ANNUAL REPORT 2025

East of England Surgery in Children 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.

2026 has been a busy year with some focus for SIC on areas both in and out of region where outcomes for children have been below the standard we would expect. This has led to in-depth reports and recommendations which the ODN support and will continue to take forward. There has been a continued focus on elective recovery with some real innovation seen across the region. As an ODN we try to support and share good practice.

The ODN team have worked on developing standardised guidelines which has been successful and we thank the region for their support in developing these. There has been changes around data flows which have impacted our ability to share data, but the team continue to put together data resource packs to help trusts review and compare their data.
We have had a focus on Play and its importance within paediatric surgical services. A report produced has highlighted the gap within the Play workforce something which we feel is a vital resource for the delivery of high-quality services.

We have said goodbye to both Jessica Bewick, Pranav Kukreja and Anish Sanghrajka as workstream leads, we wish them well in their new roles and thank them for the immense contribution to the network. The ODN would also like to now welcome our new ENT lead Marie Lyons, Liz Ashby as our new orthopaedic lead and Zoe Ovenden as our anaesthetic lead. Whilst the team has changed we know the excellent work which has been developed by our workstream leads will continue.

With the changing landscape the ODN will continue to raise the profile of paediatric services and work with you all to continue to ensure high quality services within the region.

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.

Liz x

DAMIAN GRIFFITHS
LEAD NURSE

2025 was a significant year for the East of England Surgery in Children Operational Delivery Network, marking a shift from review and understanding towards delivery, assurance and implementation. Building on the learning gained through the Surgery in Children self-assessment review programme, the network focused on reducing unwarranted variation, strengthening pathways, improving elective services, supporting workforce development and ensuring that review findings translated into meaningful action.

Work during the year spanned a broad range of priorities, including general surgery and urology, ENT, orthopaedics, anaesthetics, neonatal surgery, pre-operative assessment, education, data and assurance. Across each of these areas, the emphasis was on supporting providers to deliver safe, effective and equitable care for babies, children and young people across the East of England.

A major milestone was the completion of the regional thematic synthesis of the Surgery in Children review cycle across all 17 provider organisations. While the review identified many examples of good practice, strong multidisciplinary working and committed clinical leadership, it also highlighted ongoing challenges around workforce sustainability, access to specialist services, variability in pathway development and differences in service maturity across the region. These findings helped shape the network's priorities for 2025/26 and informed subsequent action planning with individual trusts.

Health Play Specialist project

Alongside the core surgical programme, the network expanded its focus to areas that have a direct impact on the experience and outcomes of babies, children and young people receiving care. One of the most notable pieces of work during 2025 was the first regional review of paediatric health play services across all 17 provider organisations.

The review included a comprehensive workforce scoping exercise, reporting through the Clinical Oversight Group and implementation of the Play Well benchmarking standards. Findings demonstrated the value placed on play services across the region but also highlighted considerable workforce challenges. Sixteen of seventeen trusts reported significant staffing shortfalls and fewer than one-third fully met the play policy and advocacy standard. The review has provided an important baseline from which future workforce planning, service development and business case work can progress.

LEAD NURSE UPDATE

Delivery against clinical priorities

Good progress was made across several pathway and guideline priorities during 2025. Regional guidance for complex paediatric trauma and abdominal pain was completed, while a review of NHS 111 testicular torsion pathways and a regional deep dive into paediatric circumcision were also delivered.

Work continued on a number of other priorities, including drafting pyloric stenosis guidance, improvements to testicular torsion referral pathways, reducing avoidable transfers associated with NHS 111 pathways, the developmental dysplasia of the hip project and ongoing monitoring of negative appendicectomy rates and Evidence Based Intervention performance. These programmes will continue into 2026 as part of the network's commitment to reducing variation and supporting best practice.

Progress within the ENT workstream was more variable. Important work relating to day-case tonsillectomy, readmission review and pathway development continued throughout the year and remained on track. However, some projects progressed more slowly than planned, largely reflecting workforce and leadership capacity challenges within the specialty. Areas including intracapsular tonsillectomy, standardised post-operative pain management and hearing loss work remain priorities for future delivery.

Pre-Assessment and Anaesthetics

Paediatric Pre-operative Assessment remained an important focus throughout the year. A revised regional benchmarking tool was developed and working group reviews of current practice were completed. However, wider benchmarking activity was delayed pending anticipated updates to national APAGBI guidance, and this in turn affected progress on several related projects.

These delays reinforced the challenge of moving from local innovation and shared learning towards fully standardised regional approaches. Despite this, the Pre-Assessment Community of Practice remained active via Microsoft Teams, FutureNHS and continued to provide an important forum for networking, shared learning and service improvement across the region.

Assurance, data and continuous improvement

During 2025, the ODN continued to strengthen its approach to assurance and follow-up after reviews. Quarterly dashboard reporting through the Clinical Oversight Group continued, additional regional metrics were developed, and there was greater focus on reviewing progress against trust action plans following service reviews.

This work reflects an evolving approach to assurance. Rather than reviews being viewed as a standalone event, greater emphasis has been placed on tracking progress over time, understanding regional themes and supporting providers to implement improvement actions. Updates to the service review strategy and inclusion of additional metrics, including GIRFT hospital dentistry indicators, will further strengthen this approach.

The thematic review reinforced the importance of this work. While services across the East of England continue to demonstrate strong commitment to delivering high-quality care, variation remains in pathway development, workforce resilience and access to services. Elective waiting times for babies, children and young people also continue to exceed those experienced by adults in a number of areas, reinforcing the need to maintain focus on elective recovery, pathway improvement and productivity.

LEAD NURSE UPDATE

Workforce development and education

Workforce development remained one of the network's most successful areas of delivery during 2025. The Paediatric Critical Care ODN Education Team continues to support Surgery in Children with established programmes such as the Post Anaesthetic Care Unit course, Foundations of Surgical Nursing Study day and the Pre-Operative Assessment Practitioner Course. Trauma and orthopaedic forums continued to support workforce capability across the region, while Pre-Operative Assessment education also expanded through webinars and an ODN Community of Practice forum.

Alongside formal education programmes, the network continued to support communities of practice, competency development and peer learning opportunities. Collectively, these initiatives have helped strengthen professional networks, improve access to learning and support workforce sustainability across paediatric surgical services.

Strategic leadership and national influence

The year also provided opportunities to contribute to improvement work beyond the region. During 2025, Damian undertook a part-time secondment with the GIRFT Children and Young People team alongside his ODN role. Although the secondment concluded in June due to the absence of substantive role backfill, it provided valuable insight into national programmes relating to elective recovery, pathway variation and service improvement.

The experience strengthened links between regional and national work programmes and helped ensure that learning from national initiatives could be applied locally. Several areas of work, including pathway improvement and NHS 111-related projects, have continued within the ODN following the end of the secondment.

Summary

2025 was a year of consolidation, learning and progress for the East of England Surgery in Children Operational Delivery Network. The network completed its regional review programme, strengthened arrangements for assurance and improvement, and delivered progress across a wide range of clinical, workforce and educational priorities.

The year also saw the completion of the first regional review of paediatric health play services, providing valuable evidence to support future workforce planning and service development. At the same time, challenges remain around workforce sustainability, equitable access to services, pathway standardisation and the pace of implementation across a large and diverse region.

As the network moves into 2026, it does so with a clearer understanding of regional need, stronger data and assurance processes, and a continued commitment to working collaboratively with providers to improve outcomes, experiences and equity of access for babies, children, young people and their families across the East of England.

Link: East of England Surgery in Children ODN - FutureNHS Collaboration Platform

NETWORK HIGHLIGHTS 2025

17

Service reviews completed

Completed the regional Surgery in Children review programme across all provider organisations.

4 COGs

Clinical Oversight Group meetings

Providing governance, oversight and shared learning across the network.

6+ COPs

Communities of Practice

Bringing teams together to share experience, ideas and improvement work.

5+

Guidelines, pathways and audits produced

Including complex paediatric trauma, abdominal pain and ENT guidance.

5+

Education programmes delivered

Pre-operative Assessment, PACU, Foundations of Surgical Nursing, study days and regional learning forums.

6+

Regional improvement projects

Including health play, NHS 111 pathways, circumcision review, service review synthesis and data development.

Executive message

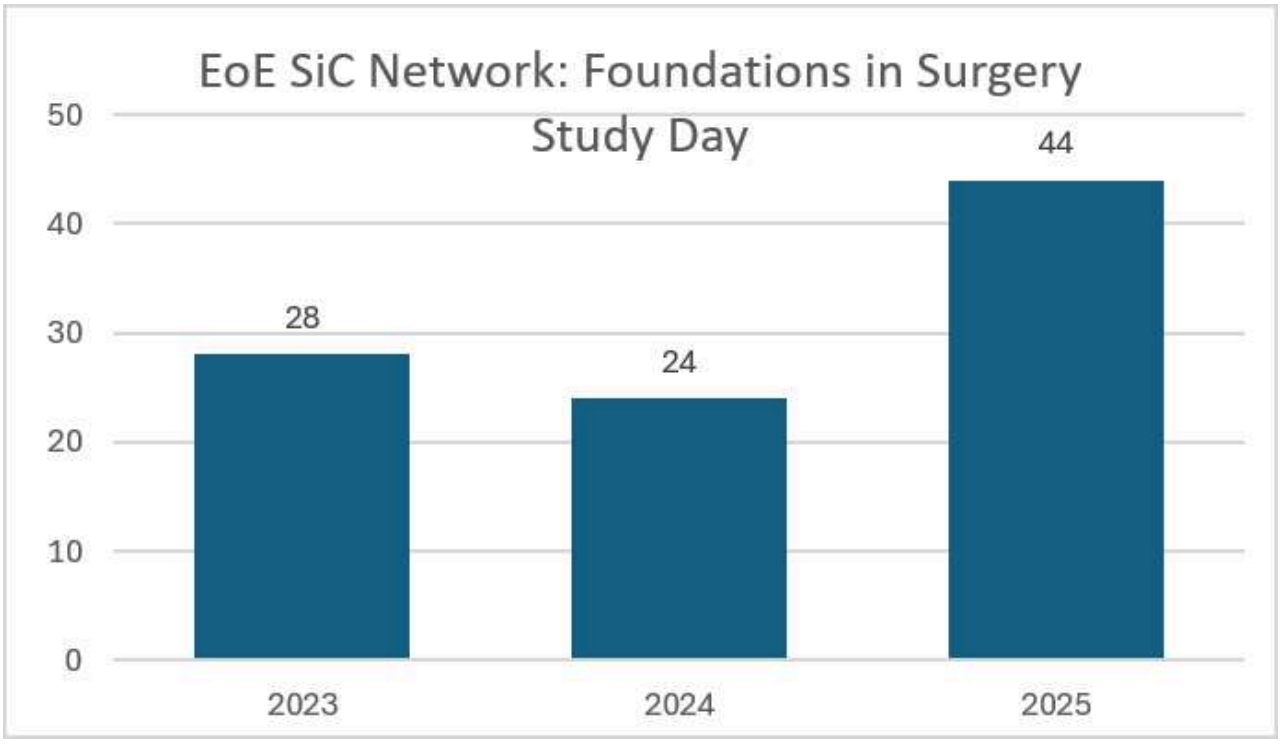
From service reviews and assurance to education, guidance and pathway development, the network continued to support improvements in children's surgical services across the East of England.

FRANCESCA WRIGHT
EDUCATION LEAD NURSE

JANE JONES
PRACTICE DEVELOPMENT LEAD NURSE

Education team update:
I continue to offer educational input to the SiC side of the network which was only possible during 2025 due to the support from Jane Jones in delivering PCC education and Katie Bagstaff continuing work with the ODN in addition to her matron role at CUH to bring the surgical expertise. I would like to acknowledge and thank them both for their work in supporting regional surgery education.

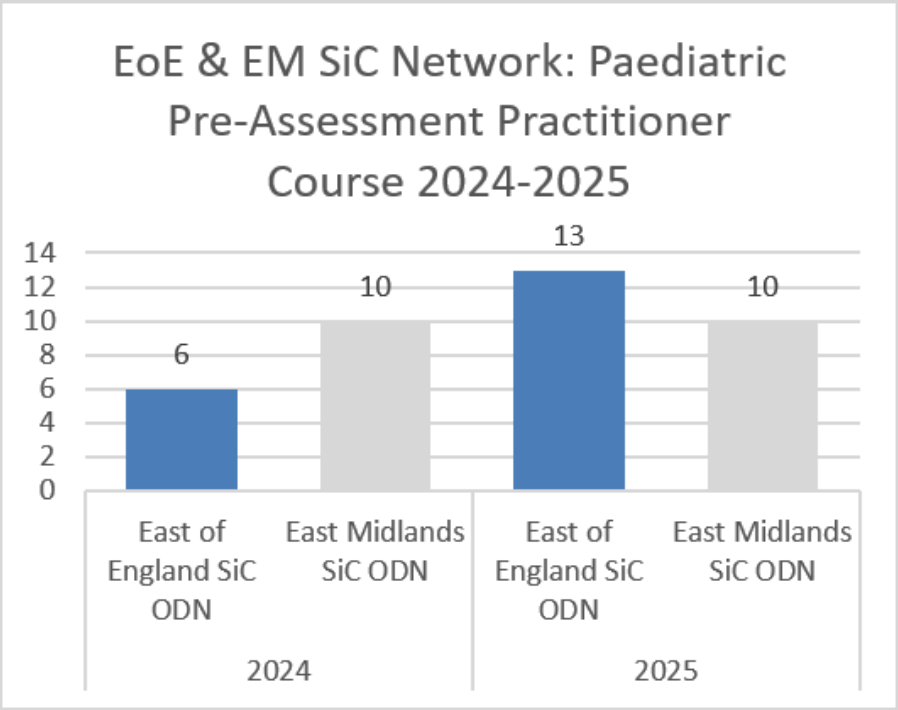
Study Days:
This popular day ran once again in 2025, despite my thinking it perhaps was no longer necessary (it was started post covid for newly registered nurses who had not experienced elective surgery due to Covid-19). On the advice and encouragement from the PDNs and lead nurses we went ahead with this day in October to coincide with the intake of newly registered nurses. Covering topics such as consent, play, pre assessment and post-operative deterioration and delivered on-line we had a great attendance and interaction from the delegates with numbers up considerably from previous years as demonstrated by the chart below.



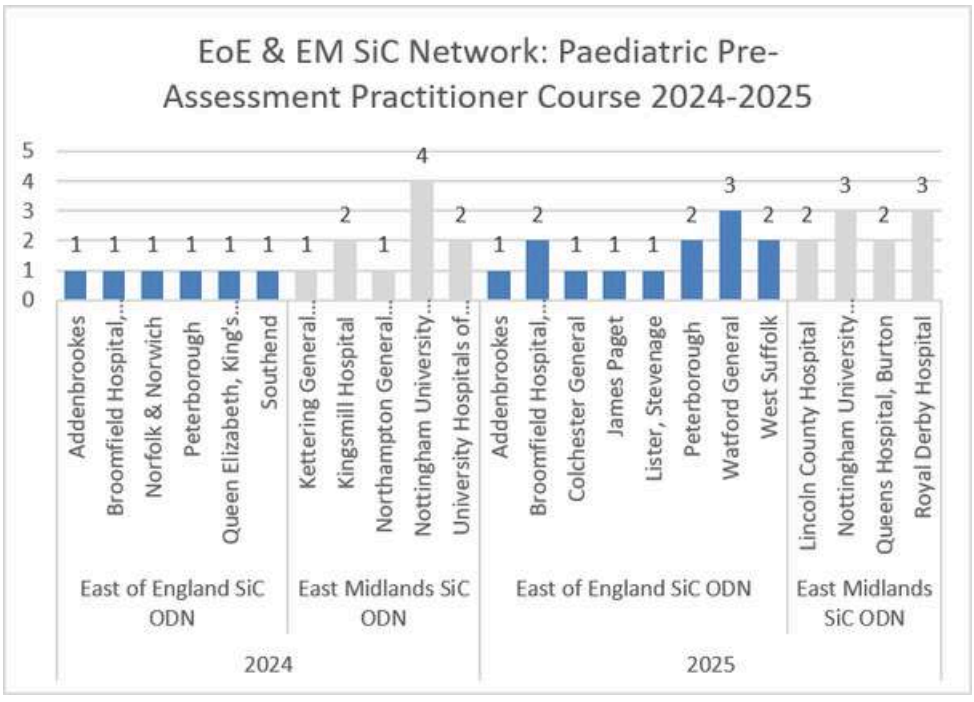
EDUCATION UPDATE

Paediatric Pre Assessment Course:

This course is delivered for East Midlands and East of England regions together as part of the national collaboration initially offered by the South West and Thames Valley, Wessex ODNs who built the course originally. Through delivering this course, we are also involved in an annual review of the syllabus and assessment criteria. The course is offered free of charge to in region delegates, numbers were slightly down in 2025 compared to 2024 (the first year the course was offered).



In 2024 we experienced a big drop off of delegates just prior to the course starting, so in order to ensure potential delegates and their line managers both had an understanding of the course aims objectives and requirements we ran a webinar in Feb 2025 which we hope helped to inform and manage expectations. The webinar remains available on our NHS Futures page.

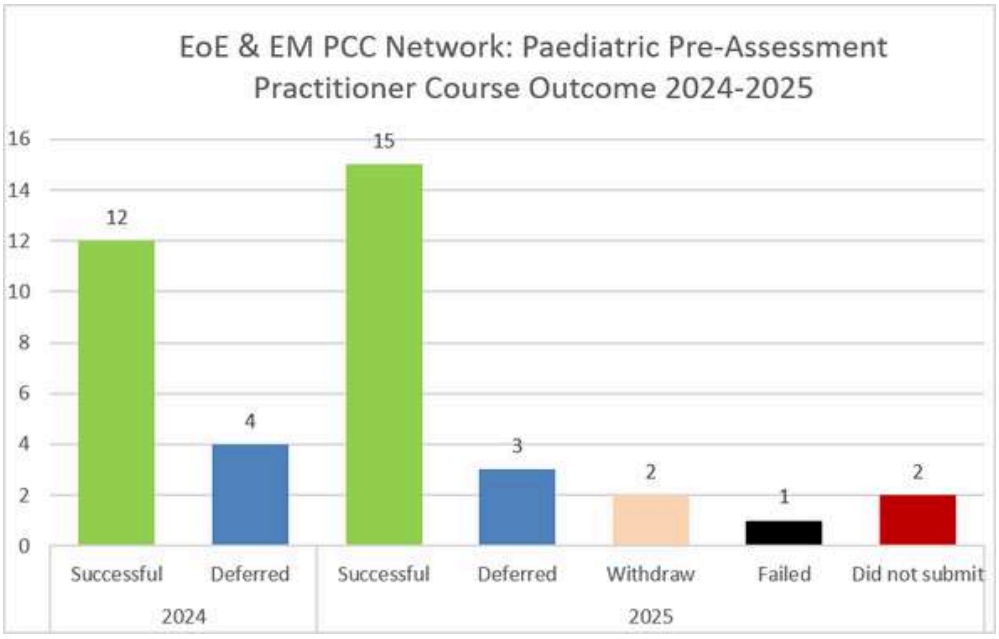


This graph shows the spread of units from EoEand EM accessing the POA course in 2025.

EDUCATION UPDATE

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

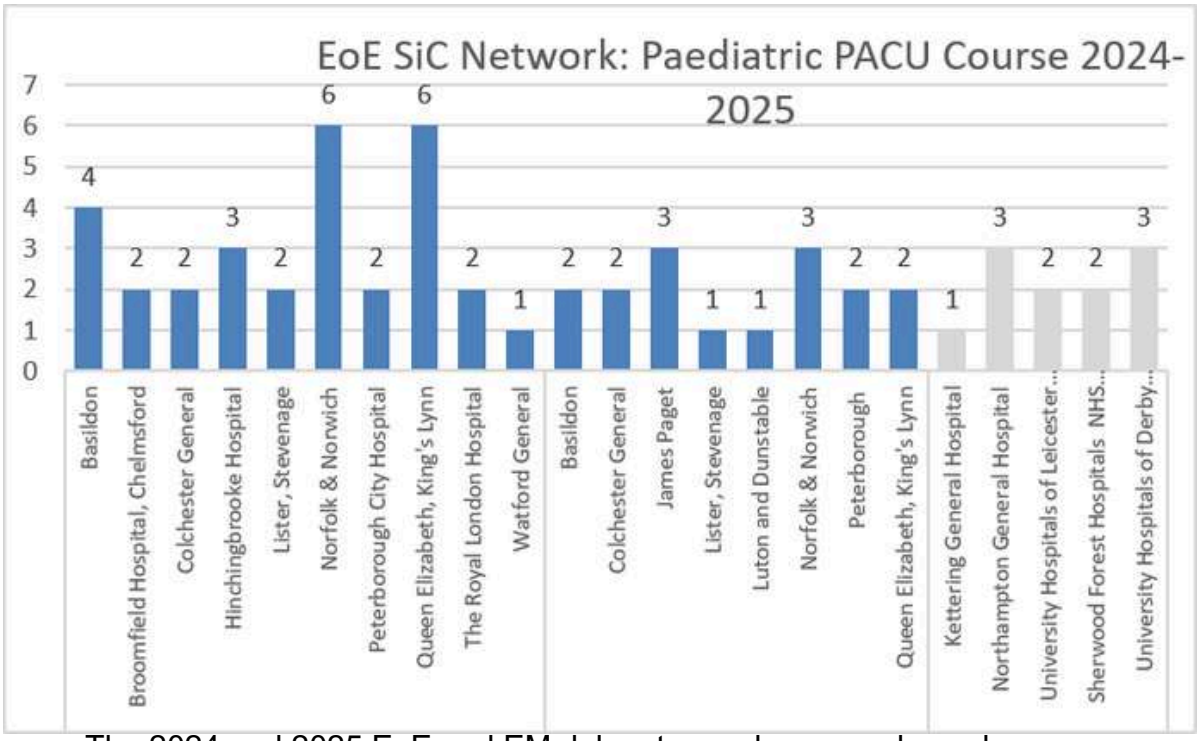
Of the 23 delegates who started the course in 2025, (at the time of writing) 15 completed, 2 withdrew due to leaving their post, 3 either did not submit (despite support being offered) or failed (did not reply to offers of support) and 3 have deferred due to unforeseen circumstances. We do keep checking in with delegates who are struggling to complete for a variety of reasons and offer any help or support in order for them to complete.



It is likely, given the numbers, that this will continue to be offered as a collaboration between the networks annually, and really exhibits what networks are designed to do in terms of reduction in duplication of effort, and equity of access.

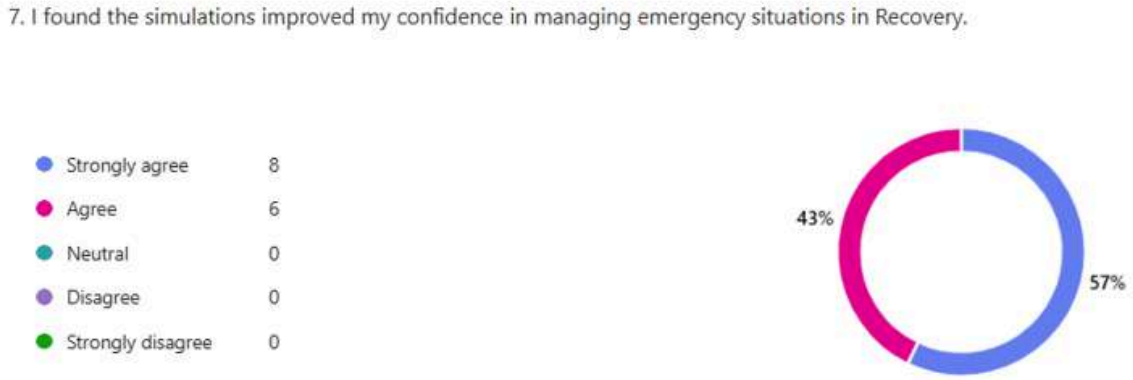
EDUCATION UPDATE

Paediatric Post Anaesthetic Care Unit Course:
The network are delighted that Katie Bagstaff has continued to work with us to deliver this course through 2025 when we offered 1 cohort (2 were provided in 2024) starting in the autumn. Having showcased this course nationally we had some interest from other ODNs hoping to run the course locally and a request from our neighbours, the East Midlands network to widen it to include staff from their region. Whilst this required some logistical planning due to the face-to-face element, we were able to make the necessary arrangements with support from clinicians in EM and so we had 11 delegates from EM join us in 2025.



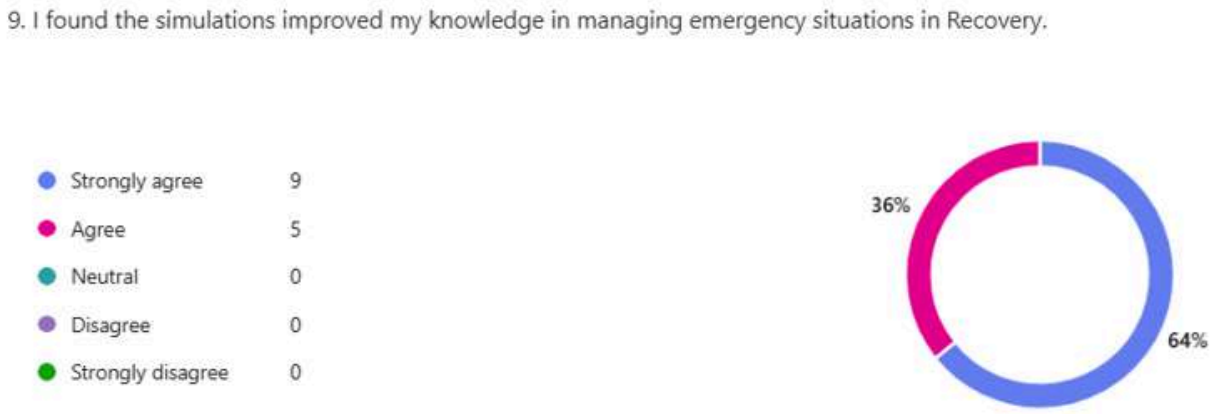
The 2024 and 2025 EoE and EM delegate numbers are shown here,

Following the SIM Day all participants agreed or strongly agreed that their confidence in managing emergency situations in the recovery unit had improved.



EDUCATION UPDATE

All delegates also reported an improved knowledge in managing emergency situations.



The following comments were also made by delegates:

"It was eye opening… as it reinforced the importance of nurses being prepare, confident and able to take the lead when needed"

"Happy to see peers also needing practice with anaesthetic circuits. Anaesthetist was very approachable during this session, thank you!"

"Great to have nurse peers, very good learning tool"

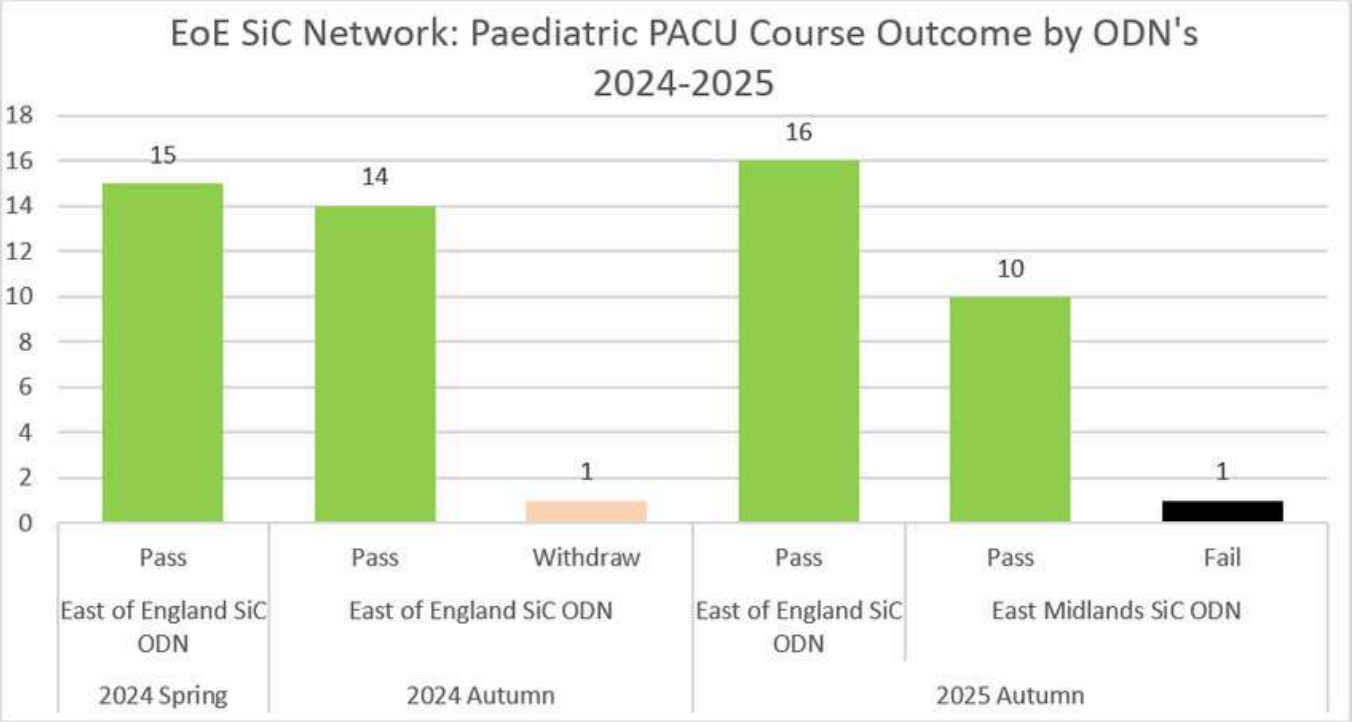
"All simulations were real life examples and were really helpful"

"Thank you for all the great teaching today"

"the day was very well organised and valuable"

EDUCATION UPDATE

The course outcomes are displayed below, split for each network and across 2024 & 2025 for comparison. As you can see, there are very high levels of successful completion of PACU.



I would like to extend my heartfelt thanks to all the speakers who have supported the delivery of education throughout the region, as well as to the professionals who have encouraged and supported their colleagues in participating in these courses. I would also like to recognise the extended ODN team for their outstanding knowledge, commitment, and support in bringing this educational programme to fruition. With the on boarding of new clinical leads across the network I look forward to seeing what we can achieve going forward.

ENIKO ERDODI
PROJECT MANAGER

Throughout 2025, my role has included coordinating and supporting delivery of the Surgery in Children (SiC) work programme across the region. This has involved maintaining oversight of key priorities, contributing to workstreams and meetings, and helping to ensure a consistent approach to planning, tracking and progressing agreed actions across the network.

A key area of work has been the use of national datasets and benchmarking tools to improve visibility of paediatric surgical demand, waiting list position and pathway performance across the region. This has included coordinating the use of RTT, Model Hospital and GIRFT-style measures within reporting and supporting their application in regional discussions.

Alongside data work, this role has also included coordination of SiC workstreams and projects, contributing to pathway and guidance development where required, and maintaining alignment across providers through stakeholder communication, document coordination and tracking of actions.

Eníko


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

CAMBRIDGE UNIVERSITY HOSPITAL

Lead Clinician: Anna-May Long

Service Overview
CUH provides tertiary paediatric surgical care for children and young people across the region and local population, supported by broad surgical, medical, allied health and critical care services.

Core surgical specialties: General surgery, urology, neonatal surgery, ENT, orthopaedics, trauma, plastics/cleft, neurosurgery, ophthalmology, maxillofacial surgery, interventional radiology and related paediatric services.

Key ward areas: C3, C2, D2, F3, PICU/HDU, Charles Wolfson and Level 3 NICU provide dedicated paediatric and neonatal surgical capacity.

Measure	Summary
Elective admissions	4,312 across paediatric surgical specialties.
Emergency admissions	1,033 through ED or direct ward pathways.
Total admissions	5,345 between April 2025 and March 2026.
Largest activity areas	ENT, paediatric surgery/urology, and paediatric

CAMBRIDGE UNIVERSITY HOSPITAL

Specialty	2025 Achievements	2025 Challenges	2026 Priorities
Paediatric Orthopaedics	MDT clinics, workforce expansion, weekly MDT and dual operating for LVHC cases.	External review, Verita report and significant governance/safety pressures.	Deliver quality improvement plan, improve cerebral palsy care, develop gait lab and ensure BSCOS/BOA compliance.
Paediatric ENT	Third consultant improved outpatient and theatre capacity, reduced waiting list and improved RTT performance.	Referral growth, waiting-list pressure and complex OSA cases in children with morbid obesity.	Reduce first OPA waits, strengthen outpatient/CNS capacity and improve governance.
General Surgery & Urology	Successful oncology course, trauma simulation input and adoption of fluorescence-guided surgery.	Ongoing waiting-list pressure and limited capacity.	Address long-waiters, reduce single-surgeon service fragility and plan high-volume low-complexity work.
Surgery & Urology CNS Team	Expanded CIC support, increased telephone reviews, developed patient education and delivered regional training.	Demand for non-invasive urodynamics and loss of psychology support.	Implement MyChart, create sustainable urodynamics capacity and restore psychology support.
OFMS / Cleft / Plastics	Staff recruitment, cleft engagement strategy and transition-focused band 6 appointment.	MDT resource gaps, limited psychology/SLT/CNS capacity and insufficient backfill.	Address theatre, outpatient dental, spoke clinic, equipment and dental nurse capacity constraints.

CAMBRIDGE UNIVERSITY HOSPITAL

Specialty	2025 Achievements	2025 Challenges	2026 Priorities
Paediatric Ophthalmology	Improved outpatient capacity through triage, imaging, virtual clinics, DIGIVIS and extended orthoptist roles.	ROP service resilience, equipment, image transfer, MDT structure and psychology funding.	Use secured ROP funding, recruit trainees/fellows, expand transition clinics and review MDT working.
Paediatric Neurosurgery	High-volume specialist activity, very low shunt infection rate, Tessa Jowell award and funded M.scio reservoirs.	CNS workload, lack of iMRI, emergency theatre access complexity and limited psychology support.	Strengthen CNS staffing, commission M.scio, progress iMRI, improve emergency access and secure psychology input.

Cross-Cutting Themes

- Capacity and waiting-list pressures remain a consistent issue across multiple specialties.
- Workforce resilience, CNS support and recruitment are key enablers of safe service delivery.
- Governance, MDT working and standardisation are prominent priorities for 2026.
- Psychology provision is a recurring gap across surgical, urology, plastics, ophthalmology and neurosurgery pathways.
- Equipment, imaging and digital tools offer opportunities to improve efficiency and patient experience.

Overall 2026 Focus

Priorities for 2026 are to stabilise workforce and CNS capacity, reduce waiting times, strengthen governance and MDT structures, improve access to psychology and specialist equipment, and prepare services for future paediatric surgical models including Cambridge Children's Hospital.

PRINCESS ALEXANDRA

Lead Clinician: Vahe Cooper
Planned Pathway Division: Pam Humphrey, DDoN & Shaheen Hosany, HoN
Family, Diagnostic & Children: Vikki Stone, DDoN & Kelly Parker, HoN

The Princess Alexandra Hospital in Harlow is an Essex based DGH with a busy local Paediatric Emergency Department seeing 21,428 children during the 2025/26 year covering West Essex and East and North Hertfordshire. The Trust is now within the Essex ICB.

Surgical specialities include, Ear Nose and Throat (ENT), Trauma and Orthopaedics (T&O), General Surgery, Urology, Oral surgery, Ophthalmology, and Gynaecology. The services provide elective and emergency surgery, with established pathways for referral of complex cases to regional tertiary centres.

Inpatient services are from a single inpatient ward (Dolphin) where there are 16 beds/cubicles (with the flexibility to open to 19 in escalation periods). Emergency surgery is provided within the main theatre complex whilst elective surgery provided in the Alexandra Day Stay (ADSU) which has 6 beds for paediatric day cases operating from 07:30 until 18:00, delivering paediatric activity 4 days per week.

The anaesthetic age cut off for both emergency and elective surgery is over 2 years of age and there is a dedicated Paediatric Anaesthetic lead.

ACHIEVEMENTS

- Very positive peer review in Feb 2026 which highlighted our sustained day case rates for
- tonsillectomies. It also noted providing care closer to home with our paediatric urology service.
- We have a dedicated paediatric area within fracture clinic.
- Waiting list initiatives providing additional capacity at weekends to support children having
- surgery.
- Maintained zero serious incidents related to paediatric surgery.
- Dedicated Paediatric Anaesthetist appointed.
- Implemented Martha Rule in inpatient area
- Reduction in both the number of patients waiting but also the number of patients waiting over
- 52 weeks (2.6% are waiting over 52 weeks, reduced from 7.7% - April 25 compared to April
- 26)

PRINCESS ALEXANDRA

CHALLENGES

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

AMBITIONS

- Increased capacity and opening hours to meet the demands of surgical lists across specialties
- Further reduction in RTT waits.
- To launch the paediatric surgical forum across the 2 divisions to improve collaborative working
- and governance across paediatric surgery starting in Sept 2026
- To review and plan for the recommendations made from Peer Review
- Review all guidelines and ensure they are aligned with ODN network guidelines.
- Review discharge and written advice leaflets for children and families.
- Re-launch Little Hospital – previously had but hasn't been in place since COVID.
- Launching Paediatric Anaesthetist improvement project.
- Implementation of electronic pre-op assessment pathway.
- Expansion of Martha's rule for Paediatric ED and NICU.
- Transitional pathways.

COLCHESTER

Lead Clinician: Miss Shazia Sharif
Lead Anaesthetist: Dr Jaspreet Sidana
Lead Nurse: SR Digi Cave
Children's Matron: Donna Gosling

Paediatric Surgical and Medical Activity
Children requiring paediatric surgical or medical day-case care are managed within the Children's Elective Care Unit (CECU), a 10-bed facility within Children's Services. The unit is arranged into two clinical areas, comprising a six-bed bay and a four-bed bay, and is supported by a dedicated playroom for children.

CECU operates Monday to Friday from 07:00 to 19:30 and is staffed by a multidisciplinary team that includes Registered Children's Nurses, Healthcare Assistants (HCAs), and Hospital Play Specialists and Assistants

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

COLCHESTER

ACHIEVEMENTS

- EPIC: Surgical pathway has now been set up, system issues with regards to booking of certain surgical groups (community dental/ GA MRI), training issues, ongoing EPIC support for system issues and EPIC training for CECU staff
- Adapting to ongoing changes within paediatric pre-assessment especially with regards to collaboration of policies across both sites
- CECU staff have attended SIC paediatric preoperative assessment course in 2025
- Regular attendance of recover staff at SIC PACU course
- Reduction in post tonsillectomy discharge to less than 4 hours from 6 hours (Audit completed and presented to ENT and Anaesthetics audit in Feb 2026)
- All obese children >99th centile to be admitted inpatient postoperative after tonsillectomy following the audit on tonsillectomy in children (2025)
- APPROACH course on update of EPALS guidelines for anaesthetists- previously for ESNEFT staff only, two courses a year, now open to other hospitals in the region
- APPELS clinic – children requiring face to face anaesthetic review due to higher complexity, run one half day session a month. APPELS clinic was suspended last year, but able to restart after a business case. Notes review done by Paediatric Anaesthetic lead in their own time (not regular job planned session)
- Introduction of regular MDT paediatric simulation on the ward
- Participated in PANDA-PATRN study (PA ediatric N ational D atabase of A irway Management - P aediatric A naesthetic T rainee R esearch N etwork)
- Testicular torsion guidelines by ODN now implemented across the trust
- Appendicitis pathway- awaiting DMT sign off

AMBITIONS

- Aim to reduce waiting times for paediatric patients across all specialities
- Service review of cross-site Paediatric Pre-Admission to ensure able to meet the continual increase in surgeries
- Improvement of EPIC system especially with regards to booking of GA MRI and Community dental patients
- Regular attendance at SIC Paediatric POA course for CECU staff and at PACU course for recovery staff
- Improve PILS compliance for ODP's and recovery staff by regular attendance at PILS courses
- Implementation of Sip to send guidelines (in progress)
- Increase in Consultant sessions for Paediatric POA

COLCHESTER

The CECU TCI data for 2025/26, excluding nurse-led attendances, demonstrates activity across surgical specialities supported within the Children's Elective Care Unit and provides an overview of planned admissions delivered through the service. When comparing surgical speciality activity between 2023 and 2025, excluding Medical Paediatrics, the data highlights changes in the case mix and relative contribution of individual surgical specialities over time. This comparison reflects evolving service demand, pathway development, and operational planning within CECU, including the impact of specialty-specific scheduling, capacity management, and changes in clinical practice. Overall, the data supports service evaluation and workforce planning by identifying trends in surgical activity and informing future elective care delivery.

CECU TCI Data for 2025/26 (Not including Nurse-led attendances)

2025	ENT	Paeds	Dental	Urology	T&O	Oral	G. Surg	Other
Jan	45	41	19	7	7	11	6	
February	37	34	16	18	7	0	4	
March	49	39	16	19	8	7	8	
April	55	42	13	6	8	8	7	
May	44	37	19	5	11	3	3	3
June	38	47	15	13	8	4	7	
July	32	49	11	6	4	6	1	
August	38	41	18	7	1	10	3	
September	39	47	19	9	6	4	11	
October	42	13	17	7	11	8	5	
November	39	31	13	4	11	0	4	
December	37	35	9	3	7	1	6	

CECU TCI comparison 24/25

2023 - 1300

2024 – 1526

2025 - 1473

Increased TCIs by 226 over

Surgical Speciality comparison between 2023 and 2025 – excluding Medical Paediatrics

	ENT	Dental	Urol	T&O	Oral	G. Surg
2023	370	148	106	95	72	50
2024	486	194	133	109	97	71
2025	495	185	104	88	62	65
Difference	+9	-9	-29	-17	-35	-6

IPSWICH

Lead Clinician: Miss Shazia Sharif
Lead Anaesthetist: Dr David Newby
Lead Nurse: Hannah Lay
Day Surgery Matron: Nicky Littlewood

Current Service

Current template lists operations:	16 all day sessions over a 4-week period, 2 morning sessions consisting of 2 lists on 2 out of the 4 weeks (week B and D)
Pre-operative assessment:	2 full day face to face sessions 2 half day telephone sessions 3 Saturdays over 4-week period.
General and local anaesthetic specialities:	ENT, Urology, Ophthalmology, Plastics, Dental, Orthopaedics, PDS, General Surgery.

Speciality	Cases 1st April 2025 to 1st October 2025	
Colorectal	6	Total Paediatric cases 1st April 2025 to 1st October 2025 data from power BI 400
ENT	101	
General	7	Total cases from2nd October 2025 to 31st March 2026 (unable to supply speciality mix due to different reporting 596
Ophthalmology	36	
Oral Surgery	136	
Plastic	42	Grand total for 1st April 2025 to 31st March 2026 996
T&O	1	
Upper GI	1	
Urology	71	
Total	400	

IPSWICH

ACHIEVEMENTS

- We now have an allocated paediatric general surgery list, for example for removal of ports, good communication with oncology nurses for pre surgery bloods.
- Staff have adapted well to change with EPIC.
- Staff like the secure chat system on EPIC for when medicines need prescribing, informing theatre/doctors of change or to speak to the pharmacist regarding TTA's.
- Pre-operative consultant anaesthetic clinic now up and running once a month. This was started in 2024 but has become more utilised within the last year, 4 children per clinic.
- Increased pre-operative assessment from 2 Saturdays to 3 Saturdays per month. Timings changed for clinics resulting in less children per session but spaced more throughout day, resulting in up to 24 children being seen. The Administrative team are proactive to contact parents to offer face to face or telephone pre assessment giving parents/carers more options and flexibility. Children requiring tonsillectomy, still require face to face appointment.
- All day speciality theatre lists, most allocated lists are fully utilised. Variety of views from staff, some like the continuity of the day, whilst others liked the change between am/pm specialities and difference of pace in surgeries.
- Working collaboratively across the hospital to support increased demand in orthopaedic surgery ensuring the expertise of our paediatric orthopaedic surgeon are maximised.
- Booking teams are now all using the same format to add children for pre-assessment - The Work Queue. Admin are then able to arrange pre assessment more efficiently and timely.
- My Little Journey app being more utilised by patients and families.
  Very beneficial if children have a telephone pre assessment or to re familiarise themselves of the process if their planned surgery date is not for a month or so.
  Can be reviewed in a younger or older version depending on the age of the child
- Increase with pre-operative assessment in 2025-2026: Totalling 1346 completed.
- Good communication and close working relationships with the play team. We are able to contact the team for support and children can be referred when needed for play therapy pre/post-surgery.
- We have had the SiC network review and the action plan will be going through the CYP surgical forum.

IPSWICH

CHALLENGES

- New EPIC system - An opportunity to work paperless and cohesively, requires some additional work in paediatric surgery to ensure its use is maximised. Training was not specialised in paediatrics.
- Tonsillectomies are now being completed on an afternoon list with three children (2 tonsils and 1 smaller case). Due to the policy in place around discharge time, this has on occasion resulted in staff members finishing their shift later than expected and having to book beds on the general ward which is hard in the winter months. Children are sometimes slower to recover as getting later in the day. We are working closely with teams to minimise the elective day cases converting to inpatient stays in line with GIRFT.
- ENT on call is now cross-site - this requires robust planning to ensure safety is maintained 24/7. If there is an issue, there is no ENT on call at both sites at the same time.
- Pre-operative assessment - we are working cross site to ensure the same processes and delivery is achieved.
- Some patients still being given a TCI date despite not being pre assessed and green light.
- Urology capacity has been a challenge with some lists not always utilised and patients added at last minute, we are working to improve this with the support from the operational team to ensure patient experience is maximised.

AMBITIONS

- New staff recruitment
- Pain assessment and management e-learning training is being rolled out in the near future-all staff will enrol on.
- Staff to attend study days, relevant to practice such as, mental health first aid course, POEMS, Paediatric Pre-Assessment Practitioner Course 2026
- Lead paediatric anaesthetist to devise weight management guidelines for all obese / overweight children prior to surgery
- Cross site visits with Colchester pre-op assessment team and Ipswich
- To continue to achieve maximum theatre utilisation
- PILS training cancelled in 2025 for EPIC launch. Working with Resuscitation team to arrange training in near future. Staff still up to date with BLS.

IPSWICH

What you are most proud of?

We are proud of team members supporting each other, even though team morale was low and tough at times and how the team have embraced and adapted to change, especially with EPIC implementation.

We are proud of the support from unit leads for the early EPIC assistance and guidance, and for the support from ambassadors with the new EPIC system.

We are proud of the positive feedback regarding pre-operative assessment from parents and families that have attended other hospitals in the region. Many have thanked us for the pre-operative assessment that we offer, saying how it has reduced their child's anxiety and fears by being able to attend the day unit, see and feel props used on the day, have a tour of the ward and ask any questions.

We are proud that we are able to offer parents the option of telephone or face to face pre-operative assessment and to have the allocation and space to prepare children for the day of their surgery on the same unit.

JAMES PAGET

Surgical Lead: Mr Roshan Lal
Paediatric Clinical Lead: Dr Rao Killipara
Head of Children & Young Peoples Services: Justine Goodwin
Anaesthethic Lead: Michael Whitear

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. The trust provides a paediatric elective surgical service across ENT, orthopaedics, general surgery, ophthalmology, dental/oral surgery, and selected urology.

Ward 10 includes 28 inpatient beds, with 2 adolescent ensuite rooms. Recovery facilities include a dedicated paediatric area supported by trained recovery staff.

Activity Summary
- Elective surgical programme delivered across multiple specialties
- No elective cancellations due to capacity pressures during periods of high demand

Transfers to tertiary centres:
- Ward 10: 18 transfers
- ED: 139 transfers

Primary receiving centres include Norfolk and Norwich Hospital, Addenbrooke's Hospital, and Great Ormond Street Hospital.

ACHIEVEMENTS

- Ongoing participation in SiC network and multidisciplinary governance meetings
- Sustained elective activity through:
- Additional ENT weekend lists
- Increased weekday theatre utilisation
- Effective use of CCNT/Cove pathways to support ambulatory care and reduce ward pressures
- Implementation of GIRFT best practice pathways (torsion, abdominal pain/appendicitis)
- Introduction of 2 dedicated paediatric MRI lists for sedation/GA
- 10 staff completed ODN surgical study days, with further training planned
- Continued delivery of EPALS training programmes for theatre and ward staff
- Flexible care pathways for 16–17-year-olds, supporting patient choice
- Participation in play service development work

JAMES PAGET

Pre-Operative Pathway Improvements

- Strengthened pre-assessment service, including staff undertaking specialist training
- Introduction of triage model (telephone and face-to-face) to improve efficiency and patient experience
- Enhanced support for children with additional needs (SEND):
- “All About Me” documentation
- Early anaesthetic planning
- Play specialist involvement
- Development of patient preparation resources, including video content and use of the Little Journey

Quality and Safety

- Adherence to GIRFT guidance where service capability allows
- Ongoing monitoring of pathway compliance and escalation processes
- Multidisciplinary review of complex cases through governance structures

Workforce

- Ongoing challenges in consultant recruitment, particularly impacting orthopaedic pathways

Anaesthetic workforce:

- 10/21 consultants EPALS trained within last 5 years
- Plan in place to improve compliance via regular courses

Challenges

- Non-compliance with GIRFT torsion pathway overnight, requiring transfer to NNUH
- ENT out-of-hours pathway reliant on tertiary centres
- Loss of paediatric orthopaedic elective pathway due to workforce constraints
- High acuity impacting ability to cohort surgical patients separately
- Workforce and training compliance challenges

Service Development and Forward Plan

- Review and redesign of community dental pathway, including potential move to main theatres
- Continued development of ambulatory pathways and Cove utilisation
- Improvement of anaesthetic EPALS compliance
- Preparation for SiC peer review (June 2026)

Priorities for 2026–2027

1. Improve compliance with GIRFT pathways, particularly torsion
2. Strengthen anaesthetic EPALS compliance (>90%)
3. Rebuild paediatric orthopaedic service capacity (where feasible)
4. Enhance data capture and reporting of surgical outcomes
5. Improve patient flow and cohorting capability
6. Continue development of SEND-friendly pathways and patient experience initiatives

JAMES PAGET

Paediatric Specialty	No. of Elective Surgeries
Community Dental	144
Dental / Oral surgery	102
ENT	259
General Surgery	165
Ophthalmology	47
Orthopaedics	146
Urology	19
Grand Total	**882**

LUTON & DUNSTABLE

Surgical Lead: Mr Roy Gursprashad
Paediatric Surgical Nursing Lead/Matron: Toyin Obuseh
Head of Children's Services: Karen Stow

Introduction

We moved into the newly built Cedar Wing the 25th October 2025. The planned Surgery Centre is on the third floor of this new building, with eight new state of the art theatres on the fourth floor increasing the number of theatres onsite, with two hybrid theatres, capable of delivering specialist surgery including vascular. Adult ICU is located on the first floor. Patients attending for surgery arrive at our Planned Surgery Centre on the third floor, where they are assigned an individual pod prior to surgery, and return to a pod after surgery. This supports timely admissions and discharges, whilst assisting with a more efficient patient flow system.

We have dedicated Paediatric Zone in the Surgical Centre with the additional ability to flex into the neighbouring area, whilst still safely segregating the children and young people. The Paediatric Surgery team work from 8 individual Pods. Parents and carer's are able to wait in the pods whilst their children go for surgery. This a significant change for the team who have moved from a bay on the Children's wards into their own working area.

We continue to have an average of 52 planned patients on our list weekly. The admission time run from 07:15 to 20:00 and there are days when the unit opens until 2200 due to staggered admissions on the afternoon list. There is scope open until 2200 daily Monday – Friday, to enable us reduce the waiting list.

Theatre lists run every day with trust 'Super Saturdays' running once per month. These specialities include: ENT/Ophthalmology/Dental/Max Fax/Orthopaedics. Complex Orthopaedic Surgery (COPS) is undertaken via the local COPS pathway. The private list continue weekly at the end of the NHS lists during the week and every two months we run a private weekend list.

LUTON & DUNSTABLE

CHALLENGES

Staffing and Pods - with 8 pods it can be challenging to manage patients when we have days with 11-12 patients listed for surgery, capacity is an issue on such days, particularly managing staff sickness and skill mix). Training and study days for staff cancelled or changed affects staffing levels and staff morale if they are pulled off education sessions.

The move to the new Cedar Wing has highlighted how we used the Playroom as overflow and/or waiting area, and the new surgical centre does not have a space for this. The team are finding solutions; adjusting arrival times and using ward play room when needed.

Community dental team are using the new theatres, with patients attending the Paediatric planned surgical centre pre and post op. As community patients they are not currently listed on hospital network, which can cause allocation problems.

Much Pre Op assessment is via telephone as OPD room space is a limiting factor. Currently only most complex cases come in for face to face POA, and we would like to offer more pre assessment face to face.

ACHIEVEMENTS

The move to the new Cedar Wing has gone smoothly. The staff have a very positive attitude with great team working to find solutions to any problems and new ways of working.

All surgical speciality procedures continue with no cancellations. We continue to accommodate patients using contingency area where possible (Playroom as an admission and waiting area). We are also working with adults so we can use any of their spare Pods where possible.

We are also having super Saturday lists and are flexible with waiting list to accommodate patients who are breaching last minute.

Our health Play Team have been working very hard supporting patients with additional needs and their families to have a positive hospital experience.

We are now using 'Sip to Send' rather than fasting pre-op - this is more flexible and comfortable for children.

The work to reduce waiting lists is having an impact on POA. The OPD team have been very supportive of finding and creating extra POA slots. Our service manager also work with the waiting list of different specialities to create extra pre-assessment slots with the outpatients, to enable these group of patients to be listed for surgery.

Dental patients now going through the Planned Surgical Centre, with more input from nursing teams, as previously using separate theatre with no paediatric attendance.

LUTON & DUNSTABLE

AMBITIONS

Continue to work with our surgical and waiting list teams to list more patients and utilise the bed capacity effectively.

We plan ahead for the winter surge with the aim to continue surgeries without any interruptions.

Continue work with Bedford site to share services were appropriate.

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

Would like to have list of 'back up' patients, to fill last minute cancellations in surgery lists. Would need to work with surgical teams to create these lists and way of communicating with the families.

What are we most proud of?
Our paediatric unit team and the achievements of the medical and surgical area with a wonderful attitude and supportive attitude to work, as well as working collaboratively with the adult team in the new surgical block

NORTH WEST ANGLIA

Lead Nurse: Jayne Rootham
Lead Anaesthetist: Donata Banni

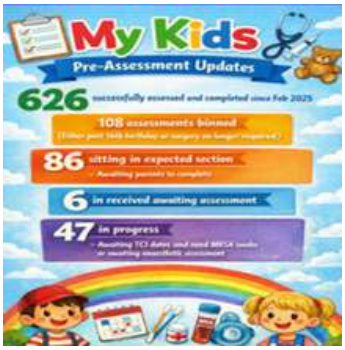
Holly Ward Day Case

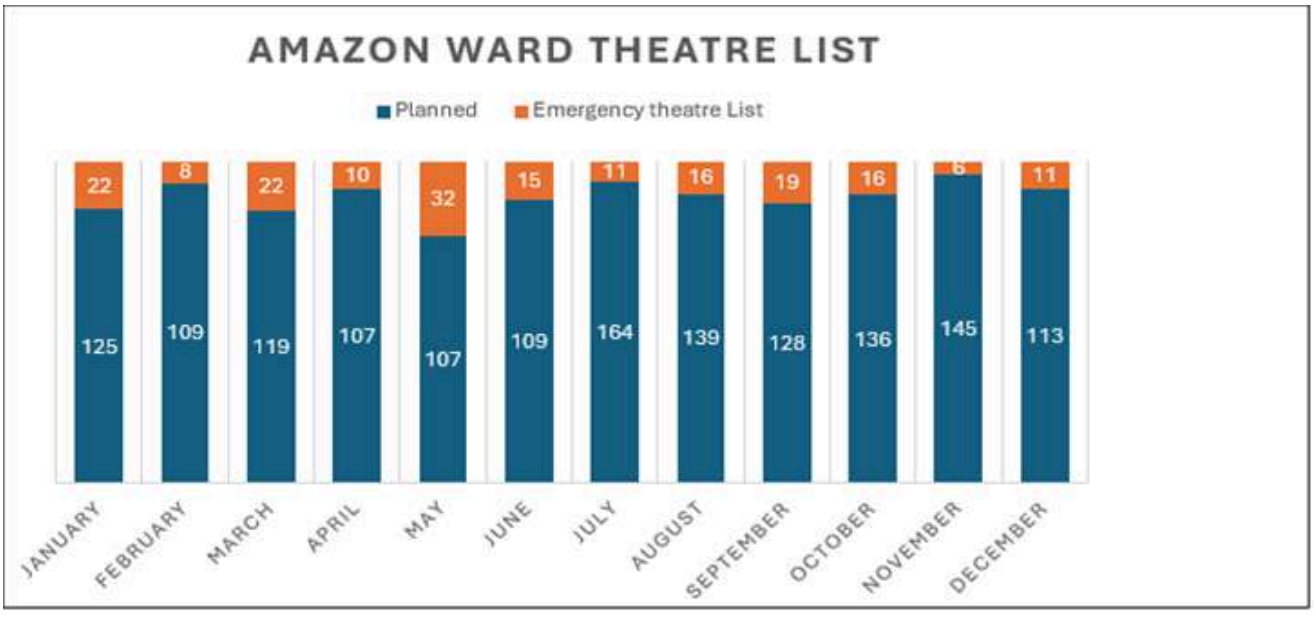
Amazon Ward Day Surgery

Amazon ward operates an 8 bedded day surgery that accommodates both planned and emergency cases. Holly ward operates a 6 bedded day surgery for planned theatre cases (both areas are also used as escalation ward beds.

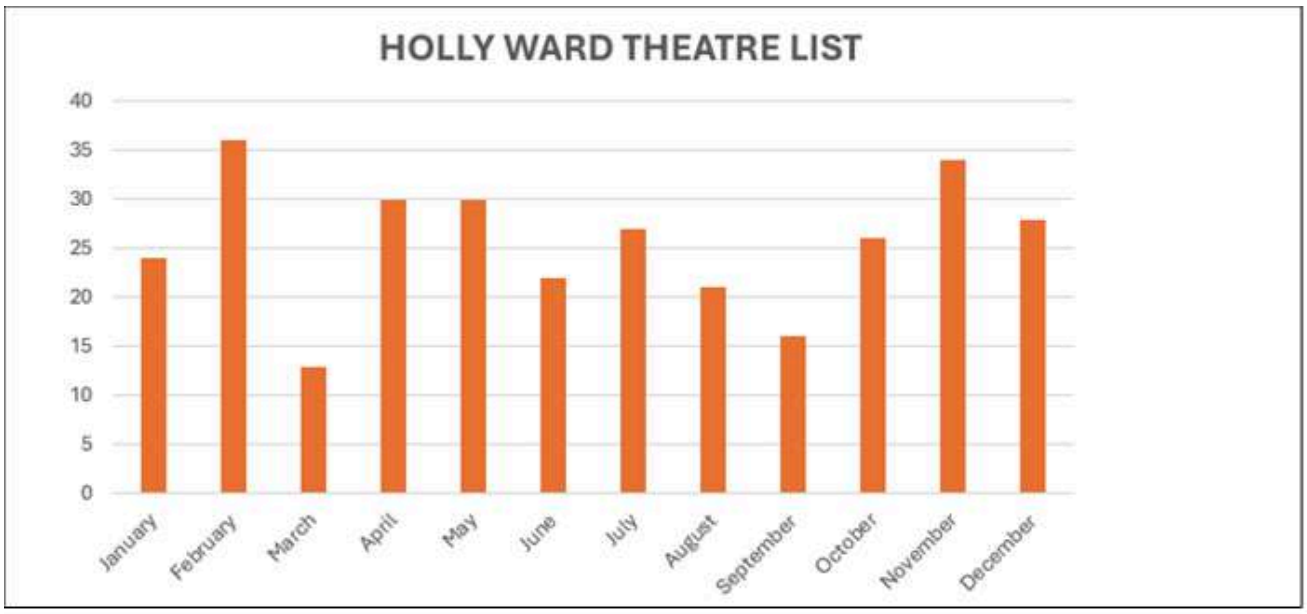
To support demand and reduce the waiting list, PCH has had some weekend theatre lists.

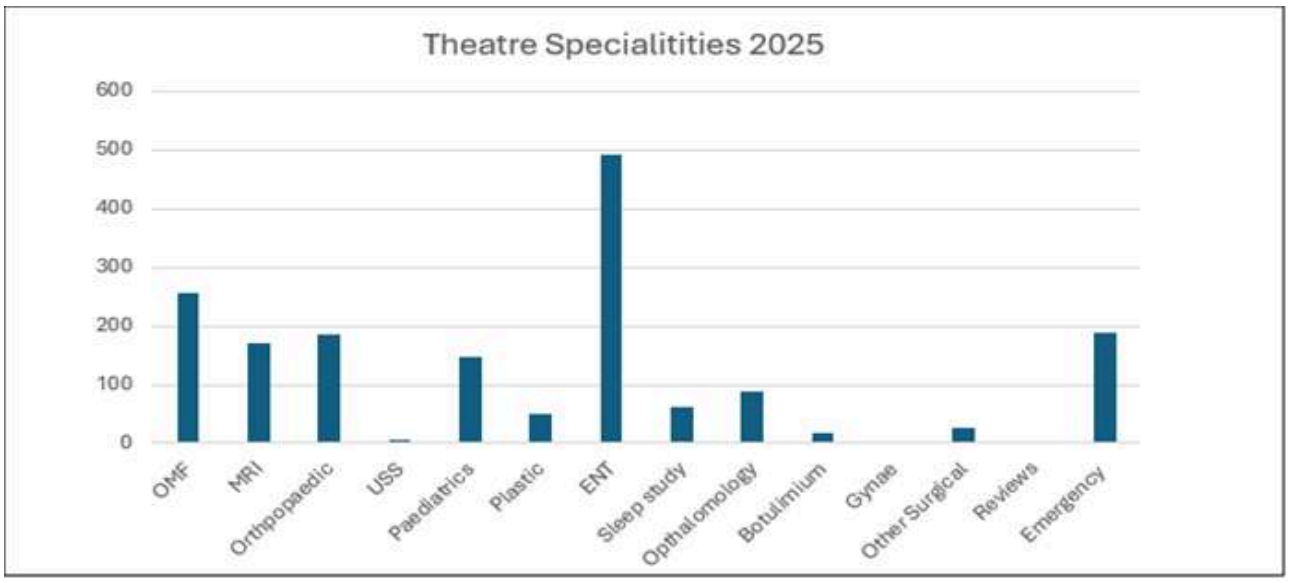
Pre-assessment online

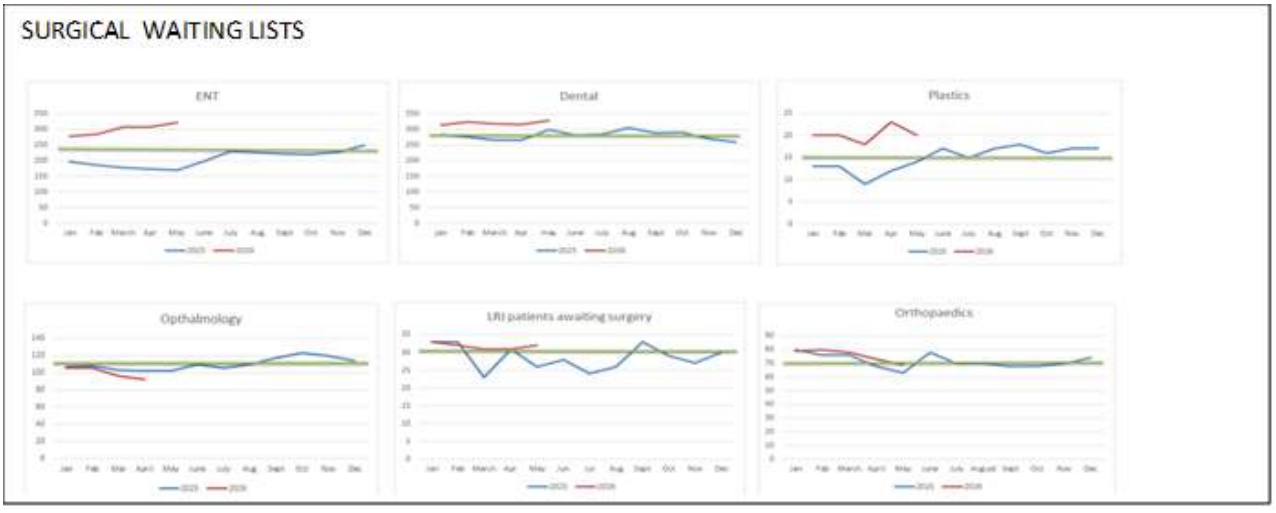




NORTH WEST ANGLIA







QUEEN ELIZABETH

Lead Anaesthetist: Dr Victoria Howell
Lead Nurse for Day Surgery: Christopher Harrison
Deputy Head of Nursing Paediatrics: Laura Morgan
Head of Nursing Surgery: Elizabeth Barker
Clinical Director Surgery: Tim Leary

Brief description of current service
At the QEHKI paediatric surgery and some of the surgical specialities sit under the division of surgery, while inpatient emergency care and assessment areas sit under the division of Women and Children. Below is an outline of some of our services.

Main Theatres
Paediatric lists are run throughout the main theatre complex, we aim to complete all paediatric cases within theatre 1 which has a child friendly anaesthetic room however distraction tools are available for use in all theatres including the emergency theatre. All paediatric cases are recovered within the designated paediatric recovery area with paediatric competent nursing team. Relatives are also encouraged to attend to aid in the stage 1 recovery. The support of play specialists and family is encouraged throughout the department.

We work with the scheduling and booking team to ensure paediatric lists are co-ordinated to ensure the correct anaesthetist is allocated and that the list order is facilitated to reduce wait and anxiety for the child.

Day Surgery Unit
The paediatric days surgery bay sits I the main day surgery unit and is staffed by paediatric nurses. The team are supported when needed by the paediatric play team and have close links with the paediatric pre assessment nurse. The data for under 16 Paediatric Elective Surgeries across both inpatient and day surgery was 1097 in 2024, and 960 in 2025, of which 238 of those were elective cases in day surgery.

The team work closely with the Surgery in Children Network and are active members in the Paediatric Surgical Committee meetings.

Over the last year, the team have supported the surgical outpatient areas to improve waiting areas and facilities for C&YP that attend for appointments.

QUEEN ELIZABETH

Outpatient services

Paediatrics are seen within several of our surgical specialities, Ophthalmology, ENT, Audiology and Orthopaedics. The teams have been working closely with the Paediatric division to support improved environments for our C&YP. This has resulted in all areas having dedicated areas/decoration appropriate for our paediatric patients. There are close links with the play specialists for those individuals requiring extra support to attend clinics.

Orthopaedics – We have a Service Level Agreement (SLA) with NNUH that remains in place. Currently, due to ongoing recruitment challenges at NNUH, patients continue to receive care; however, they are required to travel to NNUH to be seen by a Paediatric Orthopaedic Consultant.

Following successful recruitment at NNUH, it is anticipated that the service will revert to consultants attending clinics at QEH. This remains the long-term plan and will significantly benefit children and young people (C&YP) and their families who access this service.

Ophthalmology- We have backlogs in Ophthalmology due to a misalignment of demand and Capacity across the sub specialities for adults and paediatrics. Our Paediatric patients still largely in the Orthoptist service line, this will be covered in the WLI and Insourcing options.

We have an action plan in place and are working with the executive team to support recovery in this service. We are currently working towards several measures to address these risks including the following.

- In house WLI for short term capacity
- Insourcing provision
- Commissioning conversations regarding community provision for screening and stable patients (largely this is adult based)

ENT- A significant proportion of patients experiencing extended outpatient waits are ENT referrals, predominantly relating to ear conditions. Challenges within Audiology services, alongside reduced clinic capacity resulting from vacant posts, have contributed to increased waiting lists. As service integration progresses, it is anticipated that recruitment will restore capacity to previously established levels.

Insourcing arrangements were implemented earlier in the year, and approval has been granted to continue this approach from May 2026.

Additionally, outpatient capacity remains constrained due to staffing gaps and the impact of on-call commitments.

Audiology- Paediatric referrals remain paused at present. Integration with NNUH is ongoing, with the establishment currently progressing through the approval process. Subject to approval, recruitment will commence, with the aim of appointing Paediatric Audiologists—a role that is challenging to recruit to on a national basis.

In the interim, the service continues to be supported by NNUH Paediatric Audiologists, who are providing care for children with permanent hearing impairment.

All other paediatric patients in the backlog are being offered appointments with an insourcing company during weekends at QEH and NNUH.

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.

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

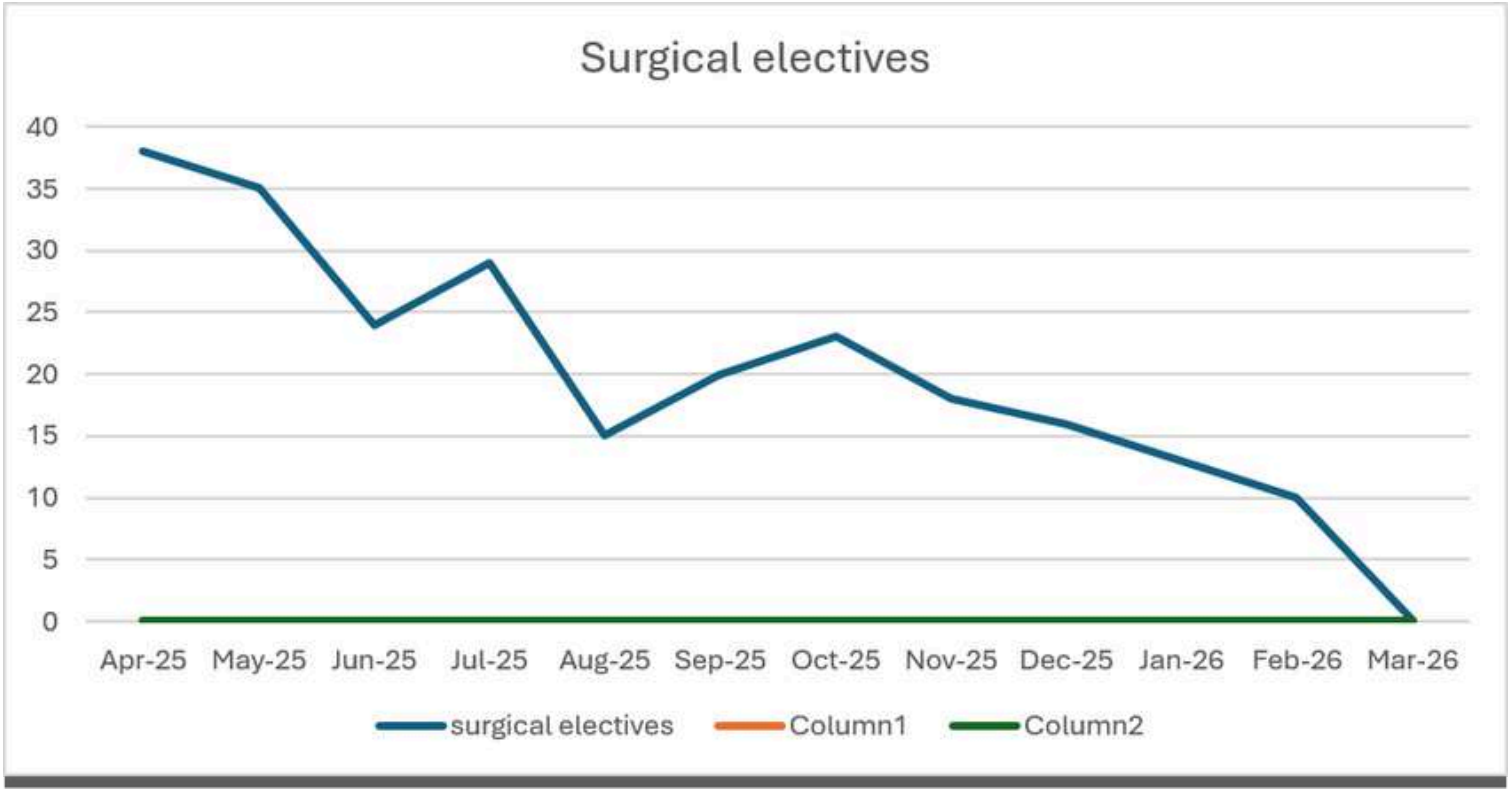
The Children's ED is predominantly staffed by two Registered Children's Nurses and one Play Assistant or Paediatric Healthcare Assistant. Where this staffing model cannot be achieved, adult nurses with appropriate paediatric competencies provide support to ensure safe service delivery.

Rudham Ward

Rudham ward is currently situated on Wolferton as we are undergoing a full renovation, developing the Paediatric Assessment unit, re-establishing an adolescent area and having a specific cubicle for mental health and learning disabilities.

Due to increasing utilisation of The Day Surgery Unit the number of elective admissions to the ward has decreased, the elective MRI under GA list is held in DSU if bed capacity allows, alternatively is on the ward and are well supported by the Pre-assessment nurse and the play team.

The Pre-assessment nurse continues to hold regular telephone clinics, providing face to face assessment at the family request, referring to the play team if necessary. There is a move for all children undergoing tonsillectomy to receive a face-to-face preassessment, this service is in the process of being reinstated.



QUEEN ELIZABETH

Areas for Improvement

There have been several challenges over the last year including some of the difficulties with our paediatric audiology, orthopaedic and ophthalmology services. Extensive work has gone into these services to try and minimise disruption to C&YP and their families.

Our data collection for C&YP on waiting lists remains a concern with much of that data not distinguishing between under 16 and the 16–17-year-olds.

There remain challenges with theatre allocation and there is a lack of Engagement of the wider trust with paediatric surgery which has slowed the process of ensuring C&YP are high on the agenda for recovery plans.

Areas of Achievement

There continues to be work on the development of C&YP services across the Trust, there is a new workstream implemented to start to look at the paediatric elective floor plan and to ensure the space and resource we have for C&YP are utilised to the maximum capacity. This has ensured we have an improving picture for our elective waiting lists, improving efficiency and delivery of the right services in the right environment to improve patient care.

The Paediatric Surgical Forum is now fully embedded, and this is starting to feed into the C&YP forum, to capture the activity that is happening within Surgery.

We have appointed a new Band 6 pre-assessment nurse who is working hard to develop services.
The SiC peer review visit, recognised significant improvements and we are expecting a new review this year.

We have a new Tonsillectomy policy reducing the period of post op observation in accordance with the SiC guidance. That coupled with a significant rise in the amount of C&YP able to have a day case tonsillectomy, has helped reduce LOS, increasing surgical capacity to help address ENT waiting times

Investment in paediatric/child friendly theatre initiatives with the installation of skylights and the creation of a dedicated paediatric recovery bay in main theatres.

We successfully launched The Little Journey app which has been very well received, and here is some of the data from it's Analytic report in its third year. As you can see, we have good engagement, this is also reflected by patients in our Friend & family feedback. The overall response collated from feedback has been very positive and we will continue to work with Little Journey to help improve and develop this so we can best support our children, young people and their families and carers ahead of paediatric elective surgery.

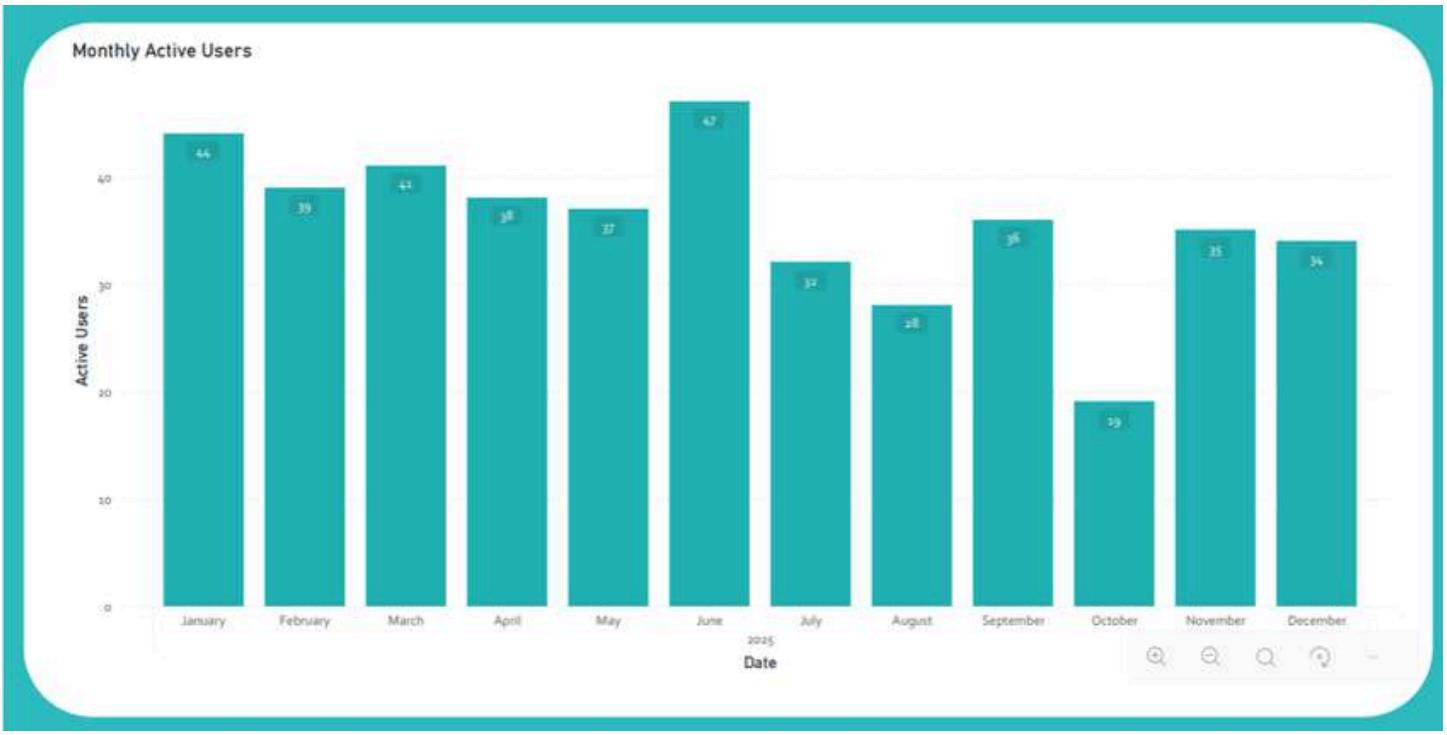
Planned developments in the next 12 months

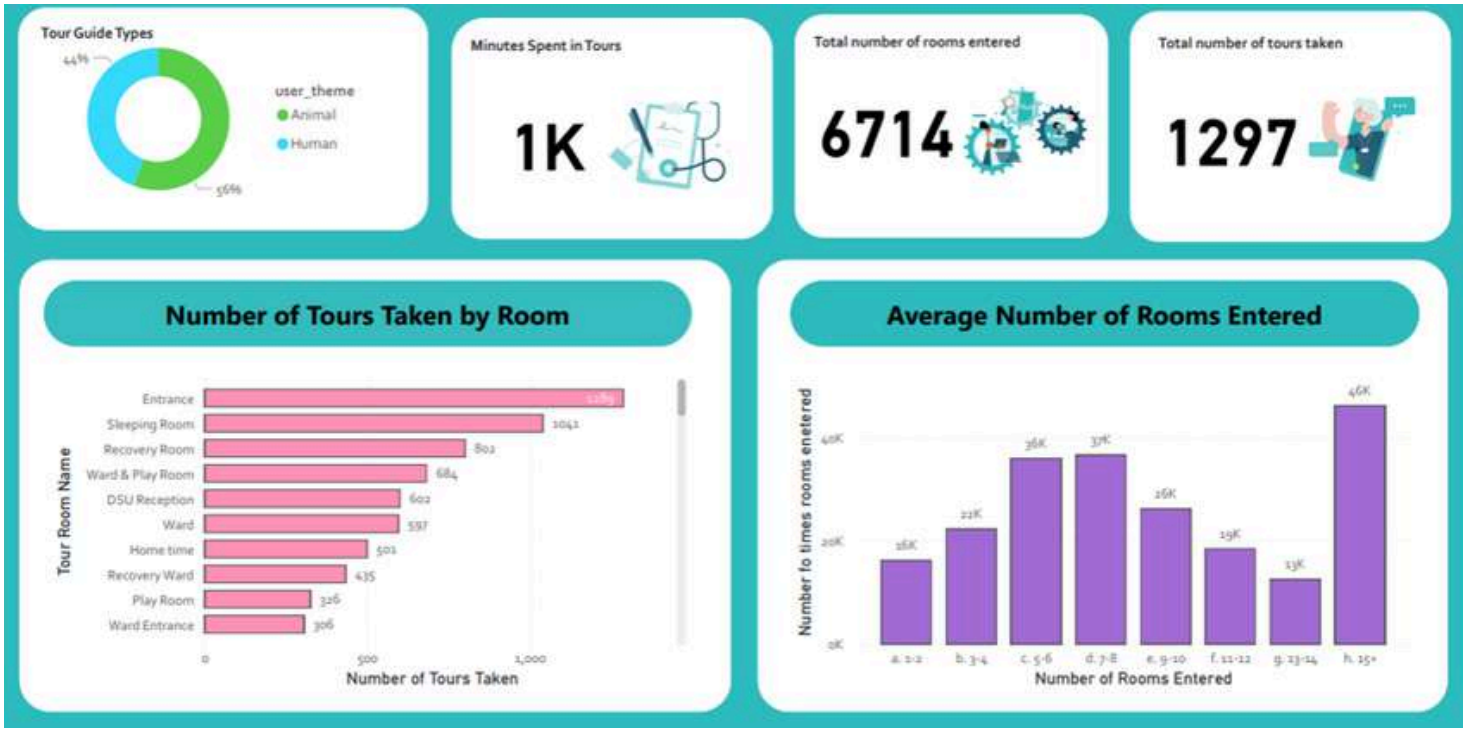
Over the next 12 months we want to strengthen our surgical workstream to ensure good engagement from all divisions ensuring C&YP are prioritised and not spending too much time waiting for care.

We will be bringing more pre assessment back to the hospital for face to face appointments, hopefully reducing anxiety from children and families alike as well as triaging more children that may be able to undergo investigations without the need for GA.

QUEEN ELIZABETH

Little Journey Data





WEST SUFFOLK

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

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

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

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

Key Team Achievements 2025 – 2026
Further assurance and contribution within our paediatric Surgery & Anaesthetic group to ensure a full MDT approach to surgical issues across the organisation. This group is prioritizing review of pathways and guidelines to ensure the implementation of both regional and national standards.

Increased day case rate across ENT, surpassing peer average and benchmark. WSH is in the top quartile for day case procedures across ENT and orthopaedics.

With a specific trust focus we have seen a reduction in OP polling times for routine orthopaedic patients. A number of measures have supported this including additional OP clinics, recruitment of a Paediatric ACP and clinical prioritization.

Collaborative working across DSU & inpatient paediatrics to ensure a joined up and consistent approach to surgery across the organisation this has included joint training, review of pre-assessments and alignment of pre & post-op patient care.

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

ENT focussed DSU week meant that significant number of patients received surgery which supported waiting list reduction – learning

WEST SUFFOLK

AMBITIONS

Continue to reduce waiting lists and maximise efficiency across both inpatient and DSU surgical pathways.

Recruit to new paediatric orthopaedic consultant post over the next 6 months to improve waiting times and teamworking.

Will need access to theatre and clinic space and appropriate nurse support in clinics. Please can this be considered in the ambitions?

Continue to review the provision of play across all paediatric areas including DSU to ensure equal and appropriate access to available services wherever a child is receiving their surgery.

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

To develop and run surgical sims across acute areas and DSU to support staff development and to ensure confidence and competence in common surgical emergencies.

Support to increase number of paediatric RN's in DSU and to support upskilling of adult RN's with paediatric competencies to minimise risks to service delivery and ensure safe and consistent care to all paediatric patients cared for in DSU.

MID & SOUTH ESSEX

Paediatric Nursing Management Leads: Suzann Reynold, Dumebi Ogunijmi, Amy Taylor & Jerusha Murdoch-Kelly
Paediatric Anaesthetic Leads: Zoe Ovenden, Maylan Webb & Joe Hussey
SiC CD: Sam Fadheel

Mid and South Essex NHS Foundation Trust (MSE) continues to deliver comprehensive paediatric surgical, anaesthetic and peri-operative services across a rapidly growing population of approximately 2 million people, with estimated 450,000 children and young people.

Despite sustained operational pressures and increasing demand, the Trust has achieved significant progress in reducing elective waiting times, improving patient flow, and maximising theatre utilisation through effective collaboration across Basildon, Broomfield and Southend hospitals.

Notable achievements include the continued development of standardised clinical pathways and policies, strengthened multidisciplinary collaboration between paediatric, surgical and anaesthetic teams, enhanced engagement with regional partners and Integrated Care Boards, and ongoing improvements in patient experience through exemplary play specialist services and active involvement of children and young people in service design. These successes reflect the Trust's commitment to delivering safe, high-quality and equitable care while supporting service resilience and continuous improvement across all sites.

One team working together for excellent patient care

MID & SOUTH ESSEX

Mid and South Essex NHS Foundation Trust (MSE) was established in April 2020 following the merger of Basildon University Hospital, Broomfield Hospital and Southend University Hospital, together with Braintree Community Hospital, which provides elective orthopaedic services.

In addition to its acute hospital sites, MSE supports a number of community hospitals and healthcare facilities, including Orsett Hospital (Orsett), St Michael's Hospital (Braintree), St Peter's Hospital (Maldon), Tyler's Ride Health Centre (South Woodham Ferrers), Tyrells Health Centre (Benfleet), Thurrock Community Diagnostic Centre (Grays), and Southend Community Diagnostic Centre (Southend-on-Sea).

As one of the largest acute NHS trusts in England, MSE delivers healthcare services across a broad geographical area within Greater Essex, serving communities across Mid, North, South East, South West and West Essex.
The Trust also receives referrals from neighbouring healthcare systems, including North East London, Suffolk and North East Essex, Hertfordshire and West Essex, and Dartford and Gravesham.
Changes to the NHS East of England Integrated Care Board (ICB) configuration, taking effect from 1 April 2026, is not reflected in this Annual Report.

MSE operates within the NHS East of England Region. The East of England Operational Delivery Network (ODN) provides oversight and coordination of specialised paediatric services across the Cambridgeshire, Norfolk, Suffolk and Essex ICBs. The designated regional tertiary paediatric centre for MSE is Addenbrooke's Hospital, part of Cambridge University Hospitals NHS Foundation Trust.
Given the Trust's proximity to London and the availability of highly specialised paediatric services, MSE also maintains established referral and transfer pathways for time-critical and specialist paediatric cases to Great Ormond Street Hospital (GOSH), the Royal London Hospital (RLH), Evelina London Children's Hospital (Guy's and St Thomas' NHS Foundation Trust), and the Royal Brompton Hospital, in addition to the regional tertiary centre in Cambridge.

Paediatric & Neonatal Decision Support and Retrieval Services (PaNDR) remains the primary regional retrieval and transfer service. During periods of increased demand, additional support is provided by the Children's Acute Transport Service (CATS) and the Neonatal Transfer Service (NTS). The East of England Ambulance Service NHS Trust (EEAST) undertakes other inter-hospital transfers, with local clinical and nursing teams supporting time-critical patient transfers when required.

MID & SOUTH ESSEX

At the time of the Trust's formation in 2019, the population served by Mid and South Essex NHS Foundation Trust (MSE) was estimated at 1.2 million people. By 2024, population growth across Greater Essex had increased significantly, resulting in an estimated catchment population of 1.9 million. In 2026, expected population exceeded 2 million.

According to the 2021 Census, children and young people aged under 19 years represent 22.8% of the Essex population. Based on this demographic profile, MSE provides healthcare services to approximately 450,000 children and young people across its catchment area.
The population served by the Trust is characterised by diverse ethnic, cultural and socio-economic diversity, including pockets of significant deprivation identified within national indices published in 2024. These demographic factors continue to influence patterns of healthcare utilisation and contribute to demand for both acute and elective paediatric services across the organisation.

Surgical, Anaesthetic and Critical Care Services

Overview of Paediatric Surgical and Acute Services

All three acute hospital sites within Mid and South Essex NHS Foundation Trust (MSE) provide elective, urgent and emergency medical and surgical care for children and young people.
Paediatric surgical services delivered across the Trust include:

- Ear, Nose and Throat (ENT) Surgery
- Oral and Maxillofacial Surgery (OMFS)
- General Surgery and Urology
- Trauma and Orthopaedic Surgery (T&O)
- Burns, Plastic and Hand Surgery
- Obstetrics and Gynaecology (OBGY)
- Ophthalmology

MSE agreed a contract for community dental services in 2024. Services delivered initially, and full recommencement of theatre allocations is anticipated during 2026/27.
Braintree Community Hospital continues to operate primarily as an adult elective orthopaedic centre. The hospital accepts selected young people aged 16 to 18 years for elective day cases orthopaedic procedures where clinically appropriate.

MID & SOUTH ESSEX

Critical Care Provision
None of the Trust's three acute hospitals has a dedicated Level 2 or Level 3 Paediatric Surgical Critical Care Unit.

The St Andrew's Centre for Plastic Surgery & Burns, based at Broomfield Hospital, serves as the tertiary regional burn's unit. It is also the UK's largest supra-regional centre for paediatric burns, delivering specialist level 3 paediatric critical care within its Burns Intensive Care Unit. The Centre maintains a formal and strategic link with the London Plastic & Burns Network, a relationship that requires ongoing oversight, maintenance, and periodic review.
Young people aged 16 years and over may be managed within the adult General Intensive Care Unit (GICU), where clinically appropriate and in accordance with national Paediatric Critical Care Standards.

Paediatric and Neonatal Decision Support and Retrieval Services (PaNDR) remains the primary regional retrieval and transfer service, coordinating emergency transfers to specialist centres and Paediatric Intensive Care Units (PICUs). Local anaesthetic and critical care teams support time-critical transfers, including children with major burns, serious head injuries, and other acute neurological emergencies.

The Trust's anaesthetic teams work in close collaboration with paediatric medical and surgical colleagues during emergency and resuscitation events, and they provide

comprehensive peri-operative support for children in both elective and emergency settings. The teams form an integral part of the paediatric critical crisis management structure and contribute directly to the stabilisation and transfer of critically unwell children when required.

Emergency Paediatric Surgery
Each acute hospital site maintains dedicated paediatric inpatient facilities that support both medical and surgical emergency admissions.

Emergency paediatric surgical services are available across all three sites and include General Surgery, Trauma and Orthopaedic Surgery, and Obstetrics and Gynaecology.
Additional specialist emergency services are provided as follows:

- **Broomfield Hospital and Southend Hospital:** Urological and ophthalmological emergencies.
- **Broomfield Hospital:** Ear, Nose and Throat (ENT) and Oral and Maxillofacial Surgery (OMFS) emergencies, including out-of-hours ENT cover for The Princess Alexandra Hospital NHS Trust (Harlow) and OMFS cover for East Suffolk and North Essex NHS Foundation Trust (Colchester Hospital).

Children with significant co-morbidities or complex surgical conditions requiring post-operative Paediatric Intensive Care Unit (PICU) support are transferred to an appropriate tertiary paediatric centre.
Where immediate life-saving surgical intervention is required, treatment may be undertaken within MSE before transfer to a specialist centre for ongoing critical care management.

MID & SOUTH ESSEX

Elective Paediatric Surgery
Elective paediatric surgery within MSE is delivered through a Trust-wide hub-and-spoke model across Basildon, Broomfield and Southend Hospitals.

Broomfield Hospital, as the Trust's largest paediatric surgical site and the location of the most extensive paediatric inpatient and specialist surgical infrastructure, functions as the principal hub for elective paediatric surgery. The site accommodates children requiring more complex procedures, planned inpatient admissions, and specialist surgical care.

All three acute hospitals deliver elective day-case surgery for children aged three years and above, supporting access to care closer to home and maximising utilisation of available theatre capacity across the Trust.

Children requiring planned elective inpatient admission are generally managed at Broomfield Hospital. Where an unplanned overnight stay is required following elective day-case surgery at Basildon or Southend Hospitals, admission may take place locally where appropriate. Children requiring higher levels of specialist support or extended inpatient management may be transferred to Broomfield Hospital in accordance with agreed clinical pathways.
This model enables MSE to maximise surgical capacity, improve patient flow, maintain equitable access to services across the Trust, and ensure that children receive care in the most appropriate setting according to their clinical needs.

Basildon Hospital
Elective paediatric surgery is undertaken within the Basildon Day Unit Theatres and the Main Theatre Complex. The hospital does not currently have a dedicated paediatric day-case unit.

Children undergoing elective surgery are supported through the following facilities:

- **Wagtail Ward:** 17-beds mixed medical and surgical ward, with 3–4 beds typically ring-fenced for elective surgical activity per operating session.
- **Puffin Ward:** 11-beds ward incorporating a Level 2 paediatric medical high-dependency area, utilised when additional capacity is required.
- **Basildon Day Surgery Unit (BDU):** Dedicated paediatric "Super Days" are scheduled periodically, during which the unit is used exclusively for paediatric surgical activity (18-beds).

Elective anaesthesia is routinely provided for children aged three years and above, with some consultants accepting children from 18 months of age, subject to individual clinical assessment and speciality-specific criteria.

MID & SOUTH ESSEX

Broomfield Hospital

In addition to day-case surgery, Broomfield Hospital provides facilities for children requiring more complex procedures and planned inpatient care.

Key paediatric surgical facilities include:

- **Children's Burns Ward:** 8-beds.
- **Wizard Day Case Unit:** 12-beds.
- **Pegasus Elective Surgical Inpatient Unit:** 11-beds.
- **Phoenix Ward**: Paediatric medical ward with capacity to accommodate surgical patients when required.

Elective anaesthesia is provided for children from three months of age.

The Main Theatre Complex supports 10–12 dedicated paediatric operating sessions each week across a range of surgical specialities, reflecting the site's role as the Trust's principal centre for more complex paediatric surgery.

Southend Hospital

Elective paediatric surgical activity at Southend Hospital includes:

- **Day Surgery Unit (DSU):** Monthly paediatric "Super Days" comprising three
- dedicated paediatric operating lists within the Day Surgery Unit.
- **Ophthalmology Unit:** Alternate Monday paediatric ophthalmology operating lists
- **Neptune Ward:** This paediatric ward functions primarily as a medical ward and routinely accommodates paediatric emergency admissions. On occasion, paediatric elective cases are also admitted, with the associated surgical activity undertaken within the Main Theatre Complex as part of mixed theatre session schedules.

The hospital does not currently have a dedicated paediatric day-case unit.

Elective anaesthesia is routinely provided for children aged 18 months and above, with ophthalmology services accepting children from 12 months of age where clinically appropriate.

Paediatric Pre-operative Assessment and Preparation

Broomfield Hospital and Basildon Hospital have established nurse-led paediatric pre-operative assessment services, supported by consultant anaesthetists, to ensure children and young people are appropriately assessed and optimised prior to surgery.

Work is currently underway to develop and implement an equivalent paediatric pre-operative assessment pathway at Southend Hospital. This will support the delivery of a consistent and standardised approach to perioperative preparation across all Trust sites.

Currently, in work to introduce a unified digital pre-operative assessment system is in progress. This will further strengthen patient safety, improve documentation standards, and support greater consistency in clinical decision-making and care delivery throughout the patient pathway.

Pathways and MSE Collaborative Services

In accordance with regional network recommendations and Getting It Right First Time (GIRFT) guidance, MSE continues to develop and implement standardised surgical pathways and operational processes designed to reduce unwarranted variation and ensure the consistent delivery of high-quality care across all sites.

The Trust has established a range of pan-MSE guidelines and clinical policies covering key areas of paediatric surgical care, including:

- Paediatric anaesthesia
- Pre-operative assessment
- Pre-operative sedation
- Post-anaesthetic recovery and care

Further clinical pathways, Standard Operating Procedures (SOPs) and operational guidance documents are currently under development to support the continued harmonisation of paediatric surgical and anaesthetic services across the organisation.

Development of Trust-wide pathways is being undertaken in collaboration with the Integrated Care Board (ICB) and regional partners. Standard Operating Procedures for the management of Testicular Torsion and the Acute Abdomen in Children are currently being finalised, with implementation planned during 2026/27.

In addition, work is progressing to establish a unified MSE Standard Operating Procedure for the management of neurosurgical emergencies and critically unwell children, with the aim of supporting timely escalation, improving pathway compliance, and ensuring consistency of care irrespective of site of presentation.

The Trust continues to benefit from a well-established Children and Young People (CYP) Forum (CYPSG: CYP Service Group), which provides multidisciplinary clinical leadership and governance oversight for paediatric services.

The CYPSG enables effective collaboration between paediatric, surgical, anaesthetic, nursing and operational teams, supporting the development of shared pathways, service improvements and quality initiatives across the organisation. In addition, all services involved in child safety and care contribute to the CYPSG's work, ensuring a unified and coordinated approach.

Through this collaborative structure, MSE continues to enhance the integration and standardisation of paediatric services, ensuring that children and young people receive safe, effective and equitable care across all sites.

MID & SOUTH ESSEX

Achievements and Areas of Pride

Operational Delivery and Waiting List Improvement

The Trust has continued to deliver a high volume of paediatric surgical procedures and interventions despite ongoing operational pressures. We are particularly proud of the sustained progress made in reducing elective waiting times for children and young people, improving patient flow, and supporting more timely access to care across Mid and South Essex.

Through effective utilisation of theatre capacity, collaborative working across sites, and targeted recovery initiatives, the service has made measurable improvements in addressing elective backlogs while maintaining high standards of patient safety and quality.

01/04/2025 - 31/03/2026	BASILDON		BROOMFIELD & BRAINTREE		SOUTHEND		
	ELECTIVE	EMERGENCY	ELECTIVE	EMERGENCY	ELECTIVE	EMERGENCY	TOTAL
ENT	176	4	419	65	270	6	940
GENERAL SURGERY & BREAST	48	135	28	83	48	100	442
GYNAECOLOGY	1	9	0	2	2	5	19
OBSTETRICS	0	1	0	1	1	6	9
OMFS	58	0	111	186	126	0	481
T&O	40	200	332	161	4	138	875
EYES	0	0	123	2	104	7	236
PLASTICS & BURNS	0	0	311	822	0	0	1133
RADIOLOGY	0	1	42	4	2	0	49
MEDICAL / ANAESTHETIC	0	5	0	14	0	14	33
UROLOGY	9	0	156	68	78	31	342
TOTAL	332	355	1522	1408	635	307	4559
ELECTIVE	332		1522		635		2489
EMERGENCY		335		1408		305	2048

Cases < 17 years old - Data Source: Theatre digital system - Power BI theatre log

Procedures Completed 2025/26 (Under 17 years old)

Paediatric Surgery (Under 18)– (Apr 25 to March 26 Data)			
All surgery	All Surgery	Elective Surgery (inpatient + day case)	Day Case
All sites*	4,902	2,682	2,488 (93%)
Basildon	771	374	370 (99%)
Southend	1,006	700	678 (97%)
Broomfield	3,099	1,582	1,416 (90%)
Braintree	26	26	24 (92%)
% of total admission GIRFT data for MSEFT			93 %
National Best Practice %			84.4%

Day Case Performance 2025/26 (Under 18 years old)

MID & SOUTH ESSEX

Anaesthetic Team Collaboration

Significant progress has been achieved in strengthening collaboration between anaesthetic teams across all three hospital sites. The development and adoption of shared clinical pathways, standardised operating procedures, and harmonised guidance have enhanced multidisciplinary working and promoted greater consistency in perioperative care.

This collaborative approach has supported improved resilience, strengthened peer support, and contributed to a more integrated Trust-wide paediatric anaesthetic service.

Primary Care and Regional Engagement

The Trust has continued to strengthen its partnerships with Integrated Care Boards (ICBs), IC24, and the East of England Ambulance Service NHS Trust (EEAST) to improve the coordination and delivery of care for children and young people.

Working collaboratively with system partners, MSE has contributed to the development of integrated pathways that support more effective navigation between primary, urgent, and secondary care services.

Our Trust's representatives continue to play an active role within the East of England Operational Delivery Network (ODN), including holding leadership positions and contributing to the development of regional standards, service specifications, and future surgical service planning.
This engagement ensures that MSE remains influential in shaping regional strategy while maintaining alignment with national best practice.

Play Team Excellence

The Trust's play specialist teams remain a fundamental component of the paediatric care experience. Their established services across all acute sites provide expert preparation, therapeutic play, distraction techniques, and emotional support for children and their families throughout the surgical journey.

The contribution of our play teams continues to enhance patient experience, reduce anxiety associated with hospital attendance and procedures, and support children to engage positively with their care.

MID & SOUTH ESSEX

Psychological Support and Critical Incident Debriefing

MSE is committed to supporting the wellbeing of staff involved in the care of critically ill and injured children. Dedicated psychological support services are available to colleagues following significant clinical events, recognising the emotional impact that such incidents can have on healthcare professionals.

Structured multidisciplinary debriefing processes are now embedded across the service, promoting reflective practice, organisational learning, staff wellbeing, and team resilience. These arrangements contribute to a culture that prioritises both patient safety and workforce support.

The Children's Voice

Engagement with children and young people continues to be a key strength of the service. Through the Trust's established Children and Young People (CYP) Forums and wider engagement activities, children and families are actively encouraged to share their experiences, views, and priorities.

Feedback received through these forums has informed service development, pathway redesign, and improvements to the patient experience. Several recommendations generated by children and young people have already been implemented, with others incorporated into ongoing improvement programmes.

By ensuring that the voices of children and young people remain central to service planning and decision-making, the Trust continues to strengthen its commitment to delivering person-centred care that reflects the needs and experiences of those who use our services.

MID & SOUTH ESSEX

Development Priorities for the Next 12 Months

Optimising Paediatric Surgical Capacity and Throughput

Over the next 12 months, MSE will continue to strengthen and sustain day-stay paediatric surgical activity at Basildon and Southend Hospitals while progressing plans to further expand theatre capacity at Broomfield Hospital.

The Trust's primary objectives are to maximise utilisation of available capacity, increase throughput, reduce elective waiting times, and support ongoing recovery of paediatric surgical pathways in line with national access standards and elective recovery objectives.

A comprehensive review of paediatric surgical capacity and demand will be undertaken using Getting It Right First Time (GIRFT) methodology and benchmarking tools. This review will inform future service planning, support improvements in Referral to Treatment (RTT) performance, and identify opportunities to enhance productivity while maintaining high standards of quality and safety.

Unifying Peri-operative Processes and Enhancing the Experience of Children and Families

A key priority for 2026/27 will be the development of a dedicated paediatric pre-operative assessment service at Southend Hospital, completing the establishment of a consistent pre-operative model across all three acute sites.

The Trust will also continue to invest in digital solutions to support integrated pre-operative assessment processes, improve information sharing, and strengthen clinical governance. The implementation of standardised peri-operative pathways will support greater consistency in care delivery, enhance patient safety, and improve clinical outcomes.

Collectively, these developments will contribute to a more streamlined, predictable and family-centred experience for children and their caregivers, from referral through to recovery

Strengthening Governance, Quality Improvement and Performance Monitoring

Working collaboratively with clinical governance teams, MSE will further develop its approach to quality assurance through structured audit programmes, compliance monitoring, and benchmarking against national standards.

Specialty-specific quality improvement programmes will be aligned to clearly defined Key Performance Indicators (KPIs), enabling robust performance monitoring and supporting continuous improvement across paediatric surgical, anaesthetic and peri-operative services.

The establishment of speciality improvement and governance groups will strengthen oversight, promote shared learning, and ensure that service development remains focused on delivering measurable improvements in quality, safety and patient outcomes.

MID & SOUTH ESSEX

Strengthening System Collaboration and Standardising Paediatric Pathways

The Trust will continue to build stronger partnerships with primary care, urgent care and system partners through the development of integrated pathways and enhanced digital communication platforms.

Improvements to referral, transfer and clinical feedback processes will support safer transitions of care, reduce duplication, and improve the timeliness and quality of information exchanged between providers.

MSE will also lead the continued harmonisation of paediatric pathways, clinical guidelines and operational procedures across Trust services, primary care, allied health professionals, Integrated Care Board (ICB) partners and regional networks. This programme will reduce unwarranted variation, improve consistency of care, and ensure alignment with national standards, NHS England frameworks and East of England Operational Delivery Network requirements.

Restoration and Stabilisation of Community Dental Services

The full restoration and long-term stabilisation of community dental services remain a significant strategic priority for the organisation.

Over the coming year, the Trust will focus on securing sustainable theatre capacity, strengthening collaboration with community dental teams, and ensuring service delivery aligns with regional commissioning intentions and population needs.

This work will improve access to paediatric dental care, support timely treatment for children requiring specialist interventions, and reduce unwarranted variation in service provision across the Mid and South Essex system.

Conclusion

As demand for paediatric services continues to grow, MSE faces ongoing challenges including increasing surgical activity, recovery of elective pathways, variation in service infrastructure across sites, the absence of dedicated paediatric critical care facilities, and the need to restore and stabilise community dental services. In response, the Trust has set ambitious priorities for the coming year, including expanding paediatric surgical capacity, further reducing waiting times, implementing a dedicated pre-operative assessment service at Southend Hospital, standardising peri-operative processes, strengthening governance and quality monitoring, and further harmonising pathways across the wider healthcare system.

Throughout these developments, patient safety will remain the Trust's foremost priority, underpinned by robust clinical governance, collaborative working, and adherence to national standards. Building on the considerable achievements already realised, MSE is well positioned to continue delivering safe, effective and family-centred care for children and young people across Mid and South Essex.

ANNUAL REPORT 2025 DATA

East of England Surgery in Children Operational Delivery Network

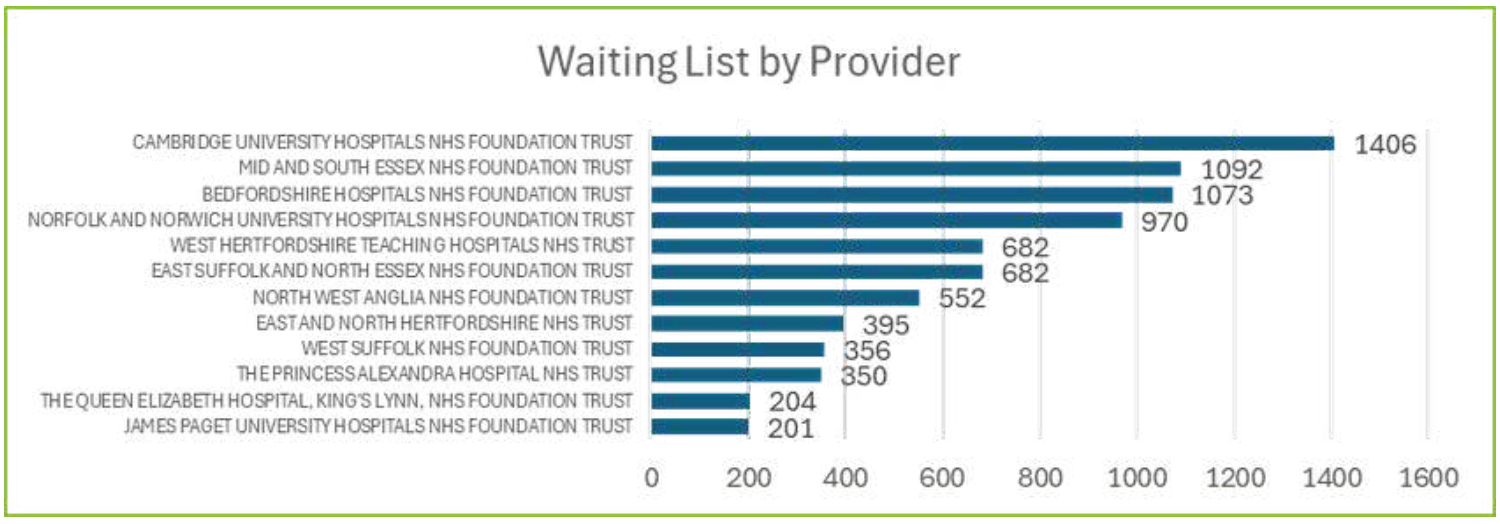
Collaborative working to deliver high quality care to our children and their families

The following analysis of paediatric surgical waiting lists is based on national RTT datasets. Trend data is drawn from the latest available extract, refreshed on 7 November 2025 (covering activity to week ending 26 October 2025).

The charts below illustrate the trajectory of admitted RTT pathways across the East of England from 2021 onwards, highlighting changes in demand over time. A subsequent extract has been used to provide a point-in-time position at the end of the reporting period.

The overall trend in admitted RTT pathways shows a sustained increase in waiting list size from 2021 through to mid-2024, followed by a period of stabilisation and gradual reduction during 2024 and into 2025.

Despite this recent improvement, the waiting list remains above earlier baseline levels, indicating continued underlying demand for paediatric surgical services across the region.

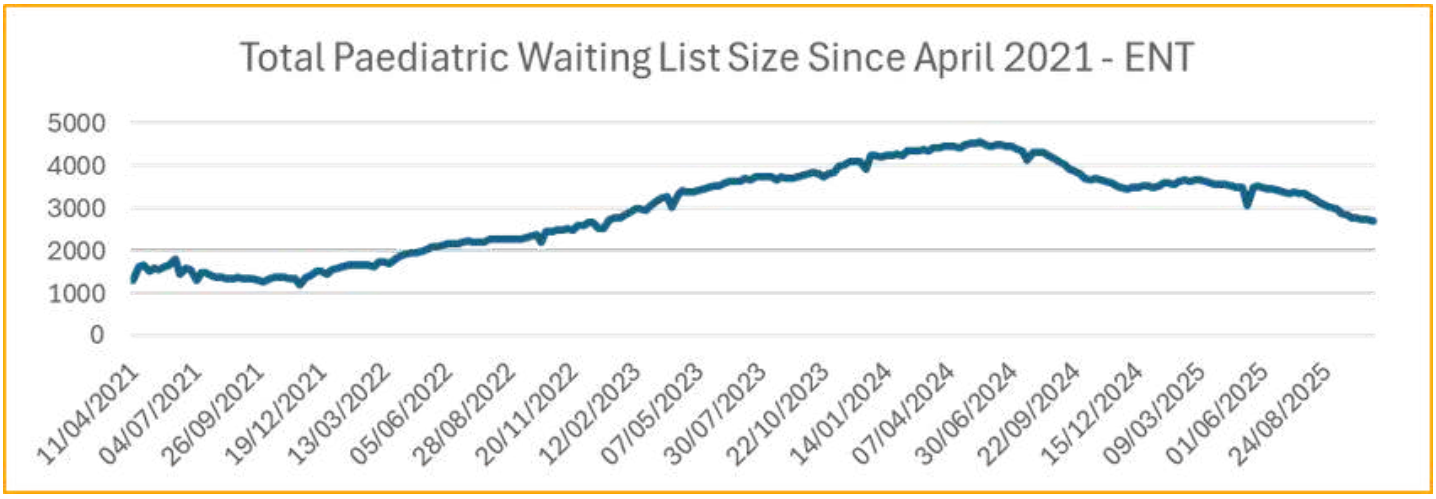


Analysis by organisation shows variation in waiting list size, likely reflecting differences in service configuration, demand and case mix. Larger providers account for a greater share of overall activity, while providers with lower activity volumes contribute smaller proportions overall.

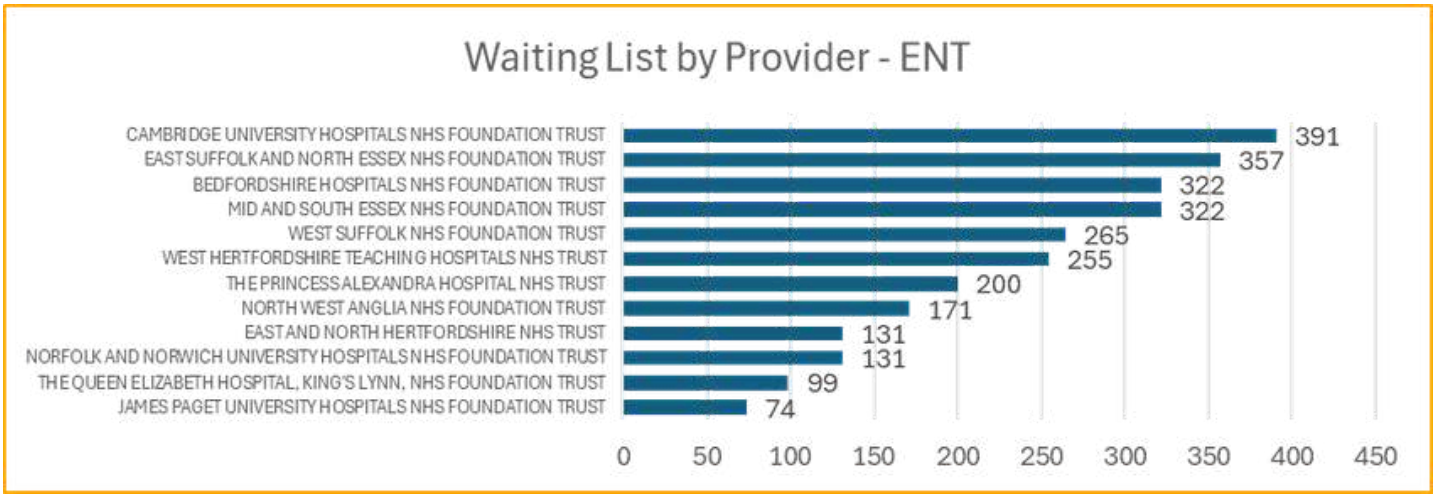
This variation highlights the importance of ongoing regional oversight and collaboration to support shared learning, improve pathway consistency and ensure equitable access to surgical care across the network.

ENT Waiting List Overview

Ear, Nose and Throat (ENT) services represent a significant component of paediatric surgical activity across the East of England. The charts below illustrate the trend in admitted RTT pathways over time, alongside variation in waiting list size across providers.



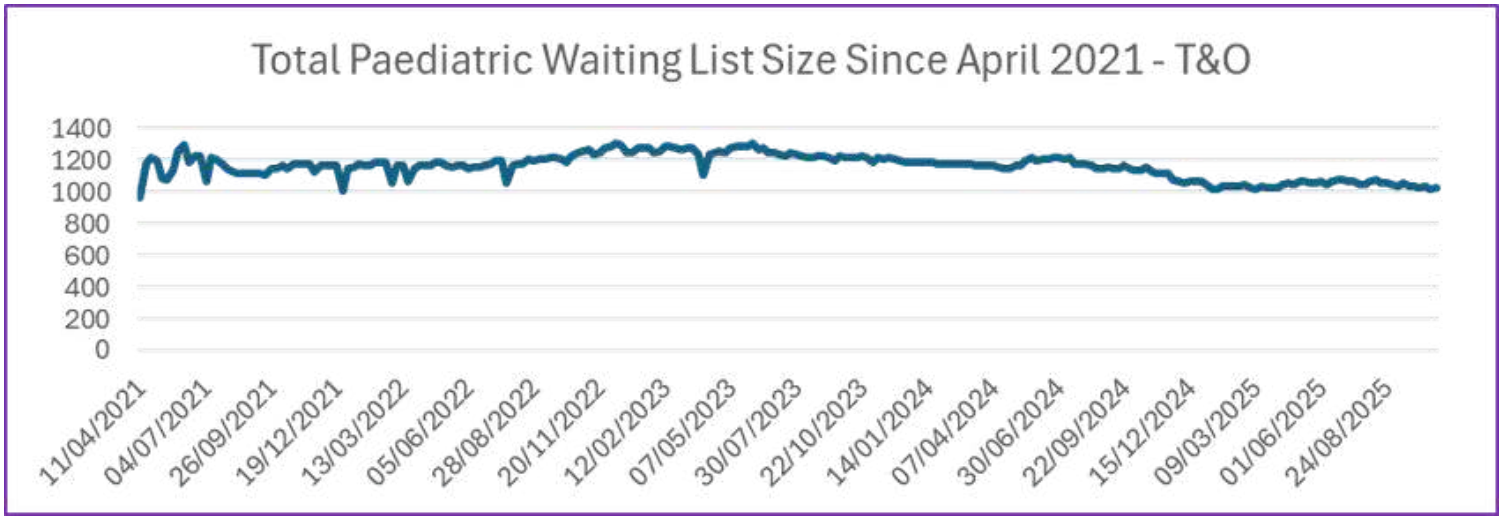
The trend demonstrates a steady increase in admitted RTT pathways from 2021 through to mid-2024, followed by a gradual reduction into 2025, broadly reflecting the overall regional trajectory.



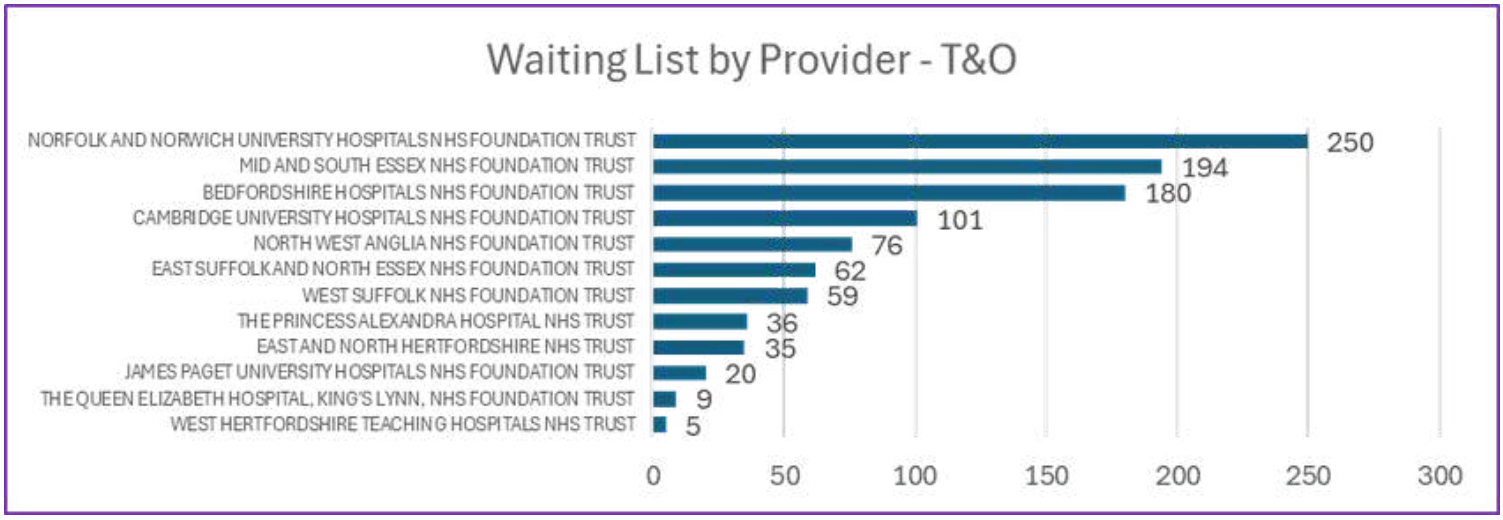
ENT continues to account for a substantial proportion of the paediatric surgical waiting list, driven by sustained demand for high-volume procedures. Variation across providers is evident and is likely to reflect differences in service scale, case mix and local demand, emphasising the need for continued regional collaboration and pathway optimisation.

T&O Waiting List Overview

Trauma and Orthopaedic (T&O) services form a smaller, yet important component of paediatric surgical pathways, with demand influenced by both elective activity and acute presentation.



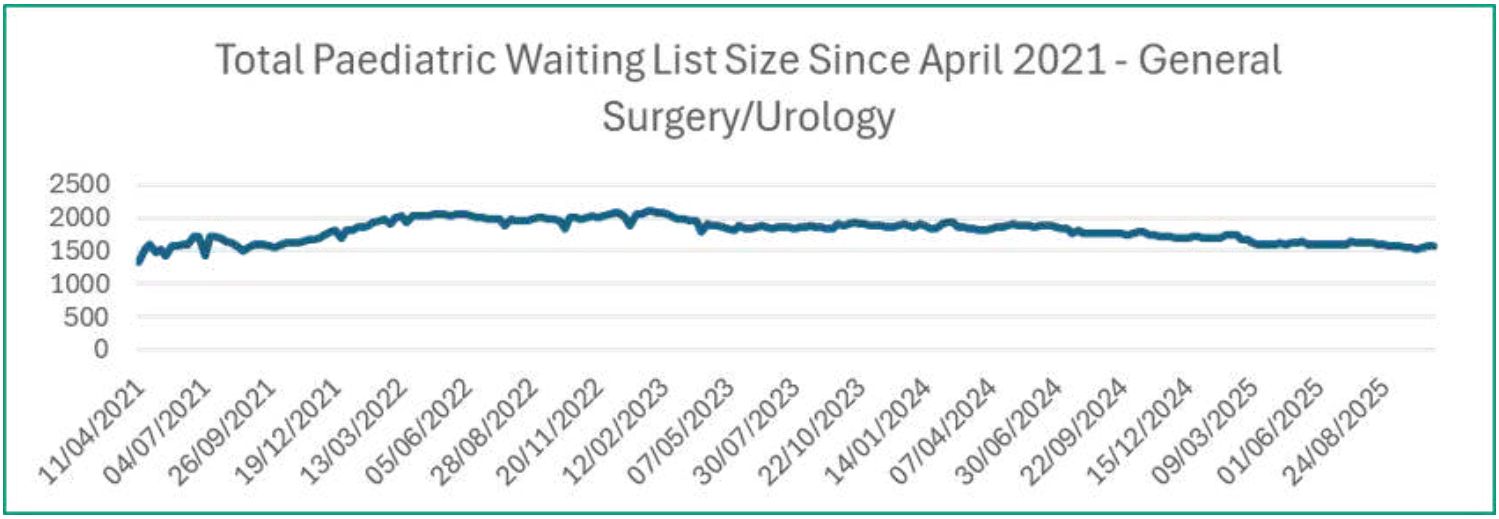
The trend in admitted RTT pathways for T&O shows a more stable profile over time, with moderate growth to around 2023, followed by a slight decrease during 2024 and subsequent stabilisation, plateauing into 2025.



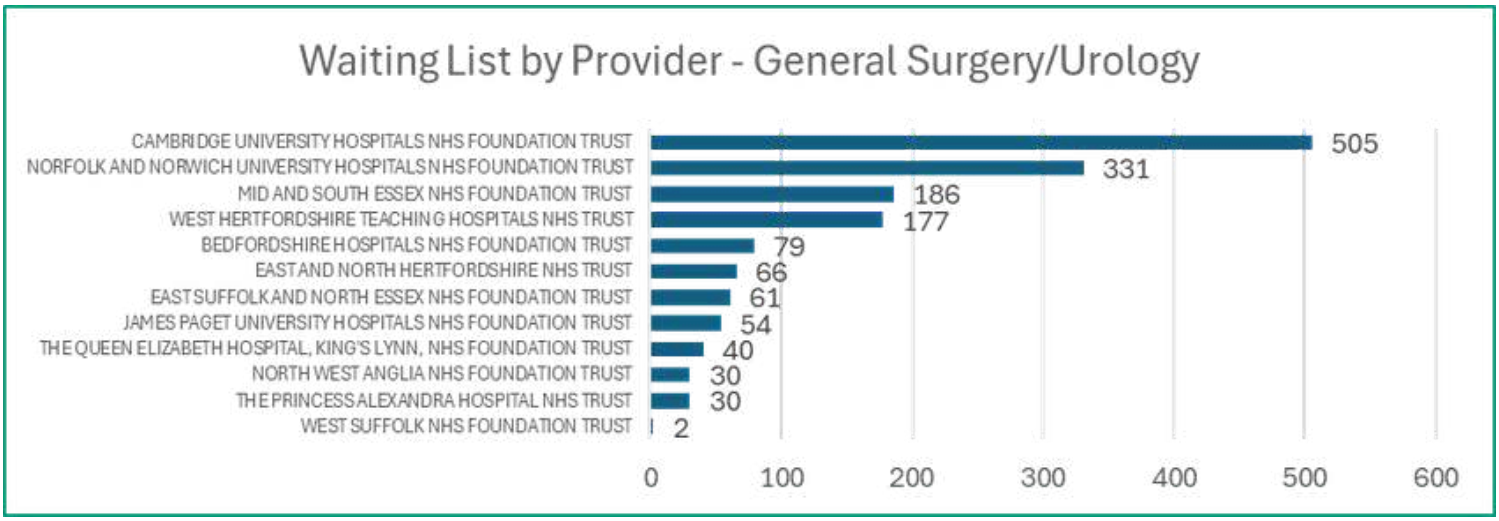
Activity is concentrated across a smaller number of providers, consistent with the distribution of specialist services within the region. Observed variation is likely to relate to differences in service configuration and surgical complexity, highlighting opportunities for continued coordination and shared learning across providers.

General Surgery & Urology Waiting List Overview

General Surgery and Urology pathways represent a broad and varied area of paediatric surgical care, encompassing a range of elective and emergency procedures across the region.



The trend shows a moderate increase between 2021 and 2023, followed by stabilisation at a sustained high level. Although a modest reduction is observed into 2025, this represents a plateau rather than a substantive recovery, with waiting list size remaining above the 2021 baseline.



Differences across providers are evident and are likely to relate to variation in activity levels, case mix and local service provision, with larger centres managing higher volumes of surgical pathways. This pattern aligns with the distribution of services and highlights opportunities for continued alignment of care pathways across the region.

Current Waiting List Position (December 2025)

While the historical overview above illustrates the trajectory of paediatric surgical waiting lists across the region, the table below presents the most recent position at the end of the reporting period, based on data for the week ending 28 December 2025.

At this point, there were 7,958 children and young people (CYP) on admitted RTT pathways across the East of England. ENT accounted for the largest proportion of the waiting list (2,752 pathways), followed by General Surgery and Urology (1,569 pathways) and Trauma and Orthopaedics (985 pathways).

The table also shows variation in activity across organisations, likely reflecting differences in service configuration, demand and case mix. Larger providers account for a greater share of overall pathways, while activity is distributed across other organisations at lower volumes within the regional system.

There remains a cohort of children and young people waiting over 52 weeks. On RAIDR in November 2025, there were 713 admitted pathways exceeding 52 weeks, including a smaller number with waits beyond 65 and 78 weeks. This continues to represent an area of focus across the system and has been consistently highlighted through the GIRFT Further Faster programme, as well as through service reviews and Clinical Oversight Group discussions.

Trust	Overall List	ENT	T & O	General Surg & Urol
BEDFORDSHIRE HOSPITALS NHS	1004	285	203	86
CAMBRIDGE UNIVERSITY	1451	370	88	514
EAST AND NORTH HERTFORDSHIRE	476	170	36	71
EAST SUFFOLK AND NORTH ESSEX NHS	563	287	51	54
JAMES PAGET UNIVERSITY	169	48	16	47
MID AND SOUTH ESSEX NHS	1064	353	159	162
NORFOLK AND NORWICH	1097	246	253	322
NORTH WEST ANGLIA NHS	559	203	75	41
THE PRINCESS ALEXANDRA	332	203	36	26
THE QUEEN ELIZABETH	168	60	6	54
WEST HERTFORDSHIRE	700	245	4	189
WEST SUFFOLK NHS FOUNDATION	375	282	58	3
Grand Totals	**7958**	**2752**	**985**	**1569**

Taken together, the data indicate that paediatric surgical waiting lists across the East of England increased over time before stabilising and showing early signs of reduction during 2025. While this recent improvement is encouraging, waiting list size remains above earlier baseline levels, reflecting ongoing demand across key surgical specialties.

Overall, the trends and current position point to the need for continued focus on pathway efficiency, demand management and coordination across providers to support sustainable elective recovery and improve access to care for children and young people (CYP).

**** Data Source for RTT Analysis: East of England paediatric waiting list data extract provided by NHS Arden & Greater East Midlands Commissioning Support Unit (CSU). Data accessed via the UDAL data warehouse and supplied to the ODN as reporting extracts. Data period covers activity up to week ending 26 October 2025, with a subsequent extract used for the position at week ending 28 December 2025. Age range includes patients aged 0–18 years. Regional ODN view.*

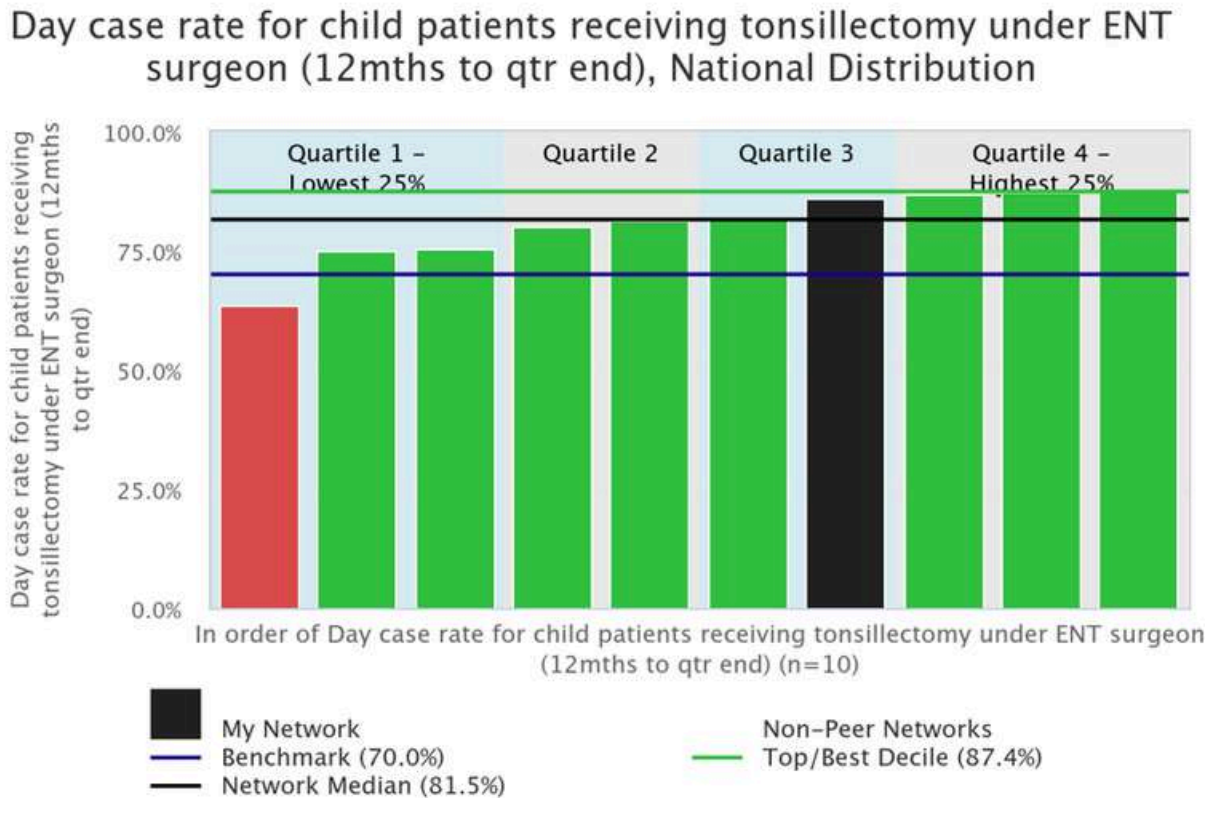
Model Hospital and GIRFT Metrics

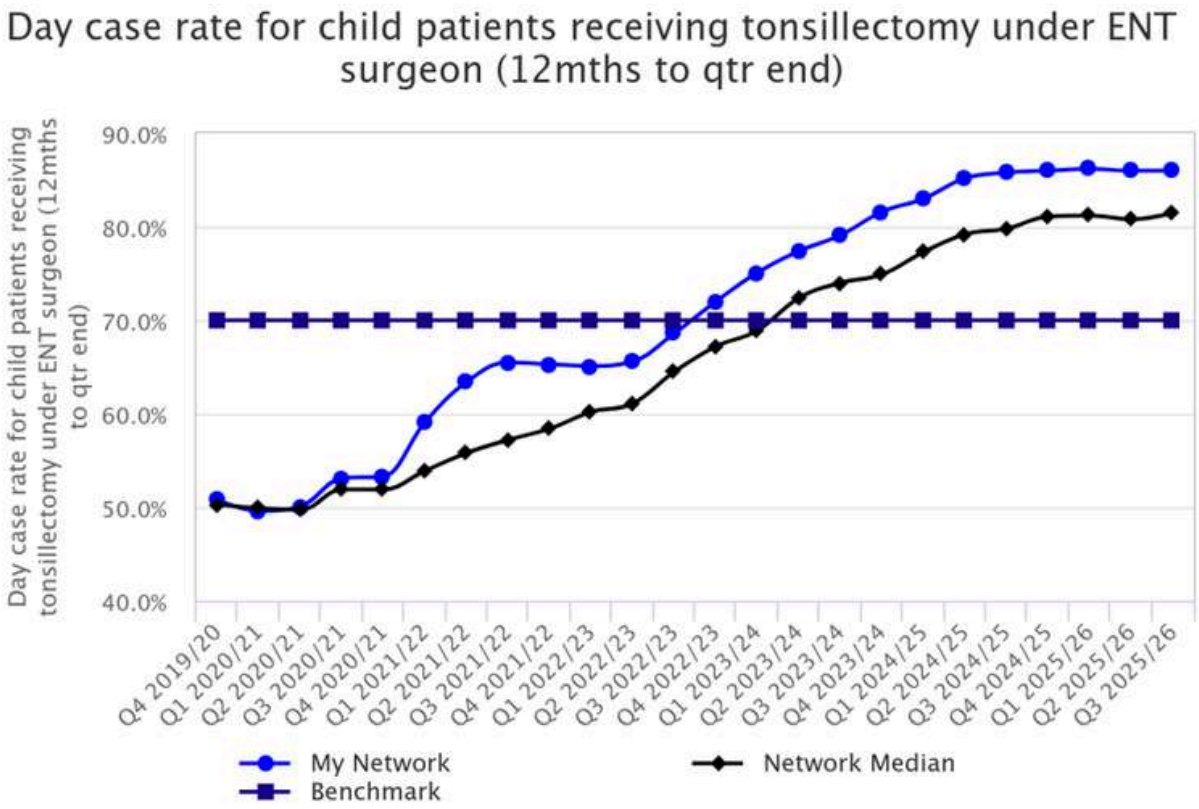
The following section presents Model Hospital and GIRFT metrics aligned to those reviewed in 2025. These measures provide a descriptive view of key paediatric surgical pathways across the East of England.

The section is structured by clinical area, beginning with Ear, Nose and Throat (ENT) metrics, specifically tonsillectomy day case rates.

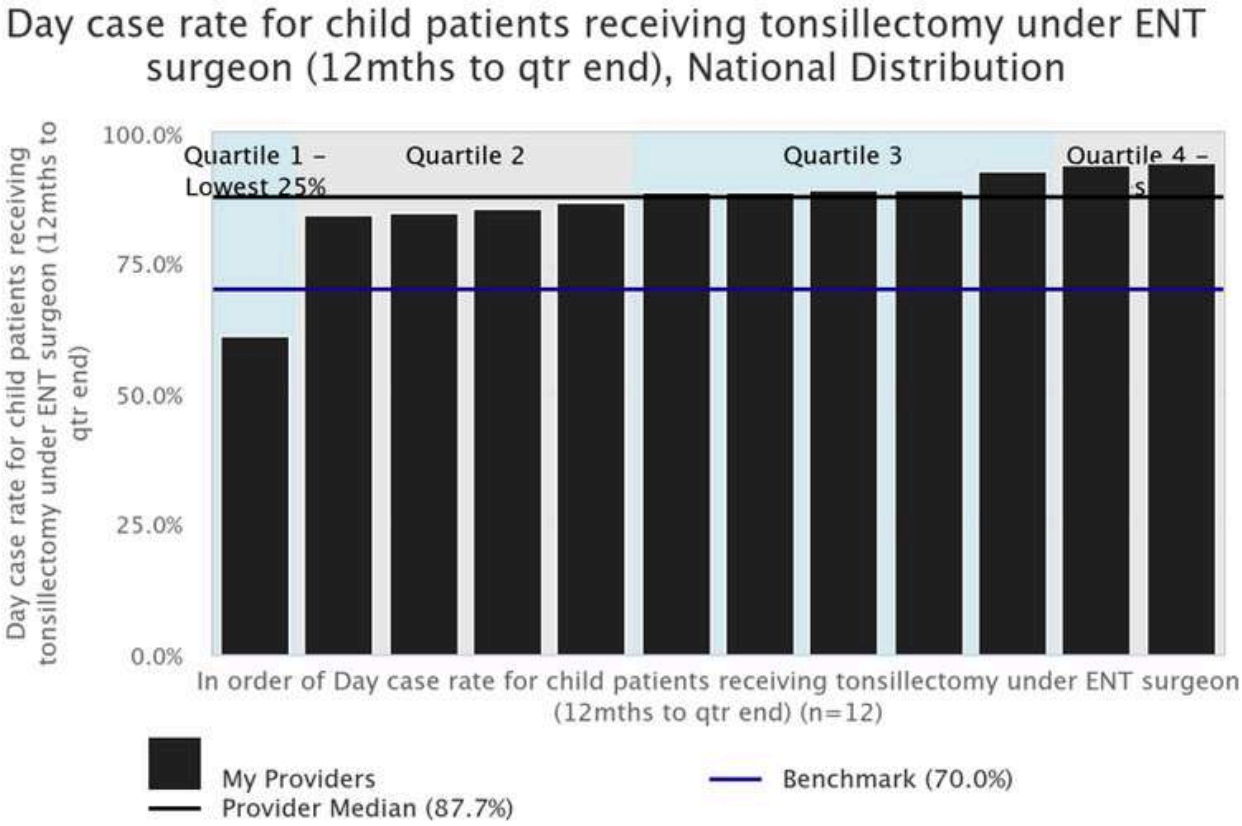
Tonsillectomy – Day Case Rate

Tonsillectomy day case rate is presented here as the percentage of paediatric patients aged 0–16 undergoing tonsillectomy under the care of an ENT surgeon who are managed as day cases.
The charts illustrate the East of England position at ODN level, including both the national distribution and the trend over time. For Q3 2025/26, the East of England network value was 86.0%, compared with a benchmark value of 70.0%.





At Trust level, most organisations report day case rates within a relatively narrow range, with values clustered in the mid-80% to low-90% range. All organisations are above the 70.0% benchmark level, with the exception of one.



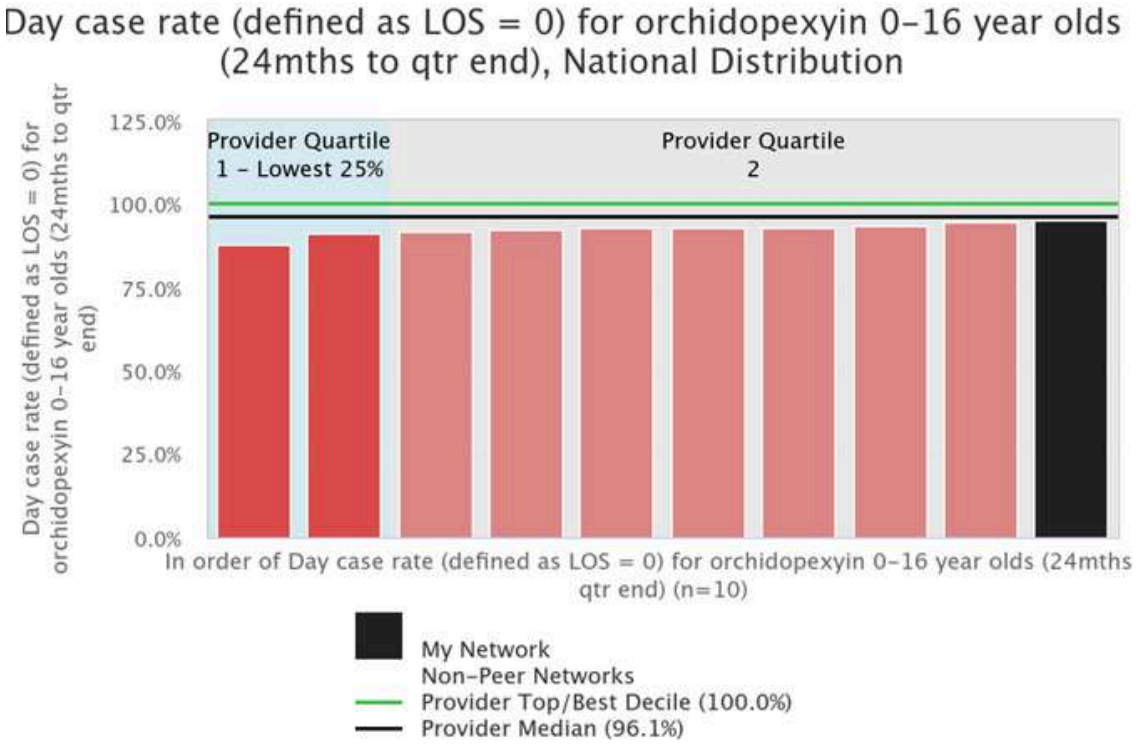
**** Data Source for Tonsillectomy – Day Case Rate: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: June 2026. Data period: Q3 2025/26. Age range between 0 and 16. National ODN View.*

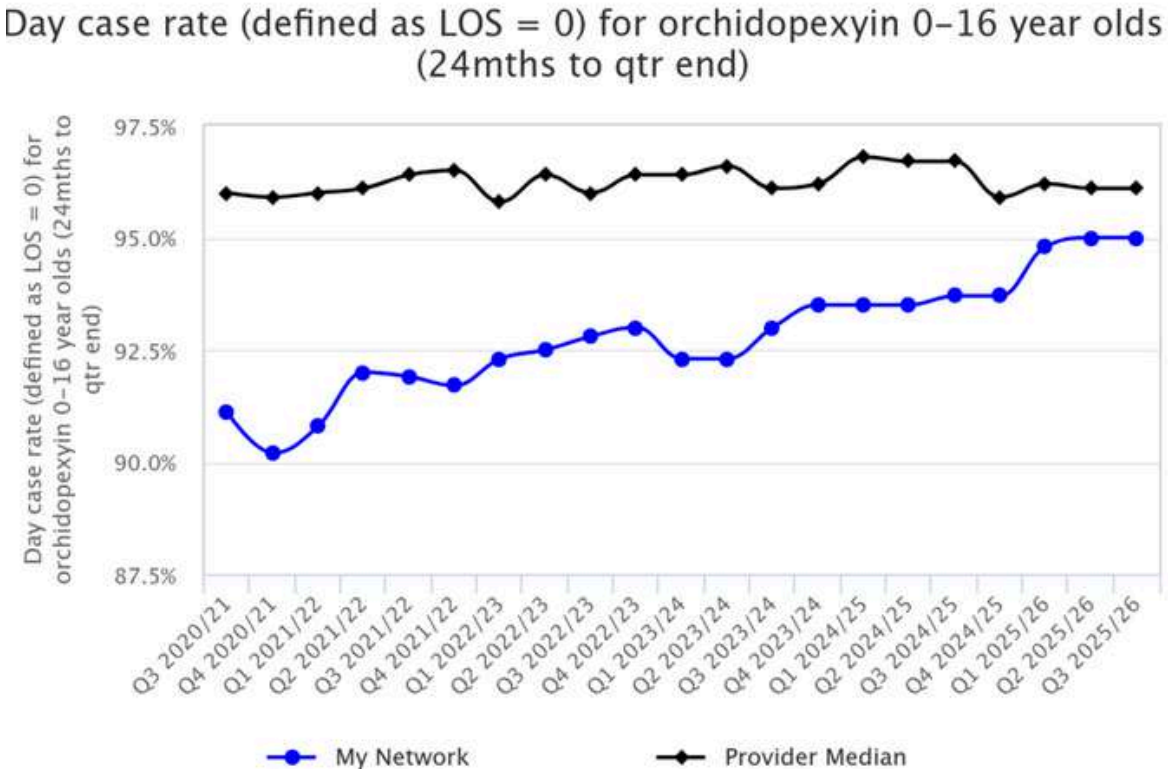
Moving on to General Surgery and Urology metrics, covering orchidopexy and admissions for elective therapeutic circumcision and hydrocoele.

Orchidopexy – Day Case Rate

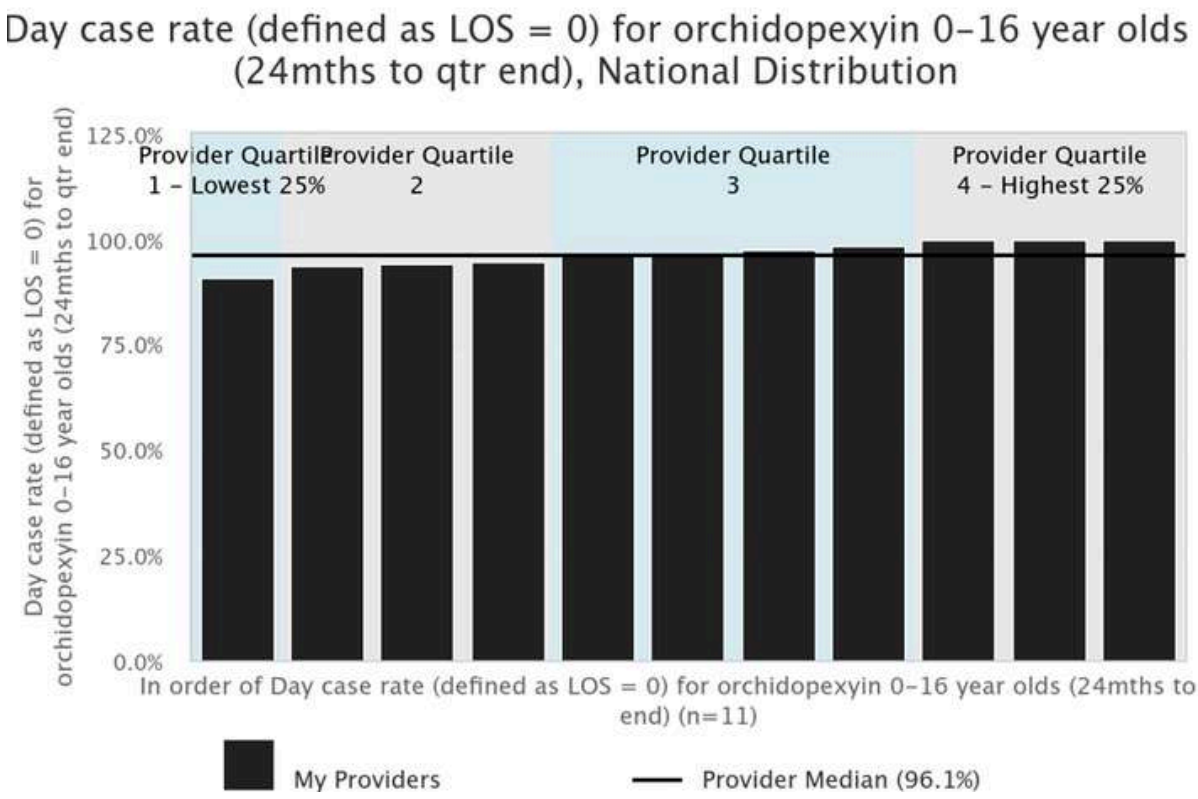
Orchidopexy day case rate is presented here as the percentage of admissions for patients aged 0–16 undergoing orchidopexy where the procedure was conducted as a day case (length of stay [LOS] = 0).

For the data period Q3 2025/26, the network value was 95.0%, compared to a provider median of 96.1%.





Across Trusts within the region, values range from approximately 91.0% to 100.0%, with a provider median of 96.1%. Several organisations report rates of 100%, with the remaining values distributed across the low- to mid-90% range.

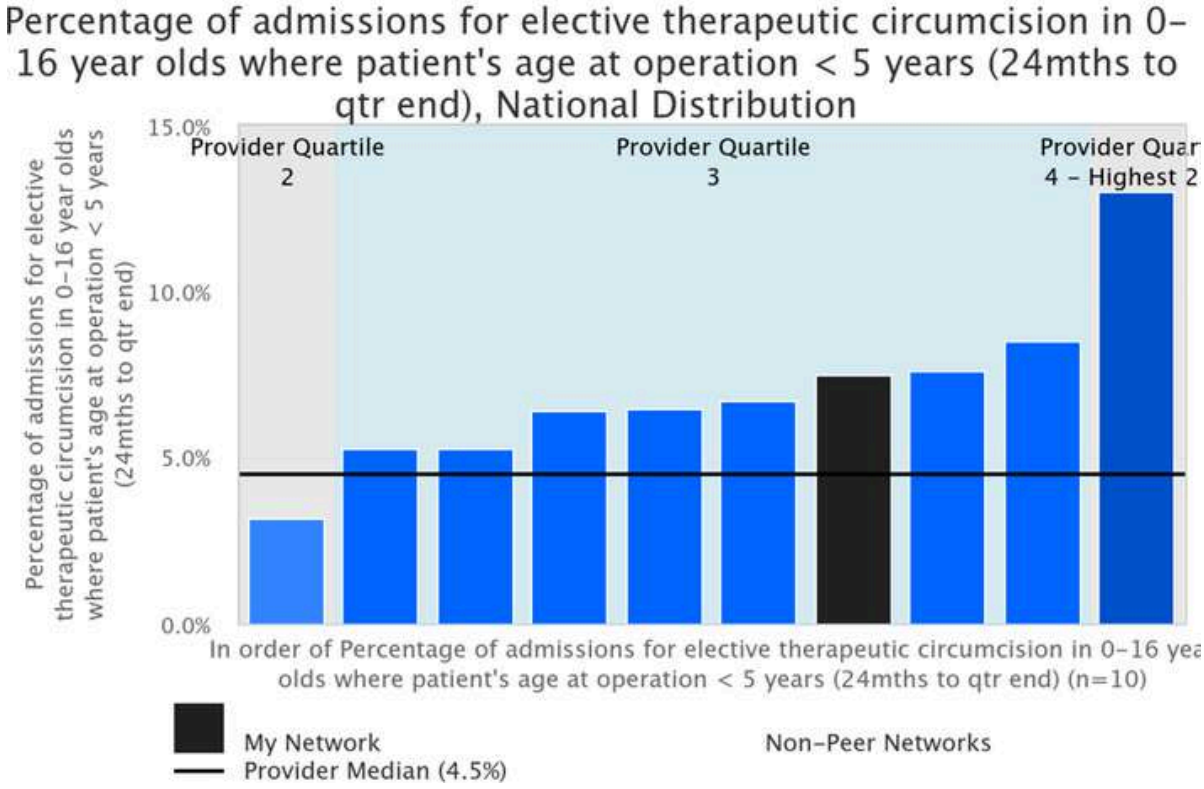


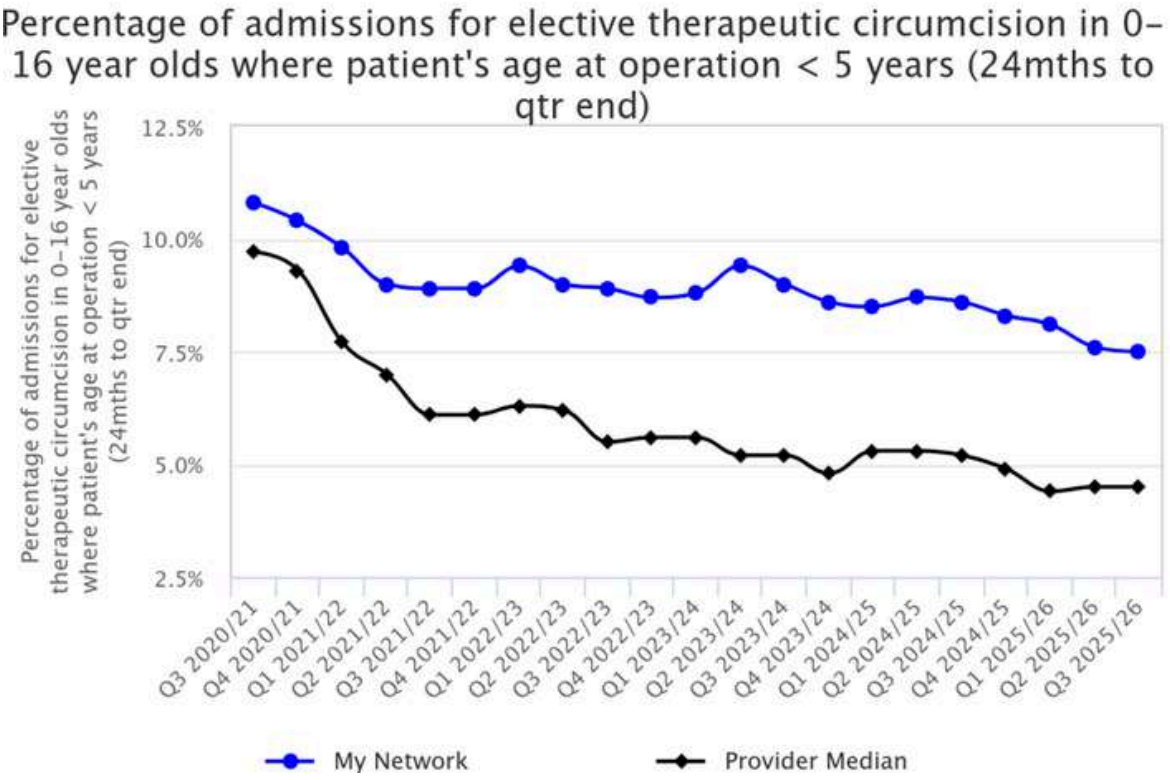
**** Data Source for Orchidopexy – Day Case Rate: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: May 2026. Data period: Q3 2025/26. Age range between 0 and 16. National ODN View.*

Percentage of admissions for elective therapeutic circumcision

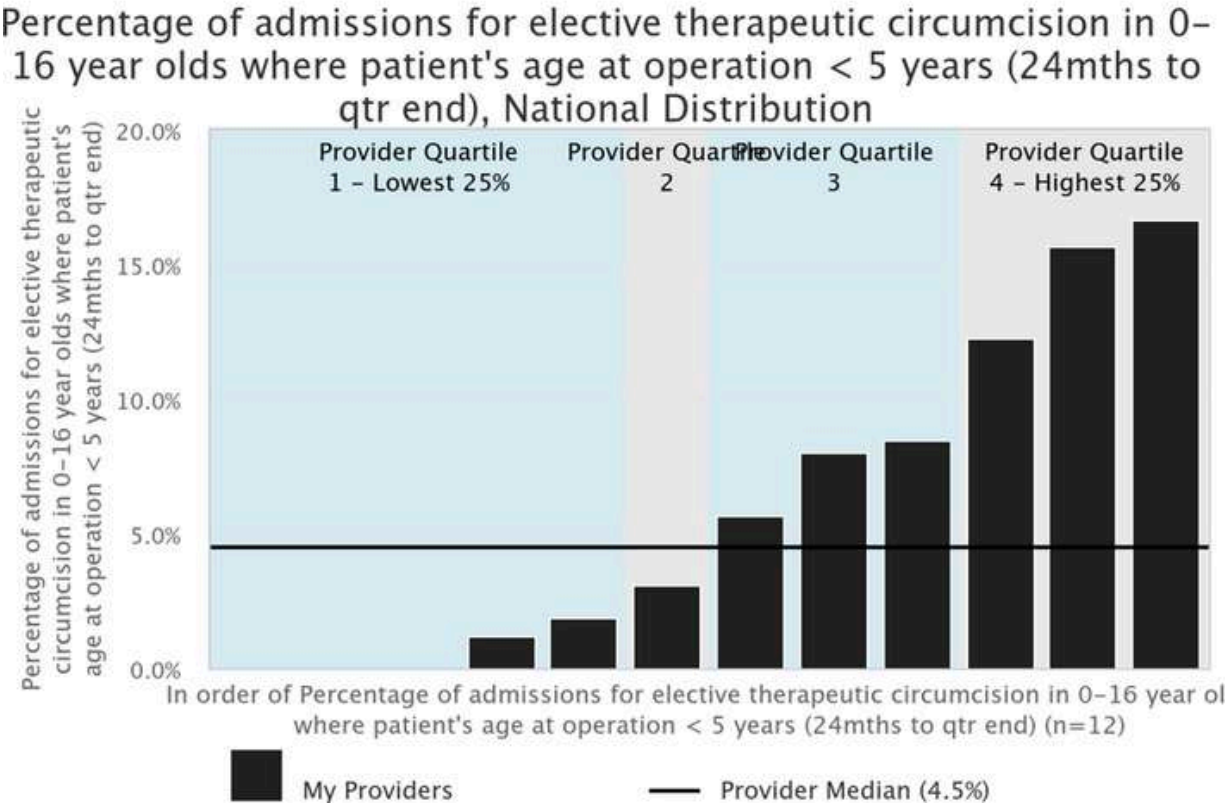
Percentage of admissions for elective therapeutic circumcision is presented here as the proportion of admissions for patients aged 0–16 years where the patient's age at operation is under 5 years, based on therapeutic procedures only.

For the data period Q3 2025/26, the network value was 7.5%, compared to a provider median of 4.5%.





The below distribution shows, values range from 0.0% to 16.7%, with a provider median of 4.5%. A small number of organisations report values at or near zero, while others report higher proportions across the distribution, including several above 10%.

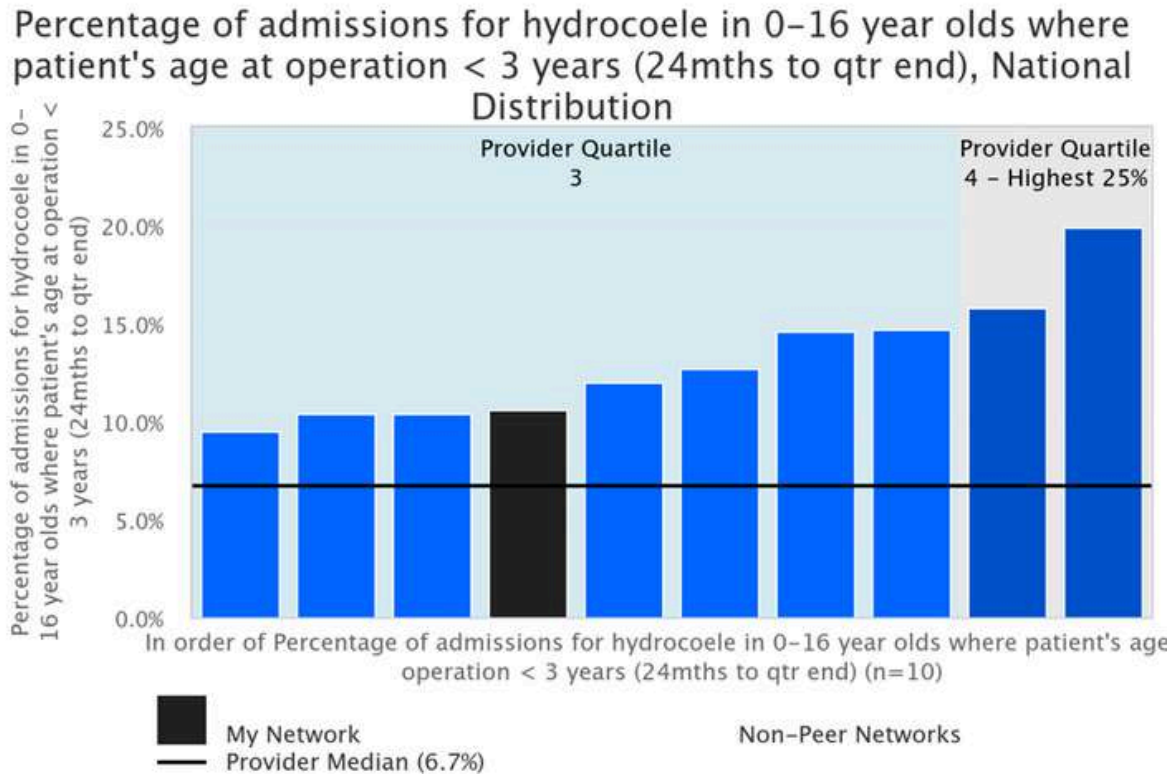


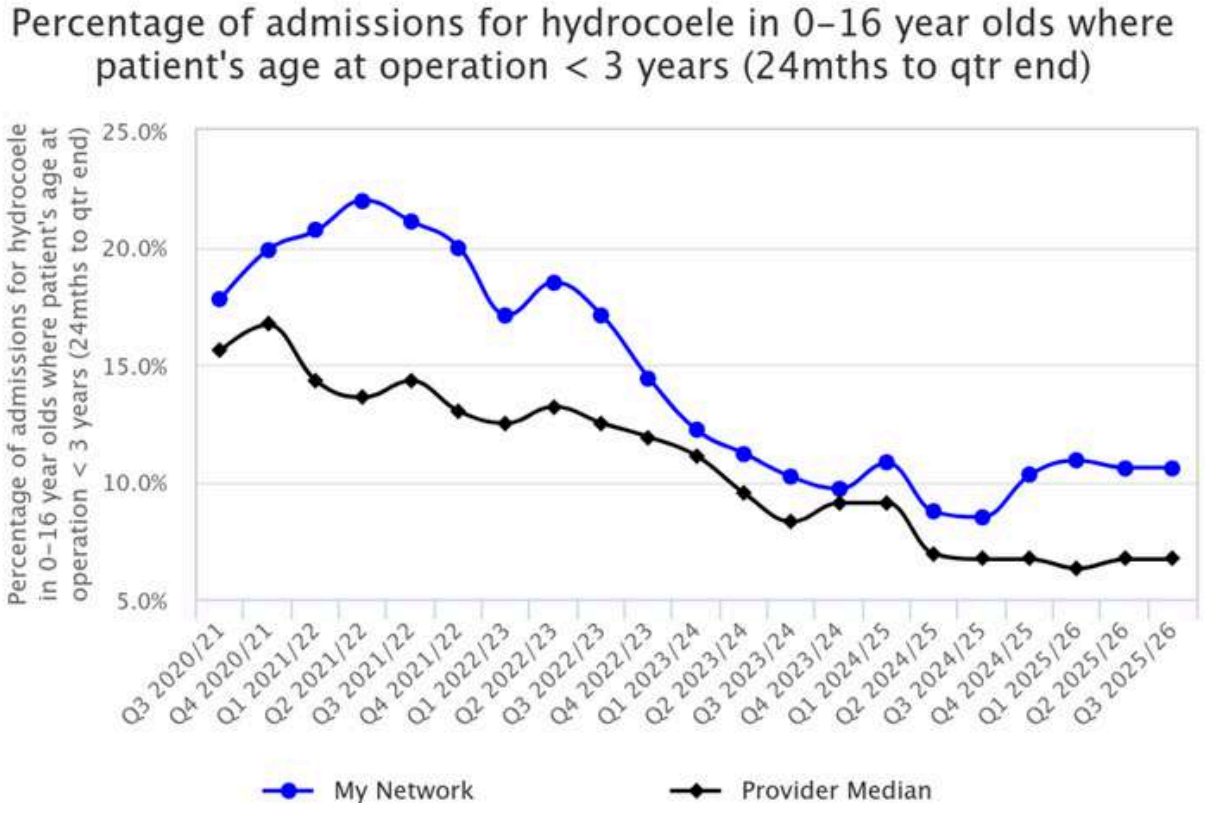
**** Data Source for Percentage of admissions for elective therapeutic circumcision: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: June 2026. Data period: Q3 2025/26. Age range between 0 and 16. National ODN View.*

Percentage of admissions for hydrocoele

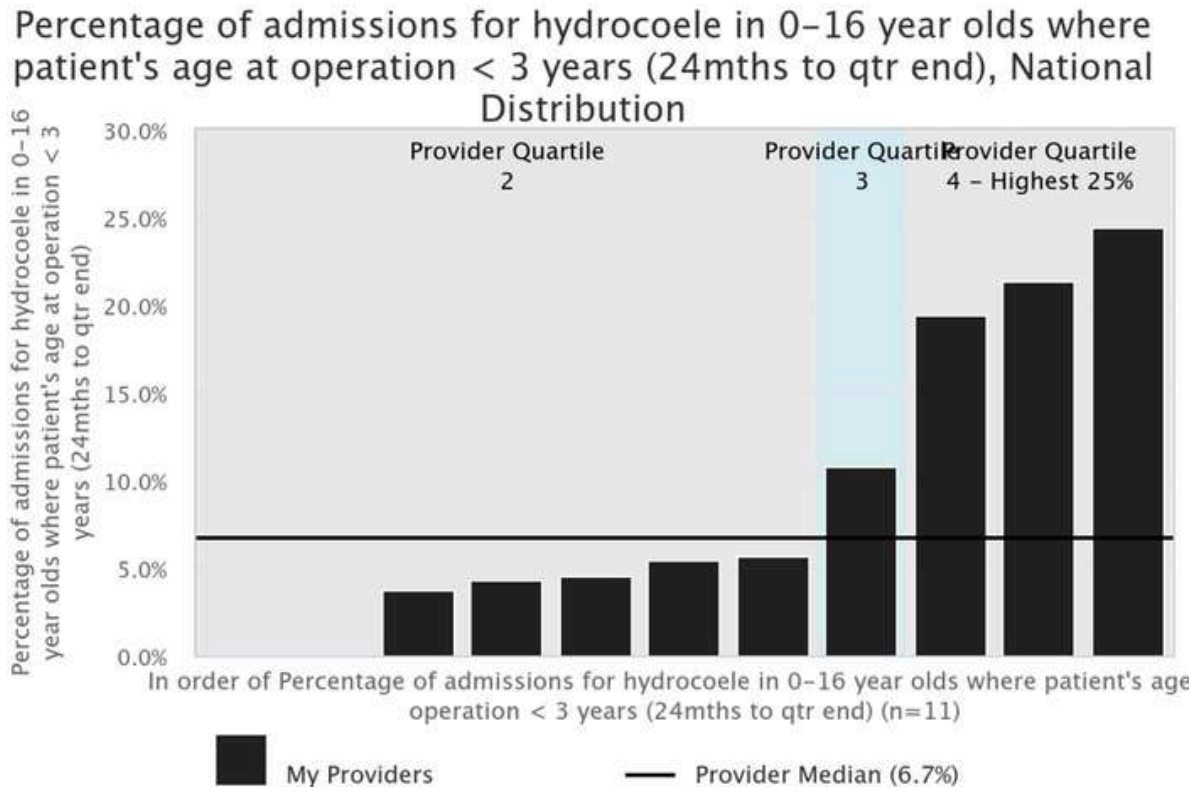
Percentage of admissions for hydrocoele is presented here as the proportion of admissions for patients aged 0–16 years where the patient's age at operation is under 3 years.

For Q3 2025/26, the East of England network value was 10.6%, compared to a provider median of 6.7%, providing a regional view of how this measure sits within the wider distribution.





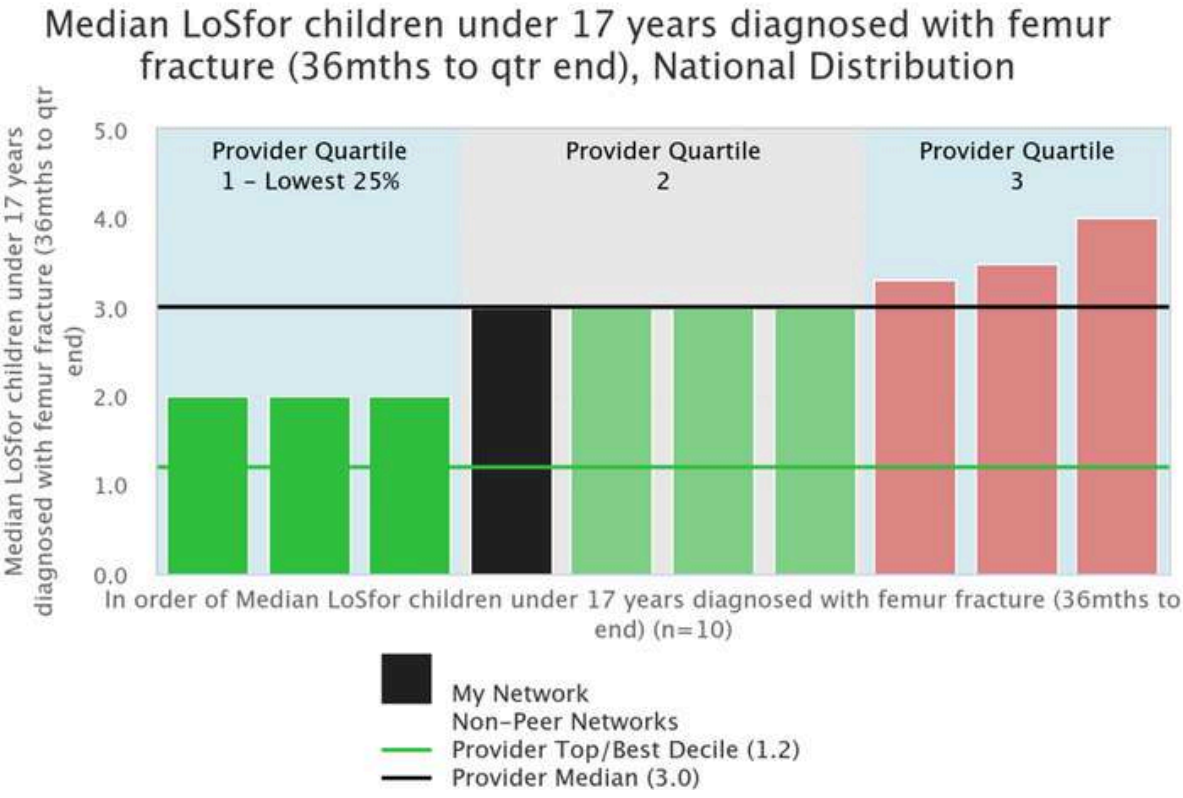
The provider-level view offers additional context to the regional position. In the most recent data, values range from 0.0% to 24.4%, with a provider median of 6.7%. A small number of Trusts report values at or near zero, while others report substantially higher percentages, including several above 15%.

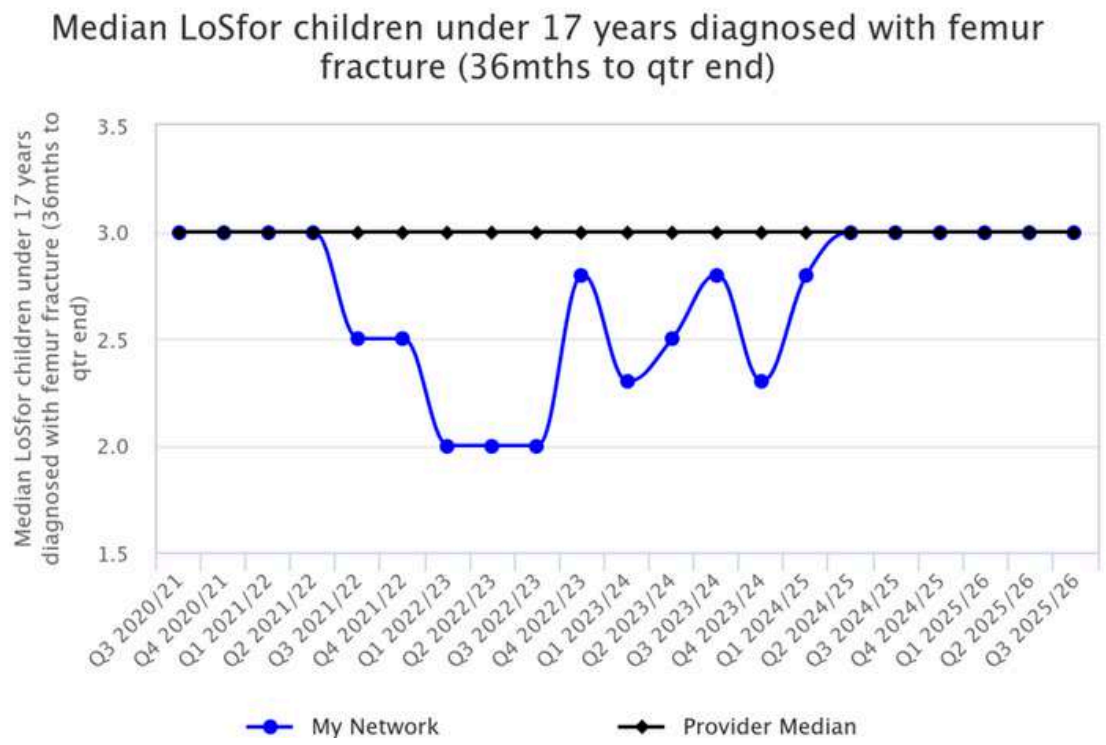


Femur Fracture – Median Length of Stay

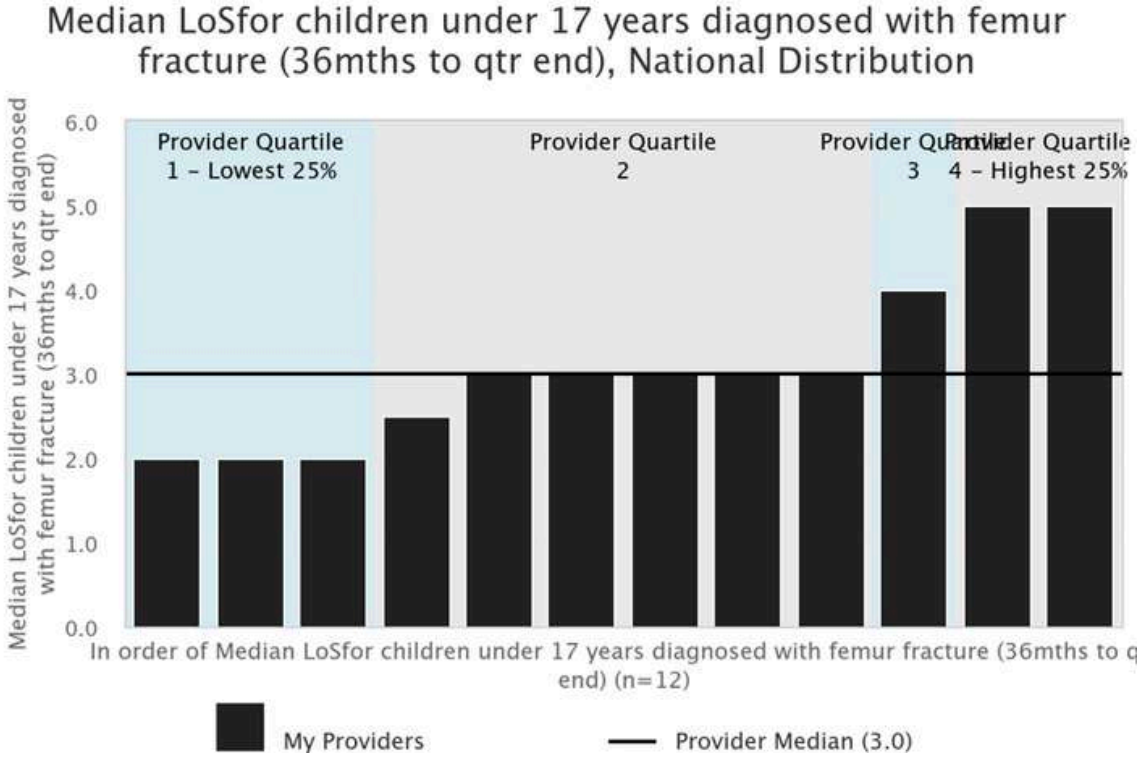
Median length of stay (LoS) for children diagnosed with femur fracture is presented here as a Model Hospital metric describing the median number of days in hospital for patients under 17 years of age.

The charts below illustrate the East of England position at ODN level, including both the national distribution and the trend over time. For the data period Q3 2025/26, the network value was 3.0 days, in line with the provider median of 3.0 days.





Across Trusts within the region, values range from 2.0 to 5.0 days, with a provider median of 3.0 days. Several organisations report median lengths of stay at or below 3.0 days, while others report higher values, including a small number at 5.0 days.

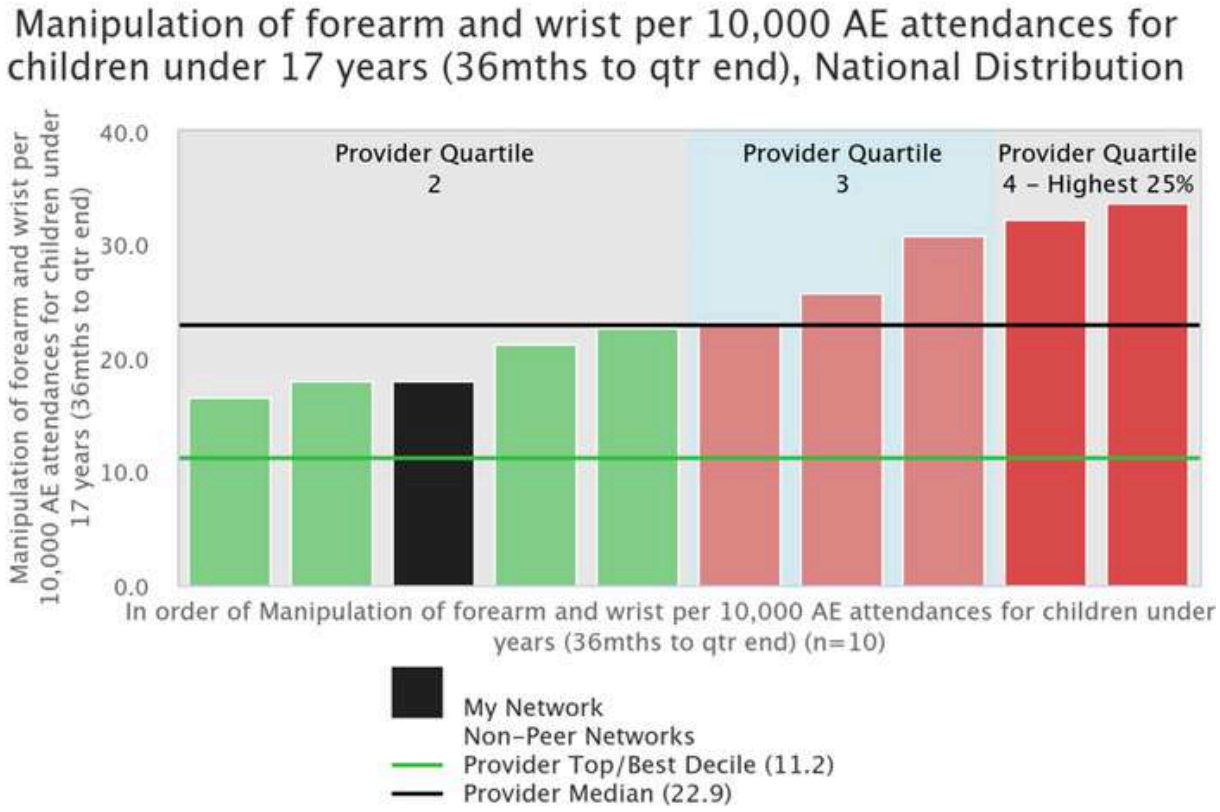


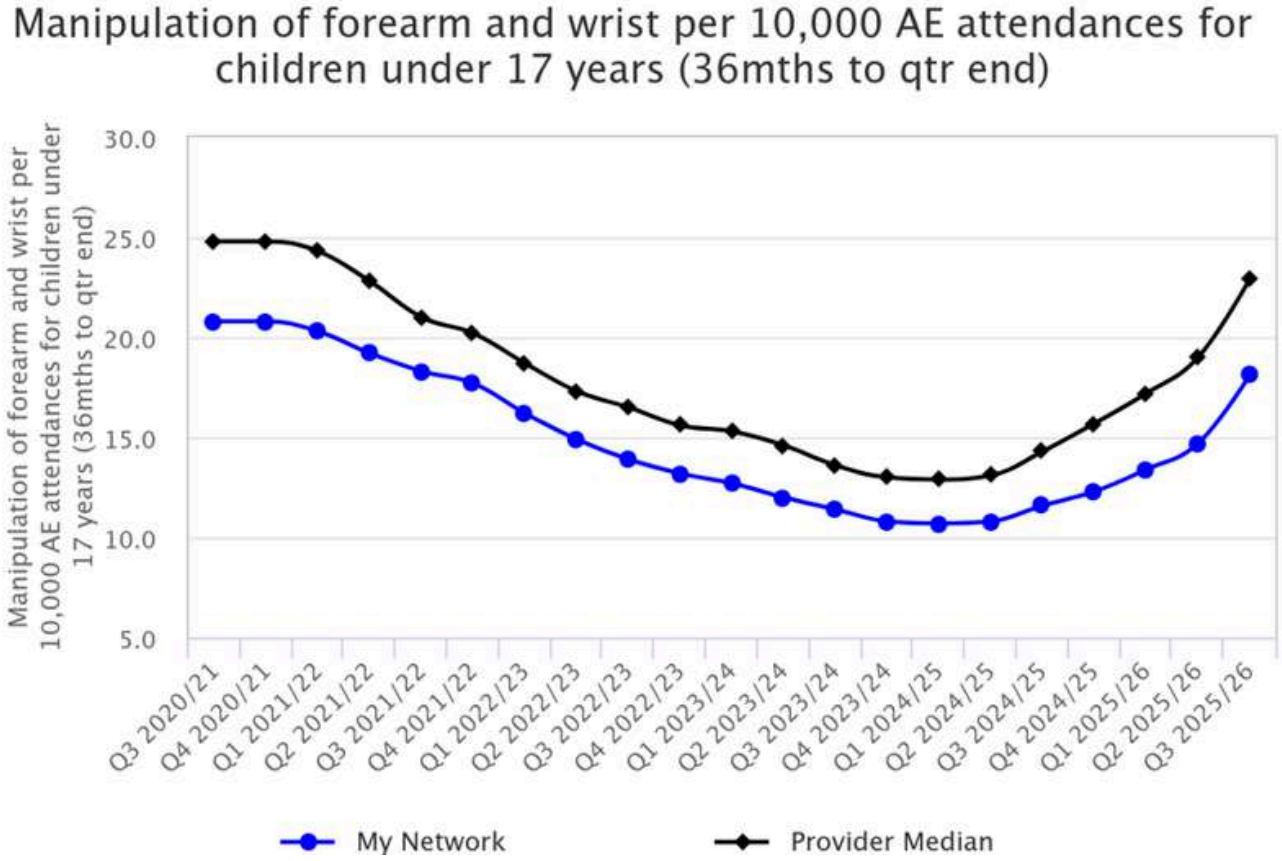
**** Data Source for Femur Fracture: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: June 2026. Data period: Q3 2025/26. Age range is under 17. National ODN View.*

Manipulation of Forearm and Wrist

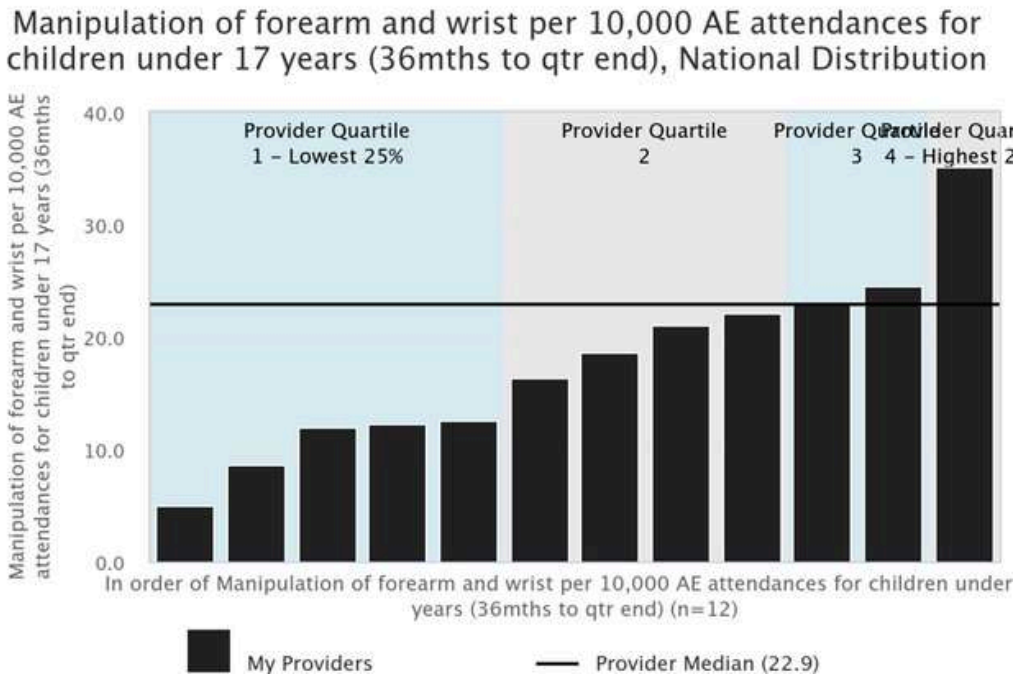
Manipulation of forearm and wrist is presented here as the rate per 10,000 A&E attendances for children under 17 years.

For the data period Q3 2025/26, the network value was 18.1 per 10,000 attendances, compared to a provider median of 22.9.





Examining the trust-level distribution, values range from 5.0 to 35.1 per 10,000 attendances, with a provider median of 22.9. Lower rates are observed around 5.0–12.6, with a mid-range between 16.4–23.1, and higher values extending above 24.5.

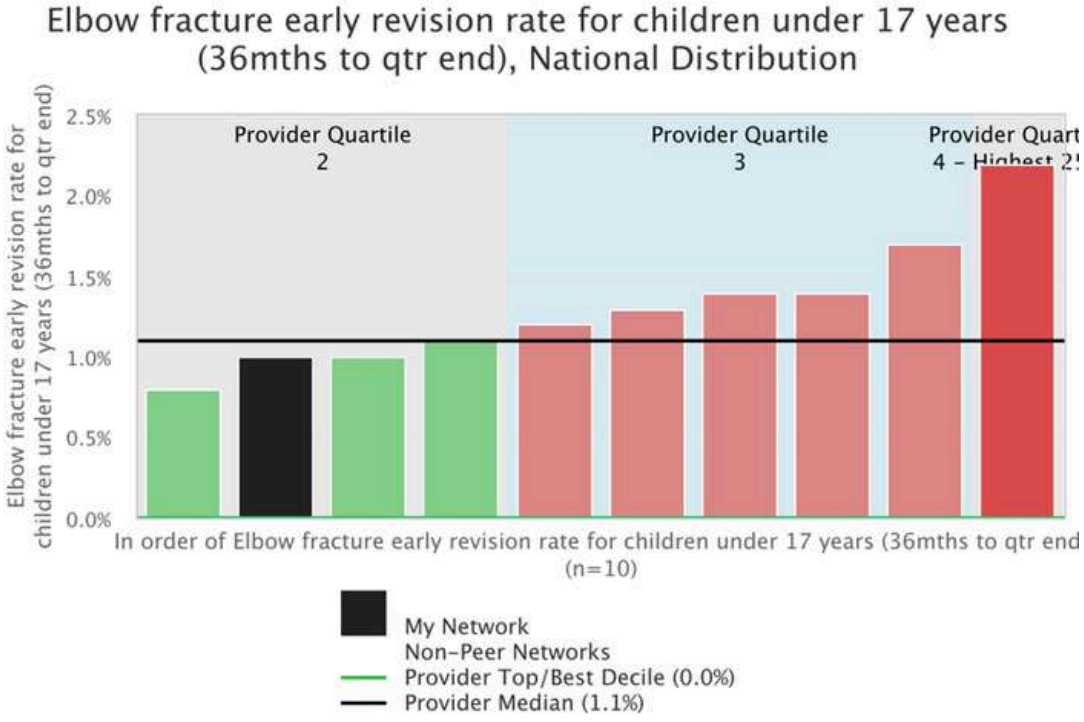


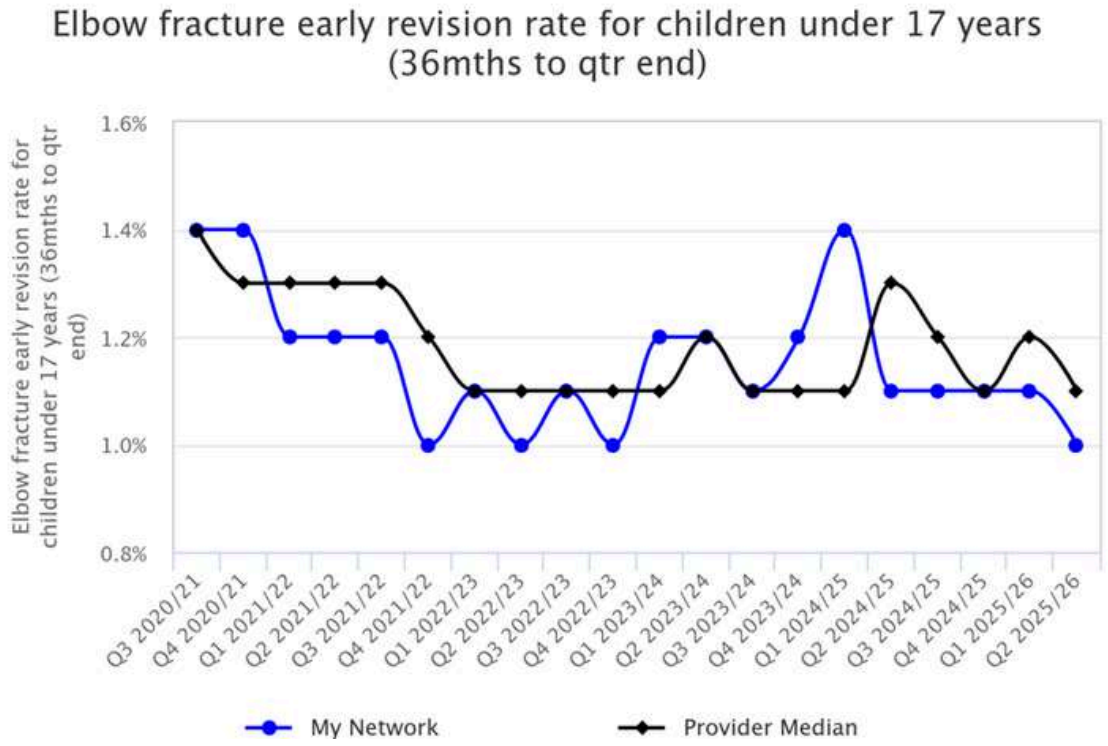
**** Data Source for Manipulation of Forearm and Wrist: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: June 2026. Data period: Q3 2025/26. Age range is under 17. National ODN View.*

Elbow Fracture – Early Revision Rate

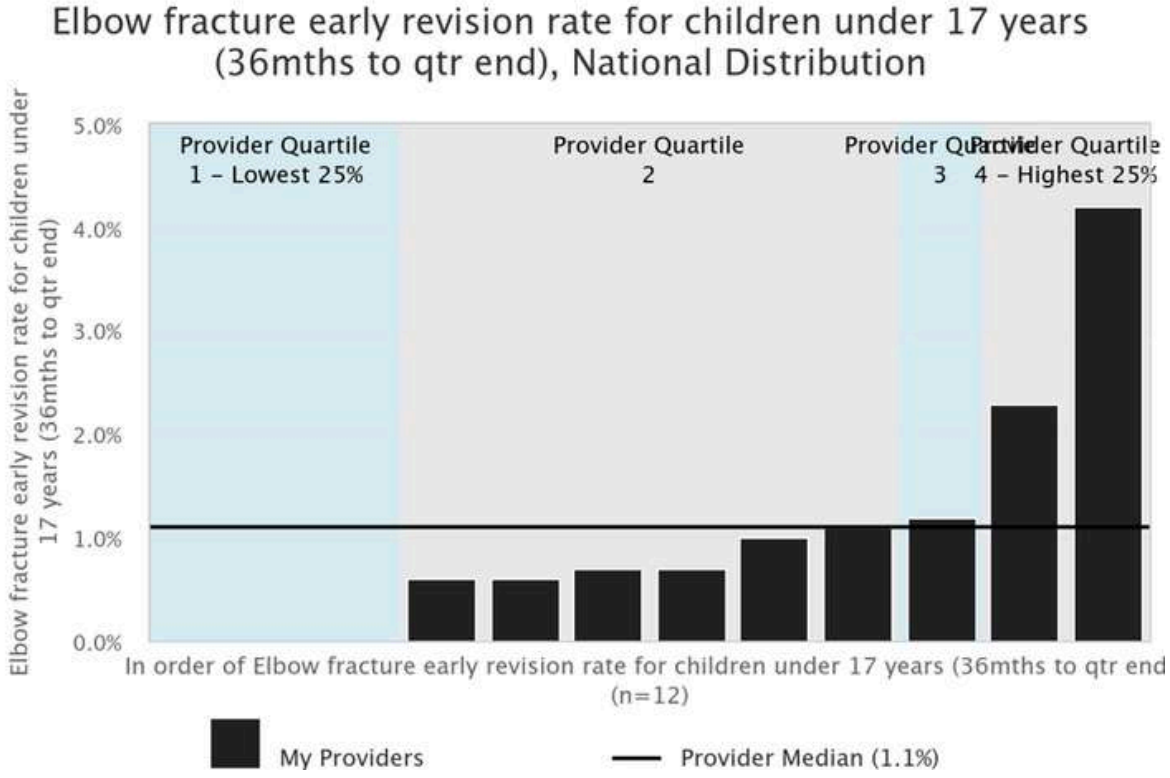
Elbow fracture early revision rate is presented here as the proportion of patients under 17 years of age requiring revision within 8 weeks following treatment for an elbow fracture.

For Q2 2025/26, the East of England network value was 1.0%, compared to a provider median of 1.1%, indicating a regional position that sits close to the overall distribution of values observed across providers.





In the most recent data, elbow fracture early revision rates range from 0.0% to 4.2%, with a provider median of 1.1%. Several Trusts report values at or near zero, while most are clustered around 1.0%, with a small number of higher values above 2%.



**** Data Source for Elbow Fracture Early Revision Rate: MODEL HOSPITAL - Extracted Hospital Episode Statistics (HES). Data last updated: June 2026. Data period: Q2 2025/26. Age range is under 17. National ODN View.*

East of England Surgery in Children Operational Delivery Network

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

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