Belfast Health and Social Care Trust
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FOI/38158

29 October 2026

Paediatric instrumental assessment of swallowing at the Royal Belfast Hospital for Sick Children

Access to paediatric instrumental assessment within Speech and Language services Northern Ireland via the regional service based in the Royal Belfast Hospital for Sick Children in Belfast.

By instrumental assessment, we are referring specifically to VFSS (Videofluroscopic Swallow Study) and FEES (Fibreoptic Endoscopic Examination of Swallowing).

1.

Please detail the total number of children and young people on the waiting list for Videofluoroscopy as of 1st Jan each year	Year	Number on WL as per 1st Jan
	2022	30
	2023	66
	2024	56 - waiting list initiative completed end of 2023/beginning of 2024 leading to reduction in waiting list figures
	2025	Not possible to pull this data from Encompass
	2026	81 – further waiting list initiative completed between January – June 2026.

2.

How many videofluroscopy assessments were carried out, per calendar year? (note these are to be broken	Year	Belfast	South Eastern	Western	Northern	Southern

down by trust area of referral)						
101 total completed – this data is not available in Trust breakdown	2022					
132 total completed - this data is not available in Trust breakdown	2023					
	2024	15	18	10	12	14
	2025	28	33	18	25	22
Up to and including 15th Sept 26	2026	34	19	15	32	19

Please note the above figures do not include DNAs.

There is currently no Paediatric FEES Service in Northern Ireland.

3. **What additional monies or waiting list initiatives haven been received by your trust to manage the VFSS waiting list? If so, how much and when this was received? How did this impact service delivery and staffing?**

   1.0wte Band 8a Swallowing Videofluoroscopy post funding secured in 2019 this was a total of £ 67379

   Funding from Public Health Agency (PHA)/ Strategic Planning and Performance Group (SPPG)

   VFS specific funding was divided across RBHSC SLT Acute Paediatric team in accordance with senior SLT management decision to develop a sustainable and robust VFS service.

   A continuous training programme is now in place to develop VFS competency for appropriate staff members ensuring ongoing service provision.

   Waiting list management:

   2 separate waiting list initiatives were undertaken November 23 – February 24 and Jan – June 2026.

   The first initiative involved weekend clinics completed by 2 clinical leads.

   The second initiative increased the number of patients assessed at scheduled VFS clinic –this additional work was completed by clinical lead for the service.

Both waiting list initiatives led to a temporary decrease in the waiting list however this increased once completed and currently fluctuates between 8 – 10 months.

4. **How long on average does an assessment take? (this includes all preparation, assessment, discussion with professionals/ families/ schools and report writing).**
    a. **Has this increased in recent years?**
    b. **What are the reasons for increasing time to complete assessments?**

A Swallowing Videofluoroscopy study will take an average of 4 hours in total with complex cases requiring longer time.

Complexity is considered to have increased over the past 5 years as overall medical complexity of the paediatric dysphagia caseload rises.

5. **What are the current challenges to provision of instrumental assessment for children and young people across Northern Ireland?**

Is this a challenge?	YES – please specify if this is a challenge for VFSS and / or FEES	NO
Funding – • **Staff (SLT, admin and/or radiology to organise and run clinics, provide governance)** • **Training (including ongoing training needs once clinic established to ensure pipeline of trained professionals)**	Challenges around current waiting times. Training and competency development is costly both financially and in time. It takes at least 2 years to become an independent practitioner for experienced Band 7 and above with intensive supervised training required. Ongoing training is required to ensure use of evidence-based practice, compliance with IRMER	

	regulation and use of Barium. Audit and consensus analysis is also ongoing.	
Access to training for SLT staff	Access to training has improved with online courses such as Arvedson and MBSImp, however these are intensive, challenging and time-consuming courses to complete. SLTs must travel to London to access the Great Ormond Street Hospital course. Theoretical/practical clinical training is provided by RBHSC SLT.	
Timetabling	Availability of clinic and staff	
Other – please specify.	N/A	