ANNUAL REPORT 2025

East of England Paediatric Critical Care Operational Delivery Network

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

CONTENTS

LIZ LANGHAM DIRECTOR

2025 was a year of big announcements about the NHS and has led to some disruption and changes in the way the NHS works. It saw the ending of the 3-year delivery plan and the release of the new 10-year delivery plan which will focus on analogue to digital, hospital to community and sickness to prevention. Huge changes within the NHS are also set to influence health services and how we work. The merging of ICB's has started and the abolition of NHSE by April 2027.

For PCC we have continued to develop as an ODN, seeing our team continue to support on education and service development. We revisited our previous face to face peer reviews with all teams in the region. The virtual meetings showed improvement across the region, from minor changes to implementation of L2 beds across the region. The work around L2 beds continues and we hope to support further development of the L2 beds across the region which remains an ODN priority.

The education team continue to support a variety of educational opportunities across the region, and they continue to look for innovative ways to provide education to the whole region. Education continues to be a priority for the ODN, offering simulation and both local and regional training opportunities We completed our first PCC network audit on High flow nasal cannula, and we are now reviewing the actions from that audit to ensure we can continue to develop and improve.

Martha's rule has been challenging in parts, but all services have now implemented at least a pilot of Martha's rule. We have continued to work with Health innovation East to share ideas and experience across the region and to support learning.

We commenced our work on the paediatric stroke pathway following a learning from incident session within the COG. This was really well attended and supported by the region and has led to a collaborative piece of work to support the paediatric stroke pathway within region. We have also engaged with the North Thames ODN team with their pathway.

Following on from a really excellent face to face COG meeting we are now looking at repatriation from PICU to the DGH. This is an exciting piece of work, and we have had really good engagement from the region. This we hope will make transition for the child and family smoother but will also support building relationships across the region.

Kat has had some time off this year and has welcomed a new baby to her family. We wish her well and look forward to welcoming her back to the team later in 2026. Rebecca has been supporting in Kat's absence and doing a brilliant job.

A huge thank you goes to the ODN team for their continued focus on improvement and their support of the region. I would also like to thank all of you for your continued engagement with the ODN, we are keen to hear from you about where we can support development but also any things you would like to see the ODN take forward.

RONALD MISQUITH LEAD CLINICIAN

I would like to begin by thanking all of you for your continued commitment and active participation in the work of the East of England Paediatric Critical Care Operational Delivery Network (ODN). Together, we have achieved a great deal over the past year, and I am grateful for the collaboration, expertise, and dedication demonstrated across the region.

One of our most significant achievements has been the work arising from the Regional Morbidity and Mortality Meetings, which highlighted challenges and delays in the recognition and management of stroke in children and young people. Through outstanding collaborative efforts involving specialist teams at Cambridge University Hospitals, PaNDR, EPEN, and colleagues across all regional units, we have successfully developed and agreed a Regional Guideline and Pathway for the Management of Arterial Ischaemic Stroke in Children and Young People. The next step is for individual organisations to establish local Standard Operating Procedures (SOPs), working closely with colleagues in Emergency Medicine, Radiology, Anaesthetics, and Adult Stroke Services to ensure effective implementation and streamlined patient pathways.

We have also made substantial progress in developing regional Repatriation and Infection Prevention and Control Guidelines. Once finalised and implemented, these documents will support more consistent practice across the network and help improve patient flow through paediatric critical care services.

Our regional audit of High-Flow Humidified Heated Oxygen (HHHFO) therapy has identified opportunities to strengthen practice around timely weaning and de-escalation of respiratory support. To support this work, a programme of education sessions is planned for the summer, with the aim of improving patient care and service resilience ahead of the winter period.

As we look ahead, we continue to operate within a changing NHS landscape. The ongoing reorganisation of Integrated Care Boards (ICBs) and wider NHS structures presents both challenges and opportunities. We are also awaiting publication of the updated Paediatric Critical Care Standards, which will inform the next cycle of service reviews across the region.

I would like to acknowledge the exceptional work of our Education Team, whose commitment to delivering high-quality learning opportunities continues to strengthen the network. The introduction of the Lunch and Learn webinar series has been particularly successful in bringing together multidisciplinary teams, fostering shared learning, and supporting improvements in the care of critically ill children.

Finally, I hope that everyone is able to take some well-deserved time over the summer to rest, recharge, and spend time with family and friends before we prepare for the demands of the coming winter.

Thank you once again for your ongoing support and dedication to improving outcomes for children and young people across the East of England.

ALISON CLARK DEPUTY DIRECTOR/SENIOR LEAD NURSE

I would like to thank everyone involved in the ODN work for continuing to support us. In 2025 we have been pleased to see many of you at our regular meetings. It is always helpful to gather feedback about what is going well and to share some of the challenges you face. Thank you to those who have contributed with presentations and joined our project groups this year.
I would like to thank the core team for their hard work and support over the year. We were delighted to hear Kat's news of the arrival of baby Nora in October. Rebecca Turner joined the team to cover Kat's maternity leave.

LTV
Kat, Rebecca and Theo have continued to develop the LTV workstream. The clinical support drop in sessions continue and all clinicians with LTV queries or patients for discussion are welcome to attend. Rebecca and I are currently part of the national GIRFT pathway working group which is now focussing on tracheostomy ventilation after the successful launch of the LTV/NIV document.

Surgery in Children
Damian and Milind continue to manage the huge workload in the SiC network. Our 3 workstreams for ENT, trauma and orthopaedics and anaesthetics have produced some great work. We would like to thank our outgoing workstream leads for their support and enthusiasm and we welcome Liz Ashby, Marie Lyons and Zoe Ovenden to the team.

PCC
The PCC network continues to flourish, with a number of our units continuing to develop their Level 2 capacity. Discussions continue to complete the allocation of the final funding for this.
Our education portfolio has been invaluable to the region, providing formal training for level 1 care as well as many other interesting and informative study days, webinars and SIM days. A huge thank you to Francesca and Jane for their hard work in putting together training for both PCC and SiC and to Seema for her support from the medical side.
Ronnie and I have started to work on our next major projects which will continue through 2026. We are focussing on the development of a regional stroke pathway and a regional repatriation guideline which we hope will support teams in their care of complex and critically ill children.
We are pleased to be involved in discussions with the Cambridge Children's Hospital planning team and we look forward to the next stages of this project.
Thank you to Eniko for her ongoing work to gather high quality data for the region. This helps to inform and work of the ODN and we would like to thank all teams for their support with this work through regular data submissions.

Thanks again to everyone for engagement with the network. As usual we are all busy negotiating the vast number of changes across the NHS. We understand this impacts everyone and we acknowledge your ongoing support.

FRANCESCA WRIGHT
EDUCATION LEAD NURSE

JANE JONES
PRACTICE DEVELOPMENT
LEAD NURSE

Education Team Update:

We started 2025 having just said cheerio to Naomi, and so there was a short gap in the service whilst we recruited, although planning for a full schedule of education continued.In March 2025 after a very competitive recruitment process, we welcomed Jane Jones to the team. Jane was bringing over 20 years of nursing experience in neuro (med/surg), paediatric intensive care, district general high dependency and education with her and the benefit of this has been seen throughout her time with the ODN (although she will still tell you she struggles with the IT!). We had a short time enjoying being a complete team before Kat then announced her wonderful baby news, we sent her off in September with some lovely treats for baby and her and waited… and waited for the news of a safe arrival of a baby girl! Thanks to Liz who managed to work her magic with the budget we were able to recruit some maternity leave cover for the LTV education role, although despite our best efforts, this came a little while after Kat had started her leave, having Jane in the team meant we were still able to meet our existing commitments.

Below are some highlights of the work of the education team in 2025, none of this would be possible without the dedication, donation of time and sharing of expertise from everyone in the region who has contributed in any way to the education programme, so to you all we say a huge thank you.

National Collaboration:

The ODN team link in with their national peers on a monthly basis, for sharing of information, ideas and peer support. At our face to face meeting in Feb 2025 we had a presentation from the Florence Nightingale Foundation around leadership & influencing policy, from which has come a piece of work looking into the provision of paediatric practice development roles. Initially this is a pilot being done in conjunction with the Kings Fund in South Thames, Yorkshire & Humber and North East & North Cumbria ODNs. We know anecdotally that there is a huge disparity in the provision of education across the country, the intention is to demonstrate the lack of a consensus or standard for the provision of education hours, what that role encompasses and what the requirements are; with an expectation that we will then be able to influence a change in guidance.

This group has been invaluable in sharing resources and ideas, and we hope that you will see some of the benefits of this in 2026.

EDUCATION

Critical Care Level 1 Course:

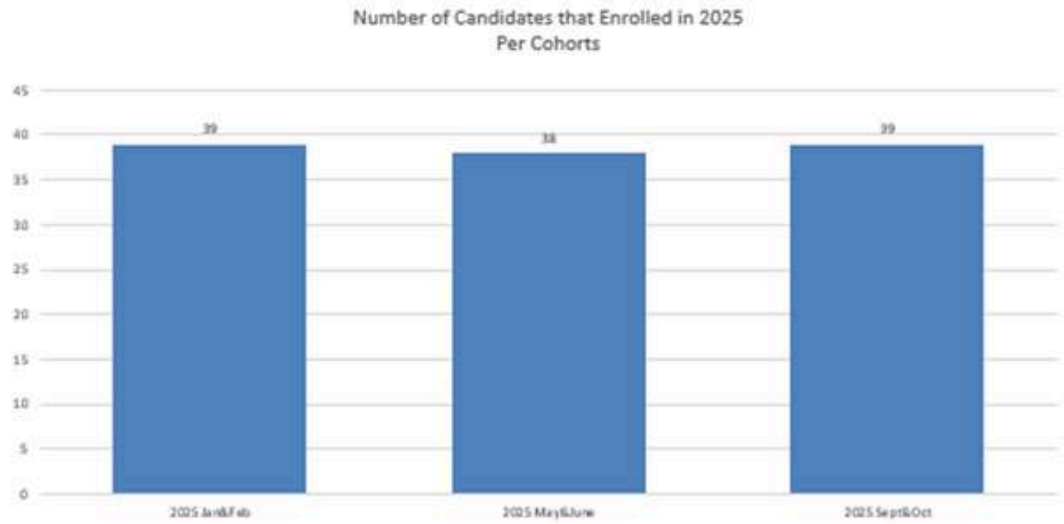
This course continued to offer 3 cohorts in 2025, we avoid winter study days where possible to reduce pressure on the rota, so they are in spring, summer and autumn. Like last year we were able to provide level 1 course places for 11 candidates from the East Midlands to supplement their new course. The course is open to registered nurses who have completed their preceptorship period and are working in an acute service and is accredited by the Paediatric Critical Care Society (PCCS). The course was due for external moderation in autumn of 2025, the external moderator has been allocated and has reviewed all the resources and assessment materials, they will now moderate the assessments which will take place in March 2026 and provide feedback. In exchange we have moderated courses for Nottingham and the NENC ODN this year. We took the opportunity to alter the assessment criteria for the OSCE slightly and have moved from:

Previous (2020 – 2025)	**New (2025 onwards)**
· Carry out a systematic, structured and timely patient assessment · Recognise signs of patient deterioration, and/or identify red flags · Initiate appropriate interventions to meet clinical needs of patient in a timely and safe manner, provide rationale · Appropriate documentation of clinical parameters and full assessment in the patient notes	· Carry out a systematic, structured and timely patient assessment using the ACDE approach · Recognise clinical deterioration and or identify red flag features · Initiate appropriate intervention to meet the clinical needs of the patient in a safe manner and provide rationale · Clinical questions, reasoning & comprehension

For clarity, only the autumn (Sept/Oct) 2025 cohort have been assessed against the altered criteria.

EDUCATION

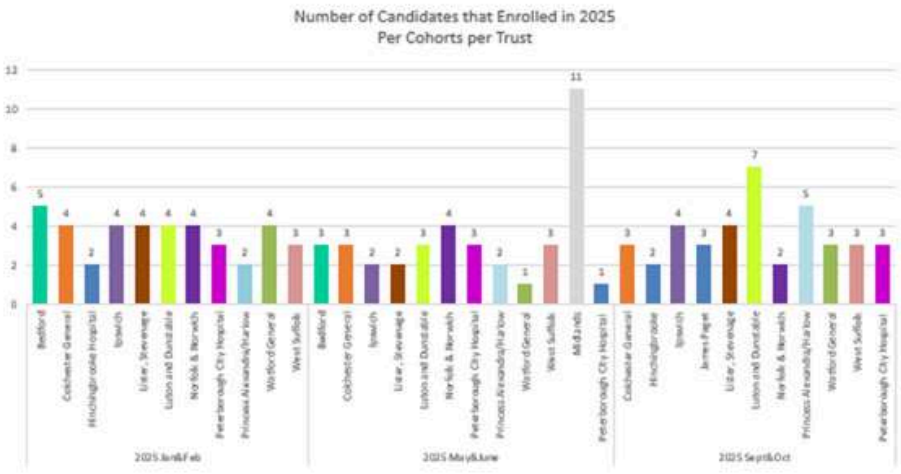
This graph shows the number of candidates per cohort in 2025 and includes 11 candidates from East Midlands ODN who joined the summer (May/June) cohort. The numbers are consistent with a total of 105 in 2025 compared to a total of 101 in 2024 (excluding those from East Midlands for both years.)



For May – June 2025 cohort we had 11 Midlands candidates.

This graph demonstrates the spread of uptake for the course across the region, the number of staff sent on the course varies and is dependent on multiple factors. Some providers have an in-house arrangement for level 1 education and do not access the regional course

Trust/Cohort	Attendees
2025 Jan&Feb	39
Bedford	5
Colchester General	4
Hinchingbrooke Hospital	2
Ipswich	4
Lister, Stevenage	4
Luton and	4
Norfolk &	4
Peterborough City Hospital	3
Princess Alexandra/Harlow	2
Watford General	4
West Suffolk	3
2025 May&June	38
Bedford	3
Colchester General	3
Ipswich	2
Lister, Stevenage	2
Luton and Dunstable	3
Norfolk & Norwich	4
Peterborough City Hospital	3
Princess Alexandra/Harlow	2
Watford General	1
West Suffolk	3
Midlands	11
2025 Sept&Oct	39
Colchester General	3
Hinchingbrooke	2
Ipswich	4
James Paget	3
Lister, Stevenage	4
Luton and Dunstable	7
Norfolk & Norwich	2
Princess Alexandra/Harlow	5
Watford General	3
West Suffolk	3
Peterborough City Hospital	3
Grand Total	116

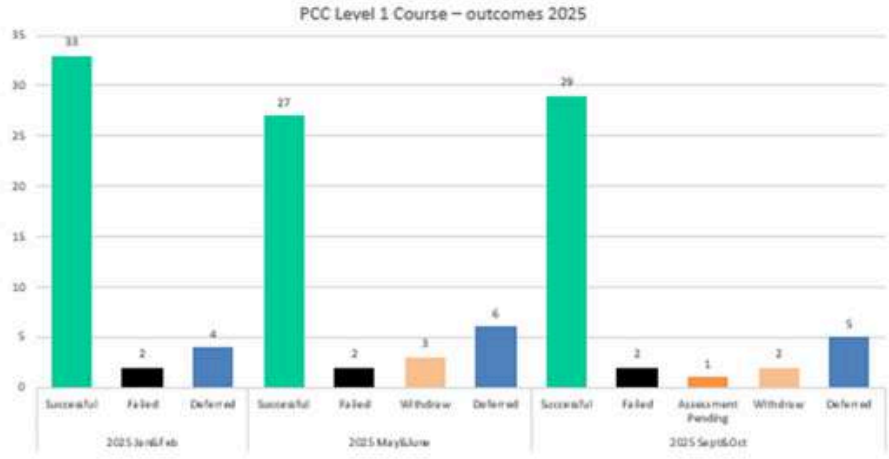


EDUCATION

As you would expect the units with a larger bed base generally send more staff, although there is a general trend down in numbers compared with 2024 with those providers sending 1 or 2 less in 2025 per cohort.

Grades are reported for each cohort via the PCCS Education Quality Assurance (EQA) group, variances and unusual trends are also interrogated. Below you can see the final outcomes for all our candidates in 2025; of the 116 we had 5 withdraw, 15 defer and 1 has their assessment pending at the time of writing.

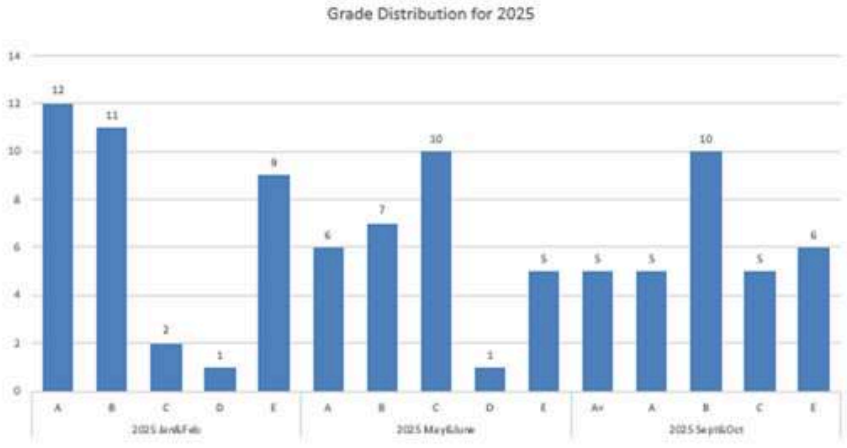
Trust/Cohort	Attendees
2025 Jan&Feb	39
Successful	33
Failed	2
Deferred	4
2025 May&June	38
Successful	27
Failed	2
Withdraw	3
Deferred	6
2025 Sept&Oct	39
Successful	29
Failed	2
Assessment Pending	1
Withdraw	2
Deferred	5
Grand Total	116



Withdrawals tend to occur when staff leave the trust and move into a non-critical care role, the system allows for deferrals with a need to return within 2 years to complete the course, this is usually used for maternity leave, long term sick etc. As a team we review deferred candidates twice yearly and identify those who will 'time out' and make contact with the relevant PDN as a reminder.

This graph demonstrates the grade distribution, grades E and F constitute a fail; we no longer allow candidates who have not completed their e-learning and competency to undertake the OSCE, and are very strict on this, which has resulted in a much more organised approach to the assessment period. Those who fail the OSCE at the first attempt are offered a resit, this result is then capped at 40% which results in a D grade. Unfortunately, PCCS rules mean that anybody who fails the EoE course cannot retake it, as they need to re sit in a different centre; as East Midlands ODN have now set up their course this a potential route for candidates from our region and can be explored on a case-by-case basis.

Grade	Count of Grade
2025 Jan&Feb	35
A	12
B	11
C	2
D	1
E	9
2025 May&June	29
A	6
B	7
C	10
D	1
E	5
2025 Sept&Oct	31
A+	5
A	5
B	10
C	5
E	6
Grand Total	95

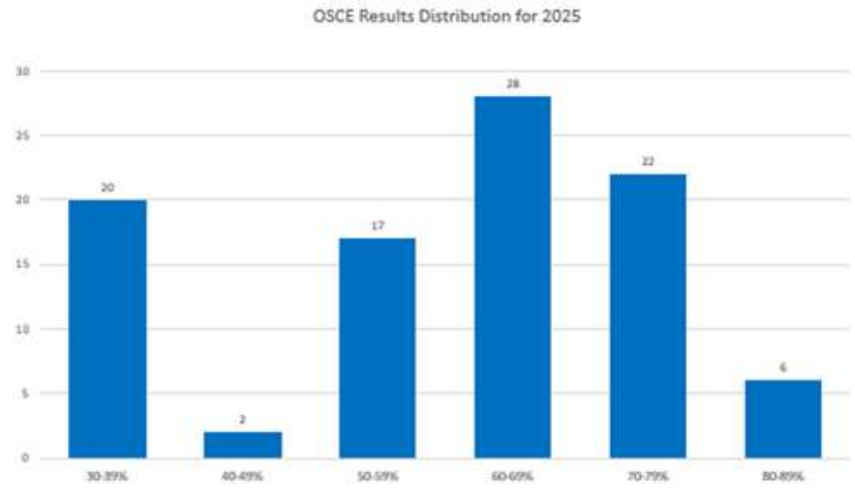


EDUCATION

Of those who failed at the first attempt:

Cohort	No. failed at the 1st attempt	No. passed on resit
Spring (Feb/March) 2025	9	7
Summer (May/June) 2025	5	3
Autumn (Sept/Oct) 2025*	6	4

*Autumn 2025 results subject to external moderation



This chart shows the grade distribution for 2025 and exhibits the bell-shaped curve we would expect to see.

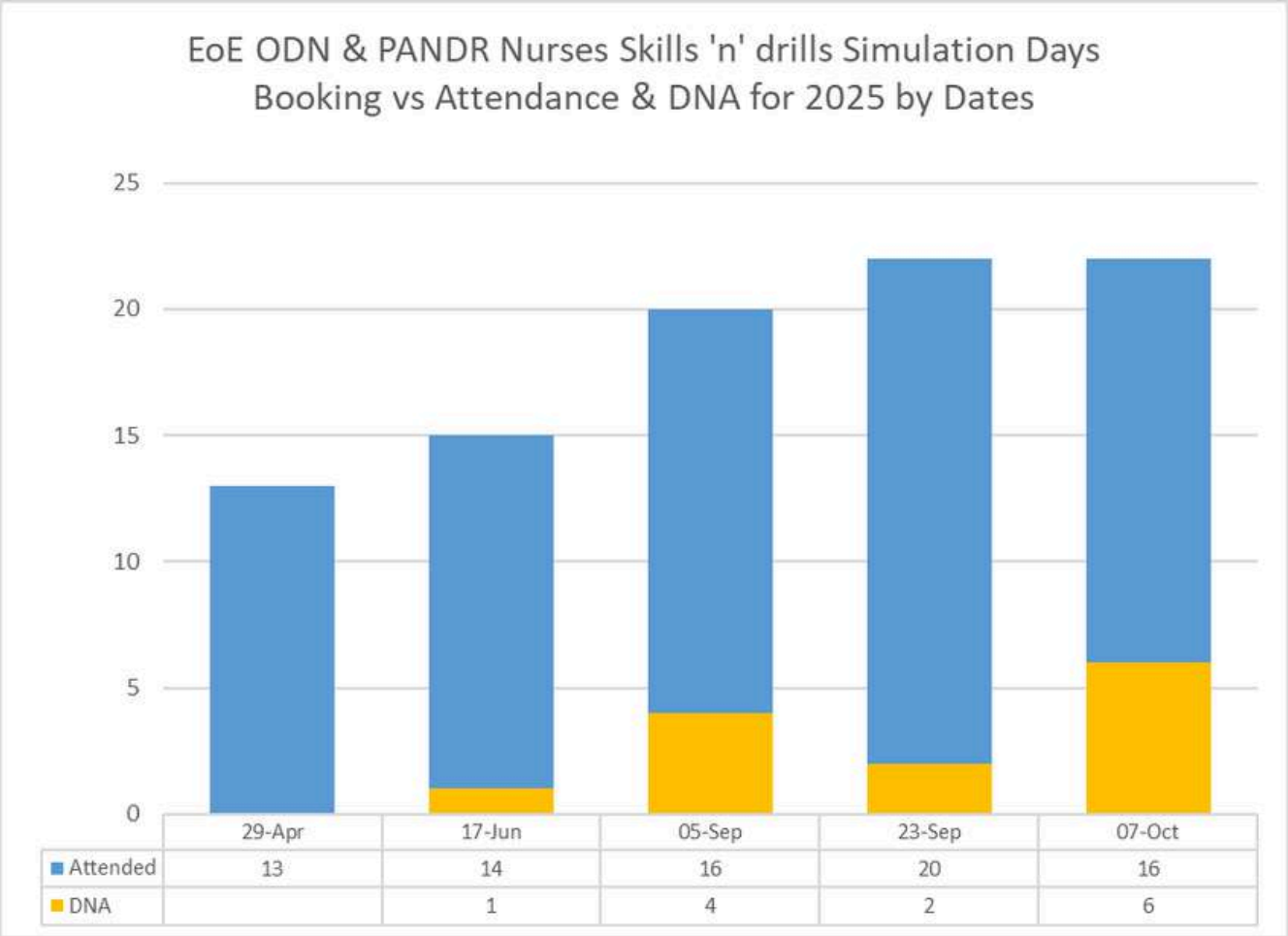
Please do contact us if you would like to see the break down of outcomes for your own trust.

EDUCATION

Regional Study Days:

Once again we have delivered a range of both virtual and in person education events throughout the year.

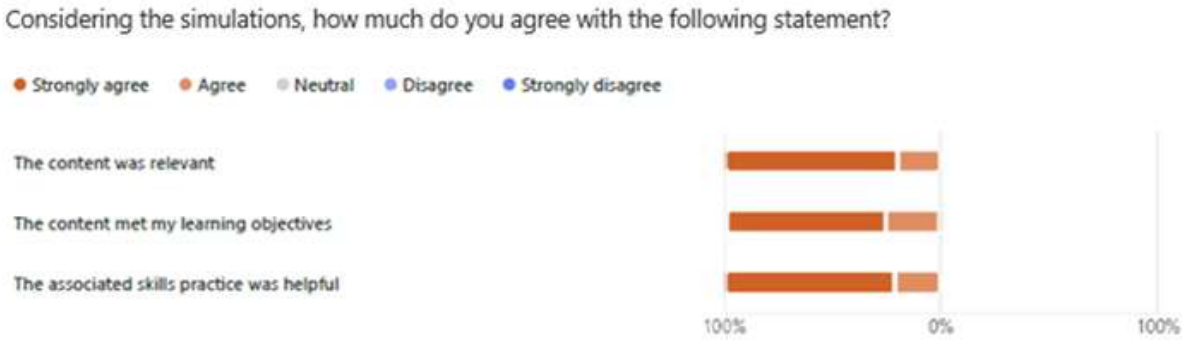
Building on the success of the days we ran in 2024 we rallied the faculty and developed an all new programme for 2025 with 4 new SIM scenarios and associated learning and skills development. We were delighted to work with Liz from PaNDR and re connect with Naomi to deliver these days. We planned 5 dates in 2025 and were delighted to secure some funding from Hamilton Medical which in conjunction with 'Transfer' our hosts continuing to offer their facility for free, meant we could offer the days free of charge. The chart below shows the number of delegates booked and number attended for each of the dates. We aim for 20 delegates per day so as you can see will over book to allow for some DNAs although loosing 4 delegates in September and 6 in October to late notice cancellation / DNA on the day was disappointing.



	29-Apr	17-Jun	05-Sep	23-Sep	07-Oct
Attended	13	14	16	20	16
DNA		1	4	2	6

EDUCATION

The days have evaluated exceptionally well as the following data shows:



Below is a selection of the numerous positive comments we received following the SIM days:

‘Really good learning experience. SIMs carried out in a non-threatening way.’

‘Great reminder of A-E and how to draw up more complex meds such as inotropes and prostin.’

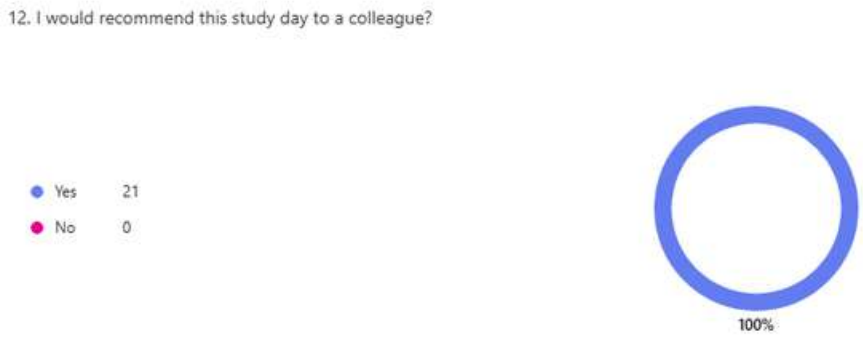
Coming from an Adult background this day was really helpful to improve my confidence in dealing with unwell children.’

'Really useful day! Nice to meet other people and consolidate knowledge already obtained. AMAZING day and would definitely recommend it!!!’

EDUCATION

Educators Study Day:

In 2025 we met face to face with educators from both neonatal and paediatric services, we covered a range of topics including; performance management for educators, QI impact and effectiveness, working with your circle of influence, reverse mentoring strategies and the West Midlands PCC ODN told us about their Martha's Law pilot programme. With over 21 attendees from across the region and plenty of group work and interaction throughout the day, the room was buzzing with the noise of networking and sharing of both problems and solutions, the benefit of meeting in person was palpable. Cognisant of the difficulties releasing staff for in person events, we plan to continue to offer this in person on alternate years.



Reverse mentoring had an impact on me, Wendy's video was powerful and the video on the ethnicity was thought provoking

Thank you, well organised and encouraging

Great day with very interesting topics

EDUCATION

Transition Study Day:

Recognising the gap in transition work across neonates to paediatrics and paediatrics to adult services we embarked on a study day which we hoped would open the lines of communication and identify and address some of those gaps.With quite a huge topic we set about planning a day that would cover both the neonatal and paediatric workforce.Starting with a case presentation that set the tone for the day, we explored transition of babies from maternity into TCU – Home – Outreach – Paediatrics, and from NICU to PICU, and of children into adult services through the lens of another case study. The inclusion of a parents perspective was all powerful. We welcomed 52 delegates from around the region and also noticed a few delegates from beyond joining which added to the dynamic.

•Yes, it is very important to provide parents with the right information to empower them in the care of their baby

•Having a clear guideline on transitioning from one area to another will ease transitioning

•Absolutely and I am already networking with others from the course

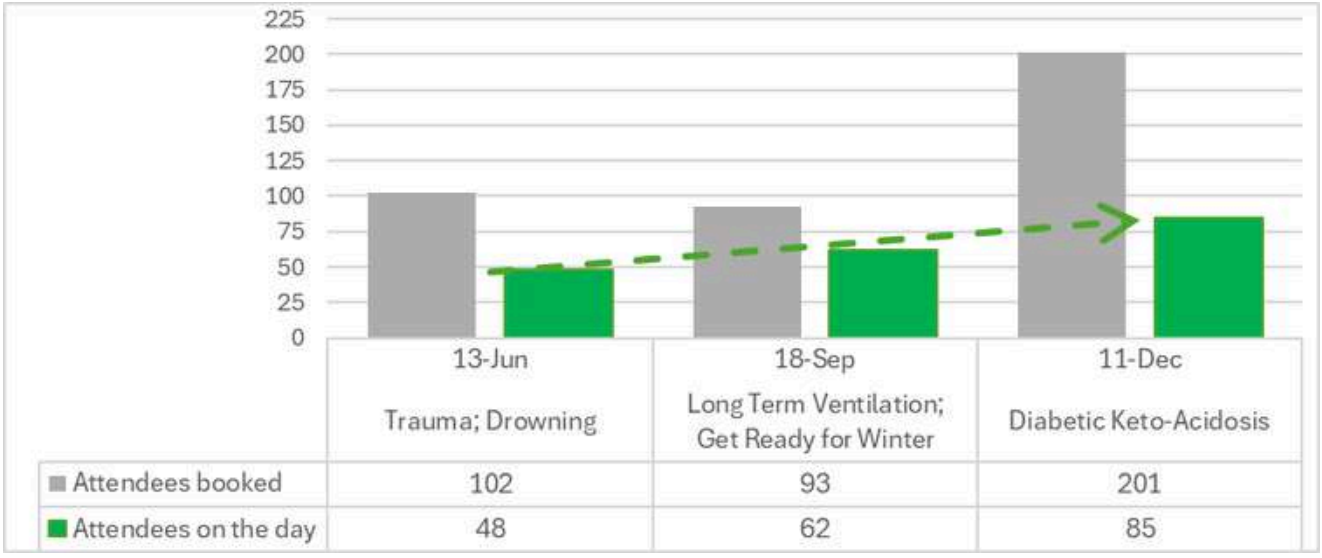
EDUCATION

Lunch & Learn Webinars:

On the back of a successful collaboration with the Neurosurgery Network to deliver an educational webinar in 2024, and with Dr Seema Sukhani on board as a lead for education in the PCC network we planned a series of webinars designed to deliver short and snappy relevant education for the region. We hoped that these would gather momentum and a bit of a following. The table below shows the booked vs attended numbers, so we would say they are gathering that reputation and word is getting out about them. One of the aspects of regional work is ensuring we have the best contacts, the process of creating these means we are able to reach more people every time through the process of signing up with an email address. These are a project that we will be building on into 2026.

Lunch and Learn Webinar series			
Date	**Topic**	**Booked**	**Attended**
13/06/25	Trauma / Drowning	102	48
18/09/25	LTV	93	62
11/12/25	DKA	201	85

The graph below shows an encouraging steady rise in attendance at the lunch & learn webinars through 2025.



EDUCATION

Education requests:

Alongside our business as usual, one of our most favourite education projects is when PDNs or medics approach us for help delivering education to their teams.This allows us to work with them to build a bespoke education package to really meet the needs of their staff, and in 2025 we were asked to help with a wide range of topics, including CVC refresher training, DKA and respiratory sessions for the preceptorship group, blood gas interpretation, SIM with some adult ITU colleagues who are asked to stabilise unwell children in their service (not sure who learnt more here -us or them!) and critical care SIM for paeds MDT.

Audit & Guidelines:

Audit, guideline writing and review also falls under the remit of the education team and over the winter of 2024/25 we undertook a large audit of Heated Humidified High Flow Oxygen across the region, with over 250 responses we had a huge amount of data to analyse. The results of the audit were presented at Sept 2025 COG and are available separate to this report, suffice to say there is a significant action plan based around education to come.
2025 saw a review of guidelines for CPAP, High Flow and the STOPP tool all of which are available on our website.

In closing I would like to extend a thank you to all who have contributed in any way to the education provision the ODN are able to offer, it really would not be possible without that collaboration for which we are truly grateful. I am really excited to see what we can deliver working together in 2026.

SEEMA SUKHANI
MEDICAL EDUCATION LEAD

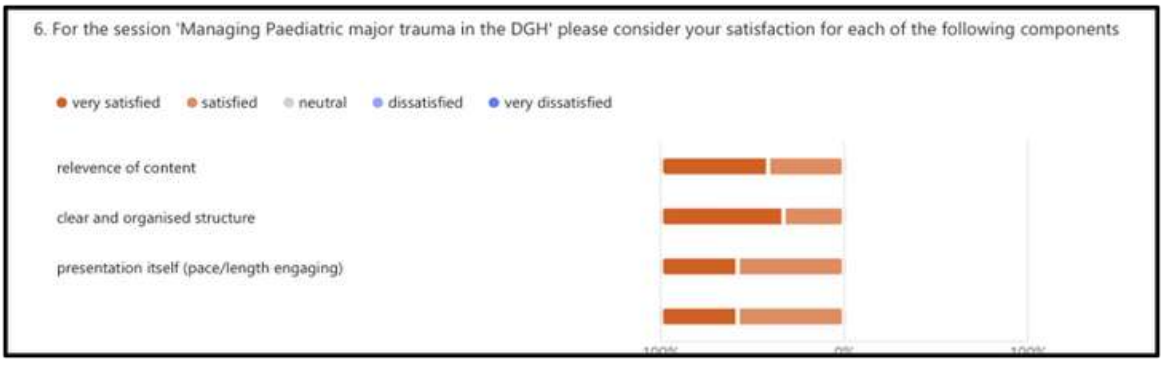
I was appointed as Lead for Medical Education by the Paediatric Critical Care ODN in May 2024. My day job is at Luton and Dunstable Hospital where I work as a Consultant Paediatrician. One of my key aims is to open up educational opportunities to medical teams across the region, focusing on HDU skills.

I work closely with the rest of the ODN team including nursing educators who co-deliver virtual and face to face study days with me. We liaise with the clinical and nursing leads within the ODN to address any issues or gaps that have been identified through regional M&Ms and COG meetings. We also collaborate with our regional retrieval service, PANDR, to co-deliver webinars and in person days.

Lunchtime Learning webinars

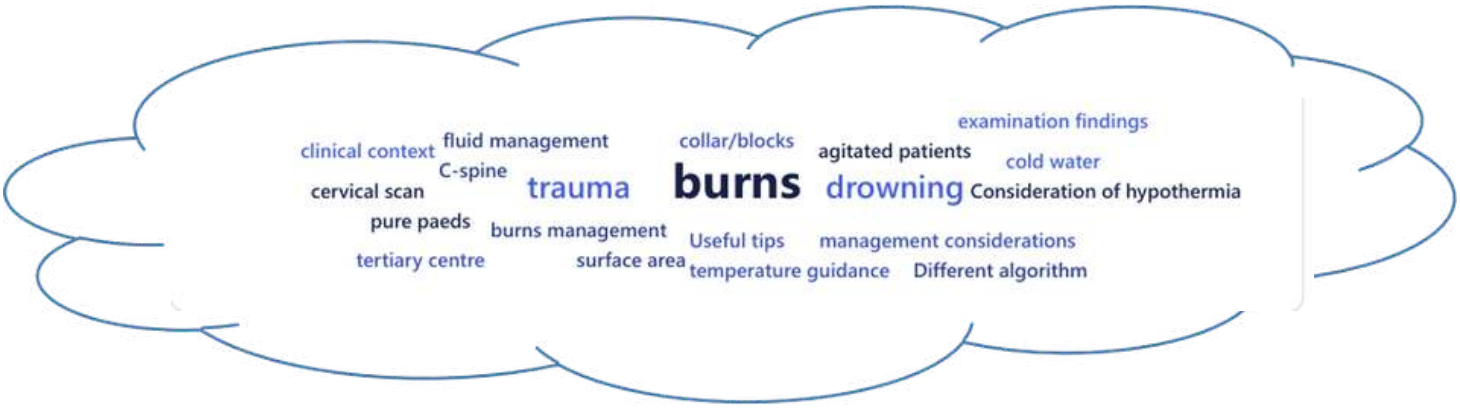
Following our successful Winter Webinar in September 2024, we decided to go with a shorter and more regular educational offering that would allow professionals to access bite sized teaching without the need to take study leave. The webinars are held 3 monthly from 1-2pm on a variety of topics. We generally include 2 speakers followed by a panel Q&A session (although this is flexible depending the topic).

We launched our first Lunchtime Learning webinar in June 2025 on Paediatric Trauma with talks from Consultants from different centres covering Principle of Paediatric Trauma Management and Drowning. Evaluation summarized below:



MEDICAL EDUCATION

When participants were asked:
'*What have you heard today that will change/influence your practice?'*

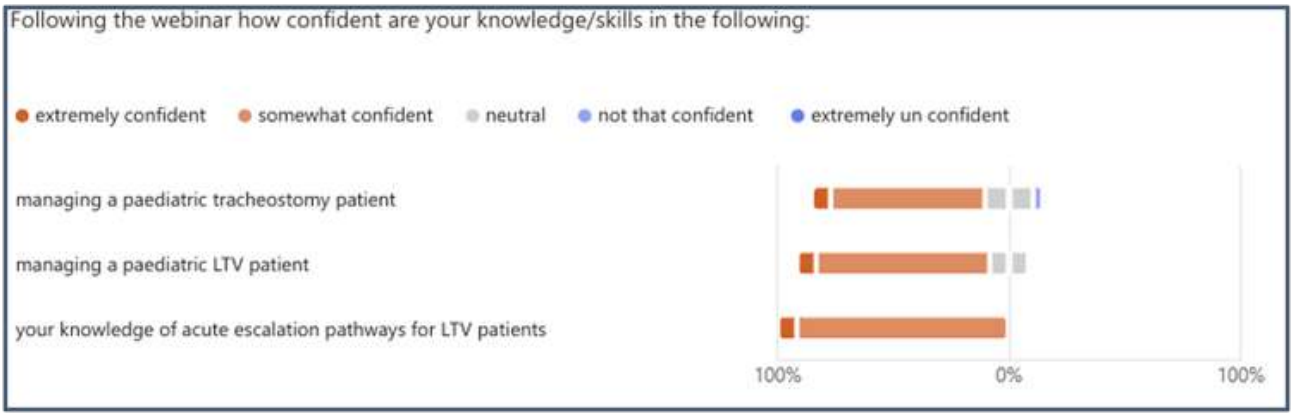


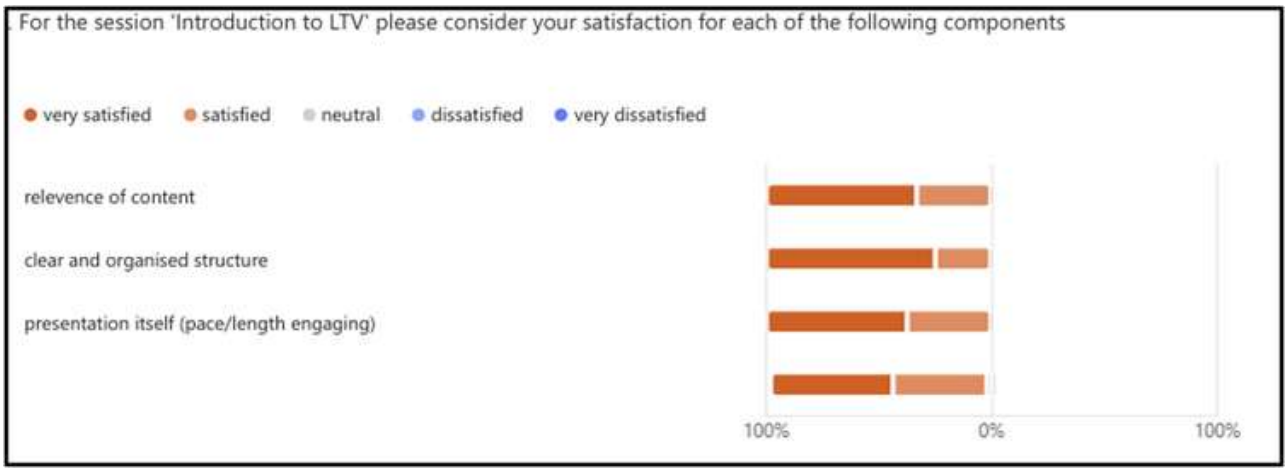
Since then we have held 3 monthly webinars. The sessions have been well received and over time the attendance has gradually grown with each webinar.

Topic	Date	Numbers booked	Numbers attended
Paediatric Trauma and Drowning	13/06/2025	102	48
Paediatric LTV	18/09/2025	93	62
Paediatric Diabetic	11/12/2025	201	85

MEDICAL EDUCATION

Evaluation of Paediatric LTV webinar:





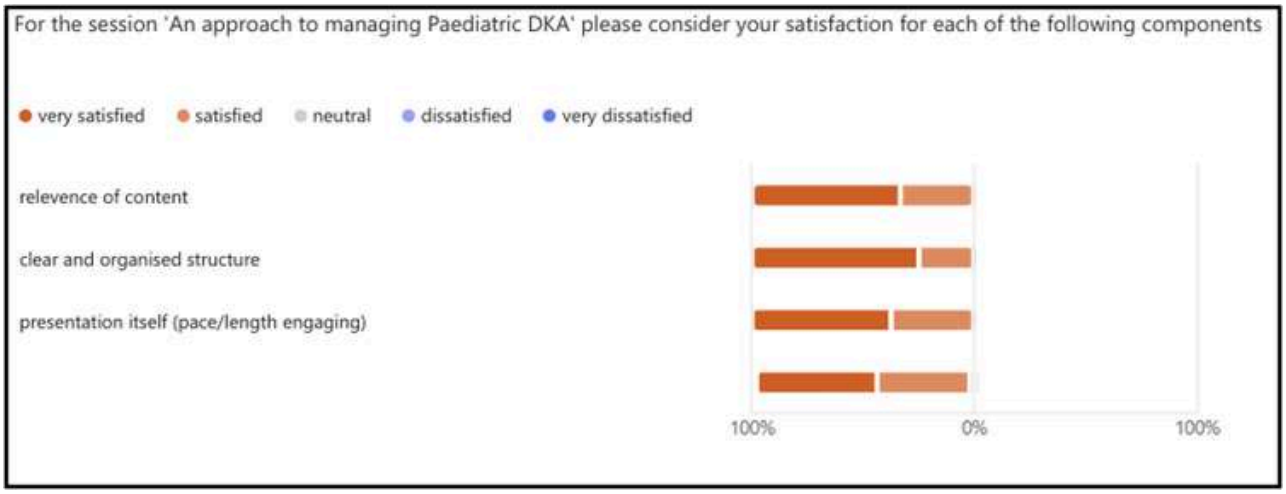
When participants were asked:
'How will you change your practice going forward?'

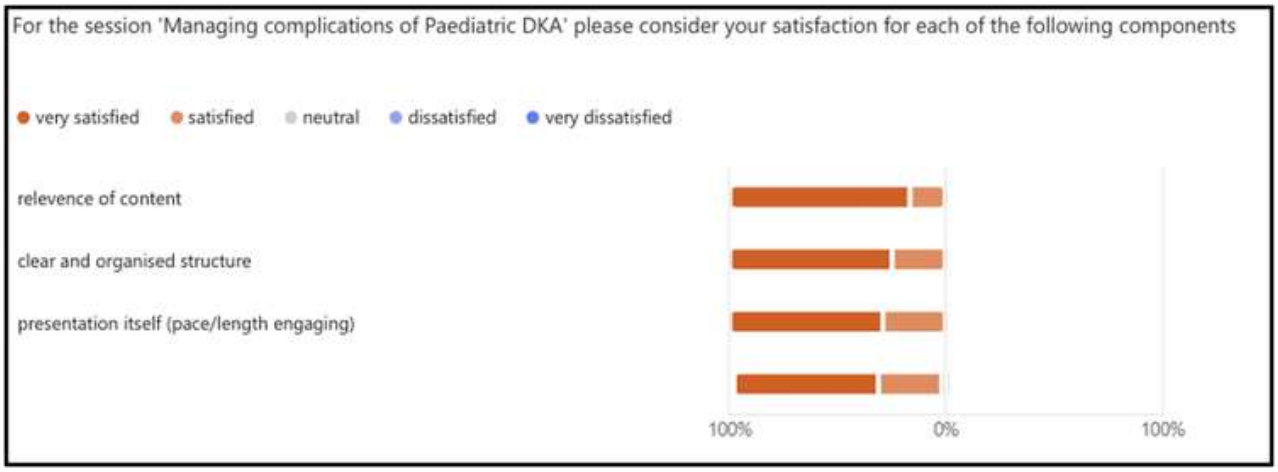
"Great reminder of escalation plan"

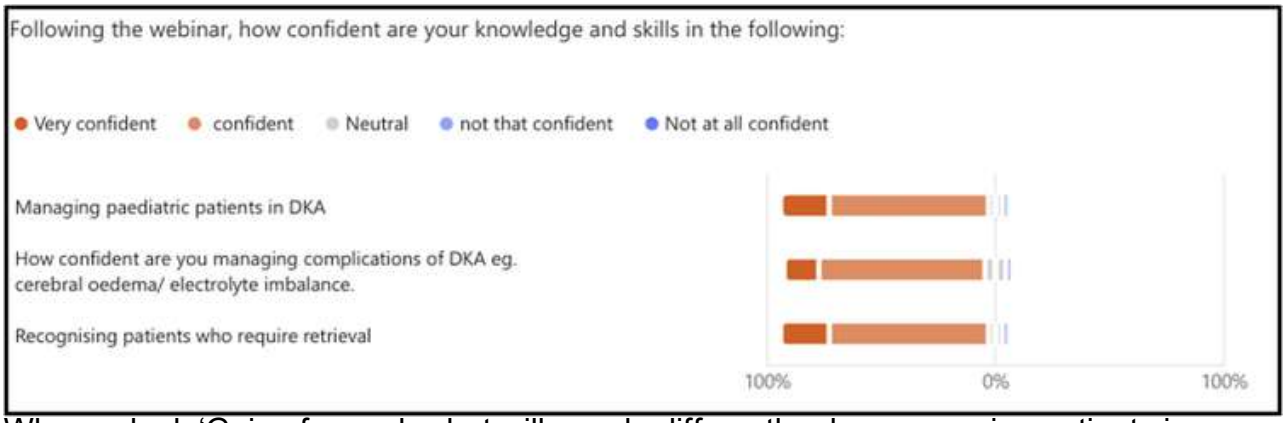
"Got a bit more understanding of LTV"

MEDICAL EDUCATION

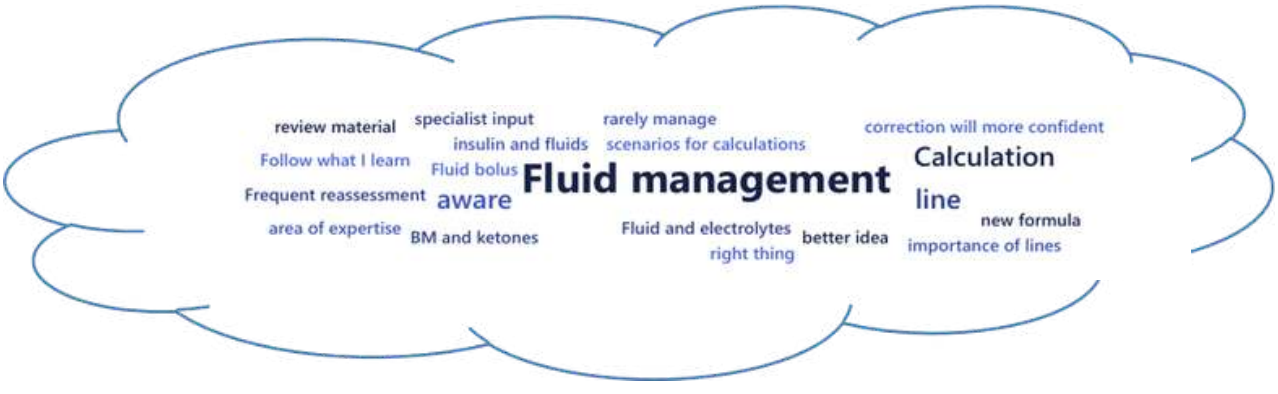
Evaluation of Paediatric DKA webinar







When asked; 'Going forward, what will you do differently when managing patients in DKA?'



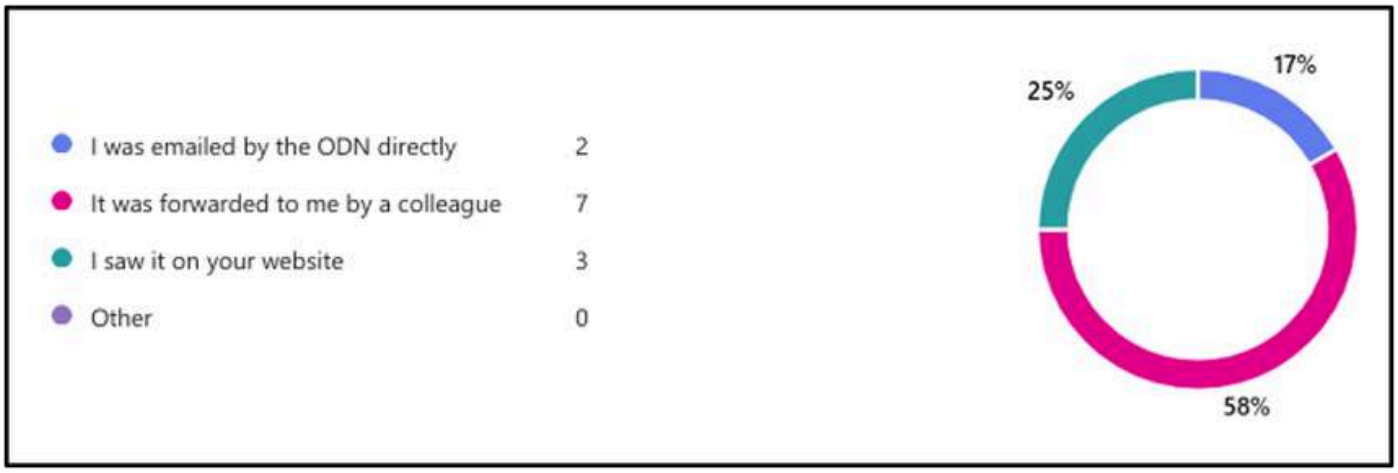
MEDICAL EDUCATION

Event organisation and chairing: comparing June and December 2025 webinars

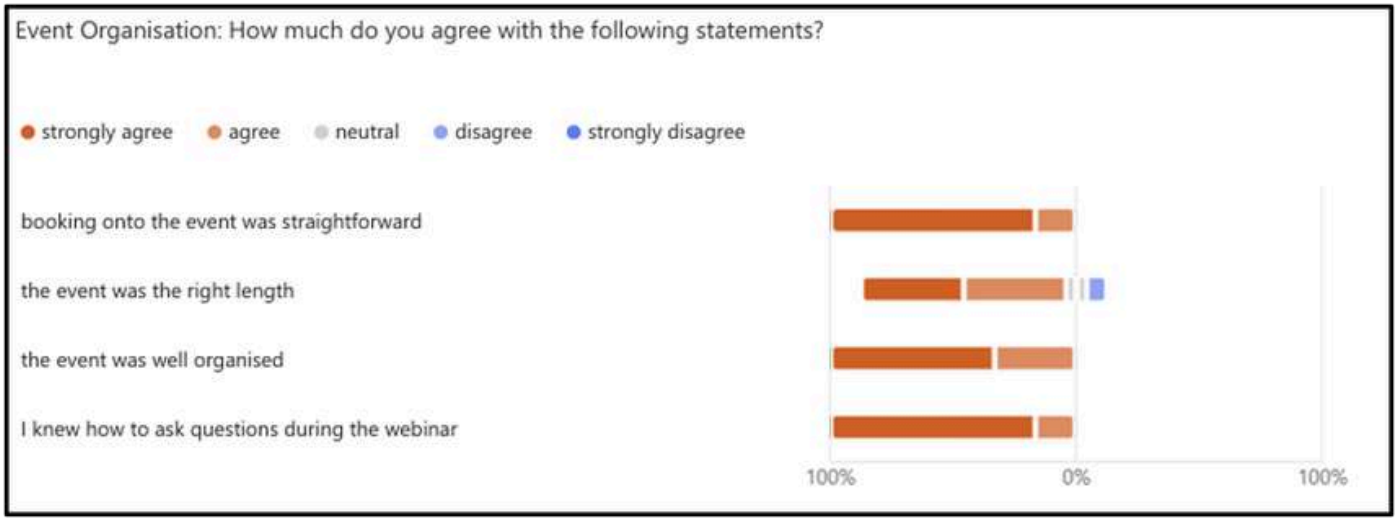
- Event organisation and chairing consistently scored highly.
- Over time, more attendees are hearing about the webinars directly from the ODN, demonstrating improved connectivity across the region.

June 2025 webinar

How did attendees hear about the webinar?

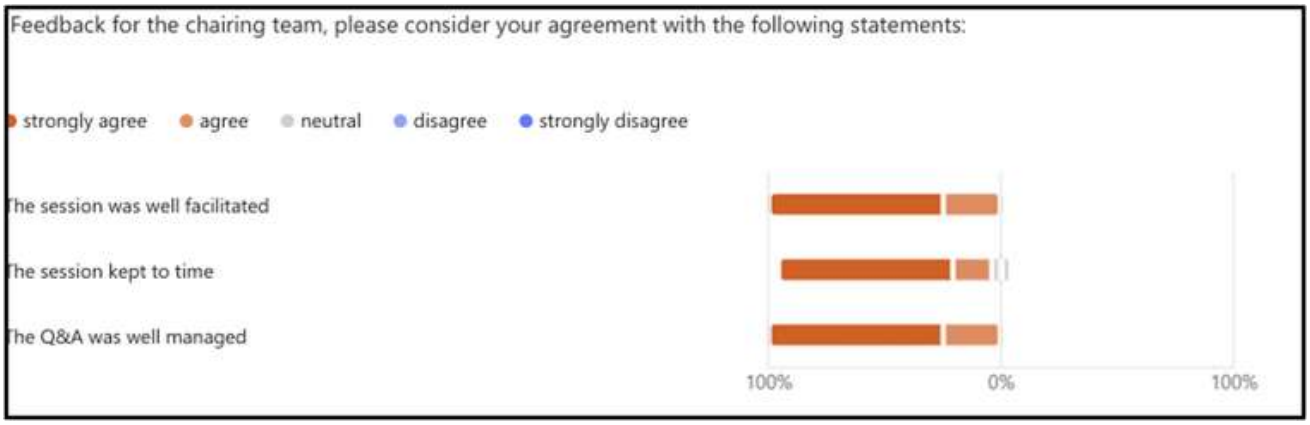


Event organisation:



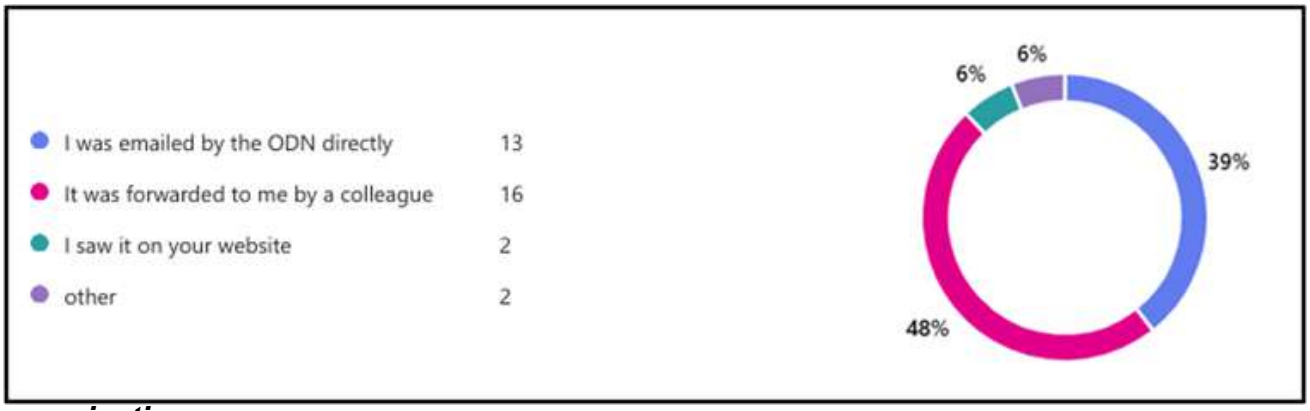
MEDICAL EDUCATION

Chairing:

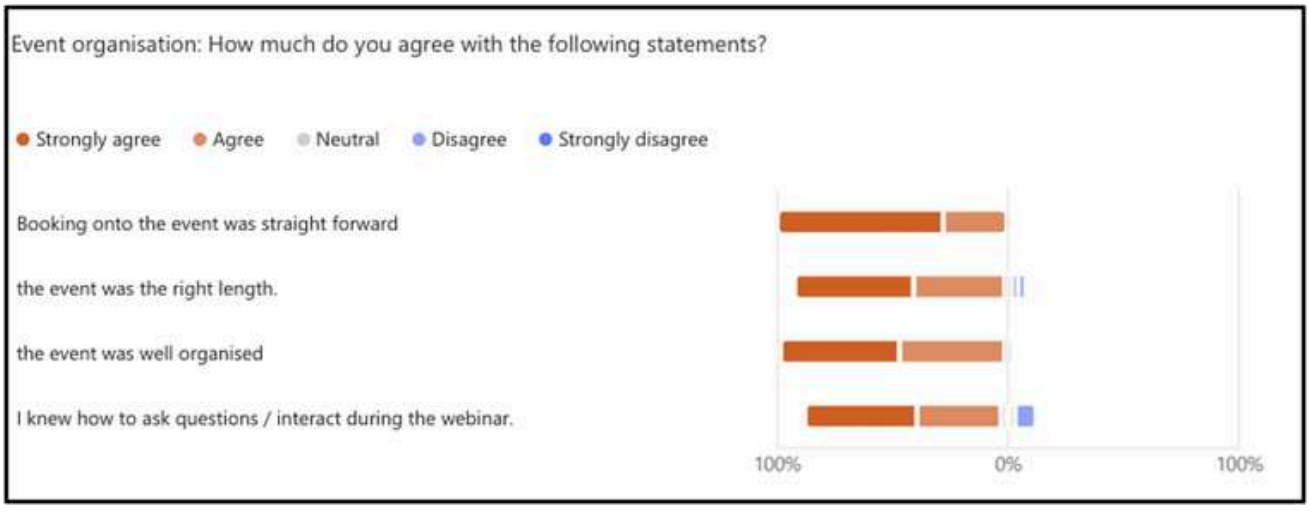


December 2025 webinar:

How did attendees hear about the event?

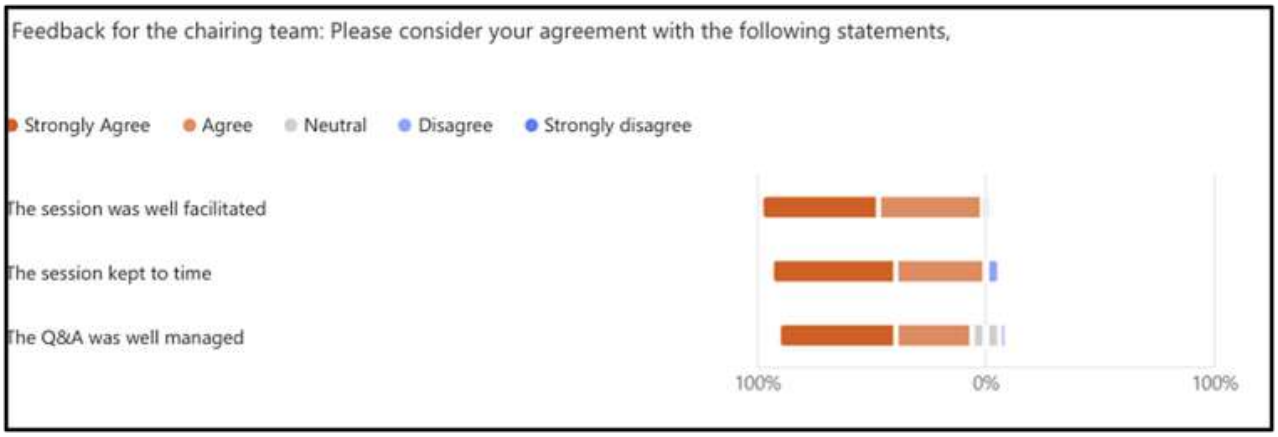


Event organisation:



MEDICAL EDUCATION

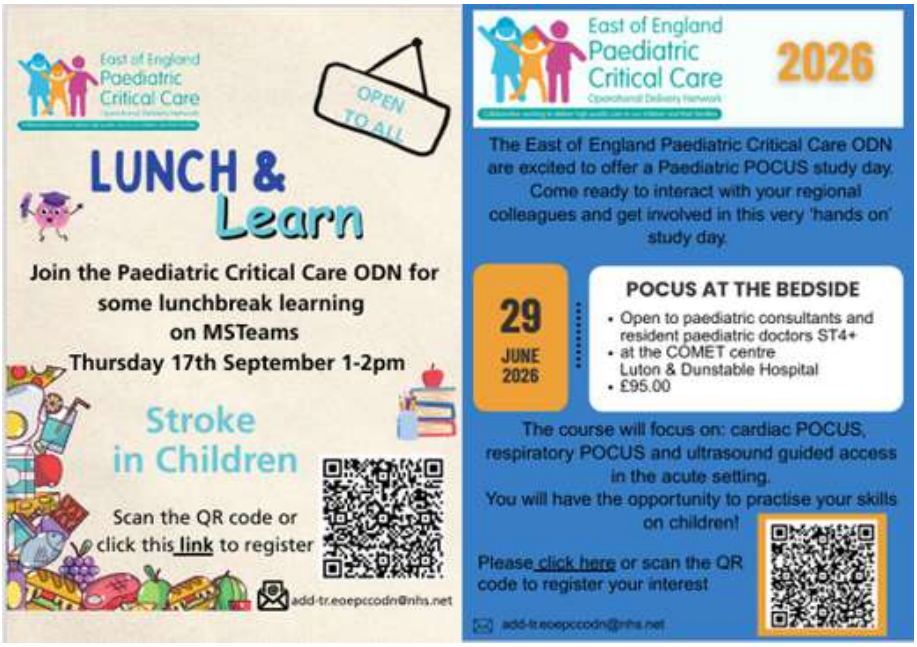
Chairing:



Lunchtime Webinar planning for 2026:
We are keen to support the work being carried out across the region and work synergistically.
We have planned a Lunchtime webinar in June 2026 in collaboration with the PANDR retrieval service, launching their Local Extubation Pathway. We are adopting a bespoke approach with the PANDR team presenting their guideline as well national and local data. This will be followed by a multi-professional Q&A session with representatives from across the region.
In September 2026, The Lunchtime webinar will focus on Paediatric Stroke, presenting the new East of England guideline and supporting the work of the ODN.

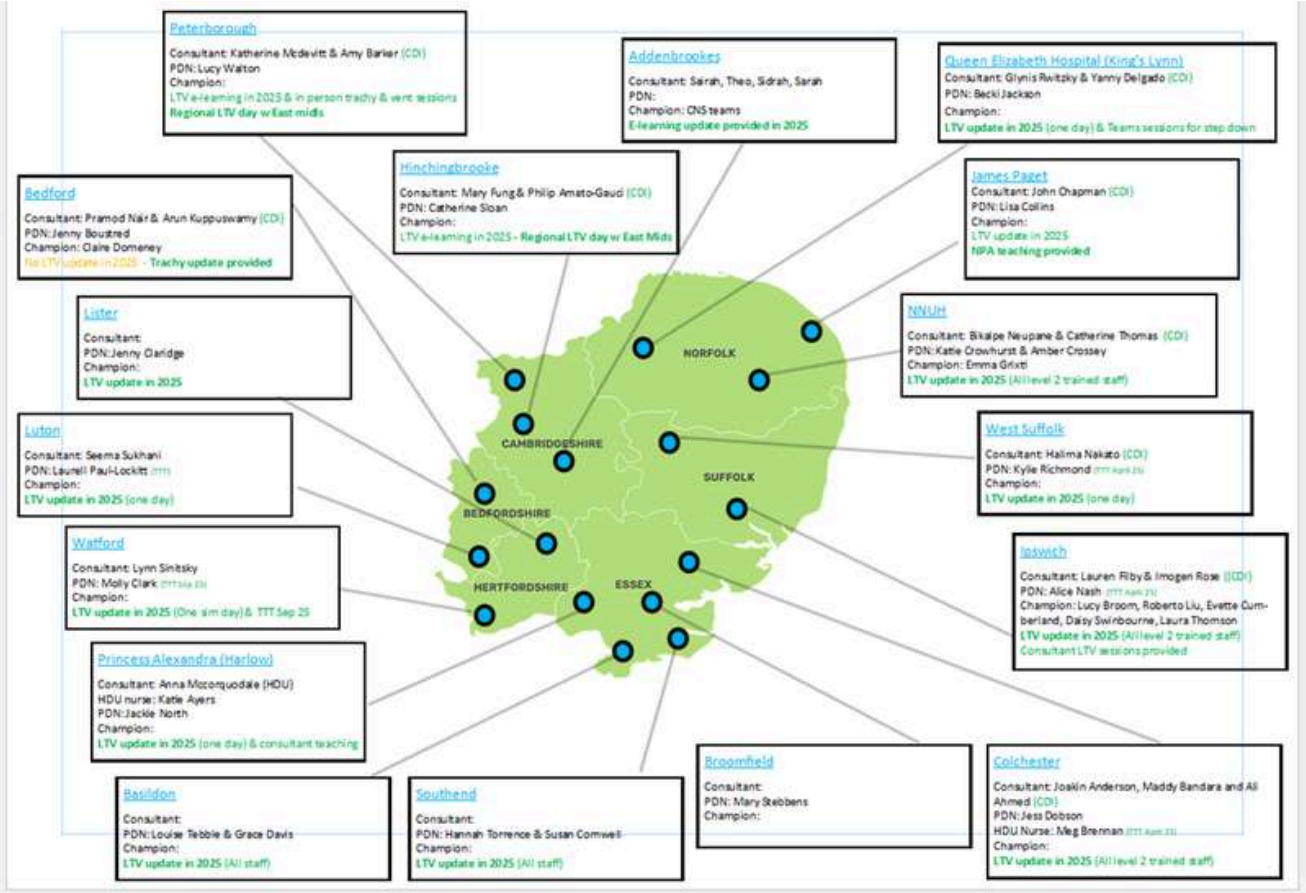
Face to face events for 2026:
In 2026, we have planned 3 face to face courses:

- Paediatric Palliative Care Simulation Day held on 19 May 2026
- Paediatric POCUS course to be held on 29 June 2026
- Paediatric HDU Skills Course to be held on 8 October 2026



LTV UPDATE

2025 was a busy year for LTV training and support across the East of England, with huge thanks needed for all the local clinical and educational teams for supporting the engagement with LTV provision, releasing staff for training and ultimately supporting these complex patients to receive high quality care closer to home.



LTV training across the region in 2025:

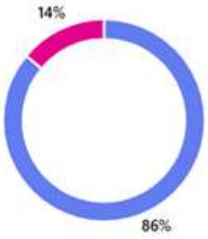
Over 200 hours of face-to-face LTV teaching has been delivered across the region in 2025 on team days, updates, dedicated LTV study days and LTV train the trainer days, with learners ranging from HCA, Nursing Associates, Nurses, AHPs and doctors. This training has supported patient step-down and preparedness for acute LTV admissions.

For the full LTV update days run in 2025, 100% of learners felt they met their desired learning outcomes for the day, and 100% were satisfied or very satisfied with the LTV update day overall.

LTV UPDATE

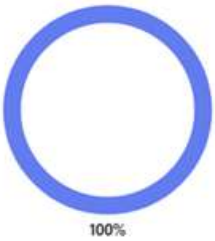
3. How satisfied are you with the day overall

Very satisfied	80
Satisfied	13
Neither satisfied nor dissatisfied	0
Dissatisfied	0
Very dissatisfied	0



12. Do you feel you achieved your desired learning outcome from the LTV update day?

Yes	93
No	0
Not sure	0



-Joint East Midlands/EACH/EoE LTV study day

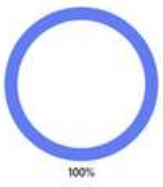
The East of England Paediatric Critical Care ODN was grateful to collaborate with the East Midland PCC ODN on an LTV study day for the North of our region, incorporating learning and information from both LTV tertiary centres that feed into these hospitals: Addenbrookes and Leicester. The collaboration between ODNs and tertiary centres, as well as our hospice colleagues at EACH, meant this day was tailored, relevant and supportive for acute clinical teams from Peterborough, Kettering, Northampton, and the surrounding community teams supporting these patients. The day feedback well, with 100 % of attendees reporting being satisfied or very satisfied with the day overall, and 100% stating the day achieved their desired learning outcomes.

3. How satisfied are you with the day overall

Very satisfied	16
Satisfied	2
Neither satisfied nor dissatisfied	0
Dissatisfied	0
Very dissatisfied	0

14. Do you feel you achieved your desired learning outcome from the LTV update day?

Yes	18
No	0
Not sure	0

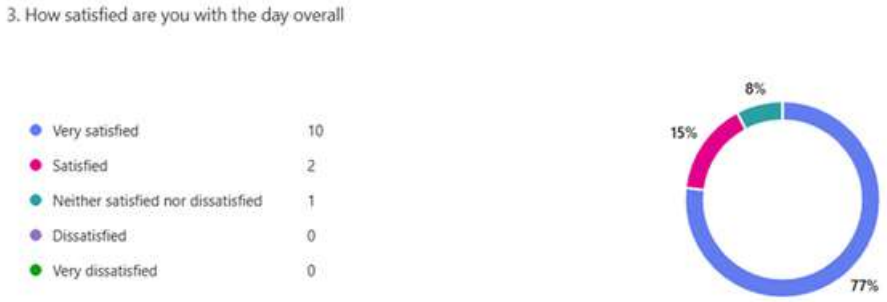


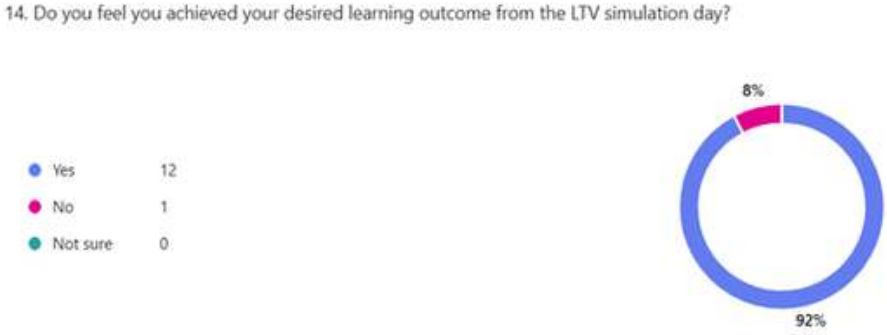
LTV UPDATE

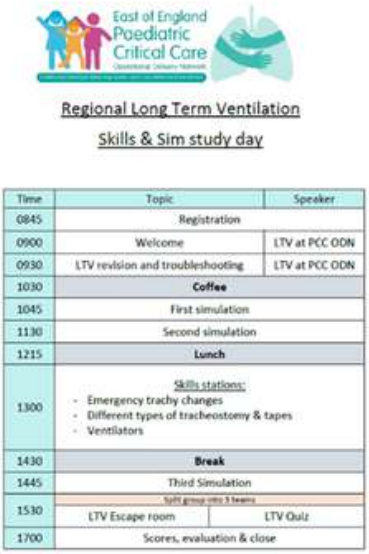
-Regional LTV Simulation day

The EoE PCC ODN also hosted an LTV specific simulation day in September 2025, with learners from across the region joining to learn and practice essential LTV and tracheostomy skills in a high fidelity simulation environment – with thanks to the adult critical care transfer service for allowing us to use their simulation space.

The day reviewed well with 92% of learners stating they wer satisfied or very satisfied in the day overall, and 92% also stated they achieved their desired learning outcomes overall.







o LTV Escape room

The day also incorporated a short LTV themed ‘escape room’ – a learning activity used at the end of the day to consolidate the teaching and simulations and allow a chance for discussion and practice in a light-hearted, competitive but safe space. The learners were given 15 minutes to complete a series of 5 ‘puzzles’ whereby the goal was the obtain all pieces of their patient’s respiratory escalation plan and put them onto their sick settings per the prescription. In order to get all 5 pieces of the escalation plan, they had to answer LTV related questions, perform part-task simulations and work together to spot and rectify deliberate errors. Both teams managed to ‘escape’ and complete all tasks before the end of the 15 minutes, and we were able to crown a winning team based on who was able to complete the tasks quickest. The escape room reviewed well on the day and in the evaluation, receiving an average rating of 9.62/10 (compared to the formal simulation sessions averaging 9.15/10) and feedback reporting candidates thought the escape room was a ‘great idea’ and that this activity was ‘fun and good for thinking on our feet’.

LTV UPDATE

LTV & Tracheostomy E-learning package:

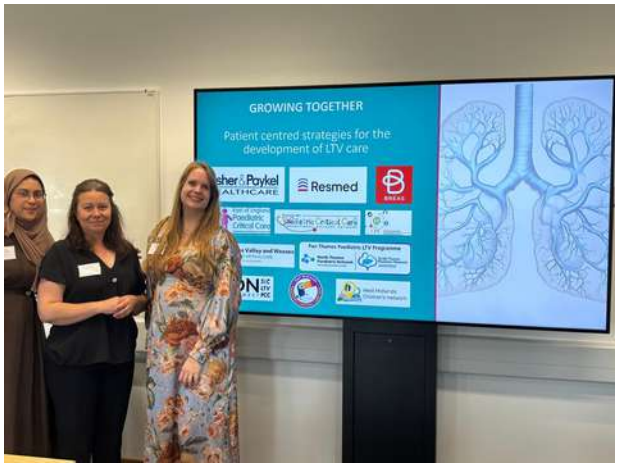
Alongside face-to-face training and study days in 2025, the LTV e-learning package, consisting of 3 different modules, has also been offered across the region via our e-learning platform, Bridge. 491 learners were uploaded and given access to this package, with over 250 learners across the region having completed and passed this package.

The EoE PCC ODN LTV E-learning package has been reviewed and updated in September 2025 ready for the new e-learning platform, PGVLE, and ready to be used for future LTV updates across the region.

LTV Collaborative Conference:

The East of England Paediatric Critical Care ODN, alongside the LTV ODN Collaborative, hosted a national LTV conference in Cambridge in June 2025. The conference was a national gathering of LTV experts from around the country to share experience, knowledge and best practice, as well as a valuable opportunity for in-person networking. The day reviewed well, with attendees stating:

After the day, a report has been collated by EoE PCC ODN of all topics covered and contact details for all speakers – a useful document to reflect on the day, continue to share best practice and allow further networking after the event, as well as to support planning for next year's event, due to be hosted in Sheffield by the Yorkshire and Humber ODN.



LTV UPDATE

Forums:
This year the EoE PCC ODN has also established forums to support paediatric LTV patient care across the region, the Clinician's drop in forum as well as the EoE LTV Champions mailing list and forum.

LTV Clinician's drop in

This 'drop in' session runs twice a month, with CUH LTV consultants available to discuss established LTV patients and potential referrals for LTV services at CUH – to provide early, regular information and support for clinician's caring for these patients. The open forum has had good uptake with information and advice, as well as patient referrals, being received during these dedicated meetings. These meetings are scheduled to continue into 2026 and we would appreciate any feedback or notes for improvements.

EoE LTV Champions forum

The EoE LTV Champions forum has been running a monthly meeting and email, with information about LTV nationally across the region being shared and disseminated to local teams. We have had guest speakers from EACH and the Pan-London LTV Programme, as well as an opportunity to share questions, information, and stories of LTV patients and care from across the region. This mailing list and meeting has been useful to gain an understanding of LTV patient issues, teaching needs and movement across the region and had led to targeted training and education as well as support and debriefs. These meetings are on hold from August 2025 pending LTV Network educator cover.

Repatriation and support for LTV unexpected patient admissions:
A focus of this role has been to support LTV patient admission, movement and repatriation across the region. In 2025 there have been a number of successful LTV repatriations to local hospitals, supporting paediatric LTV care closer to home whilst awaiting complex discharge processes. We have also, alongside the Pan-Thames LTV group, supported an acute LTV admission from out of area both on admission and in debriefing after the event to support future admissions for this previously unknown patient.
LTV Training, communication and patient admissions have only been possible due to the flexibility, expertise and motivation from local teams to care for these complex patients in the most appropriate environment for both patient and family. I wanted to say a huge thank you to all those who have supported LTV patient training, admissions and repatriations to keep this cohort of patients cared for safely, close to home.

PANDR

Director: Dr Angela D'Amore
Paediatric Lead: Dr Raj Pillai
Matron: Lorraine Highe
Operational Lead: Eileen Clarke

Activity
April 2025 to March 2026 has been a busy year for the PaNDR paediatric team with the team managing:

- 467 Transfer requests accepted
- A further 19 were referred to another transport team for mutual aid transfer
- Decision support referrals for 397 patients
- 109 referrals for transfer / bed locating where the patient was 'out of scope' of the PaNDR team

Celebrating our 5th Birthday!
We celebrated our 5th Birthday as a combined paediatric and neonatal team on 7th April 2026.

Workforce and staff support
We have welcomed new consultants to the team this year, most recently Dr Kate O'Malley and Dr Ahmed Sherif.

We have also welcomed new nursing colleagues to the team Rachael Banda and Samantha Fennelly.

New EBS coordinators have joined the team, including a second EBS shift leader to support training and the additional workload associated with new recruitment.

We continue to have 4 hours of Clinical Psychology support per week to facilitate Debriefs and provide one-to-one support as needed, as well as some monthly wellbeing sessions for the team.

PANDR

Education and Training

Internal: We have continued to develop our internal education programme including joint NIC and PIC simulation sessions, ‘Bitesize’ teaching posters, daily ‘5 minute teaching’ and MDT development days. We have launched team ‘Case of the week’ discussions and hold monthly Mortality & Morbidity meetings to learn from difficult cases.

External: We held a Nurse led webinar on 30th January 2026 with sessions on stabilisation of the neonate and child for transfer, ethical dilemmas in transport and transfer of infants with duct-dependent lesions. This received very positive feedback from the large audience.

Our 1st Paediatric MDT Stabilisation Day was run in the Summer of 2025, at the Magpas base. This day received fantastic feedback, and our 2026 day is scheduled for 10th July.

We had an outreach session with each of our regional hospitals throughout 2025 – these were an excellent opportunity to share feedback and learning.

We are contributing to a national ‘case of the week’ series – collaborating with our national transport team colleagues.

We worked collaboratively with our ODN colleagues to deliver Paediatric Stabilisation Study Days for the region.

Quality Improvement and Research

We supported the randomisation for the national PRESSURE trial which achieved its recruitment goal of 1,900
participants in May 2026.

Collaborative extubation guideline published and regional webinar to promote awareness delivered.

Aims/ambitions for 2026

New conferencing and telephone system.

We are hoping to obtain warming device for BabyPods to improve temperature control for smaller babies.


NORFOLK
Queen Elizabeth, King's Lynn
Norfolk & Norwich
James Paget
Peterborough
Hinchingbrooke
CAMBRIDGESHIRE
West Suffolk
Addenbrookes
SUFFOLK
Bedford
Ipswich
BEDFORDSHIRE
Luton & Dunstable
Lister
Colchester
ESSEX
HERTFORDSHIRE
Broomfield
Watford
Princess Alexandra
Southend
Basildon

Our Units

BASILDON

Lead Clinician: Dr Sanjay Rawal
Lead Nurse: Dumebi Ogunjimi
Clinical Practice Facilitators: Louise Tebble (HDU), Grace Davis (Paediatrics), Gemma Addy (Paediatric ED & Paediatric Assessment Unit-PAU)

Paediatric Services

Basildon Hospital is a busy District General Hospital (DGH) serving the population of South East Essex and forms part of the Mid and South Essex NHS Foundation Trust, which comprises three acute hospital sites. Paediatric services at Basildon are comprehensive and include:

- A Paediatric Emergency Department (PED) operating 24/7 and one of the busiest units in the region, with 38,905 attendances recorded in 2025. The PED and PAU are supported by a strong senior nursing structure, including Band 7 leaders, a Clinical Practice Facilitator, Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs).
- A co-located 6-bed Paediatric Assessment Unit (PAU), also open 24/7, supporting timely assessment and short-stay management.
- A paediatric inpatient service comprising two wards:
  - Puffin Ward (respiratory focus, including two Level 2 HDU beds)
  - Wagtail Ward (mixed and elective care)
  - Combined inpatient capacity of 20 beds
  - The inpatient service is led by two ward managers, supported by clinical practice facilitators and a multidisciplinary team comprising registered nurses, assistant practitioners, healthcare assistants, as well as therapy services, including physiotherapy and occupational therapy. In addition to inpatient care, the unit supports elective and emergency day surgery and procedures requiring sedation.
- Children's Outpatients and Penguin Day Unit, supported by a team of Clinical Nurse Specialists (CNSs) delivering care across specialties including Diabetes, Oncology, Epilepsy, Asthma and Allergy, and Haematology, with additional specialist provision for Sickle Cell Disease, including Automated Red Cell Exchange Transfusion (ARCET).

Paediatric Critical Care

During 2025, a total of 649 HDU bed days were delivered across Level 1–3 care, representing a slight reduction compared to 2024 activity levels.
The most common Level 1 intervention was heated humidified high-flow nasal oxygen, while nasal CPAP was the most frequently delivered Level 2 intervention.
December represented the period of highest demand, with increases in both HDU activity and overall ward/ED acuity.

BASILDON

Level 1 Bed Days	476
Level 2 Bed Days	155
Level 3 Bed Days	18

A total of 72 patients required transfer to tertiary centres due to increased critical care needs. This represents a slight increase from 2024, with the most notable rise seen in own team HDU transfers:

Retrieval Team Transfers from ED	24
Retrieval Team Transfers from Ward	20
Own Team HDU Transfers	23
Own Team Neurosurgical Emergency Transfers	5

Achievements in Critical Care

- Completion of a full year of PICANet data submission to national audit
- All Band 6+ nurses completed or booked onto EPALS/APLS training
- Over 75% of ward staff trained to HDU Level 2 competency, with ongoing development through structured university programmes
- Delivery of HDU Level 1 training across all sites, with strong engagement from both ward and ED staff
- Hosting of Trust- and network-wide webinars in key areas including Sepsis, Sickle Cell Disease and Oncology
- Introduction of a planned elective exchange transfusion programme for patients with Sickle Cell Disease
- Strengthening of workforce capability through the appointment of a Paediatric Emergency Medicine (PEM) clinician

Ambitions for 2026

- Expansion of the in-situ simulation programme, incorporating scenarios focused on human factors and learning from incidents
- Implementation of National Paediatric Early Warning Score (nPEWS) and updated sepsis documentation, planned for July 2026
- Introduction of acute non-invasive ventilation (NIV) for patients weighing over 10kg
- Recruitment of a new Clinical Lead for HDU, with planned appointment in September 2026

BROOMFIELD

Lead Clinician: Dr Ominu-Evbota
Lead Nurse: Suzanne Reynolds & Angela Poulter
Clinical Practice Facilitators: Mary Stebbens, Jo Hennessey & Clare Gray

At Broomfield we offer a wide range of paediatric services.

Phoenix ward is a 20 bedded in-patient service caring for general Paediatric conditions, shared care oncology, emergency general surgery over the age of 5 years along with being the regional hub for specialist surgery such as Ear Nose and Throat, Maxillofacial, Cleft and Plastic surgery along with Paediatric Orthopaedics. Incorporated on Phoenix is a bay with 2 designated High dependency beds where we are able to deliver up to level 2 care.

Located within the footprint of Phoenix ward is our 12 bedded Paediatric assessment unit and 4 of these beds are designated for short stay. The unit is split from the main body of the ward having its own designated staff who rotate between PAU and Paediatric ED strengthening links between the assessment unit and the Paediatric Emergency Department.
We have a designated Paediatric Emergency department offering a 24hour service that is staffed 24/7 by a team of paediatric nurses and HCAs all this with the support of a Paediatric Registrars.

Pegasus is our 11 bedded surgical overnight stay ward which works in conjunction with our day surgical ward Wizard. Pegasus ward specifically facilitates ongoing care of the surgical child requiring in-patient care. The unit provides an area where the plastics trauma referrals are seen and assessed. It also proves the care for our children requiring cleft surgery. Pegasus and Wizard are staffed by a team of experienced paediatric nurses, nursery nurses and HCAs. Wizard delivers pre-assessment to children and young people who require surgery, all Wizard nurses have the relevant pre-assessment training.

The Team: We currently have 21 paediatric consultants supported by an extensive team of Registrars, SHOs and GP trainees.

Our current nursing team consists of Paediatric or Paediatric experience nurses, nursey nurses/ HCAs and Play specialists, Epilepsy, Diabetic, Oncology and Asthma/ Allergy nurse specialists and 3 clinical practice facilitators one based in the emergency department. All this supported by a Team of Pharmacists, Physiotherapists, Mental Health practitioners, Dieticians and community nursing team. We have three Paediatric Mental Health Practitioners supporting across the MSE children and young people presenting in mental health crisis.

BROOMFIELD

2025 Achievements

We have continued to maintain an active part in the East Anglian Paediatric Preceptorship programme joint hosting the Burns and emergency care study day and supporting our newly qualified nurses through this programme. We are committed to joint learning across the trust and deliver study days across each site.

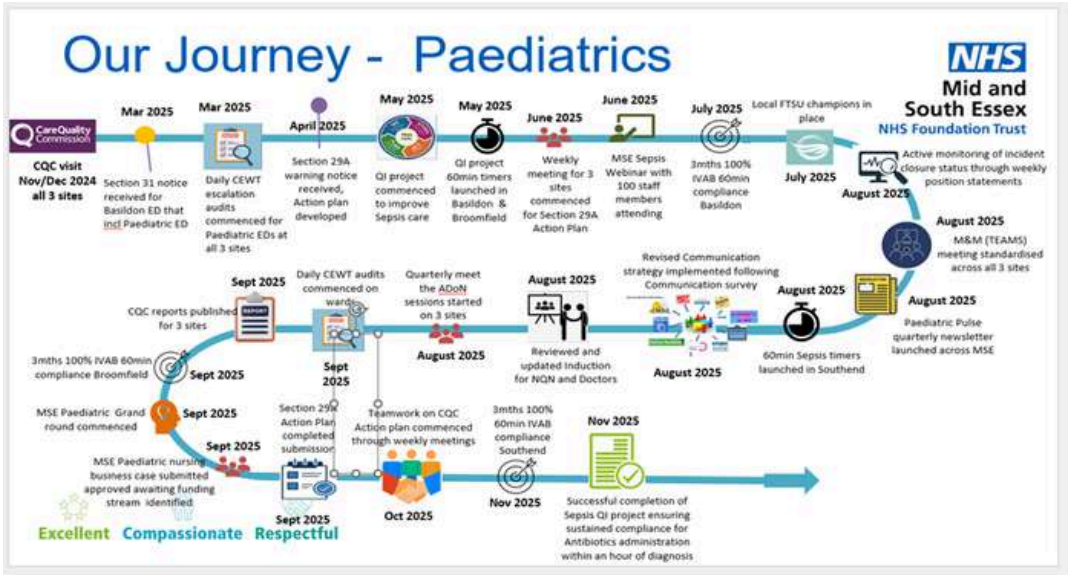
We have continued to support our senior band 5 and band 6s through EPALS / APLS and the high dependency course run by London Southbank in conjunction with Barts and the Royal London Hospital. And we look forward to continuing this in the year ahead. We have had the pleasure of engaging in joint learning with our anaesthetic colleagues and PaNDR and hosted a very productive PaNDR study day in November.

We deliver regular ward-based simulation sessions alongside the medical team, which help to strengthen collaboration and working relationships within our multidisciplinary team. We have also worked successfully with the Safeguarding Team to design and deliver a focused simulation on safeguarding, further enhancing shared learning.

To promote collaborative learning across departments, we have expanded our simulation programme to include paediatric A&E, ensuring closer integration with the emergency department medical team.
We hold a well-attended monthly mortality and morbidity meeting, providing a valuable forum for reflective learning and discussion of complex cases and hospital transfers. This supports continuous improvement in clinical practice and patient outcomes.

A key area of focus has been the care and management of sepsis. Through a dedicated quality improvement programme and cross-site collaboration between the three paediatric units, we have driven significant improvements. One notable innovation has been the introduction of a ‘sepsis timer’, which has supported timely recognition and management of suspected sepsis. This initiative has contributed to improved compliance with the delivery of intravenous antibiotics within the “golden hour,” enhancing safety and outcomes for children and young people.

Our journey, including key milestones and achievements that have strengthened patient safety, is outlined below.



SOUTHEND

Lead Clinician: Manal Hamed
Lead Nurse: Amy Taylor
Paediatric Practice Educators: Susan Cornwell & Hannah Torrance

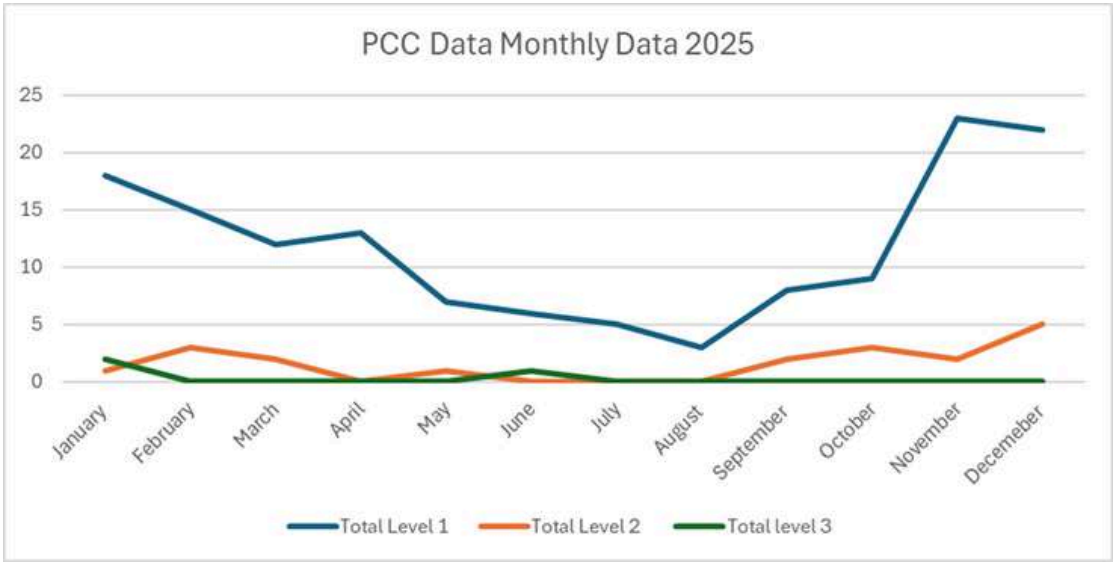
Paediatric Services at Southend Hospital Comprises of:

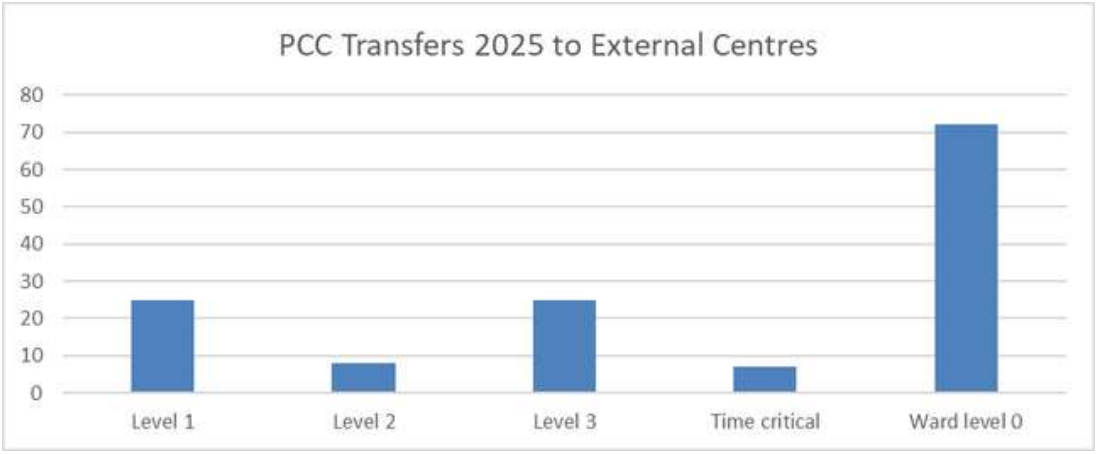
- Paediatric Emergency Department
- 6 bedded Paediatric Assessment Unit (PAU) - due to relocate next to a new PAU next to PED June 2026.
- Paediatric Outpatients Department
- Neptune Children's Ward has capacity for 16 inpatients
- Ambulatory Care Team led by a band 7 for day case work (endocrine, MRI scanning under sedation, gastroenterology etc)
- Elective surgical lists for ENT, general surgery, dental and Ophthalmology delivered in dedicated areas 1-2 times a month
- Emergency surgery and procedures under sedation carried out on the ward in addition to inpatient bed workload

EPALS/APLS Trained Workforce of Nurses by Area		
Neptune Children's Ward	**PAU**	**Paediatric ED**
65%	**45%**	**77%**
N.B. Remainder of RNs in all areas trained to ePILS level and refresh yearly until EPALS or APLS qualification obtained		

SOUTHEND

- The Hamilton T1 ventilator is now fully embedded in clinical practice for the stabilisation of infants, children, and young people at Southend.
- A Standard Operating Procedure (SOP) for intubation has been formally ratified and implemented in collaboration with the Anaesthetic team.
- Accredited HDU Course (ARU & LSBU):
  - Currently 70% of inpatient nursing staff have completed Level 2 HDU training (awaiting two results). A rolling programme continues with two nurses allocated per intake, twice yearly
  - Level 1 Training delivered locally by the MSE PE/PCF teams with the aim of achieving 100%
- Monthly simulation sessions are delivered to medical and nursing teams, incorporating colleagues from ED, ITU, and Anaesthetics.
- Neurosurgical emergency teaching has been ongoing, with significant improvements observed across all clinical areas.
- National Paediatric Early Warning Score (PEWS) rolling out on the 1st June 2026.





SOUTHEND

Paediatric ED attendances	2024	2025
January	2110	2116
February	2194	1939
March	2480	2600
April	2079	2020
May	2348	2157
June	2236	2144
July	2117	2204
August	1633	1728
September	2062	2329
October	2193	2400
November	2545	2619
December	2559	2645
Total	**26,556**	**26,901**

COLCHESTER

Lead Clinician: Dr Ali Ahmed
Lead Nurse: Meg Brennan
Matron: Donna Gosling

Colchester Acute Children's Services

The Children's Ward is a 20 bedded unit, 4 of these beds form our High Dependency bay with 3 additional cubicles fully equipped for HDU patients.

The adjacent Children's Assessment Unit (CAU) comprises a 6 bedded observation bay and 3 side rooms, and provides a 24/7 assessment service, supporting Urgent and Emergency (UEC) flow whilst facilitating an ambulatory model of care. The unit receives referrals from health professionals as well as our "Open Access" policy, allowing families with children who have chronic or life threatening illnesses, to self-refer and prevent UEC routes. Last year CAU saw over 8500 children for emergency and planned attendances.

Our Children's Emergency Department is a self-contained, dedicated children's area within main ED. It is staffed 24/7 with a team of children's nurses who sit within Children's Services structure and cared for over 11500 children this year, along with an Urgent Treatment area which cared for 23000.

COLCHESTER

Our Achievements 2025-2026

Training

- Continued drive towards improving course provision across all areas, particularly HDU training in CED/CAU
- 95%of current band 6/7s on Children's Ward EPALS trained, along with 1 additional senior band 5s. 1 remaining band 6 booked to attend this year and 3 senior band 5s
- 100%of current band 6/7s on CAU/ED APLS or EPALS, along with 1 additional senior band 5 and 3 booked to attend this year
- 93%current band 6s on Children's Ward completed HDU Level 2, along with 4 additional senior band 5 – 2 new band 6s booked to attend this year and 1 band 5
- ODN LTV and Tracheostomy competencies rolled out with support from the ODN
- Trauma Level 1 and 2 Competencies being rolled out in CED following in house trauma days
- MDT Simulation relaunched last year and continuing this year

Staffing

- Staffing levels much improved over the last year following cost pressure recruitment to cover maternity leave
- 1 x Staff member recently completed their Nursing Associate Course – qualifying in September 2026
- We currently have 3 WTE ACP posts with 2 further training positions, one in CED and one in CAU
- Over-recruitment in place for middle-grade paediatric medical staff to support increased LTFT numbers
- Business Case being pursued for increased registrar and consultant cover

Services Development

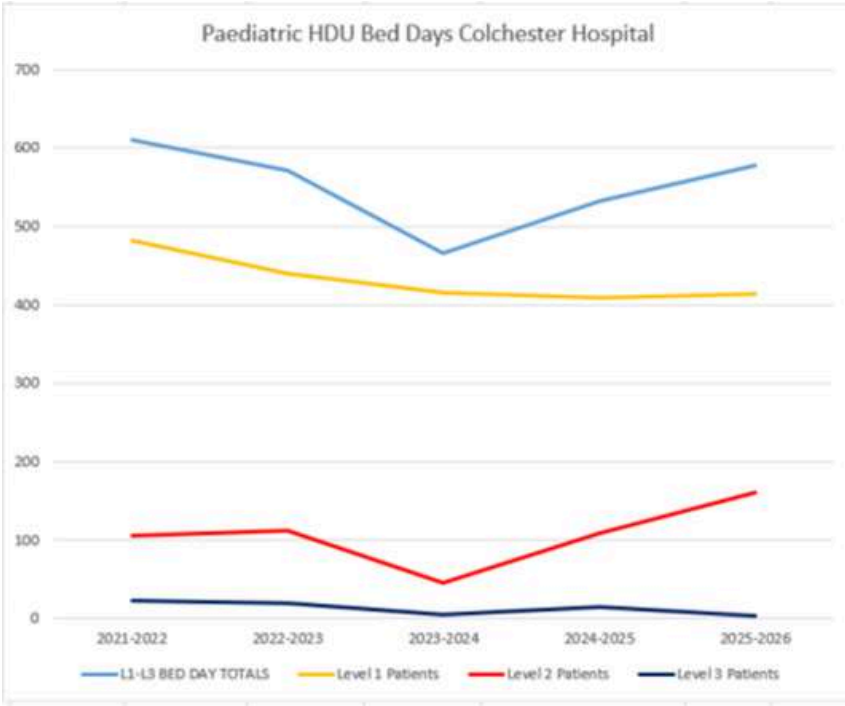
- Level 2 HDU Beds approved at Colchester – went live in January 2025, increased Level 2 activity noted this year
- Transfers on High Flow successfully launched over Winter 2025 with very positive feedback from staff
- Continued upgrade of equipment – Airvo 3s purchased to replace remaining Airvo 2s, following staffing concerns, increased demand for transfers and device alerts around Airvo 2 alarms
- CPAP over 1 being implemented with Hamilton purchased last year and training planned for July pre winter
- Timely debriefs continue to be arranged for all cardiac arrests, deaths and difficult paediatric emergencies supported by new Paediatric Patient Safety Nurse
- Martha's Rule continues to run successfully with appropriate involvement from critical care and paediatric teams
- EPIC launched in October 2025 – challenges at first but staff coped very well and supported each other throughout the transition

COLCHESTER

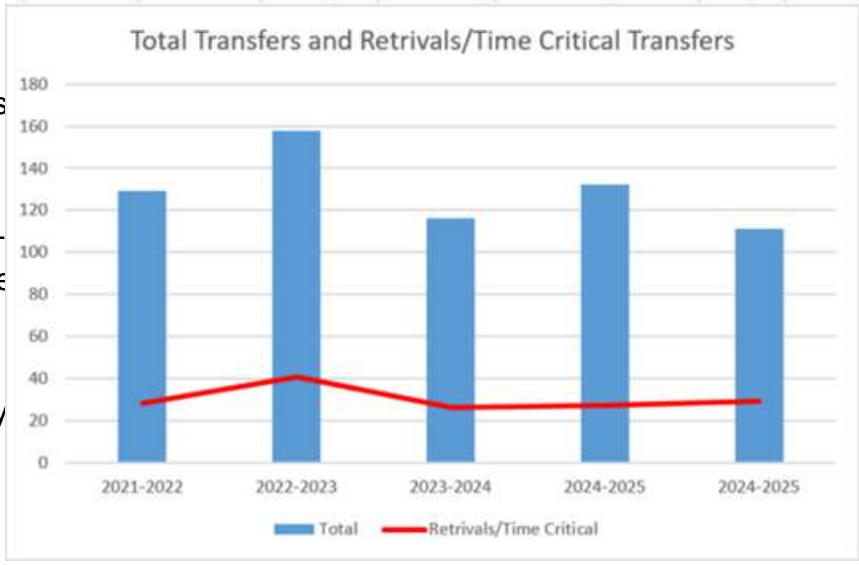
HDU Data for 2025-2026

In 2025-2026 we have seen a continued rise in Level 2 patients at Colchester Hospital, alongside an overall increase in HDU Patients of all levels since last year.

HDU data collection will be changing in the next financial year with the introduction of PICANet and local data collection via EPIC. We are hoping this will capture some of our shorter stay patients more accurately, particularly those retrieved.



There has also been an increase in retrievals and time critical transfers this year, with a significant spike seen in November with 7 patient being retrieved by PaNDR.



We are continuing to review our paediatric HDU/Critical Care transfers retrospectively and sharing any learning with staff members. This is completed by;

- Monthly meetings to present HDU activity, Transfers and Paediatric Emergency Calls – this has excellent attendance from the whole consultant team
- Discussion of any delays/issues with the cross site patient safety nurse to ensure any themes cross site are raised

COLCHESTER

Aspirations for HDU Critical Care in 2026-2027

- Continued internal high flow transfers with increased capacity following Airvo 3 purchase
- Launch of internal transfers of CPAP on Fabian in preparation for winter 2026, following upskilling of CAU and CED staff to care for CPAP patients. Risk assessments, trials and policies reviewed last year in preparation for this
- Provision of CPAP/BiPAP to children over 10 kg/ 1 year– training booked for July 2026 to allow for roll out in August 2026, following purchase of Hamilton last year. Local SOP being developed to aid clinical decision making, to compliment ODN CPAP policies
- Launch of In house Cross Site/Cross Services Simulation Days by the Paediatric and Neonatal PDN, supported by the ODN education team
- PICANet Data Collection – at final stages of approval, access to system in place ready to submit once approval given
- Level 2 Upskilling for Ward Staff – Level 2 specific afternoons planned for senior nursing staff for high level skills, supported by ODN education team
- HDU Teaching Days for Consultant and Registrars booked for July run by HDU Consultant, with support from PDN team – plans to cover all HDU equipment, Tracheostomy And Simulations

IPSWICH

Lead Clinician: Frances Brooke
Lead Nurse: Alice Nash
Matron: Faye Button

The Children's unit at Ipswich hospital comprises of an inpatient ward, Children's assessment unit (CAU), Children's Emergency Department (ED), and elective day case day unit and outpatient department. All areas care for children 0-16 years of age, across a range of specialities.

The inpatient unit comprises of a 2 bedded HDU area, 12 side rooms, 4 of which are en suite and one that is ligature light for mental health admissions, two 4 bedded bays with a 5th escalation space, a sanctuary room for teenagers, school room and a play room with child friendly outside space.

The 24/7 Children's Assessment Unit that is collocated with the ward, has a waiting area, 6 side rooms, a triage/treatment room and a 4 bedded bay. They take referrals from primary care, complex open access patients, Emergency Department, urgent treatment centre and community paediatrics.

The Paediatric ED and UTC is a busy secure area of the emergency department comprising of 6 cubicles, a ligature light/de-escalation space and a child friendly waiting area. There is also a dedicated paediatric resuscitation room.

We are a level 2 HDU unit and have had 2 funded beds since April 2025 and we are working to develop the service we provide and support the repatriations back form tertiary centres in a timely manner.

We have a strong senior nursing team including 1.0 WTE HDU coordinator and 1.0 WTE Practice development nurse. We have 53 % of nursing staff on the ward and 43% across ED/CAU with either a level 1 or 2 HDU course. 43% of the staff in both the ward and ED/CAU have an advanced life support qualification meaning sufficient staff are trained to maintain the standard of one APLS/EPALS trained RN on shift in each area. We are continually improving this training element to ensure adequate provision, skills and patient safety.

Alongside the acute team we also have a variety of nurse specialist teams for most conditions, including respiratory, cardiology, oncology, epilepsy and a Roald Dahl nurse to support children and young people with complex health needs. Recently we have permanently employed a patient safety nurse to focus on the areas with the patient safety agenda. We are an enhanced level A Paediatric Oncology Shared Care Unit and a shared care Cystic Fibrosis centre with adequately trained staff.

Our medical team comprises of 12 WTE consultants with a wide range of specialities including high dependency care, cardiology, diabetes and endocrinology, oncology, respiratory, allergy, renal, mental health, neurocomplexity and epilepsy.

IPSWICH

Points of pride

- We continue to run regular MDT simulations as part of the medical lunchtime teaching programme.
- Following our most recent acuity review, we have increased the number of Band 6 nurses on a night shift to support with increased acuity and volume.
- We have completed patient safety and sepsis focus weeks that have included targeted education, audits and quizzes, all of which have seen an increased compliance in delivery of sepsis 6 pathway.
- We have launched an agreed pathway for Martha's rule in paediatrics with support from the critical care outreach team.
- EPIC was launched October 2025. This was a huge piece of work for the trust but the 'Go live' happened successfully, we are now in the optimisation phase to ensure we maximise its capabilities.
- This year our HDU nursing study has included education specifically on bereavement as well as sepsis and transfers
- This year we ran the sepsis and circulation session on the regional preceptorship programme.
- We hosted a SNEE wide peer review designed to highlight any areas across the ICB for sepsis delivery and auditing.

Challenges

- Whilst EPIC has been a huge success, it's taken a lot of dedication and focus, the teams are now working on maximising its full potential.
- Finalising Martha's rule was delayed and required senior oversite to fully launch.
- Staffing skill mix has been identified as a risk and will be added to the register.
- We have introduced new equipment including a blood gas machine, which is taking some time to embed; this has highlighted several issues that require addressing.

Aspirations for 2026

- Developing our simulations to including a variety of learning objectives included the environment and not solely clinical management.
- Increasing the amount of trauma training we offer staff.
- Maintaining the work we have done around sepsis to continue good screening and treatment compliance.
- Roll out of the new equipment we have purchased to be able to deliver more level 2 care, including a Hamilton ventilator for CPAP/BiPAP
- Utilising courses and study days provided across the region.

NORTH WEST ANGLIA

Lead Clinician PCH: David Hopkins
Ward Manager: Erika Davies
Educator: Lucy Walton

Lead Clinician HH: Mary Fung
Ward Manager: Kathyryn Childs
PDN: Catherine Sloan
Lead Nurse Cross Site: Jayne Rootham

Northwest Anglia Foundation Trust has a level 1 paediatric unit on both sites, taking patients from 0-16 years of age. We see patients from Cambridgeshire, Peterborough, Lincolnshire, Ely, Doddington, and Huntingdon areas.
Holly Ward has 12 low dependent, 1 HDU bed and 6 Day- surgery beds, all on the same unit.
On Amazon there are 20 low dependent, 2 HDU and 8-day surgery beds. Both have Assessment units on both wards on the same floor. Both sites have a dedicated Play Service Team.

NORTH WEST ANGLIA

Positives

Great Accreditation

Amazon gained silver accreditation and Holly gained gold accreditation on the Trust Ward Accreditation.

Sim scenario sessions

Have been running monthly on Holly ward, facilitated by Catherine and Mary. We keep group sizes small to support learning in a safe environment, involving a nurse, a junior doctor, and a senior doctor. Staff have responded positively, with many expressing interests in exploring topics further following the sessions. Feedback highlights this enthusiasm, as shown below in the word cloud.

Competencies

Holly PDN developed a Paediatrics Entonox competency, as none previously existed within the Trust, along with a Phototherapy competency for Holly Ward to support the introduction of the new Dräger Phototherapy machine. Joint Educator/PDN work on competencies included updating HHHFNT and CPAP observation charts. The Paediatric IV booklet was revised to align with Medusa updates. We are currently looking at revising our Fluid Balance Charts.

EPALS

Holly ward's 2 staff who attended EPALS passed, and Amazon had 7 successful candidates.

New Equipment: Drager Blood gas analyser, thermometer, Drager Phototherapy, Blood Track Machine for blood transfusions, shower mobility chair for Amazon and SLE 6000 CPAP both sites. Amazon obtained a new SIM high fidelity doll thanks to Charity money.

NORTH WEST ANGLIA

Training

CPAP Training: SLE 1000 at PCH and CareFusion training at HH

Tracheostomy upskilling at PCH by the EoE LTV team in August/Sept 2025

Mandatory Competencies that Educator/PDN support: Blood transfusion, IV Pump, IV medication, Ketone & Glucose, HHHFNT, nasogastric, Entonox, CVC and Nerve Centre.

Education plans 2026 moving forward

We plan to restart Paediatric face-to-face study days. The proposed Paediatric Skills Day will focus on key essential competencies, including Entonox, CPAP, HHHFNT, and PCA/NCA. The day will also incorporate resilience sessions and opportunities to strengthen specialist skills, such as Dinoprostone (E2) double-dilution preparationfor congenital cardiac babies.

NORTH WEST ANGLIA

Challenges

CPAP training was lengthy to roll out, therefore the plan for new SLE CPAP equipment in 2026 will be to have several Train the Trainers on both sites to catch staff on night shifts and weekends.

Non- mandatory study day provision was on hold due to the financial position of the Trust

CAMHS High-level CAMHS patients have been present on both sites, which is emotionally challenging for staff and creates very high demand.

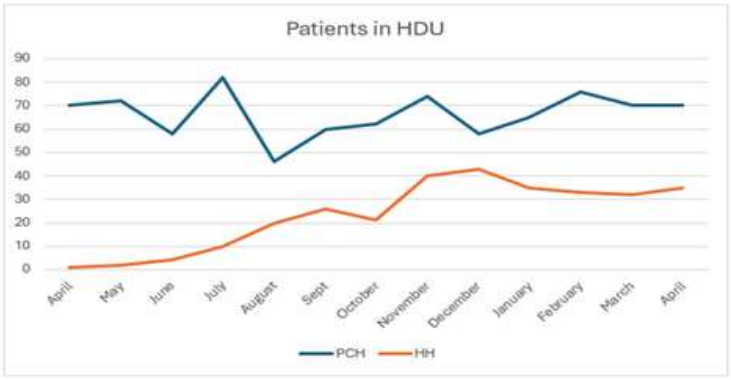
Joint working has included: Fluid balance chart improvement, ID band compliance, CPE reminders, Registered Practitioner Days, training staff on new blood Track system for blood transfusion, CPAP on both sites, Clinical Update Day teaching.

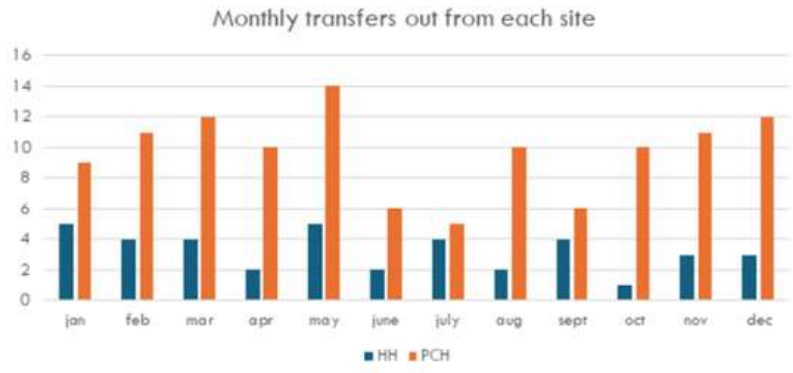
EoE CCC. We continue to send staff on this course which is beneficial for safe patient care. Success rate this year has been 12 out of 13 staff cross site.

Clinical ask for Educator/PDN and all Non-clinical staff: PDN and Educator have been asked to work one short shift a week, or 2 long shifts a month to support the Trust financial position on Bank nurses. Managers and non-clinical staff have also been asked to support clinically.

Roster Gaps: Consultants and Registrars are working across sites and often stepping down into junior-doctor roles to cover rota gaps.

High Dependency Unit Information





WEST SUFFOLK

Lead Clinician: Karine Cesar
Lead Nurses: Sharon Farthing & Jo Rackham

Overview

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

Paediatric inpatient services are based on Rainbow Ward and our Children's Assessment Unit which is co-located on Rainbow Ward. We are a 15 bedded unit with the option to flex to 20 beds (dependent on staffing and patient acuity) and we have a 2 bedded Level 1 HDU room. We cover a wide range of clinical services from general paediatrics to orthopaedics, psychology and physiotherapy and have strong connections with other specialist Children's units such as Addenbrooke's and the Norfolk and Norwich University hospitals. Outpatient clinics run throughout the year in our dedicated Children's Outpatient Department.
We have a team of Paediatric Doctors, Nurses and CANP's throughout our department and are supported by a number of AHP's including physio's, SALT and OT in addition services such as pharmacy, psychology and play therapy are integral to our care delivery.

Key Team Achievements 2025 – 2026

Throughout 2025 we have worked closely with our deteriorating patient and CCOT teams to ensure that staff in all areas caring for acutely unwell children are supported to develop and consolidate their skills. There has been a focus on the Call for Concern service and how this links with NPEWS and Martha's Rule. The service has been successfully implemented and used in the organisation and usage is reviewed and fed back through different groups including governance meetings and regional forums.

Our education team supported by paediatric clinicians and specialists throughout the organisation and PCC ODN have continued to support with providing staff training, SIM sessions, Peer reviews of challenging cases and additional focussed study days – this has been well received and has supported to develop both confidence and competence of caring for the critically unwell child.

Staff development is central to our approach at WSH and we have supported staff to attend and complete a number of training opportunities including: EPALS, PILS, PCC HDU courses. As a department we are also utilising the resources provided to us by the PCC ODN and SiC ODN and have benefited from staff attending the PANDR training day, bereavement study days, PANDR peer reviews and sharing of case study's throughout the wider PCC network.

We have seen excellent joint working between ED and paediatrics and the important upskilling of our paediatric nurses in ED. This has reduced waiting times and supported clinical decision making within our departments.

WEST SUFFOLK

As further development of our allergy service we have restarted food challenges and are in the process of recruiting to an allergy CNS post – this will help to drive and format our allergy service and support with ongoing service development.

We have Improved the of support of patients with learning disabilities and ASD with the support of our Play Specialist and the purchasing of new interactive sensory equipment.

Ambitions for 2025/2026

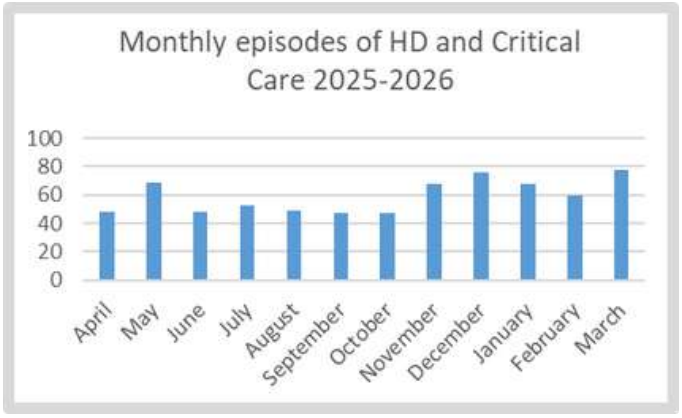
To push forward with our paediatric unit accreditation programme, ensuring that all aspects of HDU care, management of deteriorating patients and resuscitation are effectively meeting the standards required to support these trust objectives.
To continue to support staff training in all areas of paediatric critical care by utilising both local and regional training opportunities and resources as they are available and to ensure robust pathways of care with our ED colleagues to ensure they also benefit from these training and learning opportunities.
Continue to upskill team to manage CYP with LTV needs and requirements. Working with the ODN LTV educator to bring training opportunities to local teams and ensuring that care can be provided close to home for those CYP and their families who may require inpatient admission or stepdown care from tertiary units.
To continue to review pathways of care between our Paediatric ED, CAU and inpatient ward to promote seamless care for CYP and their family's accessing our services
To promote the development and training of the staff for management of CYP with MH and LD/ ASD through focused training and the completion of the Oliver Mc Gowan training package.

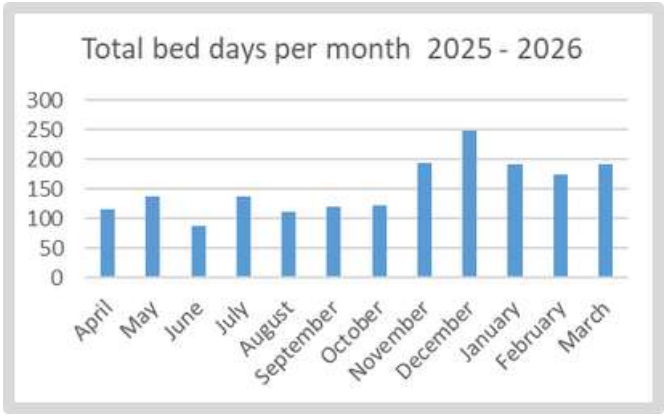
LUTON & DUNSTABLE

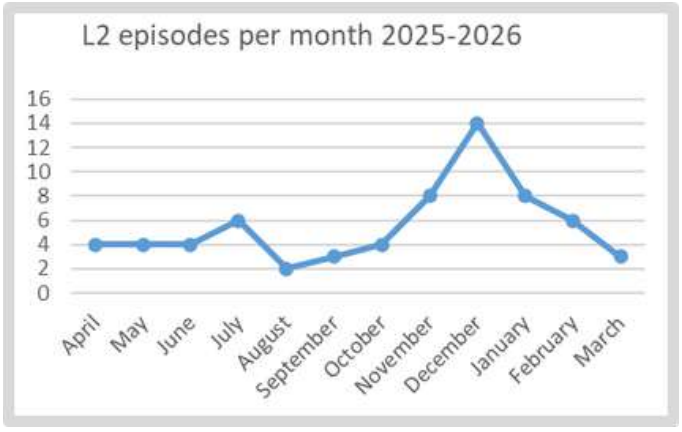
HDU Lead Clinician: Dr Seema Sukhani
HDU Lead Nurses: Laurell Paul-Lockitt
HDU Practice Educator Facilitator (Cross Site): Helen Allman

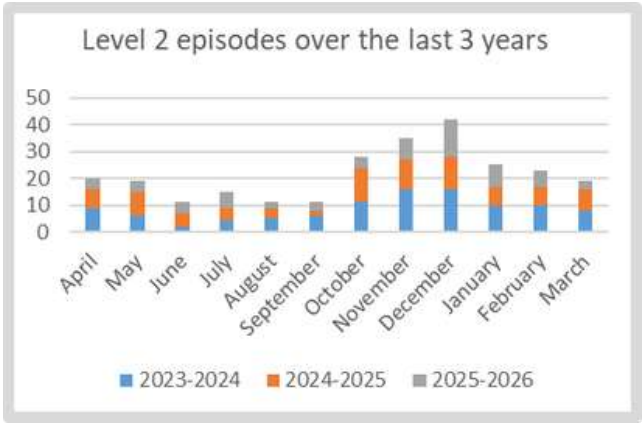
Background:
Luton and Dunstable Hospital is a busy DGH with 54 beds, of which 34 are inpatient beds. It is one of 2 sites within the Bedfordshire Hospital NHS Trust. There is also a Paediatric Assessment Unit adjacent to the inpatient wards .In October 2025 , the new surgical ward was opened in the Cedar Wing block. Surgery and MRI sedation lists are done in the new surgical area, while food challenges as well as biologics treatment are performed in the day area. An additional 4 bedded contingency area is available which flexes according to activity , demand and patient acuity. It has been almost 3 years since we officially became a stand alone Level 2 PCC Unit with 2 L2 commissioned beds and 5 L1 beds .

In 2025-2026 there was a total of 746 episodes of high dependency /critical care. This is an increase in overall numbers for the same period last year. Total bed days for this period was 1832 which also demonstrates an increase in bed days for the same period last year . There were 66 episodes of L2 cares with a total of 510 L2 bed days . During this period we have also seen an increase in admissions for patients on long term ventilatoin (LTV) and tracheostomy patients with respiratory presentations.



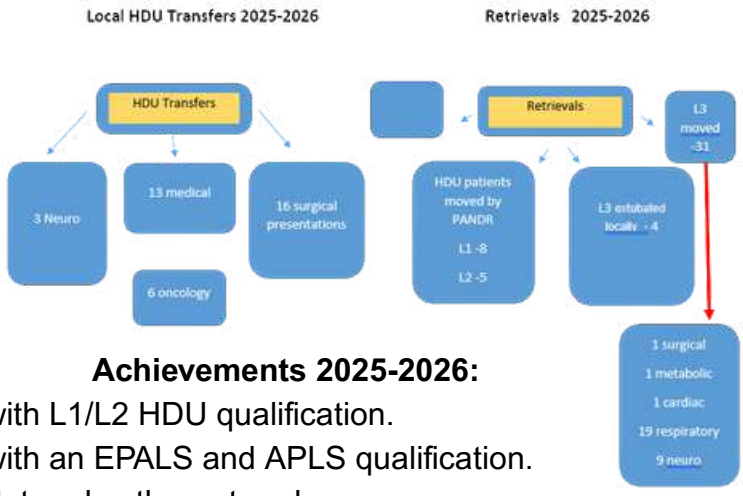






LUTON & DUNSTABLE

HDU Transfers and Retrievals 2025-2026



Achievements 2025-2026:

- Increased numbers of staff with L1/L2 HDU qualification.
- Increased numbers of staff with an EPALS and APLS qualification.
- L2 PICANET data and DoS data robustly captured.
- Continue to work closely with the ODN.
- 1st POCUS course delivered in house December 2026 with another planned date in June 2026.
- Good support from PANDR – Case discussions/ support for critically unwell children /some L1 HDU transfers undertaken.
- LTV training days ongoing.
- LTV database meeetings held 3 monthly – transitioned patients removed and new patients added.
- All HDU/Critical Care transfers arevnow InPhased (incident reporting) and reviewed at a monthly meeting with risk leads to identify care delivery/ operational issues and good practice.
- Airvo 3 purchased for both sites to replace the current Airvo 2's.

HDU Challenges:

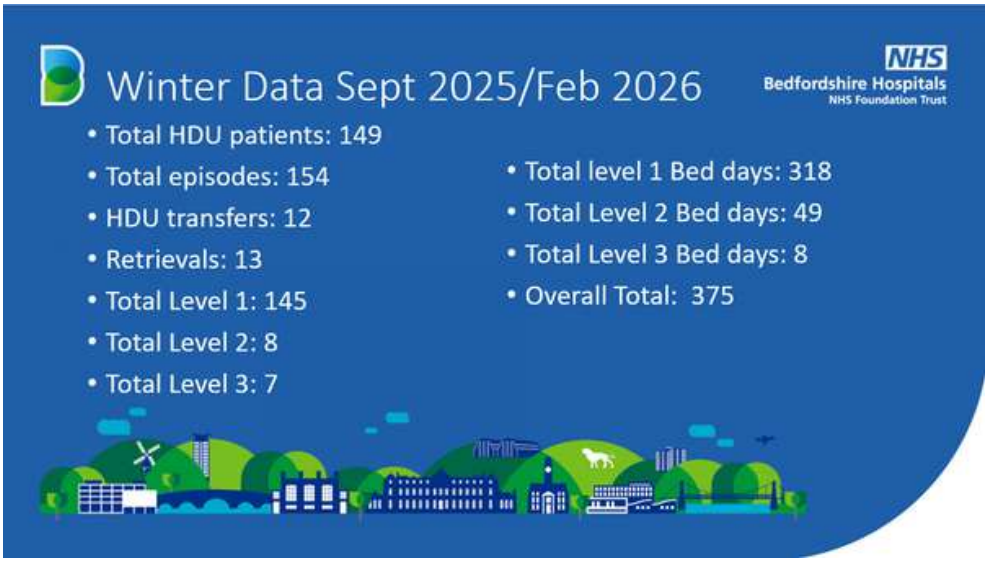
- Retrieval team support for some L1/2 HDU patient transfers.
- Still no clear pathway for obtaining beds for surgical time critical transfers to tertiary centres./ increased numbers of surgical transfers compared to the previous year.
- Lack of HDU beds within tertiary centres (eg if patient requiring specialty input)- cases continue to be logged on NTPN Net track.
- Bed capacity vs. staffing during periods of winter surge.
- Patient flow – high numbers through PAU – still seeing all infants less than 6 months referred from ED.
- Ambulatory patient numbers – ACP Lead service in progress.
- Cubicles and isolation policy challenging at times of peaked activity
- Complex NICU transitions requiring extended stays.
- Maintaining staff competencies.
- Increased numbers of infants with complex needs being discharged from tertiary centres requiring long term ventilation (LTV)– different devices poses a challenge for staff training.

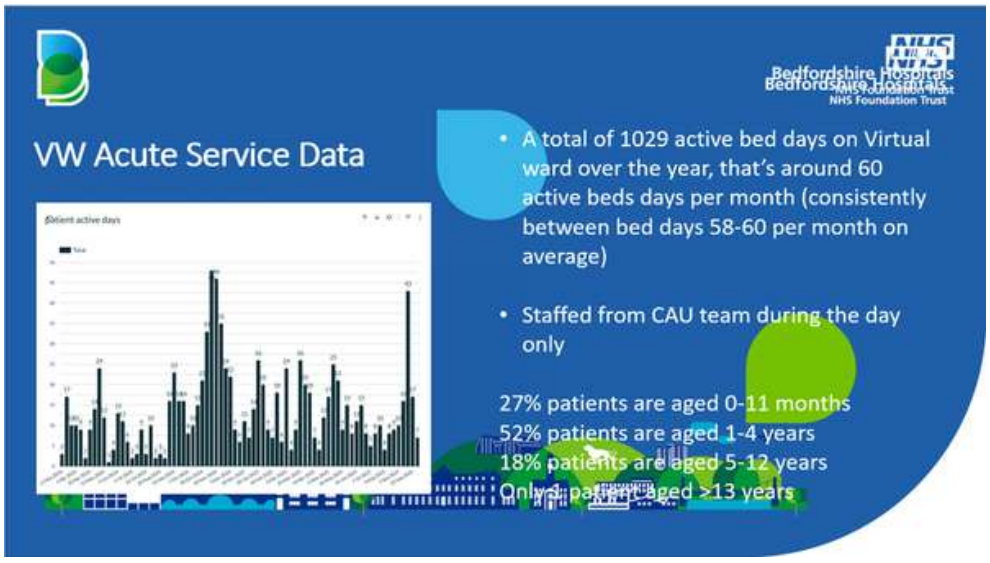
Moving Forward 2026-2027:

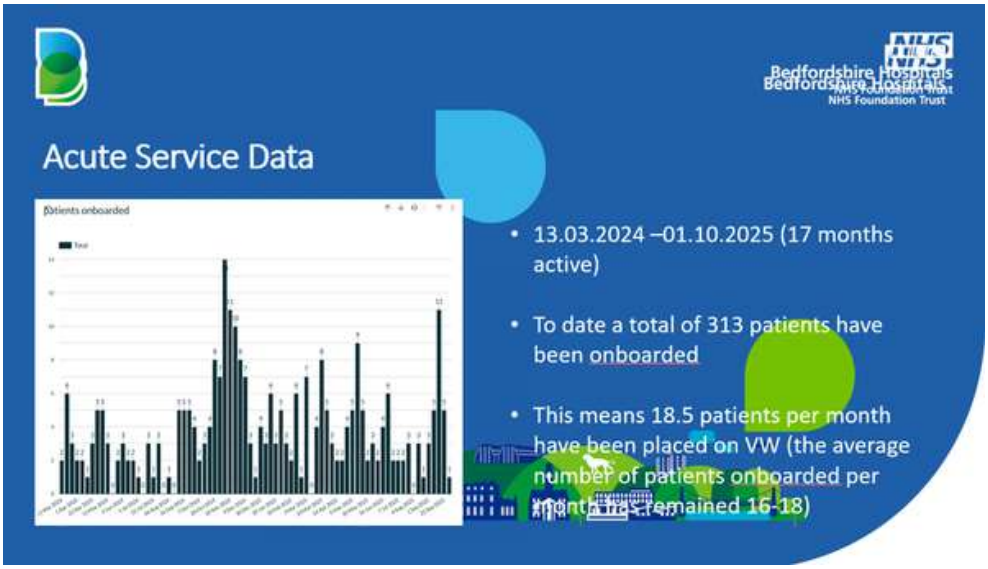
- Embedded use of POCUS for difficult access in critically ill children.
- LTV ward group of train the trainers to support staff.
- PANDR outreach Sept 2026.
- Virtual ward to be more established.

BEDFORD

HDU Lead Clinician: Dr Pramod Nair
HDU Lead Nurses: Karen Stow
HDU Practice Educator Facilitator (Cross Site): Helen Allman







BEDFORD

Oncology supportive care services to resume Spring 2026.
Haem/Onc CNS recruited, rooms refurbished and training in place

- Our band 6 development pathway has been very successful, almost all Band 5's who were placed on the pathway have completed their EPALS, HDU and CAKES as well as their Band 6 development Matrix and all bar one are in a substantive post.
- We have had another 2 members of staff win a Daisy award this winter, and 1 play leader has won a Rose award.
- Our Virtual Ward remains well embedded and we continue to utilise the VW with positive feedback from families. We are exploring new pathways.
- We have a new Psychologist in post who is supporting staff with their well-being, an excellent resource and member of the MDT who is carrying out 1:1's with staff in need of support, is facilitating supervision sessions for leadership team , supporting with debriefs, delivering targeted training on MH conditions, and attending staff meetings.
- We remain 100% recruited across all staff groups (medical staffing awaiting new starters).
- CNS's have been completing a range of courses including prescriber courses.

JAMES PAGET

Paediatric Lead Clinician: Dr Rao Kollipara
ITU/HDU Paediatric Lead: Dr Prasanna Mahenda
Head of Children & Young Peoples Services: Justine Goodwin

Service Overview

James Paget University Hospital NHS Foundation Trust is a district general hospital serving a population of approximately 250,000 across Great Yarmouth, Lowestoft, and Waveney, in addition to seasonal visitors. Ward 10, the Children and Young People's Unit, provides 28 inpatient beds, including a designated safe room for children and young people experiencing acute mental health crisis. The unit also contains two designated HDU rooms which support delivery of Level 1 care and selected Level 2 care. Children requiring Level 3 care are stabilised locally within Ward 10 or ITU and transferred via the Paediatric and Neonatal Decision and Retrieval Service (PaNDR) to the nearest paediatric intensive care unit.
Activity (01 April 2025 – 31 March 2026)
During the reporting period, the unit managed 62 HDU admissions. The average length of stay was three days, with the longest admission extending to 57 days, reflecting increasing complexity within the cohort of patients requiring enhanced care

KEY ACHIEVEMENTS

- Sustained implementation of East of England PCC network guidelines, including high-flow oxygen and CPAP pathways
- EPALS compliance at 89%, with a clear plan to reach >95% in 2026; annual PILS maintained for all other staff
- Delivery of a rotational workforce model across paediatrics, ED, recovery, and NNU to strengthen workforce flexibility and skill mix
- Strengthened mental health support through collaboration with a clinical specialist and assistant practitioners
- Active engagement with the EoE PCC Network and PaNDR, including monthly meetings and shared governance learning
- Delivery of a comprehensive education programme, including simulation training, tracheostomy care, long-term ventilation updates, and winter preparedness
- 12 staff completed EoE HDU Level 1 and 2 competencies
- Strengthened collaboration with the Adult Critical Care Outreach Team, improving escalation pathways and multidisciplinary working
- Successful implementation of Martha's Rule (May 2025), improving escalation and family voice in deterioration
- Appointment of a dedicated ED clinical educator, enhancing paediatric capability in the urgent care pathway
- **Quality and Safety**
- Continued use of network guidance and escalation pathways to support safe management of deteriorating children
- Regular multidisciplinary case reviews and shared learning through governance meetings
- Ongoing collaboration with PaNDR to ensure timely escalation and retrieval
- Focus on early recognition of deterioration, supported by outreach and education

JAMES PAGET

Workforce

- Current establishment gap: 5 WTE nursing vacancies
- Ongoing recruitment plan targeting newly qualified nurses (Aug/Sept 2026 intake)
- Short-term mitigation through agency staffing and rotational workforce mode
- Challenges in releasing staff for training due to acuity and staffing pressures

Service Development

- Introduction of QR code-based sitrep reporting to improve data capture and regional visibility
- Continued development of the Cove ambulatory model and CCNT integration, supporting patient flow and reducing admissions
- Participation in regional repatriation workstreams to ensure children are cared for in the most appropriate setting

Challenges

- Workforce pressures impacting:
- Training compliance
- Service capacity
- Lack of dedicated Paediatric Assessment Unit (PAU) due to demand
- Limited adolescent-specific facilities, impacted by infection control and cohorting requirements
- Increasing complexity and duration of HDU admissions
- Maintaining consistent sitrep data quality

Priorities for 2026–2027

1. Achieve and sustain >95% EPALS compliance across all clinical staff

2. Reduce workforce gaps and reliance on agency staffing

3. Strengthen ambulatory care pathways and CCNT integration

4. Improve data quality and reporting compliance across the network

5. Enhance adolescent care provision and patient experience

6. Continue to develop HDU capability and staff competencies

PRINCESS ALEXANDRA

Lead Clinician: Dr Anna McCorquodale
Lead Nurses: Vikki Stone & Helen Weavin
HDU CNS: Katie Ayres

The Princess Alexandra in Harlow is an Essex based DGH with a busy local Paediatric Emergency Department seeing approx. 30,000children during 2025. Inpatient services are from a single inpatient ward (Dolphin) where there are 19 beds/cubicles (routinely open to 16 inpatients). HDU provision is currently unfunded but when required is either in an allocated bay space or can also be delivered in 2 cubicles within sight line of the nurse's station where needed. In addition to the care of children we run a level 2 neonatal unit.

Over the past year the addition of our SDEC has improved the performance against the standard emergency 4hour targets with a mean around 91%.
The medical team comprises 15 Paediatric consultants with a variety of special interests including, HDU, cardiology, oncology, allergy, endocrinology, neonatology and neurology.
The most recent appointment within the Paediatric consultant team is focusing on digitalising medical workstreams within the trust. The Emergency department have employed a consultant with PEM competencies within the last year.

Achievements
EHR was fully implemented in 2024 and has now become fully embedded practice within the trust. The current trust focus for Paediatrics is towards digitalising asthma/wheeze workstreams with an anticipated roll out in June 2026, with the focus on standardising and improving patient outcomes. The workstreams will be designed for all grades and experienced levels of staff to utilise with confidence, whilst also benchmarking against national and regional guidelines.
Nursing staffing has improved across all areas of Paediatrics and are currently within full establishment, seeing an uplift international recruitment. The regular establishment has ensured bank expenditure has reduced and continuity in nursing care has improved for patient care.
Our CNS team has continued to thrive across Epilepsy, Hospital at Home and Oncology with the team completing Nursing prescribing roles, reducing the amount of pressure on our medical team.

PRINCESS ALEXANDRA

Admission rates to our Paediatric inpatient ward continue to be low despite the attendance to Paediatric ED rising. Our Hospital at Home team take many referrals to support the provision of hospital care at home including phlebotomy provision where this cannot be provided in an appropriate timescale by internal phlebotomy teams.

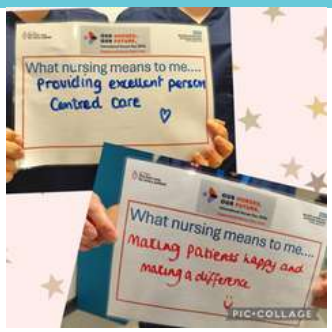
We have seen a further increase in LTV provision on our inpatient unit over the last year for acute admissions. We continue to support these parents during admission with an increase in LTV training with our ODN Educational team. We have also been rolling out internal training for both nursing and medical teams specifically for tracheostomy patients which has been well received. Study days will continue at PAH focusing on NPA's, tracheostomy and LTV care to reflect the needs of the children within our community.
Funding has been approved for the provision of Hamilton CPAP machines for our Paediatric patients with the roll out of training due to be completed by the end of summer 2026 in preparation for winter months. Our CPAP machines alongside our current Airvo Machines will also now have the capacity to be able to deliver 'in line' nebulisers with the arrival of Aerogen nebuliser sets.

Aspirations:

- To provide acute CPAP for those above 10kg once the training and competency completed for under 10kgs on the Hamilton device
- Continue our aspirations for L2 HDU provision working closely with the ODN to create educational roles
- Continue to support our Anaesthetic colleagues with extubation of seizure patients on site.
- Collaborate and contribute to regional education and development of guidelines on extubation to optimise L3 bed capacity
- Aim for three HDU focused educational opportunities annually – utilising internal resource and support from ODN educational team
- Asthma is a current key focus for PAH as demonstrated by the workstreams mentioned above. An asthma CNS is a priority to join our nursing establishment.
- 2026 should see the arrival of our new Paediatric Emergency department.

NORFOLK & NORWICH

Lead Clinician: Dr Catherine Thomas
Lead Nurse: Kirstin Skinner
Lead Matron: Alice Cook



JENNY LIND CHILDREN'S HOSPITAL

Development and achievements

- Transition pathways for young people developed for epilepsy and diabetes and quality improvement project underway on young people's inpatient / emergency experience post transition
- Revision of trust tissue viability guidance and development of face map stickers for use with High flow and CPAP patients to document concerns.
- Development of guideline and competency document for the administration of blended diet through enteral feeding devices following an increase in children having blended diet rather than prescribed feeds.
- New QR code safety net advice for complex patients such mental health pts.
- Paediatric theatre complex celebrated its first birthday
- NNUH youth forum continued with the adolescent room development aiming to create a space that meets the unique needs of teenage patients enhancing their hospital experience.
- Sustainability continued to be a focus for our areas during 2025 with staff suggesting projects that would not only reduce costs but also reduce our impact and the waste we create. Ideas to reduce our single use plastics such as feed bottles and reduce wastepaper were all implemented.
- Fundraising walk for ChED resources raising £3500 for supporting sensory needs.
- Staff wellbeing focus including team days, wellbeing champions, departmental walks and park runs.
- Hospital play team supporting Starlight hospital services by becoming Starlight Ambassadors and supporting the play well standards and benchmarking opportunities.
- Up-banding of the band 2 HCSW team to Band 3 increasing their clinical skills and competences.

Training and education opportunities

- Ongoing opportunities for HDU level 1 & 2, Epls, Apls and Pils.
- Shift coordinator study day
- HMIMMS (hospital major incident medical management and support) course
- Paeds trauma day
- Clinical skills training CVAD & TIVAD alongside venepuncture and cannulation, Chemotherapy, ECG, epidural & PCA and tracheostomy.
- ODN skills and drill, lunch and learn opportunities

Key interventions

- 8 DKA pts
- 77 High flow pts
- 30 pts requiring aminophylline
- 10 pts requiring CPAP
- Alongside those who were transferred for PICU support, our tracheostomy dependent pts, those requiring epidural support and NPA dependent pts to name a few

QUEEN ELIZABETH

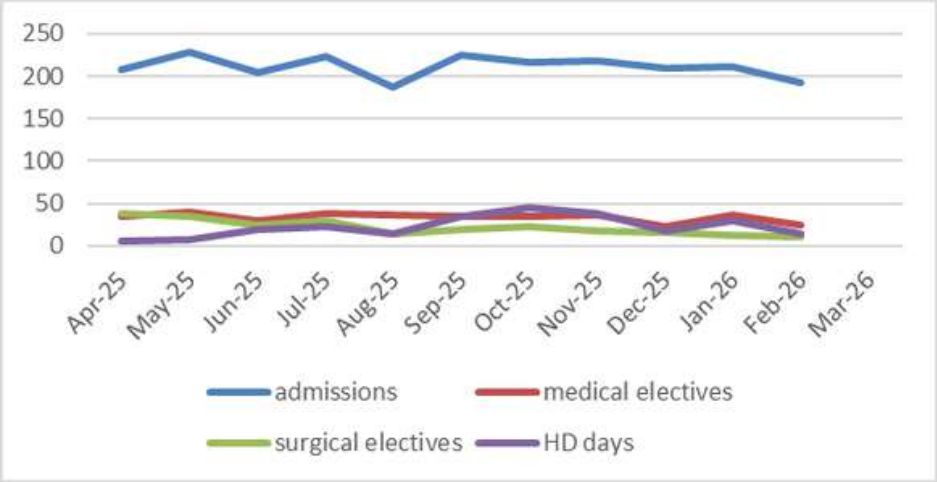
Lead Clinician: Dr Glynis Rewitsky
Lead Nurse: Catherine Easthall
Deputy Head of Nursing: Laura Morgan
Clinical Director: Dr Abigail Reeve

Brief description of current service

Paediatric services at the QEHKL, except for surgery sit under the division of Women and Children. For the most part Children and Young People (C&YP) requiring high dependency care are looked after in Rudham the paediatric Emergency Department and the inpatient ward.

Rudham Ward

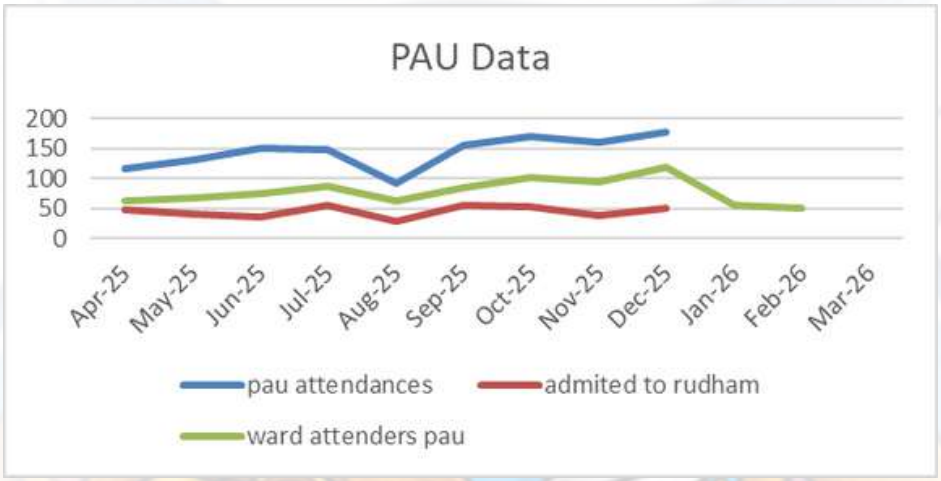
Rudham ward is currently situated on Wolverton as we are undergoing a full renovation, developing the Paediatric Assessment Unit (PAU), re-establishing an adolescent area and having a specific cubicle for mental health and learning disabilities. Despite this we have continued to manage usual services.
Rudham ward had 2505 admissions over the year 2025/26. These include 367 elective procedures encompassing medical electives MRI under GA, renal, endocrine and allergy challenges. In addition, Rudham managed 241 elective surgical admissions.
The ward had a total of 249 HDU days for 57 patients,. HDU level 1 totalled 37 patients and HDU level 2, 22 patients with peaks seen in October and November.



QUEEN ELIZABETH

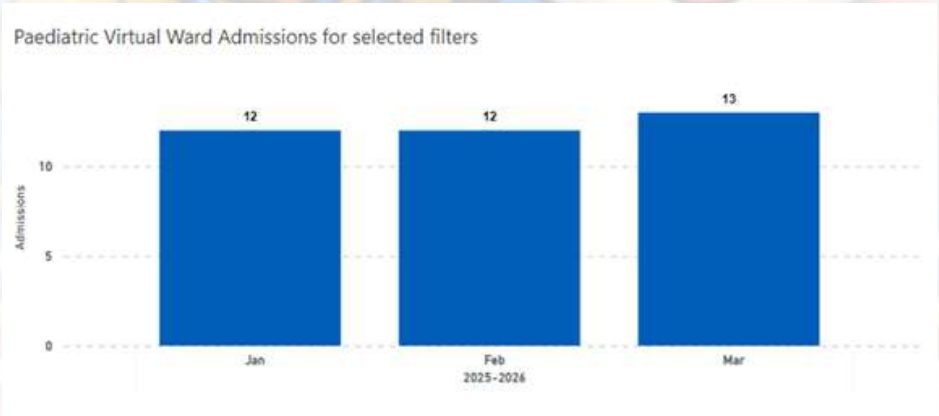
Paediatric Assessment Unit

PAU continues be co-located with the acute ward; open 9-21:30 Monday to Friday. PAU saw 1780 admissions in the year 25-26, along with 869 ward attenders. The service takes referrals from GPs, ED as well as self-referrals from parents.



BEAR Ward & Paediatric Virtual Ward

This year we established BEAR ward (Bridging emergency ACP response). An ACP led service supporting inpatient care, the paediatric front door, paediatric virtual ward and acute community nursing. The team consists of 4 ACPs and a Virtual ward co-ordinator who we have been able to employ into a substantive role. The service is already a huge success, speeding up assessment and treatment of C&YP as well as allowing them to receive hospital care from the comfort of their own home.



QUEEN ELIZABETH

Paediatric Emergency Department

The Children's Emergency Department (ED) continues to manage a high volume of children and young people (C&YP). The service has recently transferred into the Women and Children's Division, forming part of a wider programme to strengthen and improve care pathways for C&YP. The department has 3 cubicles, one of which is designated for HDU patients and a purpose designed resus bay situated in the main ED which is suitable for all ages children.

Between January 2025 and December 2025, there were a total of 14,141 paediatric attendances to ED.

The Children's ED is predominantly staffed by two Registered Children's Nurses and one Play Assistant or Paediatric Healthcare Assistant. Where this staffing model cannot be achieved, adult nurses with appropriate paediatric competencies provide support to ensure safe service delivery.

Area for improvement

We are committed to ensuring we increase the number of nurses across the areas that have the HDU qualification, unfortunately due to very high levels of maternity leave over the last year, this has been a challenge, in 2026 we have 2 staff from Children's ED booked onto the HDU Course Level 1 to increase knowledge of children attending acutely unwell.

The paediatric front door remains a concern with limited capacity for C&YP across the ED and PAU areas. The work being undertaken as part of the PAU refurbishment will improve this and there are plans to improve paediatric ED in the coming months.

Bed capacity has been a concern at times of high acuity with no designated area for escalation in peak times as well as limited staffing escalation during times of high acuity.

Area Of Achievement

Work has been underway to improve our EPLS compliance with an increase across all areas

There has been successful recruitment in permanent and fixed term posts leaving our vacancy very small. ACP teams are now working within the nursing roster, allowing all of the benefits of advanced clinical practice across all areas of acute paediatrics.

At times of high acuity the ward has been very well supported by colleagues from day surgery, by taking both elective surgical day cases and the MRI under GA list.

Planned Developments

Over the next 12 months we want to further stregthen our HDU knowledge and increase the number of nurses with the HDU course. Furthermore, we will continue to imporve pathways for C&YP that come to the QEHKL for their care. Paediatric ED is now being managed by the Division of Women and & Children which will make oversight and improvements a more straightforward process.

ADDENBROOKES

Lead Clinician: Dr Riaz Kayani
Matron: Hannah Cherry
Lead Nurses: Sarah Harwick & Clare King

Overview The Paediatric Intensive Care Unit (PICU) and High Dependency Unit (HDU) at Addenbrooke's:

PICU is a 13-bed unit comprising of 9 intensive care (level 3) beds and 4 high dependency (level 2) beds. Dynamic bed management protocols allow rapid conversion of HDU capacity into PICU beds during periods of heightened clinical acuity.

As the only PICU in the East of England we serve as the regional hub for paediatric critical care. Patients are referred to us from CUH ED, inpatient wards, planned admissions for post op care and from District General Hospitals via the PaNDR team or speciality teams at CUH.

Staff wellbeing

Well-being is defined as a state of being comfortable, happy, or healthy. Over the past 12 months we have seen an increase in complex long-term patients and patient bereavements. As a result of this our recent staff survey demonstrated an increase in staff finding work emotionally exhausting and exhausted by the thought of another shift at work, with some reporting a lack of energy for family and friends on days off.

How do we improve this? The Paediatric Critical Care Society has produced a Well-being toolkit to support staff and demonstrates good practice from across a variety of paediatric critical care settings

What we already do well at CUH PICU:

- Staff group and 1:1 sessions with our psychology team
- Hot and cold debriefs
- Weekly take 5 and monthly staff newsletter
- Staff redeployment feedback forms
- Staff member of the month
- Staff bake off competition, book club and theatre trip
- Christmas and Summer party

What more can we do? There are several things we can look to improve and working within the wider children's services and CUH network we can share learning and access more resources. Utilising courses such as the PICU partner training which includes psychology first aid, peer support conversations, boundaries, trauma awareness, signposting, assessing risk, civility saves lives and cup of coffee conversations. We are hoping to develop peer support and well-being champions as well as ongoing pastoral support for staff with regular drop-in sessions to compliment the psychology support already in place.

ADDENBROOKES

Staffing:

- X2 New Consultants 50:50 split with PICU/PaNDR – Dr Kate O'Mally and Dr Ahmed Sharif
- 6 Newly qualified RN joined in September 2025 and completed the new PICU induction programme
- 4 RN completed the Level 2 HDU Course
- 5 RN completed the Paediatric Critical Care course in July 2025 and 6 RN's are currently on the September 2025 course increasing our number of Qualified in Speciality (QIS) Nurses.
- New Band 6's – 2 external and 4 internal appointments
- 4 Band 7 and 4 Band 6 RN rotate between PICU and PaNDR
- Regular MDT simulations involving PICU and PaNDR

PICU Nurse Sim

Achievements (2025)

- 2 new yellow MRI Hamilton Ventilators purchased
- New Drug and Care Trolleys purchased for each bedspace
- New Bed scales for weighing patients on admission.
- Introduction of the PICU Family app (My PICU Story). This is a free app developed by one of our Consultants to mark milestones, share progress and help families to look after themselves during their stay on PICU.

Priorities for 2026

- Ongoing Band 5 and 6 registered nurse recruitementdue to high vacancy rate
- Continue to develop the role of a Registered Nursing Associate in PHDU/PICU
- New software for the Servo-U to support Nasal CPAP delivery as we can currently only deliver full facemask CPAP for over 10kg patient
- Continue working with the ODN on the development and implementation of a regional Repatriation Guideline
- Improve the psychology provision on PICU for patients, families and staff

The GASTRIC-PICU Study

PIVOTAL

Research

- Successful completion of recruitment to the PRESSURE and GASTRIC research trails.
- VAP study recruitment ongoing
- Opening recruitment to the PIVITOL platform study.

WATFORD

Clinical Director, Children's Services: Dr Lynn Sinisky
Deputy Director of Nursing for Clinical Improvment (Paediatrics): Sophie Dudley
Paediatric Matron: Samantha Ho
Quality Improvment Paediatric Matron: Anna Lawarne

West Hertfordshire Teaching Hospitals Trust (WHTH) provides care for children and young people in West Hertfordshire. We work closely with Hertfordshire Community Trust as our community service provider. Our Paediatric service supports the delivery of acute and specialist paediatric care across West Hertfordshire, caring for children and young people with a wide range of medical and complex needs.

WHTH has three sites (St Albans, Watford, and Hemel Hempstead). Watford General Hospital is home to our Children's Emergency Department with a co-located Paediatric Assessment Unit, our children's inpatient ward, Starfish Ward (20 beds, of which 2 are commissioned Level 1 HDU) and the co-located elective Day Unit for elective surgery and non-surgical day case procedures and treatments. We have a busy Children's Outpatients department at both Watford and Hemel sites.

Our medical team comprises of 24 Paediatric and Neonatal Consultants, with wide specialist interest areas including allergy, epilepsy, respiratory, gastroenterology, diabetes, haematology, oncology and cardiology. The medical team is supported by 7 Clinical Nurse Specialists and Advanced Clinical Practitioners in the emergency setting. In addition, we are supported by a play specialist, dieticians, physiotherapists and pharmacy.

Our Paediatric service comprises of one general Paediatric Ward, a 20-bedded unit with a 2-bedded High Dependency Unit, an elective Day Care Unit, a dedicated Children's Emergency Department with a co-located Paediatric Assessment Unit (24/7, 6 beds and waiting room) and a Children's Outpatients department on both Watford and Hemel sites.

WATFORD

Our 2025 paediatric service improvement and development highlights include:

- Implementing a new Virtual Hospital for patients requiring ambulatory IV antibiotics. This integrated service enables care to be delivered closer to home in the community by our Children's Community Nursing Team, with daily input and oversight by the acute medical team.
- Development of transition pathways from paediatric to adult services, especially for young people with multiple complex health and learning needs. We appointed a transition CNS who, together with the MDT transition working group encompassing WHTH, community and ICB representation, has supported development of subspeciality transition pathways and a new Complex Young Person clinic. The Transition CNS has focused of identifying gaps in our service and finding feasible and timely solutions with MDT collaborative working, working with specialist nurses and practice development teams to implement training programmes for adult services to better support young people with complex needs and collaborative working with Community and ICB partners to introduce the new Health Passport.
- Development of a Paediatric Deteriorating Patient Working Group which supported the implementation of Martha's Rule (Martha's Call for Concern), improvements in intra-hospital safe transfer of critically ill patients and increased our critical care training offering including more nurses undertaking APLS/EPLS and critical care courses and an in-house team becoming LTV and tracheostomy trainers. In Oct 2025 we facilitated our first Trust-wide Paediatric Deteriorating Patient Workshop covering topics including sepsis and major haemorrhage.
- Expansion of Asthma CNS role in response to increasing demand and patient complexity.This has enhanced our capacity, education and training opportunities and discharge planning processes.
- ·Implementation of peanut immunotherapy (Palforzia) as part of specialist peanut allergy management, supported through close multidisciplinary working between medical, nursing, pharmacy and dietetic teams.
- Introduction of a new dedicated Mental Health Champion Nurse role which has enhanced staff training and mental health awareness across our department as well as inviable inpatient support for young people in acute mental health crisis.
- Developed a dedicated Paediatric Pre-Operative Assessment Service with a specialist POA nurse to support elective surgery provision.

In 2026 we look forward to building on these highlights:

- Expanding our Virtual Hospital and integration work with the Children's Community Nursing, with opportunities to improve the care for neonates with prolonged jaundice.
- Developing our Paediatric same day emergency/assessment care service.
- Developing transition pathways to address all identified gaps in service for 16-17 year olds.
- Roll-out of LTV and tracheostomy training to all staff.

LISTER

Lead Clinician: Dr Amit Gite
Lead Nurse: Becky Brinkley

Overview:
Bluebell Ward is our 20-bed inpatient unit, comprising 12 open beds, 8 cubicles, and a dedicated safe space to support children and young people with mental health crisis.

The Children's Emergency Department (CED) continues to experience a high volume of attendances, with patient numbers increasing over the past 12 months despite the availability of our Urgent Treatment Centre (UTC) for children and young people presenting with minor injuries.

Our Children's Assessment Unit (CAU) is a 10-bed short-stay assessment area designed for admissions of up to 24 hours. The unit includes 9 cubicles, 1 safe space, and the Phoenix Suite, which provides specialised facilities for children requiring complex care and end-of-life support.

The Children's Specialty Decision Unit (CSDU) is used to manage specialty patients who do not require admission to an inpatient ward but are expected to be discharged home following a short period of assessment, treatment, or observation.

Last 12-month Achievements:

- Through funding from the ENHTCharity, we recruited a LD and Autism Nurse. This role has significantly enhanced support for CYP with additional needs by improving access to services, implementing healthcare passports, introducing system alerts to highlight individual needs, and establishing a Virtual Autism Ward to provide oversight and coordination of care.
- We have increased specialist epilepsy nursing provision, enabling more children and young people with epilepsy to receive expert support within their own homes, reducing the need for hospital attendance and improving patient and family experience.
- Investment in our workforce has continued with the appointment of a new Trainee ACP, who is expected to qualify in September 2026, further strengthening our future clinical leadership and expertise.
- We are proud that three members of our team presented their work at the Royal College of Paediatrics and Child Health, showcasing innovation, service development, and best practice from our organisation on a national stage.

LISTER

- A new transition pathway has been developed for children and young people with medical complexity, supporting a more coordinated and seamless transition from paediatric to adult services.
- We successfully delivered a multidisciplinary Patient Safety Day across Women's and Children's Services. The event celebrated achievements in quality improvement and service development, promoted cross-divisional collaboration around safety and risk management, and facilitated shared learning from complaints, incidents, and thematic reviews. Particular focus was given to improving joint learning and responses for patients moving through multiple teams and healthcare systems.

Next 12 months -

Over the coming year, Lister Children's Services will continue to focus on service transformation, workforce development, and improving patient experience to meet the growing needs of children and young people.

- We will launch a SDEC pilot in June 2026, transforming our Children's Specialty Decision Unit into a dedicated SDEC service. This development will support timely assessment, treatment, and discharge, reducing unnecessary admissions and improving patient flow through the urgent care pathway.
- We plan to co-locate Children's Minor Illness and Minor Injury services within the Urgent Treatment Centre (UTC), creating a more streamlined and accessible urgent care offer for children and young people while ensuring they receive care in the most appropriate setting.
- Progression of the new Children's Services build remains a key strategic priority. The development will provide modern inpatient and ambulatory facilities across two floors, increasing cubicle inpatient capacity, enhancing the patient and family environment, and improving privacy and safety through an increased number of cubicles. The new ward will also include two dedicated High Dependency Unit (HDU) spaces, strengthening our ability to care for children requiring higher levels of observation and support closer to home.
- We will continue to invest in workforce development through the implementation of a structured Nurse in Charge (NIC) development programme for senior Band 5 nurses. This 12-month programme will provide ongoing training, supervision, and regular reviews to enhance leadership skills, increase confidence in operational management, and support future career progression.
- Development of a dedicated pathway for 16- and 17-year-olds will be a key focus, ensuring care is delivered in an age-appropriate environment with clear clinical pathways that support the unique needs of this age group and facilitate seamless transitions between paediatric and adult services.

Equipment:

Over the past 12 months, we have continued to invest in equipment and technology to enhance patient care, improve clinical outcomes, and support the delivery of safe and effective services.

- A Panda Resuscitaire has been purchased for the Children's Emergency Department (CED), strengthening our ability to provide immediate neonatal stabilisation and resuscitation when required.
- Four Vein Finder devices have been introduced across our acute clinical areas, with one allocated to each area. These devices support clinicians in obtaining vascular access for children with difficult venous access, improving patient experience and reducing the number of cannulation and blood-taking attempts.
- Two additional Airvo 3 machines have been procured to support the delivery of high-flow oxygen therapy. Their battery-operated capability enhances the safe transfer of patients within and between clinical areas while maintaining respiratory support.
- An additional Hamilton ventilator has been purchased, expanding our respiratory support capacity and enabling the provision of Continuous Positive Airway Pressure (CPAP) therapy for older children requiring enhanced respiratory care.

LISTER

Training and Development

Developing and supporting our workforce remains a key priority, ensuring staff have the skills, knowledge, and confidence required to deliver high-quality care to children and young people.

- Our NQN rotational programme continues to provide valuable opportunities for nurses to gain experience across a range of paediatric settings, supporting workforce development and retention. We currently have four vacancies within the programme, Introducing rotation to community into the 2026 program.

- We continue to deliver a comprehensive Preceptorship Programme for Newly Qualified Nurses, offering 12 bespoke paediatric education sessions over a 12-month period. The programme is designed to support nurses as they transition into clinical practice, enhancing their confidence, competence, and professional development.
- We have introduced a more inclusive and holistic recruitment process for nursing interviews. In addition to traditional interview questions, candidates are assessed through interactive stations, enabling individuals who may be less confident in formal interview settings to demonstrate their skills, knowledge, values, and potential more effectively.
- In-situ simulation training has been expanded across clinical areas to address learning needs in low-frequency, high-risk scenarios. These simulations provide staff with practical experience in managing clinical situations they may encounter infrequently, helping to improve knowledge, technical skills, team communication, and patient safety

APLS/EPALS - 78% of band 6 staff passed
Appropriate HDU level 1& 2 Training:
HDU L1 : 76% (PCC1 Complete)
HDU L2: 21% (4 awaiting results)

LISTER

Challenges

As demand for paediatric services continues to evolve, several challenges have impacted service delivery over the past 12 months.

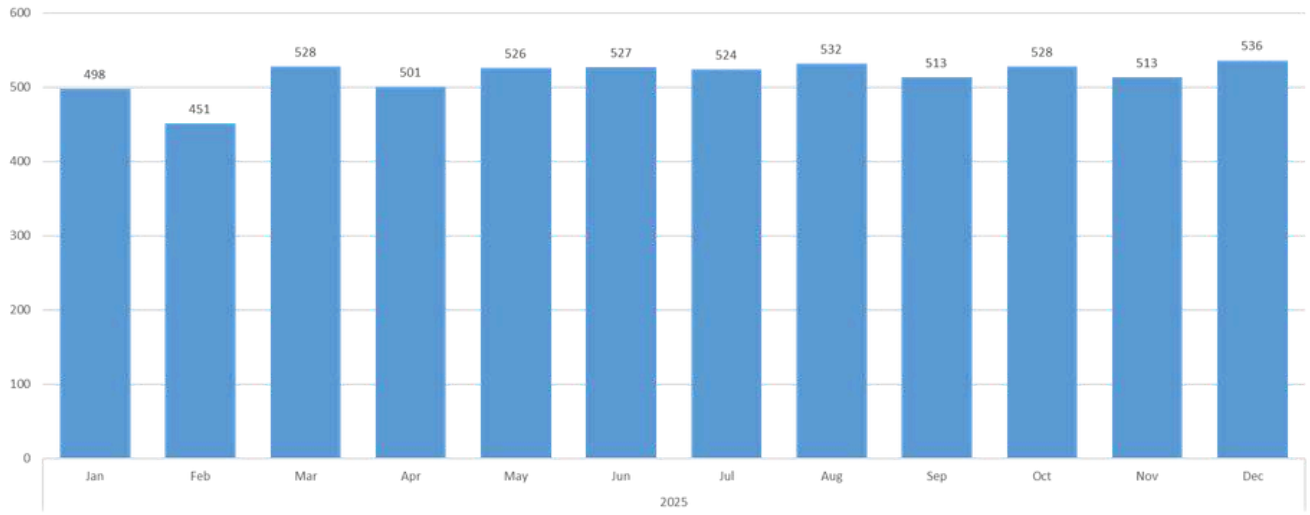
- We have experienced a significant increase in the number of children and young people presenting with mental health needs. These patients often require longer periods of assessment and observation, resulting in extended lengths of stay and an increased requirement for enhanced supervision and specialist support.
- Respiratory demand has remained high following an extended winter period, with sustained increases in the number of patients requiring advanced respiratory support, including CPAP and Optiflow therapy. This increased acuity has placed additional pressure on staffing, bed capacity, and equipment resources.
- The inability to redirect children presenting with minor illness to the UTC has resulted in increased attendances within the CED
- Challenges remain within the streaming process in CED, particularly where appropriate alternative services or community pathways are unavailable. This can limit opportunities to redirect patients to the most suitable care setting and impacts departmental flow.
- Workforce capacity continues to be affected by the need to backfill clinical positions while staff undertake long-term educational and professional development programmes. While these opportunities are essential for workforce development and succession planning, they can create short-term staffing pressures within operational services.

ANNUAL REPORT 2025 DATA

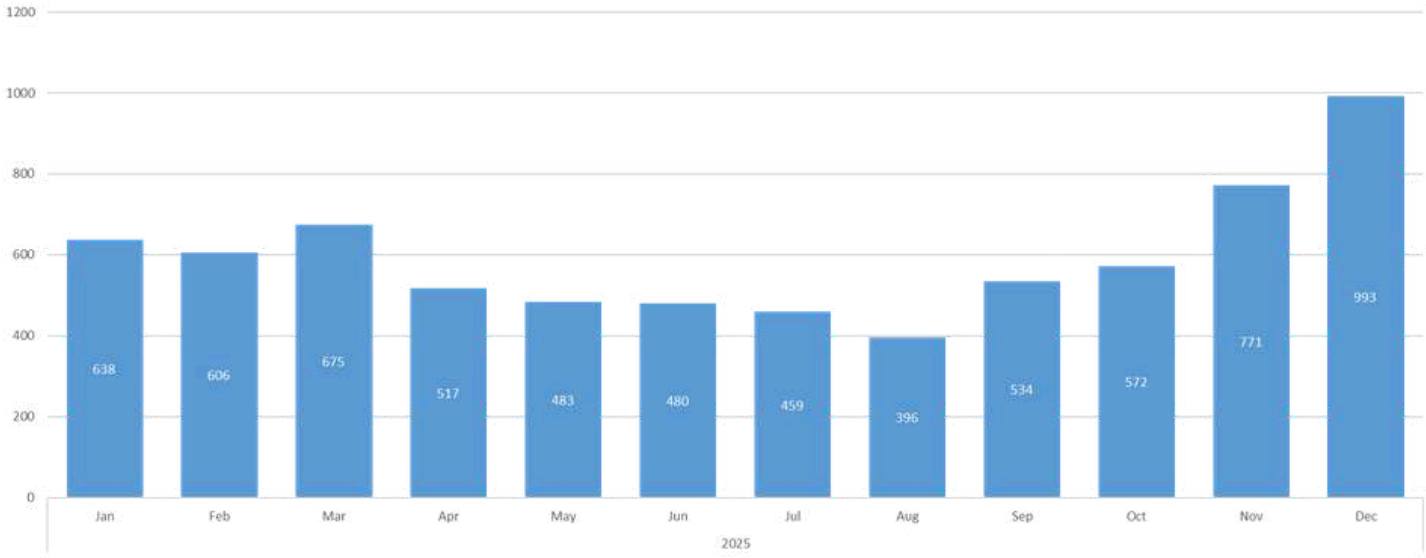
East of England Paediatric Critical Care Operational Delivery Network

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

TOTAL NUMBER OF DAILY SIT REP FORMS RECEIVED PER MONTH 2025



TOTAL NUMBER OF CRITICAL CARE LEVEL DAYS - 2025
PREVIOUS 24 HOURS (MIDDAY-MIDDAY)



TOTAL NUMBER OF CRITICAL CARE LEVEL DAYS - 2025
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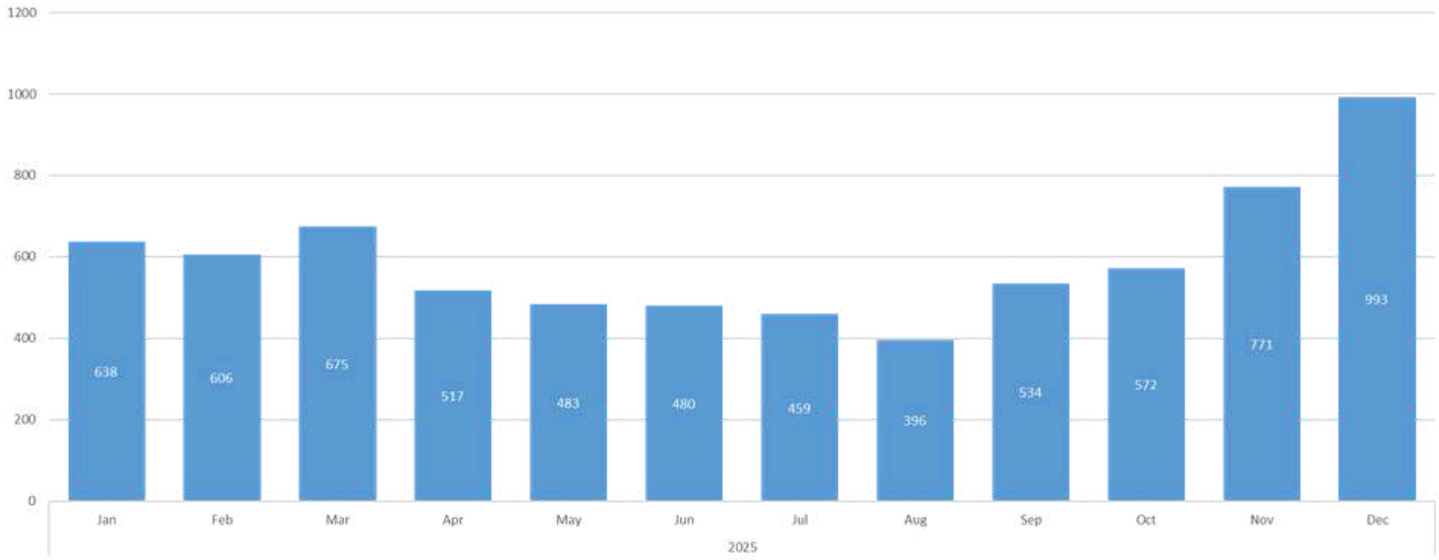
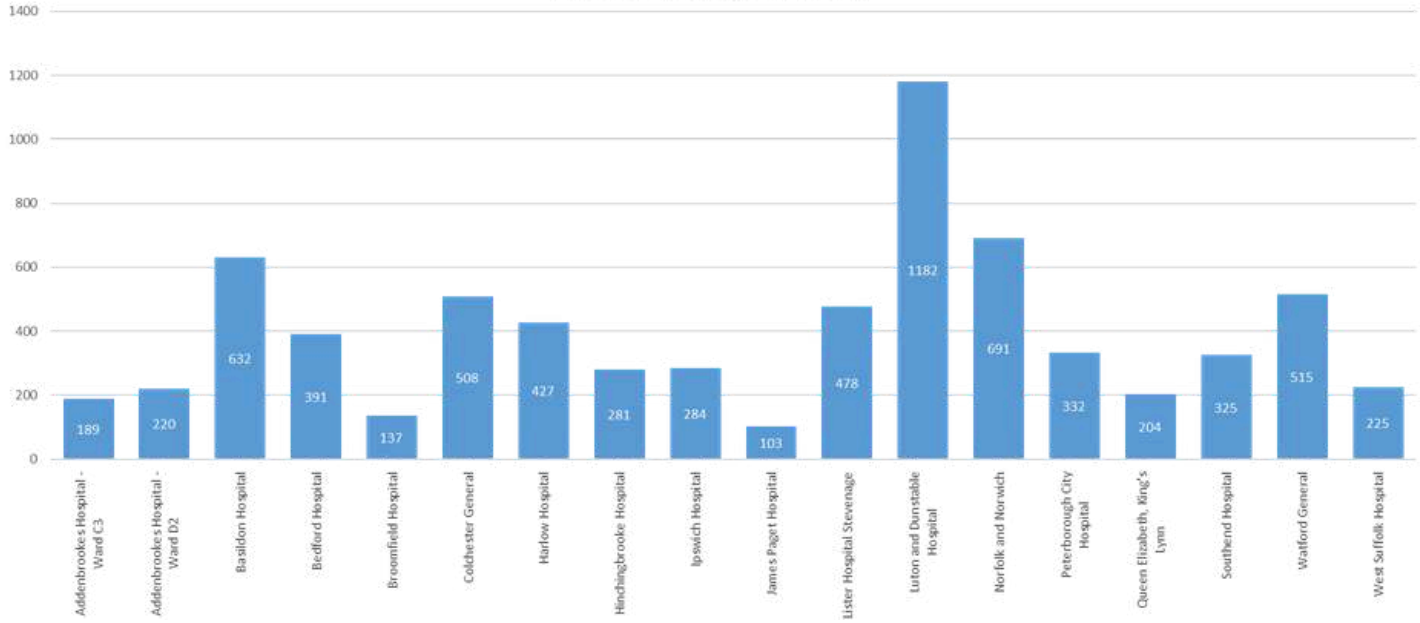
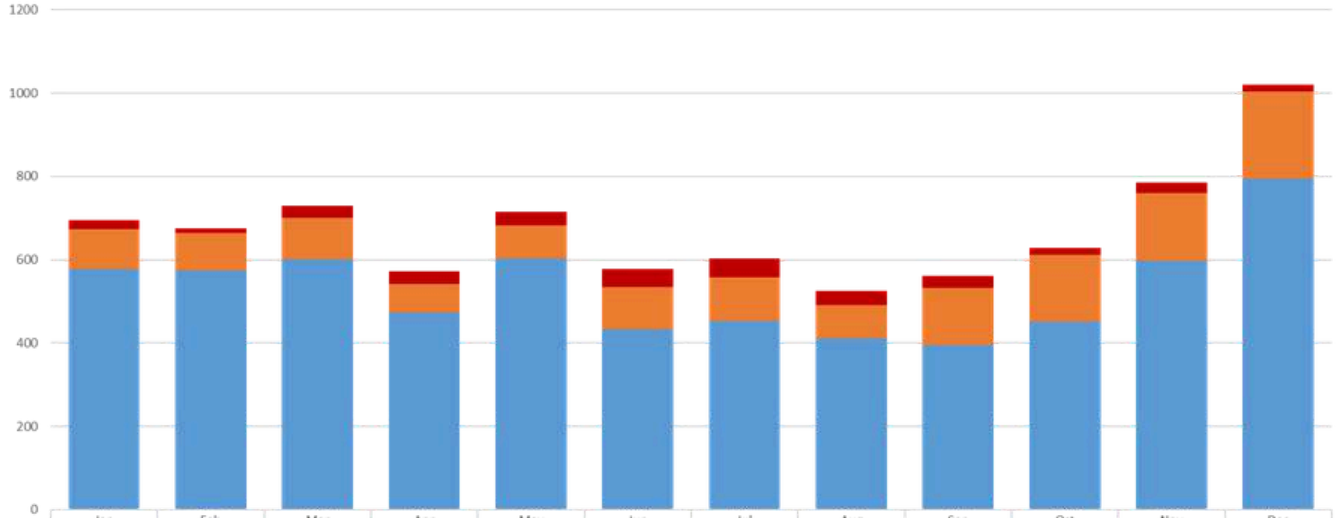


NUMBER OF CRITICAL CARE LEVEL DAYS BY TRUST 2025
PREVIOUS 24 HOURS (MIDDAY-MIDDAY)

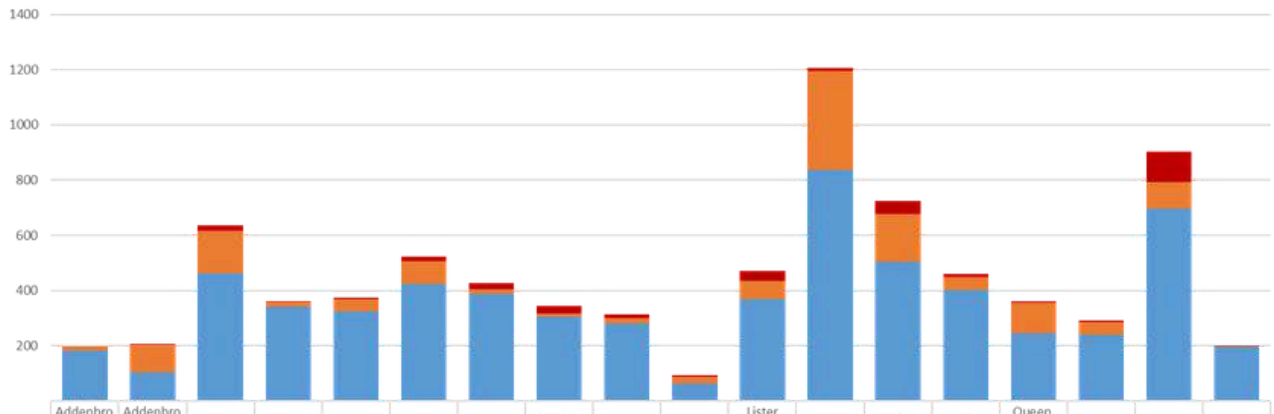


TOTAL NUMBER OF CARE LEVEL DAYS BY MONTH - 2025



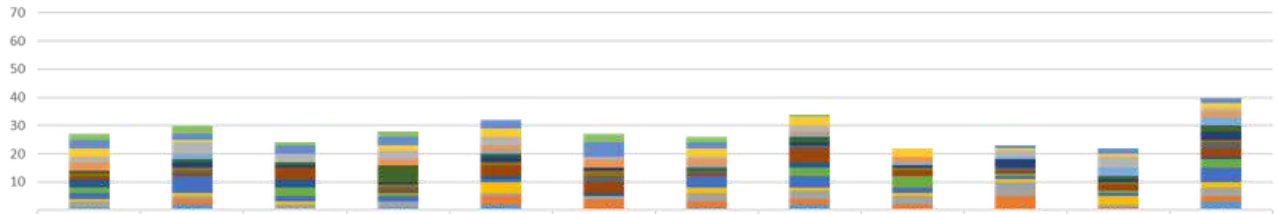
2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Level 3 patients	22	11	28	31	31	42	44	34	29	17	25	16
Level 2 patients	96	90	100	70	81	102	105	79	137	161	163	208
Level 1 patients	577	574	601	472	602	433	453	412	396	451	597	795

TOTAL NUMBER OF CARE LEVEL DAYS BY TRUSTS - 2025



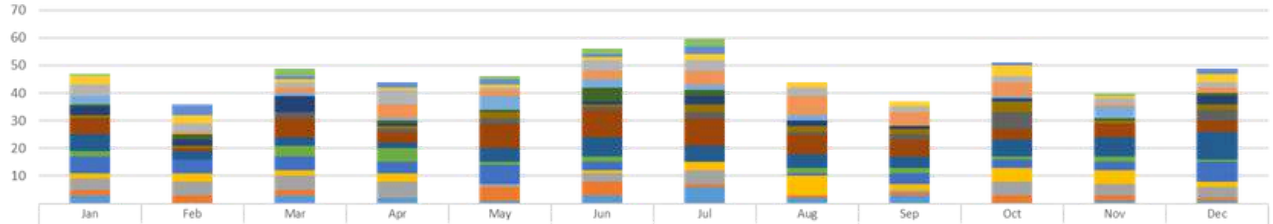
	Addenbrookes Hospital - Ward C3	Addenbrookes Hospital - Ward D2	Basildon Hospital	Bedford Hospital	Broomfield Hospital	Colchester General	Harlow Hospital	Hinchingbrooke Hospital	Ipswich Hospital	James Paget Hospital	Lister Hospital Stevenage	Luton and Dunstable Hospital	Norfolk and Norwich	Peterborough City Hospital	Queen Elizabeth, King's Lynn	Southend Hospital	Watford General	West Suffolk Hospital
Level 3 patient Days		3	17	1	4	16	20	26	12	6	34	11	46	12	6	5	109	2
Level 2 patient Days	17	100	156	17	44	83	19	11	20	24	67	358	173	47	110	48	96	2
Level 1 patient Days	181	103	462	341	326	424	387	306	281	64	369	837	505	401	244	239	697	196

NUMBER OF REPATRIATIONS - 2025
PREVIOUS 24 HOURS (MIDDAY-MIDDAY)



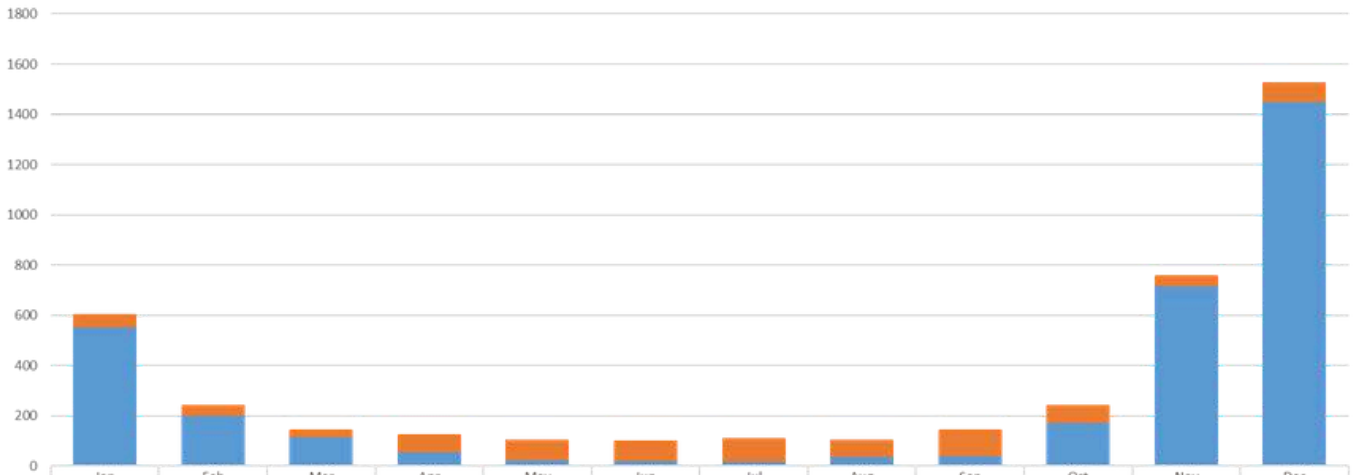
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2025											
Addenbrookes Hospital - Ward C3	2	3	1	2		3	2	1				
Addenbrookes Hospital - Ward D2	3	2	3	3	3	5	2			1	2	2
Basildon Hospital	3	1		2	3		3	3	3	1	1	2
Bedford Hospital	2	4	3	3	3	1	1	2		2	4	1
Broomfield Hospital	3			2	2	3	2	1	2			2
Colchester General		2			1		1	1	1	1	3	3
Harlow Hospital	1	1	1	6	1		1	2			1	2
Hinchingbrooke Hospital		2	1	1	2	1		1	1	3	1	3
Ipswich Hospital	1	1		1	1	2			1		1	1
James Paget Hospital		1		1		2	1	1		1		2
Lister Hospital Stevenage	1	1	4	1	4	4	1	5	2	1	2	3
Luton and Dunstable Hospital	3		3		1	1		2				1
Norfolk and Norwich	2		3	1				3	4	1	1	3
Peterborough City Hospital	2	6	2	2	1		4	4	2	1	1	5
Queen Elizabeth, King's Lynn	1	1	1		4		2	1	1	1	3	2
Southend Hospital	2	1	2	2	1	1	3	3	3	5	1	3
Watford General		2			3	4	2	2	2	5	1	2
West Suffolk Hospital	1	2		1	2		1	2				3

NUMBER OF TIME-CRITICAL TRANSFERS - 2025
PREVIOUS 24 HOURS (MIDDAY-MIDDAY)



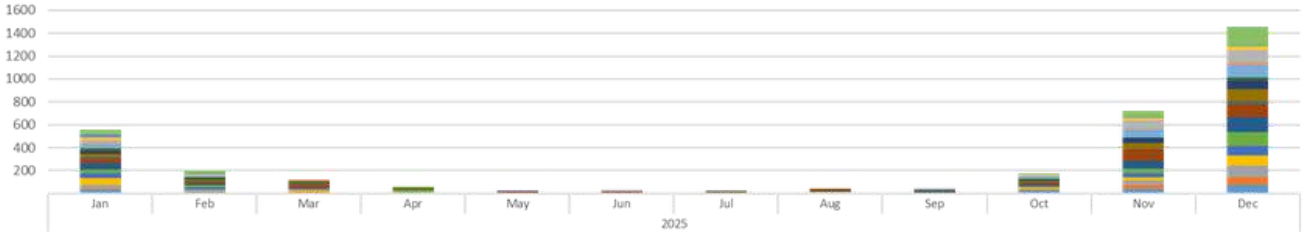
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2025											
Addenbrookes Hospital - Ward C3	1		3		1	2	3				1	
Addenbrookes Hospital - Ward D2		4	1	2	2	1	3			1		2
Basildon Hospital	3	3	1	1	1	1	2	2	2	4	1	3
Bedford Hospital	4	3	2	5	1	4	4	3	2	2	2	2
Broomfield Hospital		1	2	5	2	3	5	7	5	5	1	2
Colchester General	3		1	1	5	3	2	2		1	4	
Harlow Hospital	1	2		1	1	5	2				1	1
Hinchingbrooke Hospital	3	2	6	1		1	3	2	1	1		3
Ipswich Hospital	1	1		1	2	1	3	2	2	4	1	2
James Paget Hospital			2	1	2	1	2	1	2	6		4
Lister Hospital Stevenage	6	1	7	4	9	10	10	7	6	4	5	4
Luton and Dunstable Hospital	6	3	3	2	5	7	6	5	4	6	7	10
Norfolk and Norwich	2		4	5	1	2		2	2	1	2	1
Peterborough City Hospital	6	5	5	4	7	3		1	4	3	3	7
Queen Elizabeth, King's Lynn	2	3	2	3		1	3	7	2	5	5	2
Southend Hospital	4	5	5	6	1	3	5		1	5	4	4
Watford General	2	3	2		5	5	1	1	1	3	2	1
West Suffolk Hospital	3		3	2	1	3	6	2	3		1	1

NUMBER OF RSV+VE - COVID +VE/SUSPECTED +VE - 2025



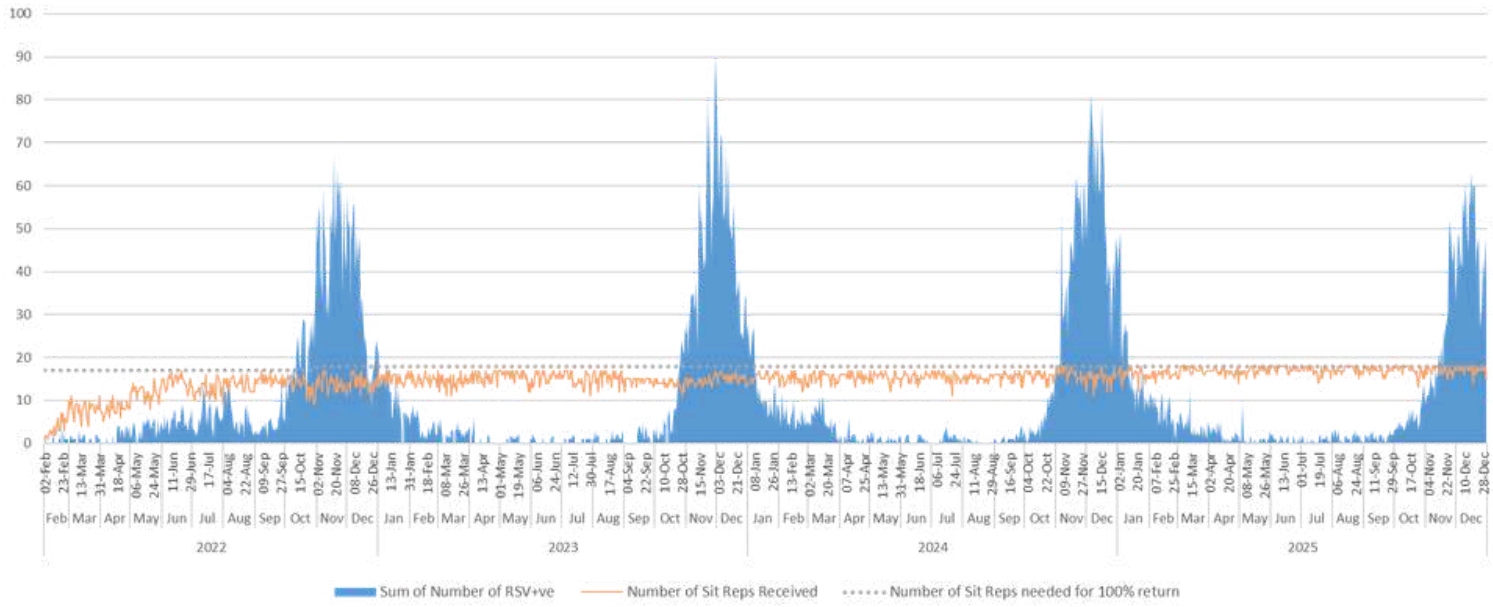
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Covid +ve/ suspected +ve	46	37	24	65	77	74	89	61	98	64	39	72
RSV+ve	556	203	118	58	26	24	19	40	44	176	718	1452

NUMBER OF RSV+VE BY TRUST- 2025

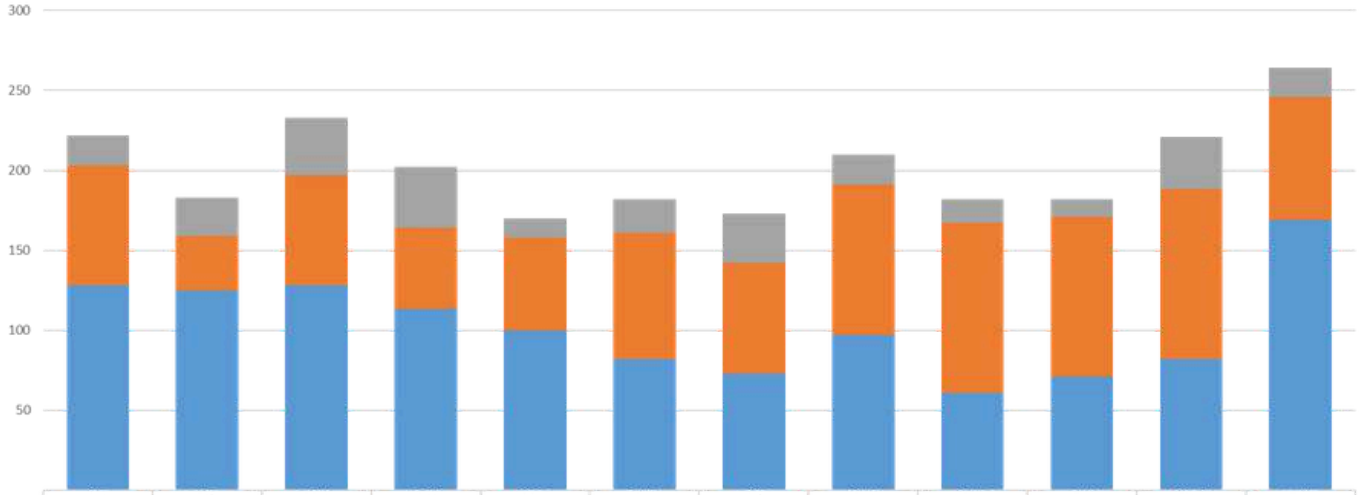


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Addenbrookes Hospital - Ward C3	41	26	1	2						7	54	159
Addenbrookes Hospital - Ward D2	27	7								1	8	11
Basildon Hospital	21	6		2						3	15	33
Bedford Hospital	26	5	2	1		1	1		2	16	74	110
Broomfield Hospital	14	4	4	1	4	2	1	1	2	3	13	19
Colchester General	34	10	1			2			8	15	67	106
Harlow Hospital	26	16	10	9	2		2	6	15	17	5	26
Hinchingbrooke Hospital	19	6	5		9		2	7		9	43	77
Ipswich Hospital	26	15	9		1		2	3		9	51	101
James Paget Hospital	26	5	14						2	1	11	36
Lister Hospital Stevenage	30	13	23	9	2	6	4	3	5	13	91	111
Luton and Dunstable Hospital	55	16	2	3				2	1	12	68	128
Norfolk and Norwich	33	20	3	15	3	3	1	1		12	42	120
Peterborough City Hospital	45	18	14	3		3	5	5	4	3	34	85
Queen Elizabeth, King's Lynn	56	10	12	3	3	5		5		12	27	83
Southend Hospital	34	13	2	2				3	1	13	38	105
Watford General	10		10	3	2	2	1	4		6	40	66
West Suffolk Hospital	33	13	6	5					4	24	37	76

NUMBER OF RSV+VE PATIENT DAYS - FEBRUARY 2022 TO DECEMBER 2025

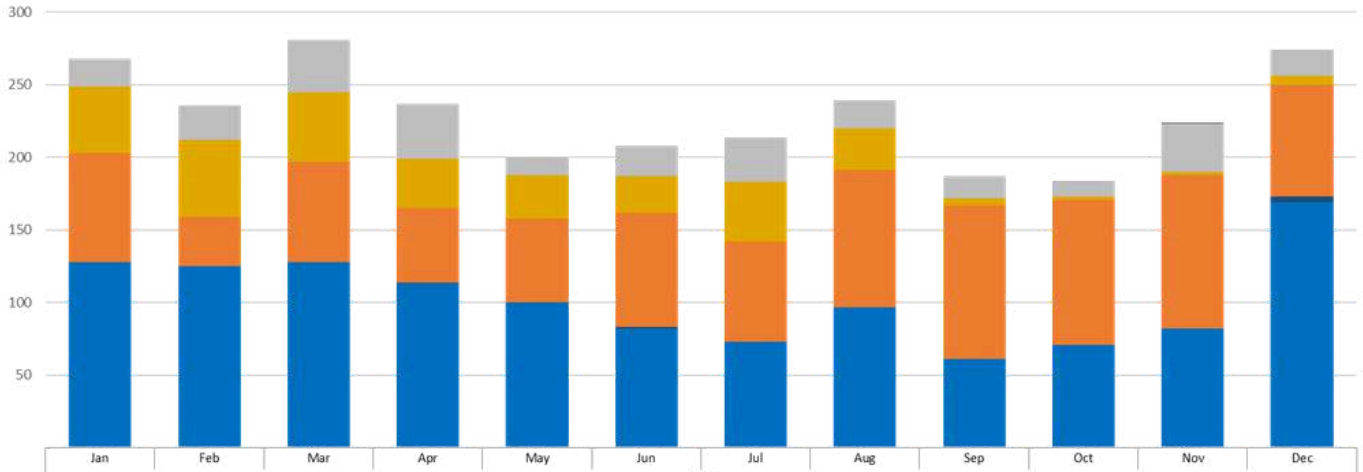


PICU - NUMBER OF LEVEL 1, LEVEL 2 & LEVEL 3 CARE DAYS PER MONTH - 2025



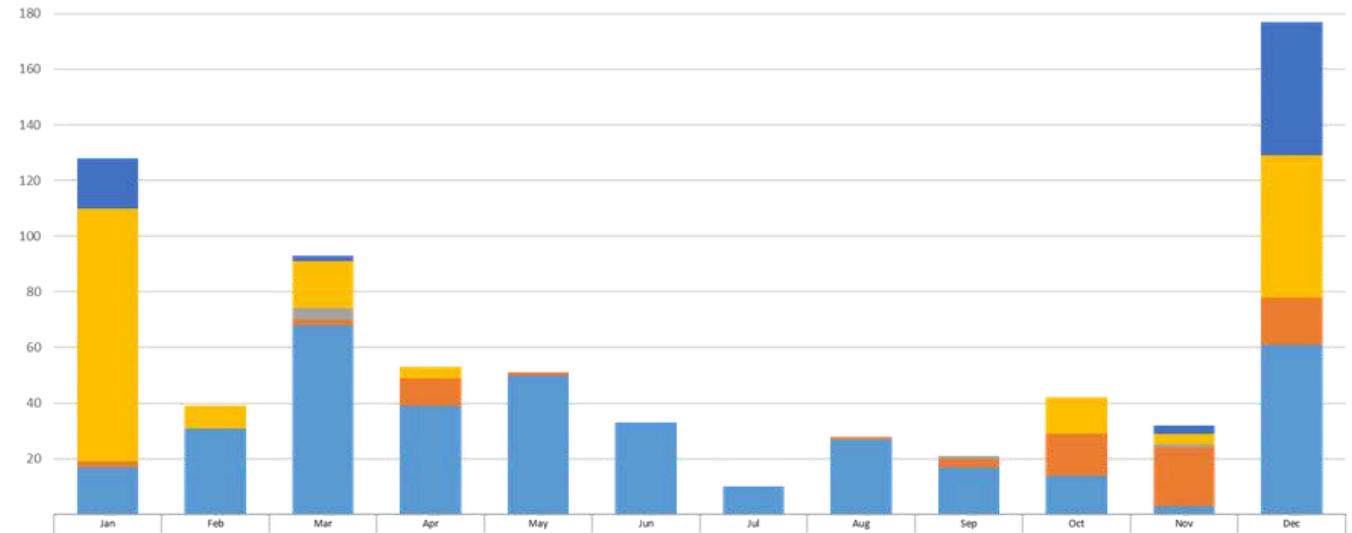
2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Level 1 Patients	19	24	36	38	12	21	31	19	15	11	33	18
Level 2 Patients	75	34	69	51	58	79	69	94	106	100	106	77
Level 3 Patients	128	125	128	113	100	82	73	97	61	71	82	169

PICU - NUMBER OF LEVEL 1, LEVEL 2 & LEVEL 3 AND LTV PATIENT CARE DAYS PER MONTH - 2025



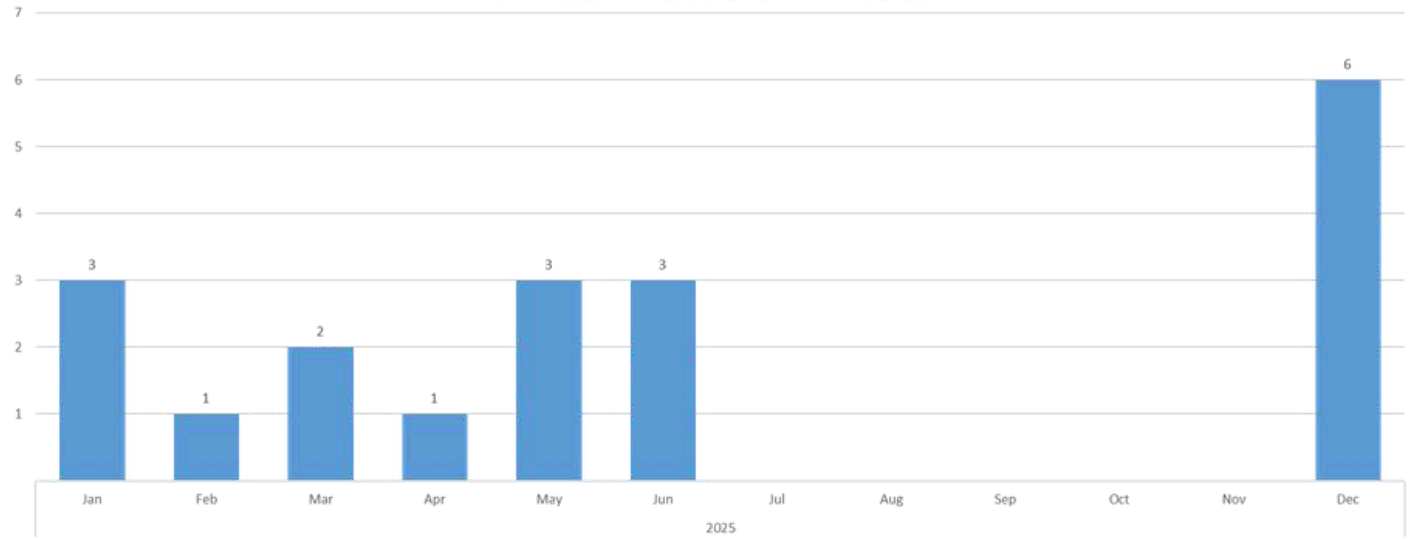
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2025											
LTV patients L1 Care											1	
Level 1 Patients	19	24	36	38	12	21	31	19	15	11	33	18
LTV patients L2 Care	46	53	48	34	30	25	41	29	5	2	2	6
Level 2 Patients	75	34	69	51	58	79	69	94	106	100	106	77
LTV patients L3 Care				1		1						4
Level 3 Patients	128	125	128	113	100	82	73	97	61	71	82	169

Total number of respiratory virus patient care days
January 2025 to December 2025

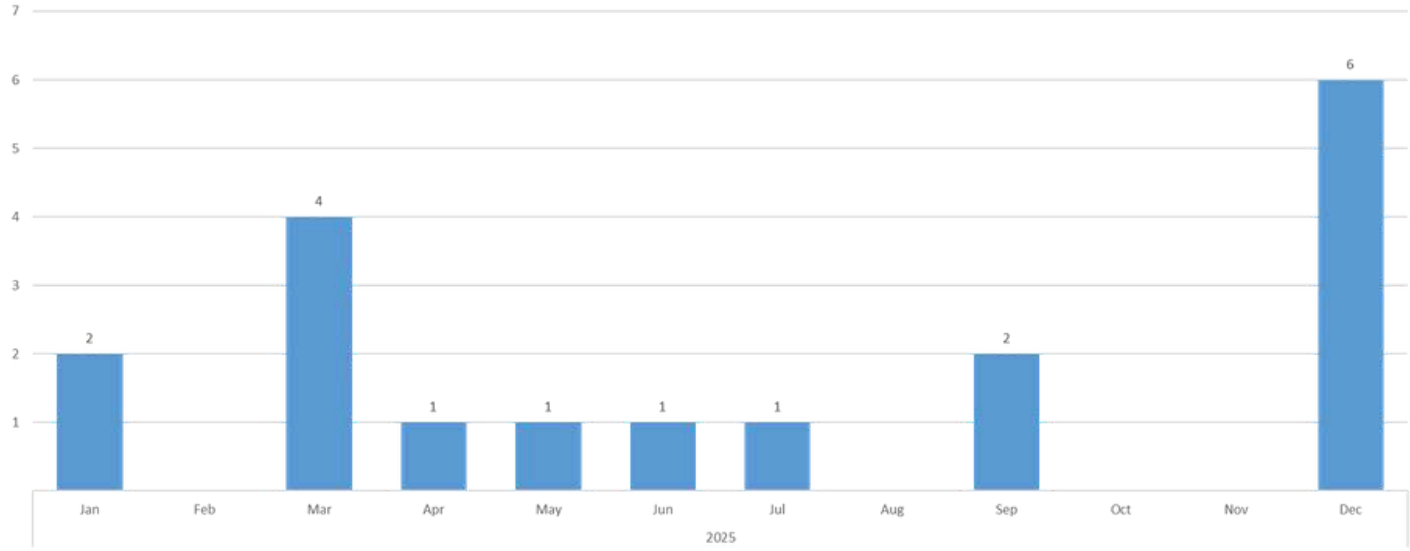


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2025											
RSV	18		2								3	48
Flu +ve patients	91	8	17	4						13	4	51
Covid +ve patients			4						1		1	
RhiNo	2		2	10	1			1	3	15	21	17
Other respiratory illnesses	17	31	68	39	50	33	10	27	17	14	3	61

PICU - NUMBER OF REFUSALS BY MONTHS 2025



PICU - NUMBER OF CANCELLED ELECTIVES BY MONTHS 2025



PICU - DISCHARGE/REPATRIATION DELAYED FOR NON-CLINICAL REASON BY MONTHS 2025