

Emergency (non-elective) procedures in children and young people: Reviewer assessment form

A. Introduction

What is this study about?

The aim of this study is to identify good practice and remediable factors in the delivery of care provided to children and young people (CYP) (0-18th birthday) undergoing emergency (non-elective) procedures under anaesthetic or sedation.

Inclusions

CYP aged 0 to 18 years, undergoing an emergency (non-elective) procedure. Patients have been sampled for inclusion across two time frames:

- Time frame 1: Monday 17th June 00:00 – Sunday 30th June 23:59 2024
- Time frame 2: Monday 12th February 00:00 – Sunday 25th February 23:59 2024

Unable to answer

Please use the 'unable to answer' box if there is not enough information available in the notes to answer the question, or the part of the notes needed to answer the question have not been returned, or if there is not enough detail to form an opinion.

Please complete this questionnaire based on the index admission (the admission during which the procedure was undertaken)

1. NCEPOD number

2. Site ID

Value should be between 300,000 and 399,999

3. Trust ID

Value should be between 200,000 and 299,999

4. Is this hospital:

To be copied from the SQ or to completed by NCEPOD staff

- ☐ A stand alone tertiary paediatric centre
- ☐ A tertiary paediatric centre in a Trust/Health Board that also treats adults
- ☐ A University Teaching Hospital in a Trust/Health Board which delivers surgical care to children
- ☐ A District General Hospital which delivers surgical care to children
- ☐ Unable to answer - SQ not returned

If not listed above, please specify here...

5. Name of reviewer

6. Date of meeting

Please complete this questionnaire based on the index admission (the admission during which the procedure was undertaken)

1. Did the patient undergo an emergency (non-elective) procedure under anaesthetic or sedation during this admission?

This includes emergency, urgent and expedited procedures

☐ Yes ☐ No ☐ Unable to answer

If this patient did not undergo a non-elective procedure during this admission, please let the NCEPOD staff know

2. What procedure did the patient undergo?

3a. What was the diagnosis?

3b. Did an incorrect diagnosis contribute to any delays?

☐ Yes ☐ No ☐ Unable to answer ☐ NA - no incorrect diagnosis made

4a. Age at time of procedure

 Years

Value should be no more than 18

4b. Was the patient less than one year of age at the time of the procedure?

☐ Yes ☐ No ☐ Unable to answer

4c. If answered "Yes" to [4b] then:

If YES, were they born at less than 37 weeks gestation?

☐ Yes ☐ No ☐ Unable to answer

4d. If answered "Yes" to [4b] and "Yes" to [4c] then:

If YES, what was the gestational age at birth?

☐ Unknown

5. Sex

☐ Male ☐ Female ☐ Other ☐ Unable to answer

6. Ethnicity

- ☐ White British/White - other
☐ Black/African/Caribbean/Black British
☐ Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)
☐ Mixed/Multiple ethnic groups
☐ Unable to answer

If not listed above, please specify here...

7a. Did the patient have any comorbidities?

☐ Yes ☐ No ☐ Unable to answer

**7b. If answered "Yes" to [7a] then:
If YES, what were these?**

**7c. If answered "Yes" to [7a] then:
If YES, which specialties other than the surgical team, were involved in managing the
comorbidities?**

8. Did the patient have any communication difficulties? (Please tick all that apply)

- ☐ Language difficulties ☐ Hearing difficulties ☐ None
☐ Unable to answer

Please specify any additional options here...

9. Did the patient have any learning difficulties?

- ☐ Yes ☐ No ☐ Unable to answer

10. Did the patient have any physical disability?

- ☐ Yes ☐ No ☐ Unable to answer

C. Summary of key dates and times

Please save the questionnaire as you work through this section

1a. Approximately what date did the symptoms start?

☐ Unknown

1b. Approximately what time did the symptoms start?

☐ Unknown

2a. Date the patient first reported symptoms to a healthcare professional (approximately):

This may be prior to the index admission

☐ Unknown

2b. Time the patient first reported symptoms to a healthcare professional (approximately):

This may be prior to the index admission

☐ Unknown

Transfers

3a. Was the patient transferred directly from another hospital?

☐ Yes

☐ No

☐ Unable to answer

3b. If answered "Yes" to [3a] then:

What was the date of referral to this hospital?

☐ Unknown

3c. If answered "Yes" to [3a] then:

What was the time of referral to this hospital?

☐ Unknown

Arrival details (for the index admission (admission during which the procedure was undertaken))

4a. What was the date of arrival at this hospital?

☐ Unknown

4b. What was the time of arrival at this hospital?

☐ Unknown

5a. What was the date of the first assessment (not including triage) on arrival in the operating hospital?

☐ Unknown

5b. What was the time of the first assessment on arrival in the operating hospital?

☐ Unknown

5c. What grade of clinician was responsible for undertaking the first assessment on arrival in the operating hospital?

- ☐ Consultant
☐ Specialty and associate specialist (SAS)
☐ Trainee with CCT
☐ Senior specialist trainee (ST5+ or equivalent)
☐ Senior specialist trainee (ST3/4 or equivalent)
☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
☐ Advanced nurse practitioner
☐ Advanced clinical practitioner
☐ Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
☐ Senior staff nurse
☐ Physicians associate
☐ Unable to answer

If not listed above, please specify here...

5d. What specialty of clinician was responsible for undertaking the first assessment on arrival in the operating hospital?

- | | | |
|---|---|--|
| <input type="radio"/> Emergency medicine | <input type="radio"/> General Surgery | <input type="radio"/> Paediatric surgery |
| <input type="radio"/> Trauma and orthopaedics | <input type="radio"/> Otorhinolaryngology (ENT) | <input type="radio"/> Urology |
| <input type="radio"/> Plastic surgery | <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine |
| <input type="radio"/> Specialist medicine | <input type="radio"/> Paediatric medicine | <input type="radio"/> Interventional radiologist |
| <input type="radio"/> Unable to answer | | |

If not listed above, please specify here...

**5e. If answered "Other specialist surgery" to [5d] then:
If OTHER SPECIALIST SURGERY please specify**

**5f. If answered "Specialist medicine" to [5d] then:
If SPECIALIST MEDICINE please specify**

Admission details (admission during which the procedure was undertaken)

6a. Was the patient admitted to a ward prior to going to theatre?

- | | |
|--|--|
| <input type="radio"/> Yes | <input type="radio"/> No (taken directly to theatre) |
| <input type="radio"/> Unable to answer | <input type="radio"/> NA - procedure not undertaken in theatre |

**6b. If answered "Yes" to [1] then:
Date of admission**

☐ Unknown

**6c. If answered "Yes" to [1] then:
Time of admission**

☐ Unknown

**7a. If answered "Yes" to [1] then:
What was the date of the first review following admission?**

☐ Unknown

7b. If answered "Yes" to [1] then:

What was the time of the first review following admission

☐ Unknown

7c. If answered "Yes" to [1] then:

What was the grade of the clinician responsible for undertaking the first review following admission?

- ☐ Consultant
- ☐ Specialty and associate specialist (SAS)
- ☐ Trainee with CCT
- ☐ Senior specialist trainee (ST5+ or equivalent)
- ☐ Senior specialist trainee (ST3/4 or equivalent)
- ☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
- ☐ Advanced nurse practitioner
- ☐ Advanced clinical practitioner
- ☐ Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- ☐ Senior staff nurse
- ☐ Physicians associate
- ☐ Unable to answer

If not listed above, please specify here...

7d. If answered "Yes" to [1] then:

What was the specialty of the clinician responsible for undertaking the first review following admission?

- | | | |
|---|--|---|
| <input type="radio"/> General Surgery | <input type="radio"/> Paediatric surgery | <input type="radio"/> Trauma and orthopaedics |
| <input type="radio"/> Otorhinolaryngology (ENT) | <input type="radio"/> Urology | <input type="radio"/> Plastic surgery |
| <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine |
| <input type="radio"/> Paediatric medicine | <input type="radio"/> Interventional radiologist | <input type="radio"/> Unable to answer |

If not listed above, please specify here...

7e. If answered "Yes" to [1] and "Other specialist surgery" to [7d] then:

If OTHER SPECIALIST SURGERY please specify

7f. If answered "Yes" to [1] and "Specialist medicine" to [7d] then:

If SPECIALIST MEDICINE please specify

First ST3+ or equivalent review (not including anaesthetic review)

8a. What was the date of the first ST3+ or equivalent review?

This may be the same clinician who undertook the first review on admission or arrival.

☐ Unknown

8b. What was the time of the first ST3+ or equivalent review following arrival?

This may be the same clinician who undertook the first review on admission or arrival.

☐ Unknown

8c. What was the specialty of the first ST3+ or equivalent review following arrival?

This may be the same clinician who undertook the first review on admission or arrival.

- | | | |
|---|--|---|
| <input type="radio"/> General Surgery | <input type="radio"/> Paediatric surgery | <input type="radio"/> Trauma and orthopaedics |
| <input type="radio"/> Otorhinolaryngology (ENT) | <input type="radio"/> Urology | <input type="radio"/> Plastic surgery |
| <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine |
| <input type="radio"/> Paediatric medicine | <input type="radio"/> Interventional radiologist | <input type="radio"/> Unable to answer |

If not listed above, please specify here...

**8d. If answered "Other specialist surgery" to [8c] then:
If OTHER SPECIALIST SURGERY please specify**

**8e. If answered "Specialist medicine" to [8c] then:
If SPECIALIST MEDICINE please specify**

First consultant review (not including anaesthetic review)

9a. What was the date of the first CONSULTANT review?

This may be the same clinician who undertook the first review on admission or arrival, or the first ST3+ review. If the patient was not reviewed by a consultant, please tick not applicable.

☐ Not Applicable ☐ Unknown

9b. What was the time of the first CONSULTANT review?

This may be the same clinician who undertook the first review on admission or arrival, or the first ST3+ review. If the patient was not reviewed by a consultant, please tick not applicable.

☐ Not Applicable ☐ Unknown

9c. What was the specialty of the first CONSULTANT?

This may be the same clinician who undertook the first review on admission or arrival, or the first ST3+ review.

- | | |
|---|---|
| <input type="radio"/> General Surgery | <input type="radio"/> Paediatric surgery |
| <input type="radio"/> Trauma and orthopaedics | <input type="radio"/> Otorhinolaryngology (ENT) |
| <input type="radio"/> Urology | <input type="radio"/> Plastic surgery |
| <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine |
| <input type="radio"/> Specialist medicine | <input type="radio"/> Paediatric medicine |
| <input type="radio"/> Interventional radiologist | <input type="radio"/> Unable to answer |
| <input type="radio"/> Not applicable - no consultant review | |

If not listed above, please specify here...

**9d. If answered "Other specialist surgery" to [9c] then:
If OTHER SPECIALIST SURGERY please specify**

**9e. If answered "Specialist medicine" to [9c] then:
If SPECIALIST MEDICINE please specify**

First anaesthetic review

10a. What was the date of the first anaesthetist review prior to surgery?

If the patient was not reviewed by an anaesthetist, please tick not applicable.

☐ Not Applicable ☐ Unknown

10b.What was the time of the first anaesthetist review prior to surgery?

If the patient was not reviewed by an anaesthetist, please tick not applicable.

☐ Not Applicable ☐ Unknown

10c.What was the grade of the anaesthetist?

- ☐ Consultant
☐ Specialty and associate specialist (SAS)
☐ Trainee with CCT
☐ Senior specialist trainee (ST5+ or equivalent)
☐ Senior specialist trainee (ST3/4 or equivalent)
☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
☐ Anaesthesia associate
☐ Unable to answer
☐ Not applicable - not reviewed by an anaesthetist

If not listed above, please specify here...

Decision to perform the procedure

11a.What was the date the decision was made to perform the procedure?

This may be following arrival or admission to the ward

☐ Unknown

11b.What was the time the decision was made to perform the procedure?

☐ Unknown

11c.What was the grade of clinician who made the decision to perform the procedure?

- ☐ Consultant
☐ Specialty and associate specialist (SAS)
☐ Trainee with CCT
☐ Senior specialist trainee (ST5+ or equivalent)
☐ Senior specialist trainee (ST3/4 or equivalent)
☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
☐ Advanced nurse practitioner
☐ Advanced clinical practitioner
☐ Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
☐ Senior staff nurse
☐ Physicians associate
☐ Unable to answer

If not listed above, please specify here...

11d.What was the specialty of the clinician who made the decision to perform the procedure?

- | | | |
|---|--|---|
| <input type="radio"/> General surgery | <input type="radio"/> Paediatric surgery | <input type="radio"/> Trauma and orthopaedics |
| <input type="radio"/> Otorhinolaryngology (ENT) | <input type="radio"/> Urology | <input type="radio"/> Plastic surgery |
| <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine |
| <input type="radio"/> Paediatric medicine | <input type="radio"/> Interventional radiology | <input type="radio"/> Unable to answer |

If not listed above, please specify here...

**11e.If answered "Other specialist surgery" to [11d] then:
If OTHER SPECIALIST SURGERY please specify**

**11f. If answered "Specialist medicine" to [11d] then:
If SPECIALIST MEDICINE please specify**

Theatre booking details

12a. What was the date of the theatre booking?

This may be copied across from the surgical or anaesthetic questionnaire if not available in the case notes. If the patient underwent a procedure outside of theatre, please mark as not applicable.

☐ Not Applicable ☐ Unknown

12b. What was the time of the theatre booking?

This may be copied across from the surgical or anaesthetic questionnaire if not available in the case notes. If the patient underwent a procedure outside of theatre, please mark as not applicable.

☐ Not Applicable ☐ Unknown

12c. What was the grade of clinician who made the theatre booking?

- ☐ ST3+ or equivalent and above
☐ CT2- or equivalent and below
☐ Unable to answer
☐ Not applicable - patient underwent a procedure outside of theatre

12d. What was the specialty of the clinician who made the theatre booking?

- ☐ General surgery
☐ Paediatric surgery
☐ Trauma and orthopaedics
☐ Otorhinolaryngology (ENT)
☐ Urology
☐ Plastic surgery
☐ Other specialist surgery
☐ General medicine
☐ Specialist medicine
☐ Paediatric medicine
☐ Anaesthetics
☐ Interventional radiologist
☐ Unable to answer
☐ Not applicable - patient underwent a procedure outside of theatre

If not listed above, please specify here...

**12e. If answered "Other specialist surgery" to [12d] then:
If OTHER SPECIALIST SURGERY please specify**

**12f. If answered "Specialist medicine" to [12d] then:
If SPECIALIST MEDICINE please specify**

Operation details

13a. Date of commencement of anaesthetic or sedation

☐ Unknown

13b. Time of commencement of anaesthetic or sedation

☐ Unknown

13c. What was the grade of clinician who performed the procedure?

- ☐ Consultant
☐ Specialty and associate specialist (SAS)
☐ Trainee with CCT
☐ Senior specialist trainee (ST5+ or equivalent)
☐ Senior specialist trainee (ST3/4 or equivalent)
☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
☐ Advanced nurse practitioner
☐ Advanced clinical practitioner
☐ Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
☐ Senior staff nurse
☐ Unable to answer

If not listed above, please specify here...

13d. What was the specialty of the clinician who performed the procedure?

- | | | |
|---|--|--|
| <input type="radio"/> General Surgery | <input type="radio"/> Paediatric surgery | <input type="radio"/> Trauma and orthopaedics |
| <input type="radio"/> Otorhinolaryngology (ENT) | <input type="radio"/> Urology | <input type="radio"/> Plastic surgery |
| <input type="radio"/> Other specialist surgery | <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine |
| <input type="radio"/> Paediatric medicine | <input type="radio"/> Anaesthetics | <input type="radio"/> Interventional radiology |
| <input type="radio"/> Unable to answer | | |

If not listed above, please specify here...

13e. If answered "Other specialist surgery" to [13d] then:

If SPECIALIST SURGERY please specify

13f. If answered "Specialist medicine" to [13d] then:

If SPECIALIST MEDICINE please specify

14. Where was the procedure undertaken?

- | | | |
|-------------------------------|--|--|
| <input type="radio"/> Theatre | <input type="radio"/> Radiology | <input type="radio"/> Emergency department |
| <input type="radio"/> Ward | <input type="radio"/> Unable to answer | |

If not listed above, please specify here...

Discharge details

15. What was the date of discharge/death?

☐ Unknown

1a. From whom did the patient seek advice (prior to admission to this hospital for the index admission)? (Please tick all that apply)

- ☐ NHS 111
- ☐ GP
- ☐ Urgent treatment centre
- ☐ Another hospital
- ☐ Previous presentation to this hospital for the same condition (to include a previous emergency department attendance, outpatient department appointment or admission)
- ☐ NA - presented directly to the emergency department
- ☐ Unable to answer

Please specify any additional options here...

1b. If answered "Previous presentation to this hospital for the same condition (to include a previous emergency department attendance, outpatient department appointment or admission)" to [1a] then:

If YES TO PREVIOUS PRESENTATION, was this part of a normal pathway of care for this condition?

- ☐ Yes ☐ No ☐ Unable to answer

1c. If answered "Previous presentation to this hospital for the same condition (to include a previous emergency department attendance, outpatient department appointment or admission)" to [1a] then:

If YES TO PREVIOUS PRESENTATION, did this result in a delay in the treatment?

- ☐ Yes ☐ No ☐ Unable to answer

1d. If answered "Previous presentation to this hospital for the same condition (to include a previous emergency department attendance, outpatient department appointment or admission)" to [1a] and "Yes" to [1c] then:

If YES, please give further details

1. Where was the patient first seen on arrival at this hospital?

- | | |
|--|---|
| <input type="radio"/> Emergency department | <input type="radio"/> Paediatric emergency department |
| <input type="radio"/> Children's assessment unit (CAU) | <input type="radio"/> Surgical admissions unit (SAU) |
| <input type="radio"/> Medical admissions unit (MAU) | <input type="radio"/> Paediatric ward |
| <input type="radio"/> General surgical ward | <input type="radio"/> Specialist surgical ward |
| <input type="radio"/> General medical ward | <input type="radio"/> Specialist medical ward |
| <input type="radio"/> Unable to answer | |

If not listed above, please specify here...

2. Mode of admission:

- | | |
|--|--|
| <input type="radio"/> Self referral (via the emergency department) | <input type="radio"/> 111 referral |
| <input type="radio"/> GP referral | <input type="radio"/> Transfer from another hospital |
| <input type="radio"/> Via a specialist clinic | <input type="radio"/> Unable to answer |

If not listed above, please specify here...

If transferred from another hospital

3. If answered "Transfer from another hospital" to [2] then:

What was the mode of transfer to this hospital?

- ☐ Transferred using the referring hospital's team?
- ☐ Retrieved from the referring hospital by a team from this hospital?
- ☐ Transferred by a dedicated specialist retrieval service (separate from either hospital)?
- ☐ Standard ambulance transfer without medical team
- ☐ Own parent/carer transport
- ☐ Unable to answer

If not listed above, please specify here...

4. If answered "Transfer from another hospital" to [2] then:

What was the reason for the transfer to this hospital? (Please tick all that apply)

- ☐ No surgeon competent to undertake procedure
- ☐ No anaesthetist competent to anaesthetise patient
- ☐ No emergency surgical services at the referring site
- ☐ No appropriate critical care bed or facilities
- ☐ Unable to answer

Please specify any additional options here...

5. If answered "Transfer from another hospital" to [2] then:

Was there a deterioration in the patient during transfer?

- | | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unable to answer |
|---------------------------|--------------------------|--|

6a. If answered "Transfer from another hospital" to [2] then:

Was there a delay in transfer?

- | | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unable to answer |
|---------------------------|--------------------------|--|

**6b. If answered "Transfer from another hospital" to [2] and "Yes" to [6a] then:
If YES, did this affect the outcome?**

☐ Yes

☐ No

☐ Unable to answer

**7. If answered "Transfer from another hospital" to [2] then:
In your opinion was this transfer appropriate?**

☐ Yes

☐ No

☐ Unable to answer

All patients

8. In your opinion, was there a delay in arrival?

☐ Yes

☐ No

☐ Unable to answer

F. Initial assessment on arrival at this hospital for the index admission

1. Were there any delays in the initial assessment on arrival?

- ☐ Yes ☐ No ☐ Unable to answer

2a. In your opinion, was there a delay in recognising the need for surgical intervention at the time of initial assessment?

- ☐ Yes ☐ No ☐ Unable to answer

2b. If answered "Yes" to [2a] then:

If YES, did this impact on the outcome of the patient?

- ☐ Yes ☐ No ☐ Unable to answer

3. In your opinion was the initial assessment performed by the most appropriate clinician?

- ☐ Yes ☐ No ☐ Unable to answer

4. Were any investigations required?

- ☐ Yes ☐ No ☐ Unable to answer

5. If answered "Yes" to [4] then:

Were all relevant investigations performed?

- ☐ Yes ☐ No ☐ Unable to answer

6a. If answered "Yes" to [4] then:

Were there any delays in performing investigations?

- ☐ Yes ☐ No ☐ Unable to answer

6b. If answered "Yes" to [6a] and "Yes" to [4] then:

If YES, did this result in delayed treatment?

- ☐ Yes ☐ No ☐ Unable to answer

6c. If answered "Yes" to [6a] and "Yes" to [6b] and "Yes" to [4] then:

If YES, please give further details:

1. Was the patient admitted to a ward prior to going to theatre?

- ☐ Yes ☐ No (taken directly to theatre)
☐ Unable to answer ☐ NA - procedure not undertaken in theatre

If NO, please go to Section G

2. If answered "Yes" to [1] then:

In your opinion, was the patient admitted under the correct specialty?

- ☐ Yes ☐ No ☐ Unable to answer

3. If answered "Yes" to [1] then:

In your opinion, was the patient admitted to the appropriate ward?

- ☐ Yes ☐ No ☐ Unable to answer

Please save the questionnaire as you work through this section

1a. Was a management plan written following the initial assessment?

- ☐ Yes ☐ No ☐ Unable to answer

1b. If answered "Yes" to [1a] then:

If YES, did this include: (please tick all that apply)

- ☐ Fasting ☐ Monitoring vital signs ☐ Urgent referral to a surgeon
☐ Unable to answer

Please specify any additional options here...

2a. Did the patient require optimisation due to the presentation of abnormal physiology?

- ☐ Yes ☐ No ☐ Unable to answer

2b. If answered "Yes" to [2a] then:

If YES, did they require organ support?

- ☐ Yes ☐ No ☐ Unable to answer

2c. If answered "Yes" to [2a] and "Yes" to [2b] then:

If YES, what was used? (Please tick all that apply)

- ☐ Respiratory support ☐ Circulatory support ☐ Renal support ☐ Unable to answer

Please specify any additional options here...

2d. If answered "Yes" to [2a] and "Yes" to [2b] then:

If YES, in your opinion was this appropriate?

- ☐ Yes ☐ No ☐ Unable to answer

2e. If answered "Yes" to [2a] and "Yes" to [2b] then:

If YES, did this cause any unnecessary delay to the procedure?

- ☐ Yes ☐ No ☐ Unable to answer

2f. If answered "Yes" to [2a] and "Yes" to [2b] and "Yes" to [2e] then:

If YES, please give further information

3a. Was the pre-procedure preparation of the patient adequate?

- ☐ Yes ☐ No ☐ Unable to answer

**3b. If answered "No" to [3a] then:
If NO, what should have been optimised?**

**3c. If answered "No" to [3a] then:
If NO, did this affect the outcome of the patient?**

☐ Yes ☐ No ☐ Unable to answer

**3d. If answered "No" to [3a] and "Yes" to [3c] then:
If YES, please specify**

4a. Was the patient commenced on a dedicated pathway for emergency surgery in children and young people?

☐ Yes ☐ No ☐ Unable to answer

**4b. If answered "No" to [4a] then:
If NO, was the patient commenced on any other surgical pathway?**

☐ Yes ☐ No ☐ Unable to answer

**4c. If answered "No" to [4a] then:
If NO (not commenced on a dedicated surgical pathway), should they have been?**

☐ Yes ☐ No ☐ Unable to answer

ST3+ or equivalent review (not including anaesthetic review)

5a. Was there an ST3+ or equivalent review?

☐ Yes ☐ No ☐ Unable to answer

**5b. If answered "Yes" to [5a] then:
If YES, in your opinion, was the patient reviewed by the most appropriate specialty ST3+ or equivalent clinician?**

☐ Yes ☐ No ☐ Unable to answer

**5c. If answered "Yes" to [5a] then:
If YES, in your opinion, was there a delay in ST3+ or equivalent assessment?**

☐ Yes ☐ No ☐ Unable to answer

5d. If answered "Yes" to [5a] then:

Was the location of the review appropriate?

☐ Yes

☐ No

☐ Unable to answer

5e. If answered "Yes" to [5a] and "No" to [5d] then:

If NO, please expand on your answer

Consultant review (not including anaesthetic review)

6a. Was the patient reviewed by a consultant?

☐ Yes

☐ No

☐ Unable to answer

6b. If answered "Yes" to [6a] then:

If YES (seen by consultant), was there a delay in review?

☐ Yes

☐ No

☐ Unable to answer

6c. If answered "Yes" to [6a] and "Yes" to [6b] then:

If YES (delay in consultant review), did this impact on the care of the patient?

☐ Yes

☐ No

☐ Unable to answer

6d. If answered "No" to [6a] then:

If NO, is there evidence in the case notes that a consultant was contacted to discuss the case?

☐ Yes

☐ No

☐ Unable to answer

6e. If answered "No" to [6a] then:

If NO (wasn't seen by a consultant), should they have been?

☐ Yes

☐ No

☐ Unable to answer

6f. If answered "No" to [6a] and "Yes" to [6e] then:

If YES (should have been seen by a consultant), please expand on your answer

Anaesthetic review

7a. Was the patient seen by a consultant anaesthetist prior to the procedure?

☐ Yes

☐ No

☐ Unable to answer

7b. If answered "No" to [7a] then:

If NO, is there evidence in the case notes that a consultant anaesthetist was contacted to discuss the case?

☐ Yes

☐ No

☐ Unable to answer

I. Treatment plan

1a. In your opinion, was there a delay in decision-making?

☐ Yes ☐ No ☐ Unable to answer

1b. If answered "Yes" to [1a] then:

If YES, did this impact on the care of the patient?

☐ Yes ☐ No ☐ Unable to answer

2a. In your opinion, was there an inappropriate delay in treatment (excluding time to procedure)?

☐ Yes ☐ No ☐ Unable to answer

2b. If answered "Yes" to [2a] then:

If YES, please expand on your answer:

2c. If answered "Yes" to [2a] then:

If YES, in your opinion did this impact on the care of the patient?

☐ Yes ☐ No ☐ Unable to answer

2d. If answered "Yes" to [2a] and "Yes" to [2c] then:

If YES, please expand on your answer:

3. In your opinion, was there adequate shared decision-making between the patient, family and professionals?

☐ Yes ☐ No ☐ Unable to answer

Please save the questionnaire as you work through this section

1a. In your opinion, was there a delay in taking consent?

- ☐ Yes ☐ No ☐ Unable to answer

1b. If answered "Yes" to [1a] then:

If YES, in your opinion, did this delay the procedure?

- ☐ Yes ☐ No ☐ Unable to answer

1c. If answered "Yes" to [1a] and "Yes" to [1b] then:

If YES, please expand on your answer:

2a. What was the category of urgency of surgery?

- ☐ Immediate (Immediate life, limb or organ-saving intervention – resuscitation simultaneous with interve
☐ Urgent (Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, f
☐ Expedited (Patient requiring early treatment where the condition is not an immediate threat to life, lim
☐ Unable to answer

If not listed above, please specify here...

2b. What was the proposed time frame for procedure commencement from the time of booking?

- ☐ <1 hour ☐ <6 hours ☐ <24 hours ☐ >24 hours
☐ Unable to answer

3a. In your opinion, was the patient booked under the correct category of urgency?

- ☐ Yes ☐ No ☐ Unable to answer

3b. If answered "No" to [3a] then:

If NO, what categorisation of urgency should the patient have been booked as?

- ☐ Immediate (Immediate life, limb or organ-saving intervention – resuscitation simultaneous with interve
☐ Urgent (Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, f
☐ Expedited (Patient requiring early treatment where the condition is not an immediate threat to life, lim
☐ Unable to answer

If not listed above, please specify here...

4a. In your opinion, was there a delay in booking the case?

- ☐ Yes ☐ No ☐ Unable to answer

4b. If answered "Yes" to [4a] then:

If YES, what was the reason for the delay? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Unable to contact theatre | <input type="checkbox"/> Unable to contact anaesthetist |
| <input type="checkbox"/> Surgical team delay | <input type="checkbox"/> Unable to answer |

Please specify any additional options here...

5. In your opinion, was the patient fasted for too long?

- ☐ Yes ☐ No ☐ Unable to answer
- ☐ Not applicable - not fasted

6a. In your opinion, was the grade of the surgeon appropriate for this case?

- ☐ Yes ☐ No ☐ Unable to answer

6b. If answered "No" to [6a] then:

If NO, did this lead to any delays in undertaking the procedure?

- ☐ Yes ☐ No ☐ Unable to answer

7. What type of anaesthetic was used? (Please tick all that apply)

- | | | | |
|---|-----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> Regional | <input type="checkbox"/> Local | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Unable to answer | | | |

Please specify any additional options here...

8a. What was the grade of the anaesthetist giving the anaesthetic?

- ☐ Consultant
- ☐ Staff grade/Associate specialist
- ☐ Trainee with CCT
- ☐ Senior specialist trainee (ST5+ or equivalent)
- ☐ Senior specialist trainee (ST3/4 or equivalent)
- ☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
- ☐ Unable to answer

8b. In your opinion, was the grade of the anaesthetist appropriate for this case?

- ☐ Yes ☐ No ☐ Unable to answer

8c. If answered "No" to [8b] then:

If NO, did this lead to any delays in undertaking the procedure?

- ☐ Yes ☐ No ☐ Unable to answer

9a. In your opinion, was there a delay from booking the case to the start of the procedure?

- ☐ Yes ☐ No ☐ Unable to answer

9b. If answered "Yes" to [9a] then:

If YES, how long was the delay?

hours

- ☐ Unknown

9c. If answered "Yes" to [9a] then:

If YES, did this impact on the outcome of the patient?

- ☐ Yes ☐ No ☐ Unable to answer

9d. If answered "Yes" to [9a] and "Yes" to [9c] then:

If YES, how did this impact on outcome? (Please tick all that apply)

- ☐ Patient died
- ☐ Sepsis
- ☐ Critical care admission
- ☐ Prolonged hospital stay
- ☐ Further procedure
- ☐ Patient readmitted to hospital within 30 days of the procedure
- ☐ Unable to answer

Please specify any additional options here...

9e. If answered "Yes" to [9a] then:

If YES, what was the reason for the delay? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Theatre not available | <input type="checkbox"/> Appropriate staff availability |
| <input type="checkbox"/> Staff handover | <input type="checkbox"/> Staff breaks |
| <input type="checkbox"/> Anaesthetic delay | <input type="checkbox"/> Surgical delay |
| <input type="checkbox"/> Emergency workload | <input type="checkbox"/> Patient not ready |
| <input type="checkbox"/> Unable to answer | |

Please specify any additional options here...

9f. If answered "Yes" to [9a] then:

If YES, was the urgency of the case escalated to the theatre team?

- ☐ Yes ☐ No ☐ Unable to answer

9g. If answered "Yes" to [9a] and "Yes" to [9f] then:

If YES, was the theatre escalation process activated?

- ☐ Yes ☐ No ☐ Unable to answer

9h. If answered "Yes" to [9a] and "Yes" to [9f] and "Yes" to [9g] then:

If YES, what action was taken?: (please tick all that apply)

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Opened additional theatre | <input type="checkbox"/> Stopped elective theatre | <input type="checkbox"/> None |
| <input type="checkbox"/> Unable to answer | | |

Please specify any additional options here...

1a. Did the patient go to a specialised paediatric recovery bay following surgery?

- ☐ Yes ☐ No ☐ Unable to answer

1b. If answered "No" to [1a] then:**If NO, where were they recovered?**

- ☐ General recovery area ☐ Unable to answer

If not listed above, please specify here...

2a. What was the first location of the patient after recovery?

- ☐ Paediatric general ward
☐ Adult general ward
☐ Paediatric surgical ward
☐ Adult surgical ward
☐ Paediatric intensive care
☐ Adult intensive care
☐ Paediatric HDU
☐ Adult HDU
☐ Day ward
☐ Transferred out to another specialist hospital
☐ Discharged directly from the location of procedure (i.e. emergency department)
☐ Unable to answer

If not listed above, please specify here...

2b. Please add specialty (if applicable)

2c. Was this location appropriate?

- ☐ Yes ☐ No ☐ Unable to answer

2d. If answered "No" to [2c] then:**If NO, where should they have gone?**

- ☐ General surgical ward ☐ Specialist surgical ward ☐ General medical ward
☐ Specialist medical ward ☐ Intensive care unit ☐ High dependency unit
☐ Unable to answer

If not listed above, please specify here...

2e. If answered "No" to [2c] then:**If NO, did this affect outcome?**

- ☐ Yes ☐ No ☐ Unable to answer

3a. At any stage during the postoperative period, was it considered that an upgrade in the level of care was required?

- ☐ Yes ☐ No ☐ Unable to answer

3b. If answered "Yes" to [3a] then:**If YES, was/did this upgrade in the level of care:**

- ☐ Provided on-site ☐ Required a transfer ☐ Unable to answer

If not listed above, please specify here...

4a. Did the patient suffer any complications during the peri-operative period?

☐ Yes

☐ No

☐ Unable to answer

4b. If answered "Yes" to [4a] then:

If YES, please specify: (please tick all that apply)

4c. If answered "Yes" to [4a] then:

If YES, were the complications managed appropriately?

☐ Yes

☐ No

☐ Unable to answer

4d. If answered "Yes" to [4a] and "No" to [4c] then:

If NO, please provide details:

4e. If answered "Yes" to [4a] then:

Were any of the complications avoidable?

☐ Yes

☐ No

☐ Unable to answer

4f. If answered "Yes" to [4a] and "Yes" to [4e] then:

If YES, please provide details:

4g. If answered "Yes" to [4a] then:

Did any of the complications occur as a result of a delay?

☐ Yes

☐ No

☐ Unable to answer

**4h. If answered "Yes" to [4a] and "Yes" to [4g] then:
If YES, please give details:**

**4i. If answered "Yes" to [4a] then:
Did any of the complications result in a return to theatre?**

☐ Yes ☐ No ☐ Unable to answer

**4j. If answered "Yes" to [4a] and "Yes" to [4i] then:
If YES, please give details:**

**4k. If answered "Yes" to [4a] then:
With the benefit of hindsight, could the complication(s) have been avoided by preoperative action?**

☐ Yes ☐ No ☐ Unable to answer

**4l. If answered "Yes" to [4a] then:
With the benefit of hindsight, could the complication(s) have been avoided by active escalation of the procedure?**

☐ Yes ☐ No ☐ Unable to answer

**4m. If answered "Yes" to [4a] then:
Was a duty of candour completed in this case?**

☐ Yes ☐ No ☐ Unable to answer

**4n. If answered "Yes" to [4a] and "No" to [4m] then:
If NO, in your opinion should it have been?**

☐ Yes ☐ No ☐ Unable to answer

1a. In your opinion, did lack of clinician experience result in delays to treatment?

☐ Yes

☐ No

☐ Unable to answer

1b. If answered "Yes" to [1a] then:

If YES, please expand on your answer:

2a. Were there any safeguarding concerns raised in this case?

☐ Yes

☐ No

☐ Unable to answer

2b. If answered "Yes" to [2a] then:

If YES, in your opinion did this lead to a delay in the procedure?

☐ Yes

☐ No

☐ Unable to answer

2c. If answered "Yes" to [2a] and "Yes" to [2b] then:

If YES, please give further details

1. What was the outcome of this admission?

- ☐ Patient discharged alive ☐ Patient died ☐ Unable to answer

1a. Was the outcome of this patient discussed at a multidisciplinary review/audit/mortality meeting?

- ☐ Yes ☐ No ☐ Unable to answer

1b. If answered "No" or "Unable to answer" to [1a] then:

If NO or UNABLE TO ANSWER in your opinion should they have been?

- ☐ Yes ☐ No ☐ Unable to answer

1c. If answered "Yes" to [1a] then:

If YES, were remediable factors in the care of this patient identified?

- ☐ Yes ☐ No ☐ Unable to answer

1d. If answered "Yes" to [1a] and "Yes" to [1c] then:

If YES, what action was taken?

2a. Was a serious incident declared in this case?

- ☐ Yes ☐ No ☐ Unable to answer

2b. If answered "No" to [2a] then:

If NO, in your opinion should it have been?

- ☐ Yes ☐ No ☐ Unable to answer

1a. Overall, were there any delays in undertaking the procedure?

- ☐ Yes
 ☐ No
 ☐ Unable to answer

1b. If answered "Yes" to [1a] then:

If YES, what were the patient-related causes of delay? (Please tick all that apply)

- ☐ Blood products required
- ☐ Other treatment required prior to surgery (i.e. dialysis)
- ☐ Patient not fasted
- ☐ Patient not on the ward
- ☐ Patient not in hospital
- ☐ Patient unfit/required resuscitation
- ☐ Patient deterioration (i.e. cardiac arrest)
- ☐ Patient or parent carer refusal
- ☐ Unable to answer
- ☐ NA - there were no patient-related delays

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:

If YES, what were the operator-related causes of delay? (Please tick all that apply)

- ☐ Investigations not done
- ☐ Team briefing not done
- ☐ Patient not consented
- ☐ Discussion needed with other specialties
- ☐ Surgeon uncontactable
- ☐ Surgeon not available
- ☐ Surgeon not happy to proceed
- ☐ Surgical supervision not available
- ☐ Anaesthetist uncontactable
- ☐ Anaesthetist not available
- ☐ Anaesthetist not happy to proceed
- ☐ Anaesthetic supervision not available
- ☐ Radiologist uncontactable
- ☐ Radiographer uncontactable
- ☐ Radiologist not available
- ☐ Radiographer not available
- ☐ Radiologist not happy to proceed
- ☐ Other theatre staff not available
- ☐ Unable to answer
- ☐ NA - there were no operator-related causes of delay

Please specify any additional options here...

1d. If answered "Yes" to [1a] then:

If YES, what were the facility-related causes of delay? (Please tick all that apply)

- ☐ Lack of porter to take patient to theatre/procedure area
- ☐ Transfer to the operating hospital related delay
- ☐ Pre-operative imaging not available
- ☐ Theatre occupied
- ☐ More urgent case taking priority
- ☐ Changeover between the child and adult equipment/kit
- ☐ Equipment not available intraoperatively
- ☐ Blood not available intraoperatively
- ☐ C arm not available intraoperatively
- ☐ Safety checks not done
- ☐ No bed available in recovery post operatively
- ☐ No bed available in critical care post operatively
- ☐ No bed available in the discharging ward post operatively
- ☐ Unable to answer
- ☐ NA - there were no facility-related causes of delay

Please specify any additional options here...

2a. In your opinion could the care of this patient have been improved in any way?

- ☐ Yes ☐ No ☐ Unable to answer

2b. If answered "Yes" to [2a] then:

If YES, please give further details

3a. Was there anything else that lead a delay to this CYP in getting to theatre?

- ☐ Yes ☐ No ☐ Unable to answer

3b. If answered "Yes" to [3a] then:

If YES, please give further details:

Please use the following grading to rate the overall quality of care received by this patient

GOOD PRACTICE: A standard that you would accept from yourself, your trainees and your institution

ROOM FOR IMPROVEMENT: Aspects of CLINICAL care that could have been better

ROOM FOR IMPROVEMENT: Aspects of ORGANISATIONAL care that could have been better

ROOM FOR IMPROVEMENT: Aspects of CLINICAL AND ORGANISATIONAL care that could have been better

LESS THAN SATISFACTORY: Several aspects of clinical and/or organisational care that were well below that you would accept from yourself, your trainees and your institution.

INSUFFICIENT DATA: Insufficient information submitted to NCEPOD to assess the quality of care

1a. Please rate the overall quality of care using the grading system provided

- ☐ Good practice
- ☐ Room for improvement in clinical aspects of care
- ☐ Room for improvement in organisational aspects of care
- ☐ Room for improvement in clinical AND organisational aspects of care
- ☐ Less than satisfactory
- ☐ Insufficient data to grade

1b. Please provide reasons for this grade

2a. Are there any themes/ issues from this case you feel should be highlighted in the final report?

- ☐ Yes ☐ No

**2b. If answered "Yes" to [2a] then:
If YES, please expand on your answer**

3. Do you think we should use this case as an illustrative vignette/ case study in the report?

- ☐ Yes ☐ No

4a. During review of this case did you notice any evidence of one or more health inequality or bias that impacted on the care provided?

- ☐ Yes ☐ No ☐ Unable to answer

4b. If answered "Yes" to [4a] then:

What health inequalities exist in relation to this patient? (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability – physical |
| <input type="checkbox"/> Disability – learning/cognitive | <input type="checkbox"/> Gender reassignment |
| <input type="checkbox"/> Marriage and civil partnership | <input type="checkbox"/> Pregnancy and maternity |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Socioeconomic status | <input type="checkbox"/> Geographic deprivation |
| <input type="checkbox"/> Part of a vulnerable or inclusion health group | <input type="checkbox"/> Severe mental illness |
| <input type="checkbox"/> Chronic respiratory disease | <input type="checkbox"/> Early cancer diagnosis |
| <input type="checkbox"/> Hypertension case finding | <input type="checkbox"/> English not first language |
| <input type="checkbox"/> Travel time to hospital | <input type="checkbox"/> Person in care |

Please specify any additional options here...

4c. If answered "Yes" to [4a] and "Part of a vulnerable or inclusion health group" to [4b] then:

If 'part of a vulnerable or inclusion health group' which group? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Drug and alcohol dependence |
| <input type="checkbox"/> Vulnerable migrants | <input type="checkbox"/> Gypsy, Roma and Traveller communities |
| <input type="checkbox"/> Sex workers | <input type="checkbox"/> People in contact with the justice system |
| <input type="checkbox"/> Victims of modern slavery | |

Please specify any additional options here...

4d. If answered "Yes" to [4a] then:

If YES, please provide any further details

CAUSE FOR CONCERN

Occasionally NCEPOD will refer cases that have been identified as 'LESS THAN SATISFACTORY' when it is felt that further feedback to the Trust/ Health Board concerned is warranted. This is usually due to an area of concern to the hospital or clinician involved, and not for issues highlighted across the body of case notes. This process has been agreed by the NCEPOD Steering Group and the GMC. The medical director of the Trust/ Health Board is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for 10 years and the responses received have always been positive in that they feel we are dealing with the concerns in the most appropriate manner

5. If answered "Less than satisfactory" to [1a] then:

Do you feel that this case should be considered for such action?

- ☐ Yes ☐ No