

Surgery in Children Clinical Network Specification



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Executive Summary

Surgery in Children (SIC) Clinical Networks across England have been established to support the long-term sustainability of services and manage patient pathways across a health care system and to ensure equity of access for all children and young people requiring surgery to experienced teams with the right infrastructure and support, as close to home as possible.

SIC clinical networks have a central role in delivering the recommendations of the NHS England national review of Paediatric Critical Care and Surgery in Children (2019) and the agreed recommendations of other relevant national reports, including those of GIRFT.

The requirements for these networks are described in this specification.

1. Clinical Networks

Specialised services Clinical Networks¹ are a vehicle for specialty level collaboration between patients, providers and commissioners. They should have clear lines of accountability with Integrated Care Boards (ICBs) including providers and provider collaboratives, and to NHS England (NHSE) Regional Teams, to ensure local ownership, alignment and a local mandate. This will include participation in the relevant Strategic Children's Forum(s) (or equivalent) to ensure strategic alignment across children and young people's networks and services.

All networks have an important role in delivering the triple aim, supporting:

- better health and wellbeing of everyone,
- the quality of care for all patients, and
- the sustainable use of NHS resources

This specification sets out the appropriate scope for the work of SIC clinical networks. This will inform the development of the annual workplans developed in conjunction with the network's commissioners. No network will, or could, focus on all aspects of the scope described, at one time.

In describing the appropriate scope for networks, these specifications refer to the work of the network board and the network's members, supported by the network team. Networks are not expected to assume the legitimate accountabilities and responsibilities of providers who are accountable for meeting the needs of the Service Specification. However, network responsibilities inevitably overlap with those of providers, because networks aim to improve

¹ While some specialised services Clinical Networks have previously been described as Operational Delivery Networks (ODNs), the range of activity undertaken is now significantly beyond that envisaged for ODNs, reaching into non-specialised services, and in some cases primary and community care and prevention. Some are jointly funded as part of national transformation programmes and have accountabilities outside as well as within specialised services. As a result, as a group they are now referred to as specialised services 'Clinical Networks'.

the ways in which services are delivered operationally and shape how they develop and because providers are members of networks.

2. Surgery in Children: Strategic Context

An NHS England review of paediatric critical care and surgery in children was published in 2019². The review recommended a new 'model of care', underpinned by 10 new Surgery in Children (SIC) Clinical Networks across England to implement this, support the long-term sustainability of services and manage patient pathways across a health care system and to ensure that all children and young people requiring surgery are treated by experienced teams with the right infrastructure and support.

GIRFT has published a number of National Specialty Reports (including Paediatric General Surgery and Urology, Paediatric Trauma & Orthopaedic Surgery, Ear, Nose & Throat) making recommendations, many of which involve SIC networks. Given the multiplicity of relevant reviews and recommendations networks will agree the priorities for local implementation as part of their annual workplan and discussions with national and regional commissioners.

Networks have a role in supporting reduction in health inequalities. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. For children and young people this asks networks to have particular regard for the most deprived 20% of the national population (core 20), population groups (identified at a local level) likely to be vulnerable to health inequalities (plus) and five clinical areas of focus (5) – asthma, diabetes, epilepsy, oral health, mental health.

Further relevant reviews are likely: networks will provide advice to commissioners on the implications of new national reviews and advice, how these affect the network and priorities for inclusion in the network's work plan.

3. Network Scope

3.1 Scope

The scope of SIC clinical networks includes all children and young people between the ages of 0-18 years in England, requiring surgical care, whether specialised or non-specialised, and whether the commissioner is NHS England or one or more Integrated Care Boards (ICBs).

In line with GIRFT recommendations, anaesthesia in children, paediatric imaging and interventional radiology are also in scope for SIC clinical networks.

Access to SIC services can be planned as part of elective surgery or can be as an emergency, as part of an acute phase of illness. Patients may be admitted directly or transferred from another hospital where the child or young person has presented/deteriorated. This transfer is facilitated through urgent and emergency transport services, arrangements for which vary across the country.

² Paediatric critical care and surgery in children review (summary), NHS England, 2019 available at: <https://www.england.nhs.uk/wp-content/uploads/2019/11/paediatric-critical-care-and-surgery-in-children-review-summary-report-nov-2019.pdf>

The care pathway is specific to each child or young person, making management of patient flow across the network an essential component of the model of care. Networks help to manage this flow and capacity, ensuring services meet the needs of patients and staff are competent to manage patients at the appropriate level of care for their needs.

Networks should work with providers to ensure that children and young people receive surgical care in the right place, at the right time, as close to home where possible.

Specialised, complex and rare surgery should be provided in specialist tertiary hospitals. Specialist providers will also provide care for non-specialist procedures where the child or young person has complex co-morbidities which require specialist surgical or anaesthetic input.

Less complex procedures including non-specialised surgery will be provided in all levels of hospital, with local pathways being agreed by the network for each type of surgery provided, linked to the skills and competency of staff, type of patient and clinical indication.

Care for children and young people between 0 and 16 years will often be within children's services, but arrangements vary for young people over 16 years. Each network should work with the relevant adult surgical providers within their network footprint to agree a policy on developmentally appropriate care arrangements for children and young people 16-18 (and beyond 18 years where this is appropriate, for example those with learning disabilities) cared for outside a specific child or young person's service. The network should also have an agreed transition protocol which includes these issues, in line NICE guidance 'Transition from children's to adults' services for young people using health or social care services'³.

Specialised surgery in children services are described in detail in the Service Specifications:

- Paediatric Surgery: Surgery (and Surgical Pathology, Anaesthesia & Pain) (E02/S/a)
- Paediatric Surgery: Neonates (E02/S/c)
- Paediatric Surgery Chronic Pain (E02/S/b)
- Cleft Lip and/or Palate Services including Non-Cleft Velopharyngeal Dysfunction (VPD) (All Ages) (D07/S/a)
- Specialised and complex obesity surgery for children (170014/S)

Not in Scope

- Paediatric cardiac surgery
- Paediatric neurosurgery
- Paediatric ophthalmic surgery

A number of paediatric surgical services are considered Highly Specialised Services. As these are provided only at a small number of centres, these services will not be in scope for all SIC clinical networks.

3.2 Population Covered

All providers of surgery for children and young people in England will be required to be part of one of 10 SIC clinical networks which cover the country. The footprint of these networks may cross regional boundaries, and because SIC clinical networks cover a range of

³ Guideline NG43 Transition from children's to adults' services for young people using health or social care services, NICE, 2016 available here: <https://www.nice.org.uk/guidance/ng43>

specialties, the providers and commissioners (ICB and regional) that networks need to work with may vary on a specialty by specialty basis.

The networks are:

NORTH EAST AND YORKSHIRE

North East & North Cumbria
Yorkshire & Humber

NORTH WEST

North West

MIDLANDS

West Midlands
East Midlands

EAST OF ENGLAND

East of England

LONDON

North Thames
South Thames (covers South London and Kent, Surrey and Sussex)

SOUTH EAST

Thames Valley and Wessex

SOUTH WEST

South West



Wales and Scotland: While some residents of Wales and Scotland receive their care in England, hospitals in these countries are not generally part of these networks.

Networks in England will work with colleagues in Scotland and Wales to offer mutual aid as appropriate at times of service pressure.

Crown Dependencies: Residents of the Channel Islands and the Isle of Man receive their care in England and for this reason hospitals in these territories are also part of these networks.

Northern Ireland: While some residents of Northern Ireland receive their care in England, hospitals in Northern Ireland are not part of these networks.

4. Network Aims and Objectives

4.1 Network Vision and Aims

The aim of SIC clinical networks is to provide leadership to the development of sustainable, affordable and high-quality services by bringing together commissioners and providers to ensure that children and young people receive surgical care in the right place, at the right time, as close to home where possible:

SIC clinical networks have a central role in delivering the recommendations of the NHS England national review of surgery in children and the agreed recommendations of other relevant national reports, including those of GIRFT.

4.2 Network Objectives

The overarching objective of SIC clinical networks is to bring together complex and routine, elective and emergency, surgery in children within a single networked model of care in order to:

- Reduce variation in clinical practice and improve treatment outcomes.
- Ensure care is delivered by appropriate clinicians and in appropriate settings:
 - Cohort the surgical care of babies and children with the rarest and more complex surgical conditions into the appropriate specialist trusts to improve experience, outcomes, training research and innovation, and allow access to critical services such as interventional radiology. In addition, it will enable the further development of teams of specialist nurses who are vital in supporting children and their families.
 - Ensure that arrangements are in place to ensure urgent surgical conditions and emergencies can be managed promptly, as close to home as is safe, practical and appropriate, with clear pathways for referral and safe transfer to specialist centres when required.
 - Increase the use of day case surgery.
 - Encourage the appropriate adoption of patient initiated follow-up (PIFU) and other operational innovations that enhance the patient experience and improve efficiency and productivity.
- Reduce unnecessary surgical procedures by applying evidence-based surgical decision-making.
- Ensure facilities and the environment of care are appropriate for children and young people undergoing surgery.

- Ensure that information about the experience of children and their families / carers is used effectively to drive improvement.

4.3 Network Functions

Service delivery: plan and manage capacity and demand

- Develop an approach to managing capacity and demand that:
 - Agrees pathways that optimise system capacity and improve system resilience and reduce cancelled operations.
 - Ensures that as much care and treatment is provided as close as possible to home and that the patient and their family travel only when essential, avoiding inappropriate transfers, while ensuring timely access for urgent and emergency procedures and the best possible outcome for the patient.
- Collaborate across the network to ensure patients progress through the appropriate levels of care, independent of funding mechanism.
- Work with providers to ensure that when services are under pressure:
 - Mutual aid arrangements are in place within network, within region and supra-regionally, including diversion of new admissions.
 - Digital technology is available to support the provision of specialist advice (including to patients), triage, consultation and MDT provision
 - Up to date information is provided to patients and referring centres
 - Issues not resolvable at network level are escalated to the UK network group call

Resources: stewardship of resources across whole pathway and minimising unwarranted variation

- Reduce unwarranted variation in pathways and processes that lead to inefficiencies.
- Reduce clinically unnecessary use of level 3 Paediatric Critical Care or specialised surgical services by:
 - Supporting the implementation of standardised pathways of care across the network.
 - Facilitating stepdown of care once appropriate.
 - Building confidence in local services to support early discharge.
- Improve the effectiveness and appropriateness of use of high-cost treatments and consumables.
- Encourage standardisation of drugs, devices etc. used across the network to achieve best value by facilitating collaborative purchasing arrangements to achieve the best price.
- Work with other related networks, flexing use of resources to find efficiencies, target resources for best effect and share insight and experience.

Workforce: flexible, skilled, resilient staffing

- Working with the Children and Young People Transformation programme, and regional workforce leads to assess future workforce needs across the network taking into account projected demand.
- Support providers to develop and implement innovative and extended roles for non-medical staff groups, through training and development and network wide policies and procedures.

- Undertake network training needs assessment (including baseline skills audit and network maturity assessment).
- Develop and agree a network training plan that meets the needs of the network both in the delivery of care and in the functioning of the network.
- Agree with commissioners and providers how the planned training will be delivered.
- Monitor delivery and assess the effectiveness of the agreed training.
- Ensure clear agreements are in place for cross site working of surgeons / interventionists; ensuring continuity of decision making / delivery of care.
- Enable the movement of staff through the implementation of a staff passport.

Quality: *improving quality, safety, experience & outcomes*

- Create a culture of ongoing service improvement, ensuring best practice models are embedded and contribute to improved quality performance
- Reduce variations in care
- Improve equity of access for planned and unplanned care and swift escalation pathways.
- Establish and maintain systems for the collection, analysis and reporting of key indicators of outcomes, quality of care and patient and family experience and ensure data is submitted as required.
- Monitor key indicators of quality across the network.
- Run regular clinical forums to review outcomes across the network.
- Ensure that the whole patient pathway is focused on the holistic needs of the child or young person.
- Develop an active patient engagement strategy, involve families in the care of their children and use patient/carer feedback to monitor and improve services.
- Undertake audit, and other service improvement activities including reflecting on and responding to suboptimal outcomes, care and patient experience.
- Produce an annual network annual audit and governance report.
- Reduce cancelled operations by addressing capacity and demand locally.
- Manage risks to the delivery of the network's annual work programme.
- Identify service issues and risks and ensure they are managed through regional and system quality structures following agreed escalation processes. Providers or commissioners may ask networks to facilitate the response to risks, but providers and commissioners remain accountable for their services' risks.
- Provide standardised information for families across the network.

Collaboration: *working together within individuals and organisations at local, system and national level*

- Develop partnerships between national and local commissioners, providers, patients and families to plan services as a system rather than individual organisations.
- There is an analysis of the network's data and information needs and a plan, agreed with network members to meet these requirements
- Link network clinical leadership with system, regional and national clinical leadership cadres to support a collaborative approach and shared aims.
- Share best practice with networks covering the same service across the country.

- Work closely with other clinical networks supporting the care of children and young people through the Children’s Strategic Forum (CSF) or equivalent, identifying opportunities for shared solutions and resources.
- Actively participate in and support the national network of networks.

Transformation: plan sustainable services that meet the needs of all patients

- Regularly review network configuration, capacity and compliance with standards, advising and agreeing a plan with commissioners to address any shortfalls.
- Improve equity of access for planned and unplanned care and swift escalation pathways.
- Ensure that providers of surgery for children meet the requirements of the service specification.
- Advise commissioners on the reconfiguration of services in line with national requirements including the impact of proposals on both patients and providers.

Population health: assessing need, improving inequalities in health, access, experience and outcomes

- Identify health service needs of children and young people in the population needing surgery.
- Review service provision across the network against identified need and identify gaps.
- Agree plans to improve network services to address identified gaps.
- Review service delivery across network to identify variation in services – gaps in overall provision, quality, geographical distribution.
- Develop and ensure the operation of common, standardised referral, care and transfer pathways, policies, protocols, and procedures across the network. to reduce variation in service delivery, identifying those aspects of care that should be delivered in local hospitals and criteria for referral to specialist providers.

4.4 Annual workplan

The network board will agree an annual workplan with its commissioners. (system and regional) This will reflect national, regional and local priorities, taking account of the resources available to support delivery. The workplan will describe its expected deliverables and benefits.

The network board will publish an annual report detailing its activities, accounts and delivery against the agreed annual plan.

5. Governance

5.1 Accountability

Hosting

Networks and their boards are independent of the host, with their own governance and accountability directly to the commissioner. The host is not accountable for the delivery of the network’s functions and where the host is a network member, they will have the same roles and responsibilities as other members and will exert no undue influence as host of the network.

The network host will be selected by the Commissioners following an open and defensible process that maximises value for money, which would include consideration of opportunities for sharing infrastructure. The responsibilities of each party will be set out in a formal hosting agreement.

Network funding provided to the host is ring-fenced for the network and cannot be used by the host for other purposes, and is not subject to host cost improvement targets.

Accountability and responsibility

Network footprints reflect patient flows, provider scale and catchments so will often cut across commissioner boundaries (ICB and regional). Governance arrangements must provide clear accountability to commissioners at system level (with links to all relevant ICBs) and region(s) as appropriate for both network delivery and commissioning responsibilities. Networks should ensure that local arrangements to achieve this are clearly documented in their terms of reference.

Networks will be responsible to ICBs for the management of local pathways and delivery of locally agreed targets. This should be set out in memoranda of understanding between ICBs providers and the network.

The network will be accountable to the regional team of NHSE via the appropriate board within the Region including any multi-ICB decision bodies established.

A single network plan and deliverables should be agreed with all ICBs within the network's geography and signed off by the region. Networks will be expected to provide regular reports and have regular reviews with NHSE regional teams.

The network's authority to act on behalf of its commissioners and members will be set out clearly within the network memorandum of understanding (MOU) and where necessary clarified within the agreed annual plan.

5.2 Network governance and architecture

Members and stakeholders

Networks are required to have a formally constituted governing body or board, which is accountable to the network's commissioners for delivery of the network's agreed programme, with a line of sight to all ICBs whose patients use the services of providers within the network.

Network boards should include balanced representation from member organisations and other relevant stakeholders from across the pathways of care, including patient representatives and third sector organisations.

Networks should make arrangements to ensure that the board can receive advice from clinical experts in each of the specialties within surgery in children when they are being discussed. The network may agree to establish specialty working groups or forums to support its work.

Parents and carers are key partners. They should be represented on the network board (potentially through appropriate charities or patient support groups) and involved in all aspects of network work.

The Board

The board should meet on a regular basis and operate under the oversight of a suitable chair with agreed terms of reference.

The chair will be an appropriately experienced, impartial leader who is credible across the whole network and will be appointed through a fair and open process.

- The chair should not be the network clinical lead, and ideally should not have the same main employer as the Network Clinical Lead in order to mitigate the risk of (real or perceived) conflicts of interest.
- They could be a board member or senior clinician from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.

5.3 Risk Management and risk sharing

Networks do not manage risk independently but within a system of national, regional and system level arrangements. Networks support risk identification, assessment, mitigation and may facilitate any agreed response.

Specific local risk management arrangements and governance processes should be managed locally through MOUs/ SOPs etc which are clear and signed off. Escalation processes for risks within a system should be clear and explicit, with any quality concerns escalated through agreed systems and regional processes.

5.4 Interdependent Relationships

- Neonatal critical care clinical networks
- Paediatric critical care clinical networks
- Congenital heart disease clinical networks
- Spinal surgery clinical networks
- Neurosurgical clinical networks
- Dental networks
- Paediatric transport services
- GIRFT regional teams
- Elective recovery groups

6. Resources

Each network should have a team to support its work that provides clinical leadership, management and administrative support. Networks should also have arrangements for analytical and business intelligence support. Commissioners must ensure as part of the annual planning process that the scale of resource made available to networks is sufficient to support the agreed programme of work. The capacity of the network to deliver its programme of work does not reside solely in the network team but also in the support of all network members including its commissioners.

As part of the annual planning process, commissioners must ensure that:

- the scale of resource made available to networks is sufficient to support the agreed programme of work

- networks have access to the data they need and the analytical capacity and capability to turn this into actionable improvement programmes

Roles such as administration, network management and analytical support may be appropriately combined across CYP networks, with further opportunities to increase the value from these investments, share learning across networks and improve the sustainability of networks through the provision of a pool of staff to support specialised services Clinical Networks across a region.

7. Deliverables, Service Indicators & Outcomes

Indicators and metrics of network performance come from three principal sources:

1. Generic indicators of a well set up, well-functioning network
 - There is an appropriate network management team in post with the skills to deliver the specification
 - The network board meets at least three times per year, is quorate, and minutes, actions and risks are recorded
 - As appropriate to the network spec, there are regular network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)
 - There are IT facilities in place that enable communication across the network, supporting image transfer and remote participation in the MDT.
 - There is an annual workplan agreed with the network's commissioners
 - There is an agreed plan for PPV engagement
 - There is an analysis of the service needs of the population served by the network, a gap analysis and a plan, agreed with the network's commissioners to meet those needs
 - There are network agreed patient pathways, procedures and protocols
 - There is an analysis of workforce requirements and a plan, agreed with network members to meet these requirements
 - There are arrangements (for example passporting) that enable workforce flexibility between providers within the network.
 - There is an analysis of training needs, and an annual network training plan agreed with network members
 - There is an analysis of the networks data and information needs and a plan, agreed with network members to meet these requirements
 - There is a network agreed research strategy including access and participation in clinical trials
 - The annual workplan includes at least one quality improvement initiative
 - An annual report is produced, summarising the work of the network and its outcomes. The report includes a financial statement
 - The network participates in the national network of networks
2. Nationally agreed indicators and outcomes for all networks of this specialty, for example as defined by a national transformation programme, or included in the service specification and delegated to network leadership.

The outcomes listed below will need to be achieved over a 3-5 year period. Details of the specific KPIs are included in schedule 6 and will be agreed between commissioner and network as part of the annual work plan to reflect where each network is starting from:

- Patients are able to access routine surgical treatment in a local centre near to their home.
 - Patients are able to access specialised surgery treatment centres in a timely manner (in line with national standards as a minimum).
 - Specialised surgery in children is only provided from commissioned surgical centres with the correct interdependent services and competent staff.
 - Operational governance arrangements are in place to facilitate patient flow across the different levels of care.
 - Workforce strategy in place and progressing to ensure succession plans are in place for workforce.
 - Clinical outcomes and patient experience for surgical patients are improved through being able to access emergency care in a timely manner, ensuring staff are undertaking enough activity to maintain competency/ removal of occasional practice and reduction in unwarranted variation (GIRFT Review to support this).
 - The correct pathways are in place to support patients to get home, supported with any necessary follow up/ rehabilitation/ community care package as required.
 - Standardised clinical pathways are in place to support best practice, patient flow and reduce unwarranted variation in practice.
3. The network's individual locally agreed annual workplan, which should build in metrics and indicators for each element.

The network board will agree an annual workplan with its commissioners which will include the expected in year deliverables along with the indicators that will demonstrate effective network operation.

8. Further support and information

Paediatric critical care and surgery in children review, NHSE, 2019 [summary report available at:

<https://www.england.nhs.uk/wp-content/uploads/2019/11/paediatric-critical-care-and-surgery-in-children-review-summary-report-nov-2019.pdf>]

Paediatric General Surgery and Urology: National Specialty Report, GIRFT, 2021

Ear, Nose and Throat Surgery: National Specialty Report, GIRFT, 2019

Oral and Maxillofacial Surgery: National Specialty Report, GIRFT, 2018.

Ophthalmology: National Specialty Report, GIRFT, 2019.

Paediatric Trauma and Orthopaedic Surgery: National Specialty Report, GIRFT, 2022.

Spinal surgery: National Specialty Report, GIRFT, 2019.

Available at: [Reports – Getting It Right First Time – GIRFT](#)

Standards for Children's Surgery, Royal College of Surgeons, 2013, available at: [Standards of Care — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/standards-of-care)

Standards for non-specialist emergency surgical care of children, Royal College of Surgeons, 2017, available at: [Service-standards-for-non-specialist-emergency-childrens-surgery-2015.pdf \(baps.org.uk\)](https://www.baps.org.uk/service-standards-for-non-specialist-emergency-childrens-surgery-2015.pdf)

National guidance for the restoration and recovery of elective surgery in children. Royal College of Paediatrics and Child Health, 2022, available at: [National guidance for the restoration and recovery of elective surgery in children | RCPCH](https://www.rcpch.co.uk/national-guidance-for-the-restoration-and-recovery-of-elective-surgery-in-children)

Preassessment Services for Children Undergoing Surgery or Procedures, Association of Paediatric Anaesthetists of Great Britain and Ireland, 2022, available at: [Best Practice - Preassessment standards in Children - Final publication v5 \(apagbi.org.uk\)](https://www.apagbi.org.uk/best-practice-preassessment-standards-in-children)

The full suite of materials covering what clinical networks do, commissioning of specialised services clinical networks and the clinical networks operating model together with model materials for use by networks and their commissioners can be found on the Future NHS website here:

<https://future.nhs.uk/NationalSpecialisedCommissioning/view?objectID=34094320>

Access requires membership of the site and permission to access the workspace. This is straightforward for all NHS employees.