NHS
South West
Surgery in Children
Operational Delivery Network

South West Surgery in Children

Operational Delivery Network

2025/26 Annual Report

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Introduction from the Clinical Director:

Welcome to the sixth Annual Report of the South West Surgery in Children Operational Delivery Network (SW SIC ODN). This report summarises our achievements and reflections from 1st April 2025 to 31st March 2026 and will be my final report as Clinical Director as I step down from the role this year. I would like to start by thanking all those who have been involved in supporting the SW SIC ODN and myself over the past 6 years; it has been a pleasure to establish and develop a regional network with such enthusiastic and supportive stakeholders from across the region. This has been another busy year for the network and despite ongoing pressures and challenges in the NHS and wider healthcare communities we have continued to come together to drive improvements in children's surgical services across the region.

Over the past 12 months, the work of our six clinical working groups has continued to act as a enabler for service improvement and allowed us as a region to come together to collaborate and provide support on key areas. Our current active groups bring together colleagues in the areas of General Surgery & Urology, Ear, Nose & Throat (ENT), Trauma & Orthopaedics (T&O), Pre-Assessment, Optimising MRI Pathways, and Developing South West Play Services and these groups deliver programmes of work to respond to national pathways, metrics, and priorities to help shape their own clinically-led programmes of work. This report showcases their achievements which again this year includes collaboration to deliver pathway reviews, undertake complex patient audits, and developing best practice recommendations to support improvements.

In this 12 month period we have also undertaken a review of children's surgical services; having refreshed the standards to reflect new national guidelines and expectations we have then been able to meet with many of the teams around the South West and been overwhelmed by the supportive collaborative nature in these meetings. We will be finishing our review in the first quarter of the next financial year however we are already able to identify areas and opportunities where we can develop and grow our work as a region.

Despite the uncertainty that still exists around the future of NHS England funded services, which includes the Surgery in Children Network, it is positive to see the passion and dedication from our colleagues 'on the ground' to networks, and be able to share the tangible the benefits that brings for all the children and young people in the SW.

Finally, it has been a pleasure to be able to see the network grow and develop over the past 6 years with support, engagement and enthusiasm from colleagues around the region. With leadership and support from our Speciality Surgical Leads Mr Guy Atheron, Mr Julian Gaskin and Mr Tim Rogers and engagement from key stakeholders around the region the SW SIC ODN will continue to be a driver for improvements in children's surgical services for many years to come and it has been a pleasure to have led the team in these key years of the ODN.

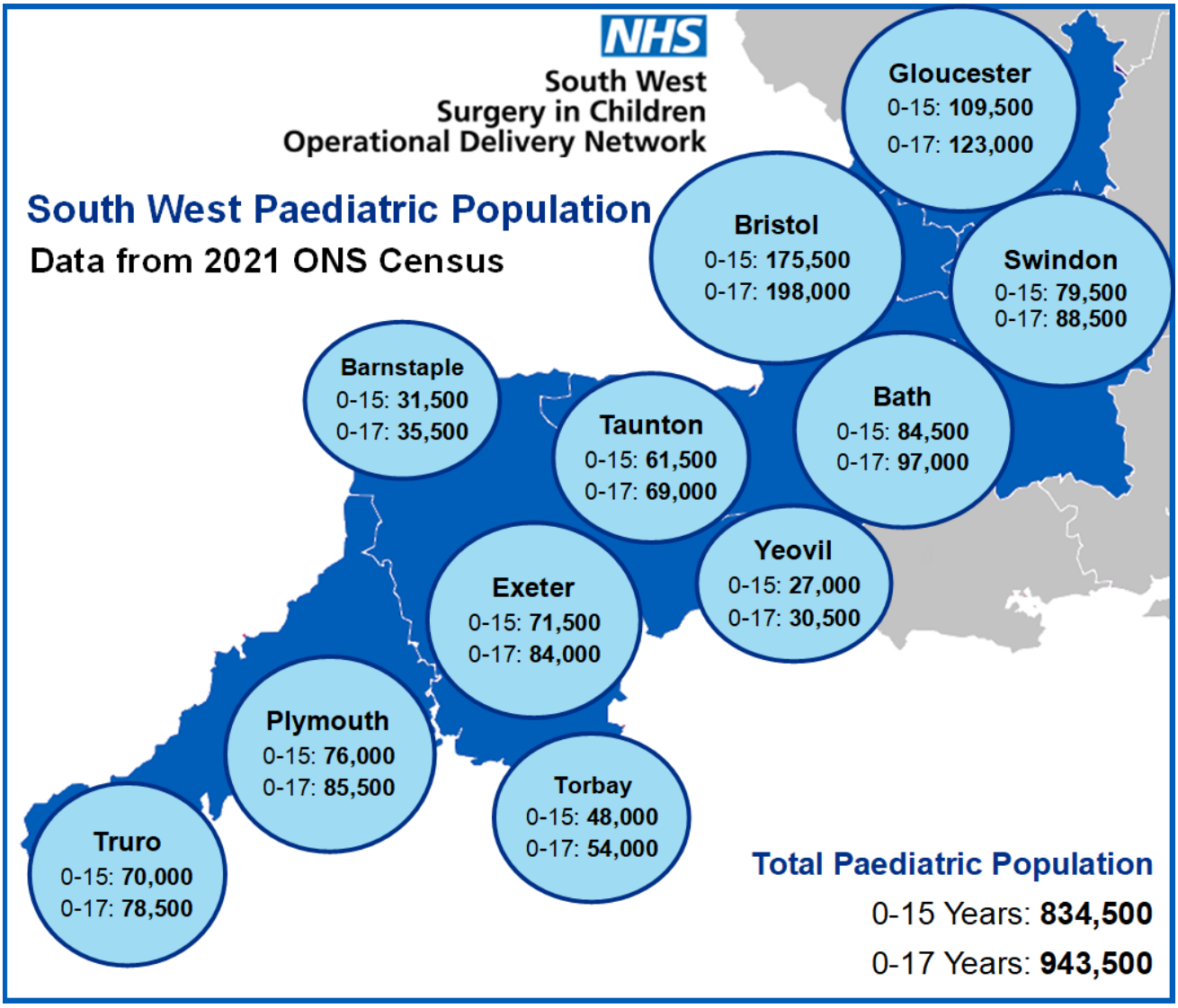
Dr Simon Courtman,
Clinical Director – SW SIC ODN

1. About Us

The South West Surgery in Children Operational Delivery Network was formally commissioned at the end of the 2019/20 financial year following recommendations made as part of the paediatric critical care and surgery in children review which reported in November 2019. The network brings together clinicians, managers, commissioners, and children and their families / carers to support improvement in children's surgical services across the South West.

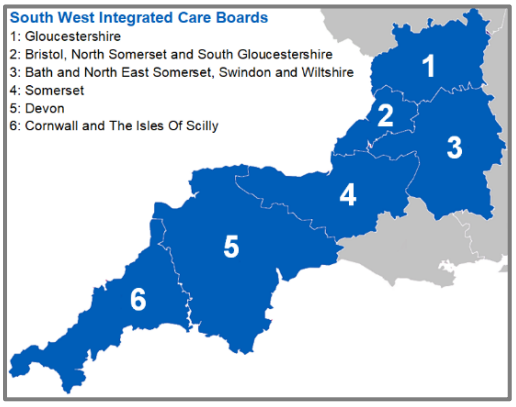
The network covers a broad geographical area with 9 NHS Trust provider organisations involved in the provision of surgical services for children across the South West region with a larger number of hospital sites where children's surgical services are delivered. The network is hosted by Bristol NHS Foundation Trust (which was formally founded on the 1st July 2026 through the merger of University Hospitals Bristol & Weston and North Bristol Trust) and is accountable to the NHS England South West regional Specialised Commissioning System Transformation team.

Our Paediatric Population:



2. The South West Region

There have been ongoing changes in organisational structures within the South West at both a provider and commissioner level. Provider hospitals within Somerset and Devon have merged over the last couple of years in collaborations that provide wider opportunities, and also some potential challenges. Musgrove Park, Taunton and Yeovil District Hospital are now both part of Somerset Foundation NHS Trust, and North Devon and Royal Devon & Exeter Hospitals have come together to become Royal Devon University Healthcare Foundation NHS Trust. In the past 12 months, teams within these organisations have continued to review their pathways for children's surgery to try and align practice, where appropriate, across these regions.



The ongoing development and review of Integrated Care Boards (ICBs) also presents new opportunities and potential challenges, with the 6 ICBs that were initially established in the South West being realigned at present into 3 organisations. The remit of the SW SIC ODN covers specialised and non-specialised children's surgery, therefore the network will need to work closely with all ICBs in order to facilitate change.

3. Our Core Team

The network core team consists of the Clinical Director, Network Manager, Lead Nurse, Project Manager, Support Manager and three Surgical Co-Chairs for the 3 Speciality focussed Clinical Working Groups.

Core Team:

Simon Courtman
Clinical Lead

Catherine Carpenter-Clawson
Network Manager

Gael Rolls
Lead Nurse

Tania King
Project Manager

Cat Edwards
Support Manager

Co-Clinical Chairs:

Tim Rogers
General Surgery & Urology

Julian Gaskin
Ear, Nose and Throat

Guy Atherton
Trauma & Orthopaedics

4. Our Objectives

Objectives for Surgery in Children Operational Delivery Networks were outlined as part of the review of paediatric services delivered by NHS England; these were summarised as:

➢ Improve quality of care

- Concentrate work appropriately
- Improve equitable access to services
- Ensure appropriate services are available

➢ Reduce variation in care

- Network driven standards
- Network driven clinical pathways

➢ Increase safe staffing

- Consolidate skills and expertise
- Sustainable work force

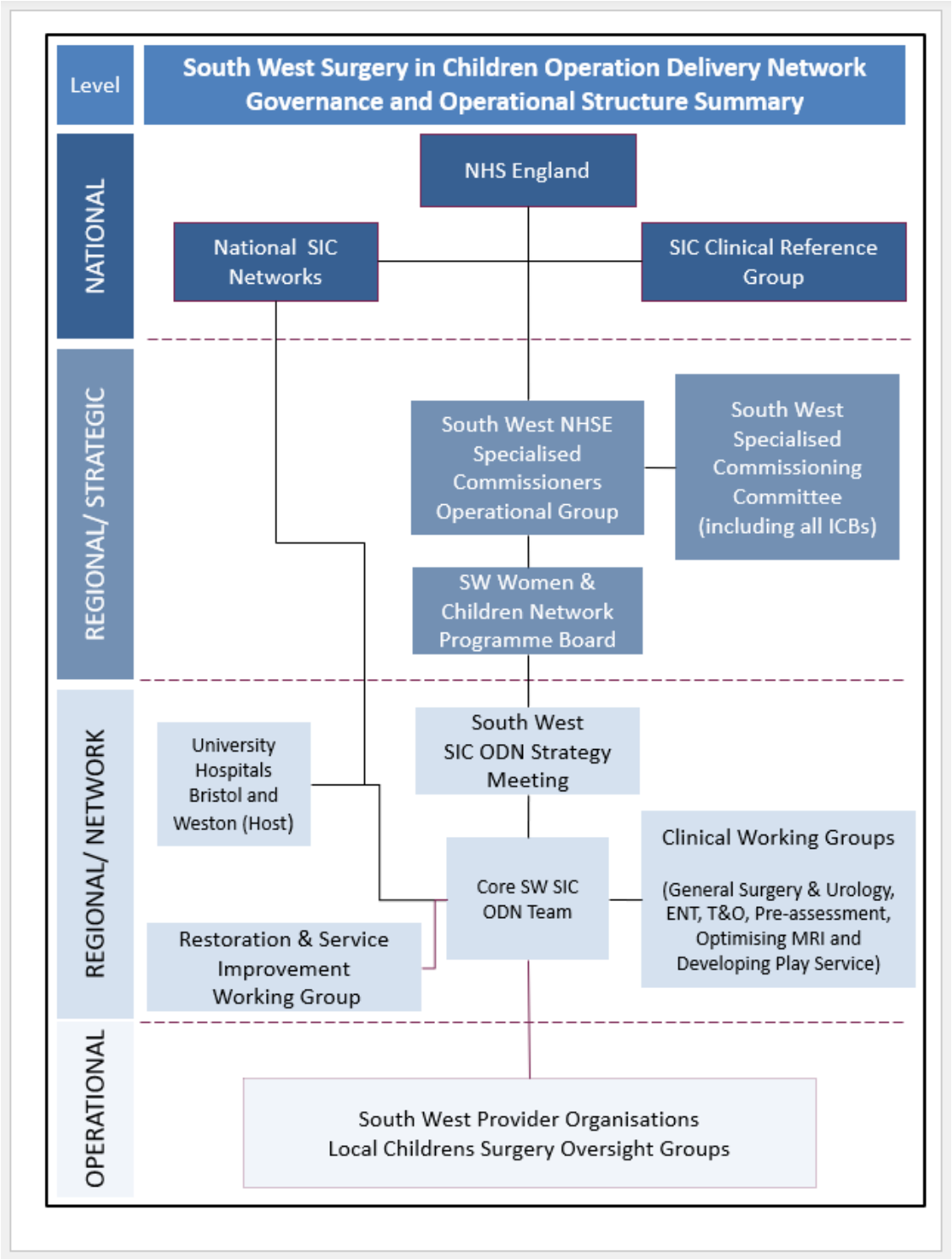
➢ Deliver best value for the SW and the NHS

- Sustainable models of service
- Ensure surgery is delivered as close to patient's home as appropriate
- Optimise existing resources

These broad objectives still hold true and as the scope of the network has expanded, we have been able to improve the quality of care and reduce variation across a greater number of surgical pathways working with an ever-growing number of colleagues across the region.

5. Our Governance

Over the past 12 months the network has reviewed our governance structure; we continue to formally report into the NHS England Women's & Children Specialised Commissioning Programme Board, however as our clinical working groups drive their own priorities (based on national strategies) we agreed to stand down our virtual Network Board and instead held a face to face meeting of our senior leaders to agree the wider strategic direction and priorities for the short and medium term. This Leadership meeting was held in March 2025, and during the 2025/26 financial year we focussed on delivering the developments and priorities agreed at the meeting, with a view to hold another leadership meeting later in the year. The governance structure is illustrated below:



6. Our Year in Numbers

Network Engagement During 2025 / 2026:

3,478 people visited our network's website

523 regional colleagues receive our newsletter each quarter

240 workspace members on our NHS Futures platform

278 SW families completed our Pre-Assessment Experience survey

251 attendees joined our Surgical Nursing Study Day in September

59 clinicians attended the South West Airways Training day

12 SW learners attended our Paediatric Pre-Assessment Course

12 SW learners attended our pilot Paediatric Recovery Course

Network Activity During 2025 / 2026:

Our network created **9** provider activity reports for SW organisations

We published **3** regional best practice documents

We hosted **3** in-person regional meetings

We led **3** patient-level audits to understand pathways

Our Working Groups in 2025 / 2026:

ENT 2 meetings 1 training day 55 members	**T&O** 2 meetings 1 regional event 54 members	**General Surgery & Urology** 3 meetings 74 members
Optimising MRI Pathways 2 meetings 100 members	**Developing SW Play Services** 3 meetings 85 members	**Pre-Assessment** 2 meetings 1 course 179 members

7. What We Have Achieved

7.1: Collaborating and sharing through the national network of SIC ODNs

The SW SIC ODN is one of 10 Surgery in Children networks established across England. The SW SIC Core Team recognise the importance of taking a national approach to tackling certain challenges, and sharing opportunities and learning. The team continue to work with SIC ODN colleagues across England to support the delivery of monthly National Surgery in Children Network meetings, which drive collaboration and facilitate the development of the national network. The national meetings provide opportunity to share good practice, innovation, and challenges with 10 virtual meetings per year and one annual face-to-face networking day. The SW SIC team shared a number of regional initiatives during these meetings in 2025/26, including presenting the process and findings of the South West pAediatric MRI (SWAM) patient-level audit, sharing the SW approach to supporting the development of play teams, and regional testicular torsion initiatives. The team are proud to share project plans, policies, and audits with national colleagues to facilitate projects to be replicated by other teams. As well as sharing initiatives, the team have been able to take learning and information presented by other regions to support South West workstreams.

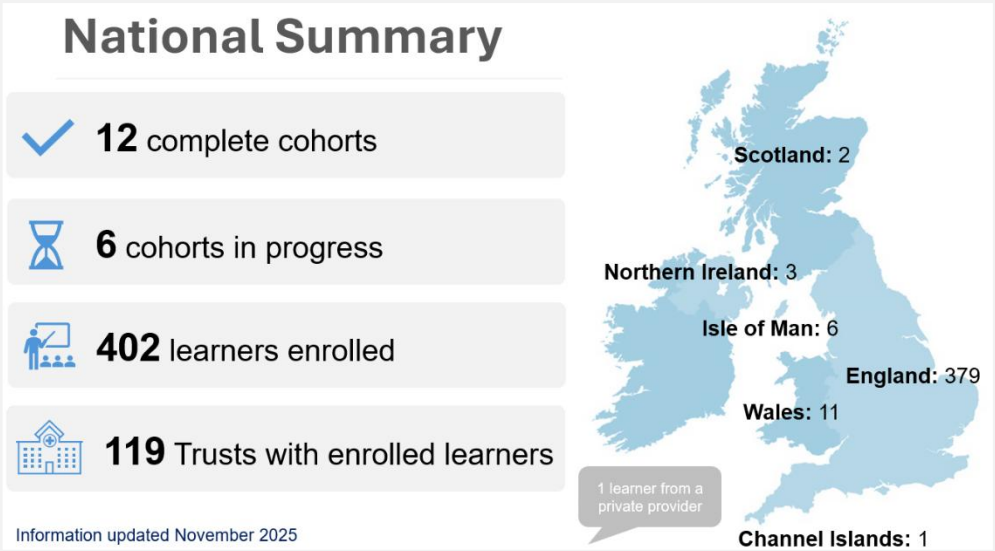
Footprint of 10 ODNs across England

National Surgery in Children F2F Meeting: Presenting 'South West Airways Team' Education Day: The National Surgery in Children face-to-face meeting was hosted by the North East and North Cumbria Surgery in Children ODN Team in Newcastle in November 2025, where representatives from the 10 SIC networks got together to collaborate in-person for the third time. This year's event focused on emergency surgical pathways and Network Manager, Catherine, was delighted to share the progress the SW SIC ODN had made in developing our emergency airways pathways and highlighted the South West Airways Team (SWAT) Education Day that the network had facilitated. This provided an excellent opportunity to discuss the benefits of working across regional boundaries, as the SWAT Education Day built on a Making Airways Safe Team (MAST) day developed in the Wessex region and having attended a MAST session in Reading in February 2025 South West colleagues adapted the format and build on the concept of the meeting to develop our own regional emergency airways day. Representatives from all centres in the South West attended and the day included a series of workshop stations and simulation opportunities; with an aim that leads from local centres would take learning from the day and support local pathway developments. Feedback from the day was extremely positive and the ODN core team will build on this to ensure robust paediatric emergency airways pathways are in place in centres across the region.

"It was a great day and excellent opportunity to get together as specialists to discuss paediatric airway management as a region"

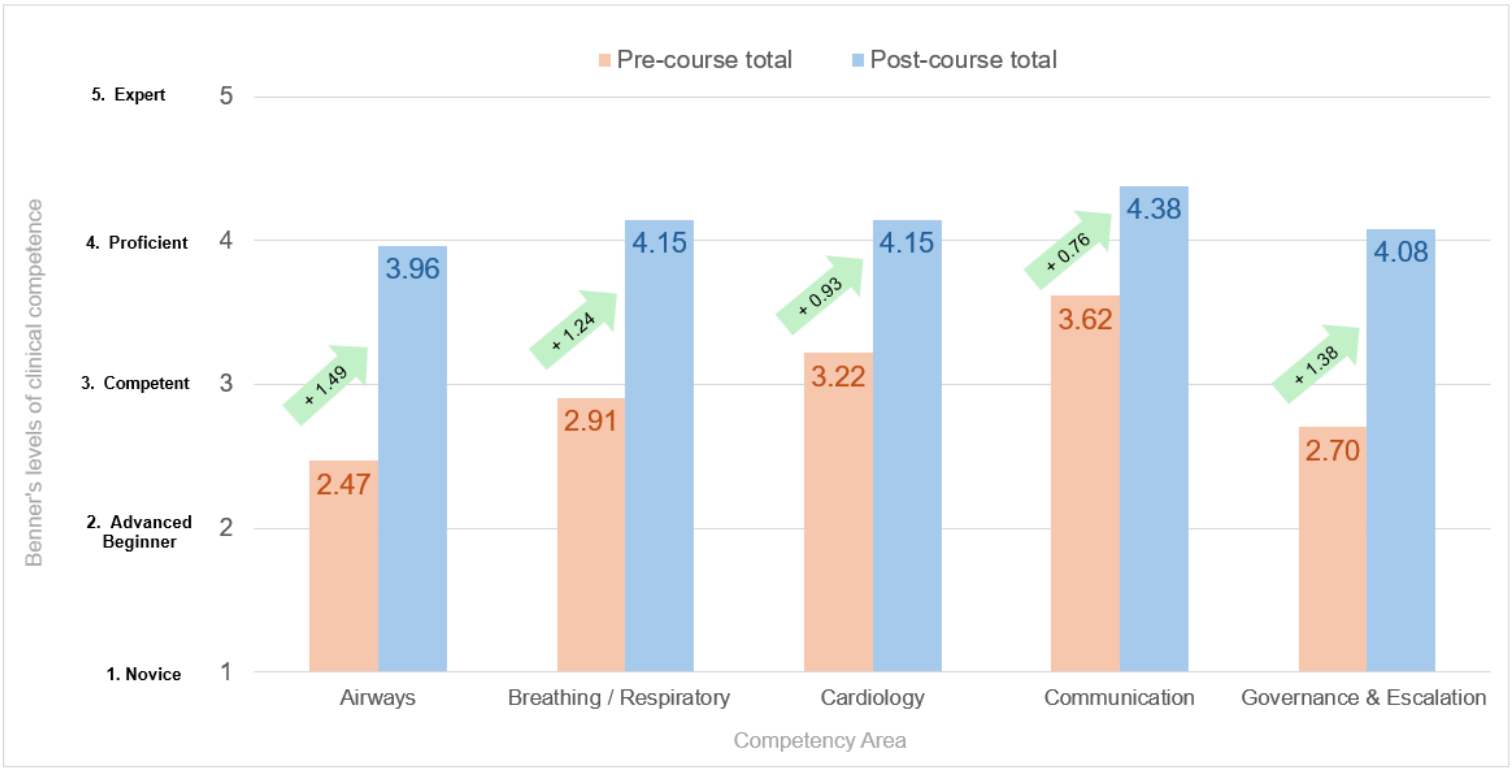
(Attendee)

Annual Review of pre-assessment practitioner course:
The network has strengthened its national leadership in paediatric pre-assessment education over the last year by chairing a national review of course content, delivery, and outcomes of the Paediatric Pre-Assessment Practitioner Course. To date, the programme has supported over 400 learners, including practitioners from Wales, Ireland, and Scotland, demonstrating its broad reach and impact. Course content has been updated to reflect developments in practice, including the inclusion of play teams within new national guidance. A national evaluation of competence development following course completion has been undertaken, alongside an assessment of the impact on service delivery. Findings from this review have informed ongoing refinement of the programme and supported its continued progression.



National Summary of Cohorts - Paediatric Pre-Assessment Practitioner Course

Learner level of knowledge: pre-course and post-course comparison
(average from 104 learners across 8 regions, Paediatric Pre-Assessment Practitioner Course)**:**



Supporting our wider network colleagues in sharing expertise in national forums: Members of the SW SIC ODN have been involved in supporting wider national initiatives over the past 12 months and have shared expertise through a number of forums, groups and meetings. Most notably SW SIC team members contributed to the update of the renewed national NHSE service specification for specialised surgery commissioning document improving the quality of services available to CYP needing specialised surgery. Simon and Gael were invited members of the national GIRFT health inequalities working group established to seek consensus on how best to identify health inequalities and support prioritisation for all children on waiting lists.

Gael Rolls, Lead Nurse for the SW SIC ODN was part of the expert group who contributed to the review and updating of the Royal College of Anaesthetists "Best Practice Guidance Preoperative Care Services for Children and Young People" and Dr Simon Courtman was a led author of Best Practice Guidance "Preparation and Management of Children and Young People with Individual Needs requiring Surgery or Procedures" published by the Association of Paediatric Anaesthetists of Great Britain and Ireland. The team also presented at the national review of the impact of the NCEPOD Twist and Shout report into the management of testicular torsion; the team presented regional feedback and contributing to discussions on national recommendations and next steps to support this pathway.

7.2: Review of local providers children's surgical services to identify opportunities for local and regional service developments

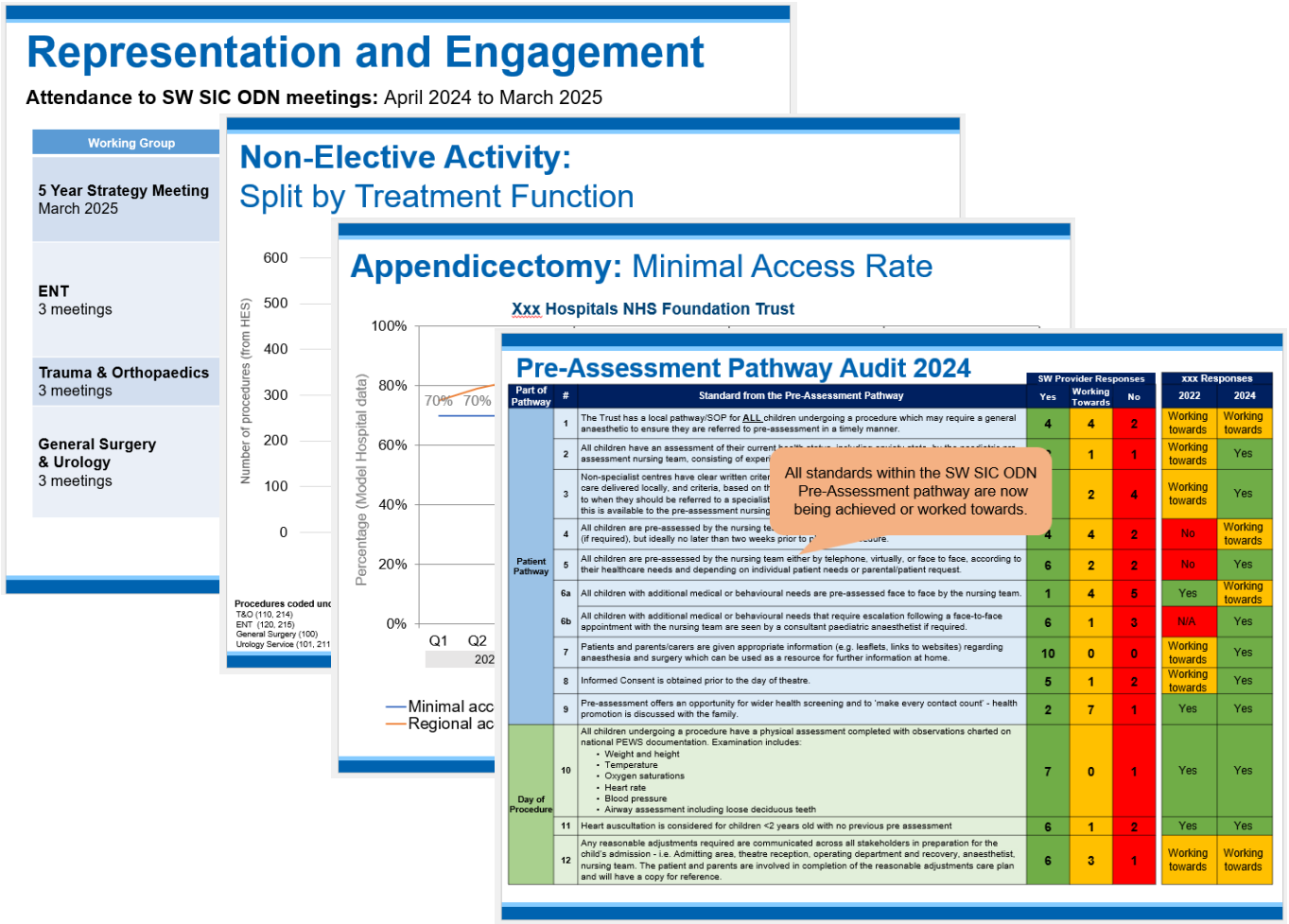
The core team plays a role in assurance by ensuring that local provision of children's surgical services meets standards outlined in national guidelines and reports, such as recommendations made in the NHS England Getting It Right First Time reports. The core team identified an opportunity to align these requirements, and facilitate sharing of regional good practice, and developed a strategy for supporting local self-assessment as part of a service review process. National standards for children's surgical services are not published nationally but are instead included in many national documents such as the Royal Colleges Standards for Surgery, Nursing etc. The SW SIC ODN developed a list of standards pulling from these sources that local providers could assess and benchmark themselves against. The ODN team undertook a comprehensive review of children's surgical services across the region against these standards in 2022 with both local and regional actions to support service improvement.

In the past 12 months the SW SIC ODN core team reviewed the standards used for service reviews in 2022, refreshing them to reflect national updates to key documentation. Following feedback and engagement the SW SIC ODN re-published the self-assessment standards template and commenced a review of children's surgical services across the SW. Local centres self-assessed against the standards and the core team visited centres to discuss areas of good practice and potential gaps. Action plans and recommendations for each centre are produced following the visit, with a regional report due to be published by the core team following the final review in June 2026.

To further support wider service improvements the network team continue to produce an annual service report for each hospital to summarise the organisations performance against key national and regional metrics and update on the actions identified. The network team attend the local organisations children's surgery meetings to present this information, discuss any challenges and explore opportunities to support local developments and service improvements.

These annual reports facilitate helpful conversation at organisational level that can feed into regional strategy and planning. As the network grows its workstreams, metrics and areas of focus continue to expand to give a comprehensive picture of key surgical services being provided across the region, and identify potential variation in practice and opportunities for improvement. The annual provider activity reports for each organisation are updated to include responses to regional audits and other project areas.

(Image below: Provider reports demonstrate engagement, activity, performance against key metrics and summaries of audits that local providers have participated in).

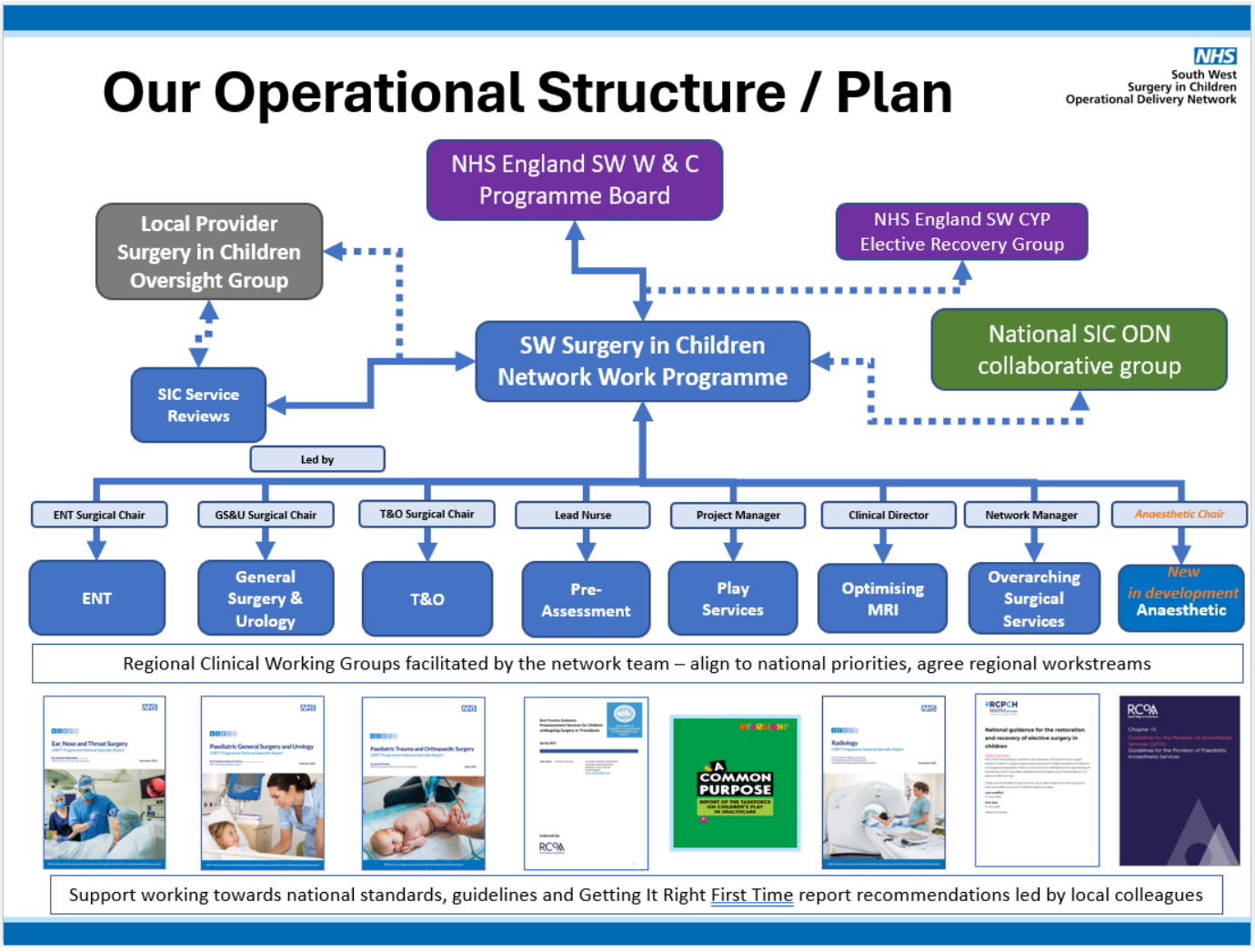


Part of Pathway	#	Standard from the Pre-Assessment Pathway	SW Provider Responses: Yes	Working Towards	No	xxx Responses: 2022	2024
Patient Pathway	1	The Trust has a local pathway/SOP for ALL children undergoing a procedure which may require a general anaesthetic to ensure they are referred to pre-assessment in a timely manner.	4	4	2	Working towards	Working towards
	2	All children have an assessment of their current health status, including anxiety state, by the paediatric pre-assessment nursing team, consisting of experi		1	1	Working towards	Yes
	3	Non-specialist centres have clear written criter care delivered locally, and criteria, based on th to when they should be referred to a specialist this is available to the pre-assessment nursing		2	4	Working towards	Yes
	4	All children are pre-assessed by the nursing te (if required), but ideally no later than two weeks prior to p ocedure.	4	4	2	No	Working towards
	5	All children are pre-assessed by the nursing team either by telephone, virtually, or face to face, according to their healthcare needs and depending on individual patient needs or parental/patient request.	6	2	2	No	Yes
	6a	All children with additional medical or behavioural needs are pre-assessed face to face by the nursing team.	1	4	5	Yes	Working towards
	6b	All children with additional medical or behavioural needs that require escalation following a face-to-face appointment with the nursing team are seen by a consultant paediatric anaesthetist if required.	6	1	3	N/A	Yes
	7	Patients and parents/carers are given appropriate information (e.g. leaflets, links to websites) regarding anaesthesia and surgery which can be used as a resource for further information at home.	10	0	0	Working towards	Yes
	8	Informed Consent is obtained prior to the day of theatre.	5	1	2	Working towards	Yes
	9	Pre-assessment offers an opportunity for wider health screening and to 'make every contact count' - health promotion is discussed with the family.	2	7	1	Yes	Yes
Day of Procedure	10	All children undergoing a procedure have a physical assessment completed with observations charted on national PEWS documentation. Examination includes: • Weight and height • Temperature • Oxygen saturations • Heart rate • Blood pressure • Airway assessment including loose deciduous teeth	7	0	1	Yes	Yes
	11	Heart auscultation is considered for children <2 years old with no previous pre assessment	6	1	2	Yes	Yes
	12	Any reasonable adjustments required are communicated across all stakeholders in preparation for the child's admission - i.e. Admitting area, theatre reception, operating department and recovery, anaesthetist, nursing team. The patient and parents are involved in completion of the reasonable adjustments care plan and will have a copy for reference.	6	3	1	Working towards	Working towards

7.3: Delivering service improvement through our Operational Structure

The operational structure for the network has continued to develop since the network was established in 2020. The core team have responded to national recommendations and regional priorities to expand the work programme over the last 6 years. In 2025/26 the team looked to consolidate the structure agreed and focussed on ensuring each group had clear goals and objectives for the next 12 months and beyond. The structure and workstreams for each group are represented in the images below and the following sections describe the achievements of each group.

Diagram 1. Operational Structure as of 1st April 2026:



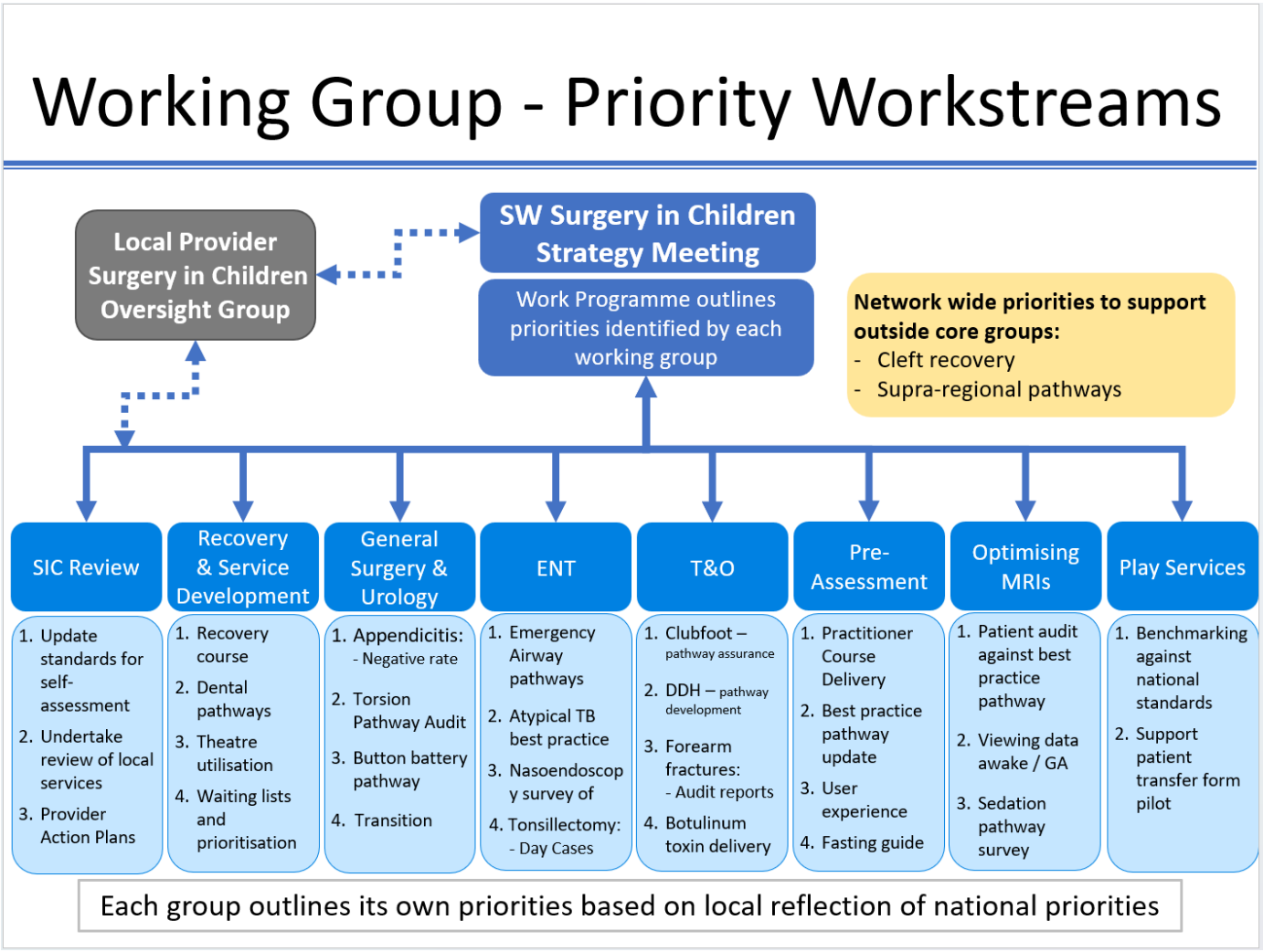


Diagram 2: Workstreams noted as priorities at the start of the April 2025

As noted above, the Surgery in Children Network delivers service improvement by facilitating Clinical Working Groups which focus on different aspects of children's surgery pathways, and invite different individuals to come together and collaborate. The groups include surgeons, anaesthetists, nurses, AHP and managerial colleagues from centres around the region and meet three times per year. The specialty focussed clinical working groups; Ear, Nose & Throat (ENT), General Surgery & Urology, and Trauma & Orthopaedic Working Groups have a designated clinical lead per centre who is a surgeon that is responsible for representing their organisation and feeding back updates and information. The performance metrics, projects, and publications of the groups over the last 12 months are summarised within this report.

The SW SIC ODN Team cover a range of specialties and pathways within our work plan, which are covered within our Working Groups and project areas:

11 centres providing children's surgical services

~550 network contacts

2,000 procedure types coded

~23,000 children's surgical procedures annually

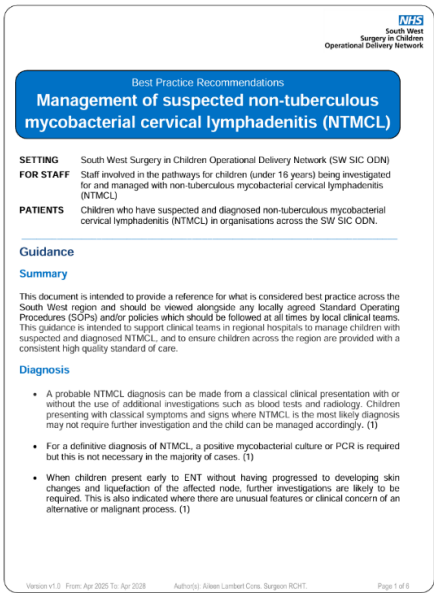
1.1 million children in the South West

>80 treatment functions / specialist types

ENT Working Group – Key achievements 2025/26

➢ Management of children presenting with suspected non-tuberculous mycobacterial cervical lymphadenitis – best practice documentation published

It was highlighted during an ENT Clinical Working Group meeting that there was potential variation in practice regarding the management of children presenting with suspected non-tuberculous mycobacterial cervical lymphadenitis. In 2025 the group discussed practice around the region and undertook a survey of practice. Aileen Lambert, a Consultant Surgeon from Royal Cornwall Hospitals Trust, worked with members of the core network team to develop a project proposal and a survey which was completed by centres across the region. The findings from this were discussed at the meeting, and it was agreed regional best practice recommendations would be beneficial to provide some consensus on how these children should be managed. The team consulted with national colleagues and regional representatives from the infectious diseases team.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Best Practice Recommendations

Management of suspected non-tuberculous mycobacterial cervical lymphadenitis (NTMCL)

SETTING	South West Surgery in Children Operational Delivery Network (SW SIC ODN)
FOR STAFF	Staff involved in the pathways for children (under 16 years) being investigated for and managed with non-tuberculous mycobacterial cervical lymphadenitis (NTMCL)
PATIENTS	Children who have suspected and diagnosed non-tuberculous mycobacterial cervical lymphadenitis (NTMCL) in organisations across the SW SIC ODN.

Guidance

Summary

This document is intended to provide a reference for what is considered best practice across the South West region and should be viewed alongside any locally agreed Standard Operating Procedures (SOPs) and/or policies which should be followed at all times by local clinical teams. This guidance is intended to support clinical teams in regional hospitals to manage children with suspected and diagnosed NTMCL, and to ensure children across the region are provided with a consistent high quality standard of care.

Diagnosis

- A probable NTMCL diagnosis can be made from a classical clinical presentation with or without the use of additional investigations such as blood tests and radiology. Children presenting with classical symptoms and signs where NTMCL is the most likely diagnosis may not require further investigation and the child can be managed accordingly. (1)
- For a definitive diagnosis of NTMCL, a positive mycobacterial culture or PCR is required but this is not necessary in the majority of cases. (1)
- When children present early to ENT without having progressed to developing skin changes and liquefaction of the affected node, further investigations are likely to be required. This is also indicated where there are unusual features or clinical concern of an alternative or malignant process. (1)

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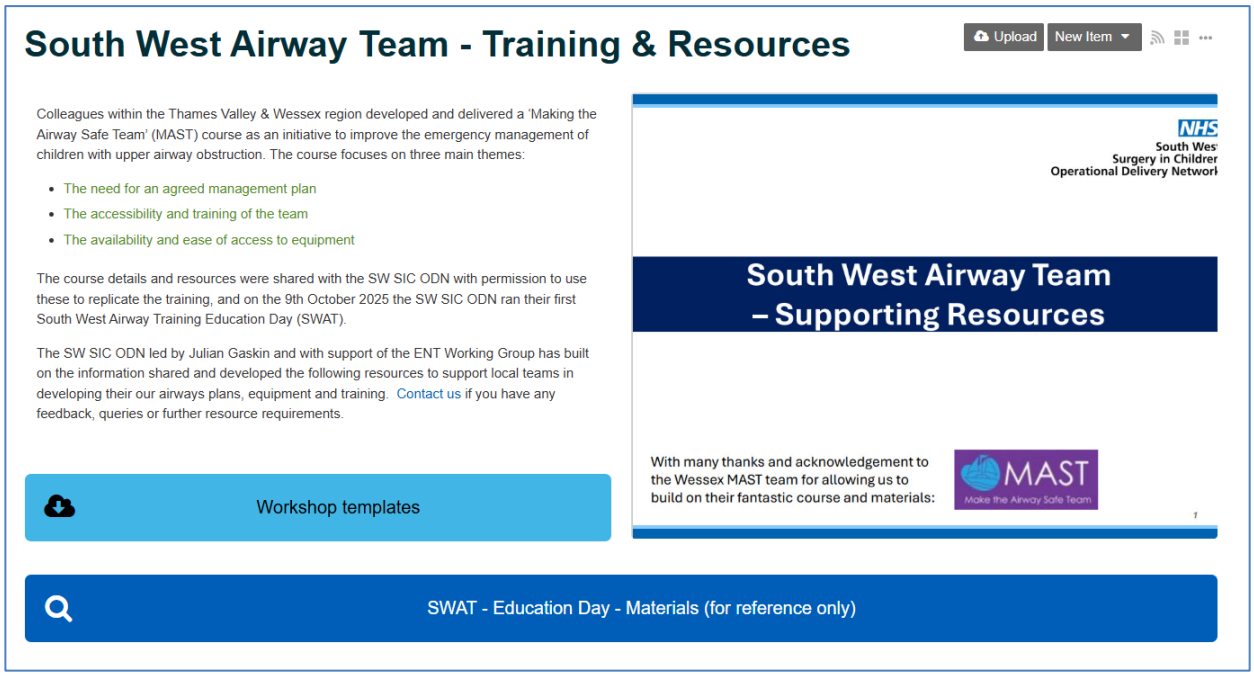
The best practice recommendations were approved in April 2025 and published on the SW SIC ODN website to support centres to move towards a more standardised practice and pathway for this cohort of patients across the region.

➢ Management of Paediatric Difficult Airways – auditing the best practice documentation and providing regional education day to facilitate networking

In January 2025 the SW SIC ODN ENT clinical working group published its best practice recommendations document for Paediatric Difficult Airways Management. Following publication, the working group supported a pathway audit to identify and support discussion around gaps in supporting robust delivery of this pathway.

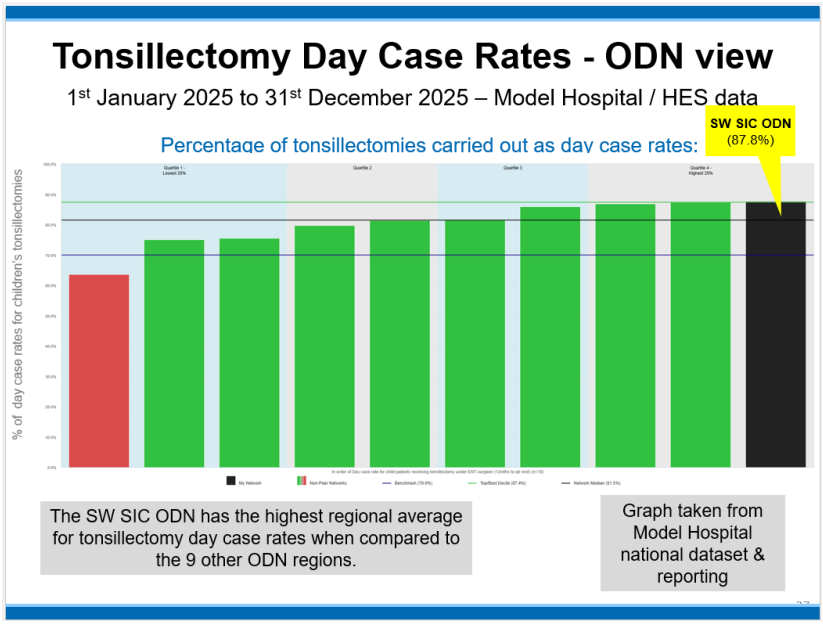
Members of the clinical working group, led by Julian Gaskin, ENT Lead, also attended the Wessex Making Airways Safe Team course held in February 2025 to understand how they have developed and delivered their training and wider pathway improvements.
It was then agreed, with full support of the Wessex MAST team, that the SW SIC ODN team led by representatives of the ENT Clinical Working Group develop and deliver their own education day with an aim to bring regional leads from all South West centres together to discuss the key components of a safe and robust paediatric airways pathway. The education day was attended by representatives from all SW centres and included 6 breakout sessions with workshops and simulations. Materials and workshops developed for the day have been shared with attendees with a view that they will then identify local areas that require support and deliver similar sessions locally .

All materials have been shared across the region through the SW SIC NHS Futures page:



➢ Tonsillectomy day case rates:

Day case rates for tonsillectomy procedures across the South West have continued to improve over recent years and the network continues to ensure rates have remained above national targets. A tracker has been established with support from the regional analyst team, which demonstrates quarterly performance for each centre. The network team monitor and share this information with the Clinical Working Group. Financial analysis undertaken by the regional analyst team have shown that the current regional day case rates of >87% when compared to the rates 3 years ago (when this programme of work commenced) have resulted in an annual cost saving to the NHS of approximately £400,000; due to significantly more children having their tonsillectomy procedure as a day case as opposed to requiring an overnight stay. It was noted that day case tonsillectomy rates in the South West are higher than other regions for the first time in 2025/26.

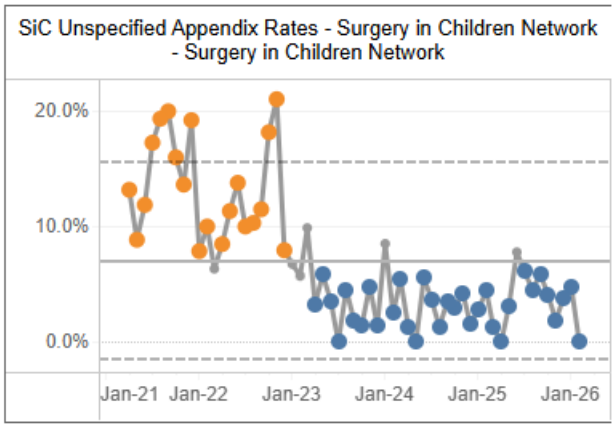


Graph 1. Tonsillectomy Day Case rates – ODN comparison 01/ 2025 to 12 / 2025

General Surgery & Urology Working Group (GS&U) – Key Achievements 25/26

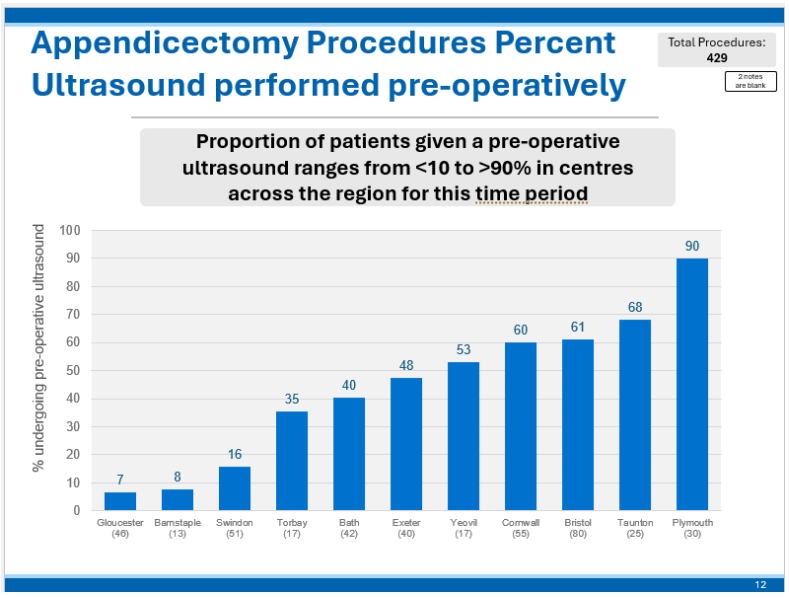
➢ Appendicectomy regional audit

The GS&U group identified pathways for children with a suspected appendicitis as an ongoing priority and particular area of challenge in terms of delivery of national and regional recommendations. An initial focus on the coding of this pathway has continued to be successful however work to improve the regional 'negative appendix rate' has proved more challenging.



Graph 2.Regional improvement in coding with reduction in use of 'unspecified' codes

An audit that was established in 2024/25 concluded data collection and initial analysis in 2025/26; this audit included a review of patients who had had an appendicectomy procedure over a 6-month period in 2024. All SW centres contributed to the audit leading to a cohort of 417 patients to consider with opportunity for benchmarking and sharing of variation in practice. The audit identified aspects of the pathway that were noted as key in national recommendations such as access to imaging and shared care approaches to patient management were not consistently available in SW centres.



Graph 3. Findings from regional audit demonstrated variation in percentage of children noted to have received an ultrasound prior to appendicectomy procedure – results ranged from <10% to >90% of children receiving a scan dependent on the centre.

Notably, ultrasound use varied from extremely limited in some centres <10% to 90% of cases undergoing a pre-operative ultrasound in another centre. Access to shared care, another national recommendation, was also noted not to take place consistently across centres. The results from the audit were presented at the clinical working group and further discussion has been facilitated to explore ways to improve pathways. The SIC ODN has looked to involve local paediatricians, and paediatric ED leads in these discussions as key stakeholders in this pathway. Local teams continue to implement changes and make improvements; over the next 12 months the network team will continue to support this workstream.

➢ Suspected testicular torsion – patient audit commenced

In 2024/25 the GS&U group undertook a pathway audit to look at compliance against the agreed standards for the paediatric testicular torsion pathway. The testicular torsion pathway audit identified some areas for further discussion and regional escalation and raised queries regarding how rapid the pathway for these boys was in practice. A number of centres had conducted patient level audits of the pathway that were presented at the face to face meeting in March 2025 and based on these findings it was agreed to fully explore this pathway and assess if centres are routinely meeting national metrics (such as 1 hour from arrival to senior decision maker assessment and 1 hour from decision to operate to operation). In 2025 the team in Torbay piloted an audit of boys who had presented for suspected testicular torsion to ascertain the level of data that can be collected and test the methodology for data collection. Following positive feedback other centres around the South West have enrolled in the audit and data is currently being collected and analysed with an aim to present findings and explore next steps in this financial year.

➢ Ingested button battery – patient audit

A patient level audit to explore the management of children who have ingested a button battery was also discussed through this working group and a data collection tool developed. It was agreed however, that as ingested button batteries are predominantly managed by ENT surgeons in DGHs around the South West that it would be appropriate for the ENT Clinical Working Group to support the data collection through its trainee network; this work has also commenced with trainee colleagues from Bristol Children's Hospital currently piloting a data collection tool.

➢ Paediatric Surgical Videos

Over the last 2 years, the SW SIC ODN team have been working with Kate Bradshaw (Consultant Paediatric Surgeon in Bristol Royal Hospital for Children) and the Bristol NHS Foundation Trust Medical Illustration Team to develop a library of surgical training videos covering key paediatric surgical procedures. The videos are aimed at paediatric surgical trainees, general surgical trainees, and core surgical trainees, and demonstrate surgical procedures on children to enhance competence and confidence. A total of 8 videos have been created which are available for regional colleagues to view on NHS Futures and the British Association of Paediatric Surgeons (BAPS) website. The available videos cover:

- Inguinal hernia
- Umbilical hernia
- Orchidopexy
- Circumcision
- Duodenal atresia
- Stoma formation
- Closure of stoma
- Scrotal exploration

"They are brilliant. There is nothing like this for paediatric I've seen before, and would encourage all my trainees to watch these before coming to theatre with me"
Consultant Surgeon, Gloucestershire

The ODN Team will continue to review feedback from the videos to understand the learning impact on surgeons, and may consider opportunities to expand the library in the future.

T&O Working Group – Key Achievements 2025/26

➢ Clubfoot Consensus – Pathway Audit to provide regional assurance

The British Society for Children's Orthopaedic Surgery (BSCOS) have published consensus recommendations 'regarding the management of clubfoot deformity in children up to walking' (accessible here). The South West have a well-led and active Ponseti group that meets regularly to discuss this cohort of patients and it was felt that across the region services were consistently providing a high level of care according to the standards noted. It was however agreed that it would be a helpful and appropriate exercise for centres to self-assess against the BSCOS standards. The exercise aimed to provide both assurance and an opportunity for any centres with challenges or variation to identify this and thus request support. This pathway audit was facilitated by the SW SIC ODN in 2025 and results shared both with the T&O working group and the Ponseti Group. As anticipated standards are being met at a consistent level, however the process identified a couple of opportunities for centres in the region to make improvements and these are being supported and pursued locally.

Tables 1 & 2 below demonstrate regional summary of compliance against national standards – this is high though a small number of local actions have been identified and are being pursued

Part of Pathway	#	Standard adapted from BSCOS Consensus	SW Provider Responses		
			Yes	Working Towards	No
Referral pathways	1	The Ponseti technique is the first line treatment for the treatment of idiopathic clubfoot deformity in babies and children up to walking age.	9	0	0
	2	Ante-natal counselling is offered by the practitioners who run the Ponseti clinic.	7	0	2
	3	Post-natal referral pathways exist that allow easy access and early referral.	9	0	0
	4	Ponseti casting for the uncomplicated idiopathic clubfoot is commenced between 2 and 6 weeks of age	9	0	0
Initial Assessment	5	A full history (including social history and family set-up) and examination of the child (including neurology) is undertaken before treatment commences.	8	0	1
	6	All babies with a clubfoot deformity receive a screening US hip scan.	8	0	1
	7	The Pirani scoring system is used at initial assessment, and at each visit/stage of treatment (up to the age of 1 year)	5	4	0
	8	Radiographs of the foot are not routinely performed *(please select yes if you comply with this statement)*	9	0	0
Ponseti Clinic Set Up	9	All Ponseti clinics have a named Consultant overseeing the clinic (either on site or visiting)	9	0	0
	10	Two Ponseti-trained practitioners are present for each casting	7	1	1
	11	The clinic has enough staff to be able to run a weekly clinic service and support leave.	7	1	1
	12	The lead clinician (doctor, physiotherapist, or nurse) has undergone specific practical Ponseti training on an official Ponseti training course, and have a broad experience of Paediatric Orthopaedics in addition.	9	0	0
	13	Clear pathways exist for onward referral to more experienced practitioners in case of difficulty.	9	0	0
	14	The clinic exists within a clinical network and undergoes regular audit of practice (including the number of casts required, tenotomy and revision tenotomy rates.) *Please note any gaps in practice in the comments section.*	8	1	0
	15	Babies and children are treated in a child appropriate environment, separately from adults.	6	1	2
	16	Parent information regarding treatment, cast removal, tenotomy, and boots and bar wear is available, both verbally, with leaflets, and on-line.	8	1	0
	17	Parents have clear out of hours contact information for emergency advice, with robust pathways for out of hours clinical care, to address for example, concerns post-tenotomy, plaster slips, including cast removal if necessary	5	3	1

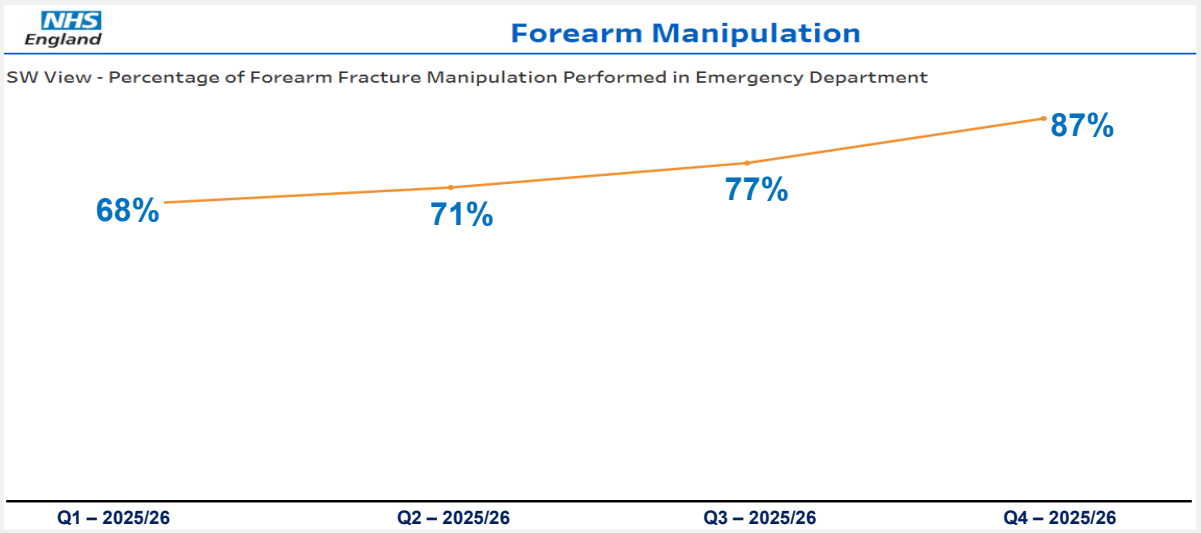
Part of Pathway	#	Standard adapted from BSCOS Consensus	SW Provider Responses		
			Yes	Working Towards	No
Casting Process	18	A single thin layer of padding without stockingette is used under the cast.	9	0	0
	19	Plaster of Paris is used in all cases, quick setting if possible.	9	0	0
	20	Ponseti casts are above knee casts, toe to groin	9	0	0
	21	A footplate are left below the toes, and cut out above the toes	9	0	0
	22	Casts are changed every 4-7 days, dependent on the practicalities of clinic set-up.	9	0	0
	23	Casts are removed immediately prior to a casting session in the clinic to allow inspection of quality of the previous cast, and to check for slips and pressure areas.	9	0	0
	24	Parents are taught how to manage cast slips including out of hours	9	0	0
	25	The skin condition/presence of pressure sores is assessed and recorded at every cast change	9	0	0
Tenotomy	26	The primary tenotomy is performed under local anaesthesia (GA may be considered for children over the age of 6 months, at the discretion of the surgeon).	8	1	0
	27	The tenotomy is performed by a trained surgeon or under the direct supervision of a trained surgeon.	9	0	0
	28	There is adequate access to a surgeon so that the tenotomy can be performed in a timely fashion, with no long waits (> 2 weeks) in cast for surgeon availability.	9	0	0
	29	The environment where the procedure is undertaken has facilities for paediatric resuscitation available (classically a clinic environment within a hospital or health centre).	9	0	0
	30	Boots and bars are available for fitting as soon as the cast is removed (they may need to be measured prior to the tenotomy)	9	0	0
The Foot Abduction Brace	31	The boots used should be attached to a fixed bar, shoulder width apart, with an ability to set the angles to 60-70 degrees on the affected side, and 30-40 degrees on the unaffected side.	9	0	0
	32	The FAB are worn for 23 hours a day for the first 3 months then at night-times and naps until 5 years of age (at least 10-12 hours per day in this second phase)	9	0	0
	33	The FAB should be fitted, and regular follow-up is performed, by a trained and experienced Ponseti Practitioner	9	0	0
	34	There is regular follow up with a recommended minimum plan being: - 1week after the FAB first fitted, and then 3 monthly until 2 years. - 6 monthly until FAB discarded at age 5.	9	0	0
	35	At each review appointment the following are checked: - Correction of the foot - eg palpate heel - Skin condition - Pirani Score	6	3	0
	36	There is easy access to a variety of boot sizes, with a good selection of stock or pre-ordered sizes, to ensure that no baby is ever left out of FAB.	9	0	0
	37	After discontinuing FAB wear, follow-up is for at least 3-5 years or up to skeletal maturity.	9	0	0
Relapse	38	Early relapse is treated with recasting, following careful assessment of which components have relapsed.	9	0	0
	39	Bracing is re-introduced in the under 5 year olds when the foot is corrected (usually an FAB)	9	0	0

➢ Developing best practice recommendations for the Screening & Management of Development Dysplasia of the Hip

At a national level BSCOS had tried to agree consensus guidelines for the management of patients with DDH, however consensus on key aspects of this pathway was not met. As a result, it was agreed that members of the South West SIC ODN would attempt to develop regional best practice to support this pathway and address perceived variation in some aspects of practice. A separate working group for this workstream was stood up led by Mr Simon Thomas, Orthopaedic Surgeon at Bristol NHS Foundation Trust and Ms Laura Tillotson, Orthopaedic Surgeon, Royal Devon University Hospitals. Core network team members facilitated feedback and supported clinical colleagues in the development of the regional best practice guidelines which is due for approval in Spring 2026 and will be followed up with appropriate audit processes.

➢ Forearm Fractures – audit and metrics

Findings from the national Children's Urgent Reduction of Forearm Fractures in the Emergency Department (CURFFED) Project which the SW SIC ODN supported in 2024/25 have recently been published in the Bone & Joint Open journal (available here). The report highlights that despite the established standards by the British Orthopaedic Association Standards for Trauma for these patients, there is variability in managing paediatric fractures across the country. The SW SIC ODN Team continue to monitor the percentage of forearm fracture manipulations performed in emergency departments versus in theatres within SW providers, with the aim to increase management within EDs as outlined in the national standards. A regional increase was seen during 2025/26:



% of forearm fracture manipulation performed in ED across the SW in 2025/26

➢ Femur Fracture - patient audit

During the South West Paediatric Orthopaedic Group (SWPOG) in May 2025, it was agreed that a regional audit of paediatric femur fractures would be beneficial to explore this pathway in detail and understand if there is variation in the management of these patients across the South West. Supported by Anna Clarke and Mary Gibby (Bristol Royal Hospital for Children), the SW SIC ODN Team established a patient-level audit to review practice in the management of children who were treated for a femur fracture in the South West between 1st April 2024 and 31st March 2025, focusing on the pre-surgical pathway, surgical practice, key time points, post-operative support provided, and patient follow up.

All 11 regional providers submitted data to the ODN in Spring 2026, giving a data set of 132 patients for review. This will be analysed by the core team to share at the May 2026 SWPOG meeting and with members of the T&O Working Group to identify potential opportunities to improve this pathway and enhance care for these children.

Pre-Assessment Working Group – Key Achievements 25/26

Pre-Assessment Working Group - Projects:

➢ Sharing examples of best practice to support GIRFT Further Faster programme

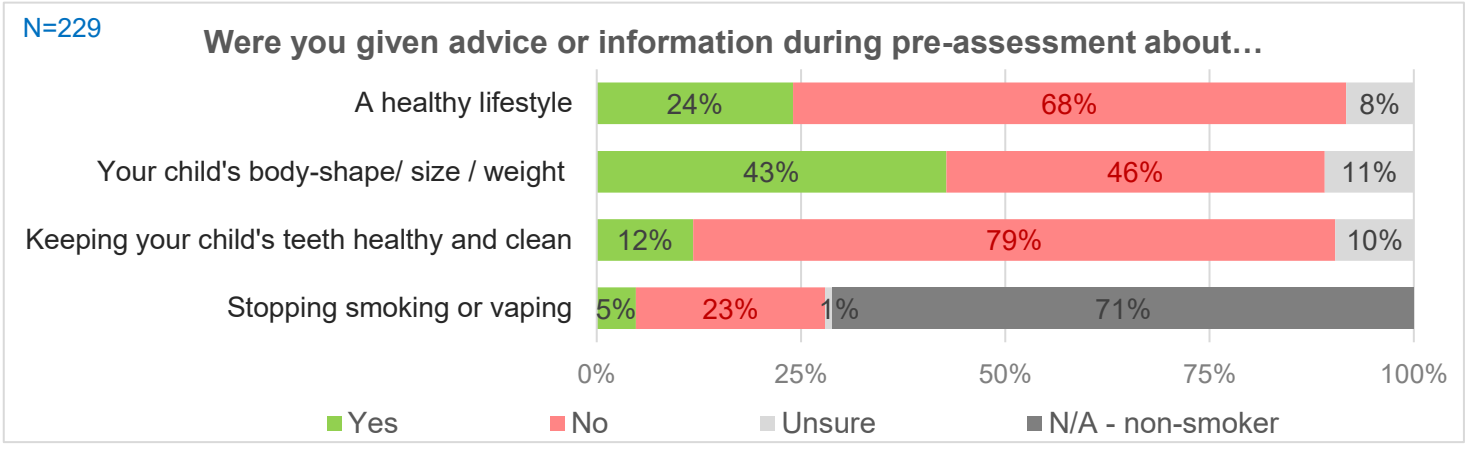
The group remains focussed on further development of service where required and continues to support local business cases and has also been sharing examples of best practice to support most effective use of our teams and to promote best practice for the quality of service experienced by our patients. Using an Early Risk Assessment from decision to refer for treatment under general anaesthetic was shared from another region and demonstrates how to not only have a timely and triaged pre-assessment but reduces pre-assessment teams workload allowing for more available resource within the team. The early pre-assessment means optimisation of the patient aligned to their individual needs and also allows a list of patients who are deemed 'fit and ready' that can be included onto a theatre list at short notice in case of list re-arrangement or short notice patient postponement for whatever reason.

➢ Sip till Send Fasting Guidance:

During last year the group focussed on agreeing best practice guidance on 'Sip till Send' within the Babies, Children and Young People (BCYP) population. The regional best practice guidance was updated within the group and shared widely with implementation across the region and local policies updated to reflect the latest evidenced guidance. All organisations were then audited against the principles within the best practice guidance and response was excellent with any actions noted.

➢ 2025 Pre-Assessment User Survey: understanding child / parent experiences

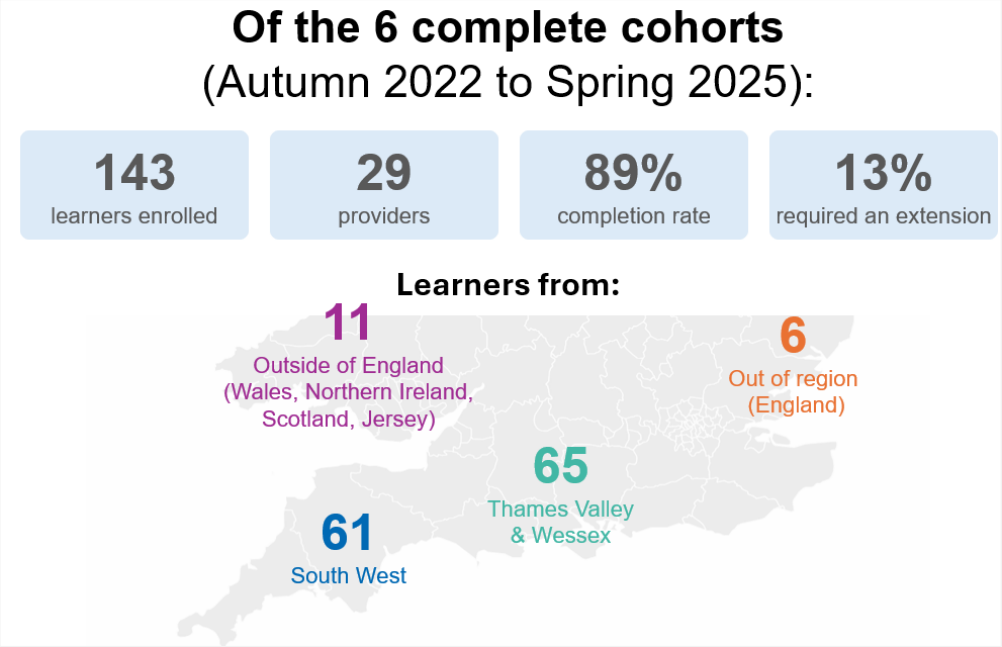
The annual Paediatric Pre-Assessment User Survey was carried out again in 2025/26, which gathers the views of patients and families' experiences of pre-assessment services for CYP on a surgical pathway. Responses increased again last year with a total of 278 received from patients of South West hospitals. Responses were reported to the Working Group to highlight areas of good practice and identify where improvements could be made. Specifically, in a couple of organisations, it provided a helpful perception and understanding of where services were generally lacking in any CYP pre-assessment and supported the business need for this to be developed. The patient feedback allows the team to identify gaps in provision both locally and regionally and helps shape the working groups priorities. User experience overall remains good in the vast majority of SW organisations however areas for improvement are highlighted.



2026 Pre-Assessment User Survey: health promotion provided at pre-assessment within SW providers

➢ Paediatric Pre-Assessment Practitioner Course – local delivery:

The Paediatric Pre-assessment Practitioner Course has now trained 104 candidates working in surgical pathways in South West and Thames Valley and Wessex, as well as colleagues from providers in other regions and even outside of England. We now have nurses trained in paediatric pre-assessment within all providers of children's surgery across the South West and will continue to deliver the course annually moving forwards. Once local demand is decreased then the South West will co-ordinate a national approach from the Surgery in Children ODN's in delivering pre-assessment education by sharing available courses to include all regions.



Number of learners participating in the SW and TV&W Paediatric Pre-Assessment Course since the pilot in 2022

What words best describe how prepared you now feel to develop your paediatric pre-assessment service?

Comments from learners on the Spring 2025 cohort

Restoration & Service Improvement Group – Update 25/26

In March 2025 the SIC ODN agreed to pause the virtual meetings of this group in order to focus on delivering the agreed workstreams. During 2025/26 the ODN team has progressed the key areas noted below, and will now look to report on their findings and consider how best to re-establish the meeting to facilitate next steps.

➢ Paediatric Recovery Course

In collaboration with Thames Valley & Wessex, the network developed and delivered their first regional paediatric recovery course. The network prioritised this following service review discussions around safe provision of emergency out of hours paediatric surgical care as well as the capacity for organisations to deliver safe, high quality elective care for babies, children and young people. We undertook further scoping of current knowledge and skills gaps within our recovery teams along with an understanding of what local resources were available to meet those needs in each area. The course was initially based on existing East of England SIC ODN course materials that they shared. Through stakeholder engagement with all SW organisations, this was developed to meet current national guidance and local needs ensuring best practice was achieved. The pilot course ran in November 2025 with 26 learners attending from the South West and Thames Valley & Wessex regions.

The course has benefitted from strong multidisciplinary support within the region, allowing the network to successfully deliver a three-day programme, alongside a one-day high-fidelity simulation training day to consolidate skills acquisition and team work. Using the accredited Kirkpatrick model for course evaluation we can demonstrate the improvement of competence and confidence within the learners.

➢ Pathways for Dental Procedures Under GA – Project Progression:

In April 2025 the SW SIC ODN embarked on a collaborative project with colleagues from the Paediatric Dental Managed Clinical Network to explore variation in practice with regards pathways for children undergoing a dental procedure that required a General Anaesthetic (GA). Due to different commissioning arrangements and the way these services have evolved over the past few years the network team were made aware that children undergoing a dental procedure that required a GA were not always offered the same support or standard of care as those undergoing other surgical procedures. The SIC ODN core team developed a project summary and proposal and received extensive feedback from individuals involved in different stages of the pathway. The scope of the workstream expanded to include consideration about governance, waiting lists, pre-assessment, access to appropriately trained and supported staffing, equipment and resources. The SW SIC ODN agreed to facilitate semi-structured discussions with all centres supporting these pathways to attempt to identify themes, challenges and opportunities. As of the end of March 2026 the team had undertaken 8 discussions and had drafted an interim report of findings and are considering how the variation in practice and challenges identified can be fed into workstreams of both the SW SIC ODN and Paediatric Dental Managed Clinical Network (MCN); this work is also being shared more broadly regionally and nationally to consider wider support and collaboration.

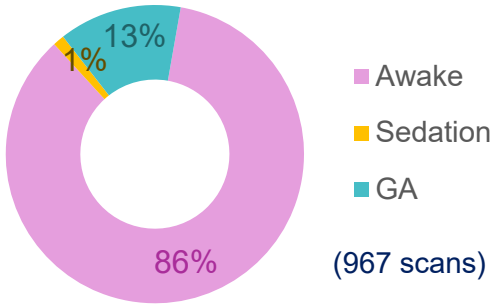
> ""In some cases, children go through the whole pathway without any input from a paediatric dentist, which hopefully this work will address"
> **Consultant in Paediatric Dentistry, Bristol**

Optimising MRI Pathways for Children Working Group – Update 25/26

➢ South West pAediatric MRI Audit (SWAM):

The SWAM audit was the key focus for the Working Group in 2025. The SW SIC ODN collaborated with Dr Katie Foy to carry out a patient-level audit of MRI scans performed on children across the South West. The aim of this was to understand and explore current practice for children undergoing an MRI scan in the region to identify opportunities for improving pathways, by reviewing children aged 0 to 16 years who had a scan within a SW provider during June 2024. Data for 967 patients from across all 11 hospitals was submitted by anaesthetic trainees for analysis. Findings were shared with the Working Group and audit participants, including suggested action areas for providers to consider to align services and reduce variation across the region. Individual reports were also created for each of the 9 Trusts, highlighting potential areas for local pathway improvement to local teams.

% of MRI scans carried out awake, with sedation, or under general anaesthetic:



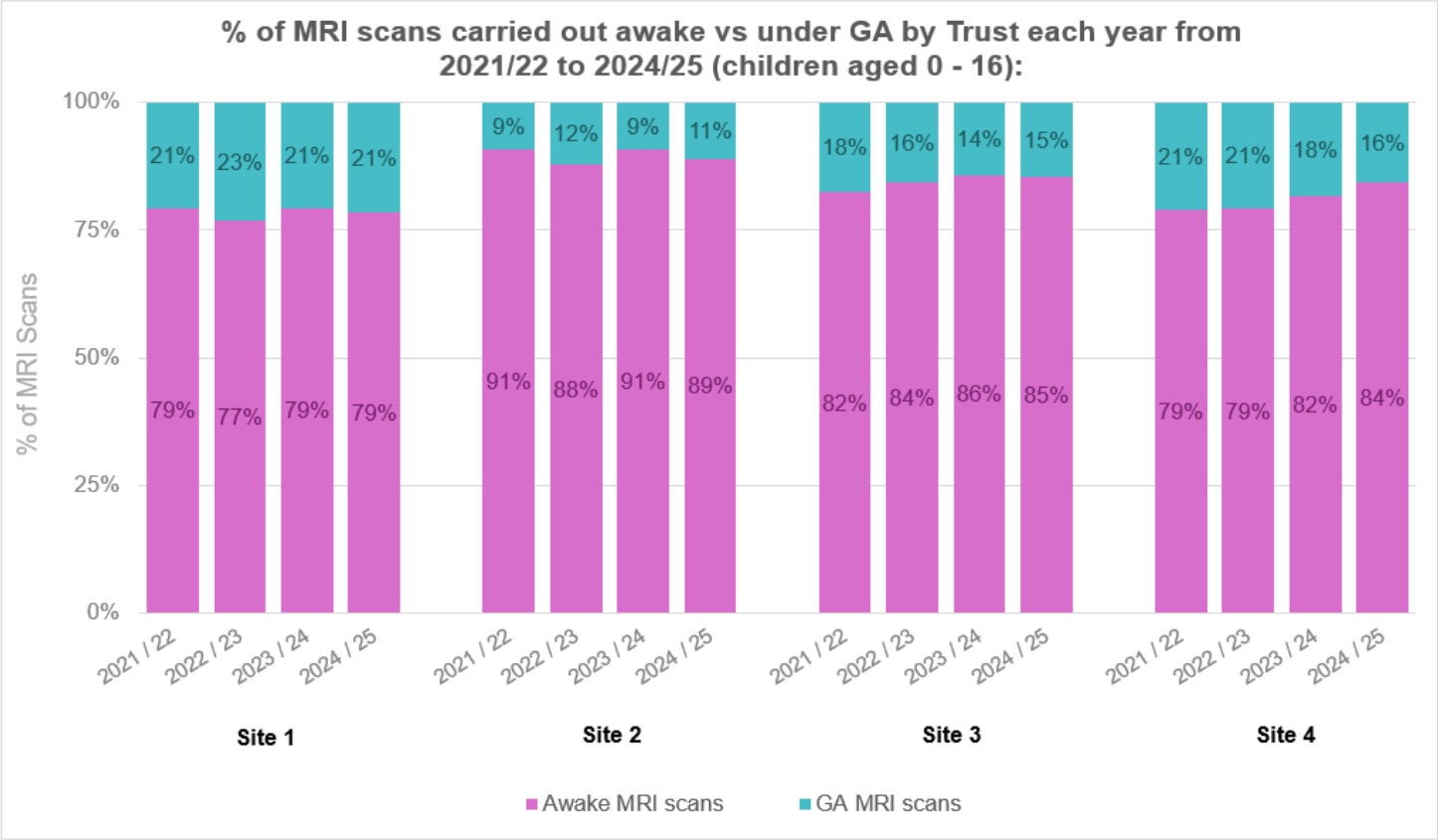
Regional findings from the SWAM Audit:

Findings	Action / Next Steps
98% of awake scans are completed successfully	Continue to support children to have an awake scan where possible / appropriate to reduce the number of GA scans
Discrepancies identified between local and SUS data	ODN team to explore data discrepancies further with SW BI Analysts
Regional variation in completing & documenting MRI checklist	Trusts to review MRI scan checklist & documentation processes, ensuring that they are accessible
Regional variation in obtaining written consent for scans	Trusts to review their consent processes for MRI scans including documentation
Very little documentation available about decision for awake / sedation / GA	Regional teams to consider how documentation for scan modality could be improved
Radiology review prior to end of scan is limited	Low numbers of repeat scans are recorded. Limited recording of whether radiology review is taking place noted across the region
Very limited documentation of play support provided	Providers to review their existing process for documenting Play Teams' support to ensure it is captured clearly and is easily available
Sedation pathways are currently limited	Local teams to explore opportunities to develop sedation pathways where appropriate
Not all children are pre-assessed prior to sedation / GA	Review pre-assessment processes with individual providers to ensure that all children are pre-assessed prior to having a scan under GA and with sedation
Adverse events documented in 2 out of 102 GA scans	Continue to support children to have an awake scan where possible / appropriate to reduce the number of GA scans

➢ MRI Working Group Performance Metrics

Diagnostic data continues to be a challenge for the ODN as there is no national data set which providers the number of scans carried out on children while they are awake vs under general anaesthetic. The ODN team have working with individual provider to try and obtain this data over the last few years, with some providers being able to share the required information and some have been unable to access it. The ODN will continue to obtain this data, and use it to explore improvements in practice and aim to demonstrate potential cost savings of supporting children to be scanned awake using support from Health Play Specialists.

Data from the 4 SW providers who have been able to consistently share this information since 2021/22:



➢ Stepping back Working Group Meetings

The Optimising MRI Pathways for Children Working Group was initially set up as a task & finish group in 2022 to explore how the ODN could support the development of regional MRI pathways. It was agreed in December 2025 that meetings would be stepped back in 2026 to allow time for other network priorities, with existing workstreams to be continued:

- Service developments to align to the Paediatric MRI Pathway Best Practice Recommendations to continue to be led locally as required.
- Work ongoing around sedation pathways to be addressed through a new SW Paediatric Anaesthetic group which will be established in 2026.
- Conversations around health play specialist input into Paediatric MRI Pathways to continue within the Developing SW Play Services Working Group.
- Tools and resources to support MRI pathways will continue to be shared via the SW SIC ODN Website and the NHS Futures platform.
- The team will continue to obtain data on the number of scans carried out awake vs under GA from local Business Intelligence (BI) teams.

The ODN Team also plan to host an annual catch-up meeting to share pathway updates, innovations, and data developments with interested colleagues.

Developing SW Play Services Working Group

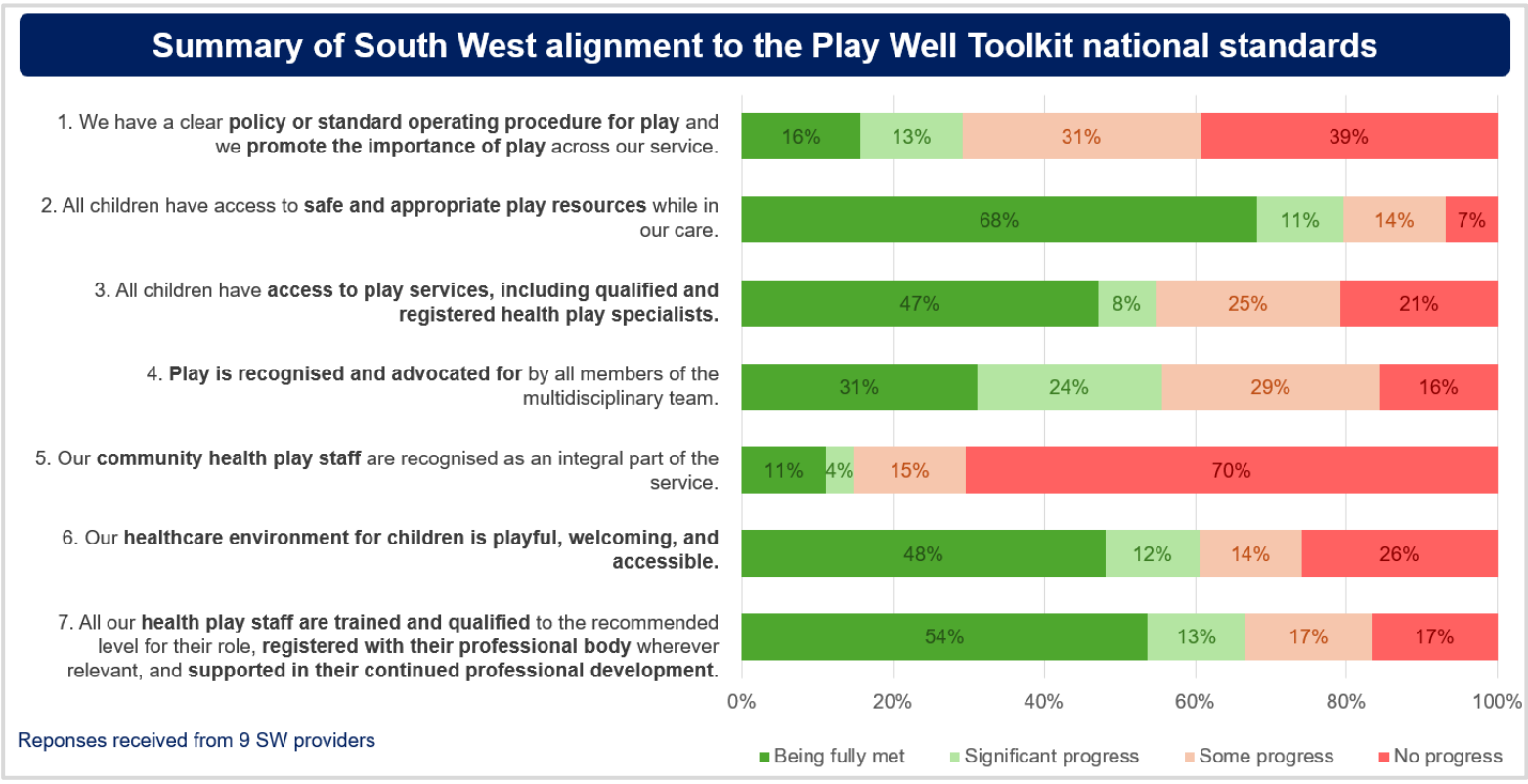
The Developing South West Play Services Working Group was established in 2024, which the SW SIC ODN team facilitate on behalf of the SW Women's & Children's ODNs and the SW Children and Young People's Transformation Programme. Highlights from the last 12 months include:

➢ Play Well Took Kit Review:

Starlight Children's Foundation and NHS England's co-produced 'Play Well Toolkit' was published in June 2025, which includes the first national guidelines and standards for commissioning and delivering health play services in England across 3 components:

1) **Guidelines for commissioning and designing health play services**
2) **Recommended standards for health play services**
3) **Quality checklist for health play services**

Over the Autumn, regional play teams were invited to review their existing services against the national standards using a digital template to indicate where criteria is being met, being progressed, or not being met. The purpose of this review was to identify how closely services align with the standards, and to highlight areas for development to ensure teams are sufficiently resourced, structured, and supported to deliver high-quality services. 9 out of 11 responses were received, which were collated by the core team to develop a set of actionable recommendations for aligning services with national expectations.



The ODN Team will continue to work towards the action areas in 2026/27, and hope that this process will also promote greater visibility and advocacy for play teams within hospitals, recognising their essential role in supporting children's emotional wellbeing, development, and recovery.

➢ Face-to-Face Regional Meeting:

In 2025, regional Play Teams agreed that it would be beneficial to meet face-to-face, as the South West Play Network did previously each year before the covid19 pandemic. The ODN team facilitated a meeting for Play Teams across the region to come together in Taunton in September. The day included a presentation on the Causes of Psychological Distress in Children after a Wound Injury which sparked a detailed discussion with teams sharing their own experiences and ideas on how best to support these patients. The rest of the agenda gave teams chance to explore current challenges, share learning and ways of working, and reflect on how their services are adapting to changing needs. The group also considered what is needed to ensure the long-term sustainability of their services and how the Working Group may be able to support this. The SW SIC Core Team hope to facilitate another in-person meeting of regional play teams in Autumn 2026.

➢ 'Protectors of Play' – Starlight Awards 2025

The ODN team were delighted to be recognised as *Protectors of Play* in the 2025 Starlight Awards. This award celebrates the team's commitment to supporting and championing Play Teams across the region - the SIC core team are proud of what they have achieved so far, and remain dedicated to advocating for the essential role Play Teams across the South West and beyond.

7.4: Building our Network Communications

Website

Since the launch of the SW SIC ODN website four years ago in 2021, the core team continue to update the online platform regularly to ensure information and content are relevant and up to date for network members and the general public:

http://southwestsicodn.nhs.uk

During 2025/26, the core team continued to expand the 'Tools and Resources' pages for clinical specialties on the website. These pages signpost to regional / national guidance, educational resources, and other relevant documents and links relevant to each specialty. To date, the SW SIC ODN website now has 'Tools and Resources' pages for:

- ENT Resources
- General Surgery & Urology Resources
- General Resources
- Greener Theatres & Sustainability Resources
- Health & Wellbeing Resources
- Paediatric MRI Resources
- Pre-Assessment Resources
- Transition Resources
- T&O Resources

Photo: University Hospitals Plymouth

The Network continues to update and upload Best Practice Recommendations within each specialties which have been developed within our Clinical Working Groups. These can be found here on the SW SIC ODN website.

Newsletters

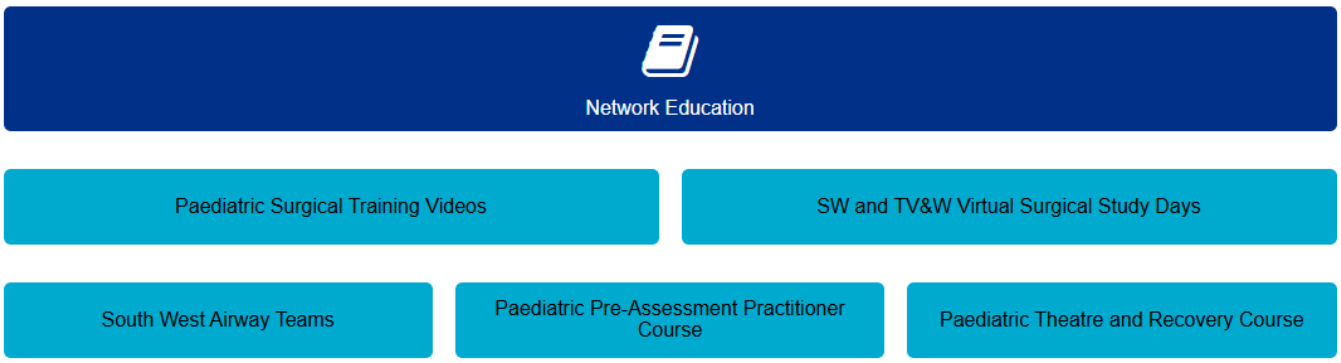
The SW SIC ODN Team continue to circulate quarterly newsletters to share updates and information from national teams, news from the ODN, details of upcoming meetings and events, and showcase examples of successful initiatives from South West providers. The newsletters are circulated to over 500 regional colleagues each quarter, and are also available publicly on the ODN website - 18 newsletters have been written by the network since September 2021.

NHS Futures

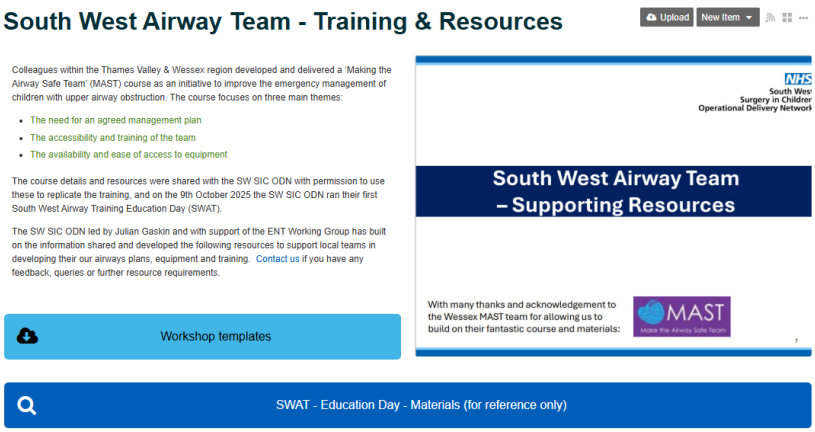
In December 2022, the core team developed a SW SIC ODN workspace on NHS Futures to create an online space which can be used to facilitate collaboration between regional providers and allow sharing of information, resources, meeting papers, and recordings on a platform which is only accessible to NHS colleagues. There are currently 251 members of the SW SIC ODN workspace:

https://future.nhs.uk/SWChildrenSurgeryODN/

During 2025/26, the team established a dedicated Network Education area to signpost members to key resources, including paediatric surgical training videos, recovery, pre-assessment and the virtual study day materials, and information from the South West Airways Teams (SWAT) in October 2025.



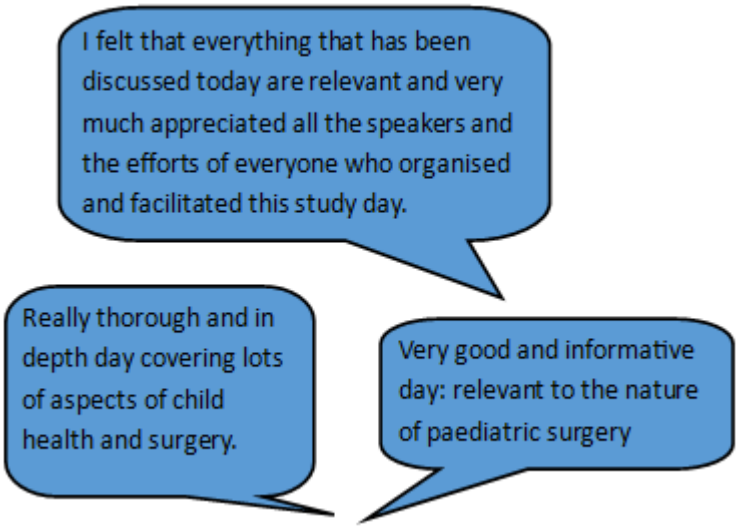
The newly developed South West Airways Teams folder allows members to access workshop templates and slides from the day as seen below:



Surgical Study Day 2025:

Alongside our other education days and central to our wider communication and engagement strategy the SW SIC ODN continues to provide a virtual study day in collaboration with colleagues from TV&W SIC ODN every Autumn.

In 2025, the annual collaborative paediatric surgical study day was held virtually via MS Teams and included expert speakers from both regions. The study day continued the work of the previous few years by attempting to meet key educational needs and priorities identified via regional and national priorities and from feedback from regional nursing teams. Attendance at the meeting continued to be high with 251 nurses and healthcare professionals from across both regions joining.



Feedback from Nurse Study Day attendees 2025

Each session is recorded and shared via the Futures platform allowing further engagement with colleagues unable to attend on the day. We received fantastic feedback from attendees on the day, and build on this feedback to develop the programme for future meetings.

8. Financial Summary

Funding for the SW SIC ODN was allocated as part of the block contract for services with total expenditure for the network being **£276,054;** this was comprised of £272,428 in staff pay and £3,626 in non-pay costs primarily associated with travel costs associated with attending local meetings and the consumables purchased for the face-to-face South West Airways Team Education day and General Surgery & Urology Clinical Working Group meetings held during the year.

9. Risks & Challenges

Cessation of NHS England and future of operational delivery networks: As of the end of June 2026 the most significant risk to the Surgery in Children Operational Delivery Network's future is the instability and uncertainty caused by the government's ongoing changes to NHS England's national and regional structures. The SW SIC ODN is funded through the NHS England SW Specialised Commissioning team and has received no further information on the plans for operational delivery networks or their staff moving forward. This is a significant risk and area of concern for the network. The potential impact of this risk and uncertainty is that the future of the network core team and therefore the support for regional teams, the cross-regional and national collaboration and most importantly the positive impact the network has on children and their families has the potential to be lost over the coming year if funding and continuity is not confirmed. The network will work to mitigate this risk but as yet no further information has been shared that provides complete clarity on the future of NHS England's operational delivery networks so in the interim we continue with a Business as Usual approach.

The loss of the network would remove a crucial advocate for equity in healthcare, particularly affecting the most vulnerable families who rely on coordinated regional efforts to access timely, high-quality, evidence-based care. Without the network's support, there is a risk that children will no longer receive care from a skilled, paediatric-trained multidisciplinary workforce across key areas such as pre-assessment, stage 1 recovery, difficult airway management, and time-sensitive conditions like testicular torsion. The discontinuation of network-led improvements threatens financial and clinical efficiency at District General Hospitals (DGHs), with likely regressions in pathways that have reduced unnecessary procedures and enhanced care delivery—such as reducing unwarranted circumcisions, increasing day case rates for tonsillectomies, and promoting non-GA MRI pathways. Tertiary centres may see increased and unnecessary transfers, undermining the principle of delivering care as close to home as possible and placing additional strain on specialist services. Moreover, the disbanding of collaborative professional forums risks isolating clinicians, hindering shared learning and innovation, and ultimately compromising patient safety. Overall, without network funding, there is a grave threat to the equitable, efficient, and high-quality surgical care currently being delivered to children across the region.

10. Our Future Vision

Following the leadership meeting in March 2025 the network core team built on our structure and priorities to reflect the opinions shared. Our Work Programme has continued to develop and grow in collaboration with our clinical working groups and other key stakeholders and aims to set out our key areas of focus over the next 12 months in detail. This summary should be considered alongside our Work Programme which can be accessed here on our website and our 25/26 Service Review Report that will be shared more widely once published next year.

Delivering a network that is responsive to national, regional and local priorities: As a network, we will continue to review and respond to national reports, guidelines, appropriate publications and standards, and use national datasets and our data trackers to monitor progress against key metrics, intervening when required. As a core team we will endeavour to continue to develop and grow the SW SIC ODN to deliver the key workstreams and activities as agreed, whilst responding to the changing environment we operate in.

Aligning to the key shifts outlined in the 10 year plan: Core shifts were outlined to underpin the 10 Year Health Plan for England published by the government this year; a shift to community-delivered care, prevention and use of digital. Many of our workstreams and projects align to these aspirations and there are wider opportunities for the ODN to link with these themes more broadly; moving forward as a network we should further explore opportunities to support workstreams and projects aligned to this plan.

Continued focus on emergency pathways: Our key stakeholders often raise concerns with delivery of emergent pathways and as such we will continue, to focus on this (notably button battery ingestions, suspected appendicitis, testicular torsions, emergency airways, forearm and femur fractures). Through audits, education and continued sharing of practice the network will support local teams to develop their pathways for emergency procedures to ensure they are robust and resilient and provide optimal care for children in an emergency.

Restoration and efficiency: National targets for reducing waiting lists and improving theatre efficiencies are an ongoing area of focus and area the network team can offer support to local teams. Opportunities to incorporate this into workstreams will continue to be considered.

Delving deeper into Data to explore gaps and opportunities: The network has access to a comprehensive set of metrics measuring many aspects of our key pathways however there are further opportunities to grow our understanding of services through improvements in data collection and review.

Clinical Collaborations and Managing New Models of Care: Central to the vision of the SW SIC ODN is clinical collaboration to develop and drive new models of care that will improve clinical services for children, carers, and staff across our region. In 2025/26 the core team undertook the majority of our latest round of service review visits. Aligning to regional and national models and priorities, we will ensure we consider inequalities and how to tackle them as a core part of remit as a clinical network.

If you would like to discuss this report, or contact us then please email us: swsicodn@uhbw.nhs.uk

Many Thanks,

Simon, Julian, Guy, Tim, Catherine, Gael, Tania and Cat

The South West Surgery in Children ODN Team