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Specialised Paediatric Orthopaedic Surgery

Service Specification: SS230

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Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy

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Abbreviations

ALAC	Artificial Limb and Appliances Centre
AWMSG	All Wales Medicines Strategy Group
BASK	British Association for Surgery of the Knees
BSCOS	British Society for Children's Orthopaedic Surgery
BMI	Body Mass Index
DDH	Development dysplasia of the hip
ENT	Ear, Nose and Throat
EQIA	Equality Impact Assessment
HCAI	Healthcare Associated Infection
IPFR	Individual Patient Funding Request
MSK	Musculoskeletal
MDT	Multi-disciplinary Team
NWJCC	NHS Wales Joint Commissioning Committee
ODN	Operational Delivery Network
OI	Osteogenesis Imperfecta
PICU	Paediatric Intensive Care Unit
SCFE	Slipped Capital Femoral Epiphysis
SMC	Scottish Medicines Consortium
UHB	University Health Board
VTE	Venous thromboembolism
WHSSC	Welsh Health Specialised Services Committee
XLH	X-linked Hypophosphataemic Rickets (XLH)

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission the service of Specialised Paediatric Orthopaedic Surgery for children (aged up to 16 years) in accordance with the criteria outlined in this specification.

In creating this document NWJCC has reviewed the requirements and standards of care that are expected to deliver this service.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to

the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This document has been developed as the Service Specification for the planning and delivery of Specialised Paediatric Orthopaedic Surgery for children (aged up to 16 years) resident in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

Whilst the responsibility for commissioning Specialised Paediatric Orthopaedic Surgery Services has been delegated to the NWJCC, the responsibility for commissioning Non-Specialised Paediatric Orthopaedic Surgery Services has been retained by the Health Boards.

1.1 Background

Paediatric orthopaedics can be described as the study and treatment of growing bones, joints and muscles. A paediatric orthopaedic surgeon is dedicated to the care of congenital and acquired musculoskeletal problems in children and adolescents.

1.2 Epidemiology

The lifetime risk of sustaining a fracture for boys aged 0-16 years is reportedly 42%-64%, while for girls is 27%-40%¹. Paediatric fractures constitute approximately 25% of all paediatric injuries². This service specification covers a variety of conditions including those listed below.

Developmental dysplasia of the hip (DDH)

Developmental dysplasia of the hip (DDH) is a condition where the "ball and socket" joint of the hip does not properly form in babies and young children. DDH may affect 1 or both hips, but it is more common in the left hip. It is also more common in girls and firstborn children. About 1 or 2 in every 1,000 babies have DDH that needs to be treated³.

X-linked Hypophosphataemic Rickets (XLH)

X-linked Hypophosphataemic Rickets (XLH) is a genetic disorder where the kidneys and bones deal abnormally with phosphate. Phosphate binds to calcium and is what makes bones and teeth hard. This leaves too little phosphate in the blood and bones, leading to

¹ [Epidemiology of children's fractures, Landin LA, Journal of pediatric orthopaedics, April 1997](#)

² [The Epidemiology of fractures in children, Rennie L, Court-Brown CM, Mok JYQ, Beattie TF, Injury Vol 38, Issue 8, P.913-922, August 2007](#)

³ [Developmental dysplasia of the hip \(DDH\)](#)

weak and soft bones. XLH has an incidence of 3.9 per 100,000 live births and a prevalence of 4.8 per 100,000⁴.

Osteogenesis Imperfecta (OI)

Osteogenesis Imperfecta (OI) is caused by a genetic mutation that affects the production of collagen, which can be found throughout the body, especially in a person's bones and other tissues. OI is a rare condition and it is estimated that the number of people born with the condition is approximately 1 in every 15,000: that equates to around 5000 individuals in the UK living with OI⁵.

Slipped Capital Femoral Epiphysis (SCFE)

The incidence of Slipped Capital Femoral Epiphysis (SCFE) was the subject of a study which was published in 2017 and concluded that incidence remained constant over 23 years between 1990 – 2013 at 4.8 (95% CI 4.4 to 5.2) cases per 100,000 0–16-year-olds. They also found a strong association with socioeconomic deprivation and pre-disease obesity⁶.

Tibial/Fibula Pseudarthrosis

Around 2% of children with neurofibromatosis type 1 (NF1) develop pseudarthrosis. The prevalence of NF1 is about 1 in 3,000⁷. There are no known ethnic groups in which NF1 does not occur or is unusually common. The prevalence is somewhat higher in young children than in adults, a difference that probably results at least in part from the early death of some NF1 patients.

1.3 Paediatric orthopaedic surgical services

Paediatric orthopaedic surgical services can be defined on the level of their infrastructural and resource requirements. The following three categories of paediatric orthopaedic surgery are proposed:

Level 1 - Non Specialised Surgery

These are services which manage presentations which are frequent in the paediatric population, they require a clinician trained in the management of paediatric orthopaedic conditions but do not require complicated infrastructure to deliver the service safely.

Conditions included	Critical Interdependencies
<ul style="list-style-type: none">• Simple trauma (excluding polytrauma)• Simple obstetric trauma	<ul style="list-style-type: none">• Paediatric Anaesthesia• Paediatric Theatre

⁴ [X-Linked Hypophosphatemia \(XLH\)](#)

⁵ [Osteogenesis Imperfecta](#)

⁶ [Perry DC, Metcalfe D, Costa ML, et al "A nationwide cohort study of slipped capital femoral epiphysis" Archives of Disease in Childhood 2017;102:1132-1136.](#)

⁷ [Neurofibromatosis type 1](#)

<ul style="list-style-type: none"> • Neurodisability surveillance and simple interventions • Physiological normal/abnormal variant assessment • Uncomplicated MSK infection • Simple upper limb conditions • Spine assessment • Hip dysplasia screening and non-surgical management • Mild Slipped Capital Femoral Epiphysis (SCFE) • Simple knee and lower limb conditions and injury • Simple foot deformities: metatarsus adductus, pes planus, pes cavus, toe deformities • Toe walking • Benign lumps and bumps – every Health Board should have a pathway for urgent suspected neoplastic conditions • Musculoskeletal conditions related to Vitamin D deficiency • Non-surgical management of CETV to include outpatient percutaneous tenotomy performed under an agreed paediatric standard operating procedure. 	<ul style="list-style-type: none"> • General Radiology • General and Community Paediatrics • Paediatric Emergency Medicine • Wheelchair Services • Paediatric Physiotherapy • Paediatric Occupational Therapy • Paediatric Nursing • Paediatric pre-admission • Paediatric Podiatry • Advanced Practice Allied Health Practitioner • Orthotics
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Level 2 - Specialised Surgery - Regional

These are services which have been designated to deliver more complex surgery, and provide the management of the following conditions:

Conditions include	Critical Interdependencies
<ul style="list-style-type: none"> • Complex trauma • Complex MSK infection • Surgical Management of Hip Dysplasia • Moderate Slipped Capital Femoral Epiphysis • Surgical Management of Congenital Talipes Equinovarus • Surgical Management of Neurodisability • Childhood Orthopaedic Surgery • Adolescent Hip Surgery • Child/Adolescent Knee Surgery • Limb Deficiency 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • Specialised Physiotherapy • Specialised Orthotics • Paediatric Radiology and Paediatric MSK expertise • Paediatric Rheumatology • Paediatric Neurology • Paediatric Critical Care • Paediatric ENT • Genetics Service • Paediatric Plastic Surgery

	<ul style="list-style-type: none">• Artificial Limb and Appliances Centre (ALAC)• Advanced Paediatric Orthopaedic Nurse Practitioner• Dietetics
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Level 3 - Specialised Surgery – Supra-regional

These are services which have been designated to deliver the most complex and specialised surgery. They provide the management of the following conditions:

Conditions included	Critical Interdependencies
<ul style="list-style-type: none"> • Paediatric Major Trauma • Surgical Management of Metabolic Bone Conditions: X-linked to Hypophosphataemic Rickets, Osteogenesis Imperfecta • Severe Slipped Capital Femoral Epiphysis • Complex Limb Deformity correction • Limb lengthening procedures for large leg length inequalities • Treatment of Tibial/Fibula Pseudarthrosis • Spinal Surgery⁸ 	<p>As for Levels 1 and 2 plus:</p> <ul style="list-style-type: none"> • 24/7 Advanced Paediatric Anaesthesia • 24/7 Paediatric Theatre • 24/7 Paediatric Radiology • 24/7 Paediatric MSK Expertise • Paediatric Neurosurgery • Paediatric Neurorehabilitation • Paediatric Cardiology • Paediatric Respiratory • Paediatric Gastroenterology • Paediatric Oncology • Paediatric Surgery • Paediatric Metabolic Bone Service • Paediatric Pain Service • Paediatric Gait Analysis • Paediatric Major Trauma Centre Service • Paediatric Infectious Disease Service • Speech & Language Therapy • Psychology

1.4 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering Specialised Paediatric Orthopaedic Surgery.

The objectives of this service specification are to:

- details the specifications required to deliver Specialised Paediatric Orthopaedic Surgery services for people who are residents in Wales
- ensure minimum standards of care are set for the use of Specialised Paediatric Orthopaedic Surgery
- ensure equitable access to Specialised Paediatric Orthopaedic Surgery
- identify centres that are able to provide Specialised Paediatric Orthopaedic Surgery for Welsh patients
- improve outcomes for people accessing Specialised Paediatric Orthopaedic Surgery Services.

⁸ In line with the service specification for Paediatric Spinal Surgery – scheduled for development by the Spinal Services ODN

1.5 Population Covered

This service specification is aimed at delivering safe and effective care for children and young people aged between 0 – 16 years requiring specialised paediatric orthopaedic surgery, recognising that these needs can continue into early adulthood. This includes the management of a smooth and efficient transition of young people from children's services to adult services.

1.6 Current Service

Specialised Paediatric Orthopaedic Surgery is currently the responsibility of individual Health Boards. However, this service specification will see the specialised treatments be the responsibility of the NWJCC.

In line with the levels noted in section 1.3, the Health Boards and Trusts listed below provide the following level of service for the population of Wales:

- **Level 1 - Non- specialised surgery**
 - Aneurin Bevan University Health Board
 - Birmingham Women's and Children's NHS Foundation Trust
 - Betsi Cadwaladr University Health Board
 - Cardiff and Vale University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Hywel Dda University Health Board
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Swansea Bay University Health Board
 - Wye Valley NHS Trust

- **Level 2 – Specialised Surgery – Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Cardiff and Vale University Health Board (Noah's Ark Children's Hospital for Wales)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Swansea Bay University Health Board (Morrison Hospital)

- **Level 3 – Specialised Surgery – Supra Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Royal Hospital for Children)

- Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
- Cardiff and Vale University Health Board (Children's Hospital for Wales)
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

1.7 Proposed Service

NWJCC will commission for the population of Wales Level 2 and Level 3 specialised surgery services from the following providers:

- **Level 2 – Specialised Surgery – Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Cardiff and Vale University Health Board (Noah's Ark Children's Hospital for Wales)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Swansea Bay University Health Board (Morrison Hospital)
 - Wye Valley NHS Trust
- **Level 3 – Specialised Surgery – Supra Regional**
 - Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
 - University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Royal Hospital for Children)
 - Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
 - Cardiff and Vale University Health Board (Children's Hospital for Wales)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The person's local Health Board will provide post-operative care and rehabilitation where clinically appropriate.

1.8 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
 - [A healthier Wales: our plan for Health and Social Care \(2021\)](#)
 - [A healthier Wales: long term plan for health and social care | GOV.WALES](#)
 - [National Clinical Framework: A Learning Health and Care System \(2021\)](#)

- [Welsh Government: The Transition and Handover Guidance February 2022](#)

- **National Institute of Health and Care Excellence (NICE) guidance**
 - [Cerebral Palsy in under 25s: assessment and management \(NG62\) January 2017](#)
 - [Spasticity in under 19s: management \(CG145\) November 2016](#)
 - [Open reduction of slipped capital femoral epiphysis \(IPG511\) January 2015](#)
 - [Surgical site infections: prevention and treatment \(NG125\) August 2020](#)
 - [Major Trauma: assessment and initial management February 2016](#)
 - [Major Trauma: service delivery February 2016](#)
 - [Transition from children's to adult services' for young people using health or social care services \(NG43\) February 2016](#)

- **Relevant NHS England policies**
 - [E02/S/A NHS Standard Contract for Paediatric Surgery: Surgery \(and surgical pathology, anaesthesia & pain\) 2013](#)

- **Other published documents**
 - [Chapter 10: Guidelines for the provision of paediatric anaesthesia services 2024, Royal College of Anaesthetics](#)
 - [Consensus guidelines on the management of musculoskeletal infection affecting children in the UK, The bone & joint journal, July 2023](#)
 - [Paediatric trauma and orthopaedic surgery GIRFT report April 2022](#)
 - [Non Specialised Paediatric Orthopaedic Services, NHS Wales Health Collaborative, April 2022](#)

2. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the service of Specialised Paediatric Orthopaedic Surgery for children (aged up to 16 years), in line with the criteria identified in this specification.

2.1 Access Criteria

The service will accept referrals from secondary and tertiary care clinicians (in rare instances with prior approval from the Consultant Team, referrals from primary care will be accepted) for a child aged 0-16 years who requires Level 2 or Level 3 surgery as noted in section 1.3.

For patients between the age of 16 and 18 years, new referrals should be made to adult services. These decisions need to be discussed with the patient. In cases where competence of understanding is a concern every effort must be made to involve the relevant stakeholder parties involved in the patients' care. Adult clinicians can liaise with paediatricians if required depending on the nature of the young adult's presentations.

There will be instances when children requiring level 1 surgery, which is not normally considered specialised will become specialised due to a complex co-morbidity, which increases the anaesthetic and surgical risk significantly. In these circumstances, children should only be treated in specialised centres with the appropriate surgical and anaesthetic competency.

Children who meet the following criteria will need to be discussed and referred to a Tertiary centre for elective surgery that is considered non-specialist:

- under the age of 1 year (corresponding weight 10kg) (unless the hospital has anaesthetists and a wider perioperative team who have completed the relevant level of training and maintain competencies for safe practice in this age group)
- have high-risk factors:
 - severe cerebral palsy
 - achondroplasia
 - neuromuscular disorders
 - significant craniofacial anomalies
 - mucopolysaccharidosis
 - significant comorbidity (e.g. Complex or uncorrected congenital heart disease, Home oxygen, severe cystic fibrosis)
 - when onsite support from tertiary medical specialties is needed e.g. metabolic, haematology
- have extremes of BMI (above 99.6th centile or below 0.4th centile)

2.2 Service description

For those patients who meet the access criteria, care will be co-ordinated and delivered by a Paediatric Orthopaedic Surgeon, supported by the multi-disciplinary paediatric orthopaedic surgery team, as noted in the section for Staffing.

Specialised Paediatric Orthopaedic surgery will be delivered by the Paediatric Orthopaedic Surgeon and will be delivered through a hub and spoke model, with services being delivered in the designated specialist centre or more locally in acute hospitals if deemed clinically appropriate. This will require strong links with local services to ensure the services meet the needs of the patients.

The service will make use of advances in technology, which allow for patients to attend virtual clinics via systems such as "Attend Anywhere".

In addition to the standards required within the Contract, specific quality standards and measures will be expected, detailed in section 3. The provider must also meet the standards as set out below.

Facilities and equipment

Specialised Paediatric Orthopaedic Surgery services should have access to:

Radiology

Appropriate paediatric radiology cover which operates on a 24/7 basis. This may be as part of a network arrangement with other units, but where this is the case, there must be clear processes and pathways in place. Where 24/7 cover is not in place within the Health Board or as part of a network arrangement, providers will ensure that they have systems in place which mitigate the risk for patients, including robust arrangements in place for safe transfer by a neonatal or paediatric transfer service.

Transport

Access to paediatric transfer services on a 24/7 basis and that arrangements are in place for the safe transfer of infants and children when direct transfer is necessary by the provider unit.

Paediatric High Dependency and Intensive Care

Paediatric high dependency and intensive care facilities should be available and delivered within a network of care, which supports major/complex surgery and critically ill or injured babies and children.

Theatres

Access to appropriate operating theatre for both paediatric emergency and elective surgery, supported by paediatric radiology services.

Pathology

Histopathological examination of biopsies of tissues and organs removed at operation is essential for accurate diagnosis. Specialist paediatric pathologists in a specialist centre should ideally report all specimens on children. Access to expertise in specific tumour site pathology should be available for the diagnosis of tumours in young people.

Staffing

A paediatric orthopaedic surgeon is dedicated to the care of congenital and acquired musculoskeletal problems in children and adolescents. In order to be deemed as having Paediatric Orthopaedic expertise, the surgeon has undertaken a recognised period of higher surgical training in orthopaedics, trauma, and specialist paediatric fellowship experience. Allied health care professionals also are trained to the standard expected to deliver services to children.

Specialist paediatric orthopaedic services involve a large number of health care professionals in the delivery of a child's treatment within the model of the multidisciplinary team (MDT). There are many interdependencies with clinical services that are both community (to include educational) and hospital-based.

There are requirements in certain situations for adult surgeons with technical expertise to work alongside Paediatric Orthopaedic surgeons. These paediatric conditions are usually extremely infrequent in the population and shared expertise is required. These injuries / conditions include; specialist pelvic trauma, peripheral nerve injuries, hip arthroplasty, bone and soft tissue knee conditions, orthoplastic procedures and complex hand injuries.

Services will require staff to attend mandatory training on safeguarding, equality and diversity. The facilities provided should offer appropriate disabled access for children, parents and carers. When required, the services will use translators and printed information available in multiple languages.

Staffing

Specialised Paediatric Orthopaedic Surgery Multi-disciplinary Team (MDT)

Core Team

- Paediatric Orthopaedic Surgeon
- Adult Orthopaedic Surgeon
- Consultant Paediatric Anaesthetist
- Appropriately trained paediatric nurses
- Appropriately trained Physiotherapist
- Appropriately trained Occupational Therapist

Extended Team

- Neonatologists
- Dietetics
- Repatriation coordinators

2.3 Exclusion Criteria

The conditions for which the surgical intervention will be regarded as non-specialised and will not be commissioned by NWJCC but by health boards from a Level 1 paediatric orthopaedic surgery centre include:

- Simple trauma
- Obstetric trauma
- Hip dysplasia
- Uncomplicated MSK infection
- Simple foot deformities – metatarsus adductus, pes planus, pes cavus, toe deformities
- Simple SCFE
- Neurodisability surveillance and simple day case interventions
- Genu valgum, genu varum
- Physiological normal/abnormal variant assessment
- Simple adolescent knee conditions and injury (See BASK/BSCOS document)
- Vitamin D deficiency

2.4 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.5 Transition Arrangements

There should be a clear written description of the Multi-Disciplinary Team (MDT) involved in transitional care, locally and in the clinical network.

Transition arrangements should be in line with [Transition from children's to adults' services for young people using health or social care services NICE guidance NG43 and the Welsh Government Transition and Handover Guidance.](#)

Transition involves a process of preparation for young people and their families for their transition to adulthood and their transition to adult services. This preparation should start from early adolescence 12-13 year olds. The exact timing of this will ideally be dependent on the wishes of the young person but will need to comply with local resources and arrangements.

The transition process should be a flexible and collaborative process involving the young person and their family as appropriate and the service.

The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

2.6 Service provider/Designated Centre

- **Level 2 Centres**

- Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
Eaton Road
Liverpool L12 2AP
- Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
Steelhouse Lane
Birmingham B4 6NH
- Cardiff and Vale UHB (Children's Hospital for Wales)
Heath Park
Cardiff CF14 4XW
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Oswestry
Shropshire SY10 7AG
- Swansea Bay UHB (Morrison Hospital)
Heol Maes Eglwys
Swansea SA6 6NL

- **Level 3 Centres**

- Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital)
Eaton Road
Liverpool
L12 2AP
- Birmingham Women's and Children's NHS Foundation Trust (Birmingham Children's Hospital)
Steelhouse Lane
Birmingham B4 6NH
- Cardiff and Vale UHB (Children's Hospital for Wales)
Heath Park
Cardiff

CF14 4XW

- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Oswestry
Shropshire
SY10 7AG
- University Hospitals Bristol and Weston NHS Foundation Trust (Bristol Royal Hospital for Children)
Upper Maudlin Street
Bristol
BS2 8BJ

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

3.1 Quality Monitoring Controls & Indicators

The Specialised Paediatric Orthopaedic Surgery service is required to:

- Perform quarterly reviews of functionality and performance.
- Participate in national UK audits, where available, in order to ensure the best possible clinical outcomes. All audits should take into account the results of all surgeons in the centre.
- Use a recognised system to demonstrate service quality and standards.
- Use detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- Ensure that the quality system and its treatment protocols will be subject to regular clinical and management audit.
- Hold other meetings regularly on a quarterly basis to address clinical, service delivery and governance issues.
- Review of risk registers and Welsh Risk Pool data.

The above should form the basis of an annual report shared with Health Boards who refer to the service or participate in it.

It is the Provider's responsibility to notify the commissioner on an exceptional basis should there be any breaches of the care standards.

Where there are breaches any consequences will be deemed as being the Provider's responsibility.

Services must comply with the relevant NICE quality standards, which defines clinical best practice.

The provider will report all incidents relating to patient safety incidents and where appropriate will report the incidence of:

- Hospital related venous thromboembolism (VTE).

- Incidence of healthcare associated infection (HCAI) MRSA, C Difficile.
- Incidence of newly acquired category 2, 3 and 4 pressure ulcers.
- Incidence of medication errors causing serious harm.
- Incidence of harm to children due to failure to monitoring.

3.2 Patient Experience

The provider will ensure that children and parents have access to the relevant support groups and education, and will conduct regular surveys of patient / carer satisfaction in line with national guidance⁹.

⁹ [Framework for Assuring Service User Experience, Welsh Government, October 2018](#)

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy, the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Sections 2.2, 3.1 and 3.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers and NWJCC on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Surgery component waiting time for patients (day case and IPT)
- Hospital stay (median length of stay in days)
- Equitable access (by LHB population) to surgery
- Number of cancelled operations leading to avoidable delay and negative patient experience
- 28 day re-admission rates
- Number of unplanned admissions to PICU
- Number of Serious Untoward Incidents (SUIs) reported
- Number of written complaints received
- Infection monitoring as per section 3.1
- Multidisciplinary mortality and morbidity meetings – documentation and evidence of learning

4.3 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

6.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

Annex i Glossary

Glossary

Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – nwjccconsultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

[Contact us - NHS Wales Joint Commissioning Committee](#)

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Offices

- Unit 1, Charnwood Court, Heol Billingsley, Nantgarw, CF15 7QZ
- Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Offices

- Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY
- Preswylfa, Hendy Road, Mold, CH7 1PZ