

2024

ANNUAL REPORT

EAST OF ENGLAND
SURGERY IN CHILDREN
OPERATIONAL DELIVERY
NETWORK



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Liz Langham

Director

2024 saw some challenges and continued to see a busy workplan which has led to some excellent guidelines across the region. I want to say a huge thank you to my excellent team, who have continued to support and drive change across the region, and I am proud of what they have achieved.

Damian continues to support all things surgical, with the focus on elective recovery as an ODN we have continued to shine the light on the plight of children and surgical waiting lists. We have worked closely with the elective recovery team, and during the last few months of 2024 Damian undertook a secondment with GIRFT which has been amazing.

Across all pathways ENT/ Orthopaedics / Anaesthetics we have seen some great work, around best practice and guidelines. Jess Bewick who has been our ENT lead for a number of years sadly stepped down from the role, we would like to thank her for her amazing contribution to the ODN and region. Pranav Kukreja also stepped down as Anaesthetic Lead and again we would like to thank him for his contribution. A lot of the work we do as an ODN is dependent on having really positive driven clinical leadership and both Jess and Pranav have shown this. We have been successful in recruiting to the anaesthetic role with Zoe Ovendon joining our team who again has hit the ground running to continue the ongoing work. We look forward in 2025 to welcoming a replacement for Jess.

The work around testicular torsion and abdominal pain has been great, we continue to look at how we can support the region and ensure appropriate pathways for the children in the region.

We completed our service reviews, and we await the thematic report to look at how we can continue to develop the services within the region. The neonatal surgical review is due to launch in 2025 and this will be supported by all three ODNs NCC/PCC/SIC which will show all teams working collaboratively.

The ENP/AHP workstream which has developed study pods, and competency documents is great and shows the value of working together across a region. This is something which is unique to the EOE SIC ODN at present.

We have seen some excellent collaboration across regions, with EOE launching our first pre assessment course, this has been supported by the work originally done in TVW ODN. We will be sharing our PACU course for recovery nurses and look forward to seeing other regions roll out this excellent work.

Whilst 2024 has been busy we have seen a raft of improvement and achievements, I hope this continues as 2025 is set to see some challenges but I am confident working together we can continue to achieve.

Liz xx



Milind Kulkarni

Lead Clinician

Warm greetings. We had a busy last year with activities. We completed all our trust reviews and that demonstrated a great enthusiasm in progressing care for children who need surgery. The national pathways to which we contributed have been published for abdominal pain and testicular torsion. These have been adopted for the region with additional further documents. Thank you to all those who attend the meeting last year. The model hospital data suggests that we are providing a good quality care across the region for General Surgery in childhood condition. Jessica and Pranav have worked hard to progress the difficult airway education further. Anish Sanghrajka has been very active and instrumental in progressing the T and O surgery in children. First regional audit meeting for the DDH condition took place in May 2025. It was very well attended and is going to lead to regular regional MDT meetings to be hosted by the ODN soon. We had the first meeting amongst the tertiary care centres to review the neonatal surgical outcomes for selected conditions in our tertiary centres and this generated a very healthy supportive discussion. I am pleased to say that we provide good quality care for neonates within the region. There are still some children being cared outside the region and we are reviewing how we can make sure that all pathways are robust. Unfortunately we had to cancel the stakeholder meeting for neonatal surgery, but we are hoping to host that as soon as possible. Currently we are working on guidelines for Pyloric Stenosis, Intussusception and regional referral guidance document. We intend to host a workshop for lab based training for testicular torsion operations later in the year. Lots of other projects on our minds. If there is anything specific that you would like us to focus on please do let us know.

Anish, Jessica and Pranav have done an excellent job to support the subspecialties within Surgery in children but now are stepping down from their positions. I would like to express thanks and gratitude from all the team and congratulate them on excellent progress they have achieved in care of children in the region. We are going to miss them dearly. Zoe Ovenden has taken over from Pranav as Lead for anaesthesia and perioperative care and we will be looking for colleagues for ENT and T and O lead positions.

As always we are grateful for your contributions. We certainly are progressing well despite all the changes that are taking place in NHS. And the credit goes to you all. Thank you very much.

Sincerely Yours

Milind Kulkarni



Anish Sanghrajka T&O Lead Clinician

In May, we hosted a regional peer-review audit of operated cases of hip dysplasia in children. Four units that perform this surgery in the East of England contributed their data for 2024, and all cases and complications were discussed at a face to face meeting which was attended by consultants from across the region. Recommendations for change in practice were made and agreed by those present. To the best of our knowledge, this is the first meeting of its kind in the UK, and was regarded as valuable by all who attended.





Damian Griffiths Lead Nurse



In 2024 the Surgery in Children ODN continued to focus on four workstreams within ENT, General Surgery and Urology, Anaesthetists and Trauma and Orthopaedics with elective recovery as a continued cross-cutting theme. Following an updated Clinical Network Specification and growing demands, we continue to focus on the network priorities ahead of the 24/2025 work plan to assess common themes from the service reviews.



As a hosted organisation, the SIC ODN was honoured with a nomination for the 2024 CUH Annual Awards. A group of team members attended the event to accept the nomination on behalf of the entire team and network. This recognition reflects the collective achievements of all network members. Thank you for your continued dedication and commitment to collaborative working, helping us deliver high-quality care to children and their families.

Priorities 23/24

General Surgery & Urology	ENT	Anaesthetics	Trauma & Orthopaedics
<input type="checkbox"/> Abdominal pain guideline rollout <input type="checkbox"/> Testicular torsion	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Readmissions following Tonsillectomy <input type="checkbox"/> Elective recovery <input type="checkbox"/> Button Battery <input type="checkbox"/> Drooling management	<input type="checkbox"/> Inhaled foreign object guidance <input type="checkbox"/> Pain management <input type="checkbox"/> Pre-Assessment <input type="checkbox"/> MRI two stage consent	<input type="checkbox"/> CPIP <input type="checkbox"/> Trauma <input type="checkbox"/> CTEV <input type="checkbox"/> Botulinum Toxin Delivery <input type="checkbox"/> ESP/AHP competency documents
Education			
Data collection			
Pathways			
Peer Reviews			

Peer reviews: The service review process began in September 2023, using a nationally agreed self-assessment review document aligned with established standards. As part of this process, walk-rounds of the children and young people's (CYP) elective and emergency surgery pathways have been conducted. These visits provide valuable insights and are still ongoing due to operational pressures within some provider organisations.

To date, the majority of site visits have been completed, with one final visit scheduled for early Spring 2025. Following the completion of all peer review visits, a thematic review will be carried out. This will offer an anonymised, high-level overview of key themes that will help shape the network's priorities.

A key aim of the service review is to highlight local solutions, innovations, and improvements, and to share best practices across the region. Providers are encouraged to treat the self-assessment documents as live tools, with progress against action plans to be reviewed in late 2025.

Looking ahead, the ODN team is committed to working closely with providers over the next 12 months to implement the recommendations from these reviews at both local and regional levels. This work will align with regional and national models and priorities, with a strong focus on addressing unwarranted variation as a core part of the network's remit.

The ODN will ensure that its priorities reflect the needs of the entire region, adopting a system-wide approach to improvement. This will be supported by robust governance processes and stakeholder engagement strategies, including a review of the memorandum of understanding and terms of reference.

Celebration regional achievements, best practice and learning: On the 18th June 2024 the ODN held a face to face Clinical Oversight Group meeting as a celebration event. Despite not fully completing the reviews, the learning shared to date provided an opportunity to share local excellence.

We asked what the top priorities attendees felt the network should be looking at:



Within General Surgery & Urology data has been the start of the conversation across the majority of ODN workstreams with a focus on removing unwarranted variation and benchmarking against national/GIRFT metrics.

Circumcision data presented at the face-to-face general surgery meeting in September 2024 highlighted variation within the East of England. The ODN will work with providers to deep dive in to audit data into 2025 monitoring the trend and variation. The 4-skin Health evidence-based intervention tool is a useful resource provided by Alder Hey Foreskin, medical circumcision and treatments | 4skin Health | Alder Hey. Data will be continued to be presented at the COG.

Internal patient level audit undertaken by several providers has evidenced good selection processes and adherence to national recommendations across several metrics. Further audits including a review of the abdominal pain pathway are in development.

ENT: A core group of interested professionals met to formulate a regional drooling management guideline (Sialorrhea) to be finalised in 2025. Ms. Jessica Bewick, ENT workstream clinical lead, supported the elective recovery team with the production of a costed Waiting List Initiative model for high volume low complexity pathways presented at the regional Elective Recovery Oversight Group and regional medical directors meeting. The East of England continues to follow the national picture with the highest volume of paediatric waits remaining in ENT.

Trauma & Orthopaedics: The trauma and orthopaedics working group have presented the Congenital Talipes Equinovarus (CTEV) audit holding a successful face to face meeting. The CTEV audit is ongoing providing a peer review of practice, including a study pod for ESP/AHPs and clinical nurse specialists discussing complex and interesting cases within the region. The ESP working group is chaired by Bobby Wakeley at James Paget – with Jo Campbell joining as co-chair from Peterborough City Hospital who takes over from Fran Sutton who we thank for providing a regional steer and expertise to the region. The CTEV away day held at CUH on 27th September at Cambridge University Hospitals.



Anaesthetics: Pranav Kukreja took guidance to the EACAN meetings reviewing similar guidance from the South West ODN around MRI productivity, reducing the requirement of GA for MRI along with an MRI consent form created by Dr Victoria Howell.

Elective recovery: As part of the regional Elective Recovery Oversight Group the ODN regularly attends the monthly meeting discussing the regional challenges and feeding back information to providers. Data and resources such as the Summary Paediatric Indicator Table (SPaedIT) and Model Health System have supported regional analysis presented via working groups and COG. The ODN continues to share best practice aligning data sets presented with national data and metrics to drive improvement.

Dental: Work has been undertaken to support the collation of data held by the Community Dental Services with the Dental Managed Clinical Network being an interdependent network. The ODN continues to attend regional dental stakeholder meetings to keep abreast of the pipeline specifications to support the MCN.

Play in hospitals: Within the provider visits, we heard firsthand about the incredible work of health play teams in reducing procedural anxiety and reducing the need for general anaesthetic for interventions such as MRI scans. Often health play specialists and play teams bridged the gap in areas such as the lack of dedicated psychology provision for surgical pathways children, young people and families accessed. Following the work within the South West ODN around optimising the MRI pathway the ODN began to undertake a health play specialist workforce survey to launch early 2025. The region benefits from an existing network meeting twice a year chaired by Steph Fairbain at the Society of Health Play Specialists.



Testicular Torsion: work has been undertaken to scope NHS 111 pathways in line with GIRFT recommendations. This work will continue in 2025 to review the pathways directly with providers.

Miss Shabnam Undre, Consultant Urological Surgeon East and North Hertfordshire NHS Trust, presented the latest Save the Ball Working Group update at the General Surgery and Urology meeting in September and within the National ODN meeting. [Access the posters at GIRFT-testicular-torsion-awareness-posters.pdf](#)

Having attended the South Thames Paediatric Network testicular torsion wet lab to observe the course operating on a medical meat model we hope to offer this course within the East of England in 2025 as part of a package to maintain skill and confidence within the region.

Pre Operative Assessment: The Paediatric Pre-Assessment Practitioner course launched the first cohort on 17th May 2024 with a second cohort planned for Spring 2025. During the peer review visits variation in the maturity of Pre-Assessment services has been observed with some providers having an established service with job planned anaesthetist support, with others having no job planned anaesthetist input.

With a nationally agreed competency, the Pre-Assessment Course provides an ideal foundation to support the growth and development of Paediatric Pre-Assessment in the region. The working group, initially established to set up the course, moved to a community of practice, connecting colleagues across the East of England and East Midlands Surgery in Children ODNs for peer support and collaboration. The working group will move to quarterly meetings in 2025.,

Keeping up to date with the ODN: the SIC newsletter is completed dependent on content with providers invited to submit case studies, news articles and local QI. In 2024 three newsletters each reached over 460 people on the contact list.

The FutureNHS platform continues to serve as a vital hub for collaboration and knowledge sharing across the network. With new content added weekly, it remains a dynamic and up-to-date resource for members. Registered users benefit from a range of collaborative tools, including:

- Discussion forums for peer engagement
- Document sharing capabilities
- Access to meeting minutes and key updates

The platform also hosts a curated collection of resources, such as:

- Links to GIRFT (Getting It Right First Time) meetings
- Case studies showcasing local innovation
- Data sources supporting service improvement

Members are encouraged to actively contribute by uploading resources, sharing local examples of best practice, and participating in discussions. This collaborative approach supports continuous learning and drives improvement across the region. FutureNHS remains a comprehensive, one-stop resource for supporting the network's strategic goals and fostering a culture of shared learning.


The main workspace is located East of England Surgery in Children ODN - FutureNHS Collaboration Platform

The dedicated Pre-Assessment workspace can be accessed at East of England and East Midlands Paediatric Pre Assessment Practitioner Course (PPAPC) - FutureNHS Collaboration Platform which houses the Pre-Assessment in a box resources created by South Tees and Dr Amy Norrington.




SIC Network Engagement

Working group and COG meetings




COG: **3 meetings** Attendees: **80**
ENT: **4 meetings** Attendees: **21**
T&O: **2 meetings** Attendees: **24**
Anaesthetists: **2 meetings** Attendees: **23**
Pre-Operative Assessment: **6 meetings** Attendees: **46**

Network face to face events




Face to face engagement (COG): **1** Attendees: **59**
General Surgery & urology: **2** Attendees: **34**
CTEV away day: **1** Attendees: **18**

Insights




Peer review provider site visits in 2024: **9**
Guidelines: **3** in pipeline
Audits: **2**

SIC education (attendees)



Pre-Operative Assessment: **16** (with 6 from EOE)
Foundations of Surgical Nursing: **24**
Post Anaesthetic Care Unit Course: **30**
Emergency Paediatric Airway Refresher Course (EPAR): **11**

FutureNHS

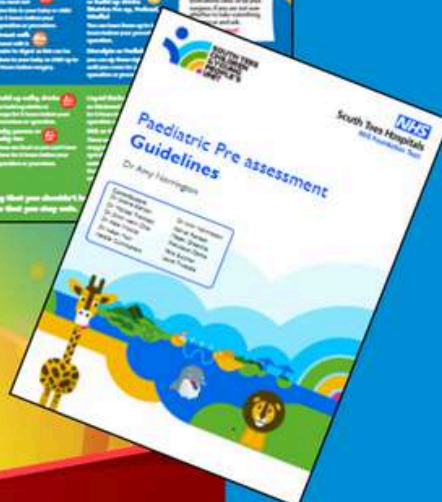


East of England Surgery in Children ODN – **166 members**
Pre-Operative assessment – **76 members**
Newsletters: **2**, reaching over **460 contacts**

A Paediatric Pre-Assessment Service ...*in a box*

- National Best Practice document APAGBI
- Benchmarking template – where are you now?
- Guidelines, Triage and Paperwork
- Autism and Anxiety...

Join the East of England and East Midlands Paediatric Pre Assessment Practitioner Course (PPAPC) workspace-
<https://future.nhs.uk/EastPPAPC>





Francesca Wright Lead Nurse for Education

I continue to offer educational input to the SiC side of the network which was only possible during 2024 due to the support from Naomi Rowell in delivering PCC education and Katie Bagstaff continuing work with the ODN in addition to her matron role at CUH. I would like to acknowledge and thank them both for their work in supporting regional surgery education.

Foundations in Surgery Virtual Study Day

This online study day was offered again in 2024, and is aimed at 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. 28 delegates from the region joined this day in 2024.

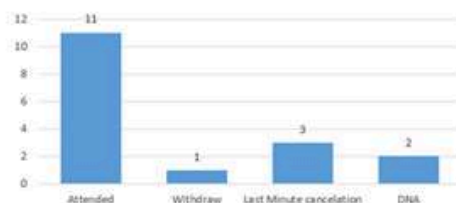
EPAR – Emergency Paediatric Airway Refresher

Miss Bewick rallied her fantastic faculty once again for this popular course again in 2024, attended by both anaesthetic and ENT consultants. With a blend of lectures, work stations and SIM scenarios, a range of airway topics were covered including foreign body aspiration, neonatal emergency airway management and OSA in children.

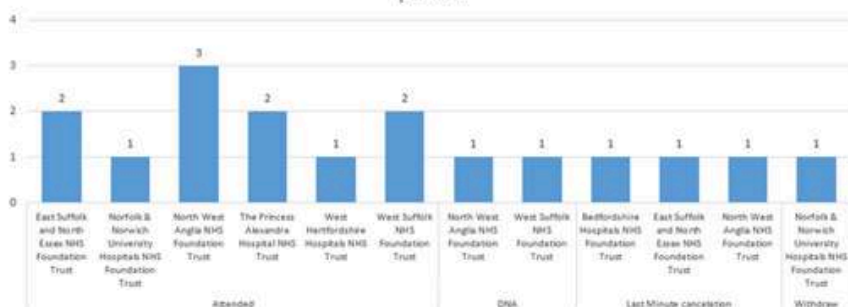
EPAR 2024

Attendance per Trust	Attendee
Attended	11
East Suffolk and North Essex NHS Foundation Trust	2
Norfolk & Norwich University Hospitals NHS Foundation Trust	1
North West Anglia NHS Foundation Trust	3
The Princess Alexandra Hospital NHS Trust	2
West Hertfordshire Hospitals NHS Trust	1
West Suffolk NHS Foundation Trust	2
DNA	2
North West Anglia NHS Foundation Trust	1
West Suffolk NHS Foundation Trust	1
Last Minute cancellation	3
Bedfordshire Hospitals NHS Foundation Trust	1
East Suffolk and North Essex NHS Foundation Trust	1
North West Anglia NHS Foundation Trust	1
Withdraw	1
Norfolk & Norwich University Hospitals NHS Foundation Trust	1
Grand Total	17

Total Number of Candidates Booked for 2024



Total Number of Candidates Booked for 2024 per Trust



PACU – Paediatric post Anaesthetic Care Unit course

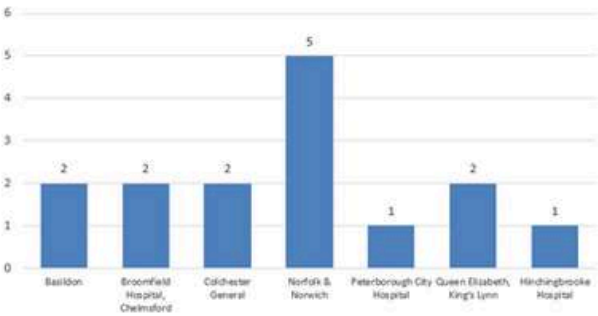
The network are delighted that Katie Bagstaff has continued to work with us to deliver this course through 2024. We dropped down from 2 cohorts per year to offer just 1 cohort in 2024, largely due to lower numbers of applicants, this is likely to continue at 1 cohort going forward, we had 29 delegates in 2024.

PACU Course 2024

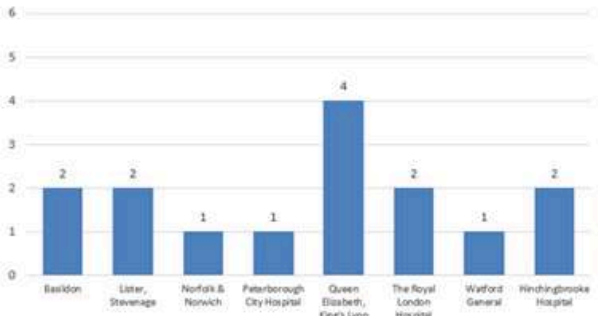
Trust	Attendees Spring 2024 Cohort
Basildon	2
Broomfield Hospital, Chelmsford	2
Colchester General	2
Norfolk & Norwich	5
Peterborough City Hospital	1
Queen Elizabeth, King's Lynn	2
Hinchingbrooke Hospital	1
Grand Total	15

Trust	Attendees Autumn 2024 Cohort
Basildon	2
Lister, Stevenage	2
Norfolk & Norwich	1
Peterborough City Hospital	1
Queen Elizabeth, King's Lynn	4
The Royal London Hospital	2
Watford General	1
Hinchingbrooke Hospital	2
Grand Total	15

Total Number of Candidates attended Spring 2024 Cohort
Per Trust



Total Number of Candidates attended Autumn 2024 Cohort
Per Trust



All booked attendees completed the course, but one. One candidate from The Royal London Hospital withdrew before the course started

Reassuringly, all the sessions evaluated well with all delegates agreeing that their learning outcomes were met. In response to the question, ‘tell us about your experience of the study day’ the following word cloud was generated:



The SIM day which is compulsory as part of PACU can often cause delegates some anxiety, the facilitators work hard to create a supportive learning environment, so it is reassuring to receive the following responses when asked, ‘is there anything else that we could do to improve the day?’

Not really
N/A
None at all.
You all are doing amazing work keep up the good work !
I was very nervous beforehand, but it was enjoyable and learnt a lot.
It was very helpful, I can't think anything else
N/a Everything is well organised and the topics are very relevant.
Maybe some improvement in the audio-visual equipment and really allow the participants to explore the sim room beforehand to get familiarity with the location of the equipment
Really great. And lovely bonus lunch
None
I think everything was well articulated
None
It was a very nice session. I was quite anxious but the facilitators made it an interesting experience
Very good day well organised and flowed efficiently

This course, the format, session outlines and SIM scenarios have been packaged by Katie and offered out nationally to other ODNs; Katie, myself and Damian have been supporting ODNs who would like to offer the course in their region.

Katie and myself also presented the course at national events, Katie gave an oral presentation at 'Tots on the Tyne' the APAGBI Annual Scientific Meeting 2024, and Damian and I took a poster presentation to The Society For Education in Anaesthesia UK.

Thank you to all the faculty who support this course with the delivery of sessions, both virtual and face to face.



Paediatric Pre Assessment Practitioner Course

During 2023 the South West (SW) and Thames Valley & Wessex (TVW) Surgery in Children Networks together developed a paediatric pre assessment course, this was timed to coincide with the publication of the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) Best practice guidance for paediatric pre assessment for children undergoing surgery or a procedure. The SW and TVW networks generously offered the course as a 'lift and shift' model to the ODNs. Mindful of the potential low numbers of staff working in paediatric pre assessment, and therefore probably low numbers available for a course we partnered with the East Midlands network to deliver the course free to delegates in both networks.

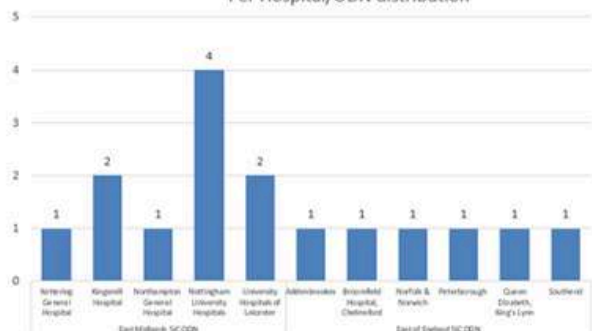
The course comprises 3 'front loaded' on-line study days with a wide range of topics covered, including anatomy and physiology, fasting guidance, play, SEND and Dr Norrington shared her pre assessment journey and all her resources with the delegates. We are grateful to all our speakers who gave their time and expertise freely, without whom we would not have been able to put on the course. Delegates must also work with an anaesthetic supervisor in practice to complete a short competency workbook in fulfilment of the course.

Of the 14 delegates to complete the study day sessions, 11 have submitted their competency in full completion of the course, and we have deferred the remaining candidates. It would be fair to say we were disappointed with the drop off in numbers of delegates that we had just before the course started, and that we have been unable to get all 14 delegates to completion. We are working on ways to minimise this for the course in 2025. The chart below shows the distribution of candidates and outcomes.

POA Course 2024

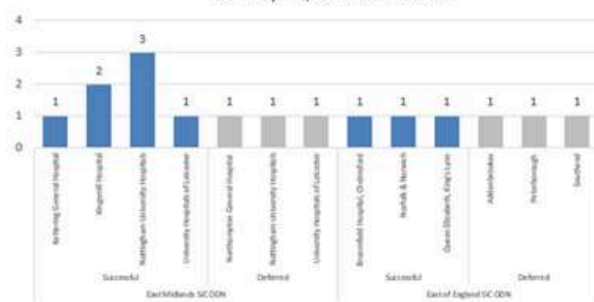
ODN/Hospital	Attendees
East Midlands SIC ODN	10
Kettering General Hospital	1
Kingsmill Hospital	2
Northampton General Hospital	1
Nottingham University Hospitals	4
University Hospitals of Leicester	2
East of England SIC ODN	6
Addenbrookes	1
Broomfield Hospital, Chelmsford	1
Norfolk & Norwich	1
Peterborough	1
Queen Elizabeth, King's Lynn	1
Southend	1
Grand Total	16

Total Number of Candidates booked for 2024
Per Hospital/ODN distribution



ODN/Hospital	Attendees
East Midlands SIC ODN	10
Successful	7
Kettering General Hospital	1
Kingsmill Hospital	2
Nottingham University Hospitals	3
University Hospitals of Leicester	1
Deferred	3
Northampton General Hospital	1
Nottingham University Hospitals	1
University Hospitals of Leicester	1
East of England SIC ODN	6
Successful	3
Broomfield Hospital, Chelmsford	1
Norfolk & Norwich	1
Queen Elizabeth, King's Lynn	1
Deferred	3
Addenbrookes	1
Peterborough	1
Southend	1
Grand Total	16

Course outcome for 2024
Per Hospital/ODN distribution



Healthy Leadership

This course continues to run 2 cohorts a year in the spring and the autumn, we would love to welcome leaders from the multi-disciplinary team to this course, please do share it with your wider teams. In 2024 the course was discussed in an article published in the Nursing Times.



Healthy leadership training course: development and delivery



Use this article for a journal club discussion with colleagues. To find out more go to nursingtimes.net/NTJCHome journal club nursingtimes.net/NTJCHome

Key points

Nurses often lack skills and formal training in leadership

A cross-organisational team developed a training course in healthy leadership

The course was built on the foundation of

Authors Sara Davis is senior lecturer/practitioner, Anglia Ruskin University; Francesca Wright is lead nurse for education, East of England Paediatric Critical Care Operational Delivery Network; Steve Andrews is associate director for culture, inclusion, leadership and development, East and North Hertfordshire NHS Trust.

Abstract Effective clinical leadership is vital for planning and delivering high-quality nursing care. This article discusses the development and delivery of a healthy leadership course that focuses on the lived experiences of those in leadership roles. It describes the importance of cross-organisational collaboration, the process of designing the course and evaluation of the pilot.

Citation Davis S et al (2024) Healthy leadership training course: development and delivery. *Nursing Times* [online]; 120: 11.

Healthy leadership training course: development and delivery | Nursing Times

I would like to extend a huge thank you to all the speakers who have supported the delivery of this education in the region, and to all those professionals who have supported their colleagues on courses. Finally, I would like to thank the ODN team for their impeccable knowledge and support in bringing all this education to fruition.

OUR *Units*





Paediatric Surgical and Medical Activity

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 Skeletal surveys. Complex dressing

Specialities	Additional Activity (List not inclusive)
Paediatrics	MRI – GA, Sedated and HPS lists
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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 Skeletal surveys. Complex dressing

Colchester

Achievements over the past year

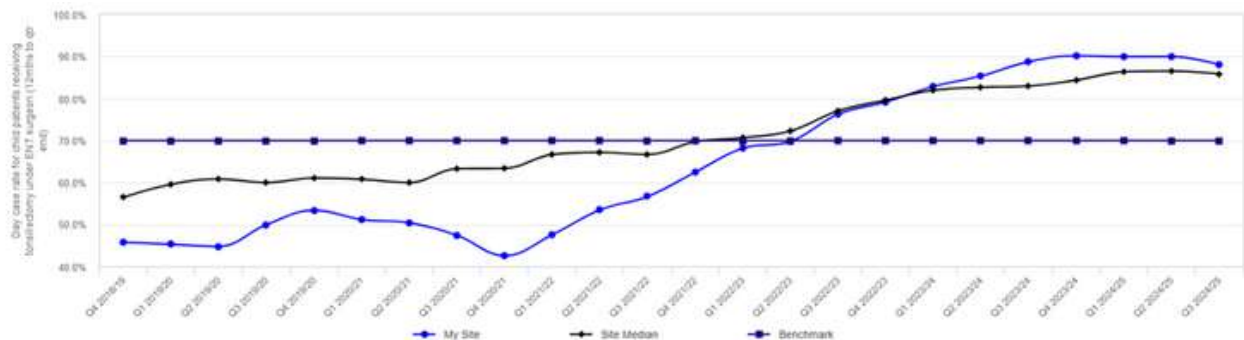
- Anaesthetic Paediatric Pre-assessment Evaluation Service (APPELS)
- Expansion of Paediatric Urology/Surgery service with recruitment of a new consultant: Mr Satej Mhaskar
- Elective recovery
- High Volume Low Complexity (HVLC) ENT super week
- Super Saturdays
- Trust wide CYP Surgical forum continuing to grow – MDT attendance – Surgical, Medical, Nursing and Operational
- POAC – Weekend clinics – Nursing and Play – Reduce anxiety, familiarisations, tour of unit
- Positive Friends and Family feedback – see Flower word cloud above
- Extended hours of care – preventing DC converting to IP (See trend line below for DC Tonsillectomy)
- Large piece of work ongoing to amalgamate protocols and ICPs in preparation for EPR EPIC (1st Oct '25)
- Funding identified specifically for nurse development – PACU, EMPIRE, Surgical foundations etc
- Intranasal Dexmedetomidine approved for use as an alternative pre-medication and sedation

Aspirations for 2025-2026

- Improve the surgical footprint for children- development of child dedicated theatre space and recovery
- Aim to reduce waiting times for paediatric patients across all specialities
- Fully electronic documentation at POAC
- Development of Ortho/Urology surgical procedures – DDH, Hypospadias etc
- Super Weekend lists in Adult day case unit
- Increasing Paediatric and Theatre specific training – PACU, EMPIRE, Surgical foundations etc
- Nurse attendance at SiC Pre-assessment working group
- Service review of Paediatric Pre-Admission to ensure able to meet the continual increase in surgeries
- Improving the tonsillectomy day case discharge time to 4 hours and under
- Introduction of EPIC across the trust
- Introduction of regular MDT paediatric simulation on the ward
- Regular fortnightly Consultant led Paediatric pre-assessment session delivered by a Paediatric anaesthetist

Data

The ENT team have worked closely with the Children's elective care unit in an MDT approach to make positive improvement to patient experience. This includes focusing on surgical technique and ward re-configuration to achieve a significant improvement in day case rate, altering the position from 45% to 90% in the last 4 year period - exceeding the national benchmark.



Model hospital – Day Case rate for a child receiving a tonsillectomy under ENT surgeon (12mths to qtr end).

CECU TCI Data for 2024 (Not including Nurse-led attendances)

2024	ENT	Paeds	Dental	Urology	T&O	Oral	G. Surg	Other
Jan	51	38	13	8	1	7	3	
February	28	42	27	8	8	8	10	1
March	31	37	19	11	17	6	9	1
April	35	33	18	14	10	7	14	
May	53	41	22	15	5	8	4	
June	46	35	15	14	10	8	7	
July	42	38	10	15	11	8	10	5
August	54	25	16	5	6	16		4
September	35	31	13	14	15	5	3	1
October	36	37	15	17	13	4	3	2
November	35	33	15	8	5	8	5	1
December	40	31	11	4	8	12	3	

CECU TCI comparison 23/24

2023 - 1300

2024 – 1526

Increased TCIs by 226 over the course of the year (details below by speciality)

Ipswich

Lead Surgeon Miss Shazia Sharif
Lead Anaesthetist Dr David Newby
Lead Nurse's Dino Bundhun
Matron Faye Button



Current Service

Current template lists operations:	16 all day sessions over a 4-week period.
Pre-operative assessment:	2 full day and 2 half day sessions 3 Saturdays over 4-week period.
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 to be conducted at short notice.

Pressure from services to increase the amount of patients on operating list to go over the bed capacity of the unit, working with the children's ward to maximise capacity.

Pre assessment added too close to surgery date; limited time to address any medical issues if needed. Not all specialities following the same pre assessment format. This was addressed and hoping the issues will be solved soon, the system will then be rolled out to all specialities. The introduction of EPIC will help to standardise care.

Short term sickness has been difficult to cover due to a relatively small nursing team on Raedwald and this is mitigated with staff who are willing to work extra hours.

Ipswich

Achievements

Number of theatre lists increased, with all-day list for all specialities.

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.

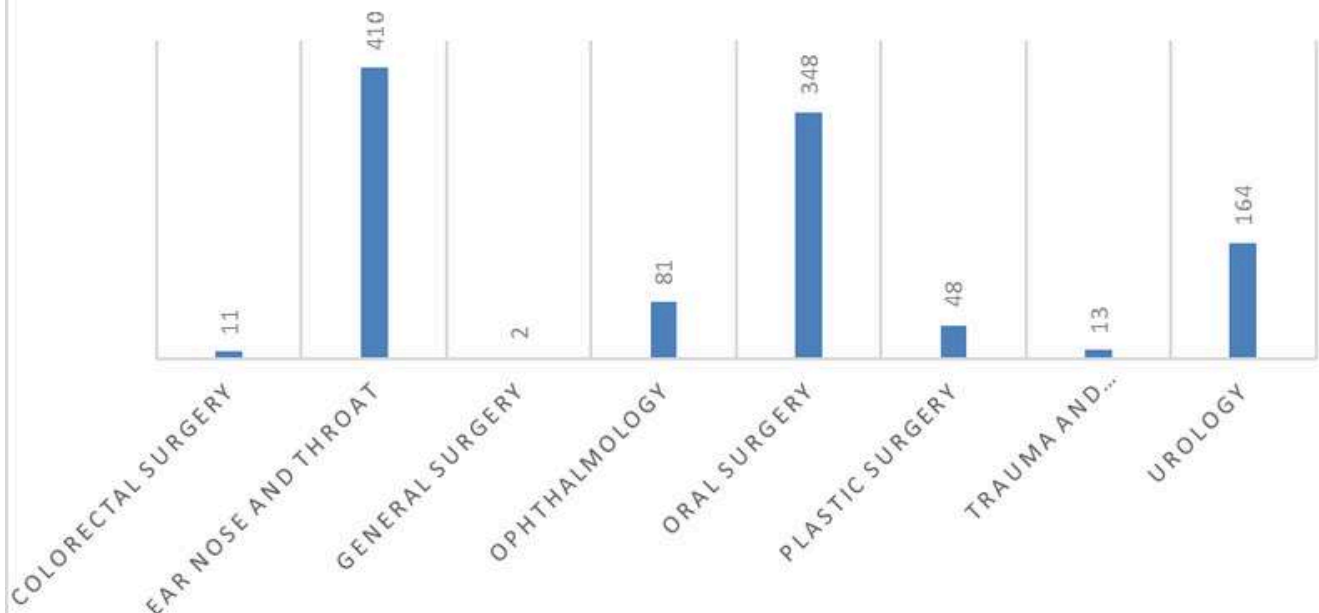
Close working relationship with the play team, the team is based on the General Paediatric ward, we can call on the team whenever necessary and children can be referred when needed. We feel well supported by the team.

Pre assessment sessions increased to 3 Saturdays over a period of 4-week to help with backlog of patients. Despite pressure from outside sources, ward morale and team spirit are still high which is a real testament to how well the close-knit Raedwald team work together.

We have focused on and reduced the backlog of ENT, Urology and Dental patients

Little Journey App is working well; parents and children find it very beneficial. App can be accessed by using the link found on the admission letters or scanning the QR code on the posters in the reception area and the ward.

TOTAL CASES 2024/5



Ipswich

Planned developments in the next 12 months

- To continue to maximise theatre utilisation
- Updating Tonsillectomy guidelines – discharge post-op time to be 3 - 4 hours instead of the current 6 hours. Current audit being carried out at present to ensure this is achieved safely
- Lead Paediatric Anaesthetist to devise weight management guidelines for all obese / overweight children prior surgery.
- Raedwald staff 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.
- ENT super weekend in early planning stage – planning to use/ adapt adult ward to run paediatric only lists during that weekend.

What you are most proud of:

- Team members supporting each other.
- Good team spirit and morale
- Positive feedback from friends and families
- Team are embracing change.

Lead Clinician: Anna-May Long

Lead Nurse: Andrea Jordan

Overview of service provision

Cambridge University Hospital (CUH) is a tertiary centre providing surgery to Children and Young People (CYP) both from across the region and within our local population.

CYP surgical specialities at CUH; General Surgery, Urology, Neonatal surgery, ENT, Orthopaedics, Trauma, Plastic and Cleft surgery, Neurosurgery including spinal surgery, Oncology, Vascular access, Ophthalmology, Maxilla-facial surgery, Interventional Radiology, Gastroenterology, Respiratory, Rheumatology, and Dentistry (Cleft patients only).

Subspecialty provision further includes paediatric; Cardiology, Oncology and Haematology, Diabetes and Endocrinology, Metabolic Disease, Neurology, Pain Management, Palliative Medicine, Acute Paediatrics, PICU, NICU, Clinical Immunology and Allergy, Emergency Medicine, visiting Nephrology, Histopathology and Radiology including MRI.

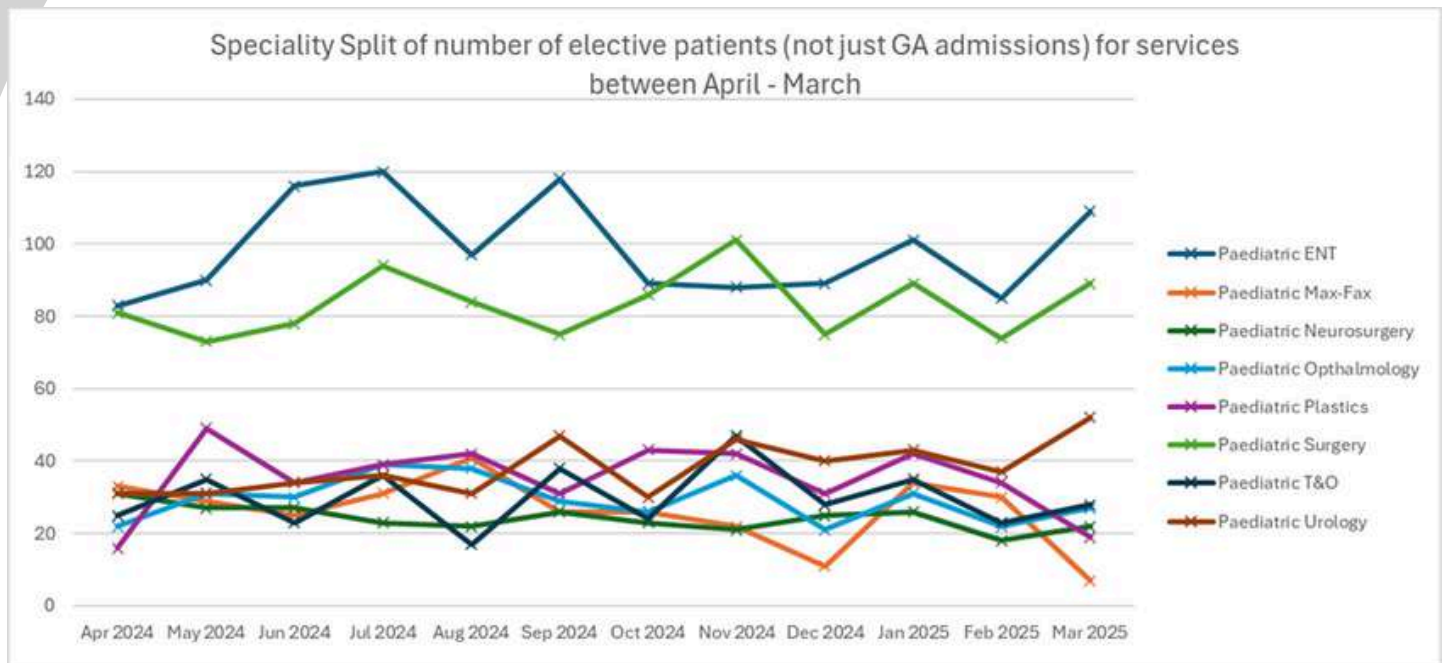
Allied health services include; Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics including regional PN service, Optometry and Orthoptics, Orthodontics, Restorative dentistry (cleft patients only), Psychology, Psychiatry and Play Therapy.

Children undergoing surgery are cared for across our dedicated wards;

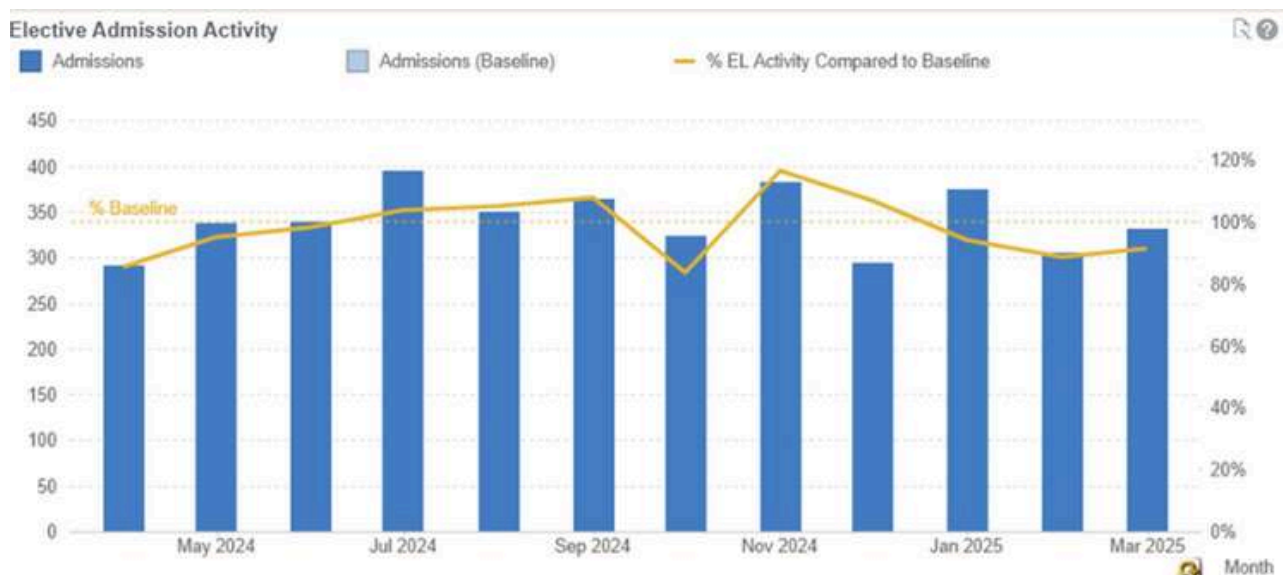
- C3 (0-3 years 14 beds)
- C2 (oncology/haematology 0-16 years 17 beds)
- D2 (surgery 0-16 years 22 beds)
- F3 (day case and 23 hour stay from 0 to 16 years 26 beds)
- PICU (Paediatric Intensive Care Unit) (9 beds) and paediatric high dependency (4 beds)
- Charles Wolfson (0-1 years 12 beds)
- Level 3 NICU (Neonatal Intensive care unit) (40 cots).

Speciality	Total Elective Admissions	Total Emergency Admissions through ED		TOTAL Admissions
Paediatric ENT	1185		165	1350
Paediatric Max-Fax	315		90	405
Paediatric Neurosurgery	291		19	310
Paediatric Ophthalmology	352		5	357
Paediatric Plastics	422		0	422
Paediatric Surgery	999		409	1408
Paediatric T&O	359		124	483
Paediatric Urology	458		6	464
Grand Total	4381		818	5199

1. Number of Elective Admissions and Emergency Admissions through ED or Direct to Ward Areas
Split by Speciality between April 2024 - March 2025



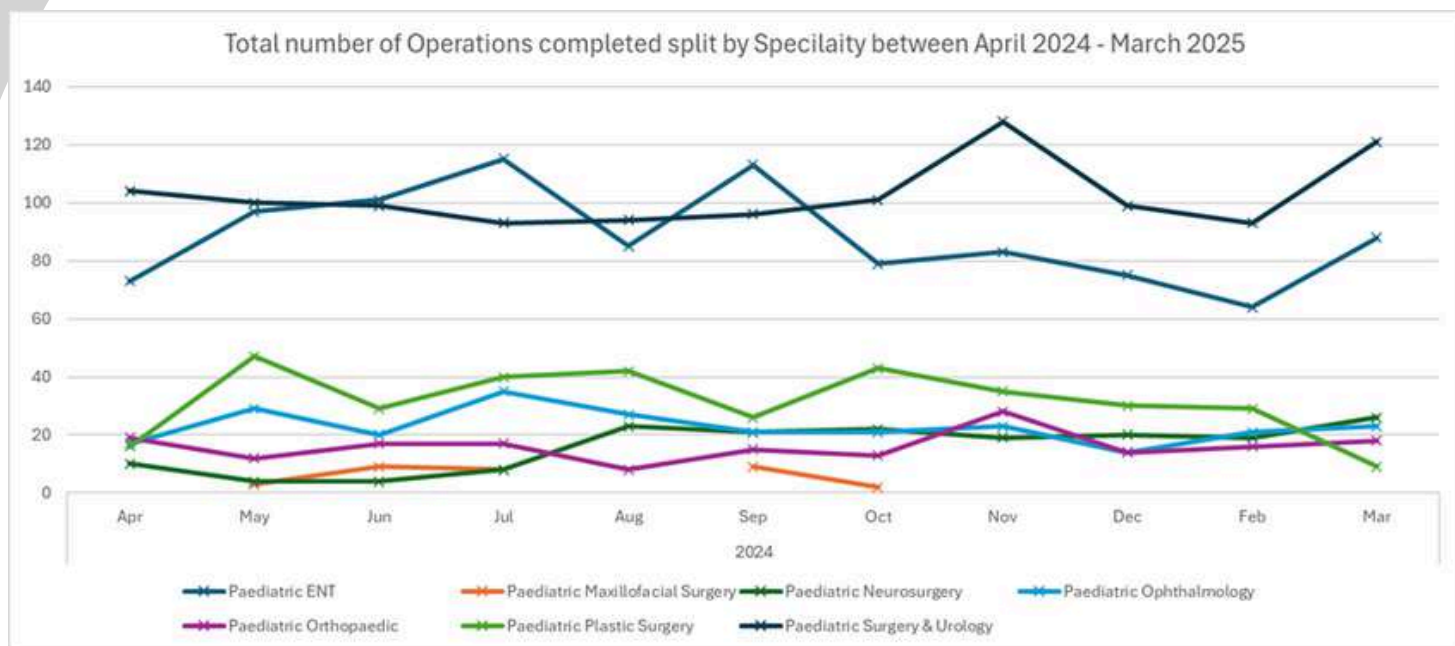
2. Split by Speciality the number of elective patients (total elective not just general anaesthetic (GA)) for services between April 2024 - March 2025



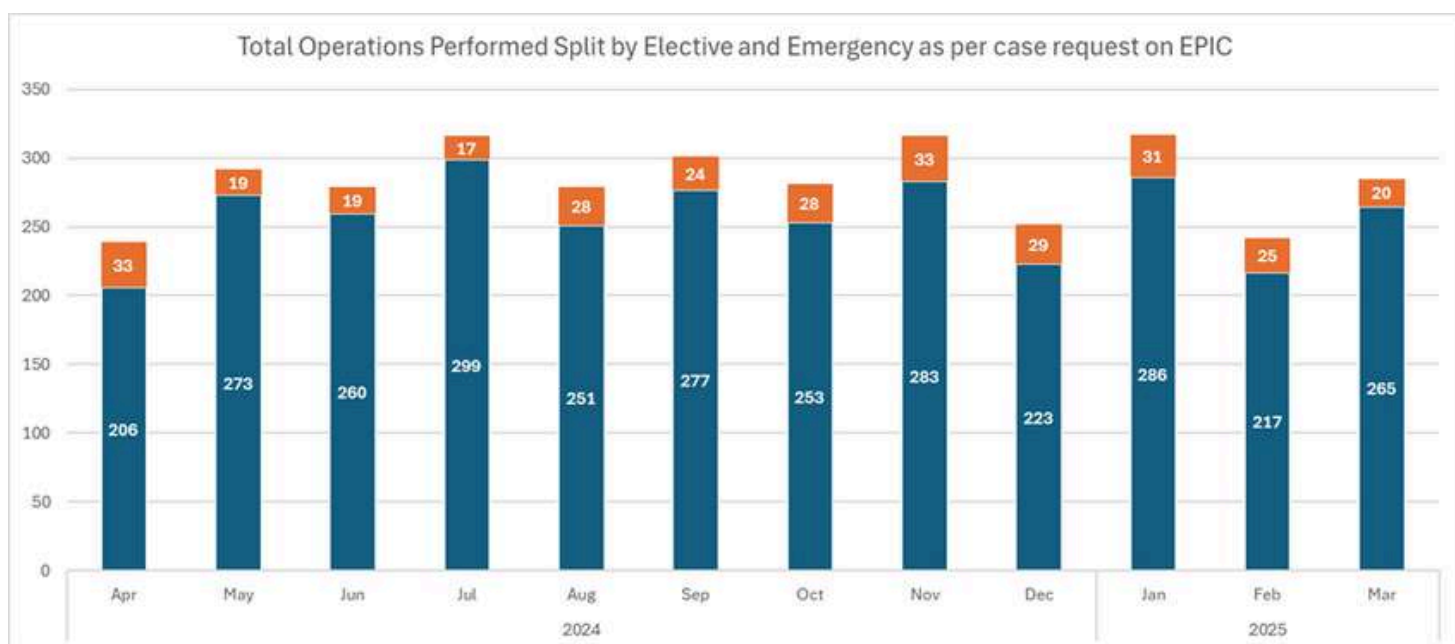
3. Total number of elective patients (total elective not just GA) for services between April 2024 - March 2025

Speciality	Elective		Emergency		Total	
Grand Total		3164		311		3475
Paediatric ENT		1028		36		1064
Paediatric Maxillofacial		37		0		37
Paediatric Neurosurgery		110		91		201
Paediatric Ophthalmology		267		8		275
Paediatric Orthopaedic		189		18		207
Paediatric Plastic Surgery		369		17		386
Paediatric Respiratory		68		4		72
Paediatric Surgery		977		128		1105
Paediatric Urology		119		9		128
Total		6328		622		6950

4. Total of Patients who received a GA through theatre - split by Elective and Emergency Cases as listed on EPIC between April 2024 - March 2025



5. Total number of Operations completed split by Speciality between April 2024 - March 2025



6. Total Operations taking place over the period of April 2024 - March 2025 for all Paediatric Surgical Specialities. Split by Elective and Emergency caseload.

Specialty	All Still Waiting	% Still <= 18 Weeks	Still > 52 Weeks	% Still Waiting >52wks	% of waiting for first appt that are >18wks
Paediatric Ear Nose and Throat	1,793	40.20%	147	8.20%	41.10%
Paediatric Maxillo-Facial	37	59.50%	1	2.70%	-
Paediatric Neurosurgery	244	59.80%	11	4.50%	64.90%
Paediatric Ophthalmology	220	82.30%	2	0.90%	95.20%
Paediatric Plastic Surgery	136	55.90%	6	4.40%	80.00%
Paediatric Surgery	728	63.60%	11	1.50%	88.50%
Paediatric Trauma and	303	56.10%	15	5.00%	77.30%
Paediatric Urology	265	50.60%	5	1.90%	57.50%

7. Current RTT Overview of Service as of the end of March 2025

Speciality	Summary
Paediatric Orthopaedics	2024- Achievements <ul style="list-style-type: none"> Started regular MDT neuromuscular clinics with paediatric T+O surgeon and paediatric neurologist with an interest in tone management Paediatric gait lab ready for appointments
	2024 – Challenges <ul style="list-style-type: none"> Staffing shortage in Paediatric Orthopaedics and ongoing external investigation
	2025 Priorities <ul style="list-style-type: none"> Establish regular flow of patients for assessment in the gait lab Continue to improve entire patient journey for children with cerebral palsy Improve input from paediatric orthopaedic

Paediatric General Surgery
and Urology

2024- Achievements

- Ongoing development of minimally invasive surgery in neonatal, oncology and urology surgery
- Progression of stone service
- Links with GI motility investigation services at Evelina Hospital
- Education and training: sign off of senior trainees, representation including: deputy medical education lead for the trust, national selection, SAC, Simulation lead
- 'Deep dive exercises' in evidence-based general surgery of childhood and neonatal surgery as part of quality improvement with peer review
- National Representation: BAPU secretary, BAPS research committee, BAPS international affairs committee, Germ Cell Tumour National Advisor Panel

CNS Team

2024- Achievements

- Increased work force and band 7 from 2.35FTE to 2.8FTE from Sept 2024 which takes total CNS staffing to 6.7FTE
- Increased activity across all areas including; outpatient services, biofeedback, urodynamics

2024 – Challenges

- Ongoing post Covid and elective wait list recovery.
- Emergency capacity due to limited dedicated paediatric emergency theatre list, and impact on elective cancellations.
- Lack of psychology and play therapy input in Paediatric Surgery and Urology
- Limited elective capacity particularly for day case surgery.

CNS Team

- From a surgical CNS perspective, increased referrals to the colorectal service and for non-invasive urodynamics without sufficient capacity to meet demand

2025 Priorities

- Reduction of waiting lists

**Paediatric
OFMS/ Cleft/
Plastics**

2024- Achievements

- Service wide review
- National award for AHP

2024 – Challenges

- Limited outpatient clinic capacity and lack of dental chair (for Cleft Dentistry)
- Dental desert > no dental school, lack of community dental care provision > increased pressure on cleft and secondary care service, lack of dental nurse availability.
- Limited SLT capacity to be able to provide therapy in a timely manner for Cleft Patients.

2025 Priorities

- Reduction of waiting lists
- Maximising efficiency: improving clinical pathway, focus on high impact activities
- Ensure adequate resource availability: FTE/ physical resource, budget, equipment (e.g. dental chair), activity on job plans are resourced to enable delivery of job plans
- Working in close partnership with specialties and departments
- Patient engagement strategy

Paediatric ENT

2024- Achievements

- Reduction in the number of children waiting for elective surgery but taking up extra lists and running high volume low complexity lists at the weekends.
- Over the last 6 months we have successfully introduced Laryngeal EMG assessment for children with vocal cord palsy, this allows us to improve the diagnostics available when considering referral for recurrent laryngeal nerve reinnervation surgery.
- The department has recruited a new paediatric consultant Mr Chong Kang who will be starting autumn 2025.

2024 – Challenges

- Paed ENT continues to have a high volume of new patients and clock starts with only a finite capacity in clinic to assess and treat new patients.
- The past 6 months has seen an increased in acute airway disease requiring endoscopic airway procedures. Our ongoing expansion of endoscopic surgery has avoided the need to place tracheostomies in these patients.
- Paediatric audiology services have been challenged nationally over the last year and while our department has an excellent practice there has been increased demand due to need to assess children from other units.

2025 Priorities

- Reduction of waiting lists
- The department continues to work on new pathways to improve efficiency within clinics.
- The paed ENT nurse specialists will expand the audiology-grommet pathway in the next year, and we aim to have a nurse-led epistaxis clinic.
- The increased capacity during the working week with an additional consultant will improve the ability to absorb cases during the working week.

Paediatric Neurosurgery	2024- Achievements <ul style="list-style-type: none"> • Low infection rates <2% now which is significantly lower than national average (around 15%) • Recent increase in high complexity tumour cases • Low waiting times for surgery (around 2-4 weeks) • Strong MDT and governance meeting for paediatric neurosurgery • Starting of ENLIVEN trial soon
	2024 – Challenges
	2025 Priorities <ul style="list-style-type: none"> • Reduction of waiting lists • Active involvement in children hospital planning and have plans to improve east Angola’s hydrocephalus service • M.Scio shunt devices • Development of the CNS team • Intraoperative MRI

**Paediatric
Ophthalmology**

2024- Achievements

- Increased outpatient capacity through the following changes:
 - o The introduction of regular virtual paediatric ophthalmology clinics has led to an increase of approximately 50 appointments annually.
 - o Extended Roles for Orthoptists: the role of paediatric orthoptists has expanded to include the management of “lumps and bumps” and congenital nasolacrimal duct obstruction, improving service delivery.
 - o DIGIVIS Tool Implementation: full integration of the DIGIVIS tool—a web-based vision testing app—into clinical practice. This enables children aged 4 and older to self-test their vision at home, reducing the need for orthoptic assessment.
 - o Support for Long Waiters in ICS: continued support from the Integrated Care System (ICS, NWAFT) for managing long wait times, particularly for squint surgery at CUH, including video pre-operative and postoperative reviews.
- The comprehensive adoption of the regional SOP for ROP treatment has improved the transfer process, ensuring that babies requiring urgent treatment are promptly transferred to CUH and other designated treatment units.

2024 – Challenges

- Retinopathy of Prematurity (ROP) Treatment Coverage Crisis
- Uneven Distribution of ROP Laser Treatment: There is a disproportionate burden of ROP laser treatments across the region's level 3 neonatal units.
- Only four regional specialists are trained to provide both Anti-VEGF injections and retinal laser treatments across the entire East of England (EoE).
- The absence of dedicated funding for ROP services leads to critical shortages, including:
 - o Lack of a ROP treatment coordinator within Neonatal Intensive Care Units (NICUs).
- No image storage or transfer system for ROP cases.
- The shortage of paediatric ophthalmologists in neighbouring district units.

**Paediatric
Ophthalmology**

2025 Priorities

- Reduction of waiting lists
- Secure Funding for ROP Services: work closely with the ODN to secure funding for a permanent regional ROP coordinator and imaging equipment across the region. This will streamline referrals, treatments, and posttreatment repatriation, ensuring a more efficient and safer system.
- Attract More Trainees and Fellows in paediatric ophthalmology: develop strategies to attract more trainees and fellows to fill vacant paediatric ophthalmology positions in the region.
- Expand Transitional Clinics: establish transitional clinics for all ophthalmology subspecialties. Implement new training programmes for paediatric ophthalmology Clinical Nurse Specialists (CNSs) and orthoptists to provide care for children requiring contact lenses in order to strengthen contact lens services at CUH.



Divisions: Surgery and CHaWS

Lead Clinician: Jonathon Refson

Lead Nurse: Surgery - Pam Humphries ADoN and Shaheen Hosany, HoN

CHaWS - Vikki Stone



The Princess Alexandra Hospital in Harlow is an Essex based DGH with a busy local Paediatric Emergency Department seeing 31,267 children during 2023/24 covering West Essex and East and North Hertfordshire. Inpatient services are from a single inpatient ward (Dolphin) where there are 16 beds/cubicles (with the flexibility to open to 19 in escalation periods). Surgical specialities provided include, Ear Nose and Throat (ENT), Trauma and Orthopaedics (T&O), general surgery, urology, oral surgery and Community Dental Service (CDS), ophthalmology, plastics, and gynaecology.

Emergency surgery is provided within the inpatient ward whilst elective surgery is provided in the Alexandra Day Stay (ADSU) which has 6 beds for paediatric day cases operating from 07:30 until 18:00, running paediatric activity 4 days per week. Urology has moved over to paediatrics with other surgical specialities sitting in the surgery division.

The anaesthetic age cut off for both emergency Surgery and elective surgery is over 2 years of age.

Achievements

- Very positive peer review in April 2024 which highlighted our sustained day case rates for tonsillectomy's. It also noted providing care closer to home with our paediatric urology service. We have a dedicated paediatric area within fracture clinic
- Implemented new EPR system that is streamlining documentation and systems for the surgery workstream
- Paediatric Matron part of the EoE Pre assessment working group to support improving and redesigning our Trust Paediatric pre-op assessment process.
- Waiting list initiatives providing additional capacity at weekends to support children having surgery. Has put additional pressure on staff across surgeons/anaesthetists/theatre teams and nurses to provide but managed well with NHSP bookings.
- Closer working together reviewing waiting lists and theatre/ADSU utilisation
- Dedicated paediatric anaesthetist appointed

Challenges

- Workforce – nursing team in ADSU is only 1.6WTE and only allows for 4 days a week opening. Needs review of workforce to meet needs and succession planning.
- Requirement for overnight beds for some children post procedure putting pressure on the acute bed base especially during winter pressures.
- Estate – lack of space for children attending ADSU. No play facilities, no waiting room for children, no separate bathroom facilities (due to changes made within footprint during COVID)
- Small play team covering all paediatric areas so not always able to support children in ADSU when needed.
-

Aspirations and planned developments:

- Increased capacity and opening hours to meet the demands of surgical lists across specialties
- POA to be launched in an electronic process
- To launch the paediatric surgical forum across the 2 divisions to improve collaborative working and governance across paediatric surgery.
- To review and plan for the recommendations made from Peer Review
- Review all guidelines and ensure they are aligned with ODN network guidelines.
- Review discharge and written advice leaflets for children and families.
- Re-launch Little Hospital – previously had but hasn't been in place since COVID.
- Launching Paediatric Anaesthetist improvement project from April 2025
- Implementation of electronic pre-op assessment pathway.

Surgical Lead: Roshan Lal

Paediatric Clinical Lead: Stephen Nirmal

Head of Children & Young Peoples 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. We also have a Community Dental service and we undertake GA MRI lists. Our paediatric inpatient ward has 28 beds for children 0-18 years for surgical and medical admissions.

UPDATE FOR 2025:

- Attending SIC meeting and local surgical meetings with surgical and anesthetic colleagues to review challenges, guidelines, waiting lists and discussion of cases.
- Gap analysis has been completed for transition to adult services and actions identified
- Continue to focus on elective recovery plan, additional planned activity for ENT and general surgery where possible.
- Embedded the GIRFT Best practice pathway guidance for Paediatric abdominal pain and appendectomy – in specific children under 5 years are referred to the pediatricians with abdominal pain for initial assessment
- 2 x dedicated MRI days for sedation and GA planned for consistency and workforce planning. Introduction of play therapy lists reducing the need for GA/Sedation for some children.
- Little journey now established and used within pre-assessment
- Pre-assessment: one of our two pre-assessment nurses has commenced EoE SiC ODN pre-assessment practitioner course (she will feedback to colleague to update practice) – Dr Michael Whitear has agreed to be local lead assessor; plans being considered to visit tertiary POA service
- Reviewed the pathway for community dentals to move from a satellite theatre to main theatres, considering the ambulatory area within the Children's outpatients for initial assessment, continuing with discharge from recovery.
- We now have 2 WTE children's nurses within Paediatric recovery
- Paediatric recovery nurse has attended PACU course
- 10 Staff have completed the surgical SD run by ODN
- 2 cohorts of EPALS per year at JPUH
- PEWS lead role continues to ensure consistent teaching across all paediatric areas
- Return to ward 10 following the RAAC works has created further storage

FUTURE PLANNING/ONGOING

- To review the adolescent pathway for elective surgery – to align with other trusts so children 16 years and above will be booked onto the adult pathway and will not come to ward 10. This is part of the transition to adult services gap analysis.
- Testicular torsion SOP has been produced by urology clinical lead and joint meetings with NNUH and JPUH regarding training and pathway discussions
- Co-production with parents/ children's voice part of the National survey – develop further partnership with parents and children
- Pathway production for sleep studies within the CDC
- Anesthetic team EPALS: at least 10/21 substantive consultants have completed in last 5 years (or will complete this month); our Trust is providing EPALS course on a regular basis with 2 spaces allocated to anaesthetists going forward
- Society of health play specialist scoping exercise- JPUH survey completed
- Utilisation of children ambulatory clinic for reviews, including surgical, bloods and procedures and ward attenders- this allows us to free up bed space on ward.
- To complete SIM days to include theatre staff

Paediatric Specialty	No. of Elective Surgeries
Community Dental	167
Dental /oral surgery	103
ENT	290
General Surgery	50
Ophthalmology	33
Orthopaedics	33
Urology	3
Grand Total	679

No. of surgical transfers out (01/04/2024 – 31/03/2025) from Ward 10 and Paediatric ED		
Transferred to	No. of transfers (Ward 10)	No. of transfers (ED)
Norfolk and Norwich Hospital	14 (9 x paed surgery, 3 x ENT,	136 (66 x paed surgery, 33 x ENT, 14
Addenbrookes Hospital	4 (2 x ENT, 2 x other)	3 (2 x Orthopaedics, 1 x other)
Great Ormond Street Hospital	1 (Cardiology)	0
Other	1 (Kings College, London)	0
Total:	18	139

Luton & Dunstable

Lead Clinician: Ronald Misquith

Lead Nurse: Toyin Obuseh

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

Elective/Planned – numbers average of 100 - 120 per month

ENT

Orthopaedic (As well as complex Ortho cases/SEND patients)

Urology

General surgery

Oral maxillofacial

Ophthalmology

Plastics

MRI under GA once a week (4-5 patients per week) the weeks are alternated GA and sedation list

Last 12 months- challenges and achievements

Challenges: Staffing and bed capacity continue to be an issue (sickness and skill mix), Surgical, training and study days for staff cancelled or changed

Achievements: All surgical specialities procedures continue and there has no cancellations. We continue to accommodate patients using contingency area (Playroom as an admission and waiting area). We are also having super weekends clinic when staff and bed capacity permits.

We have also had a super,super Saturday in November 2024 to reduce the waiting, this was a success and we continue to have list private patients after our NHS lists up to 3 times a weekly

Future Plans:

Planned developments – New clinical block with 9 pods for paediatric day surgery to move in, in the next 6-12 months. This is dedicated for planned surgical cases and there will not be any issues with bed management during winter pressure

Planning for the winter surge with the aim to continue surgeries without any interruptions to listing
Continue work with Bedford site to share services and staff specialities (some of our CNS are working across site – Oncology, SEND/Transition nurse, gastro and HDU education facilitator

Surgical training and development – EOE SiC has offered study days to support staff and in house training is ongoing

North Thames Paediatric Network also offer pre-assessments and surgical courses, which we have accessed and benefitted from

Luton & Dunstable

What you are most proud of:

Fantastic team working across the unit between the medical, nursing and other health professional. We now have a transition and SEND CNS who works well with our SEND patients to prepare them for surgery and support families to confidently look after them post operatively. Our play team have also been a great asset providing support and resources for anxious patients and their families

Team	Number of lists per week current(1 session 4 hours)	Types of patients	Surgery		
Paediatric Surgery	6	<p>Cerebral Palsy Syndromes Mainstream children Neonatal Surgery Neonatal thoracic surgery work Neonatal Urology</p> <p>Patient symptoms have worsen and some surgeries now more complex due to deterioration</p>	<p>Orchiopexy Hypospadias Circumcision Peg insertion Bowel Obstruction Ingrowing toenails Hickman line Hernia repair Frenotomy Laparotomy PPV ligation IBD Gastro-oesophageal reflux Constipation service</p>	<p>Urology- Pelvi- Uretric Junction (PUJO obstruction) STING and reimplant for Vesico-ureteric reflux Surgery for duplex kidney, which includes partial nephrectomy, uretero- ureterostomy, surgery for Ureterocele 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 vaginotomy, excision of hymen, excision of transverse vaginal septum or oblique vaginal septum.		
Paediatric Trauma and Orthopaedics and Spinal	5 elective lists a week for T and O	<p>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)</p> <p>Patient symptoms have worsen and some surgeries now more complex due to deterioration</p>	<p>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</p>	<p>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</p>	

Team	Number of lists (1 session 4 hours) per week averaged on 4-week cycle.	Types of patients	Surgery		
Paediatric Gastroenterology	1 per week	Crohn's IBD	Endoscopy – upper and Lower		
Paediatric Rheumatology	0 – Ad hoc on HVLC	JIA	Joint injections under anaesthetic		
Paediatric ENT	4 per week	Emergency Paediatrics	T and As Grommets Tonsillectomy Fractured noses EUA foreign body Excisions of Cysts	Exploration of mastoid Tympanoplasty	
Paediatric Plastics and Dermatology	1.75 per week (7 sessions over 4 weeks)	Paediatrics - Elective and emergency	<p>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</p>	<p>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</p>	
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	
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	<p>Laser Photocoagulation of retina for ROP 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</p>

Team	Achievements in last 12 months	Challenges
Paediatric Anaesthetics - 10 anaesthetists with about 7.5 WTE - Support for 2 paediatric theatres every day and a 3rd anaesthetist available for emergencies - All day CT/MRI list alternate weeks - Weekly pm POA session - OoH emergency paediatric surgery supported by dedicated on-call	<ul style="list-style-type: none"> ➤ Successful move to the new JLTC ➤ Increased elective paediatric case numbers ➤ Maintained support for emergency cases ➤ Used lower acuity lists to maintain paediatric skills for non-paediatric Consultant anaesthetists in the hospital ➤ Ongoing training supported for resident doctors, medical students and visiting consultants from other EoE units. 	<ul style="list-style-type: none"> ➤ Recruitment; we have been advertising to increase the group size but have not been able to recruit. ➤ Staff shortages in the overall anaesthetic dept have contributed to list cancellations ➤ Loss of ENT and, more recently, Orthopaedic consultants. Will impact local services in those areas
Paediatric Surgery	<ul style="list-style-type: none"> • Tier 2 staffing crisis, managed well with extra support and innovative approach by Consultants, and management help around Dec 24 without any compromise to patient safety • Improved inter personal understanding in Unit and addressed issues around GMC reporting. • Enhanced documentation of MDT meetings including radiology, urology and GI. • Successfully managed some very complex neonatal surgical cases, clearly demonstrating out of box thinking without compromising patient safety. • Hypospadias MDT is fully functional and have achieved well received publications in peer reviewed journals. • Joint operating list is functional for Hypospadias MDT cases involving Mr Clibbon and Miss Doherty • Unit encourages joint operating of complex Paediatric Surgical cases like Hirschsprung's disease, Ano rectal malformation, laparoscopic urology work and neonatal cases • Bowel management service has recovered by appointment of GI specialist nurse • Teaching activity is important part of the unit and success of Fellows who took European and FRCS examination confirms the quality of teaching. • BAPES 2024 at Norwich • 6 papers published 	Continuous pressure of managing P2 patients against long wait recovery patients.

Team	Achievements in last 12 months	Challenges
Paediatric Orthopaedics	<ul style="list-style-type: none"> ➤ Significant reduction in surgical waiting lists to about 45 weeks thanks to increased regular theatre capacity ➤ Outpatient waiting time less than 18 weeks ➤ Super clinics highlighted by GIRFT nationally ➤ Continued to provide the only regional paediatric orthopaedic on-call for East of England ➤ Only paediatric orthopaedic fellowship in the region ➤ One stop DDH clinic now running ➤ Virtual fracture clinic work presented at the combined meeting of the European and N American Paediatric Orthopaedic Societies in Washington 2024 	<ul style="list-style-type: none"> ➤ 1.5 WTE consultants instead of 4 from May 2025 ➤ Only one substantive consultant from August 2025 ➤ Recruitment of three consultants in progress
Paediatric Gynaecology		
Paediatric ENT		<ul style="list-style-type: none"> • 2 X Consultants retiring impacting on elective recovery • Ongoing waiting list issues
Paediatric Ophthalmology	<p>Ongoing provision of highly specialist treatment of Retinopathy of Prematurity with laser retinal photocoagulation. Nurses in Paeds theatres now trained up to help support with the laser.</p> <p>Reduction of strabismus waiting list to under 3 months. Managing to do 6 cases per day (increase by 20% throughput) with over 90% theatre utilisation now achieved</p> <p>Joint working with Paediatric Oculoplastics to help use capacity in theatre to reduce their waiting list</p> <p>Training of Paediatric Ophthalmologist fellow (final year trainee) preparing them for a potential consultant post in the region</p>	Paediatric Oculoplastics waiting lists still significant

Team	Current Nursing Posts	Achievements in last 12 months	Challenges
<ul style="list-style-type: none"> Paediatric Surgery 	1 WTE Urology Paediatric Nurse 1 WTE Surgical Specialist nurse 1.2 WTE RLF Nurses	<ul style="list-style-type: none"> Appointment of a full time Surgical Specialist Nurse supporting complex patients between NICU & Paediatric wards simultaneously running a nurse led bowel management clinic. Urology Specialist Nurse continues to deliver clinics for biofeedback, bladder & hypospadias patients. With monthly urodynamic sessions. The Restricted Lingual Frenulum (RLF) service has had a good year. We have 5 clinics a week with the MDT team seeing babies struggling primarily with breastfeeding and some bottle feeding. We have had over 1700 babies referred to us, with over 30% of these babies being out of area which is an increase on last year at 23%. On average we divided about 60% of the referrals and give feeding support to all. The launch of a new RLF feedback form demonstrating many parents are seeing a good improvement in their babies feeding giving the service a 9/10 on satisfaction. Feedback shows that referrals are commonly due to pain/soreness while breastfeeding, babies' ability to latch, babies being windy and uncomfortable after feeds as well as weight gain. Feedback shows that these improved greatly after division of the lingual frenulum in babies that were restricted. We have provided training to over 100 staff members in Norfolk, Suffolk and Cambridge on RLF. This was funded by the LMNS, with fantastic feedback showing us that staff wanted more in-depth training. Leading to us running advanced training days that teach staff more about lactation and milk supply, medical factors and tension in babies. This training sets to improve our care in the community and appropriate referrals coming into the hospital. The service is also supporting our students by having medical/ nursing and midwifery students observe in clinics and attending the UEA to teach each year on RLF and infant feeding for student midwives. Hannah (RLF midwife) has also been funded to get her IBCLC (Lactation consultant) qualification which she is working towards, which overall improves the team's knowledge and experience. 	<ul style="list-style-type: none"> Uroflowmetry clinics remain a challenge as these are predominantly run within the adult urology service. Challenges for the RLF team is the additional patients being referred due to the shortfall in service from surrounding regional hospitals and space availability to run clinics. Staffing, sickness and supporting other trusts over the last year has pushed our waiting times to at some points >4 weeks, we are working hard to improve this and reviewing rota's, and patients report the wait is too long when struggling with breastfeeding.
<ul style="list-style-type: none"> Paediatric Orthopaedics 	2 WTE CNS's		
<ul style="list-style-type: none"> Paediatric Plastics And Dermatology 	• 0WTE		
<ul style="list-style-type: none"> Paediatric Gynaecology 	• 0 WTE		
<ul style="list-style-type: none"> Theatre nursing team/ ODPs 		<ul style="list-style-type: none"> Celebrated our one-year Anniversary 9th January. The new paediatric theatre complex improves patient experience. Patient and parent/carer feedback highlights this. Named Paediatric Nurse gathers feedback. Paediatric designated theatres, all paediatric specialities together. 80% as day cases. Improved start times and theatre efficiency. Power BI / Data Matrix, increased number of procedures. Increased capacity full Monday to Friday timetable for two routine theatres. Use of PACU when appropriate for pre-op "holding" bay to reduce the time between patients/ at the start of the day. Moving into the footprint of the Jenny Lind Hospital has improved collaboration between the staff of the surgical and women's and children's divisions. Two child branch nurses on duty each day. 	<ul style="list-style-type: none"> Improved experience for transitional age patients. Paediatric orientated WHO

Planned Developments in the next 12 months

Monthly operational meeting to allocate surgeons to lists and vacant lists identified redistributed 4-6 out.

Increase theatre utilization of session with weekly session reviews

Aim to achieve 52 weeks recovery for all Paediatric services by March 26

Improve the P2 patients timeframes in paediatric surgery

Lead Clinician: Lynn Sinitsky

Lead Nurse: Sophie Dudley

West Hertfordshire Teaching Hospitals NHS Trust (WHTHT) is committed to delivering high-quality care for children and young people throughout West Hertfordshire. We work in close partnership with Hertfordshire Community Trust, our designated community service provider, and are actively engaged within the Hertfordshire Integrated Care System, which encompasses East and North Hertfordshire NHS Trust as well as Princess Alexandra Hospital NHS Trust.

WHTHT operates across three locations: St Albans, Watford, and Hemel Hempstead. The Watford General Hospital facility includes our Children's Emergency Department, which is integrated with the Paediatric Assessment Unit.

Our children's elective recovery ward, Safari Day Unit has a total of 11 spaces, which located Adjacent to Starfish Ward. Safari Day Unit is an elective recovery and ambulatory unit. Safari provides care to a range of specialities including ENT, General Surgical, Orthopaedic, Dental and Urology, we also offer MRI under sedation. In addition to surgery the unit also facilitates a range of pathways including prolonged jaundice screening, transfusions, endocrinology, food challenges and IVAB for ambulating patients. This month we are excited to announce we are launching peanut immunotherapy. Additionally, we maintain busy Children's Outpatient Departments at both the Watford and Hemel Hempstead sites.

At WHTHT, we are committed to delivering the highest quality of care to every patient every day. Our last CQC report recognised our effective multidisciplinary collaboration both within the Trust and with external services and organisations. The report also emphasised our dedication to applying best practice guidelines to ensure the delivery of compassionate, respectful, and dignified care for all children. Our Trust values Empowered, Compassionate, Professional and Inclusive—serve to unify our team around a shared purpose and establish clear standards for the experience of patients and their families at our hospitals.

Our medical team includes 23 Paediatric Consultants and 1 Staff Grade, with expertise spanning a range of specialties including allergy, epilepsy and neurology, respiratory including Cystic Fibrosis, gastroenterology, diabetes, endocrine, renal, cardiology, oncology, haematology including Sickle Cell, neurodevelopmental clinics. The team is supported by 14 resident doctors and 12 Clinical Nurse Specialists covering Oncology, Epilepsy, Respiratory/ Asthma, Cystic Fibrosis, Allergy, Diabetes and Transition. Our nursing team includes Registered Nurses (RNs) and Paediatric Support Staff across all departments. Additionally, we are supported by a dedicated team of play specialists, dieticians, physiotherapists, and pharmacists. The Trust also benefits from, 2 qualified Advanced Clinical Practitioners (ACPs), and 3 Training Advanced Clinical Nurses.



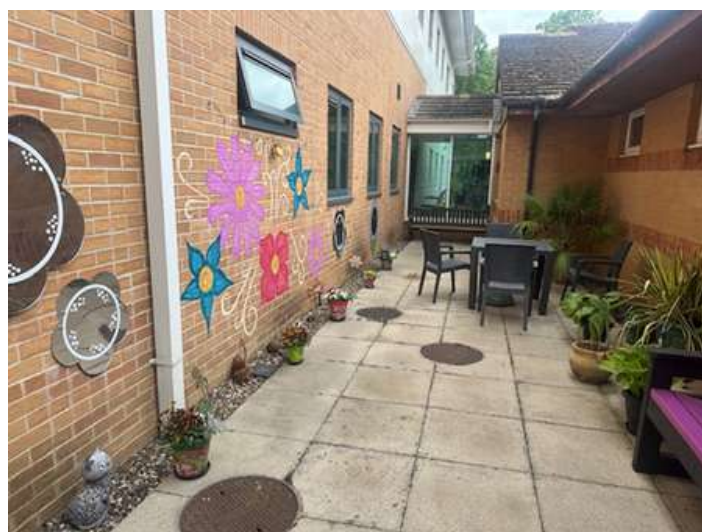
Lead Clinicians: Dilshad Marikar, Sue Deakin & Alex Millington
Lead Nurses: Sharon Farthing & Jo Rackham



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 2025 – 2026

- Development and assurance of our paediatric Surgery & Anaesthetic group to ensure a full MDT approach to surgical issues across the organisation. This group is prioritizing review of pathways and guidelines to ensure the implementation of both regional and national standards.
- Collaborative working across DSU & inpatient paediatrics to ensure a joined up and consistent approach to surgery across the organisation this has included joint training, review of pre-assessments and alignment of pre & post-op patient care.
- Our DSU now has 2 Paediatric RNs covering lists of between 45-60 children per week across a range of specialties including urology, ENT, plastic surgery, gynaecology, dermatology, community dental and orthopaedics. This area provides a separate dedicated paediatric recovery area which is child-friendly, allowing for privacy, a 6 bedded paediatric bay with appropriate age specific toys and activities, a separate bay for teenagers or children with additional needs where privacy and reasonable adjustments can be implemented. More recently the team have designed and provided a new welcoming, private outside area for children and their families to enjoy pre- and post-operatively.
- 2 registered paediatric nurses on the unit who are currently completing the East of England Surgery in Children Paediatric pre-assessment practitioner 3-day course
- Implementation of nurse-led, criteria-led discharge allowing for smooth efficient discharge to get CYP home as soon as safe to do so.

Ambitions 2025-2026

- Continue to review the provision of play across all paediatric areas including DSU to ensure equal and appropriate access to available services wherever a child is receiving their surgery.
- Review of current paediatric surgical lists with focus and drive for dedicated paediatric surgical lists.
- 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 develop and run surgical sims across acute areas and DSU to support staff development and to ensure confidence and competence in common surgical emergencies.

Peterborough & Hinchingsbrooke

Lead Clinicians: Sunil Sharma

Lead Nurses: Erika Davis, Jayne Rootham

We introduced surgical digital pre-assessments to reduce DNA's on the day as get rag rated and anaesthetic review if required. This has reduced the time the acute ward based nurses were spending doing telephone assessments.

We held weekend ENT electives over the weekends from March 2024 - March 2025 and are just now looking at starting them again

CYP within our division awaiting surgery - which is urology and general surgery has a waiting list of less than 30 now. The other specialities sit outside are division but are also reducing except ophthalmology and oral surgery, where there is limited time for theatres - the division is reviewing this currently.

Challenge - Hinchingsbrooke - still not utilising all of the beds available due to theatre capacity but this may well change with the new theatre block opening soon - watch this space.

We have a cross divisional cross site theatres working group for CYP looking at environmental aspects that could be improved.

Lead Clinicians: Sam Fadheel & Suzanne Reynolds

Lead Nurses: Dumebi Ogunjimi, Jerusha Merdoch-Kelly & Kerry Brown



Introduction

Mid and South Essex NHS Foundation Trust (MSE) formed in April 2020, combining the three acute hospitals, Broomfield, Southend and Basildon, and the Braintree Hospital for elective orthopaedic surgery.

One of the largest acute Trusts in the England, MSE serves a geographically large area and in terms of population, [1.2 million], with many healthcare and socio-economic challenges. MSE is part of the Eastern region network [EoE ODN SiC & PCC] for surgery in children. The proximity of MSE hospitals to London has resulted in agreed referral pathways [Great Ormond, Royal London, Evelina & Brompton Hospitals] in many cases, besides the transfers to our main EoE Hub [Cambridge]. Similarly, PaNDR is our regional acute transfer service for sick children, when overwhelmed, CATS, NATS do support transfers from our Trust towards paediatric centres.

All the three acute hospitals offer urgent and emergency surgical and medical care for its paediatric population, [collectively, covering varied surgical specialities ENT, Maxillofacial & Oral, General & Urological, Trauma & Orthopaedic, Burns & Plastic, Ophthalmology and Gynaecology]. A new contract for community dental services has been agreed, and services did start [currently on-hold pending administrative completion to recommence] None of the 3 sites has a Surgical Critical Care Unit [level 2/3], however, St Andrew's Burns Critical Care Unit [level 3] does accommodate children [the St Andrew's Centre for Plastic Surgery & Burns, based at Broomfield, is the tertiary regional unit for paediatric burns & 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, and is part of the London Plastic & Burns Network]. Braintree Hospital is dedicated adults elective orthopaedic hospital, but does accept young adults [16-18 years old].



Emergency Surgery

The 3 sites cover paediatric emergency surgery [general, trauma & orthopaedic, gynaecology]. However, out of hours services for Urology, ENT & Maxillofacial Surgery has been centralised to the Broomfield site. Broomfield and Southend also covers ophthalmologic emergencies. Besides, Broomfield serves as the out of hours and inpatient hub in ENT surgery for Harlow and in Maxillofacial surgery for Colchester. For emergency transfer, to specialised centres and PICU, PaNDR is involved. Our hospitals do cover the time critical transfers, by our local teams within the MSE [major burns] or to paediatric centres [such as head injury, or other neurological conditions]

Elective Surgery

At MSE, Elective surgery follows 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. All 3 sites have busy acute paediatric wards for both medical and surgical inpatients. The Services provided differ in the 3 sites due to infrastructure differences and capacity [demonstrated below figures & facts table].

The Broomfield hospital, besides plastic & burns, offers facilities for elective surgery for children with more complex medical or surgical needs, and/or where an inpatient stay is expected.

Broomfield has a separate children’s burns ward [8 Beds] in addition to a children’s day case surgery facility [Wizard, 12 beds] and children’s elective surgical inpatient unit [Pegasus, 11 beds].

The age cut-off for elective anaesthesia at Broomfield is 3 months old.

The Basildon hospital has no dedicated paediatric day surgery unit. There is paediatric mixed medical and surgical ward [Wagtail 17 beds - with maximum 3 beds per session are ring-fenced for elective surgical children currently]. The medical paediatric ward [Puffin 11 beds (and 2-3 bed Level 2 medical critical unit)] occasionally accommodates the elective surgical cases when Wagtail ward capacity is full. Currently, elective paediatric surgery cases are carried out on dedicated paediatric session (general surgery, orthopaedic and ENT) or mixed children-adults lists (ENT, Maxillofacial and gynaecology). BDU [3 theatres] has been used exclusively for the use of children on selected days “super-days” [currently on hold].

All consultant anaesthetists will cover elective anaesthesia for children from age 3 years and above; a few will accept down to the age of 18 months post-term.

The Southend hospital has no dedicated paediatric day case unit. “Super-days,” where 3 all day paediatric lists are scheduled in the Day Stay Unit monthly [No paediatric ward]. Every alternate Monday there is a paediatric eye list in the eye unit [near the education centre]. Some of the day cases are scheduled in the main theatre complex. The age limit is 18 months, [ophthalmology from 12 months old].

Broomfield and Basildon have a well-developed paediatric pre-assessment and preoperative preparation service. Currently, there are plans to enhance the paediatric preassessment for Southend.

Things we are proud of

- Close working relationship among the surgical, anaesthetic and nursing teams, especially around support of all the children's health requirements
- Improved collaborative working across the three sites. Development of unified pathways and guidelines among anaesthetic teams for the 3 sites, [for example, Paediatric-anaesthesia guideline, Paediatric pre-assessment guideline, Paediatric sedative premedication guideline, The care of child in the recovery] and process is in progress for surgical guidelines & pathways as well [for example, torsion, limping child, fracture pathway]. [Many guidelines & pathway are under-study to maximise unified processes among the 3 sites and the community]
- Enhanced pan-MSE Play Specialist Team; their input has made a difference in alleviating fear and anxiety in children especially on the day of surgery.
- Appointment and development of Paediatric Psychologists Team, which will further the management of children who are unable to engage with the hospital environment due to anxiety and previous negative experiences
- Started the community dental lists, and maintaining, as possible, super-days and elective paediatric sessions
- CYP Board established and operational. A plan to establish an MSE Paediatric Surgical Forum is under construction



Table 1: Figures & Facts

MSE HOSPITALS PAEDIATRIC SURGERY 01/01/2023 - 31/12/2024

SPECIALITIES	BASILDON		BROOMFIELD & BRAINTREE		SOUTHEND		TOTAL	
	ELECTIVE	EMERGENCY	ELECTIVE	EMERGENCY	ELECTIVE	EMERGENCY	2024	2023
ENT 2024	173	2	475	65	225	8	948	
ENT 2023	118	2	428	65	105	9		727
GENERAL & BREAST 2024	14	109	49	84	132	99	487	
GENERAL & BREAST 2023	21	109	76	85	119	87		497
GYNAECOLOGY 2024	1	7	1	1	2	5	17	
GYNAECOLOGY 2023	1	10	2	5	0	6		24
OBSTETRICS 2024	0	0	0	1	1	1	3	
OBSTETRICS 2023	0	1	1	2	1	4		9
MAXILLOFACIAL & ORAL 2024	76	X	115	169	130	X	490	
MAXILLOFACIAL & ORAL 2023	59	X	173	130	85	X		447
TRAUMA ORTHO 2024	84	195	301	171	2	130	883	
TRAUMA ORTHO 2023	120	218	296	210	4	144		992
UROLOGY 2024	16	0	166	76	1	39	298	
UROLOGY 2023	65	0	141	48	0	8		262
OPHTHALMOLOGY 2024	X	X	70	8	91	5	174	
OPHTHALMOLOGY 2023	X	X	49	1	122	3		175
PLASTICS & BURN 2024	X	X	440	810	X	X	1250	
PLASTICS & BURN 2023	X	X	427	746	X	X		1173
RADIOLOGY 2024	X	X	32	1	9	0	42	
RADIOLOGY 2023	X	X	3	1	3	0		7
COMMUNITY DENTAL 2024	10	X	X	X	X	X	10	
COMMUNITY DENTAL 2023	X	X	X	X	X	X		0
NB: Data from theatres' digital systems. BTUH & SEUH up to 16 y old. MEHT include 16-17 y old.							4602	4313

Developments and Priorities for the next 12 months

- Continue & sustain the day-stay takeover activity at Southend and Basildon Hospitals, and increase operating theatre capacity at the Broomfield site, to maximising paediatric surgery throughput and improve the waiting list and backlog
- Re-start and maintain the services provided to the community dental care
- Improve the communication and collaboration of the primary care with the secondary care through pathways and digital systems for elective and emergency referrals, transfers and feedback
- Developing and unifying the pathways, guidelines and processes for children within the MSE and among the primary care, secondary care, allied services and ICB, aligning with the national guidelines and NHS framework
- Establish the Children & Young People and Families [Voice] forums and involving them in development of the local pathways and service development
- Enhance the peri-operative journey for children, through the development of unified digital processes, expanding pre-operative preparations and post-operative feedback



Lead Clinician: Barbara Piel & Glynis Rewitsky

Lead Surgeon: Mr Zach

Lead Anaesthetist: Victoria Howell

Lead Nurse: Laura Morgan

PDN: Becki Jackson

Paediatric Lead DSU: Chris Harrison



Last 12 Months – achievements & Challenges:

Within the last 12 months we have launched the Paediatric Virtual Ward, after launching the pilot back in May we have admitted 46 patients to the Virtual Ward. The Virtual Ward service has been set up by our lead digital paediatrician alongside the ANP's working within paediatrics. We have appointed a band 4 virtual ward coordinator that ensures the smooth running of the service. The majority of these patients admitted have been due respiratory illness's on inhalers etc. The team have had to decline admissions due to a lack of available kits and have put in a bid for more kits to be able to expand the service provision. This service is being covered by ANP's working within the community team and our Paediatric Assessment Unit.

Challenges that we have encountered over the past 12 months has mostly involved staffing levels across all areas of paediatrics. Recruitment drives have continued and we have NQN events planned in May. A Paediatric Education Programme has been running since November for our NQN that joined us in the summer and this has received positive feedback and been invaluable in creating a sense of belonging for the group within Paediatrics. We are grateful for the input from the ODN for upcoming study days including LTV provision.

Planned Developments in the next 12 months:

As mentioned above we are hoping to be able to purchase more kits for Virtual Ward patients which will allow us to increase the number of patients we are able to admit to the service. This will have a massive impact for Children, Young People and their families within our area and enabling children to be cared for in their own home and reduce the number of days spent in hospital.

What are we Proud of:

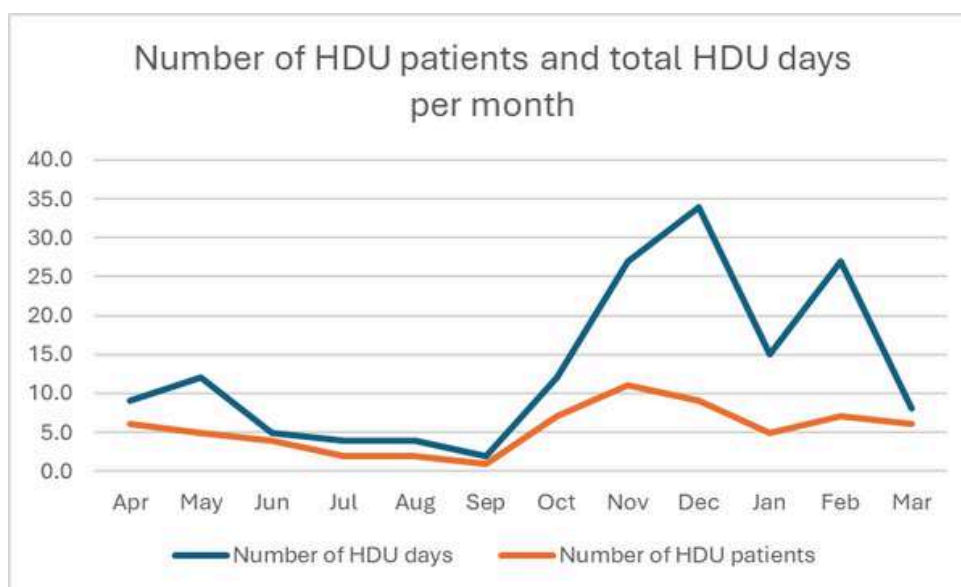
After launching NPEWS back in September we are also now ready to implement electronic NPEWS on the 6th May. The digital team and PDN have been working hard since the beginning of the year, and we are ready to launch with all staff currently undergoing their E-obs training. E-NPEWS is to be rolled out to inpatient paediatrics only (Rudham Ward).



HDU:

Over the past 12 months we have cared for a total of 65 HDU patients, totalling 159 days. Our highest acuity month was December with a total of 34 days of caring for HDU patients, and the lowest month being September which saw 1 HDU patient admitted with us, we had no HDU free months. From the ward we have had a total of 5, Level 3 PANDR retrievals.

90% of the HDU patients admitted were cared for at Level 1, and 10% of those were cared for at Level 2, with 5 of those patients going on to require Level 3 support and retrieval.



We saw over the winter period a sharp increase in Flu positive cases and spent a large amount of time with cohort bays for RSV and for Flu, with a high number of patients requiring high flow or CPAP care.

DATA REPORT

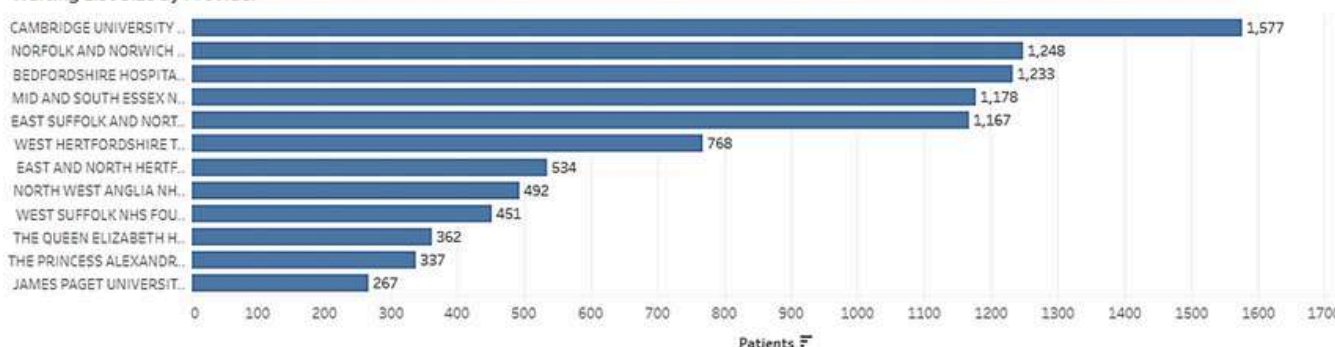


Total number of children admitted RTT pathways in the East of England

Total Paediatric Waiting List Size Since May 2021



Waiting List Size by Provider



East of England Inpatient RTT waiting list report. Report extracted from NHSE central RTT waiting list database covering the period from May 2021

Data last published date:12/01/2025

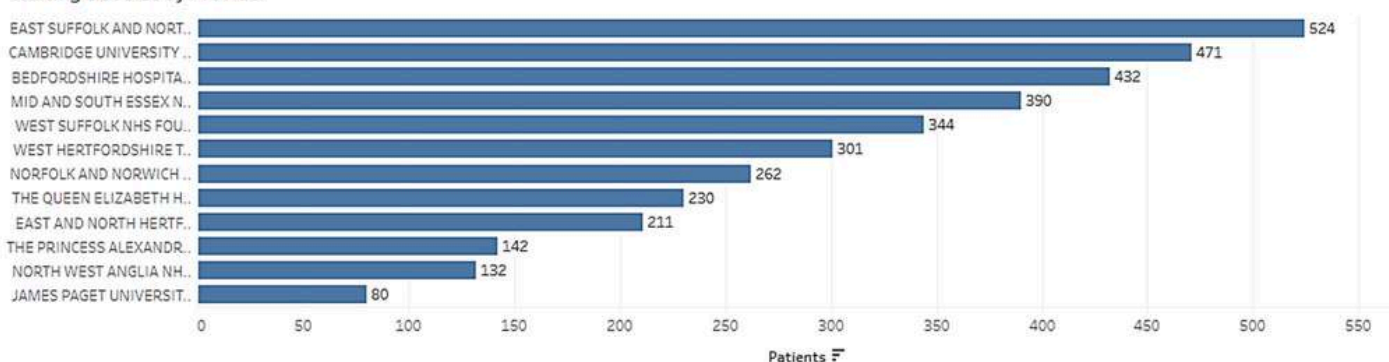
Age Banding (is 0-17)

Number of Children on admitted RTT pathways in the East of England-ENT

Total Paediatric Waiting List Size Since May 2021



Waiting List Size by Provider



East of England inpatient RTT waiting list report. Report extracted from NHSE central RTT waiting list datasets covering the period from May 2021.

Date last published: 12/01/2025 Age Banding (is 0-17)

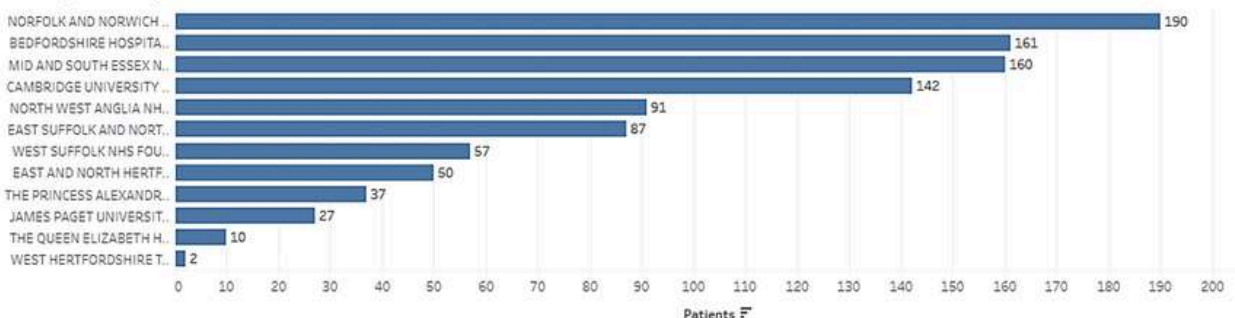
Data Sorted for treatment function codes-120:Ear, Nose & Throat and 215: Paediatric Ear, Nose & Throat

Total number of children admitted RTT pathways in East of England-T & O

Total Paediatric Waiting List Size Since May 2021



Waiting List Size by Provider



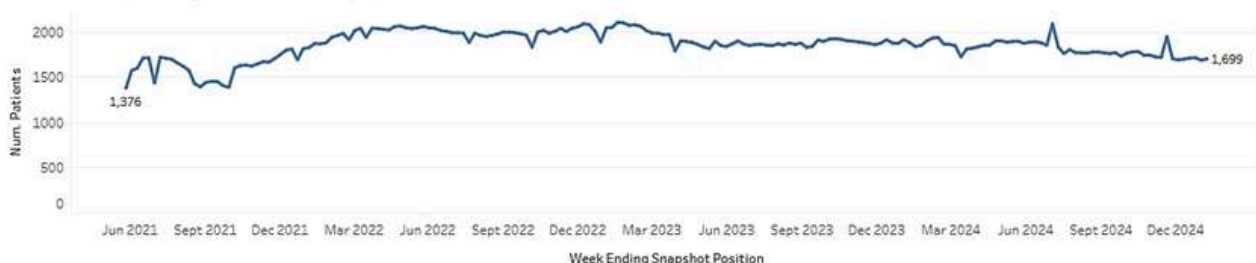
East of England Inpatient RTT waiting list report. Report extracted from NHSE central RTT waiting list database covering the period from May 2021

Data last published date:12/01/2025 Age Banding (is 0-17)

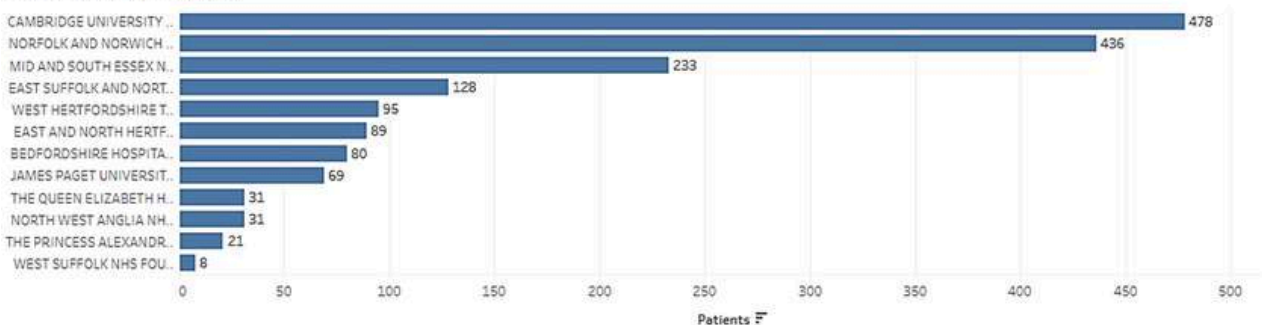
Data sorted for treatment function codes:-110 Trauma & Orthopaedic & 214: Paediatric Trauma & Orthopaedic

Number of Children on admitted RTT pathways in the East of England-General Surgery

Total Paediatric Waiting List Size Since May 2021



Waiting List Size by Provider



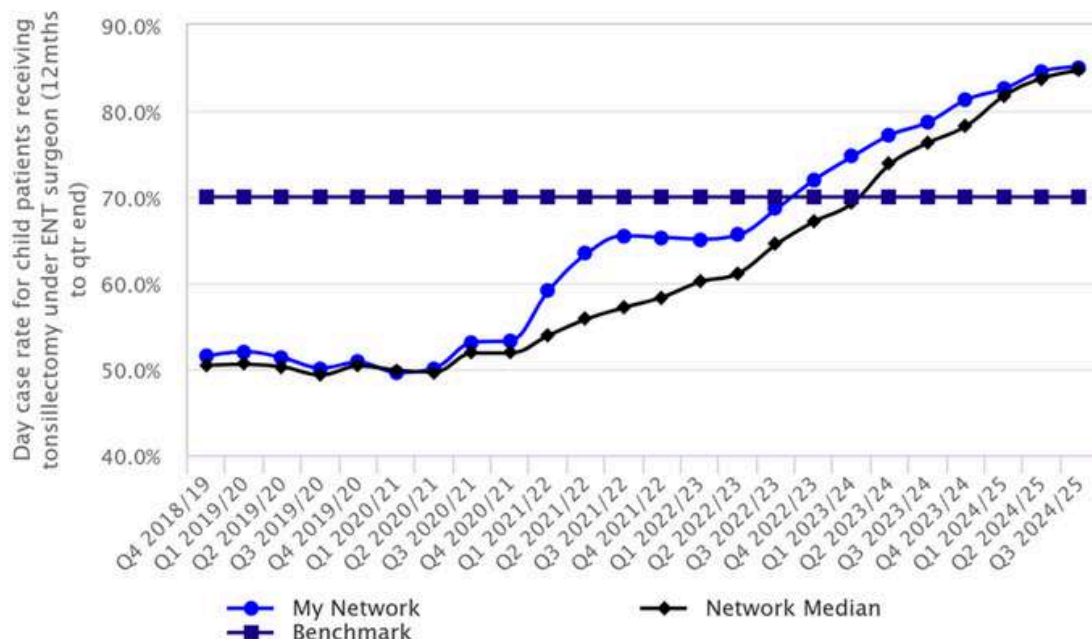
East of England inpatient RTT waiting list report. Report extracted from NHSE central RTT waiting list datasets covering the period from May 2021.

Date last published: 12/01/2025 Age Banding (is 0-17)

Data Sorted for treatment function codes-100 General Surgery, 101 Urology, 171 Paediatric Surgery & 211 Paediatric Urology

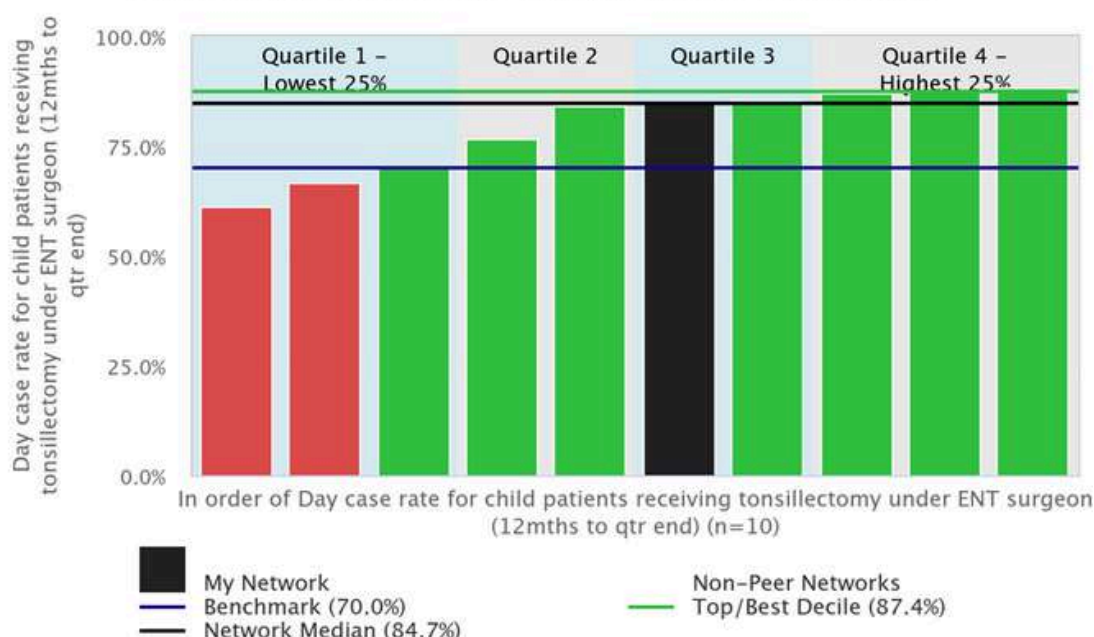
Tonsillectomy: Day case rate for child patients receiving tonsillectomy under ENT surgeon (12mths to qtr end)
National distribution

Day case rate for child patients receiving tonsillectomy under ENT surgeon (12mths to qtr end)



View metric - Day case rate for child patients receiving tonsillectomy under ENT surgeon (12mths to qtr end) - Model Hospital

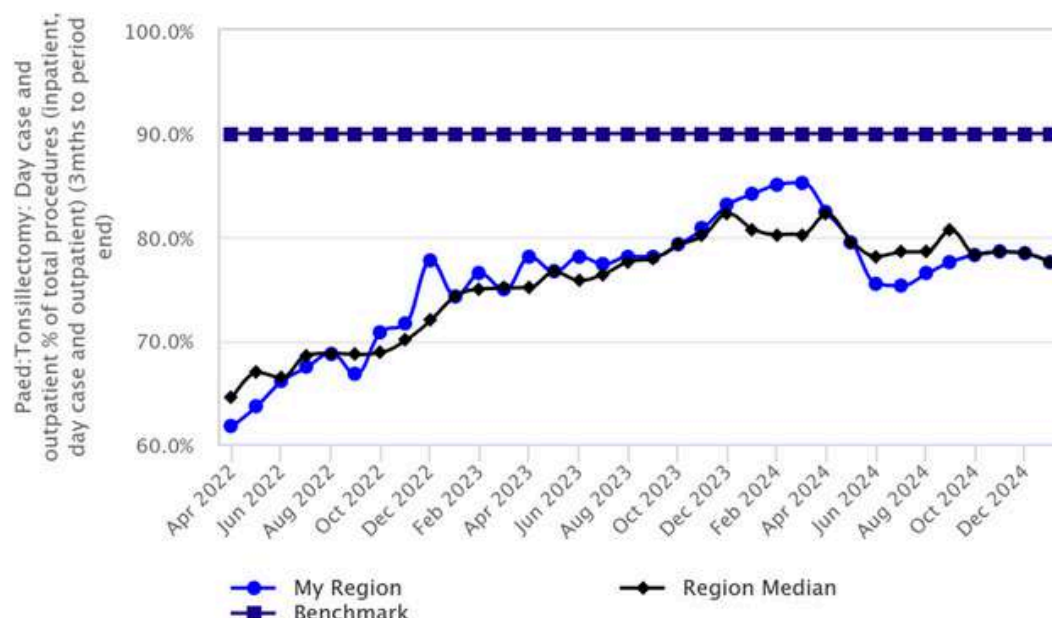
Day case rate for child patients receiving tonsillectomy under ENT surgeon (12mths to qtr end), National Distribution



Data source: MODEL HOSPITAL-Extracted from HES in accordance to BADS Directory of Procedures , September 2024. Data last updated: May 2025. Data period: 2024/2025
Age range between 0-16. Calculations based on 3 months sum of activity. National ODN view

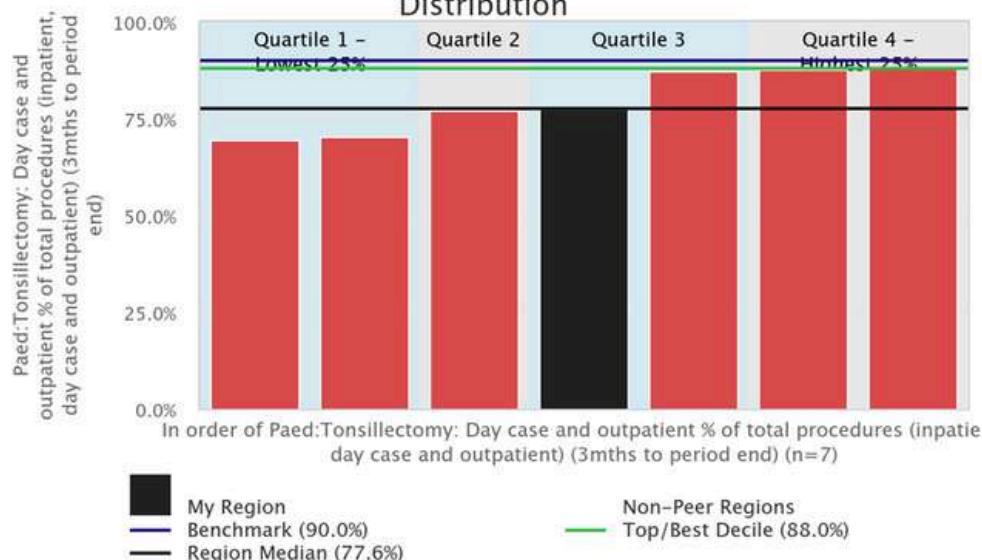
Paeds: Tonsillectomy: Day case and outpatient % of total procedures (inpatient, day case & outpatient)
(3mths to period end), National distribution

Paeds:Tonsillectomy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end)



View metric - Paeds:Tonsillectomy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end) - Model Hospital

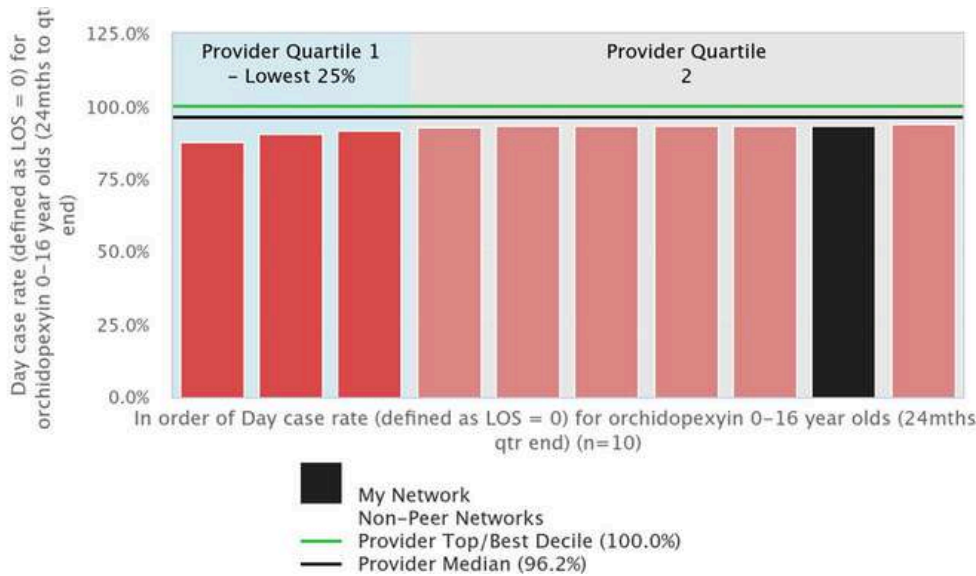
Paeds:Tonsillectomy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end), National Distribution



Data source: MODEL HOSPITAL-Extracted from HES in accordance with BADS directory of procedures, September 2024. Data last updated May 21025. Period 2024/25

Age range between 0-16. Calculations based on 3 months sum of activity. National Distribution

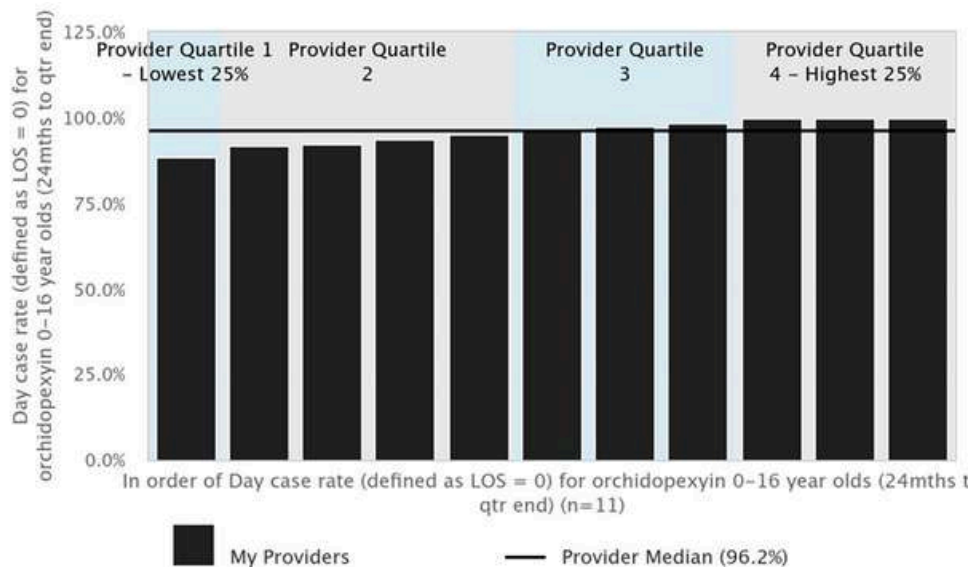
Orchidopexy: Day case rate (defined as LOS=0) fro orchidopexy in 0-16 year olds (24mths to qtr end?



EoE Surgery in Children ODN

Organisation Name	Value	Notes
Cambridge University Hospitals NHS Foundation Trust	88.5%	Quartile 1
East and North Hertfordshire NHS Trust	91.9%	Quartile 2
Bedfordshire Hospitals NHS Foundation Trust	92.5%	Quartile 2
Norfolk and Norwich University Hospitals NHS FT	93.8%	Quartile 2
Mid and South Essex NHS Foundation Trust	95.2%	Quartile 2
West Hertfordshire Hospitals NHS Trust	97.3%	Quartile 3
East Suffolk and North Essex NHS Foundation Trust	97.7%	Quartile 3
<u>North West Anglia NHS Foundation Trust</u>	98.6%	Quartile 3
Princess Alexandra Hospital NHS Trust	100.0%	Quartile 4
West Suffolk NHS Foundation Trust	100.0%	Quartile 4
Queen Elizabeth Hospital King's Lynn NHS FT	100.0%	Quartile 4

View metric: Day case rate (defined as LOS = 0) for orchidopexy in 0-16 year olds (24mths to qtr end)

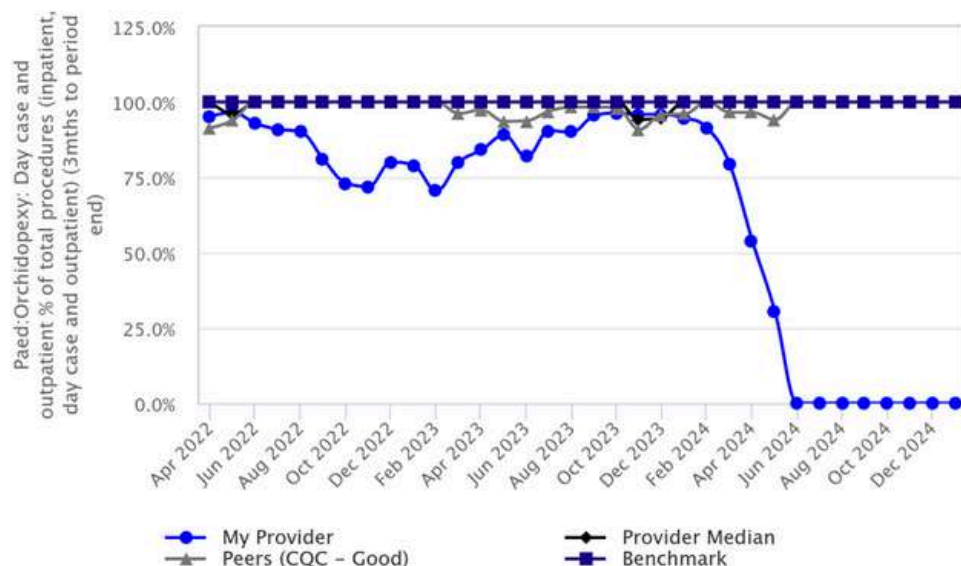


Data Source: MODEL HOSPITAL-Extracted from HES in accordance to BADS Directory of procedures. September 2024. Data last updated April 2025

Age range between 0 & 16. Calculations based on 3 months sum of activity. National ODN view

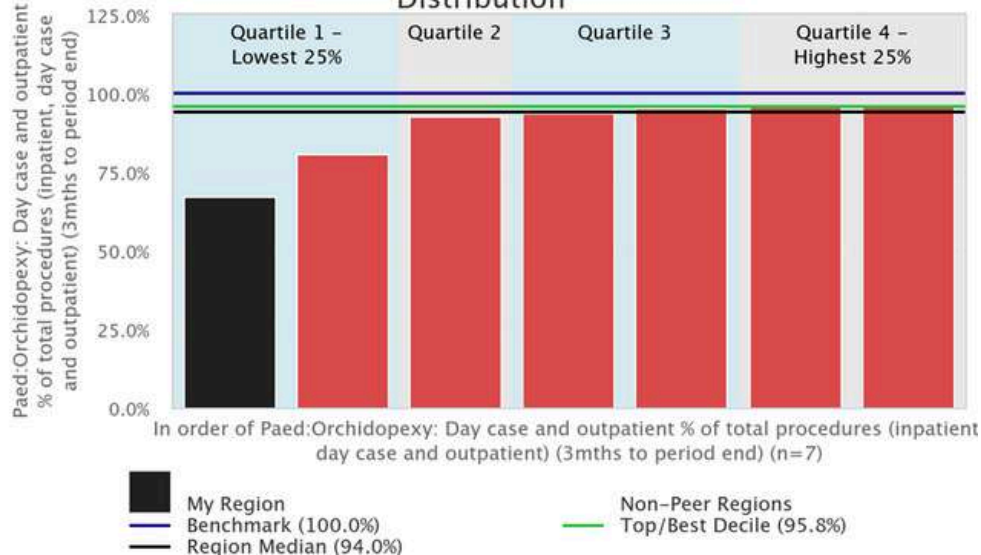
Paed: Orchidopexy: Day case and outpatient % of total procedures (inpatient, day case & outpatient?)
(3mths to period end), National distribution

Paed:Orchidopexy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end)



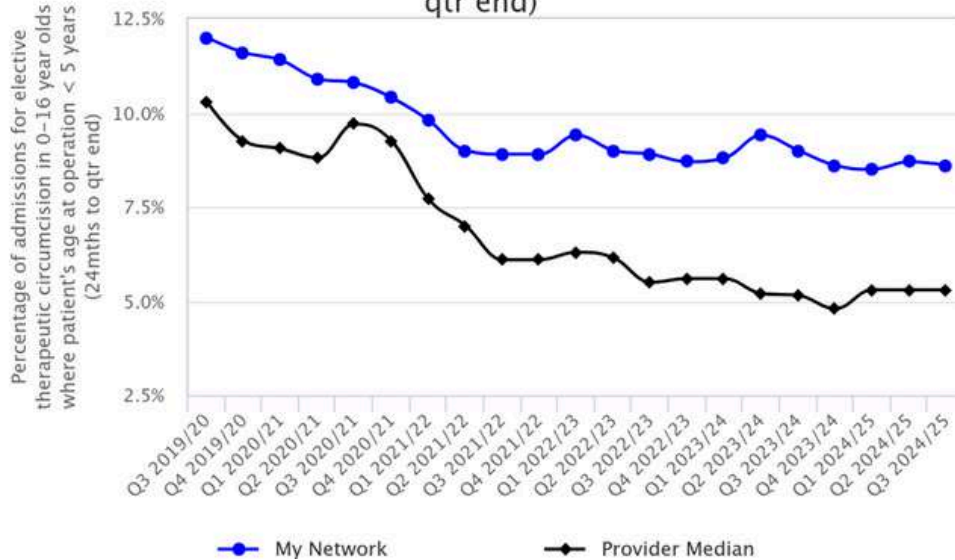
View metric - Paed:Orchidopexy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end) - Model Hospital

Paed:Orchidopexy: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end), National Distribution

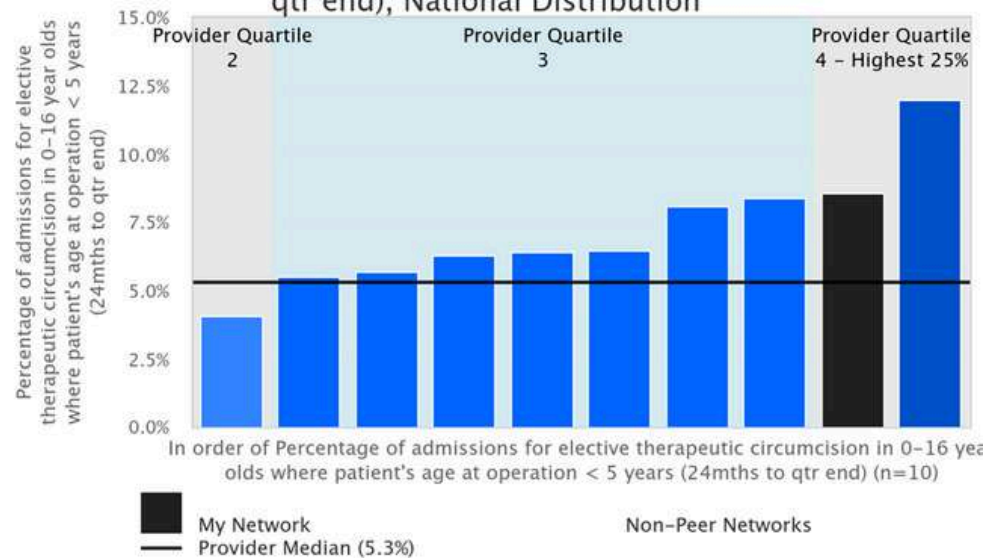


Percentage of admissions for elective therapeutic circumcision in 0-16 year old's where patient's age at operation is <5 years (24mths to qtr end)-National Distribution

Percentage of admissions for elective therapeutic circumcision in 0-16 year olds where patient's age at operation < 5 years (24mths to qtr end)



Percentage of admissions for elective therapeutic circumcision in 0-16 year olds where patient's age at operation < 5 years (24mths to qtr end), National Distribution

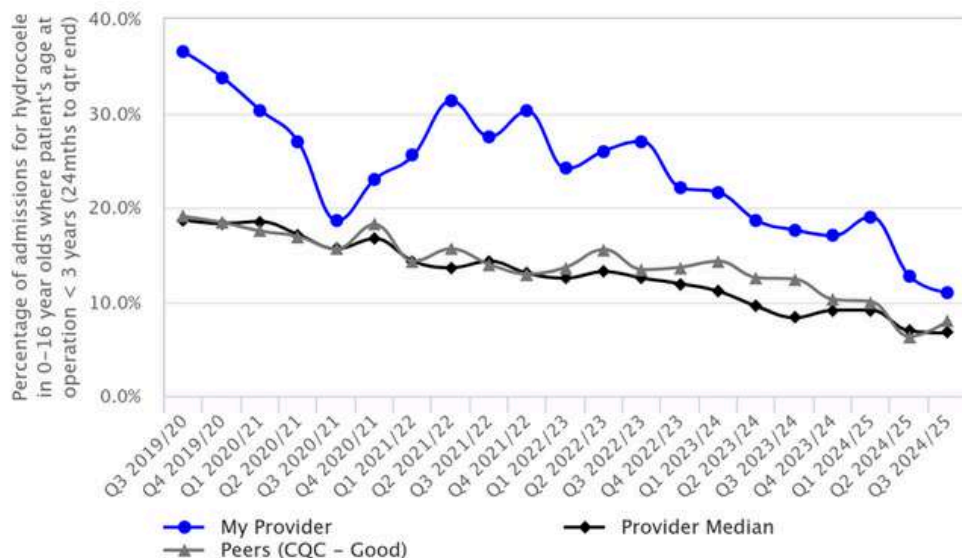


Data source:MODEL HOSPITAL-Hospital episode statistics (HES) data last updated: April 2025. Data period 2024/25

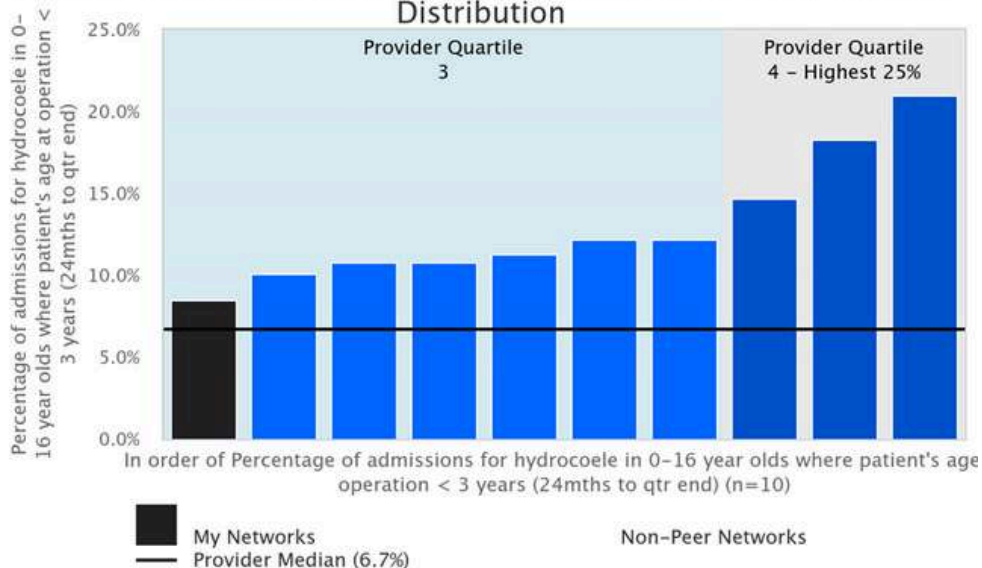
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Percentage of admissions for hydrocoele in 0-16 year old's where patients age at operation is <3 years
(24mths to qtr end)-National distribution

Percentage of admissions for hydrocoele in 0-16 year olds where patient's age at operation < 3 years (24mths to qtr end)



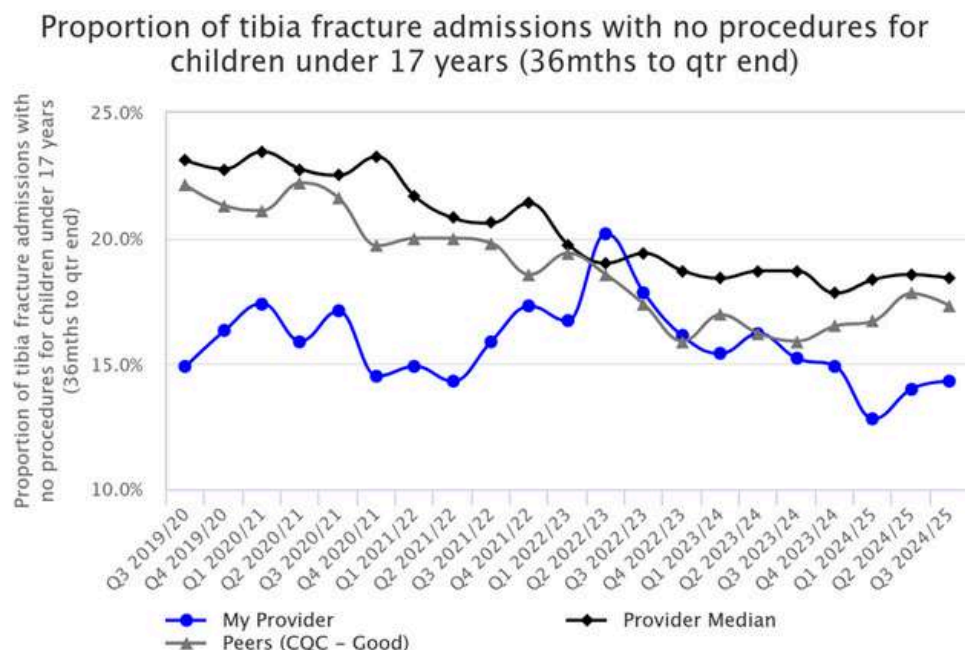
Percentage of admissions for hydrocoele in 0-16 year olds where patient's age at operation < 3 years (24mths to qtr end), National Distribution



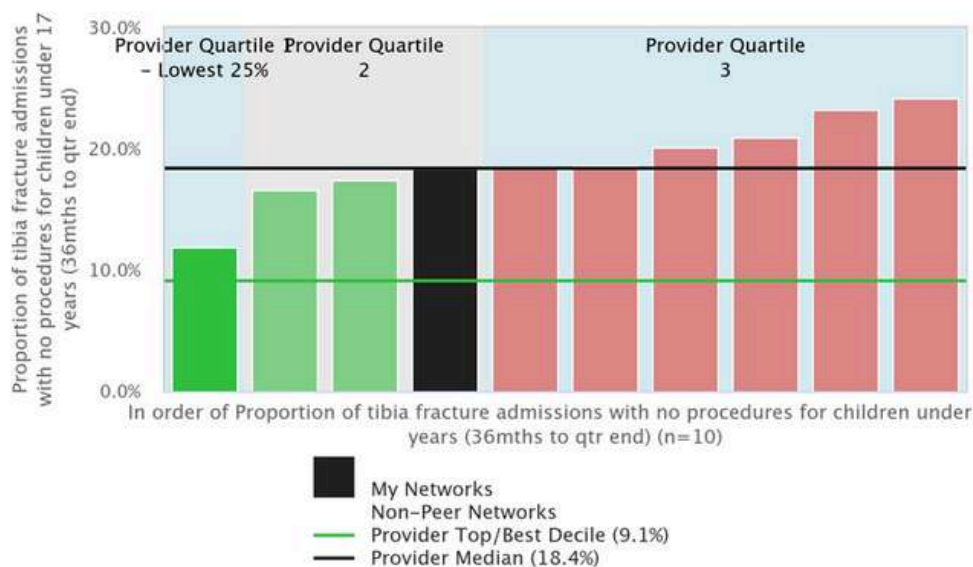
Data source:MODEL HOSPITAL-Hospital episode statistics (HES) data last updated: April 2025. Data period 2024/25

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Proportion of tibia fracture admissions with no procedures for children under 17 years (36mths to qtr end) National distribution



Proportion of tibia fracture admissions with no procedures for children under 17 years (36mths to qtr end), National Distribution



Data source: MODEL HOSPITAL-Hospital episode statistics (HES) data last updated: April 2025. Data period 2024/25

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Access the Model Health System

The Model Health System is a free data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. The MHS FutureNHS workspace is a useful resource: <https://future.nhs.uk/ModelHealthNetwork/groupHome>

Registering: An OKTA registration will be required to access Model and the SPaedIT dashboard.

STEP 1: Register at <https://apps.model.nhs.uk/register>

STEP 2: Once registered (or if you already have an OKTA/Insight account), log in to your account using this link <https://apps.model.nhs.uk/products>
Some items within dashboards may be restricted to NHSE or providers only.

Summary Paediatric Indicator Table (SPaedIT)



- **Check you have an NHS Okta account:** [Sign in with your account to access NHS England applications](#)
 - **If you do not, please register for one.**
- Visit the NHS England A-Z of apps and select the Summary Paediatric Indicator Table (SPaedIT) link at the bottom of the 'S' section [A to Z Products | NHS England applications](#).
- You should receive an email confirming your access request is being processed.

It should take a few days for access to be granted, email england.spaedlit.girft@nhs.net if you are unable to access after a week.

Useful SPaedIT GIRFT FutureNHS link:

<https://future.nhs.uk/GIRFTNational/view?objectID=45555504>

Rapid Actionable Insight Driving Reform (RAIDR)



RAIDR provides an extensive suite of dashboards and reports, each focusing on a specific theme or subject area. Exactly which dashboards you can access will depend on your role and where you work.

<https://users.raidr.nhs.uk/>