

# RECOMMENDATIONS

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on.

The recommendations in this report support those made previously by other organisations, and for added value should be read alongside the guidance listed with the recommendation:

<p>1</p>	<p>Provide prompt access to emergency surgical and anaesthetic care by specialists with the relevant training and experience in providing care to children and young people by:</p> <ul style="list-style-type: none"> <li>Formalising organisational networks<sup>i</sup> to define where children and young people are assessed and/or undergo an emergency procedure<sup>ii</sup>, and to agree pathways of care based on age and condition.</li> <li>Formalising clinical specialist networks for advice as needed.</li> </ul> <p><i>i Utilising existing operational delivery networks or equivalent where possible.</i>  <i>ii For example, whether the procedure can be undertaken locally or whether the patient needs to be transferred to a specialist centre. This will require local and regional networks working together to ensure co-ordination of services.</i></p>
<p><b>RATIONALE FOR THE RECOMMENDATION</b></p>	<p>Networks were not always in place and there was an absence of structured pathways or procedures to transfer patients when needed, despite transfers being common. Non-specialist surgeons and anaesthetists reported a lack of confidence in treating patients in the non-specialist centres but had no formal transfer option. Joined-up care is important in the recognition of the deteriorating patient and the escalation of care.</p>
<p><b>FOR ACTION BY</b></p>	<p>Operational delivery networks or equivalent, commissioners and integrated care boards working with trusts/health boards.</p>
<p><b>ADDITIONAL STAKEHOLDERS</b></p>	<p>Hospital trusts/health boards, ambulance trusts, transport teams, Getting it Right First Time, British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of Great Britain and Ireland, Royal College of Surgeons of England, Royal College of Anaesthetists, Association of Surgeons of Great Britain and Ireland, Association of Anaesthetists, Royal College of General Practitioners, Royal College of Paediatrics and Child Health, Royal College of Nursing, Royal College of Emergency Medicine, Association of Paediatric Emergency Medicine, Royal College of Radiologists, British Society of Paediatric Radiology, College of Paramedics, Joint Royal Colleges Ambulance Liaison Committee, Association of Ambulance Chief Executives, British Society of Neurosurgeons, British Paediatric Neurology Association, British Association of Oral and Maxillofacial Surgeons, British Orthopaedic Association, British Society for Children's Orthopaedic Surgery, British Association of Urological Surgeons, British Association of Paediatric Urologists, British Association for Paediatric Otorhinolaryngology, ENT UK, Royal College of Obstetricians and Gynaecologists, British Association of Plastic, Reconstructive and Aesthetic Surgeons.</p>
<p><b>ASSOCIATED GUIDANCE</b></p>	<ul style="list-style-type: none"> <li><a href="#">Royal College of Anaesthetists, 2025. Guidelines for the provision of Anaesthetic Services. Chapter 10, Guidelines for the provision of Paediatric Anaesthesia Services.</a></li> </ul>

	<ul style="list-style-type: none"> <li>▪ <a href="#">Royal College of Paediatrics and Child Health, 2025. 5<sup>th</sup> Ed. Facing the Future: Standards for acute general paediatric services.</a></li> <li>▪ <a href="#">Royal College of Surgeons, 2015. Standards for non-specialist emergency surgical care of children.</a></li> <li>▪ <a href="#">GIRFT, 2021. Paediatric General Surgery and Urology</a></li> <li>▪ <a href="#">GIRFT, 2022. Paediatric Trauma and Orthopaedic Surgery</a></li> <li>▪ <a href="#">The Regulation and Quality Improvement Authority, 2019. Review of General Paediatric Surgery in Northern Ireland</a></li> <li>▪ <a href="#">National Confidential Enquiry into Patient Outcome and Death, 2024. Twist and Shout</a></li> <li>▪ <a href="#">NHSE, 2019 Paediatric Critical Care and Surgery in Children Review</a></li> <li>▪ <a href="#">North East and North Cumbria Paediatric Critical Care and Surgery in Children Operational Delivery Network</a></li> <li>▪ <a href="#">North West Surgery in Children Operational Delivery Network Guidelines</a></li> <li>▪ <a href="#">East Midlands Surgery in Children Operational Delivery Network</a></li> <li>▪ <a href="#">West Midlands Children's Network</a></li> <li>▪ <a href="#">East of England Surgery in Children Operational Delivery Network Guidelines</a></li> <li>▪ <a href="#">North Thames Paediatric Network Surgery in Children</a></li> <li>▪ <a href="#">South Thames Paediatric Network Guidelines and resources</a></li> <li>▪ <a href="#">South West Surgery in Children Operational Delivery Network Tools and resources</a></li> <li>▪ <a href="#">Yorkshire and Humber Surgery in Children Network</a></li> <li>▪ Thames Valley and Wessex – no website</li> </ul>
<b>IMPLEMENTATION SUGGESTIONS:</b> <a href="#">CLICK HERE</a>	
<b>2</b>	<p>One or more co-ordinators should be in place to ensure that:</p> <ul style="list-style-type: none"> <li>▪ Children and young people needing emergency surgery have timely access* to a theatre</li> </ul> <p><i>*NCEPOD classification of intervention</i></p> <ul style="list-style-type: none"> <li>▪ Patients who were not operated on within their prioritisation period are highlighted and the issue escalated to senior management with responsibility for patient safety/governance*</li> </ul> <p><i>*If there are regular breaches for urgent and expedited patients due to emergency operating demands exceeding available resources, then alternative ways of dealing with this should be considered (e.g. planned urgent lists (hotlists) to prevent recurrence of future delays).</i></p>
<b>RATIONALE FOR THE RECOMMENDATION</b>	Care was shown to be better in centres where there was a co-ordinator. Anaesthetic guidelines recommend having theatre co-ordinating managers or clinicians. Theatre booking systems did not highlight breaches.
<b>FOR ACTION BY</b>	Commissioners and integrated care boards working with their trusts/health boards.
<b>ADDITIONAL STAKEHOLDERS</b>	Hospital trusts/health boards, NHS England (urgent and emergency care), Getting it Right First Time (perioperative care and paediatric surgery) British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of Great Britain and Ireland, Royal College of Surgeons of England, Royal College of Anaesthetists, Association of Surgeons of Great Britain and Ireland, Association of Anaesthetists, College of Operating Department Practitioners, Association for Perioperative Practice, British Society of Neurosurgeons, British Paediatric Neurology Association, British Association of Oral and Maxillofacial Surgeons, British Orthopaedic

	Association, British Society for Children's Orthopaedic Surgery, British Association of Urological Surgeons, British Association of Paediatric Urologists, British Association for Paediatric Otorhinolaryngology, ENT UK, Royal College of Obstetricians and Gynaecologists, British Association of Plastic, Reconstructive and Aesthetic Surgeons.
<b>ASSOCIATED GUIDANCE</b>	<ul style="list-style-type: none"> <li>▪ <a href="#">Royal College of Anaesthetists, 2025. Guidelines for the Provision of Anaesthetic Services. Chapter 5, Guidelines for the provision of Emergency Anaesthesia Services.</a></li> <li>▪ <a href="#">Royal College of Anaesthetists, 2025. Anaesthesia Clinical Services Accreditation standards</a></li> <li>▪ <a href="#">NHS England. Urgent and Emergency Care</a></li> <li>▪ <a href="#">GIRFT, 2021. Paediatric General Surgery and Urology</a></li> <li>▪ <a href="#">GIRFT, 2022. Paediatric Trauma and Orthopaedic Surgery</a></li> <li>▪ <a href="#">GIRFT. Perioperative Care</a></li> </ul>
<b>IMPLEMENTATION SUGGESTIONS:</b> <a href="#">CLICK HERE</a>	

<b>3</b>	<p>Prevent children and young people who are waiting for emergency surgery from being fasted for any longer than necessary.</p> <p><i>In the absence of likely gastric stasis, 'Sip til Send' could be considered but note that this was not developed for emergency procedures nor in children and young people. There is new evidence around fasting in paediatric care e.g. the <a href="#">EUROFAST study</a>.</i></p>
<b>RATIONALE FOR THE RECOMMENDATION</b>	Children and young people were often fasted for too long and fasting was infrequently recorded in hospital policies for emergency procedures for children and young people.
<b>FOR ACTION BY</b>	Commissioners and integrated care boards in discussion with their hospital trusts/health boards.
<b>ADDITIONAL STAKEHOLDERS</b>	Members of the Centre for Perioperative Care in addition to the Association of Paediatric Anaesthetists of Great Britain and Ireland, British Association of Paediatric Surgeons, and Association of Surgeons of Great Britain and Ireland, Royal College of Surgeons of England, Royal College of Anaesthetists and Association of Anaesthetists, Royal College of Nursing, British Society of Neurosurgeons, British Paediatric Neurology Association, British Association of Oral and Maxillofacial Surgeons, British Orthopaedic Association, British Society for Children's Orthopaedic Surgery, British Association of Urological Surgeons, British Association of Paediatric Urologists, British Association for Paediatric Otorhinolaryngology, ENT UK, Royal College of Obstetricians and Gynaecologists, British Association of Plastic, Reconstructive and Aesthetic Surgeons.
<b>ASSOCIATED GUIDANCE</b>	<ul style="list-style-type: none"> <li>▪ <a href="#">Centre for Perioperative Care: 'Sip til Send'</a></li> <li>▪ <a href="#">EUROFAST study</a></li> </ul>
<b>IMPLEMENTATION SUGGESTIONS:</b> <a href="#">CLICK HERE</a>	

## SUGGESTION FOR FUTURE RESEARCH

A UK consensus needs to be developed on fasting children needing surgery.