

Emergency (non-elective) procedures in children and young people: Transfer questionnaire

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

Who should complete this questionnaire?

This questionnaire should be completed by the clinician who was responsible for the patient prior to transfer to the operating hospital.

Please do not include any patient identifiers in the free text boxes

Questions or help

If you have any queries about this study or this questionnaire, please contact: eps@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) – 'An Acute Problem' (2005).

Appointment of a National Clinical Director for Trauma Care – 'Trauma: Who Cares?' (2007).

Development of NICE Clinical Guidelines for Acute Kidney Injury, published 2013 – 'Adding Insult to Injury' (2009).

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 – 'On the right trach?' (2014).

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 – 'Time to Get Control' (2015).

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 – 'Inspiring Change' (2017).

1a. Grade of clinician completing the questionnaire

- 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
- Operating department practitioner
- Physicians associate

If not listed above, please specify here...

1b. Specialty of clinician completing the questionnaire

- General Surgery
- Specialist surgery
- Paediatric surgery
- General medicine
- Specialist medicine
- Paediatric medicine
- Interventional radiologist

If not listed above, please specify here...

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

C. Patient details

1. Age of patient at time of arrival

 Years

Value should be no more than 18

Unknown

2. Sex

Male

Female

Other

Unknown

3. Ethnicity

White British/White - other

Black/African/Caribbean/Black British

Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)

Mixed/Multiple ethnic groups

Unknown

If not listed above, please specify here...

D. Arrival at this hospital

1a. What was the date of arrival at this hospital?

Unknown

1b. What was the time of arrival at this hospital?

Unknown

2a. What was the date of decision to transfer?

Unknown

2b. What was the time of decision to transfer?

Unknown

2c. What was the grade of clinician/practitioner who made the decision to transfer?

- 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
- Operating department practitioner
- Physicians associate
- Unknown

If not listed above, please specify here...

2d. What was the specialty of clinician/practitioner who made the decision to transfer?

- | | | |
|--|---|---|
| <input type="radio"/> General surgery | <input type="radio"/> Specialist surgery | <input type="radio"/> Paediatric surgery |
| <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine | <input type="radio"/> Paediatric medicine |
| <input type="radio"/> Interventional radiology | <input type="radio"/> Unknown | |

If not listed above, please specify here...

**2e. If answered "Specialist surgery" to [2d] then:
If SPECIALIST SURGERY please specify**

**2f. If answered "Specialist medicine" to [2d] then:
If SPECIALIST MEDICINE please specify**

2g. Was a regional transfer team involved in making the decision to transfer the patient?

- Yes No Unknown

**2h. If answered "Yes" to [2g] then:
If YES, please give further details**

3a. What was the date the referral to the operating hospital was accepted?

Unknown

3b. What was the time the referral to the operating hospital was accepted?

Unknown

4a. What was the date of transfer?

Unknown

4b. What was the time of transfer?

Unknown

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

- No surgeon competent to undertake the procedure
- No anaesthetist competent to anaesthetise patient
- No emergency surgical services at this site No appropriate critical care bed or facilities
- Unknown

Please specify any additional options here...

6. What was the mode of transfer from this hospital?

- Transferred using this hospital's team
- Retrieved from this hospital by a team from the operating hospital
- Transferred by a dedicated specialist retrieval service (separate from either hospital)
- Standard ambulance transfer without medical team
- Own parent/carer transport
- Unknown

If not listed above, please specify here...

7a. Were you aware of any delay in transfer?

- Yes No Unknown

**7b. If answered "Yes" to [7a] then:
If YES, please give further details**

8a. In your opinion was this transfer appropriate?

Yes No Unknown

**8b. If answered "No" to [8a] then:
If NO, why not?**

9. Is this (the referring) hospital, is part of a network of care for emergency (non-elective) procedures for CYP?

Yes No Unknown

1. Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in early 2026