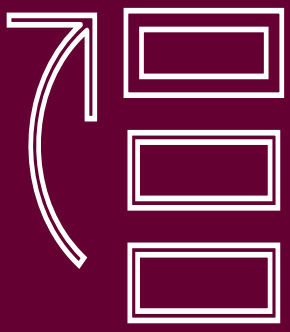
TO IMPROVE THE CARE PROVIDED TO CHILDREN AND YOUNG PEOPLE UNDERGOING NON-ELECTIVE SURGERY

NCEPOD reviewed the care of children and young people who underwent an emergency (non-elective) procedure between two time frames to account for seasonal variation (17th June to 30th June 2024 and 12th February to 25th February 2024). Care was reviewed using 853 sets of case notes, 679 surgical questionnaires, 760 anaesthetic questionnaires, and 143 organisational questionnaires, as well as >600 survey responses.

1. Provide prompt access to emergency surgical and anaesthetic care by specialists with the relevant training and experience in providing care to children and young people.

THIS IS BECAUSE WE FOUND THAT

Networks were not always in place and there was an absence of structured pathways or procedures to transfer patients when needed, despite transfers being common.	There were 19/143 (13.3%) hospitals not part of a network of care for non-elective procedures in children and young people. Most hospitals reported transferring patients out for surgery (133/143; 93.0%).	Only 287/629 (45.6%) patients were commenced on a dedicated pathway for emergency surgery in children and young people. Many of the patients who were not, should have been (83/255; 32.5%).



2. One or more emergency surgery co-ordinators should be in place to ensure that children and young people needing emergency surgery can access a theatre.

THIS IS BECAUSE WE FOUND THAT

Care was shown to be better in centres where an emergency surgery co-ordinator was available, but there was not always someone in this role and furthermore, theatre booking systems rarely highlighted breaches.	Reviewers reported that while the majority of patients had their procedures booked without delays, 131 out of 853 patients (15.4%) experienced delays due to delays with/in the surgical team.	Theatre co-ordinating managers or clinicians were only available in 60/143 (42.0%) hospitals. Only 52/143 (36.4) hospitals had a clinician responsible for assessing capacity in theatres on a daily basis.

3. Prevent children and young people who are waiting for emergency surgery from being fasted for any longer than necessary.

THIS IS BECAUSE WE FOUND THAT

Fasting was infrequently recorded in hospital policies for emergency procedures for children and young people, with many patients being fasted for too long prior to surgery.	In the opinion of the reviewers, 125/718 (17.4%) patients were fasted for too long, with those who underwent an expedited procedure most likely to be in this category.	Pre-procedure preparation was adequate for most patients (798/853; 93.6%), however, fasting (10/55) was the most common area for optimisation.