

# **NCEPOD Emergency (non-elective) surgery in children and young people**

## **Pre-study information for Local Reporters & Ambassadors**

### **(Supporting information)**

#### **Aim**

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.

#### **Objectives**

##### ***Organisational***

*Data to be collected from the organisational questionnaire*

To review the organisation of services for CYP undergoing emergency (non-elective) procedures, including:

- What are currently being classed as emergency (non-elective) procedures (including interventions and radiology)
- Protocols and pathways of care (including the definition of paediatric and adult services, shared care arrangements, and escalation policies looking at what else currently exists, e.g. testicular torsion, NELA)
- Networks of care (including the role of tertiary centres in supporting DGHs)
- Transfer arrangements
- The availability of staff (including the seniority of staff, and the availability of ancillary staff)
- The availability of and access to diagnostics/radiology/interventional radiology and the use of remote consulting
- Emergency (non-elective) procedure theatre access, booking systems used and the prioritisation process
- Breaches and consequences
- Access to appropriate critical care
- Support available for staff – (briefing and debriefing procedures)
- The presence of a lead clinician and manager/coordinator for emergency surgery in CYP
- Audit and data collection
- Equitable access for all CYP to emergency (non-elective) surgical services

##### ***Clinical issues***

*Data collected from the clinical questionnaire, the reviewer assessment form and a 'real time' survey designed to pick up themes that may not be recorded in the case notes.*

To review:

Whether the patient arrived at hospital in a timely manner? Including;

- Referral to hospital
- Transfers
- The assessment process (including investigations and specialty review)

Whether the patient saw the right people? Including:

- The seniority of staff (including (onsite) staff making the decision to undertake the procedure, anaesthetising the patient, and undertaking the procedure)
- The availability of staff at all stages of the pathway (including radiology and recovery)
- Joint working arrangements

Whether there were there any delays in the patient getting to theatre? Including:

- The time from arrival to procedure
  - Does the consent process for looked after children/access to safeguarding leads cause delay
- The time from the decision to undertake the procedure to procedure
- The availability and location of theatres

Additional:

- Post procedure care (including access to critical care)
- Complications
- Health inequalities (including equity of access to emergency surgical services)

### **Inclusion criteria**

CYP aged 0 to 18<sup>th</sup> birthday, undergoing an emergency (non-elective) procedure under anaesthetic or sedation. This will include patients who underwent procedures as part of an emergency surgery, trauma or elective, paediatric or adult theatre list. This will also include patients who underwent a procedure in the emergency department where they can be identified. Patients will be identified for inclusion from hospital patient administration or theatre systems.

### **Additional information relating to clinical data collection**

#### ***Surgical and Anaesthetic questionnaires - Dissemination to commence from July 2024***

Questionnaires will be sent to the clinician undertaking the procedure and the anaesthetist responsible for the patient at the time of procedure. Up to 20 patients per hospital will be sampled for inclusion and these will be split across the two data sampling time frames (i.e. 10 from time frame 1 and 10 from time frame 2).

These will be sent in two batches:

- Patients identified in time frame 1 – dissemination to commence from July 2024
- Patients identified in time frame 2 – dissemination to commence from October 2024

#### ***Transfer questionnaire – Dissemination to commence from October 2024***

Where applicable, the transfer questionnaire will be sent to the clinician responsible for the care of the patient prior to transfer to the hospital where the procedure was undertaken. Details of transferring hospitals will be identified from the patient identification spreadsheets and surgical and anaesthetic questionnaires. The local reporter of the transferring organisation will be contacted, before questionnaires are sent out, and asked to confirm whether the patient is known to their Trust/Health Board based on the available NHS number.

#### ***Case note extracts for peer review - Requests to commence from July 2024***

Photocopied case note extracts will be requested for each patient included in the study sample.

Notes requested will include:

#### *From the operating hospital*

- 111 Pathways notes (from Adastral or similar) (where available)
- Ambulance patient report form
- Transfer notes
- Medical and nursing notes from ED clerking to discharge
- Imaging reports
- Operation/procedure notes
- Anaesthetic chart

- Consent forms
- Discharge summary
- Follow-up clinic letters

*From transferring hospitals*

- Clinical notes from admission to discharge

***Organisational questionnaire - Dissemination to commence from October 2024***

An organisational questionnaire will be sent to all hospitals participating in the study.



**National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**