

## GIRFT Review of Paediatric Trauma & Orthopaedics Programme in Northern Ireland – Recommendations and Departmental Response

No	Recommendations	DoH Response
1	NI DoH should establish a cross-specialty children's task force to take responsibility for the issues in children's care that have been highlighted in the media, by the RCPCH in their recent report and by this and other reports. The task force group should meet regularly to provide an update on the progress made against each recommendation.	<p>Recommendation accepted in principle.</p> <p>The Department will lead the establishment of a task force to oversee implementation of all recommendations, ensuring representations from all HSC Trusts, including both clinical and managerial staff as appropriate.</p>
2	The DoH should ensure that all NI Trusts work together to alleviate the pressure on the RBHSC. This should include prevention of the flow of straightforward cases to the Children's Hospital and early return of suitable cases to district general hospitals with paediatrics. Whilst the scope of this report is the paediatric orthopaedic service, this recommendation should be considered for all paediatric specialties.	<p>Recommendation accepted in principle.</p> <p>The Department will facilitate collaboration between Trusts to deliver on this recommendation.</p>
3	The DoH and the Belfast Trust should reverse the age range admitted to the Children's Hospital back to the limit of 14 years old. Whilst the scope of this report is the paediatric orthopaedic service, this recommendation should be considered for all paediatric specialties.	The Department will engage with BHSCT, Commissioners and the wider HSC to ensure that resources within the RBHSC are managed effectively to ensure that children receive the best quality care.
4	Given the shortage of beds and theatres at the RBHSC, the trust should make full use of the facilities in place at MPH.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.</p>
5	BHSCT to prioritise the recovery of the paediatric services and to encourage teams to work together more cohesively and deliver a sustainable, efficient service.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.</p>
6	A children's multi-disciplinary forum which oversees surgery should be established to oversee service provision, pathways and policies with a focus on safety and quality improvement. Please refer to the <a href="#">Royal College of Anaesthetists - Guidelines for the Provision of Anaesthetic Services Report 2024</a> .	<p>Recommendation accepted in principle.</p> <p>The Department will request that Trusts build this into their action plans.</p>

	Membership should include representation from surgical, anaesthetic, nursing and management teams. For T&O services, this should provide the forum to establish standard pathways for activity at RBHSC and MPH, and remove the daily variation based on individuals' preferences.	
<b>7</b>	BHSCT should ensure all patients are pre-assessed through an agreed system and this should be the same system wherever they have their operation.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>8</b>	BHSCT/RBHSC should ensure that there are ring fenced beds for surgical admissions to ensure that there are no delays to commencing lists. The number of beds required would need to be between three and six.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>9</b>	BHSCT/RBHSC should ensure that theatre lists are appropriately booked with efficient start times and agreement to finish on time. Theatre utilisation should be monitored and optimised (target 85%).	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>10</b>	BHSCT/RBHSC should reorganise the theatre timetable so that the majority of lists are all day lists to increase efficiency, for T&O and surgery in general.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>11</b>	BHSCT/RBHSC should initiate and develop a theatre scheduling meeting and embed the <a href="#">GIRFT Theatre Scheduling guide</a> , progressing to the 6-4-2 recommended scheduling. BHSCT should review trend data to inform the meetings to provide greater insight and intelligence to drive decision-making.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>12</b>	BHSCT/RBHSC should urgently institute theatre usage of three session days to decrease the number of cancellations due to lack of theatre time.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>13</b>	BHSCT/RBHSC should maximise utilisation of the beds and theatre suite of the Children's Hospital.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure

		full delivery of this recommendation.
<b>14</b>	BHSCT/RBHSC should make provision for orthopaedic trauma lists to be scheduled regularly, including at the weekend.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>15</b>	BHSCT/RBHSC should ensure that day-case beds are protected for day case activity.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>16</b>	Children undergoing operations at MPH should be done in a cohorted fashion, ideally on children only lists or in the morning as part of mixed lists. Paediatric operating should be concentrated on days early in the week.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>17</b>	A designated lead for paediatric anaesthesia and perioperative care should be appointed at MPH and this lead should have assigned time in their job plan. This role should ensure the safe selection of children for surgery on the MPH site through standardised pre-assessment and the delivery of safe quality care for children on the MPH site in the perioperative pathway. They should work in close partnership with the specialist anaesthetists from RBHSC who also work at MPH.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>18</b>	MPH should increase number of paediatric and adolescent operations performed. In order to achieve this the children's ward should be opened to allow transfer of appropriate cases from RBHSC both pre-and post-operatively. This will require careful liaison between orthopaedics, paediatrics and anaesthesia; our observation is that some team-building and improvement in communication will be required to achieve this.	Recommendation accepted in principle.  The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>19</b>	Surgical activity in Children and Young People needs to be clearly identified which is appropriate for delivery at an alternative site (MPH) in accordance with agreed criteria. This needs to be agreed collaboratively at service level (orthopaedics and anaesthetics and paediatricians).	Recommendation accepted in principle.  The Department will request an action plan from BHSCT and all HSC Trusts as appropriate to ensure full delivery of this recommendation.
<b>20</b>	Additional bed capacity at RBHSC could be generated by considering other cohorts of	Recommendation accepted in principle.

	children who could receive their care at MPH if a fully established paediatric ward was available on this site. This should include trauma in patients with little co-morbidity and predictable discharges which would result in a significant decrease in demand on the orthopaedic and emergency theatre sessions.	The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.
<b>21</b>	BHSCT and WHSCT should work together and undertake a review of the developmental dysplasia of the hip screening service workforce and develop a strategy to improve the resilience of this service.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT and WHSCT to ensure full delivery of this recommendation.</p>
<b>22</b>	The expansion of the paediatric T&O team should include the appointment of a consultant with appropriate training and experience in the assessment and treatment of ambulant cerebral palsy.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT, and liaise with Workforce Policy Directorate / SPPG as appropriate, to ensure full delivery of this recommendation.</p>
<b>23</b>	The paediatric T&O consultant team should be expanded to allow a consultant of the week model covering all fracture clinics and trauma lists and fully staffing the rota.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.</p>
<b>24</b>	The DoH and the Trust should immediately invest in paediatric anaesthesia such that the rota is resilient for specialised paediatric anaesthesia. The principle should be that theatre lists at the Children's Hospital are never cancelled due to anaesthetic shortages.	<p>Recommendation accepted in principle.</p> <p>The Department will liaise with SPPG and BHSCT as appropriate to ensure full delivery of this recommendation.</p>
<b>25</b>	The Trust should expand the specialised paediatric anaesthesia group to establish the pre- assessment service and the duty anaesthetist service, whilst supporting the currently nurse led acute pain service.	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.</p>
<b>26</b>	<p>BHSCT should ensure that all children undergoing surgery at the RBHSC and MPH sites complete a standardised pre-operative assessment in accordance with national best practice guidelines:</p> <ul style="list-style-type: none"> <li>Anaesthetic and nursing teams should have structured protected time to deliver a pre-operative assessment service, and nursing teams supported in accessing established training courses</li> </ul>	<p>Recommendation accepted in principle.</p> <p>The Department will request an action plan from BHSCT to ensure full delivery of this recommendation.</p>

	<p>in paediatric pre-assessment in England.</p> <p>Pre-operative assessment services at RBHSC and MPH should work together to develop shared policies to ensure standardisation of the combined service. This should ensure a standardised approach to triage, preparation and discharge of children at each site.</p>	
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