

East of England
Surgery in Children ODN
2023 Annual Report



East of England Surgery in Children

Operational Delivery Network

Collaborative working to deliver high quality care to our children and their families



East of England Surgery in Children Operational Delivery Network

Director-*Elizabeth Langham*

Lead Clinician- *Mr Milind Kulkarni*

ENT Lead Clinician-*Miss Jessica Bewick*

Trauma & Orthopaedic Lead Clinician-*Mr Anish Sanghrajka*

Anaesthetic Lead-*Mr Pranav Kukreja*

SiC Lead Nurse-*Damian Griffiths*

PCC & SiC Lead Nurse for Education-*Francesca Wright*

Project Manager- *Eniko Erdodi*

ODN Office Manager-*Kelly Hart*

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The report shows another year where we have continued to mature and develop as an ODN. Our team has expanded with new members joining. We Welcomed Damian as our new Lead nurse for surgery in children and his contributions have been huge. For the SIC ODN we have spent a long time planning our service reviews which commenced at the end of 2023. These reviews will support the ODN in understanding the services across the region but also allow us as a team to visit and meet the MDT teams out in the units.

We have continued to build relationships with the ICB, with the changing landscape of the NHS working as a region but also on a system level is important.

During the year we have supported the development of guidelines, bringing experts from across the region together to form best practice guidance. Our ENT and Trauma and Orthopaedic work streams have been producing fantastic work, with the PACU course being highlighted for national roll out , well done Katie.

Education has remained a focus with education for nursing and medical staff. The provision of a difficult air course and the recovery course have shown the amount of expertise within the team but also the engagement with the network. Education is a key element for the ODN and the provision of different sessions to support education is great.

For PCC the winter was challenging but we hope the support provided was useful for the local teams. We established 4 new level 2 beds at Luton and Basildon, a huge well done to the teams, and we look forward to how this will make a difference in the East of England.

Sadly Lauren Filby stood down as our clinical lead for PCC, I would like to thank Lauren for her enthusiasm and support in setting up the PCC ODN and to let her know she will be greatly missed.

I would like to say a huge thank you to the ODN team, who support and drive development and a thank you to the local teams who continue to engage and welcome us to your services. You are a dedicated group of people who are supporting development and change and I have been proud to work with you over the last year.

MR MILIND KULKARNI

Lead Clinician



Warm greetings. We have had another successful year of activities. The Surgical ODN is maturing. We had a great opportunity to meet all of you and see your best practices in your own environment through the trust visits. We were impressed with enthusiasm and energy that you all demonstrate and the pride in services that you provide for children. We also have been able to discuss the issues that you face and we hope to support you to address these. We hope to present a unified report for EoE which will give brief idea about the work that is undertaken in the region and issues that we face. At national level we participated in national guidelines and best practice pathways. Education is at fore front and we have been able to provide high quality courses which have been commended at national level. Our network of clinical leads of ODN is strengthening. We now intend to set up a meeting for general surgeons and urologists in the region as well as focus on specialist paediatric surgery in next few months. Lots has been achieved but there is more to do. We are grateful for all your help and support and commend you for all the excellent work that you undertake.

DAMIAN GRIFFITHS

Lead Nurse



Joining the ODN in March 2023 at a time where the focus on elective recovery was, and continues to be, a priority area, I quickly got to grips with the data sources and improvement work. Warmly welcomed into the network virtual working has enabled representation at local and national level advocating and providing a voice for stakeholders regionally.

The Surgery in Children ODN joining the Elective Recovery Oversight Group as the NHSE regional improvement team established a focussed CYP group has supported a strategic focus on priority areas, reducing duplication, bringing together ICBs and CYP transformation, which has strengthened regional and national working. Within the ODN workstreams this work has continued with a focus on ENT as one of the largest waiting lists, with a high conversion rate.

The NHSE Elective Recovery Round Table events, GIRFT CYP toolkits and checklists provided ongoing resources for providers to benchmark and learn from other centres, sharing learning.

The working groups within Trauma and Orthopaedics, ENT, Anaesthetics, General Surgery and Urology have benefitted from clinical leads providing regional audit, peer support and guidelines to standardise and reduce unwarranted variation.

With the end of a fixed term project manager post in June, supporting the working groups functions has been key in maintaining the incredible work from our working groups. The Extended Scope Practitioner and Allied Health Profession working group chairs, Fran Sutton and Bobby Wakeley, established a peer support group and educational aspect to the workstream across the East of England via a Study Pod, along with developing competency frameworks.

The face-to-face Trauma and Orthopaedic event in November saw a presentation by Mr James Hunter (GIRFT clinical lead for Paediatric T&O) demonstrate the recovery of T&O in the East of England as being one of improvement. The Congenital Talipes Equino Varus (CTEV) regional audit ran by Jennifer Kemp, Elizabeth Ashby and Anish Sanghrajka has helped centres participating in the audit to benchmark with more detailed information than Model Health System.

In 2022 the ODN commenced a pathway scoping exercise, delayed due to vacancy, which was completed in July 2023. A regional dashboard created by Eniko Erdodi has finalised the project with reports having been sent to providers late 2023. During the ongoing peer review process which commenced in September 2023, copies of the Pathway Scoping Exercise have been embedded into the ODN presentation to capture feedback. The document enables insight into anaesthetic age cut off per speciality and common referral routes, including travel times. We hope this has been a useful exercise providing a baseline overview of regional activity.

Engagement with the network is key to its success, and looking at new ways to reduce e-mails, increase awareness and share examples of best practice (separate to the ODN quarterly update newsletter), I established a focussed Surgery in Children newsletter to provide updates beyond the Clinical Oversight Group minutes with a view to provide wider reach throughout the trusts and network members. In 2024 we will provide a theme for each issue and welcome provider case studies.

DAMIAN GRIFFITHS

Lead Nurse



The SIC FutureNHS workspace underwent a reconfiguration, showcasing the most recent updates from a variety of sources and sharing best practice to support signposting to useful information and provide a tool for network collaboration.

Scoping work commenced within the region to implement the South West and Thames Valley & Wessex ODN Paediatric Pre-Assessment Practitioner Course in the Spring 2024. The Pre-Operative Assessment working group will provide a longer-term community of practice in 2024. We hope that successive cohorts of the Pre-Assessment course will stay connected in order to share experiences as teams develop their Pre-Assessment services, providing business cases, regional best practice and benchmarking.

The ODN GIRFT Deep Dive, held in September 2023, was well attended by the network with good engagement. The action plan will be evaluated alongside the ODN work plan during 2024.

Surgical data (RTT) shared at the Clinical Oversight Group continues to show increased pressures and high conversion rates. Despite operational pressures and workforce shortages in some areas, what is clear, is the level of passion and drive to improve the landscape of paediatric surgery in the region and beyond.

Thank you for your dedication and contributions to the network, we look forward to continued engagement across the upcoming self-assessment review visits, and in particular meeting as many of you face to face as possible.

MR ANISH SANGHRAJKA

Lead Clinician for T&O



It has been a busy year for Orthopaedics within the ODN.

In November 2023, we had our first face to face meeting at the East Anglian Paediatric Orthopaedic Group in Cambridge. As well as consultants and clinicians from across East of England, we were joined by James Hunter, Lead for Paediatric Orthopaedic GIRFT. There were many interesting discussions about waiting lists and other pressures.

Our regional guidance, “The Operative pathway for major orthopaedic surgery for children with neuro-disability”, was created by a multidisciplinary working group including Orthopaedic Surgeons, Physiotherapists with Anaesthetic input too. The purpose of this guidance is to ensure that children with neurodisability undergoing major orthopaedic surgery, (eg hip reconstruction, SEMLS) receive the same high level of perioperative care wherever in the region they may be having surgery. It provides guidance for best practice in many aspects of the perioperative process, starting at pre-operative assessment. If you look after these children, do check this guidance out!

Our Regional Clubfoot Group, led by Jenny Kemp and Elizabeth Ashby, is going strong, and well done to all of the units submitting data. Data entry was recognised in the reports from the ODN visits to the various units. The initial results were presented at the November meeting, and we are excited about the first specific Clubfoot group meeting that will take place in Cambridge in September. As well as discussing the data in general, we will be discussing specific complex cases and difficulties to maximise the educational benefit from this audit.

The AHP group, led by Fran Sutton & Roberta Wakely, has had several virtual meetings, and learning tools for specific competencies have been completed (eg DDH, CTEV). These are available from the ODN should you wish to use them for professional development or revalidation within your unit.

At the most recent EAPOG meeting in June 2024, the consultant group discussed the operative management of DDH, and the need for a regional audit in keeping with the CTEV project. We hope that data collection will begin at unit level from the beginning of 2025.

Finally, the ODN has also facilitated the reduction in longer waiters across the region, by organising mutual aid between the Norfolk & Norwich Hospitals and the Mid & South Essex Hospitals. Having identified through the national Further Faster meetings that MSEHT have a large number of children awaiting first paediatric orthopaedic clinic consultations, the ODN arranged for two consultants from the N&N to perform three all day clinics each at Basildon Hospital. Between them the two consultants will have seen approximately 150 patients which we hope and anticipate will significantly reduce the number of long-waiters at MSEHT. We are not aware of any other hospitals with large numbers of long-waiters, but if you do need assistance, please do let us know.

Should you have any ideas for projects for the ODN, please get in touch!

Lead Nurse for Education & Practice Development Lead Nurse



So, every year a new challenge it would seem, Covid, Resp Surge, iGAS and now we can industrial action!! Whilst we recognise it was not half as hard for us working in the network as it was for you at the coalface, it was not entirely without its challenges. Many months of planning goes into every educational offering from the network, to have to cancel or postpone is not a decision we make lightly, however we appreciate that all efforts must focus on patient care at that point, we have done our best to navigate this but inevitably some of our programme suffered in 2023.

Below are some highlights from the education team 2023...

Foundations in Surgery Virtual Study Day

This on line study day was offered again in 2023, and is designed really for newly registered nurses or those new to surgery, and covers topics such as pain management, consent, post op complications and the role of play in surgery.

When asked in the evaluation, 'tell us about something you will take back into your practice' the following word cloud was generated,



Some individual responses included,

'Have already shared some info with colleagues. Very interested in the learning disabilities and autism talk and what we can take from it and change our practice.'

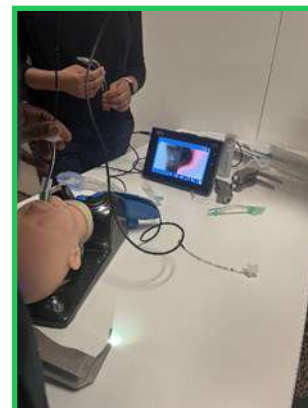
It has all given me a better understanding of various topics that will help me in practice. Thank you!

Lead Nurse for Education & Practice Development Lead Nurse



EPAR – Emergency Paediatric Airway Refresher

Consultants in anaesthesia and ENT from around the region were welcomed to this event again in 2023, held in the SIM facility at CUH. Chaired by Miss Bewick, supported by an outstanding faculty of Paediatric and Neonatal consultants and the SIM centre staff, this day is all about refreshing airway knowledge and skills. The day comprises lectures, hands on skills stations and immersive SIM, giving delegates the opportunity to discuss challenging cases and explore approaches and techniques.



PACU – Paediatric post Anaesthetic Care Unit course

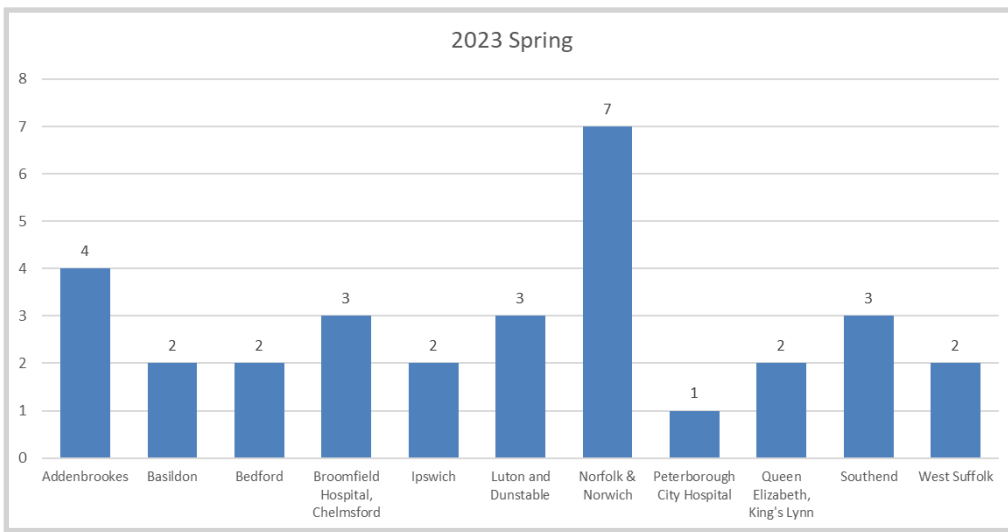
The network are delighted that Katie Bagstaff has continued to work with us to deliver this course through 2023. We had a total of 36 delegates successfully complete this course, which is designed to give practitioners (ODPs and Nurses) the opportunity to explore and learn about the differences, both physiological and psychological, that exist for children having surgery / anaesthetics. This course is a substantial undertaking, 3 virtual study days, a SIM day, e-learning modules and a workbook all to complete. Those who have completed it should be proud of what they have achieved; we hope that they are able to implement their learning to enhance the experience for children and families in their units.. Katie has also been working hard with variety of organisations including BARNA and the RCN to promote the needs of children in the Post Anaesthetic Care Unit, and to champion for appropriate education for the staff. Katie will be packaging this course to offer it to other ODNs to run it locally in 2024. Thank you to all the faculty who support this course

with the delivery of sessions, both virtual and face to face.

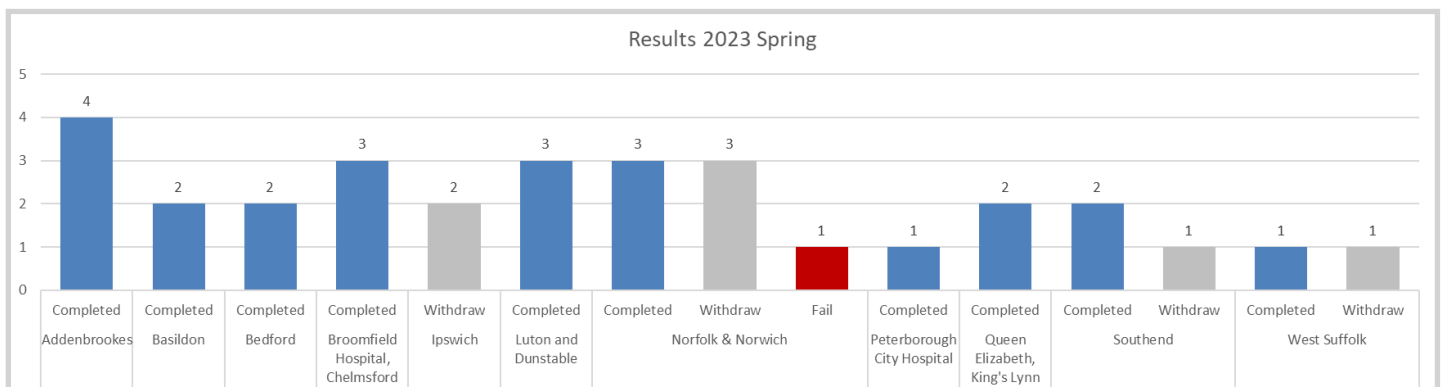
Lead Nurse for Education & Practice Development Lead Nurse



PACU Course Spring 2023 Delegate distribution & results

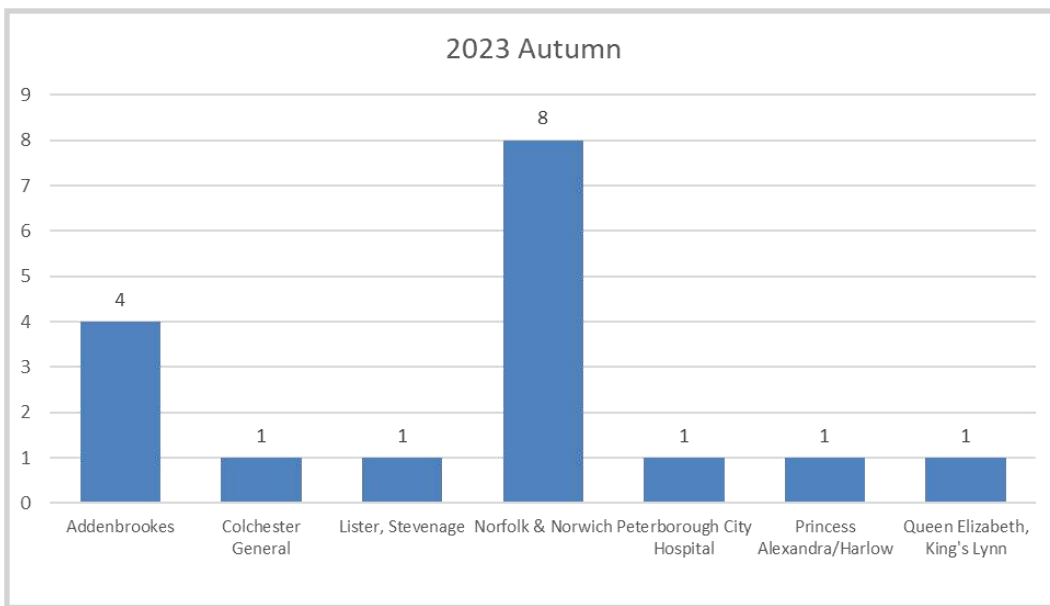


Trust	Spring Cohort
Addenbrookes	4
Basildon	2
Bedford	2
Broomfield Hospital, Chelmsford	3
Ipswich	2
Luton and Dunstable	3
Norfolk & Norwich	7
Peterborough City Hospital	1
Queen Elizabeth, King's Lynn	2
Southend	3
West Suffolk	2
Grand Total	31

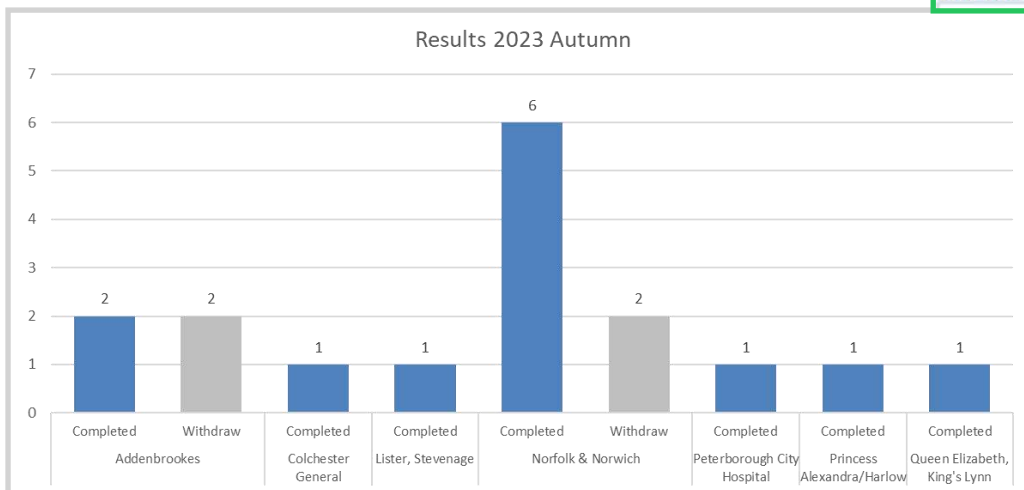




PACU Course Autumn 2023 – Delegate distribution and results



Trust	Autumn Cohort
Addenbrookes	4
Colchester General	1
Lister, Stevenage	1
Norfolk & Norwich	8
Peterborough City Hospital	1
Princess Alexandra/Harlow	1
Queen Elizabeth, King's Lynn	1
Grand Total	17



Lead Nurse for Education & Practice Development Lead Nurse



Paediatric Pre Assessment Practitioner Course

We watched with interest how this course has been developed by the Thames Valley and South West ODNs, and have started having tentative conversations with them about how we could offer this course in the East of England. The hope is that this course will align those working in pre assessment and bring everyone together into a working group too.

The networks offered 2 cohorts of the Healthy Leadership course in 2023 which attracted a multi-disciplinary audience. Both Teresa (neonatal PDN and alumni of the Healthy Leadership programme) and Naomi joined the faculty to support the delivery of the autumn cohort, which was shared by the team, all of whom enjoyed meeting the delegates and taking them through the programme. This course is an absolute delight to be involved with, the team succeed in creating a very supportive environment, where open and honest discussion is forthcoming, with the aim of inspiring the delegates to consider their own leadership style and how they could adopt some of the Healthy Leadership Principles in their daily leadership rhythm. We would like to see more delegates from the SiC network joining to share their different experiences and explore their leadership.



Francesca and Sara who originally developed the course, with material from Steve Andrews, presented the work at the RCN Education Forum in Birmingham, lots of people were interested in how the networks worked together. Subsequently the team have been approached to write up the work for publication, that article is now in press.

Everything else

The team love working with the region to create educational resources and events to meet your individual needs, please do get in touch if you have something in mind that we can help with.

Request form for Education from the PCC ODN Education Team



Coordinating all this does take some organisation, to avoid the situation of being in the wrong place at the wrong time or with the wrong presentation prepared (or worse – being nowhere when you should be somewhere!) Eniko created an MS Form for requesting education from the network. This is accessed by scanning a QR code, the responses are reviewed weekly by the team and then allocated to the most appropriate person to explore the details and finalise the arrangements. We hope that, in time, this will also facilitate analysis of the education provision.

And finally..... a big thank you to all our speakers and supporters without whom we would not be able to offer the education we do, and to Eniko who with her impeccable record keeping and organisational skills, has kept us all straight and up to date.

OUR UNITS



Lead Clinician– Georgina Malakounides

Lead Nurse-Tara Llewelyn

Anaesthetic Lead-Louise Oduro-Dominah

Overview of service provision

Cambridge University Hospital (CUH) is a tertiary centre providing children’s surgery to young people both from across the region and within our local population in general surgery, urology, neonatal surgery, ENT, orthopaedics, trauma, plastic surgery and cleft surgery, neurosurgery including spinal surgery, oncology, vascular access, ophthalmology, maxilla-facial surgery, plastics, interventional radiology plus surgical procedures for gastroenterology, respiratory, and rheumatology, dentistry.

Subspecialty provision further includes paediatric cardiology, paediatric oncology and haematology, paediatric diabetes and endocrinology, paediatric metabolic disease, paediatric neurology, pain management, palliative medicine, acute paediatrics, PICU, NICU, clinical immunology and allergy, emergency medicine, visiting nephrology, histopathology and radiology including MRI. Allied health services include physiotherapy, occupational therapy, speech and language therapy, dietetics including regional PN service, optometry and orthoptics, orthodontics, restorative dentistry, psychology, psychiatry and play therapy.

Children undergoing surgery are cared for across our dedicated wards; C3 (0-3 years 14 beds), C2 (oncology 0-16 years 17 beds), D2 (surgery 0 to 16 years 22 beds), F3 (day case and 23 hour stay from 0 to 16 years 26 beds) and within paediatric intensive care unit (8 beds) and paediatric high dependency (5 beds). Babies are cared for on C3 as above as well as Charles Wolfson postnatal ward (12 beds) and our Level 3 Neonatal Intensive care unit (40 cots).

Admission Specialty	Total Elective Admissions	Total Emergency Admissions	Total Admissions
Paediatric Ear Nose And Throat	966	165	1131
Paediatric Maxillo-Facial Surgery	177	110	287
Paediatric Neurosurgery	297	148	445
Paediatric Ophthalmology	271	5	276
Paediatric Plastic Surgery	311	121	432
Paediatric Surgery	904	485	1389
Paediatric Trauma And Orthopaedics	371	185	556
Paediatric Urology	384	3	387
Grand Total	3681	1222	4903

Table 1: Total admissions under each surgical specialty April 2023 – March 2024

Addenbrookes

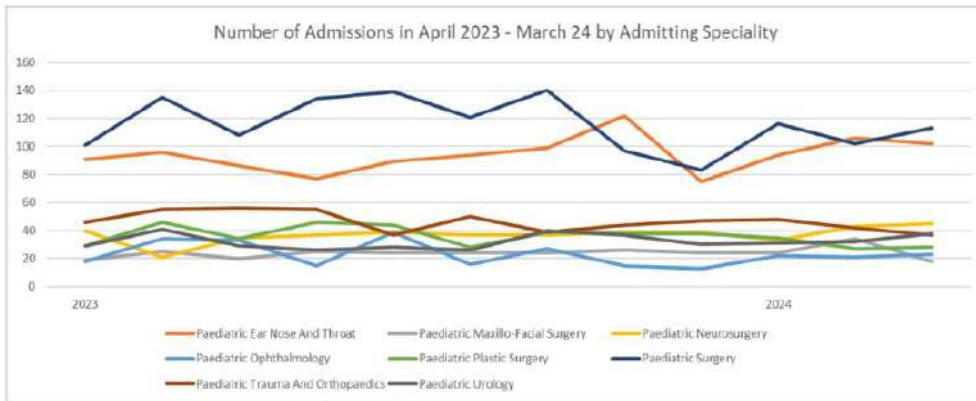


Figure 1: Number of admissions April 2023 – March 24 by admitting speciality

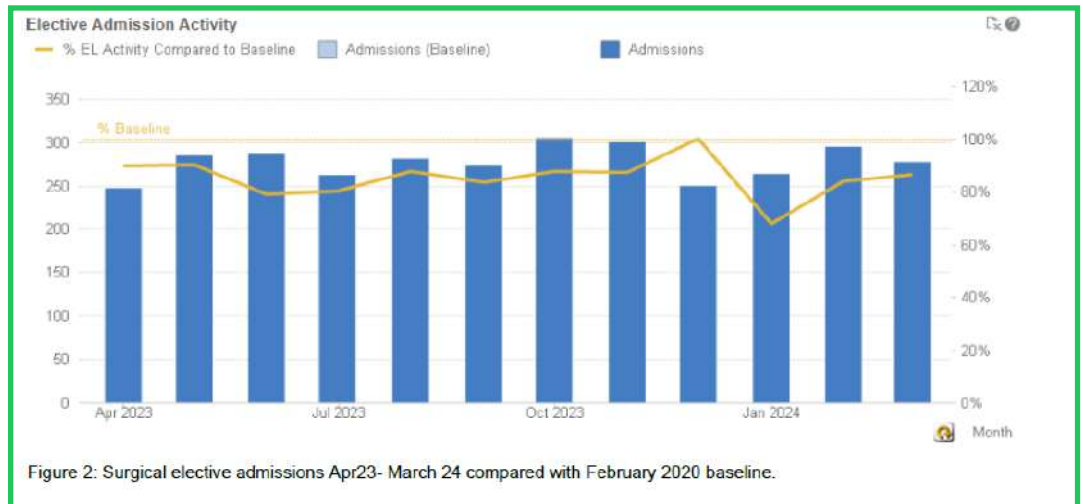


Figure 2: Surgical elective admissions Apr23- March 24 compared with February 2020 baseline.

Case Specialty	Elective	Total Urgent / Emergency Procedures	Total Procedures
Paediatric ENT	771	35	806
Paediatric Maxillofacial Surgery	31	0	31
Paediatric Neurosurgery	35	7	42
Paediatric Oncology	1	5	6
Paediatric Ophthalmology	220	4	224
Paediatric Orthopaedic	244	9	253
Paediatric Plastic Surgery	252	30	282
Paediatric Surgery	808	491	1299
Paediatric Urology	199	20	219
Grand Total	2561	601	3162

Table 2 Total elective and emergency admissions split April 2023 – March 2024 by speciality.

Addenbrookes

Total Surgical Procedures Performed split by speciality April 2023 – March 2024

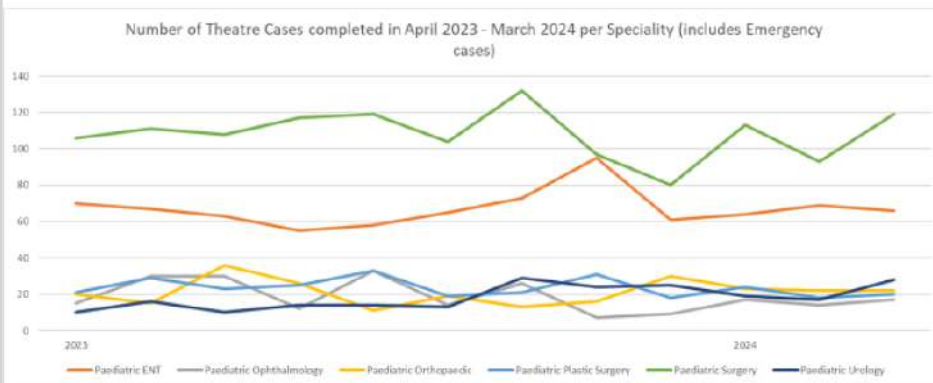


Figure 3: Total surgical procedures performed split by speciality April 2023- March 2024.

Operations performed over time (all specialities)

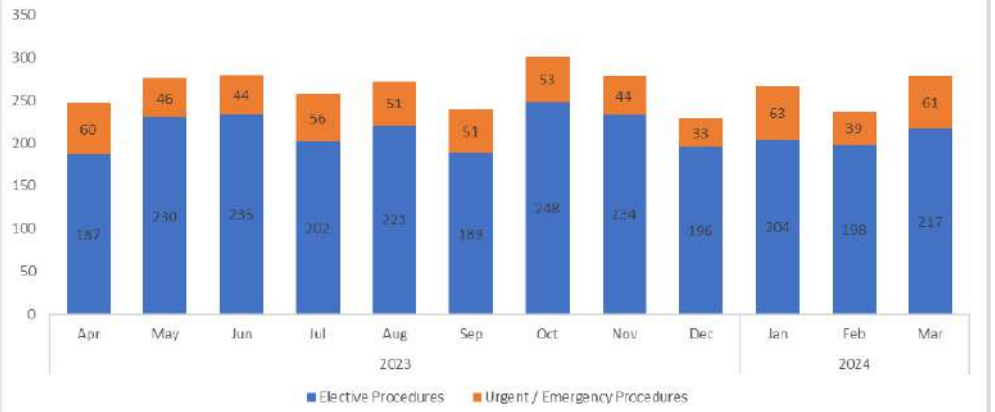


Figure 4: Operations performed overtime April 2023 – March 2024 elective procedures and urgent / emergency procedures.

Specialty	Baseline 2020	July 2024	Baseline Variance	Still > 52 Weeks	RTT Compliance
Paediatric Ear Nose And Throat	756	1,939	1,183	203	45.4%
Paediatric Maxillo-Facial Surgery	16	19	3	2	47.4%
Paediatric Neurosurgery	153	263	110	10	66.5%
Paediatric Ophthalmology	458	363	-95	4	77.4%
Paediatric Plastic Surgery	78	188	110	10	55.9%
Paediatric Surgery	319	725	406	35	57.0%
Paediatric Trauma And Orthopaedics	191	371	180	8	61.2%
Paediatric Urology	258	316	58	9	64.2%

Figure 5: Total number of children referred and awaiting treatment by speciality

Addenbrookes

2023 – Challenges

- Industrial action Nursing & Medical - impact on waiting lists
- Post Covid and elective wait list recovery
- Emergency capacity due to lack dedicated paediatric emergency theatre list, and impact on elective cancellations
- Staffing impact - recognise recruitment and retention

2023 Achievements

Speciality	Summary
Cleft/Plastics/OFMS	<ul style="list-style-type: none"> • Re-established face-to-face pre-assessment clinic for all cleft children • Reversed negative outlier status for Collection of Crane data • Established specific cleft course for Cleft CNS's @ARU 9 Open nationally to all cleft centres • Continued recruitment to national NIHR portfolio studies with no external funding • Hosted a successful collaborative Tri Centre Audit meeting with colleagues from GOSH and Evelina Hospital • Cleft TIG fellow involved in a number of high-profile publications • Cleft Patient Experience Group (PEG)-developed and updated website providing information and referral forms for patients and professionals accessing our service • Patient feedback, transition and young people's questionnaires and pre-clinic questionnaires
Orthopaedics	<ul style="list-style-type: none"> • Ne Ponseti clinic established for children with club foot and other congenital foot disorders. Clinical and patient-reported outcomes are excellent. There is a high rate of patient satisfaction. A regular coffee morning for parents to socialise has now been established • Regular dual-consultant operating for complex cases including operating with consultants from other hospitals in the region
Paediatric ENT	<ul style="list-style-type: none"> • Permanent funding for Paediatric ENT senior fellow-this has increased outpatient clinic capacity, provided continuity for inpatient care and can backfill some theatre lists • First international centre to recruit for the OTOF trial-gene therapy for congenital hearing loss • Elective operating throughout winter despite bed pressures, extra monthly WLI list
Paediatric Ophthalmology	<ul style="list-style-type: none"> • Backlog of overdue follow up and new patients reduced to the pre-Covid level • Supported ICS (NWAFT) with long waiters-surgery performed at CUH • Developing first paediatric glaucoma service in the EoE region • Increased support to children with learning disabilities, additional needs, visual impairment and transitional care for young adults • DigiVis-World-leading innovation

Speciality	Summary
General Surgery/Urology	<ul style="list-style-type: none"> • Minimally invasive surgery developments-thoracoscopic CDH, Lap oncology, PEPSIT. VAAFT, Lap Pyeloplasties • Further subspecialist developments e.g. developing complex reconstruction service urology, supporting short gut service with King's College, developing stones service with thulium fibre laser lithotripsy, Long gap OA with GOSH mentorship • Psychology provision 1/2 day/week for surgery in addition to NICU/ PICU/trauma • Increased telephone clinics to aid RTT e.g. CNS led clinics 56% telephone 2023 vs 35% pre Covid, face-to-face 25% lower than pre Covid e.g. colorectal clinic telephone clinic commenced Oct 22-70% of 385 appointments in 2023 by telephone to maintain new: fu ration to sustain the 42@ increased caseload over last 2 years • Enhanced recovery pathways based on CUH led research-introduced e.g. Early feeding PEG, PEPSIT (cost saving 5000 pounds/patient) appendicitis LOS-epic order sets • Ambulatory pathway CNS-reduction of unplanned admissions to only 18%. Abdominal pain reduced hospital bed occupancy for patients who do not need surgery, each use of paediatric ambulatory saves approx. 1.5 bed days per patient • Increased CNS staffing secured to match increased demand • Ad hoc operating Jersey • Speciality training-CUH secured senior trainees, European accreditation for training • National representation-National RCS simulation lead, BAPU secretary, national selection • Whittaker Foundation research grant secured-paediatric stone disease • National Studies-CUH led magnets study, NCEPOD steering committee torsion, emergency surgery

Addenbrookes

Speciality	Summary
Paediatric Neurosurgery	<ul style="list-style-type: none"> Introduced a dedicated quarterly paediatric governance meeting VP shunt infection rate well below national average this year (2.5% vs 7.9%)
Paediatric Gastroenterology	<ul style="list-style-type: none"> Regional centre for paediatric intestinal failure and HPN Seamless transition from NICU for short gut patients Over 400IBD patients Complex Feeding Team-Surgical Joint clinic for gastrostomies assessment/listing: one stop shop Structured gastro-surgical MDT work
Paediatric Respiratory	<ul style="list-style-type: none"> Relating to paediatric surgery: Increase in joint procedures with paediatric ENT (Flexible bronchoscopies and MLB). Ability to join surgical teams/list to perform BAL or flexible bronchoscopies and reduce number of attendances/Gas- (good communication and working relationships with colleagues). Improved paediatric pleural service with previous support from adult services and now radiologists with interventional expertise and good collaboration with paediatric surgeon for VATS and/or thoracotomy when needed. Built expertise in pleural USS. Expert led pneumothorax service for CYP. Established scoliosis MDT with paediatric

2024-Priorities

Speciality	Summary
Across Service	<ul style="list-style-type: none"> Improve access to theatres for paediatric emergencies Focus on innovative working practices Continue to develop services that keep us at the forefront of surgery in children Continue to develop subspecialty child centred services with a strong commitment to translational research, education and mental health to integrate into future Children's Hospital ethos
Cleft/Plastics/OFMS	<ul style="list-style-type: none"> To continue to progress and involve patients, in optimising excellence in care using a collaborative approach incorporating the CUH ethos (Safe, Kind, Excellent & Together) Continue to recruit into vacant positions Improving patient understanding of their own cleft journey at the time of discharge from routine care, to encourage and empower future care Reducing unwarranted Variation in the care at regional and national level Developing and improving clinical pathways Increase efficiency

Addenbrookes

Speciality	Summary
Orthopaedics	<ul style="list-style-type: none"> Establishing a paediatric gait lab for the assessment of ambulatory children with cerebral palsy for the East of England Establishing a paediatric orthopaedic emergency service for trauma and infection staffed by paediatric orthopaedic surgeons
General Surgery/Urology	<ul style="list-style-type: none"> Improve access to theatres for paediatric emergencies Continue to work innovatively to improve timely access to care Continue to develop the minimally invasive service in paediatric surgery to ensure we remain at the forefront of our specialty Continue to develop subspecialty child centred services with a strong commitment to translational research, education and mental health to integrate into future Children's Hospital ethos
Paediatric ENT	<ul style="list-style-type: none"> Tackle outpatient activity-use of nurse-led clinics in 2024 Establish rapid access grommet list with community clinic facilitating assessment New tertiary services-Hypoglossal nerve stimulators, laryngeal nerve reinnervation and voice clinic
Paediatric Ophthalmology	<ul style="list-style-type: none"> Regional development of ROP management Additional paediatric ophthalmology medical workforce including nurses, orthoptists, optometrist's, pathway co-ordinators required to increase throughput and capacity Research the capacity of work and experience opportunities likely to attract a second fellow in paediatric ophthalmology service
Paediatric Neurosurgery	<ul style="list-style-type: none"> Oncology service (brain and spine) Intraoperative MRI-important for paediatric oncology service

Colchester



Lead Clinician– Miss Shazia Sharif
Lead Anaesthetists-Dr Renuka Arumainathan
Lead Nurse-Jo Trott
Matron-Missy Duffney

Paediatric Surgical and Medical Activity

Paediatric Surgical and Medical day cases are provided in 10 bedded Children’s Elective Care Unit (CECU), which is part of Children’s Services. The unit consists of 2 bays: one 6 bedded bay and one 4 bedded bay, plus a dedicated play room. CECU is open from 0700hrs – 1930hrs Monday – Friday and is staffed with Registered Children’s Nurses, HCA’s and Play Specialists (HPS)/Assistants.

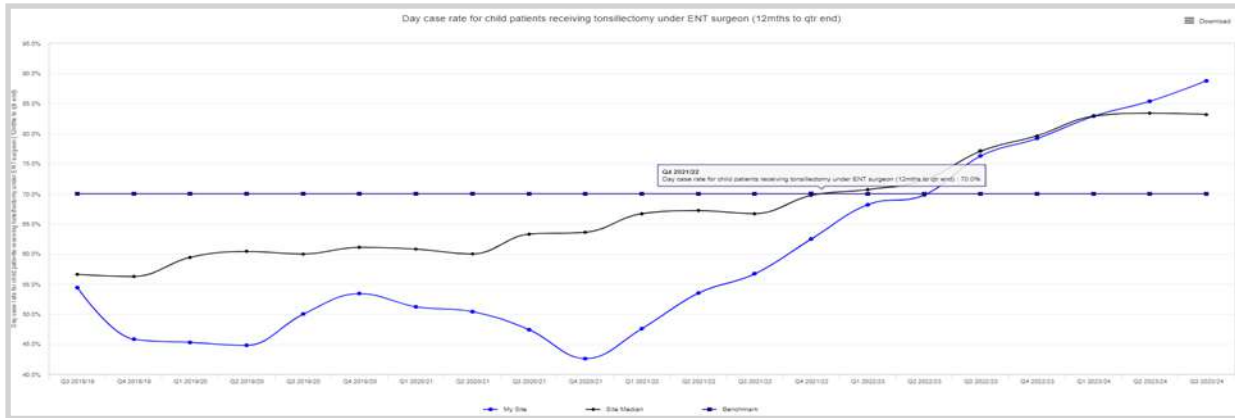
Specialities	Additional Activity (List not inclusive)
Paediatrics	MRI – GA, Sedated and HPS lists
ENT	Blood and Platelets Transfusions etc.
General Surgery	Infusions – IVIG, Infliximab, Pamidronate, Methylprednisolone
Trauma and Orthopaedic	
Urology	Venous access insertion and removal
Ophthalmology	Food Challenges
Oral	Hormone Stimulation Tests
Community Dental – Serves all of Essex	Nuclear Med scans
	Nurse led visits – Bloods, ROP screening, Port access, F/up

Achievements over the past year

- Hosted our SiC Peer review in Jan 2024 with positive feedback
- Anaesthetic Paediatric Pre-assessment Evaluation Service (APPELS) commenced
- Commenced electronic documentation during POA
- Play team reducing the number of children requiring sedation and/or GA for procedures/scans
- Super Saturdays lists to reduce waiting lists
- Continuing with GA MRI – Preventing unnecessary travel to Tertiary centres
- Surgical forum embedded – MDT attendance – Surgical, Medical, Nursing and Operational
- PICC, Hickman & Port-a-cath insertion & removal – Preventing unnecessary waits & travel to tertiary
- Deep dive into coding to ensure accurate data – inconsistencies with returner rate noted and corrected
- POA – Weekend clinics – Nursing and Play – Reduce anxiety, familiarisations, walk around area
- Positive Friends and Family feedback – Flower word cloud above
- Extended hours of CECU – preventing DC converting to IP (Trend line below for DC Tonsillectomy)

EAST SUFFOLK & NORTH ESSEX

Colchester



CECU TCI Data for '23 – '24 (Not including Nurse-led clinic)

Discharge Date	Paediatrics	Ear, Nose & Throat	Community Dental	Urology	Trauma & Orthopaedics	Oral Surgery	General Surgery	Ophthalmology
2023								
Jan	37	28	10	18	2	5	4	
Feb	34	24	14	10	12	8	3	
Mar	46	30	17	6	6	11	4	
Apr	36	34	8	8	6	3	5	1
May	27	37	13	10	9	4	7	4
Jun	37	30	7	4	5	4	4	5
Jul	26	31	8	10	7	4	3	7
Aug	47	33	16	9	9	4	3	3
Sep	35	24	12	8	10	7	4	2
Oct	38	31	7	4	9	8	3	
Nov	42	38	21	10	5	7	6	1
Dec	30	30	15	9	15	7	4	
2024								
Jan	38	51	13	8	1	7	3	
Feb	42	28	27	8	8	8	10	1
Mar	37	31	19	11	17	6	9	
Apr	33	35	18	14	10	7	14	
May	41	53	22	15	5	8	4	
Jun	3			2			4	
Grand Total	2162	1772	850	758	519	375	342	74

Aspirations for 2024-2025

- Aim to reduce waiting times for paediatric patients across all specialities
- Fully electronic documentation at POA
- Cross-site amalgamation of Protocols and ICPs
- Launch of full EPR system EPIC
- Development of Ortho/surgical procedures – DDH,
- Super Weekend lists in Adult day case unit
- Increasing Paediatric and Theatre specific training – PACU, EMPIRE, Surgical foundations etc.
- Increase and maximising theatre utilisation
- We will be employing a second consultant paediatric general and urological surgeon to improve service delivery



Lead Clinician– Miss Shazia Sharif

Lead Nurse-Dino Bundhun

Paediatric Surgical General Manager-David Newby

Brief description of current service, number of lists, types of patients and surgery.

Current template lists operations 25 half day sessions and new template lists planned for 28 half day sessions over 4 week period.

Pre-operative assessment - Current: 16 half day sessions. New: 12 half day sessions

General and local anaesthesia

Specialities; ENT, Urology, Eye, Plastics, Dental, Orthopaedics, PDS, General surgery

Last 12 months- challenges and achievements

Challenges.

Continued pressure from services requesting additional short notice paediatric operating list and pre op. assessment which were not achievable due to staffing constraints.

Pressure from services to increase the amount of patients on operating list to go over the bed capacity of the unit.

Adapting to the new pre op assessment format. Not all specialities following the same system. This was addressed and hoping the issues will be solved in the near future, the system will then be rolled out to everyone.

Short term sickness has been difficult to cover due to small team.

Achievements

Maximising theatre utilisation; with new templates and the majority of the all-day lists, the utilisation should increase if lists are constructed correctly.

Waiting list initiative / private patient add additional pressure on small workforce but this has been managed well with full support from NHSP staff.

Close working relationship with the play team, the team is based on the General Paediatric ward, we are able to call on the team whenever necessary and children can be referred when needed. We feel well supported by the team.

Saturday pre assessment helping with backlog of patients.

Despite pressure from outside sources ward morale and team spirit still high.

Reducing backlog of ENT, Urology and Dental.

EAST SUFFOLK & NORTH ESSEX

Ipswich

Planned developments in the next 12 months

To continue to achieve maximum theatre utilisation

Working additional hours to help with backlog of patients

Staff to attend study days relevant to practice such as, Pre-operative care study day, Mental Health study day, Paediatric recovery.

Updating discharge leaflets with latest research, this will include support for the surgical team.

Supporting General Paediatric ward when able to do so.

Theatre templates changing; new template list will be 28 half days over a period of 4 weeks.

ENT super week end in early planning stage; using / adapting adult ward to run paediatric only during that weekend.

Data from power Bi from Jan 2023 to June 2024 patients admitted to RDSU for surgery

Admission Date	(All)								
Years	(All)								
Age	(Multiple Items)	.T							
Operation Outcome	(All)								
Count of Admission Date	Column Labels	.T							
Row Labels	Ear Nose and Throat	General Surgery	Ophthalmology	Oral Surgery	Plastic Surgery	Trauma and Orthopaedics	Urology	Grand Total	
Jan	45	5	12	74	10	22	18	186	
2023	17		3	46	6	9	10	91	
2024	28	5	9	28	4	13	8	95	
Feb	59	4	9	67	10	27	16	192	
2023	29	1	2	34	4	9	8	87	
2024	30	3	7	33	6	18	8	105	
Mar	55	4	10	45	14	26	21	175	
2023	19	2	10	16	10	14	11	82	
2024	36	2		29	4	12	10	93	
Apr	56	3	14	42	9	24	30	178	
2023	26		3	12	3	8	14	66	
2024	30	3	11	30	6	16	16	112	
May	71	5	13	46	13	24	38	210	
2023	29	3	3	24	6	14	18	97	
2024	42	2	10	22	7	10	20	113	
Jun	22	3	10	42	6	19	12	114	
2023	22	3	10	42	6	19	12	114	
Jul	26	2	5	28	3	18	13	95	
2023	26	2	5	28	3	18	13	95	
Aug	28	1	3	28	6	9	6	81	
2023	28	1	3	28	6	9	6	81	
Sep	21		3	31	3	14	9	81	
2023	21		3	31	3	14	9	81	
Oct	24	3	6	28		10	8	79	
2023	24	3	6	28		10	8	79	
Nov	25	1	7	36		8	12	89	
2023	25	1	7	36		8	12	89	
Dec	16	4	8	24		7	7	66	
2023	16	4	8	24		7	7	66	
Grand Total	448	35	100	491	74	208	190	1546	

What you are most proud of:

Team members supporting each other.

Good team spirit.

Good team morale.

Positive feedback from friends and families

Embracing change.

Little journey app for pre assessment found to be very beneficial to both children and their caregivers

NORTH WEST & EAST ANGLIA

Hinchingbrooke & Peterborough



Holly Ward Hinchingbrooke Hospital
Amazon Ward Peterborough City Hospital
Surgical Lead Cross Site—Claudine Horrocks
Anaesthetic Lead-Donata Banni
Lead Nurse-Jayne Rootham

Amazon Ward Day Surgery Unit:

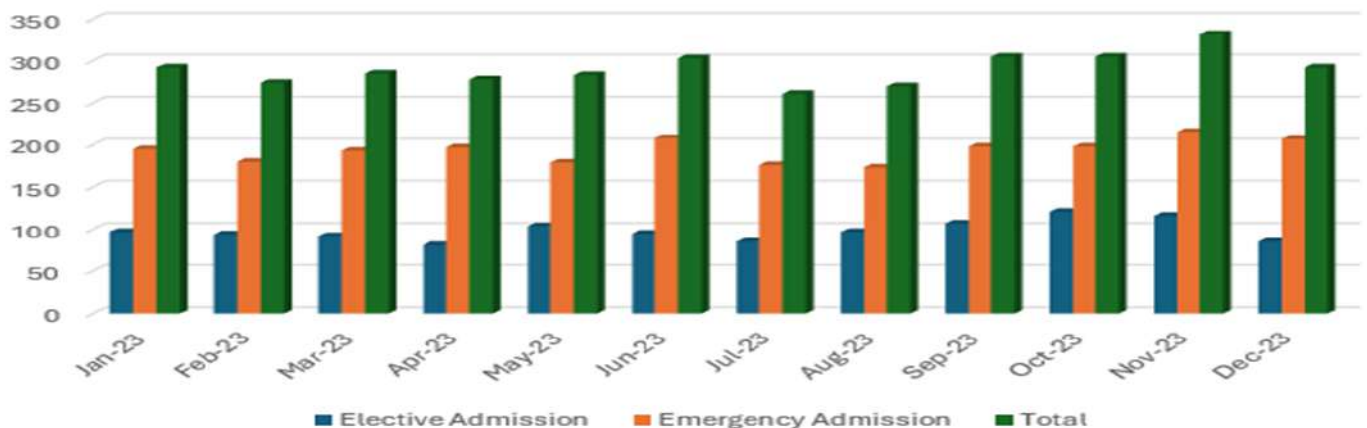
Peterborough has capacity for 8-day case beds, with 2 bays of 4 beds.



List of Specialities	
Monday	Orthopaedic, Trauma, ENT and Oral
Tuesday	Ophthalmology, Orthopaedics and General Surgery
Wednesday	Oral, ENT & Plastics
Thursday	General Surgery, ENT, Community dentals
Friday	MRI, ENT and Orthopaedics
Sunday	Paediatric ENT

Admissions onto Amazon Surgery Unit 2023-2024

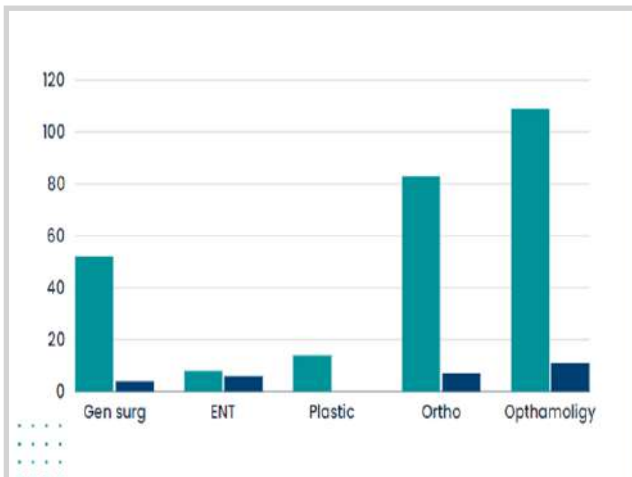
Amazon Ward Theatre Admissions



Hinchingbrooke & Peterborough

We are proud of: CYP Priority 2 (P2) patients needing to be operated within 2 months, numbers are improving. General surgical total of 52 has P2 of 4. From ENT we had 355 who need surgery with P2 of 6, Plastics 14 and current P2 is 0. Orthopaedics has 83 and P2 of 7, ophthalmology has 109 needing surgery but P2 of 11. Currently 0 outstanding GA MRI.

CYP Priority Surgical waiting numbers



Total=- Aqua and P2= blue

Achievements

- PCH has an ENT theatre list at weekends to reduce waiting times.
- Staff have booked onto the EoE Paediatric Pre-Assessment Practitioner Course.

Surgical ODN Peer review - achievements

Hospital Play Service – Hinchingbrooke hospital holds a team of 5 hospital play staff with 7 at the PCH site. Play is imbedded into paediatric services at both sites and central to the day-to-day operations. The review team heard how the team 'grow their own' with roles from play worker to play co-ordinator and local training pathways. The play team joined the walk round from ward to theatre recovery giving insight into the patient journey.

Local examples of the use of play reducing the need for general anaesthetic and supporting young people during botulinum toxin delivery using Entonox instead of GA supported new pathways and positive outcomes freeing up theatre capacity. The review team recommending sharing this impact at network level as examples of best practice.

Theatres – at Hinchingbrooke a playroom within the theatre recovery footprint allows babies, children, and young people to be seen by the anaesthetist, ODPs and the clinical team in a child friendly environment pre-operatively offering toys and games for all ages.

At Peterborough City Hospital babies, children and young people enter a dedicated paediatric area using two bays which is equipped with games and toys for all ages. The team spoke of the table football and how up to two young people could use the space relieving anxiety preoperatively.

Physiotherapy services - the therapies team have increased the workforce and are building a case to increase staffing further. Despite this, the therapies team engage with the network, particularly within the Trauma and Orthopaedics workstream trailing the competencies for DDH and normal variants, participating in the bi-annual study pod sharing network learning and enhancing a regional approach reducing variation.

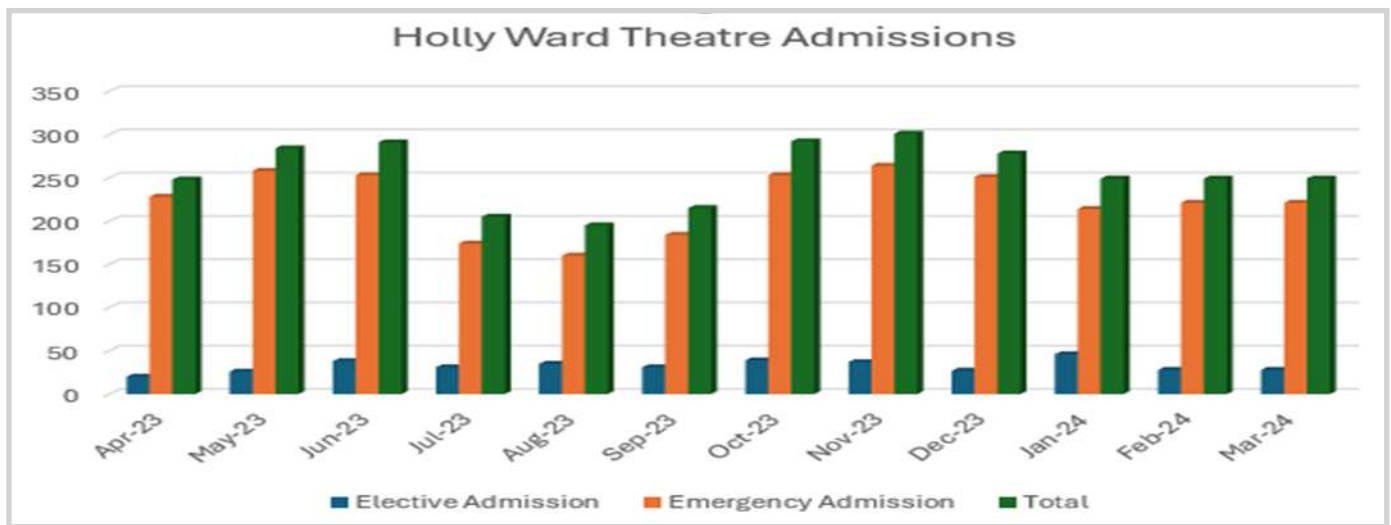
Outreach from visiting Leicester consultants – there seems to be a good working relationship between the PCH site and Leicester surgeons. This showed a good hub and spoke model which provided specialist paediatric surgeons and care being delivered according to the trusts closer to home ethos by receiving surgery and follow up in outreach clinics on site.

NORTH WEST EAST ANGLIAN

Hinchingbrooke & Peterborough

Holly Ward Day Case Unit:

Hinchingbrooke Hospital has capacity for 6-day case beds, with 4 beds in the bay and 2 side rooms.



New Theatre block at Hinchingbrooke Hospital (underway)



Hinchingbrooke & Peterborough

We have a new theatre block at Hinchingbrooke which opened 20th May 2024. This will replace theatres in the main hospital building. The new block includes 7 state-of-the-art operating theatres, dedicated recovery area with paediatric recovery zone, an isolation room, dedicated same sex spaces and reception area.

Achievements

- PCH has an ENT theatre list at weekends to reduce waiting times.
- Staff have booked onto the EoE Paediatric Pre-Assessment Practitioner Course.

Surgical ODN Peer review - achievements

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NORFOLK & NORWICH

Norfolk & Norwich University Hospital



Lead Clinician– Dr Catherine Thomas

Matron-Alice Cook

Lead Nurse-Kirstin Skinner

Team	Number of Lists per week current (1 session 4 hours)	Types of patients	Surgery	
Paediatric Surgery	6	<p>Cerebral Palsy Syndromes</p> <p>Main stream children</p> <p>Neonatal Surgery</p> <p>Neonatal thoracic surgery work</p> <p>Neonatal Urology</p> <p>Patient symptoms have worsen and some surgeries now more complex</p>	<p>Orchiopexy</p> <p>Hypospadias</p> <p>Circumcision</p> <p>Peg insertion</p> <p>Bowel Obstruction</p> <p>Ingrowing toe nails</p> <p>Hickman line</p> <p>Hernia repair</p> <p>Frenotomy</p> <p>Laparotomy</p> <p>PPV ligation</p> <p>IBD</p> <p>Gastro-oesophageal reflux</p> <p>Constipation service</p>	<p>Urology-</p> <p>Pelvi- Uretric Junction (PUJO obstruction)</p> <p>STING and reimplant for Vesico-ureteric reflux</p> <p>Surgery for duplex kidney, which includes partial nephrectomy, uretero-ureterostomy, surgery for Ureterocele</p> <p>Nephrectomy</p>
Paediatric Gynaecology	No regular list - only HVLC - 1 session every 4 weeks	The types of patients were to include the under 16s with menstrual problems, vaginal discharge and congenital abnormalities.	The types of surgery would include laparoscopy for ovarian cysts, laparoscopy for endometriosis, laparoscopy for assessment of chronic pelvic pain. Vaginal surgery to include vaginoscopy, excision of hymen, excision of transverse vaginal septum or oblique vaginal septum.	

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Team	Number of Lists per week current (1 session 4 hours)	Types of patients	Surgery	
Paediatric Trauma & Orthopaedic & Spinal	5 elective lists a week for T and O	Cerebral palsy Syndromes Scoliosis CTEV DDH Limb length discrepancy Tarsal Coalitions Skeletal Dysplasia Osteogenesis Imperfecta Congenital Limb deformity Musculoskeletal infection Trauma Knee problems (patella femoral and meniscal) Patient symptoms have worsen and some surgeries now more complex due to deterioration	Limb length discrepancy and deformity correction (including circular frame and lengthening nails) Spinal correction Neuromuscular multilevel surgery (inc. hip reconstruction, distal femoral osteotomies, foot deformity correction) Tenotomies and tendon transfers	SUFE surgery (inc. cuneiform osteotomy) DDH surgery (inc. femoral pelvic, and peri acetabular osteotomies) OI deformity correction and intermedullary nails General and complex paediatric trauma
Paediatric Gastroenterology	1 per week	Crohn's	Endoscopy – upper and Lower	
Paediatric Rheumatology	0 – Ad hoc on HVLC	JIA	Joint injections under anaesthetic	
Paediatric OMF	0.75 per week (occurs 3 out of 4 week cycle)		Excision of lip Surgical removal of impacted tooth	Extraction multiple teeth Excision of frenulum of tongue Operations on mouth

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Team	Number of Lists per week current (1 session 4 hours)	Types of patients	Surgery	
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NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Team	Number of Lists per week current (1 session 4 hours)	Types of patients	Surgery		
Paediatric ENT	4 per week	T & As Grommets Tonsillectomy Fractured Nose EUA foreign body Excisions of cysts	Exploration of mastoid Tympanoplasty		
Paediatric Plastics & Dermatology	1.75 per week (7 sessions over 4weeks)	Paediatrics- Elective & emergency surgery	Congenital hand-duplications, syndactyly, pollicisation, etc. Hypospadias Diagnostic skin service (biopsy under GA) Prominent ear correction/ear reconstruction Keloid/hypertrophic scar management Vascular anomalies (including LASER) Congenital and acquired lesions and anomalies Joint reconstructive cases with other specialities	Fingertip/nailbed injuries Soft tissue injuries-whole body including face Bite injuries Soft tissue infections-necrotising/super-added Lower limb trauma Extravasation injuries Burn injuries	
Paediatric Ophthalmology	1 per week		Excision of lesion of orbit Biopsy of lesion of orbit Excisions of lesions	Correction of ptosis Drainage of lesion of eyelid Epilation of eyelash Removal of tube from nasolacrimal duct	Bilateral recession of medial recti muscle eyes Recession of inferior oblique muscles of eye Resection of lateral rectus muscle of eye Examination of eye under anaesthetic

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Surgical Challenges and Achievements

Team	Achievements in last 12 months	Challenges
Paediatric Surgery	<p>Opening of new paediatric theatres</p> <p>Increased number of lists per week</p> <p>Most of the allocated list get utilised</p> <p>Significant improvement in day case procedures, meeting GIRFT target</p> <p>We can repeat the points about antenatal consultation, MDT teams, advanced laparoscopic surgery clinical governance activity, bladder and bowel management service, MDT service for hypospadias</p> <p>Presentation at various regional, national and international meetings</p> <p>Papers accepted in peer reviewed journals, and book chapters written</p> <p>Celebration of Jenny Lind birthday and on-going activities throughout the year</p> <p>Robotic surgery done on paediatric urology patients in collaboration with adult urology surgeon</p> <p>Excellent antenatal consultation service we provide to parents</p> <p>Multiple MDT teams-Urology GI, Histology and radiology meetings</p> <p>Excellent Clinical Governance to cover every aspect of care we provide to our patients</p> <p>Excellent bladder service run by Specialist Nurse, including Uroflowmetry, Urodynamics, Botulinum Toxin Injection, Bio Feedback</p> <p>Excellent MDT service for hypospadias patients</p> <p>Bowel management service now over 100 referral a year. Outcome monitoring to be presented at BAPS showing 77% improvement rate consistent over both neurotypical and neurodiverse patients. Excellent correlation in outcome monitoring between Nurse Specialist and Consultant assessments</p> <p>RLF service developed an online referral form for staff with the trust to make referring easier and less time consuming in line with feedback from staff</p>	<p>Inability to stay on top of P2 activity and maintain 78 week targets, a lot of juggling patients and cancellations</p> <p>Lack of additional lists to support recovery further</p> <p>RTT waiting list remains on an upward trajectory for admitted referrals however the additional lists from the new theatres overall are bringing the number down</p> <p>Number of cases for the Paediatric Urology admitted list vs the general surgery list</p> <p>Space provision for bladder and bowel services</p> <p>Availability for clinical psychologist for paediatric surgery patients</p> <p>Recent nursing vacancy in surgery, which will increase delays</p> <p>Waiting time for ingrown toe nails</p> <p>Meeting the needs of the patients within our area whilst supporting other trusts such as QEH with a temporary reduction in their own service</p> <p>RLF meeting the increasing demand of referrals from outside the trust and with babies with more complex needs</p> <p>RLF staff development-attending IBCLC course</p> <p>RLF setting up an online feedback for parents so that we can identify needs and adjust our service in line with the needs of the patients we are seeing</p> <p>RLF developing an advanced study to support community staff with referrals and develop a deeper understanding of feeding and neonatal physiology</p> <p>RLF working with University of Wolverhampton to have health care professionals learning the practical aspect of the tongue tie course</p> <p>Appropriate facilities available within the paediatric footprint for the bowel and bladder service</p>

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Surgical Challenges and Achievements

Team	Achievements in last 12 months	Challenges
Paediatric Surgery	<p>RLF working with LMNS and infant feeding teams at JPUH and QEH to try and bring together information for patients in regards to feeding, helping support a system for GP's and identifying needs in practice</p> <p>RLF updating our internet information to help parents and giving an idea of waiting list times</p> <p>Listening to the MVP (maternity voice partnership) and using the maternity social media platform to introduce the team and the service</p> <p>RLF working as MDT with close relations with SALT, HV and departments within the trust</p> <p>Good working relationship with community services and DGH network across EoE</p>	
Paediatric Orthopaedics and Spinal	<p>GIRFT highlight excellent networking model</p> <p>Paediatric Orthopaedic Virtual fracture clinic (over 5000 patients 50% discharge rate with cost saving almost £500k)-presented at combined American and European Paediatric Orthopaedic meeting</p> <p>Continue to provide the only 24/7 on-call paediatric orthopaedics in the EOE, with regular emergency transfers from across the region including Norfolk, Suffolk & Essex</p> <p>Joined Further Faster 2 cohort, and Paediatric Orthopaedic waits down to below 52w with use of Super Saturdays, virtual clinics and additional operating capacity from the new theatres</p> <p>Paediatric Orthopaedic team now providing Mutual Aid support for outpatients to Mid and South Essex Hospitals NHS Trust</p> <p>Botulinum Toxin injections & ingrown toenails as outpatient procedure instead of GA</p> <p>Reverse flow on minor cases to other network partners</p> <p>No loss of lists over the last year</p>	<p>Spinal surgery has one of the longest waiting time for T&O paediatrics in the East of England</p> <p>Strike action</p>

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Team	Achievements in last 12 months	Challenges
Paediatric Gastroenterology	Increased lists number for scopes which support the service and future research	
Paediatric Rheumatology	New SOP in place for booking of theatres for rheumatology HVLC lists now used to support the service as required average 1 per 4 weeks currently	HVLC not always consistent
Paediatric Gynaecology	The achievement that the PAG team is considerably now proud of is undertaking surgeries which previously was undertaken at UCLH these patients are now being operated locally closer to home thereby increasing their thereby improving the patient experience	No consistent lists-therefore planning is complex for cases The anticipated challenges would be the increase in the number of referrals which do translate into the increase in the number of patients requiring theatre time Also an increase in the complexity of the referrals would translate into increasing complexity in surgical treatment requiring joint procedures
Paediatric ENT	Good throughput of paediatric ENT cases Excellent feedback from patients and their families	Restricted scope to perform complex ear surgery due to lack of necessary equipment
Paediatric Plastics & Dermatology	Expanding the congenital hand service to be part of the Norwich hand unit Combined upper limb clinic with paediatric orthopaedics-4 monthly Combined hypospadias MDT with paediatric surgical team	Lack of dedicated paediatric trauma list within the Jenny Lind new elective Jenny Lind theatre complex
Paediatric Ophthalmology		Number of list available for children

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Nursing Achievements and Challenges

Team	Current Nursing Posts	Achievements in last 12 months	Challenges
Paediatric Surgery	5	<p>Joint working with the Urology MDT team</p> <p>Developing a paid for study day with LMNS and teaching staff within the 4 local trusts on RLF</p> <p>Our Urology Specialist Nurse carries out nurse led clinics for bladder, biofeedback therapy and hypospadias pre-assessment.. She runs a telephone advice service and works as a vital part of the MDT to provide care to paediatric urology patients both inpatients and outpatients, pre and post operatively</p> <p>Our GI Specialist Nurse runs bowel management clinics and has set up the Paediatric Peristeen service as well as supporting complex GI patients between NICU and paediatrics</p> <p>Our 3 RLF Midwives/Nurses run a midwife/ nurse led RFL service. In clinic they assess/take feeding history and perform the division if needed. They run 4 clinics a week and on average see 36 plus patients a week. Babies are seen from 3 days to 1 year old (no other hospitals local offer this service and therefore 30% of our referrals are from out of area, with patients coming from as far as Lincolnshire and Peterborough)</p> <p>Positive feedback from friends and family. This has always been really positive focussing on the care and support provided by our nursing team recognising the needs of the child</p>	<p>Staff turnover</p> <p>Issues with uroflowmetry and urodynamics and staffing to support recovery and assessment of patients</p>
Paediatric Orthopaedics	2		
Paediatric Plastics & Dermatology			<p>Space and support for paediatric clinics (OPD and dressing clinic)</p> <p>Lack of appropriate paediatric waiting area in plastic outpatient areas</p>

NORFOLK & NORWICH

Norfolk & Norwich University Hospital

Nursing Achievements and Challenges

Team	Current Nursing Posts	Achievements in last 12 months	Challenges
Paediatric Gynaecology		The planned developments within the next 12 months would be to procure dedicated ring-fenced paediatric and adolescent gynaecology theatre within the paediatric team at a session of at least once per fortnight and to have urgent regular slots at a frequency of two per month	The anticipated challenges would be the increase in the number of referrals which do translate into the increase in the number of patients requiring theatre time Also an increase in the complexity of the referrals would translate into increasing complexity in surgical treatment

Norfolk & Norwich University Hospital

Planned Developments in the next 12 months

To continue to support the elective recovery for RTT for paediatrics down to 52 weeks by end of March 2025

To within the team look to evolve a paediatric surgical link nurse post to represent for the ODN meetings or correspondence

Progress a business plan for allocated time and resource to utilize the robotic theatre for paediatric surgery

Working with ICB for ingrowing toe nails to move older fit children >13 to community podiatry service. Currently looking at contract implications

Improve booking and coordination of waits for short emergency procedures

Our Urology Specialist Nurse will undertake training to be able to carry out Urodynamic studies on paediatric patients in order to be able to reduce waiting list times

We will be working with the Little Journeys to develop resources to support children attending for surgical procedures. We will also be working with our Youth Forum on co-producing resources for our adolescent and transition patients

The new CYP matron will be taking the surgical lead for the trust, attending all surgical meetings and working with the clinical areas to implement service improvement plans

What are you most proud of

- Moving to a new theatre complex and increasing elective operating by about 30%
- Surgical day cases are located on children's day ward, of which the location has changed a couple of times in the last few years to support the new theatre build. This, alongside the opening of theatres, has taken some management and adaptations but has ultimately improved the patient journey. There are now very positive links between children's day ward and the new paediatric theatres
- Our transition clinics have been reviewed and adaptations to the time and the way the clinics are run have been implemented to ensure the care we provide is based on patient feedback
- Thoracic operation performed on a very sick NICU baby with a successful outcome
- PAG: undertaking complex surgical procedures for complex congenital abnormalities which were not previously done at NNUH

James Paget University Hospital



Lead Clinician– Stephen Nirmal

Head of Children & Young Persons Services-Justine Goodwin

Anaesthetic Lead-Michael Whitear

The James Paget Hospital is a district general hospital providing an elective surgical program covering ENT, Orthopedic, General Surgery, ophthalmology, dental and some urology. Our paediatric inpatient ward has 28 beds which includes an 8 bedded bay dedicated to surgery patients. Two, 2 bedded adolescent rooms with ensuite bathrooms to accommodate teenagers with medical/surgical needs. Our surgical recovery has a dedicated paediatric area with 1 WTE paediatric recovery nurse. Services for children and young people received a rating of “good” from CQC in 2023.

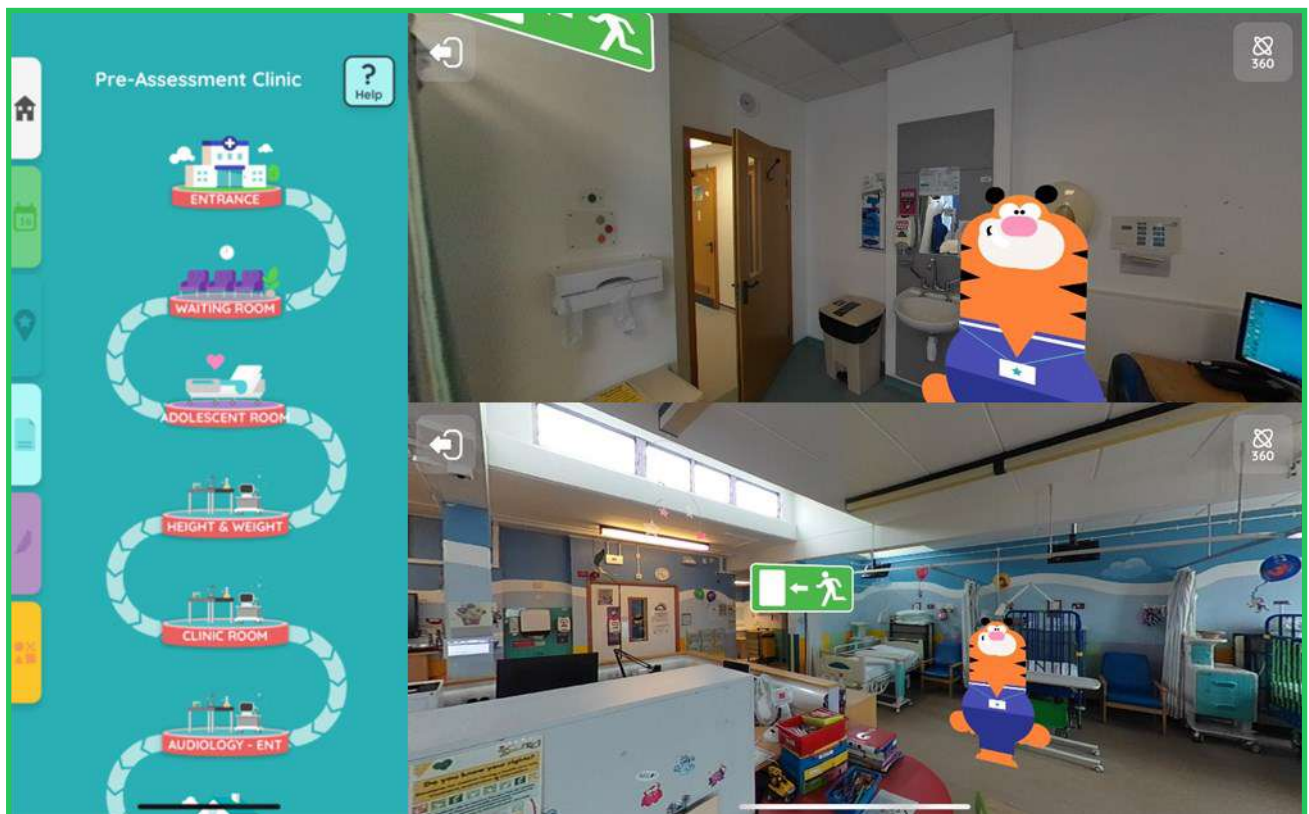
UPDATE FOR 23/24:

- James Paget had the Paediatric Surgery in children ODN peer review 16th January 2024
- New Paediatric anesthetic Lead consultant
- Vascular access service for adults has been achieved and joint policy developed to include the paediatric pathway
- Rotational Nurses- band 5 nurses rotate to ward 10/paediatric ED/Recovery/ NNU to gain experience in all areas.
- Continue offer 16-18yr old patients the choice of the Paediatric or adult surgical pathway
- Ambulatory clinic room in The children’s Outpatient department has enabled children to be reviewed and treated within the designated area reducing the footfall within the inpatient ward
- Local Children’s Surgery and Critical care meetings with the MDT occur regularly ,waiting lists are reviewed and outstanding actions/ risks/ complaints discussed with actions
- Shared guideline with the ODN for surgery and critical care_
- Education- staff booked to attend High dependency/surgical Study Day’s- facilitated by the [ODN](#).
- Little Journey has now been launched for pre-operative care – parents can access via QR/app.
- Paediatric and theatres staff continue to attend PILS/EPALS (all paediatric nurses to do EPALS 4 yearly and PILS yearly)
- EPALS course now delivered on-site at the James Paget University Hospital
- Dedicated afternoon lists for elective MRI scans under GA and sedation
- Role specific Paediatric Early Warning Score (PEWS) lead within the JPUH commenced May 2024 this involves planning/delivering/oversight and education of HDU/Resus care and PEWS teaching/escalation across paediatrics and all areas that deliver paediatric care (ITU, recovery, theatres clinic, ED, outreach teams, ODP’s, CCNT, physio, new doctors). Launching Martha’s rule is included part of the portfolio
- Extra ENT day care lists at weekends underway to reduce waiting list

James Paget University Hospital

Future planning: .

- Paediatric Post Anaesthetic Care Unit (PACU) Course- paediatric recovery nurse to attend this year.
- Review anaesthetic team education regarding EPALS attendance, attending a tertiary centre to maintain skills and look into the Tees benchmarking tool.
- RACC work to be completed this year-plans to move into concept ward in July. Ward will not have reduced bed numbers but will have access to more single rooms during this time.
- Aim to use allocated bay to facilitate surgery and adolescent rooms to accommodate those 16 years and over where possible- taking bed capacity/cohorting into consideration.
- To have a lead for transitional care nurse to adult services
- To explore the patient/ family voice within paediatrics
- To have delivery of Botox completed within the ambulatory clinic



Queen Elizabeth Hospital



Lead Clinician: Barbara Piel

Lead Surgeon: Mr Zach

Lead Anaesthetist: Victoria Howell

Lead Nurse: Laura Morgan

Ward manager Rudham: Becki Jackson

Paediatric Lead DSU: Chris Harrison

Last 12 Months – achievements & Challenges:

The focus has remained on addressing the backlog of patients despite the challenges we have faced with the RACC work and significant nursing vacancy. We have made huge steps in the recovery plan by ensuring we work closely as an MDT across all areas of our hospital including Main Theatres, Rudham Ward & the Day Surgery Unit. Over the past 12 months we have opened our new dedicated paediatric recovery area in main theatres as well as ensured all of our team in main recovery attend the xx study day to ensure they are competent at caring for C&YP post operatively.

Within the DSU, we have installed ceiling lights to make the area more child friendly and give a more relaxed atmosphere.

Planned Developments in the next 12 months:

Over the past few months, we have had huge successes with our recruitment, and we are now able to start a paediatric rotation, this will allow all our FPQ to spend a minimum of 6 months across DSU and main recovery. Not only does this future proof our service, but it also allows our nursing team to gain valuable skills that will be beneficial when looking after C&YP across all areas of paediatrics.

Victoria Howell has now stepped into the role of Chair of our Children's Surgical Committee, and this now feeds into our newly launched Children & Young Persons Committee. With this now in place, over the coming months we are looking forward to seeing more steps at tackling our paediatric waiting lists.

What are we Proud of:

As a small DGH we are incredibly proud of the facilities we have been able to provide for our C&YP and that we are able to protect these areas for the use of C&YP only. We can provide most of our elective surgery within the dedicated DSU space and this is a credit to the small team of paediatric nurses that work there as well as ensure 100% of our children have a pre-op assessment by a dedicated paediatric pre-op assessment nurse.

This year has seen the launch of Little Journey, a health modification tool designed to help reduced anxiety before healthcare procedure through the availability of an easily accessible smartphone app. This has been

widely used by C&YP that attend our hospital and has been a huge success.



Queen Elizabeth Hospital

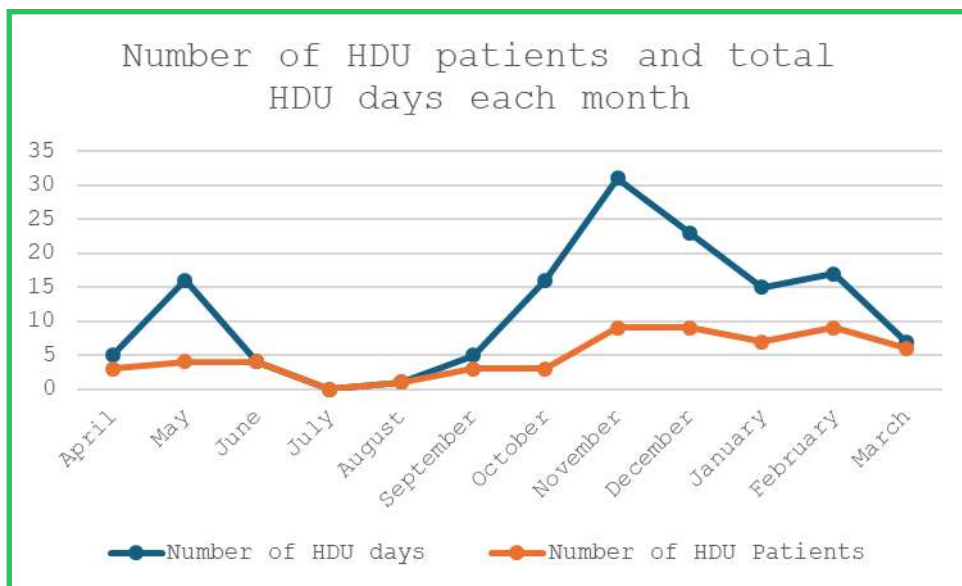
Peer Review:

In February the Surgery in Children ODN team visited for our peer review. This was a useful process and gave us an opportunity to highlight our achievements as well as review areas that we need to focus on. We were delighted to show the team around our facilities including the Roxburgh Children's Centre, Rudham ward, Paediatric ED, our paediatric facilities in DSU and our new paediatric recovery area. The helpful recommendations from the team will help to guide our progress over the over the short and long term as we look towards developing paediatric facilities in the new hospital.

HDU:

Over the past 12 months we have cared for a total of 58 HDU patients, totalling 140 days. Our highest acuity month was November with a total of 31 days of caring for HDU patients, and the lowest month being July which saw no HDU patients admitted with us. From the ward we have had a total of 4, Level 3 PANDR retrievals.

76% of the HDU patients admitted were cared for at Level 1, and 24% of those were cared for at Level 2, with 4 of those patients going on to require Level 3 support and retrieval.



Over the last 12 months we have had our first successful candidate through the High Dependency Care and Skills Acquisition course, and we are excited to be able to offer this opportunity to the team and boost our HDU qualified nursing numbers.

MID & SOUTH ESSEX

Basildon, Broomfield & Southend

Lead Clinician: Joe Hussey

Lead Nurse: Jerusha Murdoch-Kelly

 **Excellent**  **Compassionate**  **Respectful**
One team working together for excellent patient care



Children's surgery in Mid and South Essex Foundation Trust (MSEFT)

Mid and South Essex Foundation NHS Trust (MSEFT) formed in April 2020. The major acute sites comprise of Broomfield, Southend and Basildon Hospitals. The Trust serves a geographically large area and in terms of population, MSEFT is now one of the largest acute Trusts in the England, serving a population with many healthcare and socio-economic challenges. Although MSEFT is part of the Eastern region ODN for surgery in children, the region's proximity to London has resulted in referral pathways following this direction in many cases.

All three acute hospitals offer urgent and emergency surgical and medical care for its paediatric population. However, there has been an ongoing process of centralising out of hours and inpatient services for certain surgical specialties primarily at the Broomfield site, notably Urology, ENT & Maxillofacial Surgery. Broomfield also serves as the out of hours and inpatient hub in ENT surgery for Harlow and in Maxillofacial surgery for Colchester. Additionally, the St Andrew's centre based at Broomfield is a tertiary regional unit for paediatric plastic surgery (including cleft & hypospadias) and the UK's largest supra-regional centre for children's burns, serving the whole of the southeast of England.

Since the formation of MSEFT, Elective surgery has been undergoing a reorganisation to follow a similar "hub and spoke" model with the aim to offer non-complex HVLC day-case surgery in children aged 3 years old and above at all three sites. Additionally, Broomfield also offers facilities for elective surgery in certain specialties (Orthopaedics and Plastics) and in other specialties where there are more complex medical or surgical needs, and/or where an inpatient stay is expected. Broomfield do not have a general level 2 paediatric critical care facility, which limits the complexity of cases suitable to an extent. The age cut-off for elective anaesthesia at Broomfield is 3 months old.

All 3 sites have busy acute paediatric wards for both medical and surgical inpatients. Broomfield has a separate children's burns ward (8 Beds) in addition to a children's day case surgery facility (Wizard, 12 beds) and a newly opened children's elective surgical inpatient unit (Pegasus, 11 beds). Broomfield and Basildon have a well-developed paediatric pre-assessment and pre-operative preparation service. Currently, none of the sites have ring-fenced paediatric operating theatres; capacity is shared with adult surgical services.

Both Southend and Broomfield hospitals offer paediatric ophthalmology services including surgery. None of the sites currently offer capacity for community dental surgery in patients (child or adult) requiring general anaesthesia in our region.

Basildon, Broomfield & Southend

Clinical Activity & Challenges:

In common with most of the acute trusts in our region and nationally, recovery of elective paediatric surgical activity post-pandemic has been challenging; particularly due to non-availability of operating and clinic capacity where adult cancer related activity has been prioritised. MSEFT has also undergone a process of centralisation of certain surgical subspecialties, further reducing operating capacity particularly at Southend and Basildon Hospitals.

To partly address this, both Southend and Basildon Hospitals have been running paediatric day-stay “take-over” days once monthly, concentrating on HVLC paediatric day surgery (ENT, Maxillofacial, General, Urology). These have been generally very well received and effective. However, there is currently limited scope to repeat these on a more frequent basis at either site. Broomfield uses its paediatric surgical day-stay unit. However, effective utilisation is occasionally limited by lack of matching operating theatre capacity.

Things we are proud of:

- Close working relationship with the surgical and anaesthetic teams, especially around support of the child with complex health requirements.
- Close working relationship with the Play Specialist Team; their input has made a difference in alleviating fear and anxiety in children especially on the day of surgery.
- Improved collaborative working across the three sites to ensure that children can receive timely care and treatment. However, this is sometimes impacted by ambulance delays, delays in getting through to the right speciality via switchboard etc.

Developments and Priorities for the next 12 months:

- Formation of paediatric elective surgery recovery group. Initiatives to prioritise management of surgical backlog and help formulate a vision for a longer term, sustainable service for paediatric surgery in MSEFT.
- Develop clinical and service level agreements with network partners to increase capacity and widen the scope of paediatric surgery / urology delivered locally. Recruitment of a specialist paediatric orthopaedic surgeon and physiotherapist to further develop service.
- Continue current day-stay takeover activity at Southend and Basildon Hospitals, maximising utilisation by effective and timely list planning. Increase operating theatre capacity for children’s surgery particularly at the Broomfield site, to match the available bed capacity.
- Create a uniform process for supporting children’s surgery across the trust – specifically pre-operative preparation and waiting list management. Re-prioritisation of waits based upon clinical need and developmental impact to the child.
- Open dialog with community dental service providers to ascertain need for secondary care general anaesthesia services and develop service level agreement as appropriate.
- Closer look at urology pathway to align this with the GIRFT framework.

West Suffolk Hospital



Lead Clinician: Ayush Sinha, Dilshad Marikar, Sue Deakin & Alex Millington

Lead Nurse: Sharon Farthing & Jo Rackham

At West Suffolk Hospital we are the main provider of children's services for the West Suffolk region. Our main aim is to the best quality and safe care to our local community through our FIRST values which are the guiding principles and behaviours which run through our organisation

Elective and emergency surgery patients are admitted via Rainbow ward and our dedicated Day Surgery Unit (DSU) is located within the hospital footprint as a standalone unit. This provides 6 paediatric DSU beds Monday to Friday.

Paediatric surgery undertaken at West Suffolk Hospital includes trauma and orthopaedics, general surgery, Community Dental Service (CDS), Ear Nose and Throat (ENT) and gynaecology. Joint urology clinics are provided with a visiting consultant from NNUH.

Key Team Achievements 2023 – 2024

In 2024 our DSU updated the paediatric areas to make them more welcoming and child friendly, consideration has been given to CYP with sensory and communication issues as part of this update as has ensuring that the paediatric areas are appropriate for CYP of all ages.

We are in the process of implementing the National PEWS to all Paediatric areas within the trust – the project has included modifying our existing electronic record to reflect the new scoring systems, training and supporting staff to ensure full understanding of scoring and escalation and disseminating of training throughout the organisation including to our main theatres/recovery, DSU and ITU areas.

Ensuring that all paediatric patients are offered the option of a face-to face pre-assessment. This is ensuring that not only do CYP and family's have the opportunity for detailed and thorough discussions about their upcoming surgery but also gives the opportunity to orientate to the relevant department, access our specialist play team and meet any additional MDT members at one appointment.

Ambitions for 2024/2025

Provide assurance that the Paediatric Surgery & Anaesthesia group meets regularly to ensure a full MDT approach to surgical issues across the organisation.

Continue to look at options for maximising paediatric theatre utilisation – this is an ongoing workstream that is considering all parts of the patient journey. The current focus for this is establishing paediatric theatre templates for DSU and main theatres. The aim of this is to support the surgical recovery programme ENT & Orthopaedics and reduce waiting times for paediatric patients.

Continue to work with the SIC ODN to contribute to and implement guidelines that are developed through network collaboration. This will ensure that a consistent approach is taken to management of surgical conditions across the network.

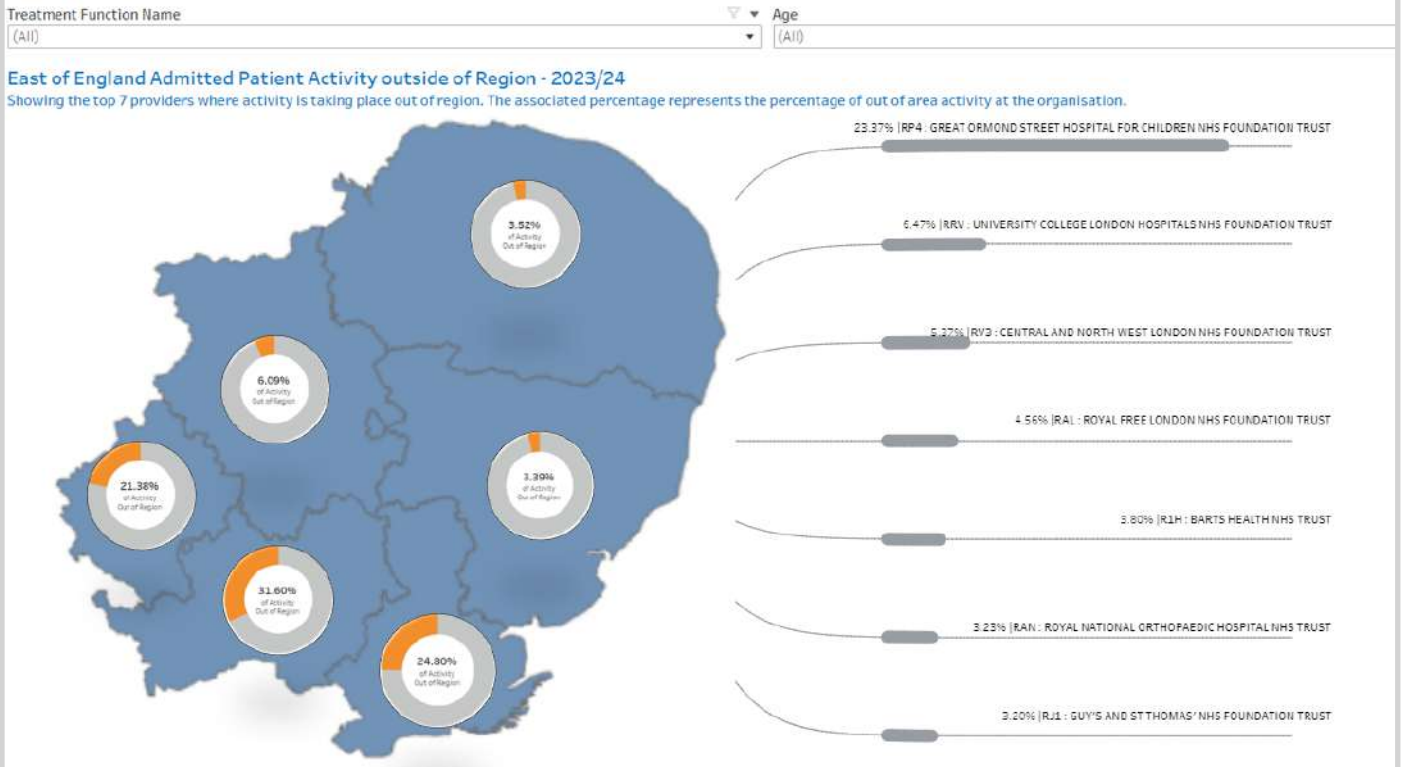
To continue to support staff training in all areas of paediatric surgery by utilising both local and regional training opportunities and resources as they are available and to ensure robust pathways of care with our DSU, theatre & recovery colleagues to ensure they also benefit from these training and learning opportunities.

To continue to review provision across paediatrics for children with autism and neurodiversity. This is including Play specialist support, environmental considerations including providing a calm, quiet areas for CYP waiting review/ assessment, flexibility with appointment times.

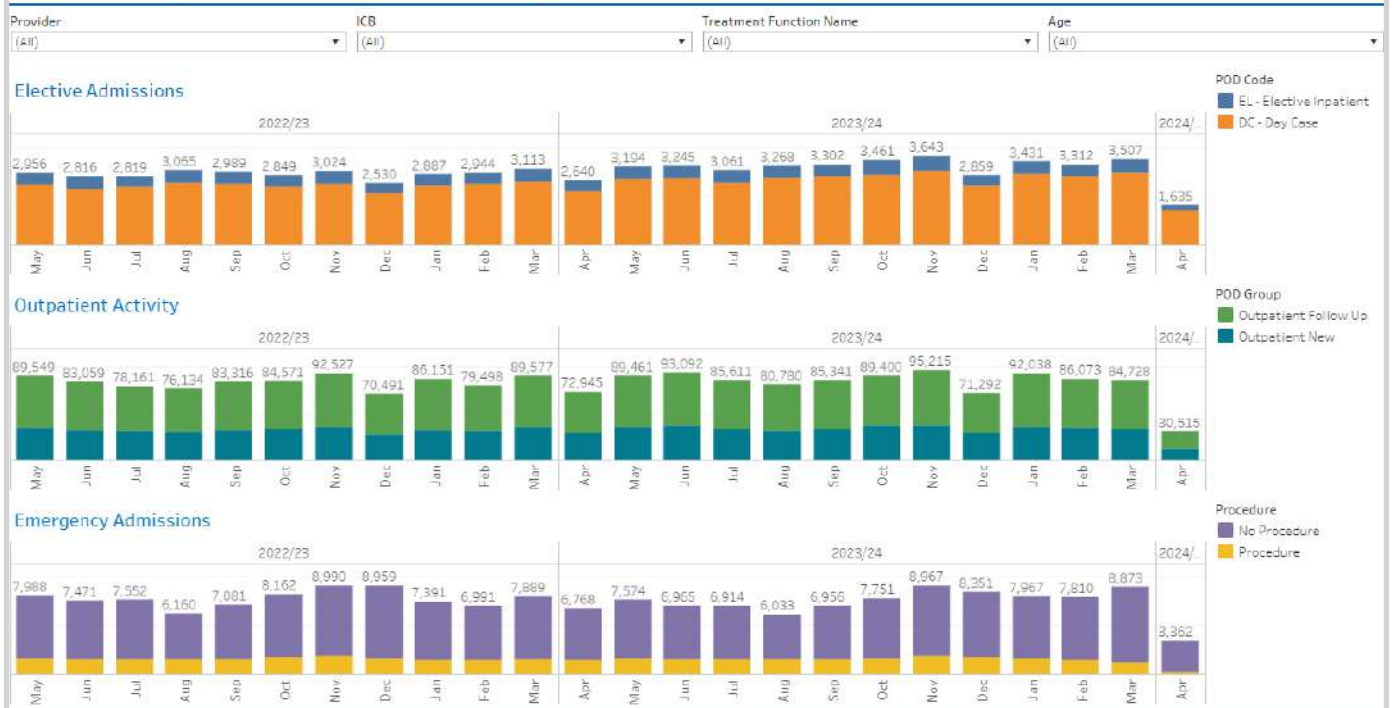
Network Data



East of England Paediatric Activity - Out of Region Admissions



East of England Paediatric Activity - Summary of Activity



East of England Paediatric activity and waiting list data NCDR. Report extracted from SUS and NHSE

central RTT Waiting List datasets.

Data last published date: 21/04/2024

Data sorted for All Treatment Function Codes.

Total Number of Children on Admitted RTT Pathways in the East of England

11,539 Children on Admitted RTT Pathways *

A reduction of -119 on last week.

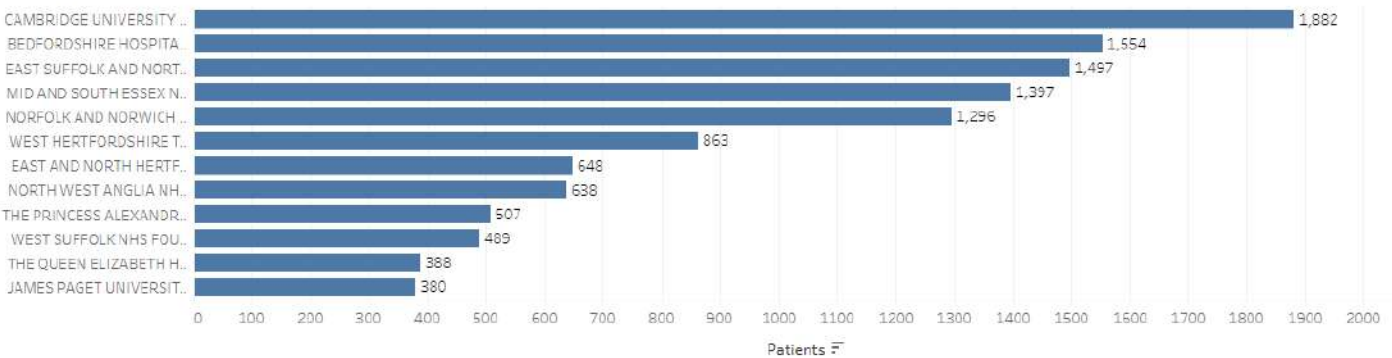
2,408 Children waiting over 1 Year

0 Children waiting over 2 years

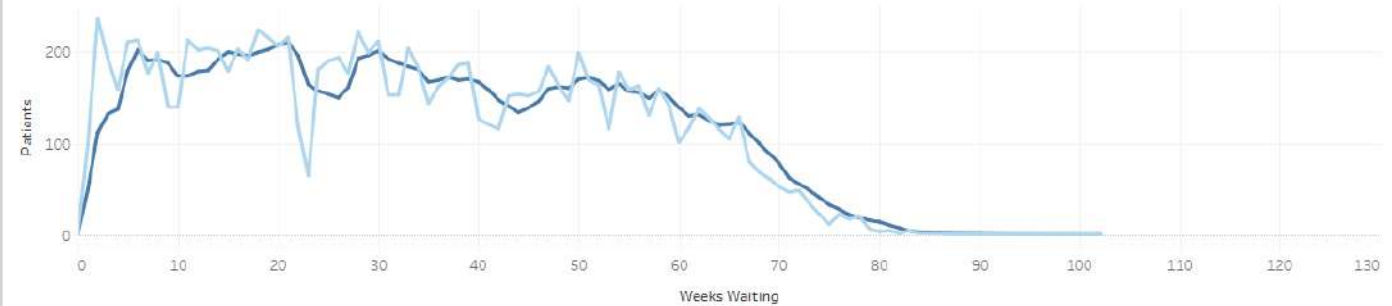
Total Paediatric Waiting List Size Since May 2021



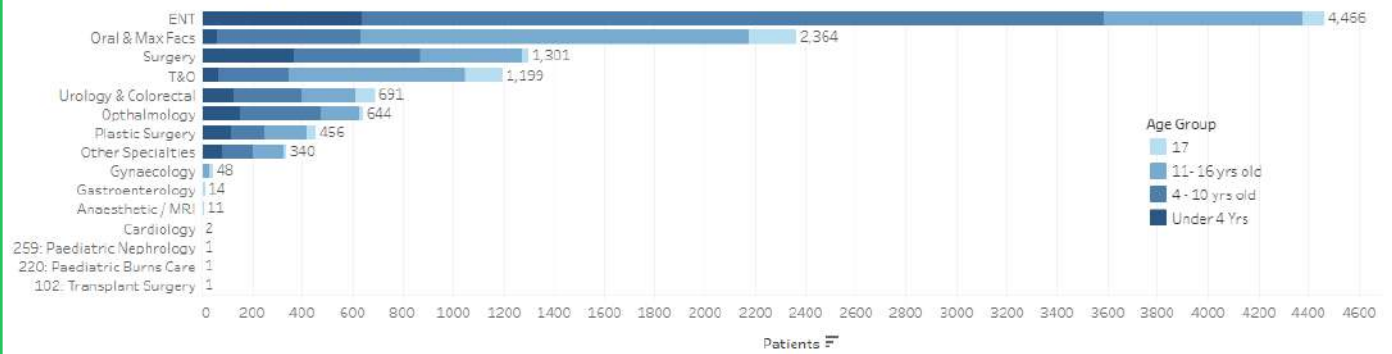
Waiting List Size by Provider



Composition of Latest Waiting List (Weeks Waiting)



By Age & Specialty Grouping

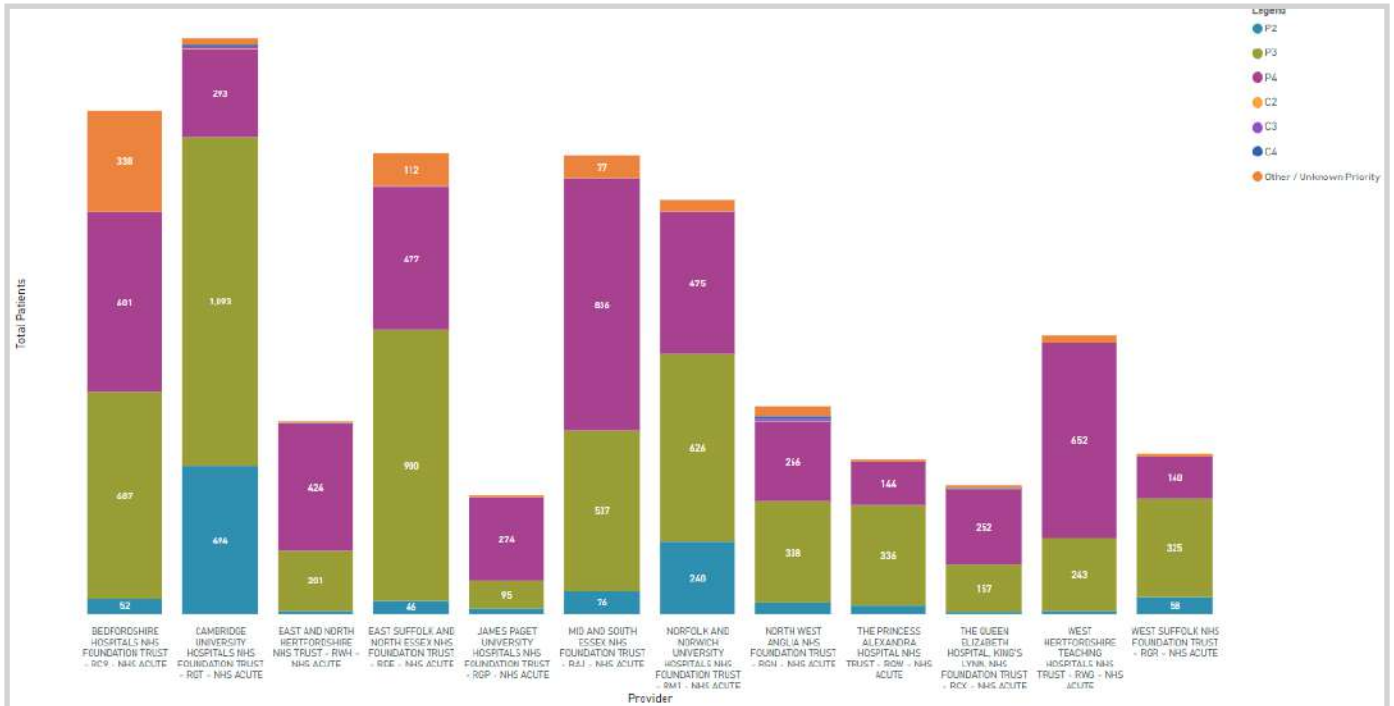


East of England Inpatient RTT Waiting List Report. Report extracted from NHSE central RTT Waiting

List datasets covering the period from May 2021. Data last published date: 02/06/2024.

Number of Children on Admitted RTT Pathways in the East of England

Sorted for Priority Code

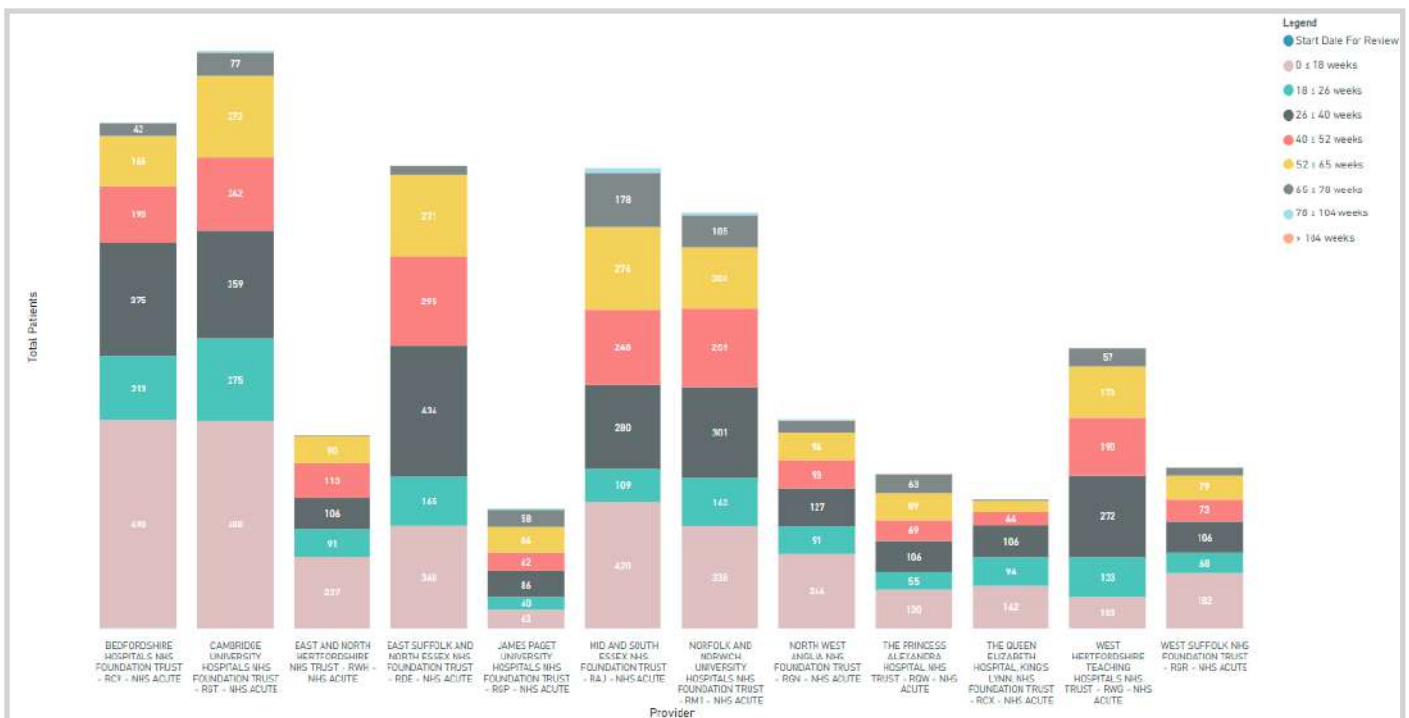


RAIDR - Elective Waiting List

Data as of 21/06/24

Filtered by **Region** (is EAST OF ENGLAND - Y61), **Category** (is Clinical Priority), **Waiting List** (is Admitted - RTT), **Status** (is RTT Data), **Age Banding** (is 0 to 15 or 16 to 18)

Sorted by Weeks Waiting



RAIDR - Elective Waiting List

Data as of 21/06/24

Filtered by **Region** (is EAST OF ENGLAND - Y61), **Category** (is Weeks Waiting), **Waiting List** (is Admitted - RTT), **Status** (is RTT Data), **Age Banding** (is 0 to 15 or 16 to 18)

Number of Children on Admitted RTT Pathways in the East of England - ENT

4,466 Children on Admitted RTT Pathways *

A reduction of -39 on last week.

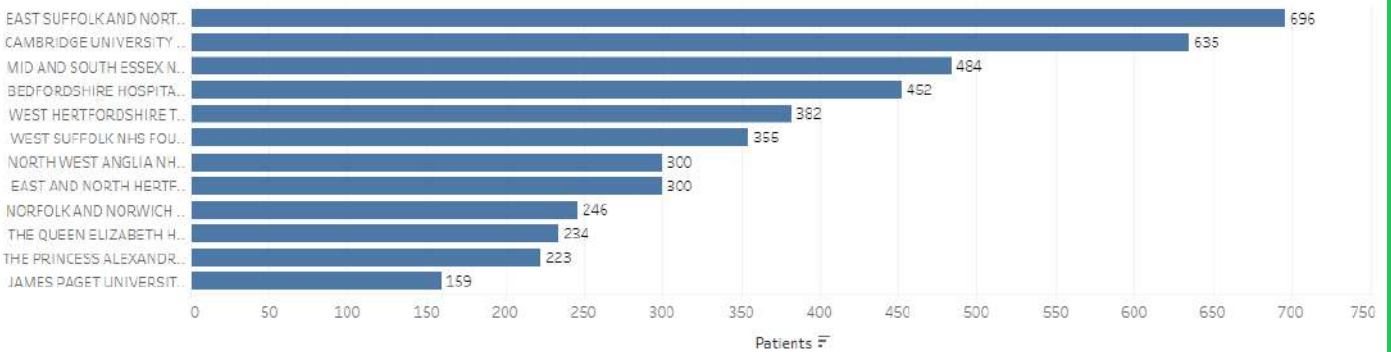
1,271 Children waiting over 1 Year

0 Children waiting over 2 years

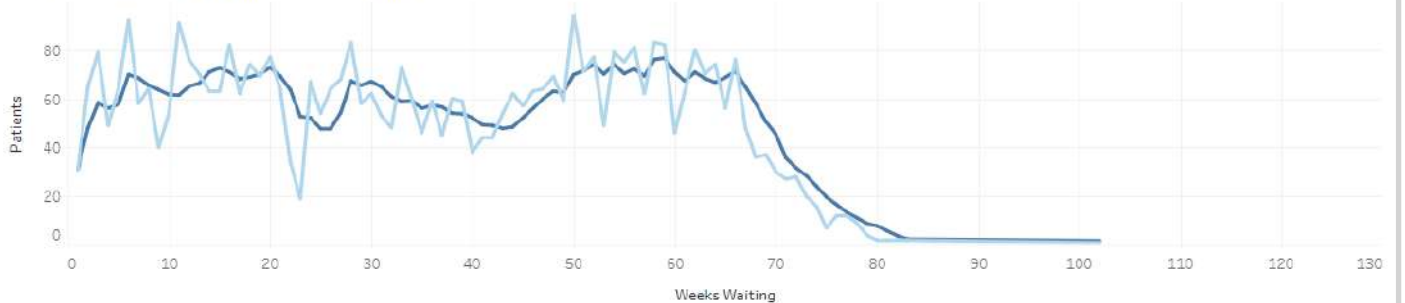
Total Paediatric Waiting List Size Since May 2021



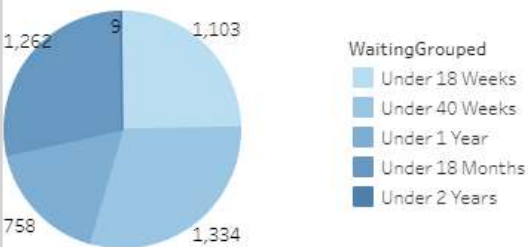
Waiting List Size by Provider



Composition of Latest Waiting List (Weeks Waiting)



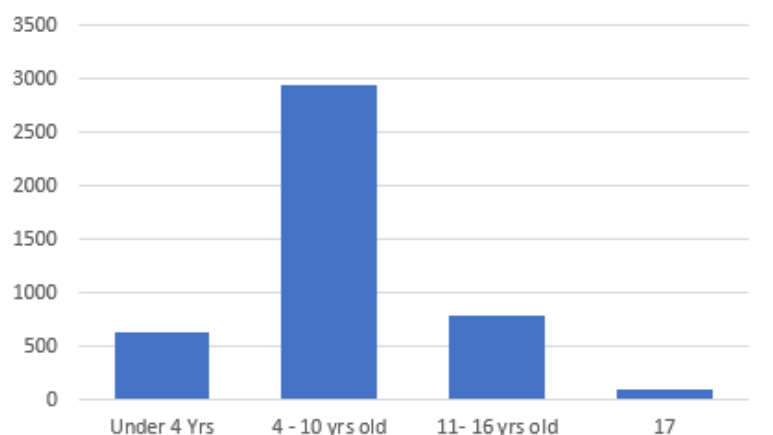
Paediatric Waiting List by Grouped RTT Length of Wait



Paediatric Waiting List By Grouped RTT LOW

Waiti..	Patients	% of Total Waiting
Under 40 W..	1,334	29.87%
Under 18 M..	1,262	28.26%
Under 18 W..	1,103	24.70%
Under 1 Year	758	16.97%
Under 2 Ye..	9	0.20%

By Age & Specialty Grouping



East of England Inpatient RTT Waiting List Report. Report extracted from NHSE central RTT Waiting List datasets covering the period from May 2021. Data last published date: 02/06/2024.

Data sorted for Treatment Function Codes - 120: Ear Nose and Throat and 215: Paediatric Ear Nose and Throat.

Total Number of Children on Admitted RTT Pathways in the East of England - T&O

1,199 Children on Admitted RTT Pathways *

A reduction of -20 on last week.

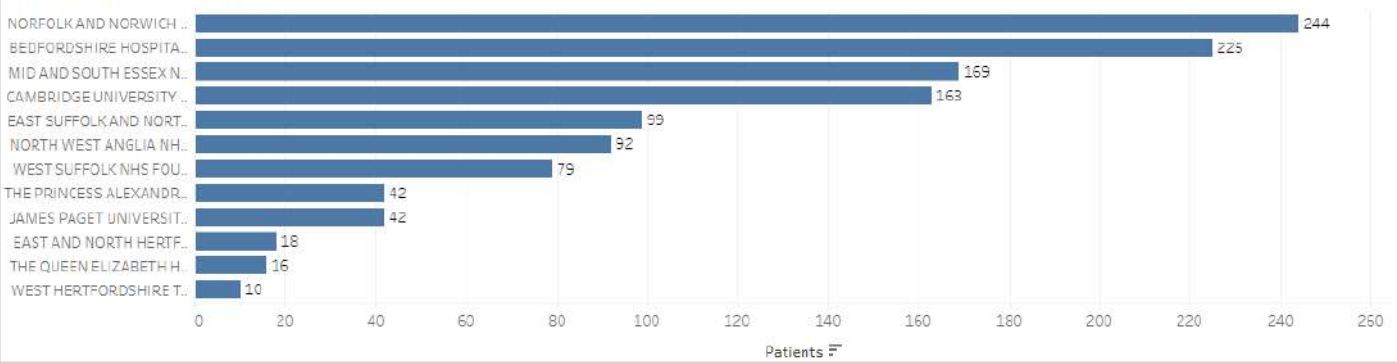
163 Children waiting over 1 Year

0 Children waiting over 2 years

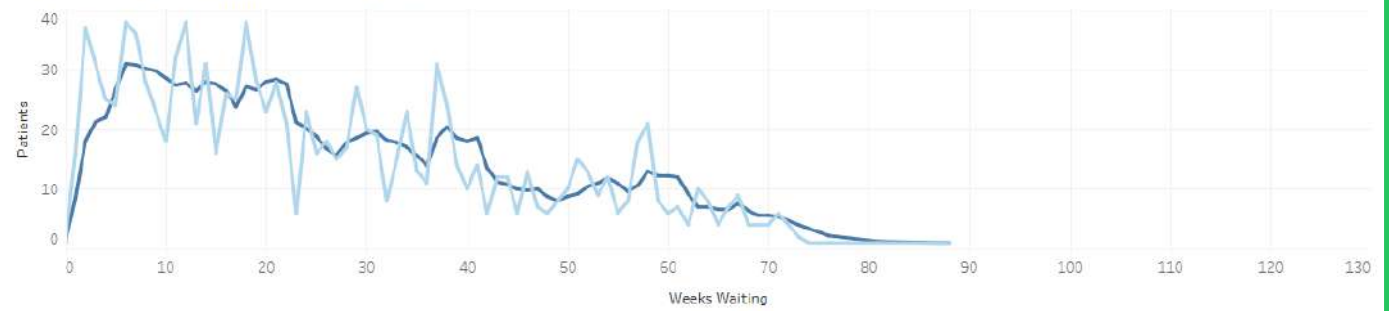
Total Paediatric Waiting List Size Since May 2021



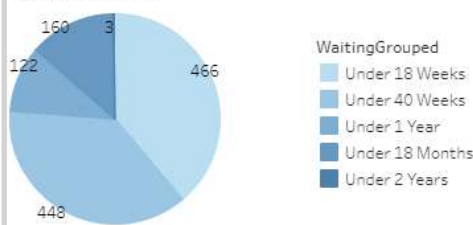
Waiting List Size by Provider



Composition of Latest Waiting List (Weeks Waiting)



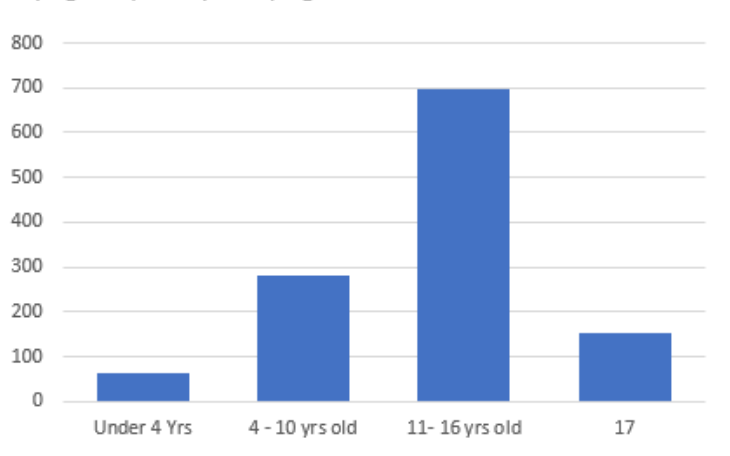
Paediatric Waiting List by Grouped RTT Length of Wait



Paediatric Waiting List By Grouped RTT LoW

Waiti..	Patients	% of Total Waiting
Under 18 W..	466.0	38.87%
Under 40 W..	448.0	37.36%
Under 18 M..	160.0	13.34%
Under 1 Year	122.0	10.18%
Under 2 Ye..	3.0	0.25%

By Age & Specialty Grouping



East of England Inpatient RTT Waiting List Report. Report extracted from NHSE central RTT Waiting List datasets covering the period from May 2021. Data last published date: 02/06/2024.

Data sorted for Treatment Function Codes - 110: Trauma and Orthopaedic and 214: Paediatric Trauma and Orthopaedic.

Total Number of Children on Admitted RTT Pathways in the East of England -

General Surgery/Urology

1,872 Children on Admitted RTT Pathways *

288 Children waiting over 1 Year

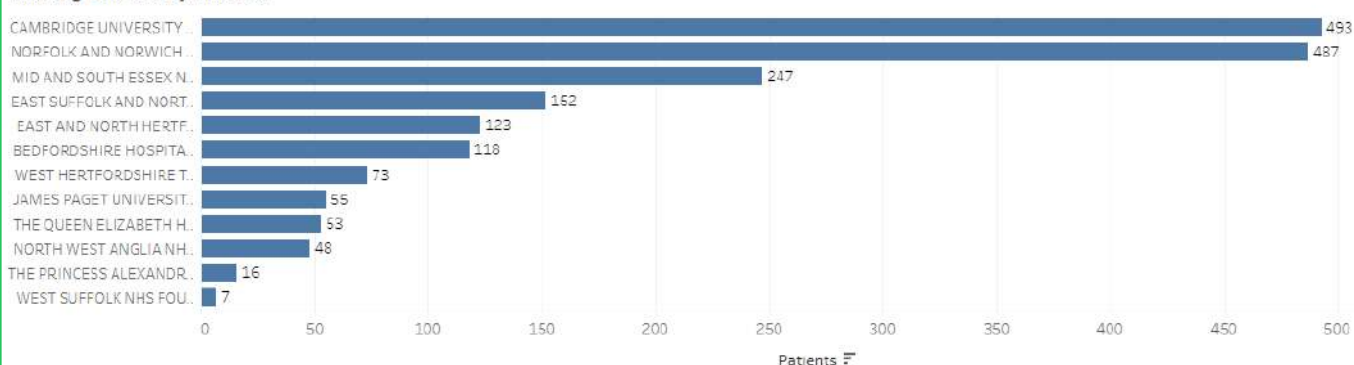
0 Children waiting over 2 years

A reduction of -21 on last week.

Total Paediatric Waiting List Size Since May 2021



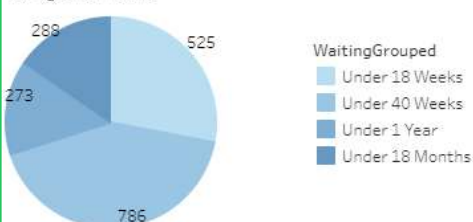
Waiting List Size by Provider



Composition of Latest Waiting List (Weeks Waiting)



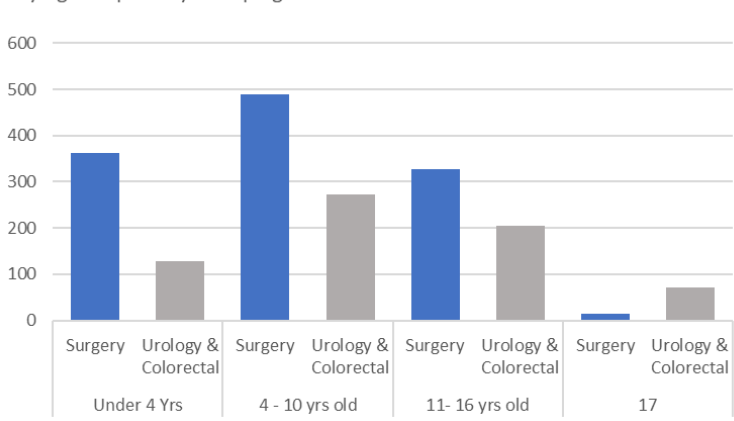
Paediatric Waiting List by Grouped RTT Length of Wait



Paediatric Waiting List By Grouped RTT LoW

Waiti..	Patients	% of Total Waiting
Under 40 W..	786.0	41.99%
Under 18 W..	525.0	28.04%
Under 18 M..	288.0	15.38%
Under 1 Year	273.0	14.58%

By Age & Specialty Grouping



East of England Inpatient RTT Waiting List Report. Report extracted from NHSE central RTT Waiting List datasets covering the period from May 2021. Data last published date: 02/06/2024.

Data sorted for Treatment Function Codes - 100: General Surgery, 101: Urology, 171: Paediatric Surgery, 211: Paediatric Urology.