



Background Quality Report:

“CAMHS Waiting Time Statistics in Northern Ireland”

Assessment by the author

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Abbreviations:

CAMHS – Child and Adolescent Mental Health Services

CHS – Child Health System (administrative IT system)

CIB – Community Information Branch

DHSSPS – Department for Health, Social Services and Public Safety (now DoH)

DoH – Department of Health

HSC – Health and Social Care

HTML - Hypertext Markup Language

IAD – Information Analysis Directorate

NHS – National Health Service

NISRA – Northern Ireland Statistics and Research Agency

PHA – Public Health Agency

SPPG – Strategic Planning and Performance Group

UK – United Kingdom

Summary:

This report provides information on the quality of the data used to produce the official statistics: **CAMHS Waiting Time Statistics in Northern Ireland**. It informs users about the quality of the information upon which they may be drawing conclusions and making decisions.

The report is structured around the five quality dimensions for statistical outputs (from the [European Statistics Code of Practice, PDF \(458 KB\)](#)). The UK Statistics Authority's [Code of Practice for Statistics](#) requires that:

Q3.3 The quality of the statistics and data, including their accuracy and reliability, coherence and comparability, and timeliness and punctuality, should be monitored and reported regularly.

Introduction

Child and Adolescent Mental Health Services (CAMHS) are NHS-funded services, together with some local authority services, and are from either the statutory, voluntary or school-based sector. For example, a Health and Social Care (HSC) Trust, local authority, school or charitable organisation. CAMHS describes the overarching services provided by the HSC Trusts encompassing the teams detailed below¹:

- PMHS Step 2 - Primary Mental Health Services - Step 2 Dedicated CAMHS Service.
- Step 3 CAMHS – Comprising Core CAMHS Eating Disorder and DAMHS.

¹ Relevant at time of publishing this Background Quality Report.

- Core CAMHS (Step 3) - Specialist Community/Outpatient CAMHS Teams/Clinics.
- Eating Disorders - Specialist CAMHS Team dedicated to the assessment and treatment of complex eating disorders.
- DAMHS (Drug and Alcohol Mental Health Services) - Specialist CAMHS Team dedicated to the assessment and treatment of substance misuse.
- Crisis Resolution/Home Treatment - CAMHS Teams dedicated to emergency/next day assessment and short term intensive intervention.
- Regional Inpatient Services - Child and Adolescent Inpatient Care Services (Beechcroft Unit, Belfast Trust).
- Family Trauma Centre - Specialist CAMHS Team dedicated to the assessment and treatment of severe and enduring trauma (Belfast Trust).
- Regional Gender Identity Services (KOI) - Gender Identity Development Service (Belfast Trust).
- Regional Forensic Services – (South Eastern Trust) – This is a specialist regional service which screens, assesses and treats young people with mental health difficulties whose behaviour has led or could lead to offending.
- Intellectual (Learning) Disability (ID) CAMHS² – Service provision within CAMHS providing a specialist response to clients with intellectual disability.

Each of the five HSC Trusts complete monthly returns in excel format relating to Mental Health Outpatients Waiting Times, including those for CAMHS. However, as the Belfast HSC Trust delivers this service for both the Belfast and South Eastern HSC Trust, CAMHS figures are only collected for four HSC Trusts. These returns are submitted to the Strategic Planning and Performance Group (SPPG) for validation and subsequently shared with the Community Information Branch (CIB) of the Information and Analysis Directorate (IAD) in the Department of Health (DoH). The information is analysed quarterly by CIB, using the software R.

An HTML report with accompanying tables is produced and published on the DoH website, adhering to accessibility guidance. DoH publicises the report through a press release on their website and Twitter. Prior to release, the publication is announced on the Gov.uk website and DOH's [statistical release calendar](#), and on the day of the publication, information emails are sent to contacts within the statistical and HSC community to inform of them of the data.

Data from this report is used to monitor the delivery of CAMHS to children and young people, to help assess HSC Trust performance, corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions.

² Not all HSC Trusts have this specific service in place.

Relevance

The degree to which the statistical product meets user needs in both coverage and content.

The return this publication is based on was initially created to monitor the breaching of the nine week Commissioning Plan target for children and young people to be seen after referral for a CAMHS assessment.

The return does not explain why target wait times were not met but when possible, statisticians will include known background information as to reasons for low performance (eg. workforce issues, Covid-19 restrictions or official directives).

Accuracy and Reliability

The proximity between an estimate and the unknown true value.

The figures presented cover all children and young people waiting for a CAMHS assessment and no estimates are therefore used.

Previous data are revised if necessary and appropriate. All revisions are conducted in line with the 'Statement on Revisions and Errors' found in the [DOH Statistics Charter](#).

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

The quarterly report is published within two months of the quarter end.

The [DoH statistical release calendar](#) provides twelve months advance notice of releases.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The latest statistical publication and previous historic versions are available to view free of charge in HTML format on the [DoH website](#) which was developed in-line with accessibility guidance. Statistical tables are also available to download in Excel from the same site, suitable for further analysis, and the data used to create figures in the HTML report is available in Excel and CSV file format.

The report includes descriptions and coverage of the statistics contained, and details of how the data is collected. Where possible, statisticians will include known background information as to reasons for low performance (eg. workforce issues, Covid-19 restrictions or official directives).

The publication contains contact details for further information. Additional ad-hoc analysis, where appropriate, may be provided on request.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.

There is currently no other official source of CAMHS statistics in Northern Ireland.

All data submitted by HSC Trusts are comparable. Comparisons can be made over time and statistics published relate to quarter ending 30 June 2019 onwards. CIB ensure consistent recording, coverage and timeframes of data between HSC Trust areas and with previous years/quarters figures.

The return is produced for each HSC Trust; there are some performance differences between them which are due to priorities within the Trusts and not because of differences in reporting.

Intercountry comparisons can be difficult as health and social care operates within differing legislative frameworks across the devolved administrations.

CAMHS are sensitive to workforce pressures, and change in performance may be down to HSC Trusts responding to other issues (eg Covid-19 response). Comments are included in the publication where such known issues have taken place that may affect the comparability over time.

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

There are no trade-offs.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

Data presented in these publications help to meet the information needs of a wide range of internal and external users. Within DoH figures are used by policy officials to monitor the delivery of CAMHS to children and young people, to help assess Trust performance, for corporate monitoring, to inform and monitor related policy and to respond to parliamentary/assembly questions.

Outside government, the information in this statistical publication is used by a number of charities and voluntary organisations, as they lobby government.

The statisticians producing the publication has a close working relationship with policy officials, SPPG and the HSC Trusts, where emerging needs are discussed. Awareness of other users of the data come from ad-hoc requests for information. Furthermore, the publication includes a section requesting user feedback.

User's needs are prioritised, taking account of the resources available.

Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.

The development of the report used to extract the figures had an initial monetary cost; however, once the report was established, the cost of producing the publication is HSC staff hours only.

It is estimated that the HSC Trusts spend less than a day in staff resources to produce, validate and approve the report every quarter.

Once the quarterly reports have been submitted to CIB, statisticians spend around five days to validate and analyse the figures and produce the publication.

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

The statistical information returns received by CIB are populated templates which collate aggregate information and are not client level. The co-produced templates were predefined and agreed by all interested parties.

Instances of small numbers (less than five) are suppressed, and care is taken that the figures cannot be calculated using information from other cells or tables.

Aggregate data from which the analyses is derived are held on a network that is only accessible to the statisticians who need access. The DoH Statistical Charter contains a [‘Statement on Confidentiality and Security.’](#)