b>	<b>&lt;1%</b>	<b>92%</b>	<b>6%</b>	<b>1%</b>	<b>99%</b>

**Table 3: 6 - 8 Week Review by Health Visitor 2022/23**

6 - 8 Week Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,721	141	3,379	45	156
Northern	5,003	134	4,707	66	96
South Eastern	3,642	81	3,459	22	80
Southern	4,754	300	4,273	38	143
Western	3,365	108	3,168	15	74
<i>Northern Ireland</i>	<b>20,485</b>	<b>764</b>	<b>18,986</b>	<b>186</b>	<b>549</b>

6 - 8 Week Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	90%	2%	5%	95%
Northern	3%	94%	2%	2%	98%
South Eastern	3%	92%	1%	4%	96%
Southern	6%	89%	1%	3%	97%
Western	3%	95%	1%	2%	98%
<i>Northern Ireland</i>	<b>4%</b>	<b>92%</b>	<b>1%</b>	<b>3%</b>	<b>97%</b>

**Table 4: 14 - 16 Week Health Review by Health Visitor 2022/23**

14 - 16 Week Health Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,769	163	3,170	134	302
Northern	5,040	165	4,535	221	119
South Eastern	3,683	103	3,432	56	92
Southern	4,829	276	4,173	149	231
Western	3,379	88	3,133	69	89
<i>Northern Ireland</i>	<b>20,700</b>	<b>795</b>	<b>18,443</b>	<b>629</b>	<b>833</b>

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	84%	4%	8%	92%
Northern	3%	90%	4%	2%	98%
South Eastern	3%	93%	2%	2%	98%
Southern	6%	86%	3%	5%	95%
Western	3%	93%	2%	3%	97%
<i>Northern Ireland</i>	<b>4%</b>	<b>89%</b>	<b>3%</b>	<b>4%</b>	<b>96%</b>

**Table 5: 6 – 9 Month Contact by Health Visitor 2022/23**

6 - 9 Month Contact	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,878	130	3,186	59	503
Northern	5,113	86	4,749	77	201
South Eastern	3,894	76	3,420	28	370
Southern	5,048	44	4,448	88	468
Western	3,590	31	3,350	9	200
<i>Northern Ireland</i>	<b>21,523</b>	<b>367</b>	<b>19,153</b>	<b>261</b>	<b>1,742</b>

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	82%	2%	13%	87%
Northern	2%	93%	2%	4%	96%
South Eastern	2%	88%	1%	10%	90%
Southern	1%	88%	2%	9%	91%
Western	1%	93%	<1%	6%	94%
<i>Northern Ireland</i>	<b>2%</b>	<b>89%</b>	<b>1%</b>	<b>8%</b>	<b>92%</b>

**Table 6: Health Review at 1 Year by Health Visitor 2022/23**

Health Review at 1 Year	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,010	131	815	307	2,757
Northern	5,194	69	2,762	1,717	646
South Eastern	3,858	76	2,732	798	252
Southern	5,147	180	1,080	549	3,338
Western	3,658	57	2,637	787	177
<i>Northern Ireland</i>	<b>21,867</b>	<b>513</b>	<b>10,026</b>	<b>4,158</b>	<b>7,170</b>

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	20%	8%	69%	31%
Northern	1%	53%	33%	12%	88%
South Eastern	2%	71%	21%	7%	93%
Southern	3%	21%	11%	65%	35%
Western	2%	72%	22%	5%	95%
<i>Northern Ireland</i>	<b>2%</b>	<b>46%</b>	<b>19%</b>	<b>33%</b>	<b>67%</b>

**Table 7: Health Review at 2 - 2½ Years by Health Visitor 2022/23**

Health Review at 2 - 2½ Years	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,132	113	2,728	255	1,036
Northern	5,397	88	4,534	386	389
South Eastern	3,976	47	3,594	84	251
Southern	5,154	168	3,790	440	756
Western	3,689	53	3,312	143	181
<b>Northern Ireland</b>	<b>22,348</b>	<b>469</b>	<b>17,958</b>	<b>1,308</b>	<b>2,613</b>

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	66%	6%	25%	75%
Northern	2%	84%	7%	7%	93%
South Eastern	1%	90%	2%	6%	94%
Southern	3%	74%	9%	15%	85%
Western	1%	90%	4%	5%	95%
<b>Northern Ireland</b>	<b>2%</b>	<b>80%</b>	<b>6%</b>	<b>12%</b>	<b>88%</b>

**Table 8: Proportion of visits on time Quarter 1 2021/22 – Quarter 4 2022/23**

	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23
Northern Ireland	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New baby review	93%	91%	91%	90%	92%	93%	92%	92%
6 – 8 Week Review	93%	92%	92%	91%	92%	92%	92%	94%
14 – 16 Week Health Review	91%	90%	88%	87%	88%	88%	90%	91%
6 – 9 Month Contact	82%	87%	87%	86%	88%	88%	90%	91%
Health Review at 1 Year	40%	49%	48%	43%	44%	47%	45%	47%
Health Review at 2 – 2½ Years	58%	68%	77%	77%	77%	79%	83%	82%



# Annex B – Purpose of each review

## **New Baby Review / First Visit**

- Check Vitamin K status;
- Maintain infant health;
- Health promotion;
- Growth;
- Assess maternal mental health;
- Promote sensitive parenting;
- Identify and review risk factors;
- Assess promote and support infant feeding;
- Promote development of parent-baby relationship;
- Safeguarding – awareness of accident prevention;
- Establish newborn baseline clinical assessment.

## **6 – 8 Week Review**

- Review and update family health assessment;
- Promote the uptake of immunisations;
- Reassess Maternal Mental Health;
- Monitor the infants growth;
- Prevention of Sudden Unexpected Death in Infancy (SUDI);
- Record feeding status;
- Delivery of Key health promotion messages;
- Review and update risk factors.

## **14 – 16 Week Health Review**

- Review and update family health assessment;
- Review and update risk factors;
- Assess maternal mental health;
- Record infants feeding status;
- Monitor infants growth;
- Promote the uptake of immunisations;
- DDH age appropriate exam;
- Encourage uptake from other services e.g. Surestart.

## **6 – 9 Month Contact**

- Home safety;
- Introduce the Book start pack;
- Bath-book-bed routine;
- Record feeding status;
- Accident prevention;
- Promote the uptake of immunisations;
- Provide health information.

## **1 Year Health Review**

- Review and update of family health assessment;
- Record feeding status;
- Monitor growth;
- Review speech and language development;
- Promote oral health – dental registration;
- Offer parenting support;
- Health Promotion.

## **2 – 2 ½ Years Health Review**

- Review and update risk factors;
- Monitor the infants growth;
- Monitor child's social, emotional, speech and behavioural development;
- Monitor vision and hearing ;
- Offer guidance on behaviour management;
- Promote language development;
- Toilet training;
- Safeguarding.

# Annex C – Technical Notes

## Purpose

This publication has been produced to measure the rate of completed child health contacts / reviews carried out by Health Visitors. Further information about these contacts and their purpose can be found in [‘Healthy Child, Healthy Future’](#).

## Health Visitors and Health Reviews

Health Visitors are qualified nurses who have taken further training in Community & Child Health. Health Visitors work with individuals, families and groups whilst liaising closely with midwives, practice nurses and GPs.

A health review will take place in the family home, however can, for some type of contacts, also take place in a health centre and/or in a group setting.

## Data Collection

The figures in this publication detail the number of preschool health reviews that should have been completed by the quarter end. It is recommended in ‘Healthy Child, Healthy Future’ that each health review should be completed within a certain time period; figures are reported on contacts that were completed early, within the recommended time period (on time), late or not completed. Figures are presented regionally and by Health and Social Care (HSC) Trusts.

The statistics presented in this bulletin are derived from Child Health System extractions provided by each of the five HSC Trusts to the Public Health Agency (PHA) and Community Information Branch (CIB) within the Department of Health (DoH).

## Methodology

This information collection identifies if a health review has taken place within the accepted time for that visit. Each visit’s accepted timeframe is set out in the introduction of this report. All reviews whose timeframe ended during the quarter is included. The contact itself may have been carried out in a previous quarter. This report therefore identifies whether the child received the contact within agreed time frames and is not an indication of workload during the quarter. Please note that if a contact occurs more than three months after the end of the relevant tolerance period it will be recorded as “not completed”.

Please note that the reports these figures are taken from are based on individual HSC Trust’s Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter HSC Trust, and as such will be on the report as ‘Not seen’. This is a recording issue for all the HCHF reviews.

## Statement of Administrative Sources

Returns are derived from the Child Health System, which is the main administrative system used to support HSC Trusts in delivering the Child Health Promotion Programme.

## **Rounding Conventions**

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100%. 0% may reflect rounding down of values under 0.5%.

## **Data Quality**

In 2015, a bespoke report was written to ensure the same health visit data was extracted from the local Child Health Systems (CHSs) by all five HSC Trusts.

To facilitate the return of accurate counts, HSC Trusts supply returns three months after the end of the quarter. Statistics published do not reflect information system updates after this window has passed. Following submission to CIB, further checks are carried out to verify that information is internally consistent. Trend analyses are used to monitor variations and emerging trends.

Queries arising from validation are submitted to HSC Trusts for clarification, and if required returns may be amended and/or re-submitted.

An audit (2017), carried out by CIB in cooperation with HSC Trusts and PHA, assessed the validity of the information at the stage of data input into the CHS. This audit, which focussed on the New Baby Review and the 2 Year Review, found that some Trust variation exists in recording. The full audit report with recommendations can be obtained by request to [cib@health-ni.gov.uk](mailto:cib@health-ni.gov.uk).

## **User Engagement**

We welcome your feedback. If you have any comments on this publication, please contact Community Information Branch at: [cib@health-ni.gov.uk](mailto:cib@health-ni.gov.uk)

## **Related Publications**

***[GAIN Audit Every Child Counts. Regional audit of the Child Health Promotion Programme – Health Visiting and School Nursing Services](#)*** (March 2016)

## **Next Release**

“Healthy Child Healthy Future – Visit statistics for Northern Ireland 2023/24” has provisional release date of October 2024.

Statistical bulletins published by Community Information Branch are available to download from the Department of Health

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research>