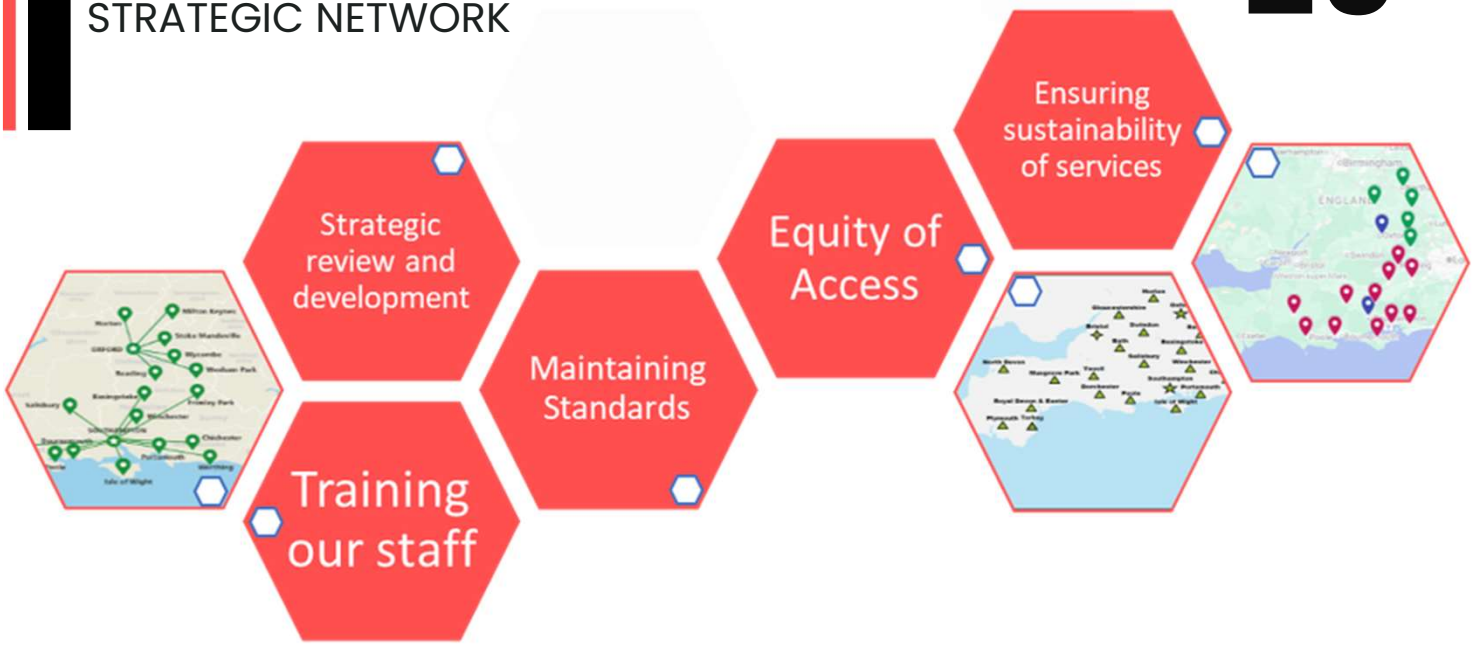
ANNUAL REPORT 25 26

THAMES VALLEY & WESSEX
CHILDREN AND YOUNG PEOPLE
STRATEGIC NETWORK



Introduction

Emma Bennett
Head of ODNs

Dr Iain Macintosh
Clinical Director

Summary:

It has been a busy year for the ODNs as we continue to deliver the key elements of our workplans. We have had a continued focus on supporting the Level 2 Paediatric Critical Care designated hospitals, as well as the Paediatric Oncology Shared Care Units (POSCUs) and Teenage and Young Adult (TYA) Designated Hospitals to improve compliance with national service specifications

Education is always a key focus, and we have seen:

242 attendees
on our education courses

768 attendees
on our study days

72 attendees
at our engagement events

8 referrals
into our network-wide M&M process

The total cost of running these events (excluding faculty and ODN staff time) was £32178, against an income of £12620, giving a **total cost of £19558**. This equates to an average cost of £20 per head.

Key Deliverables

- Adenotonsillectomy Pathway for Obstructive Sleep Apnoea
- Best practice Recommendations Suspected Appendicitis In Children
- Best practice recommendations Paediatric Circumcision Pathway
- Best practice recommendations Paediatric Testicular Torsion Pathway
- A new regional clinical guideline for Acute Non-Invasive Ventilation
- New PCC dashboard
- Continued monitoring of the CHD quality review recommendations
- Paediatric Arterial Ischaemic Stroke guideline
- Completion of CPIP project
- Continued monitoring of CESS quality review recommendations

Finance:

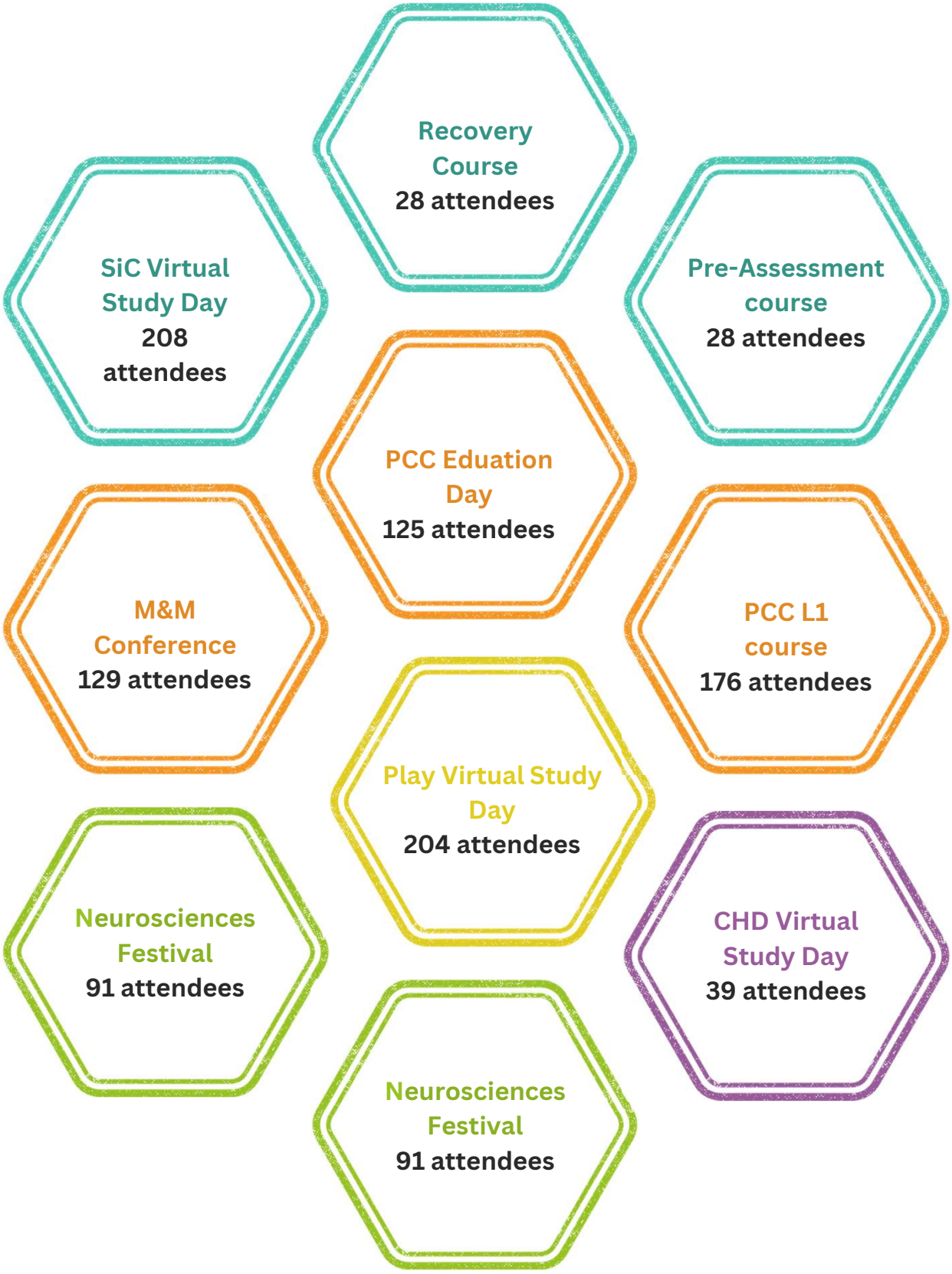
NHSE allocated the Strategic Network baseline funding of £1,329,428 in 25/26, although some of this was held back by the host Trust. We ended the year with around £100k of underspend due to internal recruitment restrictions. We were able to fund the following additional projects with the underspend:

- Models for difficult access training
- Pharmacist time for development of infusional chemotherapy in the POSCUs
- 7 places at the CCLG conference for ODN staff and network members
- A website for the Strategic network
- Coaching course for an ODN team member
- Leadership course for an ODN team member
- 2 places at the PCCS Transport conference for network members
- 7 places on the congenital echocardiography course for network members
- Funding for the Cardiac scrub course at UHS
- Training equipment for both SORT teams
- Contribution to the TYA Cancer study day

Glossary of Terms:

CURFFED	Children's Urgent Reduction of Forearm Fractures in the Emergency Department
CRG	National Clinical Reference Group
CYP	Children and Young People
DH	Teenage and Young Adult Cancer Designated Hospital
ICB	Integrated Care Board
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
ODN	Operational Delivery Network
OUH	Oxford University Hospitals NHS Foundation Trust
PCC	Paediatric Critical Care
POSCU	Paediatric Oncology Shared Care Unit
PTC	Primary Treatment Centre
RBH	Royal Berkshire Hospital NHS Foundation Trust
SBAR	Situation, background, assessment, recommendation
SORT	Southampton Oxford Retrieval Team
Spires	Spires Cleft Service (delivered across OUH and Salisbury NHS FT)
SW	South West NHSE Region
TYA	Teenage and Young Adult Cancer
UHBW	University Hospitals Bristol and Weston NHS Foundation Trust
UHS	University Hospitals Southampton NHS Foundation Trust
USS	Ultrasound Scan

Focus on Education



Surgery in Children

Alex Elson
ODN Manager

Charlotte Hammerton-Jackson
Lead Nurse

Prof. Paul Johnson
Clinical Lead

Summary of the year:

Much of 2025/26 focused on the follow-up Service Reviews of all our Surgery in Children providers across TV&W. This was an opportunity for managers, clinicians and the wider teams to update the SiC ODN on their progress in developing their services since the SiC ODN's original review in 2024/25. It was clear that providers welcomed and valued the opportunity to focus on the needs of children undergoing surgery in their organisations and they were able to evidence progress in a number of key areas as well as highlight areas of greater challenge.

Education was also a key focus for 2025/26. Not only did we run another successful Paediatric Pre-Assessment Practitioner course and Surgery in Children Study Day, but we also launched a pilot of our Paediatric Recovery course in Q3 which saw attendance from 12 out of 13 of our Trusts. Feedback from the course has been overwhelmingly positive, with average candidate competence improvement from 2.84 (Advanced Beginner) to 4.02 (Proficient) and going forward we plan to make this part of our annual education package. All these events and courses are a great example of how collaboration and engagement with a range of clinical experts, who share their knowledge, expertise and time freely, can provide high quality, impactful education that is free to access across the network.

Key Achievements

Guideline and Pathway Development:

Whilst the focus of the year has been on service reviews and education, our clinical forums have worked closely with the ODN teams to develop the following pathways which were shared at the Q4 board with minor edits to be approved for launch at the Q1 26/27 board.

- Adenotonsillectomy Pathway for Obstructive Sleep Apnoea

- Best practice Recommendations Suspected Appendicitis In Children
- Best practice recommendations Paediatric Circumcision Pathway
- Best practice recommendations Paediatric Testicular Torsion Pathway

Data Quality

Data quality continues to be high on the agenda for the SIC ODN, as part of the service reviews the ODN provided the clinical and managerial team with both waiting list and quality data benchmarked against either network or national speciality peers. This data has demonstrated that the TVW CYP Surgical waiting list has an overall reduction .

Education

Education delivery has remained a significant part of the SIC ODN's workplan for 2025/2026.The ODN have continued to be able to host the following virtual and face to face events free of charge for all attendees:

- Annual Surgery in Children Study Day
- Paediatric Pre-Assessment Practitioner Course

Alongside this in 2025 the ODN has successfully launched a pilot Paediatric Recovery Course with excellent attendance and feedback, meaning this course will go on to be included in the annual SIC study programme.

Regional Benchmarking

Benchmarking has taken place across specialist areas such as the abdominal pain pathway, pin vs plate practices and button battery removal pathways all of which have supported the development of pathways or future workplan items.

Review against 24/25 workplan

	Workplan item	RAG	Comments
1	**TVW CHILDREN'S ODN SERVICE REVIEWS**		
1.1	**UNDERTAKE ANNUAL SIC SERVICE REVIEWS (FOLLOW-UPS)**		
1.1.1	Follow-up meetings/visits for Trusts to update ODN on progress following 2023/24 service review visits to include: midway meetings, data packs, review reports	**Complete**	1 of 13 reviews postponed - UHSx
1.2	**Ongoing monitoring of Spires Cleft Service following Service Review Visit (2022)**		
1.2.1	Quarterly monitoring meetings with feedback to Spec Comm	**Complete**	ODN-led quarterly reviews now stood down as directed by NHSE SE
2	**REVIEW OF HUB AND SPOKE PATHWAYS**		
2.1	**Focused review of hub and spoke pathways between tertiary and DGH's (UHS)**		
2.1.1	Review of heterogeneity of UHS hub & spoke pathways and current status within Thames Valley (Gen Surg and T&O)	**Complete**	Ongoing support offered to UHS
2.2	**Focused review of general surgical provision for under 5yrs at each DGH**		
2.2.1	Review consistency and sustainability of general surgical provision at each DGH inc. provision for under 5yrs (heat maps - MKUH)	**Delayed**	This is an ongoing piece of work
3	**PATHWAY DEVELOPMENT**		
3.1	GAP analysis of USS Provision		
3.1.1	To include access to, availability of sonographer training, sustainability of service, increased use of POCUS	**Delayed**	No Transformation Lead

3.2	**Circumcisions in under 5yrs - ensure all Trusts meet national best practice guidance**		
3.2.1	Outliers - target work with identified Trusts	Complete	Roll onto 26/27
3.3	**Develop Testicular Torsion Pathways**		
3.3.1	Review current 111 guidelines across region	On Track	Data sourced and being analysed for SE
3.3.2	Develop regional best practice document	On Track	
3.3.3	Undertake gap analysis of GIRFT best practice pathway	Delayed	No Transformation Lead
3.4	**Improve outcomes for fracture management (forearm/femur)**		
3.4.1	Review current sedation pathways for fracture management across providers	Pipeline	Likely to form part of BSCOS work
3.4.2	Review current pin v plates practice across providers	Complete	
3.4.3	Review of hip spica care across providers to understand limiting factors, particularly around wraparound care in the community	Pipeline	
3.5	**Develop regional best practice for pre-operative fasting**		
3.5.1	Sip to Send - await guidance from colleges	On Track	Awaiting consensus statement. Recent audit highlights good compliance
3.6	**Undertake formal gap analysis of GIRFT's Abdominal Pain pathway**		
3.6.1	Roll-over from 2024/25	Complete	Covered within service review visits
3.7	**Develop regional Advice & Guidance templates for key conditions**		
3.7.1	Link with CFs to identify conditions and develop guidance	Complete	Included within new website
3.8	**Create waiting list/activity database to demonstrate impact from initiatives**		
3.8.1	Review current platform in use in SW adopting TV&W specific tracking metrics	Pipeline	Moved to 26/27 workplan

3.9	**Undertake a review of button battery removal practice across providers**		
3.9.1	Survey of provision across all providers	**Complete**	
4	**WORKFORCE & EDUCATION**		
4.1	**Develop and pilot a TV&W CYP Recovery Course**	**Complete**	
4.2	**Annual SiC Study Day**	**Complete**	
4.3	**Annual MAST Education Update Day**	**Complete**	Original venue cancelled with late notice. New date 5th June 2026
4.4	**Review role and purpose of Clinical Forums**	**Complete**	
4.5	**Continue to develop CYP Pre-Assessment provision across TV&W (to include)**		
4.5.1	Pre-Assessment Course (Spring intake - 13 & 20 May; 3 June 2025	**Complete**	
4.5.2	Ensuring anaesthetic risk advice is shared at pre-assessment	**Complete**	
4.5.3	Annual user survey	**Complete**	

Key statistics

SiC Virtual Study Day



- Zero outlay as virtual
- Expanded audience to all MDT
- 9 speakers (including UHS, UHBW, CURFFED Team & HHFT)
- 300 bookings - 208 attendees from across TV&W and SW ODN
- Representation from every TV&W Trust
- Overall rating for the day 4.59 out of 5« (99% scored ≥4 | 61% scored 5)

Pre-Assessment Course

- 38 attendees (21 TV&W) 1 cohort
- Candidates from: UHS, OUH, UHD, FFHT, UHSx, HHFT, Bucks, Portsmouth, MKUH, Salisbury, Jersey
- 82% pass rate
- Average 1.43 point increase in self-assessed knowlegde across all competencies (rated 1(novice) → 5(expert)).
- Pre-course average 2.1 - 3.2 → 3.7 - 4.3 post-course

Recovery Course

- 28 attendees (16 TV&W) 1 cohort
- Candidates from: UHS, DCHFT, Bucks, HHFT, FHFT, IoW, Portsmouth, RBH, Salisbury, UHD UHSx
- 70% pass rate (extensions pending)
- Average 1.22 point increase in self-assessed knowlegde across all competencies (rated 1(novice) → 5(expert)).
- Pre-course average 2.81 → 4.03 post-course

Stakeholder Engagement



- 12 out of 13 Trusts services reviewed as a follow-up to SIC ODN service review visits during 24/25
- Bi-monthly meetings with ICBs to share updates waiting list data
- Clinical forums continue with format review due in 26/27. Face-to-face meetings for anaesthetic, nursing and Trauma & Orthopaedic forums

SiC Service Review Themes

Areas of Excellence

Reduction in Long Waits and Waiting List Management

- Most Trusts have made significant progress in reducing the number of children and young people (CYP) waiting over 52 weeks for surgery, especially in ENT and Maxillofacial specialties.
- Regular validation of waiting lists, weekly oversight meetings, and the use of dedicated “Super Days” or weekend initiatives have helped address backlogs.
- Many Trusts now have robust processes for reviewing and escalating long waits, with harm reviews increasingly embedded.

Governance and Oversight

- Most Trusts have made significant progress in reducing the number of children and young people (CYP) waiting over 52 weeks for surgery, especially in ENT and Maxillofacial specialties.
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Pre-Assessment and Day Surgery Pathways

- Expansion of pre-assessment services for CYP, with more Trusts aligning with APAGBI best practice guidance.
- Introduction of “Walk-In, Walk-Out” (WIWO) models and “Super Days” for high-volume, low-complexity cases, improving efficiency and patient experience.
- Increased use of day case pathways for tonsillectomy, grommets, and hernia repairs, with many Trusts now exceeding national benchmarks.

Play Specialist and Child-Friendly Environments

- Many Trusts have invested in making theatres, recovery, and outpatient areas more child-friendly, with murals, toys, and dedicated spaces.
- Play specialist teams have been expanded or reviewed, with recognition of their value in supporting CYP through the surgical pathway.

Coding and Data Quality Initiatives

- Trusts are increasingly aware of the importance of accurate coding and data submission, with several undertaking data cleansing exercises and working closely with BI and coding teams to ensure national datasets reflect local activity.

SiC Service Review Themes

Areas for Improvement

ENT and Ophthalmology Waiting Lists

- ENT remains the largest challenge across almost all Trusts, with high numbers of CYP on both admitted and non-admitted waiting lists. Despite some progress, the gap between CYP and adult recovery persists, and non-admitted lists are growing in several Trusts There is a need for sustained focus, increased theatre capacity, and recruitment of additional surgeons in these specialties.
- Ophthalmology is also highlighted as a concern, with long waits and reliance on single clinicians in some Trusts

Pre-Assessment Services

- Not all Trusts have fully funded or robust pre-assessment services for CYP, with some relying on ad hoc or single-nurse provision.
- There is a need for formal business cases, protected time for anaesthetic leads, and digital solutions to match adult pre-assessment pathways.

Staffing and Workforce Challenges

- Ongoing shortages of paediatric nurses, play specialists, and theatre staff, with some Trusts relying on adult-trained staff with paediatric competencies as an interim measure.
- Training and protected time for education remain inconsistent, especially for new or less experienced staff.

Data Quality and Reporting

- Persistent challenges with coding (e.g., patients coded as “other,” inaccurate procedure codes) affect the ability to monitor and manage waiting lists effectively.
- Some Trusts have discrepancies between local and national data, impacting performance monitoring and reporting.

Variation in Clinical Pathways and Outcomes

- Significant variation exists in rates of emergency excision of normal appendix, readmissions after tonsillectomy, and coding for testicular torsion across trusts. Some Trusts have high rates of certain procedures or extended lengths of stay, indicating a need for pathway review and standardization.

Facilities and Environment

- Some Trusts still lack dedicated child-friendly spaces in day surgery, recovery, and outpatient areas, with CYP sometimes cared for in predominantly adult environments.
- Issues with estate (e.g., lifts, lack of space, shared recovery areas) continue to impact patient experience.

SiC Service Review Themes

Key Areas To Focus On

1. ENT and Ophthalmology Waiting List Management

- Prioritise reducing waiting times for children and young people (CYP), especially in ENT and Ophthalmology, where backlogs and long waits are most persistent. Implement targeted initiatives (e.g., Super Surgery Days, additional clinics) and review referral pathways to ensure equitable access and timely treatment.

2. Robust Pre-Assessment Services

- Develop and fund comprehensive CYP pre-assessment services, including formal anaesthetic support and multidisciplinary input. Ensure all CYP undergoing elective procedures receive appropriate pre-assessment to improve safety, reduce cancellations, and enhance patient experience.

3. Workforce and Staffing

- Acknowledging the financial challenge many Trusts are facing, with recruitment freezes on top of national staff shortages in specialist roles, review shortages of registered children's nurses, play specialists, and administrative staff.

4. Data Quality and Coding Accuracy

- Strengthen data collection, coding practices, and reporting to ensure waiting list figures and clinical outcomes are accurate and actionable. Regularly audit and cleanse datasets and use tools like SPAEDIT and Model Hospital dashboards for performance monitoring.

5. Governance, Oversight, and Child-Friendly Environments

- Establish or reinforce governance structures (e.g. CYP Surgical Committees, oversight groups) to monitor progress, escalate challenges, and ensure executive visibility. Continue to improve and protect child-friendly facilities, ensuring dedicated spaces for CYP are maintained even during periods of surge or transition.

Thames Valley and Wessex
SURGERY IN CHILDREN
Operational Delivery Network

NHS
South West
Surgery in Children
Operational Delivery Network

Paediatric Recovery Practitioner Course - Pilot cohort (2025)

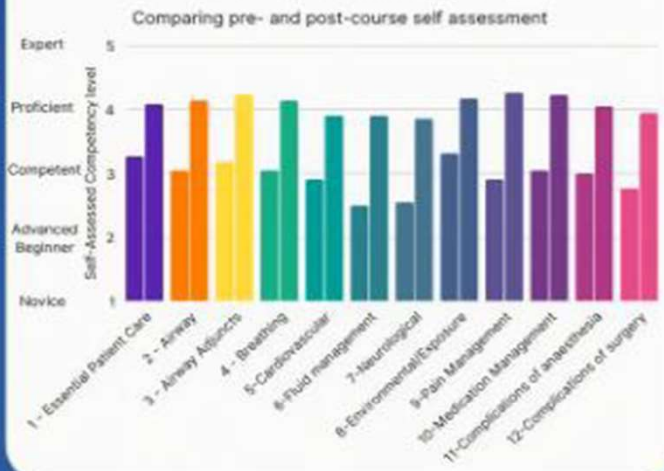
All competency areas improved following the course
Strongest gains seen in high-risk clinical skills

Learners	Competency Domains
22	12

Top Improvements in Learner Self-Assessed Confidence

- **Fluid Management** +1.41
- **Pain Management** +1.36
- **Neurological Assessment** +1.32
- **Medication Management** +1.18

Learner Self-Assessed Competency Level



Competency self-assessment based on Benner's Stages of Clinical Competence[1] where 1=novice, 2=advanced beginner, 3=competent, 4=proficient, 5=expert. As this is an average competence across all learners, we will never reach 5.0; however, within individual learner competence levels we often see level 5.
[1]Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Addison-Wesley Publishing Company

Learner Comments

"I have really enjoyed increasing my knowledge in this area of recovery. I would recommend others in my team do this course."

"I thought all aspects of the course were beneficial and very informative. Obviously, the course has been thoughtfully and carefully constructed and proved to be an excellent learning experience. I thought the taught lessons being taught remotely was excellent and the support through the course was excellent."

"The course was very informative and helpful improving my confidence and knowledge in paediatric recovery. The teaching session, discussions and competency assessments supported my learning and development in clinical practice."

"The course was very informative, and I am very grateful I had the opportunity to do it. The online days were very interesting, and a lot of new information given. Definitely the practical day was a must have...."

Summary

- ✓ Improved confidence and knowledge
- ✓ Consistent gains across all domains
- ✓ Strong learner satisfaction
- ✓ Effective blended learning model

Paediatric Critical Care

Alex Elson
ODN Manager

Josie Palmer
Lead Nurse

| Vacant |
LTV Deputy Lead Nurse

Vikki Singleton
L2 PCC Educator

Deirdre O'Shea
Clinical Lead

Sam Potter
Clinical Lead

Summary of the year:

Over the past year, the Paediatric Critical Care Operational Delivery Network (PCC ODN) has delivered substantial progress across clinical guideline development, data quality, education, service improvement and regional collaboration. This work has strengthened the consistency, safety and quality of paediatric critical care across Thames Valley & Wessex and has supported providers at all levels of the PCC pathway.

A new regional clinical guideline for Acute Non-Invasive Ventilation was produced collaboratively with clinical teams across Thames Valley & Wessex and is now available. Work is also underway to standardise PCC referral criteria and repatriation pathways, alongside updates to the regional STOPP Tool to strengthen intrahospital transfer safety.

Data quality has advanced with the development of a new regional dashboard, offering Trusts improved visibility of daily PCC activity.

Education remained a core focus, with multiple regional events delivered and a review of compliance with PCCS Level 1 and 2 nursing standards completed, highlighting wide variation across DGH and tertiary settings and establishing a baseline for annual monitoring. A joint quality improvement project with the CHD ODN and UHS to enhance cardiac HDU nursing capability was undertaken through an ODN-funded educator, supporting improved high-dependency care and shared learning across teams.

Regional benchmarking visits were completed for newly designated PCC Level 2 units, ensuring clear implementation plans aligned to PCCS standards. Level 2 units demonstrated full engagement with implementation planning, consistent progress toward standards, and successful rollout of PICANet data collection.
Network-wide collaboration has strengthened standardised care development, and two of three discharge flow coordinator posts have been successfully recruited.

Stakeholder engagement remained strong, with active participation in quarterly PCC clinical forums and bimonthly Level 2 forums, supporting collaborative development of guidelines, pathways, and data processes. Key working groups progressed priority projects for 2025/26, with further guideline development planned for 2026/27.

Overall, the PCC ODN has made significant strides in strengthening regional consistency, improving workforce capability, enhancing data quality and supporting providers to meet national standards. The achievements of this year reflect strong engagement across the network and a shared commitment to delivering high-quality paediatric critical care for children and families across Thames Valley & Wessex.

Key Achievements

Guideline and Pathway Development

- The PCC ODN, along with volunteers from clinical teams across Thames Valley & Wessex, have produced a clinical guideline to support teams across the region in delivering Acute Non-Invasive Ventilation. The guideline was approved at the PCC ODN board meeting and is available via the PIER & SORT websites.

- Progress has been made around PCC referral criteria for the network. The PCC level 2 forum is currently working on a regional patient criteria document for ward-based, level 1 and 2 interventions and a working group has been commenced regarding repatriation from tertiary to district general hospitals. The relevant professionals are engaged and working collaboratively in the creation of each document.

- Additions have been made to the pre-existing TVW Interhospital STOPP Tool. Identification of the need for an intrahospital safe transfer form was highlighted during PCC level 2 designation benchmarking. An appendix was produced and added to the current document to address this.

Data Quality

- The PCC ODN has developed a new regional dashboard that is now ready to go live, replacing the current PCC dashboard. Drawing on data submitted by providers across the region daily, the new dashboard will give Trusts greater visibility and improved access to key information.

PCC Education

Education delivery has remained a significant part of the PCC ODN's workplan for 2025/2026. The following virtual and face to face events were hosted:

- Winter Wash Up – delivered April 2025 virtually
- PCC Education day – May 2025
- M&M Conference – October 2025
- LTV Train-the-trainer – virtual update October 2025.
- PCC Level 1 course – four cohorts running across the year.

Within Q4 of this year, the PCC ODN reviewed compliance with the PCCS Standards for number of nurses with an accredited PCC level 1 or 2 course. The following information was collected:

PCC Level 1 –

- DGH compliance varied between 23% and 93%.
- Tertiary compliance varied across speciality wards between 14% and 54%.

PCC Level 2 –

- Designated DGH level 2 centres compliance varied between 8% and 36%.
- Tertiary compliance varied between 17% and 76% across speciality wards.
- A small number of level 1 DGH centres reported between 10% and 23% of nursing staff having completed a level 2 course.

At the time of writing, the PCC ODN was still awaiting data submissions from two providers. Compliance will be reviewed on an annual basis going forward.

Service Development

Iin conjunction with the CHD ODN, a collaborative quality improvement project began in Q4 (24/25) between UHS and the ODN to strengthen paediatric critical care knowledge, specifically level 2 skills within UHS. The work has centered on improving the quality of critical care for patients with respiratory and cardiac conditions through an ODN funded PCC educator from March 2025 to March 2026. The project has focused on delivering reactive bedside teaching and expanding opportunities for shared learning between the ward, HDU and PICU nursing teams, helping to build a more confident workforce.

Regional Benchmarking

The PCC Lead Nurse and Network Educator completed visits to the newly designated PCC Level 2 DGH units to review and agree implementation plans with the relevant teams, based on the self-assessment benchmarking completed against the PCCS standards.

Stakeholder Engagement

- The clinical forum for professionals working within any environment that delivers paediatric critical care continues to be held quarterly, with consistently strong attendance and positive engagement.
- The PCC Level 2 forum continues to be held bimonthly, with representation from multidisciplinary professionals from tertiary and DGH commissioned level 2 units and PCC level 1 units. The group are actively engaged in collaborative work regarding clinical guidelines, referral pathways and data collection.

Working Groups 25/26 & 26/27

2025/2026	Key Outcomes
Acute Non-Invasive Ventilation Guideline	To address regional gap identified from benchmarking against PCCS standards in PCC Level 2 guidelines.
Intrahospital STOPP Tool	To address regional gap identified from benchmarking against PCCS standards in PCC Level 2 guidelines. Appendix style addition to current TVW Interhospital STOPP Tool.
2026/2027	**Key Outcomes**
Care of the Child in Adult Critical Care	To create regional guideline to support the safe care of the child within adult critical care settings, supporting safe stabilisation, timely escalation and transfer to a Paediatric Intensive Care Unit.
Long-term Ventilation Bedside Checklist	To provide regional consistency in bedside safety checks for patients on long term ventilation, requiring hospital admission..

Level 2 Achievements

- Full unit engagement: All units actively engaged in developing and progressing bespoke Implementation Plans, with plans approved by Trust executives, ICBs and NHSE Specialised Commissioning.
- PICANet implementation: All DGH units now have PICANet access, have initiated PCC Level 2 data collection, and the majority are submitting data consistently.
- Progress towards standards: Units are actively delivering actions within their Implementation Plans to achieve compliance with required standards.
- Network-wide collaboration: Established multidisciplinary, bi-monthly PCC Level 2 forums with representation from all units, supporting shared learning and coordinated improvement.
- Standardised care development: Network-wide working groups and forums are developing common guidelines to standardise care and improve patient flow across PCC pathways.
- Discharge flow co-ordinators: Two of three ICB flow co-ordinator roles have been successfully recruited (Frimley and HIOW), with recruitment to the third post (BOB) progressing.

Winter Wash Up Summary

The PCC ODN held its annual Winter Wash Up virtually in April 2026. Feedback from Trusts across the region indicated that the winter period was busy but generally manageable, with activity levels remaining broadly stable and fewer extreme surges than in previous years. Changes in the seasonal pattern of RSV were noted, with a greater number of older children requiring escalation of care, while admissions among neonates were reduced.

Collaboration between Level 3 units and retrieval teams remained strong, supporting effective patient flow and service provision. Elective activity was largely maintained, with fewer cancellations reported across the network.

Workforce challenges continued to be a significant theme for both tertiary centres and district general hospitals. Increased vacancy rates, junior staff skill mixes, and recruitment freezes were all highlighted as factors.

Bed pressures remained considerable at several Trusts, with high numbers of patients requiring CAMHS support and medically complex children contributing to delays in patient flow and discharge processes.

Despite these challenges, a number of areas of good practice were identified. Trusts reported robust local winter surge plans, the delivery of ad hoc educational initiatives to upskill staff, and strong collaborative working both between departments and cross-sites, all of which helped support services during the winter period.

Review against 25/26 workplan

#	WORKPLAN ITEM	RAG	COMMENTS
1	**PCC LEVEL 2 DESIGNATION** **Driver: National, Network**		
1.1	Quarterly reporting on PCC L2 implementation across all units in TVW	Complete	
1.2	Annual report of PCC L2 Demand vs Capacity	Complete	
1.3	Facilitate PCC L2 Forum for TVW	Complete	
1.4	Support introduction of flow/discharge co-ordinator roles across the network	Delayed	Ongoing recruitment restrictions
1.5	Ensure that the required PCC L2 clinical guidelines are available	Complete	
1.5.1	Acute CPAP/BiPAP	Complete	
1.5.2	NIV weaning	Complete	
1.5.3	Intra hospital STOPP appendix	Complete	
1.6	Create PCC L2 referral guidelines/criteria for network	On Track	Ongoing
1.7	PCC Cardiac L2 QI project	Complete	
1.8	Work with CHD/other ODNs to support PCC L2 nursing	Complete	
2	**DELIVERY OF ANNUAL EDUCATION EVENTS AND COURSES** **Driver: Network**		
2.1	Winter Wash Up - 4th April	Complete	
2.2	PCC Education Day - 6th May	Complete	
2.6	LTV - Train the Trainer annual update	Complete	

Review against 25/26 workplan

3	**LTV WORKSTREAMS** **Driver: Network**		
3.1	**Implementation of Hospital Admission Protocol (HAP) across TVW**	**Delayed**	Awaiting instruction from SE NHSE Team
3.2	**Medical Education package for LTV**	**Delayed**	Ongoing recruitment restrictions from host trust
3.2.1	E-Learning webinar for inclusion with Trust Induction	**Delayed**	Ongoing recruitment restrictions from host trust
3.3	**Contribute to GIRFT LTV pathways**	**Complete**	
4	**MANAGEMENT OF PCC SURGE AT ODN LEVEL** **Driver: National, Network**		
4.1	**Daily PCC capacity monitoring and reporting as per surge plan**	**Complete**	
4.2	**Update Surge Plan 25/26**	**Complete**	
5	**PRODUCE OPTIONS APPRAISAL AS DIRECTED BY NHSE SE IN REGARDS TO TRANSPORT OPTIONS** **Driver: National, Network**	**Pipeline**	
5.1	**Benchmark current TVW Transport provision against service specification & national standards**	**Pipeline**	Awaiting publication of transport specification
6	**DELIVER PCC ODN M&M PROCESS AS PER SOP** **Driver: National, Network**	**Complete**	
7	**DEVELOPMENT OF FUTURES PLATFORM** **Driver: National, Network**		
7.1	Move over required material from old workspace	**Complete**	
7.2	M&M space	**Complete**	
7.3	ACC Education	**Complete**	

Review against 25/26 workplan

8	**PCC REVIEWS** **Driver: Network**		
8.1	Review actions against recommendations from 2021/2022	**Pipeline**	Commenced in Q1 26/27
8.2	Review compliance with nursing competence for PCC L1 and PCC L2 courses	**Complete**	

Key statistics

PCC Education Day (Basingstoke)

- Cost £6840 - income £3440
- 9 speakers (including UHS, PHT, FHFT, Coroner, Medical Examiner, OUH)
- 150 bookings 124 attendees (including faculty and speakers)
- Representation from: UHS, FHFT, HHFT, OUH, PHT, UHD, Bucks, DCHFT, RBH, Salisbury, MKUH (nursing 43%, medical 49%, AHP/other 8%).
- Overall rating for the day: 4.64/5

M&M Conference (Winchester)

- Cost £7540 - income £2810
- 14 speakers (including Bucks, OUH, MOD, UHS, PHT, HHFT, RBH)
- 147 bookings, 131 attendees (including faculty and speakers)
- Representation from: FHFT, OUH, UHS, HHFT, MKUH, UHSx, Bucks, RBH, UHD, DCHFT, PHT, IOW, Salisbury (Nursing 56%, medical 41%, other 3%)
- Overall rating for the day: 4.69/5

M&M process 2025/2026

- 8 referrals were received
- The PCC ODN M&M group supported 7 reviews
- 8 SBARs finalised and published
- Engagement from:
- Horton, DCH, UHD, Portsmouth, HHFT, UHSx, RBH, Salisbury, IOW

PCC L1 course

- 176 attendees over 4 cohorts
- Candidates from: HHFT, DCHFT, UHS, OUH, FHFT, UHD, IOW. PHT, UHSx, Bucks, RBH, MKUH, Salisbury, Jersey
- 32 speakers/facilitators from: RBH, UHS, Bucks, OUH, SORT, DCHFT, UHSx, HHFT, PHT, FHFT, Salisbury, MKUH,
- 63 complete, 18 withdrawn, 4 failure to submit, 91 outstanding (not yet due to complete; including deferrals)
- Virtual SDs Overall rating from learners - 4.49/5

PCC forum

- Quarterly clinical forums
- Winter Wash up in Q1 - platform for all TVW stakeholders to reflect and learn from previous winter season
- Good attendance from DGH, tertiary, retrieval service, and nursing, medical, allied health professionals
- Standard Agenda Items: PICU/SORT/DGH operational updates, regional education.
- Clinical topics include: Acute NIV, PICU to DGH repatriations, Martha's Rule, CACTUS
- Updated projects: Acute Stroke Pathway, Cardiac L2 QI, Intrahospital STOPP

Children's Cancer

Sarah McGregor
ODN Manager

Jacqueline Kidd
Lead Nurse

Eunice Godbold
Lead Nurse

Juliet Gray
Clinical Lead

Alex Keegan
Clinical Lead

Shaun Wilson
Clinical Lead

Helen Blundell
Associate member
PTC Lead Nurse (OUH)

Laura Bengree
Associate member
PTC Lead Nurse (UHS)

Summary of the year:

Much of 2025/26 focused on the Paediatric Oncology Shared Care Units (POSCUs) engagement visit process, action plan creation, sign off and review of these across TV&W. This has involved collaborative discussions between the ODN, Trust executive leads, service managers, clinicians and the wider teams to come together and address gaps in compliance against service specifications and share oversight with wider stakeholders including the ICBS, NHSE and Cancer Alliances.

Key Achievements

- 12 Paediatric Oncology Shared Care Units (POSCUs) have been visited with one outstanding visit postponed due to impending service re-location.
- 10 completed comprehensive benchmarking reports and action plans have been shared with Trusts. These included an overview of the clinical service for day case SACT and inpatient supportive care and the development of Trust specific plans to strengthen compliance with the Service Specification.
- 6 action plans have been formally signed off and a number of follow up meetings scheduled for Q1/2 2026 to secure remaining Trusts commitment to the agreed outcomes.
- This process has included stakeholder participation at sign off from ICB leads, NHSE and the Cancer Alliances who have been included in these discussions to support alignment and strategic oversight or escalation.

- The ODN and a small working group with POSCU lead nurses, a parent representative and feedback from the network has supported designed of a POSCU parent survey. This will be piloted to provide comparable patient feedback data across TV and W POSCUs, currently in the process of translation to other languages and to be launched in June 2026.

Challenges

1.Workforce gaps

Many Trusts are in financial deficit with recruitment freezes on top of national staff shortages in specialist roles, resulting in region wide workforce gaps against the specification. The benchmarking and engagement process has highlighted particular impact for:

- *Pharmacy* – some implications for infusional development, ability to open trials and e-prescribing for some providers.
- *Radiology* – resulting in delays in reporting and variation in access to specialist review.
- *PTC workforce* – increasing acuity of patients and ongoing recruitment freezes compounding vacancies, maternity and sickness rates.

2. Variations in recurrent funding across network

The network sits within a footprint that spans 3 specialised commissioning teams, SW, SE and EOE. Each with different approach to re-designations and associated funding for service improvements. 5 POSCU services were unable to access the SE allocated additional transformation funds as commissioned under SW and EOE. Please see escalations below.

3. Network meetings

Meetings were postponed for 6 months in the Thames Valley half of the network while a suitable clinical chair was re-appointed

Review against 25/26 workplan

#	WORKPLAN ITEM- 2025/2026	RAG	COMMENTS
1	**TVW CHILDREN'S ODN PRINCIPAL TREATMENT CENTRE (PTC) ENGAGEMENT**		
1.1.1	**1.1 OUH CHILDREN'S CANCER PTC:**>Review the contents of the action plan & refresh	Completed	
1.1.2	>Arrange a formal OUH action plan follow-up	Delayed	Delayed due to NHSE capacity, booked for Q1 26/27
2.1.1	**2.1 UHS CHILDREN'S CANCER PTC:**>Review the contents of the action plan & refresh the initially proposed timelines where appropriate	Completed	
2.1.2	>Arrange a formal UHS action plan follow-up	Delayed	Delayed due to NHSE capacity, booked for Q1 26/27
2	**TVW CHILDREN'S ODN POSCU ENGAGEMENT**		
2.1	**Support all designated POSCUs**		
2.1.1	> Prepare pre-engagement documents	Completed	
2.1.2	> Engagement visits	Completed	
2.1.3	> Develop post engagement visit summary and action plans (into 2026/27)	In progress	2 Remaining - Carried over to new workplan
2.1.4/5	> Share documents with Trust execs & > Formal follow up call with Trust exec, Spec Comm, ICB and CA	In progress	6 complete 7 in process - Carried over to new workplan
3	**WORKFORCE & EDUCATION**		
3.1	Understanding current position and key gaps (a) within workforce and (b) in education provision:	Complete	
3.2	Review the CCLG Appendix 3 guidance to check compliance against training standards and changes that might impact benchmarking.	Completed	

3.3	Development of the Paediatric Palliative Care Course	Removed	Project changed direction and turned into scoping of what training is already available.
3.3.1	>Course's go-live	Removed	
4	**PROVISION OF CANCER SERVICES FOR 16-18 YEAR OLDS (aka 16-18 y.o.gap)**		
4.1	**Understanding current position and key gaps in provision of cancer services for 16-18 year old patients:**		
4.1.1	>As part of the f2f engagement visits, to understand: • cut-off age for paediatric cancer services provision • cut-of age for adult cancer services provision • current provision of Acute Oncology Services (AOS)	Completed	
4.1.2	>Link in with WCA to learn about their findings on AOS services provision across Wessex (& cross-check with our findings)	Completed	
4.1.3	>Development of the summary report on the regional 16-18 year olds position, following the completion of all POSCU engagement visits	In progress	
4.3	Linking into CCLG -APPG Working Group party, looking into 16-18 year gap provision	Completed	
5	**E-PRESCRIBING**		
5.1	**Understanding current position, implementation plans and barriers around moving to e-prescribing:**		
5.1.1	>Capture current position, implementation plans and barriers around e-prescribing via engagement visits	Completed	
5.1.2	>Development of the summary report on the regional position, implementation plans & barriers to rolling out e-prescribing system	In progress	

5	**AFTERCARE / LONG-TERM FOLLOW UP / LATE EFFECTS SERVICES PROVISION [PTC-LED WORKSTREAM]**		
5.1	OUH: >Fully capture the currently established Paeds LTFU/LES pathways	**Completed**	
5.2	UHS: >Fully capture the currently established Paeds LTFU/LES pathways	**Completed**	
6	**DEVELOPMENT OF ODN-WIDE PAEDS RADIOLOGY GUIDANCE**		
6.1	Development draft ODN Paeds Radiology guidance on what scans are expected at POSCU and PTCs	**Changed**	Now plan to scope and review in 26/27 workplan what services are contracted to provide.
6.2	Setting up the TVW Task & Finish Group [for further development and approval of the guidance]	**Changed**	Now plan to address any specific gaps with relevant providers.
6.3	Sign off of the final ODN Radiology Guidance at the ODN Specialty & Strategic Boards	**Removed**	
6.4	Dissemination of the final ODN Paeds Radiology Guidance across the ODN	**Changed**	Due to change in project and delivery timeframes moved to 26/27 workplan.
7	**DEVELOPMENT OF ODN-WIDE POSCU PATIENT & FAMILY EXPERIENCE SURVEY**		
7.1	Engage with the National NCPES Team in order to: >Feedback the paeds departments' experiences with NCPES to date >Understand if there are any plans to update / amend NCPES process and/or survey in the near future	**Completed**	
7.2	Develop the ODN-wide POSCU Experience Survey (in partnership with the Patients & Family representatives and POSCU Clinical Teams representatives)	**Completed**	
8	**FERTILITY PRESERVATION [PLEASE NOTE: This Workplan item also covers TYA &, therefore, is also referenced in the TYA Workplan]**		
8.1	Develop the benchmarking questionnaire for ICBs to understand current provision of fertility services	**Completed**	

8.2	Obtain responses to the fertility preservation questionnaire from ICBs:	In progress	More work to do in light of ICB changes - Carried over to new workplan
8.3	Develop streamlined documents, ODN-wide pathway docs (Professional) and patient information on fertility preservation	Delayed	Due to changes in contracting /pathways with UCLH service. Carried over to new workplan
9	**ACCESS TO DATA**		
8.1	Provision of key, "external view" data of each department ahead of the engagement visits (to support the Trust with identification of potential coding and/or data submission issues)	Completed	
8.2	To discuss the current SSQD PTC & POSCU metrics, reflected in the C.C.PTC & POSCU Service Specs	Completed	
8.3	To formulate the ODN-wide set of Paeds Oncology metrics to support performance monitoring across the region	In progress	Carried over to new workplan
9	**ACCESS TO PAEDIATRIC CLINICAL TRIALS**		
9.1	Link in to TVCA & WCA to understand what projects, focussing on paeds clinical trials, they are working on	Completed	
9.2	Cont. linking in with the National Team & the CTYA ODN Managers group to understand what is being done nationally & regionally in relation to the paeds clinical trials	In progress	Carried over to new workplan
9.3	Cont. linking in with the Solving Kids Cancer (Juliet is a member of clinical trials working group) & understand the latest progress from SKC perspective	In progress	Carried over to new workplan
10	**BENCHMARKING TVW CC ODN AGAINST THE CC ODN SERVICE SPECIFICATION**		
10.1	Develop a benchmarking template for assessing the ODN's position against the SS requirements	Completed	
10.2	Carry out assessment of the ODN's current position against the SS requirements	Completed	

11	GENOMICS & BIOBANKING [PTC-LED WORKSTREAM]		
11.1	Obtain Genomics & Biobanking pathway-related documents from PTC team	Completed	
11.2	Liaise with TVCA Project Manager (Jen Richardson) to learn more about TV-wide Genomics & Biobanking project	Completed	



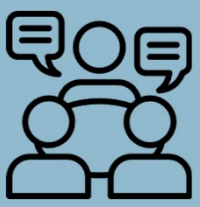
Key statistics

Education

- 2 in-person network education days were facilitated by each PTC with costs covered by sponsorship includingpharma and ODN underspend.
- Provided to all POSCUs across the network- well attended
- Good feedback
- Foundation training, SACT updates and Medical updates also delivered throughout the year by both PTC's.

Network meetings

- Network meetings for Wessex continue to be facilitated by the ODN clinical lead and run on a quarterly basis but in TV the loss of chair caused a lapse in meetings for 6 months.
- Attendance of these remains high with good engagement.
- Format and topics included: POSCU updates, learning from incidents, research and clinical updates.



Engagement Visits Schedule Plan

POSCU ENGAGEMENT PROCESS UPDATE

N.B.: order may change, subject to any clinical concerns

POSCU	Engagement process	Report completed	Action plan status
Portsmouth Hospitals University NHS Trust	F2F engagement : 21st Oct 2024	✓	Signed off ✓
Dorset County Hospital NHS FT	Virtual engagement : 27th Nov 2024 reviewed Nov 2025	✓	Signed off ✓
Milton Keynes UH NHS FT	F2F engagement : 11th Dec 2024	✓	Signed off ✓
Salisbury NHS FT	Virtual engagement : 18th Dec 2024	✓	Pending sign off
University Hospitals Sussex NHS FT(Worthing & Chichester)	Virtual engagements: 29th September 2025, 26 Feb 2026	✓	Signed off ✓
Isle Of Wight NHS FT	Virtual engagements: 05th November 2025, February 2026	✓	Signed off ✓
Royal Berkshire NHS FT (Reading)	F2F engagement: 21st May and Virtual call Mon 22nd Sep 2025	✓	Pending sign off
Buckinghamshire Healthcare NHS FT (Stoke Mandeville)	F2F engagement: 18th June 2025	✓	Signed off ✓
Frimley Health NHS FT (Frimley Park Hospital)	F2F engagement: 7th July 2025	✓	Pending sign off
Hampshire Hospitals NHS FT (Basingstoke & Winchester)	F2F engagement: 2nd Oct & 8th Oct 2025	✓	Pending sign off
Great Western Hospitals NHS FT	F2F engagement: 10th November 2025	In progress	
Frimley Health NHS FT (Wexham Park Hospital)	F2F engagement: 19th February 2026	In progress	
University Hospitals Dorset NHS FT(Poole)	Pending POSCU service relocation to Bournemouth	Delayed	

Teenage and Young Adults Cancer

Sarah McGregor
ODN Manager

Jacqueline Kidd
Lead Nurse

Eunice Godbold
Lead Nurse

Shaun Wilson
Clinical Lead (OUH PTC)

Andrew Davies
Clinical Lead (UHS PTC)

Karen Sherbourne
Associate member
PTC Lead Nurse (OUH)

Jo Grout
Associate member
PTC Lead Nurse (UHS)

Summary of the year:

The significant focus of 2025/26 was the Teenage and Young Adult (TYA) Designated Hospital Engagement Visits, which involved meeting with each Trusts TYA team and the PTC TYA team to review their service delivery, identify challenges and opportunities, and co-develop targeted action plans. These visits provided a structured forum for managers and clinicians and wider multidisciplinary teams to come together, assess compliance against the Designated Hospital Service Specifications, and collectively address any gaps. The process was intentionally collaborative and supportive, designed to strengthen TYA services and drive continuous improvement across the network.

Key Achievements

All ten TYA Designated Hospitals within the Network were visited, and comprehensive reports were produced for each Trust. These included an assessment of the clinical environments used for TYA care and the development of a Trust-specific action plan to strengthen compliance with the Service Specification. The completed reports and action plans were shared with Trust executives, followed by a scheduled follow-up meeting to secure their commitment to the agreed actions. Wider stakeholders, including the ICBs, NHSE and the Cancer Alliances were also invited to participate in these discussions to support alignment and collective oversight.

Challenges

The TYA workforce within the PTC and the DH's remains one of the biggest challenges for the Network. Many of the Designated Trusts within the Thames Valley have named TYA Clinical Lead and TYA CNS's only, with the workforce not having any dedicated PA's or protected time for their TYA role. This has affected the ability of Designated Hospitals to have oversight of all their TYA patients, and some patients are missed and not referred to the TYA MDT and there is very limited capacity for service development. This is being picked up in individual Trust Action Plans.

In addition, historically many TYA posts nationally are funded by the third sector, including The Teenage Cancer Trust (TCT) who have funded many posts in the Wessex region. They have had significant funding challenges and have been reviewed their funding models with funding to TYA CNS posts in Wessex being reduced, which creates a significant risk for the Network if alternative funding is not secured.

Review against 25/26 workplan

	WORKPLAN ITEM- 2025/2026	RAG	COMMENTS
1	**TVW TYA ODN PRINCIPAL TREATMENT CENTRE (PTC) ENGAGEMENT**		
1.1.1	**OUH TYA CANCER PTC:** >Share the OUH's TYA formal benchmarking response with SE SC team. Review the contents of the action plan & refresh	Completed	
1.1.2	>Arrange a formal OUH action plan follow-up	Delayed	Delayed due to NHSE capacity, planned for Q1 26/27
1.2.1	**2.1 UHS TYA CANCER PTC:** >Share the UHS's TYA PTC formal benchmarking response with the SE SC team	Completed	
1.2.2	>Arrange a formal UHS action plan follow-up	Delayed	Delayed due to NHSE capacity, planned for Q1 26/27
2	**TVW TYA DESIGNATED HOSPITALS (DH) ODN ENGAGEMENT VISITS**		
2.1.1	> Prepare pre-engagement documents	Completed	
2.1.2	> Engagement visits	Completed	
2.1.3	> Develop post engagement visit summary and action plans (into 2026/27)	Completed	
2.1.4	> Share documents with Trust execs & arrange formal follow up call with Trust exec, Spec Comm, ICB and CA	In progress	4 f/u calls complete and 6 calls being arranged. Carried over to new workplan
2.2	Understand current processes for managing suspected/confirmed cancer TYA patients at non-DH hospitals:	In progress	
3	**WORKFORCE & EDUCATION**		
3.1	Understanding current position and key gaps (a) within workforce and (b) in education provision:	Complete	Further work needed on TYA education needs for the Network, so workplan item refined and carried over to 26/27 workplan.

3.2	Development of the summary report, following the completion of all TYA engagement visits	**In progress**	
3.3	Development of TYA-specific education (e.g.: signposting, collaboration with the ODN Educator Leads etc).	**Delayed**	Workplan item refined and to be carried over to 26/27 workplan.
4	**PROVISION OF CANCER SERVICES FOR 16-18 YEAR OLDS (aka 16-18 year old gap)**		
4.1.1	>As part of the f2f engagement visits, to understand: ▪ cut-off age for paediatric cancer services provision ▪ cut-of age for adult cancer services provision ▪ current provision of Acute Oncology Services (AOS)	**Completed**	
4.1.2	>Link in with WCA to learn about their findings on AOS services provision across Wessex (& cross-check with our findings)	**Completed**	
4.1.3	>Development of the summary report on the regional 16-18 y.o. position, following the completion of all TYA engagement visits	**In progress**	
4.3	Linking into CCLG -APPG Working Group party, looking into 16-18 year gap provision	**Completed**	
5	**AFTERCARE / LONG-TERM FOLLOW UP / LATE EFFECTS SERVICES PROVISION [PTC-LED WORKSTREAM]**		
5.1	Await the review of the UHS TYA PTC Trust's response to the benchmarking & recommendations from the SE Specialised Commissioning	**Delayed**	Delayed due to NHSE capacity
5.2	Support UHS to implement Aftercare / LTFU / Late Effects provision in line with OUH	**In progress**	
5.3	Understand the provision of LTFU/LES within DHs for 19+ y.o. pts that choose to be cared for by their local DH	**Completed**	Part of the on-going work and specified on the Trust specific Action Plans.

6	**ACCESS TO DATA**		
6.1	Provision of key, "external view" data of each department ahead of the engagement visits (to support the Trust with identification of potential coding and/or data submission issues)	**Completed**	TYA data packs provided to every Trust.
6.2	To formulate the ODN-wide set of TYA Oncology metrics to support performance monitoring across the region	**In progress**	Plan to develop a TYA Cancer Dashboard with Joao
7	**ACCESS TO CLINICAL TRIALS**		
7.1	Understand TYA clinical trials-related work, carried out by the TVCA & WCA	**Completed**	
7.2	Understand the key barriers/ challenges to opening & participating in TYA Clinical Trials: >via the SE SC-led "Quality & Pathways" Working Group >via TVW Constituent providers >via the national CTYA ODN Managers Group	**In progress**	On-going work continued into the 2025/26 workplan
8	**FERTILITY PRESERVATION [PLEASE NOTE: This Workplan item also covers TYA &, therefore, is also referenced in the TYA Workplan]**		
8.1	Develop the benchmarking questionnaire for ICBs to understand current provision of fertility services	**Completed**	
8.2	Obtain responses to the fertility preservation questionnaire from ICBs:	**In progress**	More work to do in light of ICB changes. Carried over to new workplan
8.3	Develop streamlined documents, ODN-wide pathway docs (Professional) and patient information on fertility preservation	**Delayed**	Due to changes in contracting /pathways with UCLH service. Carried over to new workplan

9	**CANCER EARLIER DIAGNOSIS & TIME TO TREATMENT**		
9.1	Understand TYA cancer early diagnosis-related work, carried out by the TVCA & WCA	**Completed**	
9.2	Understand current times from (a) suspected cancer referral to confirmed cancer diagnosis and (b) current times to the first definitive treatment for TYA patients	**Delayed**	Some data obtained, but plan to incorporate into the TYA Dashboard work for 2025/26.
10	**GENOMICS & BIOBANKING** (PTC-LED WORKSTREAM)		
10.1	Obtain Genomics & Biobanking pathway-related documents from PTC team	**Completed**	
10.2	Liaise with TVCA Project Manager (Jen Richardson) to learn more about TV-wide Genomics & Biobanking project	**Complete**	Carried over to new workplan
11	**BENCHMARKING TVW CC ODN AGAINST THE TYA ODN SERVICE SPECIFICATION**		
11.1	Develop a benchmarking template for assessing the ODN's position against the SS requirements	**Completed**	
11.2	Carry out assessment of the ODN's current position against the SS requirements	**Completed**	

Key statistics

TYA Education & Engagement event

- Navigating Cancer, Fertilty & Sexual Wellness - Event programme and speakers planned. Event postphoned to Oct 2026 due to low booking numbers.
- PTC led education continueswith each PTC running an annual TYA Study day, open to all staff across their DH's. These are free and F2F and have good feedback. TYA sessions also provided for in-house cancer care courses as well as adhoc sessions for clinical specialist nurses.

Network meetings

- Network meetings continue to be facilitated by the appointed chairs (also ODN leads) and run on a quarterly basis. Although these have been 6 monthly across Thames Valley due to staff capacity.
- Attendance this year has improved at these.
- Format and topics included: Updates from the Designated Hospitals, Overview of TYA Engagement visits, Research & clinical trials access, TYA MDT referral audit findings.

Designated Hospital Engagement Visits: Schedule Plan

Thames Valley & Wessex Children/TYA Oncology

DH ENGAGEMENT PROCESS UPDATE

Designated Hospital	Status	Report completed	Action plan Status
University Hospitals Dorset NHS Foundation Trust (Poole & Bournemouth)	F2F engagement visit completed: 2nd Dec 2024	✓	✓ Signed off
Salisbury NHS Foundation Trust	F2F engagement visit completed: 13th February	✓	✓
University Hospitals Sussex NHS Foundation Trust (Worthing & Chichester)	F2F engagement visit completed: 6th May 2025	✓	✓ Signed off
Royal Berkshire NHS Foundation Trust (Reading)	F2F engagement visit completed: 21st May 2025	✓	
Milton Keynes University NHS Foundation Trust	F2F engagement visit completed: 11th June 2025	✓	✓ Signed off
Portsmouth Hospital University NHS Trust	F2F engagement visit completed: 11th Sept 2025	✓	
Hampshire Hospitals NHS Foundation Trust (Basingstoke)	F2F engagement visit completed: Thurs 2nd Oct 2025	✓	
Great Western Hospitals NHS Foundation Trust	F2F engagement visit completed: Wed 12th Nov 2025	✓	
Frimley Health NHS Foundation Trust (Wexham Park Hospital)	F2F engagement visit completed: Thurs 4th Dec	✓	
Buckinghamshire Healthcare NHS Trust (Stoke Mandeville)	F2F engagement visit completed: Wed 14th Jan 2026	✓	

Congenital Heart Disease

Alex Elson
ODN Manager

Matt Anthony
Lead Nurse (ACHD)

Cate Smith
Lead Nurse (Paediatrics)

Aisling Carrol
Clinical Lead (ACHD)

David Black
Clinical Lead (Paediatrics)

Summary of the year:

This year has been marked by steady progress, stronger collaboration and a continued commitment to improving CHD services across the Thames Valley and Wessex region. The Network focused on refining pathways, supporting workforce development and addressing variation, while responding to emerging pressures across the system.

Quality review follow-up work continued at both UHS and OUH, ensuring recommendations are embedded. A collaborative improvement project with the Paediatric Critical Care ODN began at UHS to enhance cardiac HDU nursing skills and improve care for patients with complex cardiac and respiratory needs.

Regional benchmarking offered valuable insight into diagnostic capacity and workforce distribution, particularly in echocardiography, ECG access and congenital cardiac physiologist provision. These findings will inform future planning and support more consistent service delivery.

Work on guideline and pathway development has moved forward. In Oxfordshire, renewed collaboration around paediatric CHD dietetic provision has brought the right professionals together, marking an important step toward restoring a reliable and equitable service for families in this area of the network.

Data quality advanced significantly, with UHS aligning congenital cardiac surgery coding to national standards and the ODN CHD dashboard nearing completion which will provide clear visibility of activity, outcomes and workforce needs across providers.

Stakeholder engagement remained strong, with clinical and nursing leads representing the region nationally and the twice-yearly Clinical Forum maintaining high participation. Partnerships with charities and AHP groups continued to deepen..

Overall, the year has been defined by collaboration, meaningful service improvement and a shared commitment to reducing inequalities and strengthening CHD care across the region. The foundations laid will support continued progress in the year ahead.

Key Achievements

Guideline and Pathway Development

- The ODN has agreed a Standard Operating Practice for surgical mutual aid for congenital cardiac surgery which has been agreed at CHD board level and is awaiting strategic board approval. This guideline will support consistent and timely access to specialist CHD care across the network.

- Progress has been made in addressing the delays and inequity highlighted in paediatric dietetic provision for CHD patients in Oxfordshire. The relevant professionals are now engaged and working collaboratively to restore pathway compliance and improve access for patients.

Data Quality

- Work has focused on improving the quality and consistency of CHD data across the region. This includes alignment of congenital cardiac surgery coding at UHS with ICD-10 and TFC congenital coding standards to support accurate reporting and benchmarking.

CHD Education

- A virtual education event on Caring for the Young Adult with CHD was delivered in November 2025. 69 colleagues registered and 54 attended the event and evaluation was highly positive, and providers expressed strong interest in continued learning opportunities in this area. As a result, this event will now be held annually, with a varied programme of speakers and topics.

- A working group has been established with CHD scrub nurses in UHS to look at how the ODN can support access to education and the development of a competency document and competency-based learning programme.

Service Development

- The Quality Review follow-up process continues in partnership with the NHS Quality Team at both University Hospital Southampton (Level 1 Specialist Surgical Centre) and Oxford University Hospital (Level 2 Specialist Cardiology Centre).

- A collaborative quality improvement project began in Q4 (24/25) between UHS and the ODN to strengthen cardiac HDU nursing knowledge and skills within UHS. This work has centred on improving the quality of high dependency care for patients with cardiac and respiratory conditions through an ODN funded PCC educator from March 2025 to March 2026. This project has focused on delivering reactive bedside teaching and expanding opportunities for shared learning between ward, HDU and PICU nursing teams, helping to build a more confident workforce.

Regional Benchmarking

- ·Regional benchmarking has provided valuable insight into diagnostic capacity and workforce distribution in the areas of echocardiography, ECG availability and congenital cardiac physiologist provision within Level 3 services.

Stakeholder Engagement

- ODN Nursing and Clinical Leads attended the BCCA Annual Conference.
- The Clinical Forum for paediatricians with a special interest in cardiology continues to be held twice yearly, with consistently strong attendance.
- Productive relationships have been strengthened with local and national charities, including Wessex Heartbeat and Children's Heart Federation.
- The Paediatric Lead Nurse, Level 1 ACP and Clinical Lead contributed to the Regional M&M Conference through delivery of a cardiac panel for case discussion of M+M cases.
- Engagement with AHPs working in CHD and ACHD has improved, with focused activity involving cardiac physiologists, fetal cardiology teams and scrub nurses over the past year.

Review against 24/25 workplan

#:	WORKPLAN ITEM	RAG	COMMENTS
1	TVW CHD ODN QUALITY REVIEW		
1.1	UNDERTAKE ANNUAL CHD QUALITY REVIEWS (FOLLOW-UPS)		
1.1.1	Follow-up meetings/visits for Trusts to update ODN on progress following 2024 service review visits	Complete	
1.1.2	Align TFC utilised by UHS with National CHD TFC	On Track	Ongoing workplan item – continues into 26/27
1.1.3	Work with L1 Service/Care Group Managers to ensure monthly data is accurately representing demand	On Track	Ongoing workplan item – continues into 26/27
1.1.4	Implementation of updated data collection form to capture essential CHD surgical data from UHS	Delayed	Ongoing dialogue between NHSE, ODN and provider. Progress being made.
1.1.5	Prediction modelling with current data	On Track	Ongoing workplan item – continues into 26/27
1.1.6	Review and benchmark current pathways against service specifications and National peers	On Track	Ongoing workplan item – continues into 26/27
1.1.7	Monitor waiting lists and submission of monthly data reports to National NHSE CHD Team	On Track	Ongoing workplan item – continues into 26/27
2	EDUCATION & EVENTS		
2.1	Continue to promote the L1 Foundation & Advanced Paediatric CHD course	Complete	
2.2	ACHD Benchmarking with the L1 centre teams	Complete	
2.3	Level 2 Paediatric Critical Care Educator Secondment Post Pilot	Complete	

2.4	Expand places available for staff to attend PCC Level 1 and 2 study day.	Complete	
2.3	Virtual event planned for 13th Nov'25- Aimed at ACHD and Young Adults	Complete	
3	RELATIONSHIPS		
3.1	Approval of clear SOP of responsibility pathways at L1 & L2 centres	Pipeline	Included as part of pathway work in 1.1.6 above
3.2	Take revised CHD Board ToR to CYP Board to finalise approval	Complete	
3.3	Review role and purpose of Clinical Forums	Complete	
3.4	Establish a database of outpatient clinic and MDT meeting activity across Level 1,2,3.	Delayed	Delayed at providers request in Quality Review process
4	PPV		
4.1	Approval of clear SOP for PPV roles within CHD; aligned with the wider CYP TV&W ODN PPV project	Delayed	Awaiting agreement of regional PPV role description. Engagement with 3rd sector patient groups continues.
5	WORKFORCE		
5.1	Create a Regional/Network workforce registry on the CHD ODN Futures platform to be completed 6 monthly by the local teams	Delayed	Delayed at providers request in Quality Review process
5.2	Facilitate discussions between OUH/Oxfordshire Health/ICBs regarding Paediatric Dietetic staffing shortages within Oxfordshire	Complete	
5.3	Facilitate discussions between OUH and Oxfordshire Health regarding community nurse support for home monitoring patients.	On Track	Ongoing workplan item – continues into 26/27
5.4	Continue to monitor Level 1,2 and 3 compliance with specialist staffing numbers with the CHD standards and specifications.	Complete	

5.5	In collaboration with PCC ODN, continue to monitor compliance with PCC workforce standards in commissioned Level 2 CHD beds within the Level 1 provider	Complete	
6.1	Implementation of age appropriate standardised home monitoring options for ACHD and PCHD	Pipeline	No national standard published yet. To stand down until national standard published.
6.2	Review equity of access to INR Home Monitoring Equipment in paediatrics across the region	Complete	
6.3	Assess equity of access to Echocardiography and ECG in Level 3 centres.	On Track	Ongoing workplan item – continues into 26/27
7	**FUTURES PLATFORM & TV&W NETWORK WEBSITE**		
7.1	Develop Network wide accessible Futures page	Complete	
7.2	Assist with TV&W development of a network hosted website for all ODNs. This will include transfer of current CHD Network website content	On Track	Due to be completed May 2026
8	**REFERRAL PATHWAYS**		
8.1	Establish and review with providers heat maps for the South-East region looking at flow of CHD patients to surgical centres	Complete	

Key statistics

Caring for the Young Adult with CHD Virtual Study Day

- 69 registered and 39 colleagues attended from nursing, AHP and medical team attended.
- 36% L1 centre nurses, 18% L2 centre nurses, 9% L3 centre nurses, 18% L1 centre AHP, 5% L3 AHP, 9% L1 centre doctors and 5% L3 centre doctors.
- Subject matter was evaluated at >80% excellent in content
- Overall event rating of 4.82 out of 5.
- Subject matter included, managing young people with obesity, lifestyle versus arrythmia in the younger person, talk from The Down's Syndrome Assoc, lifestly consideration for the Fontan patient, role of the UHS youth worker,

PEC Clinical Forum

- Zero Cost as virtual. Twice a year.
- 10 Speakers from TV&W and other CHD networks.
- Provides CPD/ECHO teaching for PECS, enabling patients to be seen closer to home.
- Target Audience: Medics/ACP's, physiologists working in Level 2 and Level 3.
- Well attended from across TV+W by L1,2 +3 medics (Consultant and Resident Doctors) and ACPs.

Level 3 Engagement

- Engagement with 19 Level 3 centres in region via Level 3 outaptient benchmarking.
- Level 3 Cardiac Nurse Specialist appointed in Milton Keynes - Support provided by ODN to post holder.
- Engagement from Level 3 Medical and Nursing staff in general quarterly clinical forums has increased slightly but more work is needed to improve this.
- Clinical Forum invites extended to AHPs working in acquired cardiac roles to improve awareness of needs of CHD population.

Paediatric Neurosciences

Sarah McGregor
ODN Manager

Jo Powell
Lead Nurse

Jen Smith
Lead AHP

Andrea Whitney
Clinical Lead

Andrew Mallick
Clinical Lead

Key Achievements

Over the past year, we have seen increased collaboration across the network, both within provider organisations and across systems. The network has made steady progress across all workstreams, resulting in a number of tangible and positive outcomes for children and young people (CYP) across the region.

Our key focus for 2025/26 has been to improve equity of access to services and to develop clinical guidelines that support improved decision-making and patient safety. Delivery of this work has required close collaboration with partner networks, including the Paediatric Critical Care (PCC) ODN, Southampton and Oxford Retrieval Team (SORT) and Paediatric Innovation Education and Research Network (PIER).

Paediatric Stroke

During 2025/26, the Paediatric Stroke Working Group was established to review and address challenges within clinical practice for children presenting with stroke. The group's key priorities were to identify current service and pathway constraints and to work collaboratively with provider organisations to support improvement, in alignment with the RCPCH Paediatric Stroke Guideline.

The working group engaged closely with tertiary and district general hospitals (DGH) across the region, alongside the Southampton and Oxford Retrieval Teams and the Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network (ODN).

The successful development and completion of the Paediatric Arterial Ischaemic Stroke guideline highlighted the value of early and sustained engagement with key stakeholders, ensuring the production of a practical, inclusive and clinically meaningful resource to support consistent and high-quality care.

CPIP

The Paediatric Neuroscience Operational Delivery Network undertook a programme of work to support the implementation, evaluation and development of the Cerebral Palsy Integrated Pathway (CPIP) across the pan south network, reflecting the national priority to improve tone pathways. CPIP was identified as a standard assessment that was used primarily for children with Cerebral Palsy to monitor hip migration. The project aimed to improve consistency, quality and clinical impact of CPIP delivery. The PNS ODN designed and implemented a Neuro Appendix which was utilised as an additional tool to complement the CPIP assessment to include treatment options for tone management in children with Cerebral Palsy. Providing a more robust and holistic approach.

Pilot testing of the tool resulted in positive feedback and the PNS ODN undertook a significant training and education programme to promote its use and delivering both in the community and acute providers. Successful negotiations with University of the West of England will progress the project further as a PhD in 26/27 in collaboration with the PNS ODN.

Functional Neurological Disorders

Through previous workstreams, feedback from Paediatric Neurosciences Specialty Boards, and regional education events, a clear need was identified for the establishment of a Functional Neurological Disorders Clinical Forum. The forum was created to provide a collective clinical voice, support early identification of pathway risks, drive service improvement and innovation, and ensure that system-wide decision-making remains patient-centred, practical and sustainable.

The Functional Neurological Disorders Clinical Forum plays a key role in improving the quality, safety and consistency of care by bringing together clinicians from across organisations to share expertise, identify unwarranted variation, and support the development of evidence-based clinical pathways. It ensures that service design and transformation are clinically led, enables the effective implementation of national guidance, and strengthens multidisciplinary and cross-provider collaboration

The Clinical Forum was established in 2025/26 and has continued to grow in membership, with broad representation from across the region. Key priorities have been agreed and are informing the 2026/27 workplan, including a focus on data collection, service evaluation and education.

Children’s Epilepsy Surgical Service (CESS)

Following the initial review of the Children’s Epilepsy Surgical Service (CESS) pathway, the network has continued to monitor provider progress against the action plans developed as part of the review.

This has included ongoing engagement with providers to address identified challenges, mitigate risks, and support delivery, with escalation through established governance routes where required.

Monitoring will continue into 2026/27, with the intention of concluding this enhanced oversight in line with direction from commissioning teams, once assurance has been provided that actions have been fully implemented and embedded.

Education

Education has remained a high priority area, with learning opportunities closely aligned to both current and previous workstreams, supporting workforce development and service and pathway improvement across the network.

Hosted face to face events in 2025/2026 included.

- Neurosciences Festival in April 2025 – A Journey Through the Years with a Neurodevelopmental Disorder
- AHP November 2025 – Paediatric Stroke and Embracing Technology for Rehabilitation

The specialist advanced paediatric neurosciences course 2025 had 100% pass on first attempt for 7 learners. All posters to be presented at Neurofestival 2027, first out of area learner - Birmingham- attended the course.

There is no course for 2026 due to challenges with learners being released for training - next cohort is 2027.

The OUH Foundation paediatric neurosciences course in 2025 was completed and the 2026 cohort started April 2026. There has been a request for a Moodle platform from the ODN educators, to support the course in development for 2027 cohort. The UHS course is still in development despite challenges with lack of specific neurosciences educator at UHS. Revision of the Foundation course curriculum will take place in July 2026 to bring all 3 courses (OUH, UHS, UHBW) Moodle platforms together.

Other Activity

The Lead Nurse has maintained consistent and meaningful engagement with NICE, contributing to the development of the NICE guideline on Rehabilitation for Chronic Neurological Disorders, including Acquired Brain Injury. In addition, the Lead Allied Health Professional (AHP) has contributed at a national level through membership of the Paediatric Neurosciences Clinical Reference Group (CRG) and National CYP Transformation Team on Cerebral Palsy.

The network continues to make progress across agreed priorities, with notable achievements in guideline development, engagement of clinical working groups, and regional collaboration. However, some workplan elements have been delayed due to national dependencies, workforce capacity constraints, and systemwide delivery challenges. These areas are being actively reviewed and mitigations incorporated into forward planning.

The network has supported tertiary providers across the region in the successful purchase of Saebo Gloves. These are to be used by patients under care of paediatric therapy teams for upper limb rehabilitation.

Review against 25/26 workplan

	Workplan item	RAG	Comments
PAEDIATRIC STROKE			
1.1	Strengthening the adoption & usage of the Paediatric Stroke Guidelines across DGHs and the region	Completed	Paediatric Arterial Ischaemic Stroke Guideline created in collaboration with providers and SORT released on 18/02/26. Supported with information and education package, published on SORT and PIER websites, audit of implementation and utilisation workplan item for 26/27
1.2	Development of an appropriate Paediatric Stroke-focussed working group	Completed	The working group continues to demonstrate strong multidisciplinary engagement, with current activity focused on shaping priorities and deliverables for the 2026/27 workplan.
DELIVERY OF ANNUAL EDUCATION PROGRAMME			
2.1	Neurorehabilitation outcome measures training session (awaiting service spec)	Delayed	Delivery has not yet commenced and remains dependent on the publication of the national service specification. This will be reviewed once national guidance is confirmed – currently on hold by NHSE
2.2	Deliver annual Neurosciences Festival	Completed	
2.3	Deliver AHP Education Day	Completed	Delivered training to 63 AHP's on paediatric stroke and embracing technology for rehabilitation. Overall rating from clinicians was 4.63/5 for the day.
2.4	AHP directory of resources	Delayed	Work has not started due to the absence of a dedicated transformation lead role and uncertainty regarding the development of an ODN website to support hosting and access to resources.
ESTABLISHMENT OF CLINICAL FORUMS (SET UP & SUPPORT)			
3.2	Facilitating cross networking between neonatal & neurosciences AHPs (specifically early identification of CP & tone management)	Completed	Trialled an AHP special interest group uniting neonatal therapists and neuro disability therapists from Bristol. The aim was to early identify CP babies for early tone management pathways and is now self-managed. PNS ODN promoted its function to other tertiary providers as a model of best practice.

3.3	Gather data and present findings of GA MRI audit at the Optimising MRI Pathways for Children working group. Finalise TVW ODN involvement in group	Completed	
CEREBRAL PALSY INTEGRATED PATHWAY (CPIP)			
5.1	Continue work with Dundee University to embed Neurology Appendix into electronic version of CPIP	Completed	Project initially paused due to lack of central funding, progress made in Q4 with some fields currently out for testing in updated CPIP version CPIP 2.0
5.2	Continue advising the National Team on progress & challenges with CPIP compliance for the database	Completed	PNS ODN is regular stakeholder in National Meetings and contributed in the publication of the Cerebral Palsy Framework - May 25. Work continues with the design and data collection for CP dashboard for ICBs.
5.3	Organise CPIP training sessions in acute providers: UHBW, OUH & UHS ("Cerebral Palsy Train The Trainer")	On Track	22 Acute therapists now trained in community based CPIP measure, with established access at UHBW and OUH. Further scoping into its adoption into established clinical services needed for UHS.
5.4	Continue to engage with the regional Heads of Therapies forum	Completed	Group established and PNS engages around specific workplan items rather than regular attendance
CHILDREN EPILEPSY SURGERY SERVICE [CESS] REVIEW			
6.1	To establish and manage a programme of ongoing monitoring and support of CESS post service review visits at the three tertiary centres (OUH, UHS & UHBW)	Completed	Monitoring for 25/26 completed with escalations feedback and support from local commissioning teams, will be included on 26/26 workplan as ongoing item

6.4	Arrange a discussion with the National CESS Lead & SW +	Pipeline	Presentation of the CESS review at national level has been delayed while pathway
6.5	Organise a joint meeting between UHBW, OUH & UHS	Pipeline	Pending following resolution of pathway agreement
SECOND YEAR OF MENTAL HEALTH ASSESSMENT PILOT			
FUNCTIONAL NEUROLOGICAL DISORDER [FND]			
8.1	Establish FND Clinical Forum	Completed	The clinical forum continues to demonstrate strong multidisciplinary engagement, with current activity focused on shaping priorities and deliverables for the 2026/27 workplan. Sub working groups developed to deliver on priorities for 26/27 workplan
8.2	Projects potential output: Create and deliver FND education/resources	On Track	Ongoing workplan item continues into 26/27. Webinar series to be designed and delivered with FND face to face education meeting for therapies in November 2026

Provider Engagement

- Stroke WG collaboration with providers SORT and PCC ODN in development of Paediatric Stroke guideline
- FND WG collaboration 90+ members across region
- CESS continued engagement with 3 tertiary providers and commissioning teams
- CPIP – 12 provider engagement events
- 22 acute therapists now trained in CPIPs
- 30 medics educated about the neuro appendix tool and its functionality

Key statistics

Neurosciences Festival (Swindon)

- 99 tickets sold - 72 attendees and 19 faculty
- Income £1888.68 - Venue costs £4440 - Difference £2551.31
- 10 Speakers
- Attendees from 17 different providers
- Overall rating 4.54 out of 5 stars

Provider Engagement

- CPIP - engaged with 12 providers to scope compliance
- Stroke - 16 providers responded to questionnaire and 18 clinicians asked to be on the working group
- Epilepsy - all providers and ICBs engaged with
- CESS Review - all three tertiary centres visited

AHP Study Day (Bristol)

- 75 tickets sold - 63 attended
- 39% OT
- 28% Physio
- 15% Nurse
- 12% SLT
- 2% Orthoptist
- 2% Other
- 16 providers third sector education and out-of-region
- 4.63 out of 5 stars
- 10 Speakers