PCC and SIC Network Workplan – 2026-2027

Network Name	North East and North Cumbria Paediatric Critical Care and Surgery In Children Network	**Network Manager**	Julie Bloomfield
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Overarching Strategy, Aims and Objectives

The overarching strategy for the North East and North Cumbria (NENC) Paediatric Critical Care (PCC) Operational Delivery Network (ODN) and the Surgery In Children (SIC) Network is to enable collaborative working across the NENC between the provider units, where paediatric critical care (Levels 1, 2 , 3) and surgery for children and young people(CYP) is delivered, and the specialist transport service (NECTAR). The purpose of the collaborative approach is to provide the best care and outcomes for sick and injured CYP which is provided as close to home as possible. (Note the current commissioning responsibilities are outlined in the table below however may be subject to change)

Levels of Paediatric Critical Care

	What is it	Where is provided	Who commissions it
Level 1	Any child who requires a hospital admission e.g. severe asthma	Every unit where acute care is provided i.e. every NHS Trust	ICB/ICS
Level 2	High Dependency Care e.g. A child requiring non-invasive ventilation , associated with speciality activity such as dialysis or complex surgery e.g. spinal scoliosis	James Cook University Hospital- South Tees Great North Children's Hospital – Newcastle	NHS England Specialised commissioning
Level 3	Intensive Care Critically ill children who require mechanical ventilation and advanced critical care such as Extracorporeal Membrane Oxygenation and hemofiltration	Great North Children's Hospital – Newcastle Freeman Hospital – Newcastle	NHS England Specialised commissioning
NECTAR	Specialist Transport and Retrieval service	Hosted by Newcastle upon Tyne Hospitals Trust	NHS England Specialised commissioning

Type of Paediatric surgery provided by the Trusts across the North East and North Cumbria

Trust	Cardiac	Dental	ENT	Gen &Urol	Neuro	OMFS	Opthal	Plastics	Spinal	TO
CDDFT		✔	✔	✔			✔	✔		✔
GHFT										✔
NUTH	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
NHFT		✔								✔
NCIC		✔	✔	✔		✔	✔			✔
NT&HFT		✔		✔						✔
STFT		✔	✔	✔		✔	✔	✔	✔	✔
ST&SFT		✔	✔	✔			✔			✔

The PCC and SIC ODN Network objectives focus on seven key strategic areas:

1. To raise the profile of in hospital services for Children and Young people (CYP).
2. Assess quality and outcomes of services by benchmarking all units providing PCC and SIC against the National Standards framework to identify good practice, highlight areas for improvement and develop appropriate action plans in partnership with the provider units.
3. Optimise resources by:
    - Supporting decentralisation of PCC and SIC where appropriate by enabling local provider units to care for seriously unwell children and Young People (CYP)
    - Support provider Units to implement GIRFT Recommendations for PCC and SIC
    - Exploring how high volume and low complexity surgery for children can be provided by local provider units.
4. To support the development of a regional Long-Term Ventilation (LTV) Network model
5. To ensure a co-ordinated multi-agency regional response to paediatric surge management.
6. Data and audit – To ensure that we are sharing relevant information across the network and using data and evidence to drive service improvement and improve outcomes
7. Communication - Engagement, and networking through arranging and delivering education programmes, stakeholder events, conferences, workshops, newsletter, website

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PCC and SIC Network Geography

The network covers the largest geographical region in England with a population aged 0-15 of 520,000 CYP (2021 census data this is the smallest network population nationally)
There are clusters of urban populations along the North East coast, but large sections of the region are rural with low population coverage. The region is one of the most deprived in England.

Key points to note: Northern region as compared with other English regions:

- Declining birth rate mirrors the national picture.
- Many areas of high deprivation. Middlesbrough topped the 2019 income deprivation table, with more of its neighbourhoods in the 10% most income deprived than anywhere else in England. Hartlepool were 7th and South Tyneside 9th. (IMD Indices 2019)
- BAME population averages 4.2% (range 1.4 to 9.0) (NHSE Population and Person Insights)
- More manufacturing and less business activities than average
- Highest Under 18 conception rates in the country

There is one Integrated Care Board (ICB) and 7 Provider Trusts.

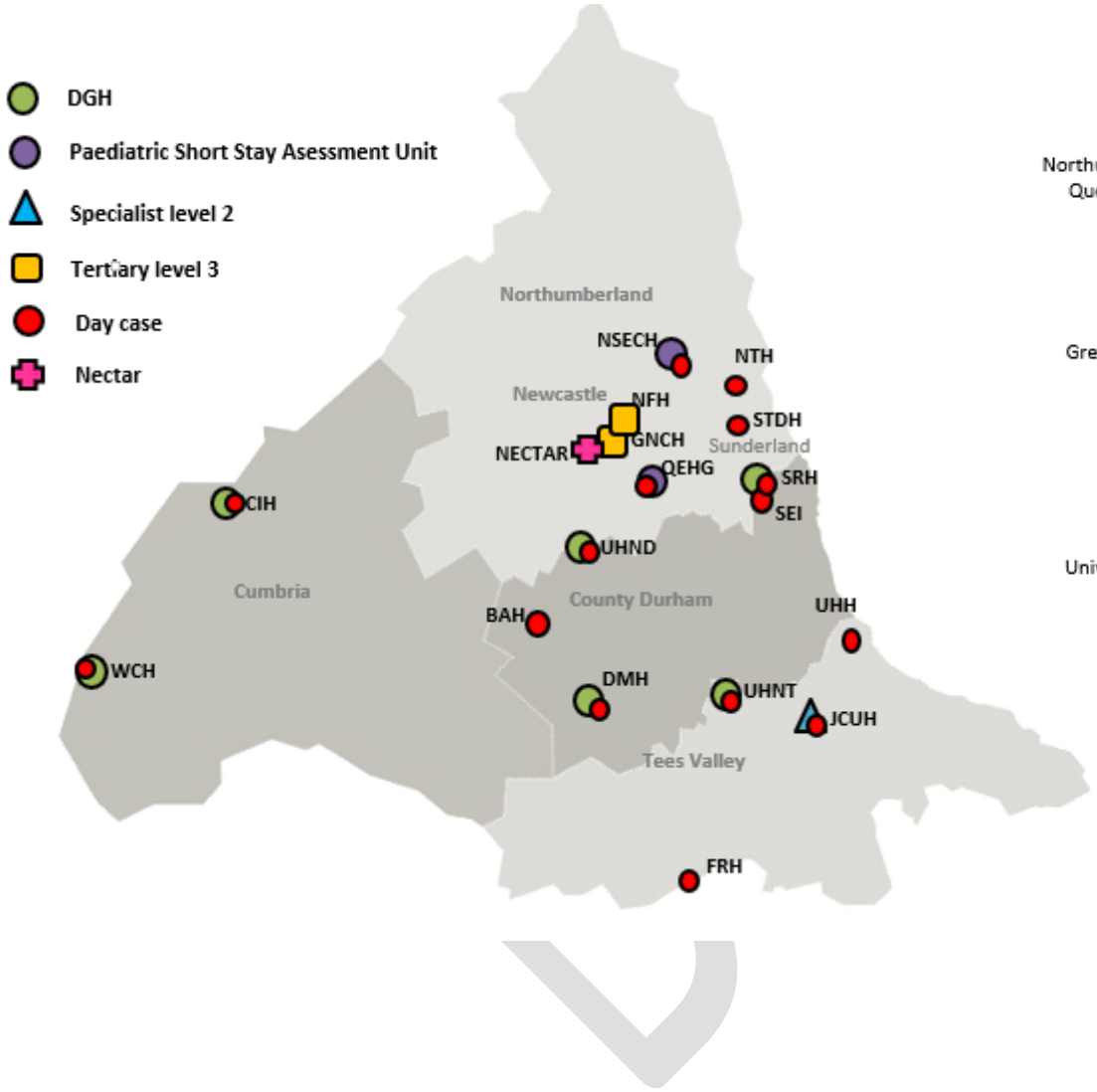
- County Durham & Darlington NHS FT (Darlington Memorial Hospital, University Hospital North Durham, Bishop Auckland)
- Gateshead Health NHS FT (Queen Elizabeth Hospital) Short stay assessment unit (SSAU)
- Newcastle upon Tyne Hospitals NHS FT (GNCH, Freeman Hospital)
- North Cumbria Integrated Care NHS FT (West Cumberland Hospital Whitehaven, Cumberland Infirmary Carlisle)
- Northumbria Healthcare NHS FT Short Stay Assessment unit (SSAU) Paediatric surgery at NSECH, Wansbeck and North Tyneside
- South Tyneside & Sunderland NHS FT (Sunderland Royal Hospital, South Tyneside District Hospital)
- University Hospitals Tees

Other Trusts

- North East Ambulance Service (NEAS)
- Yorkshire Ambulance Service (YAS)
- North West Ambulance Service (NWAS)
- Cumbria, Northumbria, Tyne, and Wear Mental Health Trust (CNTW)
- Tees Esk and Wear Valley Mental Health Trust (TEWV)

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NHS England



Hospital Sites

North Tyneside Hospital - **NTH**

Northumbria Emergency Care Hospital - **NSECH**
Queen Elizabeth Hospital Gateshead - **QEHG**

South Tyneside District Hospital - **STDH**
Sunderland Royal Hospital - **SRH**
Sunderland Eye Infirmary- **SEI**

Great North Children's Hospital (RVI) - **GNCH**
Newcastle Freeman Hospital - **NFH**

Cumberland Infirmary Hospital - **CIH**
West Cumberland Hospital - **WCH**

Bishop Auckland Hospital - **BAH**
Darlington Memorial Hospital - **DMH**
University Hospital of North Durham - **UHND**

University Hospital of Hartlepool-**UHH**
University Hospital of North Tees - **UHNT**

James Cook University Hospital - **JCUH**
Friarage Hospital - **FRH**

PAEDIATRIC CRITICAL CARE

Priority *Service Spec, GiRFT, LTP, Review Recommendation, Regional or Local ICB Priority*	Objective *What change are you seeking to bring about?*	Expected Benefit *What benefit do you expect to realise from achieving the objective?*	Financial / Workforce / Estates	Potential Implications *What resources are needed to deliver the objective?*
National Standard Self Assessments	To improve the quality of services and ensure that there is a standard service available to all CYP across the region by assessing all provider units against the National Standards Framework.	• Standardise provision of care • Understand good practice in NENC and priorities for development. • Build Relationships with the Provider Units and the network core Team. • Inform strategic planning • Optimising capacity	Workforce/Estates	• Understand the challenges and mitigate risks. • Support from Trust/Provider organisations. • May highlight the need for investment
Data	To monitor the regional bed dashboard (L0 – L3 bed capacity) To implement a regional audit collecting PCMDS data Ensuring accurate data input and output reflects activity for each provider unit. Ongoing development of level 3 SITREP with PICU at GNCH, PICU at FH and NECTAR	• Understanding of activity in all provider units • To inform regional PCC capacity requirements • Demonstrate a true reflection of regional bed capacity. • Understand regional staffing models • Inform surge planning. • Understand current commissioning arrangements • To understand regional transport capacity	Workforce / finance	• May highlight the need for additional staffing resource in provider units • Impact on ODN Team capacity and potential additional resource required

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	Transfer data – collaborate with NECTAR to develop a transport dashboard			
Regional Capacity.	Support the regional development of PCC capacity	• Meet National Standards • Protect level 3 capacity for intensive care. • Improve regional flow. • Enable care as close to home as possible • To inform regional surge planning • Optimise regional level 2 beds	Financial / work force estates	• Support form NHS England specialised commissioning team • NENC LTV Regional Service. • Colleagues at GNCH, FH, JCUH level 2 units • ODN Resource
Training and Education	Implement PCC Nurse Education Strategy Work with the regional LTV network to develop educational resources Ensure availability of accredited courses across all levels of PCC Scoping of regional anaesthetic training provision	Deliver accredited level 1 course Align NENC PCC Education with what is provided nationally. Facilitate provider units to work towards compliance with the National PCCs standards for Level 1 care. Assurance around capability of staff in provider organisations in stabilisation		• NENC Provider Educators • ODN Resource • Senior managers at the Provider Units to prioritise this training for their staff

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Surge Management/ Winter planning	To ensure that there is capacity for PCC during times of surge To ensure the region has appropriate escalation plans in place.	• Undertake regional winter review. • Participate in the pan regional surge review. • Support effective escalation processes • Clear communication and co-ordination PRU, command and control • Support the development and implementation of regional clinical guidelines – bronchiolitis, mutual aid with ACC, decompression, STOPP, CSE guidelines • Support the development and implementation of National Paediatric escalation process (PICON)		Support from Trust/Provider organisation(s) • Linking with Regional and National Spec com, UECN, ACC, Major Trauma Network, CHD network Neonatal networks, EPRR (regional, and national) Provider Collab • Working with ODNS across the Northern Footprint and Scotland • Winter resilience funding • Recognition of gaps in workforce, service/equipment

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				• ODN Team Capacity
Transition for complex CYP requiring ACC services	Enable a consistent approach to patients and families across the region. Develop a transition pathway from PCC to ACC	Reducing Inequalities Improving outcomes improving long term health outcomes and improving continuity of care.	Financial / workforce/ estates	Parent and Family Rep ODN Team Capacity North of England Adult Critical Care Network
Governance	Review of network governance Complete review of standards assessments Development of regional guidelines and pathways Develop appropriate mechanisms for disseminating themes and shared learning from clinical incidents across the network Clinical Advisory Group (CAG)	To standardise guidelines and pathways through a ratification process and improving outcomes for CYP		• No ODN funded governance role
Managing Patient Deterioration	To develop a regional deteriorating patient community of practice group	Improving outcomes Peer support Sharing resources Identify themes		

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SURGERY IN CHILDREN

Priority *Service Spec, GiRFT, LTP, Review Recommendation, Regional or Local ICB Priority*	Objective *What change are you seeking to bring about?*	Expected Benefit *What benefit do you expect to realise from achieving the objective?*	Financial / Workforce / Estates	Potential Implications *What resources are needed to deliver the objective?*
Standards	To improve the quality of services and ensure that there is a standard service available across the region by assessing all provider units against the SIC Standards Framework and the Preassessment good Practice Guidelines	• Promote a standardised approach to CYP surgery and perioperative care across the region. • Understand good practice in NENC and priorities for development. • To understand local provider unit capability. • To inform the regional SIC strategy	Workforce/Estates	• Support from Trust/Provider organisations. • May highlight the need for investment in Estates and training and education • ODN Resource • Provider Collab Mutual support group
Data	To ensure Provider units have reliable data in terms of activity and waiting times for procedures to feed into relevant workstreams	Bespoke reports for Provider Units Promote use of Model Hospital, SPAEDIT, RAIDR Understand if capacity meets demand and optimising WL		• Data Analytics • NECS • ODN resource • Trust Information Teams

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Training and Education	Develop a surgery in children education strategy Provide training and education for assessment of CYP presenting with acute scrotal pain Ensure ongoing provision of education for pre assessment Care of vascular access devices training Scoping of regional anaesthetic training provision	Improve outcomes for CYP requiring surgery in the NENC. Enable care close to home Accurate assessment and referral for surgery • Reducing the risk of unnecessary scrotal exploration surgery • Reduce time to surgery for those identified as high risk for testicular torsion Assurance around capability of staff in provider organisations in stabilisation		• ODN Resource • NENC Educators • Support from other networks • Anaesthetic CDs at NUTH and South Tees
Orthopaedic	Networked approach to Ponseti Develop DDH registry Develop audit for referrals to the tertiary hospital Support NTN with implementation with fractured femur pathway	Ensure regional consistent conservative approach to the management of club foot preventing hospital admissions. Care close to home Ensure consistent approach across the region to evidence-based outcomes		TO working Group Educators ODN Resource PONSETI network PCC Network

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Perioperative Medicine	To optimise a holistic approach to perioperative care.	Consistent approach, in line with best practice guidelines, to pre assessment across the region Reduction in same day cancellations	Workforce	ICB/ spec Com support for REMCARE Provider Collab Perioperative and Theatre Utilisation group ODN Resource Educators Anaesthetic CDs at NUTH and South Tees
General Surgery	Support the Implementation of the national testicular torsion pathway. Support the implementation of the National abdominal pain pathway. Support implementation of regional ingested button battery pathway To support the production of best practice guidelines for emergency surgery across the region. Establish General surgery working group	To improve the regional outcomes for boys with suspected testicular To improve the regional outcomes for CYP with suspected abdominal pain	Workforce	Adult General surgery, urology Links with imaging network and with ED across the region ODN Resource NEAS, YAS, NWAS CHWN

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Dental	Supporting the dental MCN in waiting list management and increasing Theatre capacity	Additional Theatre capacity for dental GA elective activity resulting in improved waiting times Raising the profile of paediatric dental services	Workforce	MCN ODN Resource Provider collab mutual support group Provider collab Theatre utilisation Group Oral Health Programme
Governance	Continue surgical steering group Complete review of SIC standards assessments Development of regional guidelines and pathways Develop appropriate mechanisms for disseminating themes and shared learning from clinical incidents across the network Clinical Advisory Group (CAG)	To standardise guidelines and pathways through a ratification process and improving outcomes for CYP		• Capacity within ODN senior leadership team • No ODN funded governance role

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Cross Network Themes

Priority *Service Spec, GiRFT, LTP, Review Recommendation, Regional or Local ICB Priority*	Objective *What change are you seeking to bring about?*	Expected Benefit *What benefit do you expect to realise from achieving the objective?*	Financial / Workforce / Estates	Potential Implications *What resources are needed to deliver the objective?*
Communication, Engagement, Networking	Building relationships, pathways, communication	Improved patient outcomes, standardisation of work, sharing good practice. Conferences, workshops, meetings, website, newsletter		Spinal Network Major Trauma Network All Units NEPAN National SIC ODNS National PCC ODNS ACC Neonatal CHD Oncology LTV ICB Provider collab

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Quarterly Progress

To be completed each quarter in the relevant ODN network meeting

Year		Quarter 1	
Progress during this quarter		Focus over the upcoming quarter	
Risks / Issues to be escalated to the Network		Actions / Mitigations	

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Patient Public Voice & Engagement *Understanding and improving experience of care by embedding patient, carer and public voices in guidance, service development and delivery*	
Workforce *Update on workforce successes, challenges across the network service/s*	
Network Team Development *Includes ensuring representation, Equality, diversity and inclusion, staff training and development.*	
Key Impact Headlines: *Health outcomes/addressing inequalities* *Clinical pathway effectiveness and efficiencies* *Innovations* *Quality*	

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