

SURGERY IN CHILDREN

(INCLUDING INTERVENTIONAL PROCEDURES)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Advisor Assessment Form (AF)

NCEPOD questionnaire number

INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. PATIENT DETAILS

1.	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		d d	m m	y y		
2.	Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	
3.	Day, date, time of arrival to hospital:	Time: <input type="text"/>	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>	Day: <input type="text"/>
		h h	m m	d d	m m	y y
4.	Day, date, time of admission to first ward:	Time: <input type="text"/>	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>	Day: <input type="text"/>
		h h	m m	d d	m m	y y
5.	Day, date, time of primary procedure:	Time: <input type="text"/>	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>	Day: <input type="text"/>
		h h	m m	d d	m m	y y
6.	Day, date, time of death:	Time: <input type="text"/>	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>	Day: <input type="text"/>
		h h	m m	d d	m m	y y
7.	Day, date, time of first consultant review (any specialty):	Time: <input type="text"/>	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>	Day: <input type="text"/>
		h h	m m	d d	m m	y y

B. DIAGNOSIS & REFERRAL

8a. In your opinion, was the first specialty of the admission the most appropriate for the patient? Yes No Not applicable

8b. If NO, to which specialty should the patient have been admitted? Please explain:



9a. In your opinion, was there a delay in the referral of the patient to the surgical team? Yes No Unable to answer

9b. If YES, in your opinion, did the delay affect the clinical outcome? Yes No Unable to answer

9c. If YES, please explain:

10a. In your opinion, was there any delay in the transfer of care of the patient to the specialty performing surgery? Yes No Not applicable

10b. If YES, in your opinion, did the delay affect the clinical outcome? Yes No Unable to answer

10c. If YES, please explain:

11a. In your opinion was there appropriate time taken to make the primary pre-operative diagnosis of the patient?

- | | |
|--|--|
| <input type="checkbox"/> YES, appropriate time was taken | <input type="checkbox"/> NO, diagnosis was made with undue haste |
| <input type="checkbox"/> NO there was a delay in diagnosis | <input type="checkbox"/> Unable to answer |

11b. If the timing of diagnosis was not appropriate, in your opinion, did this affect the clinical outcome? Yes No Unable to answer

11c. If YES, please explain:

12. What was the duration from first arrival at the hospital where the primary procedure was carried out, to the time the patient was first reviewed by a consultant (any specialty)? Unable to answer

HH : MM

13. What was the duration from the time that the patient was first admitted to a ward on arrival (at the hospital where the primary procedure was carried out) to the time the patient was first reviewed by a consultant (any specialty)? Unable to answer

HH : MM



14a. In your opinion, was there a delay in the first consultant review of the patient? Yes No Unable to answer

14b. If YES, in your opinion, did the delay affect the clinical outcome? Yes No Unable to answer

14c. If YES, please explain:

C. TRANSFERS

15. Was the patient transferred from another hospital? Yes No Unknown

If NO, go to question 20; If YES, continue to question 16:

16a. In your opinion was there a deterioration in the patient's condition between the decision to transfer and arrival in receiving hospital? Yes No Unable to answer

16b. If YES, please provide details:

17a. In your opinion was the care given to the patient during transfer appropriate? Yes No Unable to answer

17b. If NO, please provide details:

18a. In your opinion was the method of transfer appropriate? e.g Ambulance, helicopter etc. Yes No Unable to answer

18b. If NO, please provide details:

19a. Was this transfer delayed at any stage? Yes No Unable to answer

19b. If NO, please state reasons:

19c. If YES, (transfer was delayed) did this, in your opinion, affect the outcome? Yes No Unable to answer



19d. If YES, please give details:

D. PRE-OPERATIVE ASSESSMENT & DECISION MAKING

20a. In your opinion was the pre-operative preparation of the patient adequate? Yes No Unknown

20b. If NO, what additional preparation should have been undertaken? (please give details)

20c. Did this, in your opinion, affect the patient's outcome? Yes No Unable to answer

20d. If YES, please explain

21a. Was there an adequate initial management plan included in the casenotes? Yes No Unable to answer

21b. If NO, what information was lacking?

- A clinical summary
- A differential diagnosis
- A differential management option
- Unable to answer
- A treatment plan
- A list of investigations to be performed
- Other (please state)

21c. Were the subsequent results of the investigations recorded in the medical records? Yes No Unknown
 Not applicable



E. RADIOLOGICAL INVESTIGATIONS

22a. Did the patient have any radiological investigations or interventions Yes No Unknown

22b. If YES, what were these?

Plain CXR

CT scan

MRI scan

Ultrasound scan

Echocardiography

Intestinal contrast imaging

Cardiac catheterisation

Interventional procedure
(please describe)

Other (please describe)

23a. In your opinion was there a delay in the patient having the radiological investigations or intervention? Yes No Unable to answer

23b. If YES, please provide details:

23c. If YES, in your opinion did the delay affect the outcome? Yes No Unable to answer

23d. If YES, please provide details:

24a. In your opinion was there a delay in obtaining the results of the radiological investigations or intervention? Yes No Unable to answer

24b. If YES, please provide details:



24c. If YES, in your opinion did the delay affect the outcome? Yes No Unable to answer

24d. If YES, please provide details:

F. DECISION MAKING

25a. Was there evidence in the casenotes that a pre-operative MDT was undertaken for this patient? Yes No Unable to answer Not applicable

25b. If NO, was the decision to perform surgery discussed with other clinicians at an appropriate level? Yes No Unable to answer Not applicable

26a. What grade of surgeon made the decision to perform surgery?

Consultant

Junior specialist trainee (SpR 1&2)

Staff Grade or Associate Specialist

Basic grade (ST1 & ST2, FY, or CTs)

Trainee with CCT

Other (please specify)

Senior specialist trainee (SpR 3+ or ST5+)

Unknown

26b. Was this appropriate? Yes No Unable to answer

26c. If NO, please provide details:

27a. In your opinion, was there appropriate time taken for the decision to perform the primary procedure?

YES, timing of decision to undertake surgery was appropriate

NO, decision to perform surgery was taken with undue haste

NO, decision to undertake surgery was delayed

Unable to answer

27b. If NO, in your opinion did the delay/ excess speed of the decision making affect the outcome? Yes No Unable to answer

27c. If YES, please provide details:



28a. Was the grade of the surgeon who reviewed the patient prior to surgery appropriate? Yes No Unable to answer

28b. If NO, in your opinion did this affect the outcome? Yes No Unable to answer

28c. If YES, please provide details:

29a. In your opinion was the last location of the patient prior to the final operation appropriate? Yes No Unable to answer

29b. If answered 'NO', what was the patient's location?

- Level 1 Please state specialty if appropriate: Please use national specialty codes listed on page 24
- Level 2 Other (please specify)
- Level 3 Unable to answer

29c. If answered 'NO', to 29a, what would have been the appropriate location of the patient?

- Level 1 Please state specialty if appropriate: Please use national specialty codes listed on page 24
- Level 2 Level 3 Other (please specify)

29d. What was the reason for the patient not being in the most appropriate location?

29e. In your opinion did this affect the outcome? Yes No Unable to answer

29f. If YES, please provide details:

G. CONSENT

30a. From whom was consent for the primary operation obtained?

- Patient Parent Person unknown
- Next of kin Guardian Other (please state)
- Consent form not returned in casenotes



31. Was there documented evidence of a discussion with the parents / legal guardian and/or child regarding the operation prior to the procedure? Yes No Unable to answer

32. In your opinion, was the doctor obtaining consent:

- Capable of performing the operation unsupervised
- Capable of performing the operation with an experienced assistant
- Someone who had only observed the operation previously
- Other (please specify)
- Unable to answer

33. Were the recognised complications of the procedure documented in the casenotes or consent form? Yes No Unable to answer

H. RISK OF DEATH

34a. In your opinion should the risk of death have been documented? Yes No

34b. If YES, was death documented as a potential risk of this procedure on the consent form? Yes No Unable to answer

34c. If YES was a percentage risk given? Yes No Unable to answer

35. In your opinion what was the risk of death during the perioperative period:

- Totally unexpected
- Small Risk (<5%)
- Major risk (5-25%)
- High risk (25-50%)
- Probable (>50%)

36a. Do you have any additional concerns about the consent process? Yes No

36b. If YES, please give details:



I. OPERATION & ANAESTHESIA

37. Was the patient reviewed by an anaesthetist prior to surgery? Yes No Unknown

38a. Were the following recorded in the case notes: Weight? Yes No
Height? Yes No

38b. If weight and height were recorded, were they appropriate for the age of the patient? Yes No Not applicable

39. How many days after admission did surgery occur?
(Please enter '000' if surgery occurred on the day of admission)

40a. Was surgery delayed/ postponed? Yes No Unknown

40b. If YES, was this because:

- | | |
|--|---|
| <input type="checkbox"/> Further investigations were required? | <input type="checkbox"/> Lack of appropriate theatre nurses? |
| <input type="checkbox"/> A period of resuscitation was required? | <input type="checkbox"/> Lack of appropriate ODP (anaesthetic)? |
| <input type="checkbox"/> Lack of operating theatre time? | <input type="checkbox"/> No paediatric high dependency bed? |
| <input type="checkbox"/> Other more urgent case? | <input type="checkbox"/> No PICU bed? |
| <input type="checkbox"/> Lack of appropriate surgeon? | <input type="checkbox"/> Other? (please state) |
| <input type="checkbox"/> Lack of appropriate anaesthetist? | |

40c. If answered 'YES' to 40a, in your opinion, did the delay affect the outcome? Yes No Unknown

40d. If YES, please explain?

41. In your opinion, what was the urgency of the procedure at the time that the primary procedure was performed?

IMMEDIATE: Immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment.

URGENT: Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation

EXPEDITED: Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival

ELECTIVE



42a. In your opinion, was there a change in the urgency during the admission? Yes No Unknown

42b. If YES, what was the earlier level of urgency?

IMMEDIATE: Immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment.

URGENT: Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation

EXPEDITED: Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival

ELECTIVE

42c. If the level of urgency had increased during the admission, could this have been avoided? Yes No Unknown

42d. If YES, please explain:

43a. In your opinion, was the appropriate operation performed? Yes No Unknown

43b. If NO, what operation should have been undertaken?

43c. In your opinion, did this affect the patient's outcome? Yes No Unknown

43d. If YES, please explain:

44a. What was the grade of the most senior surgeon performing the primary procedure?

Consultant

Junior specialist trainee (SpR 1&2)

Staff Grade or Associate Specialist

Basic grade (ST1 & ST2, FY, or CTs)

Trainee with CCT

Other (please specify)

Senior specialist trainee (SpR 3+ or ST5+)

Unknown

44b. If the most senior operating surgeon was not a consultant, was level of supervision appropriate? Yes No Unknown



44b. If NO, please give reasons:

45a. Was the most senior anaesthetist a consultant? Yes No Unknown

45b. If not a consultant, what was the level of supervision ?

In theatre In hospital By telephone Not documented

45c. If the most senior anaesthetist at induction was not a consultant, was the level of supervision appropriate? Yes No Unknown

45d. If NO, please explain why:

46a. In your opinion, was the anaesthetic intra-operative monitoring of the patient appropriate? Yes No Unknown

46b. If NO, please explain:

47a. Was there evidence of problems in maintaining the patient's temperature during the peri-operative period? Yes No Unknown

47b. If YES, please describe:

48a. In your opinion, was the anaesthetic technique given to the patient appropriate? Yes No Unknown

48b. If NO, please explain:

48c. If NO, in your opinion, did this affect the patient's outcome? Yes No Unknown

48d. If YES, please describe:



J. POST-OPERATIVE CARE

49. What was the first ward location of the patient after recovery following the primary procedure?

Level 1 *Please state specialty code if appropriate using national specialty codes.*

Level 2: e.g. PHDU/Neonatal HDU

Level 3: e.g. PICU/Neonatal ICU

Not applicable e.g. Patient died in the operating theatre

Other (please state)

50a. Was the first ward location following the primary procedure appropriate?

Yes No Unknown

50b. If NO, where should the patient have gone?

Level 1 *Please state specialty code if appropriate using national specialty codes.*

Level 2: e.g. PHDU/Neonatal HDU

Level 3: e.g. PICU/Neonatal ICU

Not applicable e.g. Patient died in the operating theatre

Other (please state)

50c. Please explain why?

50d. In your opinion, did this affect the patient's outcome?

Yes No Unknown

50e. If YES, please explain:

53a. Was appropriate post-operative analgesia administered?

Yes No Unknown

53b. If NO please explain:



K. ADVERSE EVENTS

51a. During the admission did any complications occur? (e.g. sepsis)

Yes No Unknown

51b. If YES, please describe:

51c. If answered 'YES' to 51a, in your opinion, were they managed properly?

Yes No Unknown

51d. If NO, please explain why:

51e. In your opinion, did this alter the patient's outcome?

Yes No Unknown

52a. During the admission, did any critical incidents occur?

Yes No Unknown

52b. If YES, please describe:

52c. If answered 'YES' to 52a, in your opinion, were they managed properly?

Yes No Unknown

52d. If NO please explain:

52e. In your opinion, did this alter the patient's outcome?

Yes No Unknown

53a. During the admission did the patient receive appropriate intravenous fluids?

Yes No Unknown

53b. If NO, when were inappropriate fluids administered?

Pre-operatively

Post-operatively

Intra-operatively

Appropriate fluids not administered



53c. If answered 'NO' to 53a, please explain reason:

54a. During the admission was there appropriate recording of fluid balance? Yes No Unknown

54b. If NO, please explain:

55a. During the admission was there any evidence of problems with communication from healthcare professionals? Yes No Unknown

55b. If YES, was this:

- | | |
|--|--|
| <input type="checkbox"/> Within specialty teams | <input type="checkbox"/> Between doctors and nurses |
| <input type="checkbox"/> Between different specialty teams | <input type="checkbox"/> Between nurses and allied health professionals |
| <input type="checkbox"/> Between grades of doctors | <input type="checkbox"/> Between healthcare professionals and the patient/parents of the patient |

55c. Please expand on your answer:

L. END OF LIFE CARE

56a. In your opinion, should consideration have been given to end of life care planning for this patient? Yes No Not applicable
 Insufficient information

56b. If YES, is there evidence in the notes of: (please mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Advanced directive | <input type="checkbox"/> Involvement of a palliative care team | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> End of Life Pathway | <input type="checkbox"/> DNAR order | |

57a. If a DNAR order was made, is there any evidence that it was discussed with:

- | | |
|--|---|
| <input type="checkbox"/> The patient | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> The patient's relatives | <input type="checkbox"/> No evidence of DNAR in notes |

58. If a DNAR order was made, what grade of doctor was it signed by?

- | | |
|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Junior specialist trainee (SpR 1&2) |
| <input type="checkbox"/> Staff Grade or Associate Specialist | <input type="checkbox"/> Basic grade (ST1 & ST2, FY, or CTs) |
| <input type="checkbox"/> Trainee with CCT | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Senior specialist trainee (SpR 3+ or ST5+) | <input type="checkbox"/> Unknown <input type="text"/> |



M. DEATH

59. From the case notes, after the patient's death, did the healthcare professionals have a discussion with the parents/ guardians of the child? Yes No Unknown

60. From the case notes, after the patient's death, was this patient discussed at an M & M meeting? Yes No Unknown

61a. Was this case referred to a coroner? Yes No Unknown

61b. If YES, was it accepted? Yes No Unknown

62a. Was a coroner's autopsy performed? Yes No Unknown

62b. If NO, was a consented autopsy performed? Yes No Unknown

63. If either autopsy was performed, did it confirm the main diagnosis of this patient? Yes No Unknown

64. If an autopsy was performed, were any previously unidentified pre- or post-operative complications revealed? Yes No Unknown

65. How was the cause of death recorded?

No cause of death recorded in the notes Unknown

66a. In your opinion, was the cause of death correctly recorded? Yes No Unknown

66b. If NO, how should the cause of death have been recorded?

1a.

1b.

1c.

2.

67. Do you have any additional comments on the clinical pathology of the case?



68a. What is your overall assessment of standard of care for this patient? (please select one category only)

- Good Practice:- A standard that you would accept for 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 ORGANISATIONAL care that were well below satisfactory
- Insufficient information submitted to assess the quality of the case

68b. Please provide reasons for assigning this grade:

70a. Are there any particular issues which you feel should be highlighted in the report? Yes No

70b. If YES, please write in the box below



71. Occasionally NCEPOD will refer cases that have been identified as 5 (less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of casenotes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for XX years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel this case should be considered for such action please check this box

NATIONAL SPECIALTY CODES

S U R G I C A L	100 = General Surgery	160 = Plastic Surgery	212 = Paediatric Transplantation
	101 = Urology	161 = Burns care	214 = Paediatric Trauma and Orthopaedics
	104 = Colorectal Surgery	170 = Cardiothoracic Surgery	215 = Paediatric Ear, Nose and Throat
	105 = Hepatobiliary & Pancreatic Surgery	171 = Paediatric Surgery	217 = Paediatric Maxillo-Facial Surgery
	106 = Upper Gastrointestinal Surgery	172 = Cardiac Surgery	218 = Paediatric Neurosurgery
	107 = Vascular Surgery	173 = Thoracic Surgery	219 = Paediatric Plastic Surgery
	110 = Trauma and Orthopaedics	180 = Accident and Emergency	220 = Paediatric Burns Care
	120 = Ear, Nose & Throat (ENT)	192 = Critical or Intensive Care Medicine	221 = Paediatric Cardiac Surgery
	130 = Ophthalmology	211 = Paediatric Urology	222 = Paediatric Thoracic Surgery
	145 = Maxillo-Facial Surgery		242 = Paediatric Intensive Care
	150 = Neurosurgery		
M E D I C A L	251 = Paediatric Gastroenterology	321 = Paediatric Cardiology	500 = Obstetrics and Gynaecology
	253 = Paediatric Clinical Haematology	320 = Dermatology	501 = Obstetrics
	258 = Paediatric Respiratory Medicine	340 = Thoracic/Respiratory Medicine	502 = Gynaecology
	260 = Paediatric Medical Oncology	360 = Genito-Urinary Medicine	800 = Clinical Oncology
	300 = General Medicine	370 = Medical Oncology	810 = Radiology
	301 = Gastroenterology	361 = Nephrology	811 = Interventional Radiology
	302 = Endocrinology	400 = Neurology	820 = General Pathology
	306 = Hepatology	401 = Clinical Neuro-Physiology	821 = Blood Transfusion
	307 = Diabetic Medicine	420 = Paediatrics	822 = Chemical Pathology
	314 = Rehabilitation	421 = Paediatric Neurology	823 = Haematology
	320 = Cardiology	422 = Neonatology	000 = Other (Medical or Surgical)



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