

❑ **Governance and oversight**

All regions are asked to set up a dedicated CYP elective recovery oversight group, reporting directly to a regional elective recovery board, or, ensure CYP features as a standing agenda item at existing regional elective recovery boards.

Disaggregated data on CYP elective recovery should be reported at all levels of elective recovery governance, and as part of wider NHS performance reporting arrangements. CYP activity should be correlated back to tiered trusts, as part of the long waits work, where applicable.

❑ **Using CYP data**

A [CYP elective recovery dashboard](#) has been developed to support CYP elective recovery. It provides greater visibility of CYP data, helping identify and address key challenges and monitor progress.

To access the data, please contact: england.cyptransformation@nhs.net with the subject 'CYP ER & WL dashboard'.

Data and local intelligence should be used to understand key challenges across paediatric specialties and pathways, and to agree actions required to increase paediatric elective activity and reduce CYP waiting times.

❑ **Increase paediatric activity through new schemes**

Local responses to nationally funded schemes (such as [surgical hubs](#)) should be designed to benefit children as well as adults. For all such nationally funded schemes, ICBs should quantify the impact on paediatric activity and maximise benefits for CYP.

❑ **Ensure robust management, validation and prioritisation of CYP waiting lists**

Validate CYP waiting lists in line with the [validation toolkit and guidance](#), taking into consideration clinical risk, age, impact of waits on development and education, potential harm or long term consequences and how/if digital technology or virtual care would best be suited to the patient.

❑ **Address CYP health inequalities**

Systems need to continue to embed measures to improve health and reduce [CYP health inequalities](#) and put in place actions to support improvements and deliver against strategic priorities for tackling health inequalities.

❑ Ensure compliance with Evidence Based Interventions (EBI) standards

The [EBI programme](#) provides guidance on when it is and is not appropriate to carry out specific interventions.

There are currently two EBIs which apply exclusively to under 18s:

- 1G: Grommets for glue ear in children.
- 2D: Removal of adenoids for treatment of glue ear.

There is one EBI which applies exclusively to under 1s:

- 2Z: Helmet therapy for treatment of positional plagiocephaly/brachycephaly in children.

For more information on EBIs, please contact:

england.ebinterventions@nhs.net.

❑ Utilise existing examples of best practice

Utilise learnings from CYP case studies included within this toolkit and review and implement Getting it Right First Time (GIRFT) recommendations in relation to:

- [Paediatric General Surgery and Urology](#)
- [Clinically-led Specialty Outpatient Guidance](#)

❑ Embed paediatric mutual aid principles

The [mutual aid framework](#) has been developed to support the recovery of CYP elective services. This will ensure a collective and coordinated effort across providers, systems and regions. It is intended to help ensure the right conversations take place at the right time to support mutual aid and optimise solutions.

[CYP Mutual Aid Request Form Template - Elective Recovery - FutureNHS Collaboration Platform](#)

For more information, please contact: england.service.transformation@nhs.net

❑ Review day case vs. surgery rates

The [Paediatric General Surgery and Urology report](#) sets out actions that trusts can take to improve day case surgery for low-complexity cases. It was found if

all trusts were to achieve a 98% day case rate in elective surgery, 700 overnight admissions per year could be saved (see p68).

Non-complex elective activity should be carried out in non-specialist centres where capacity allows, with day case rates a minimum of 95% with a top level target of 98%.

Providers should adopt right procedure, right place (RPRP) principles to maximise day case rates and manage procedures that can be carried out in an age-appropriate setting outside of theatre.

❑ **Ensure robust theatre lists booking and scheduling practice**

- Aim to ensure 85% theatre utilisation for all elective procedures.
- Align to national theatre programme booking & scheduling processes.
- Adopt HVLC principles – cases per list.
- Robust 6-4-2 theatre scheduling processes with schedulers closely linked to pre-op assessment teams ensuring good booking practice.
- Review day of admission processes and journey to theatre to ensure this is both child friendly and efficient to cases per list (admission close to theatre suite).
- Review theatre schedules to ensure CYP have appropriate access to volume of wait list/resource needed.

❑ **Develop processes for keeping in touch on a regular basis with parents and carers of children and young people**

Check if they still need the surgery and if there have been any changes to the health of the child or young person.

❑ **Implement key outpatient deliverables within CYP**

- Continue to translate the GIRFT outpatient guidance where possible to CYP.
- Review non-admitted pathways to understand the impact on admitted lists.
- Review outpatient management, using PIFU where appropriate.