

The following tables display the number of deaths reported to NCEPOD between April 1st 2001 to March 31st 2002 compared with the deaths reported between April 1st 2000 and March 31st 2001. All deaths occurred in hospitals within 30 days of a surgical procedure performed by a surgeon or gynaecologist.

ENGLAND

	2001/02	2000/01
Addenbrooke's NHS Trust	12	24
Aintree Hospitals NHS Trust	117	141
Airedale NHS Trust	57	1
Ashford & St Peter's Hospital NHS Trust	84	79
Barking, Havering and Redbridge Hospitals NHS Trust	216	235
Barnet and Chase Farm Hospitals NHS Trust	30	108
Barnsley District General Hospital NHS Trust	132	121
Barts and The London NHS Trust	183	191
Basildon & Thurrock General Hospitals NHS Trust	54	45
Bedford Hospital NHS Trust	44	119
Birmingham Children's Hospital NHS Trust	16	18
Birmingham Heartlands & Solihull NHS Trust	283	252
Birmingham Women's Healthcare NHS Trust	2	3
Blackburn, Hyndburn & Ribble Valley Healthcare NHS Trust	78	57
Blackpool, Fylde and Wyre Hospitals NHS Trust	272	300
Bolton Hospitals NHS Trust	77	129
Bradford Hospitals NHS Trust	127	194
Brighton and Sussex Hospitals NHS Trust	220	198
Bromley Hospitals NHS Trust	44	80
Burnley Health Care NHS Trust	96	1
Burton Hospitals NHS Trust	101	12
Calderdale & Huddersfield NHS Trust	148	140
Cardiothoracic Centre Liverpool NHS Trust (The)	43	62

	2001/02	2000/01
Central Manchester & Manchester Children's University Hospitals NHS Trust	59	74
Chelsea & Westminster Healthcare NHS Trust	31	15
Chesterfield & North Derbyshire Royal Hospital NHS Trust	46	62
Christie Hospital NHS Trust	2	3
City Hospitals Sunderland NHS Trust	174	207
Countess of Chester Hospital NHS Trust	117	131
Dartford & Gravesham NHS Trust	110	65
Doncaster and Bassetlaw Hospitals NHS Trust	120	156
Dudley Group of Hospitals NHS Trust (The)	135	125
Ealing Hospital NHS Trust	No deaths reported	8
East & North Hertfordshire NHS Trust	77	18
East Cheshire NHS Trust	26	31
East Kent Hospitals NHS Trust	226	312
East Somerset NHS Trust	57	26
East Sussex Hospitals NHS Trust	123	158
Epsom and St Helier NHS Trust	112	116
Essex Rivers Healthcare NHS Trust	138	143
Frimley Park Hospitals NHS Trust	98	64
Gateshead Health NHS Trust	74	77
George Eliot Hospital NHS Trust	63	67
Gloucestershire Hospitals NHS Trust	300	398
Good Hope Hospital NHS Trust	81	84
Great Ormond Street Hospital for Children NHS Trust (The)	28	36
Guy's & St Thomas' Hospital Trust	41	79
Hammersmith Hospitals NHS Trust	158	148
Harrogate Healthcare NHS Trust	71	89
Heatherwood and Wexham Park Hospitals NHS Trust	112	143
Hereford Hospitals NHS Trust	26	12
Hillingdon Hospital NHS Trust	41	30
Hinchingbrooke Health Care NHS Trust	45	61
Homerton Univeristy Hospital NHS Trust	30	33
Hull and East Yorkshire Hospitals NHS Trust	233	177
Ipswich Hospital NHS Trust	233	148
Isle of Wight Healthcare NHS Trust	75	74
James Paget Healthcare NHS Trust	133	101
Kettering General Hospital NHS Trust	77	114
King's College Hospital NHS Trust	102	134
King's Lynn & Wisbech Hospitals NHS Trust	50	91
Kingston Hospital NHS Trust	90	17
Lancashire Teaching Hospitals NHS Trust	147	155
Leeds Teaching Hospitals NHS Trust (The)	371	517
Lewisham Hospital NHS Trust (The)	67	116

	2001/02	2000/01
Liverpool Women's Hospital NHS Trust	5	4
Luton and Dunstable Hospital NHS Trust	79	50
Maidstone and Tunbridge Wells NHS Trust	66	207
Mayday Health Care NHS Trust	77	60
Medway NHS Trust	139	134
Mid Cheshire Hospitals NHS Trust	154	164
Mid-Essex Hospital Services NHS Trust	93	94
Mid Staffordshire General Hospitals NHS Trust	52	77
Mid Yorkshire Hospitals NHS Trust	226	217
Milton Keynes General NHS Trust	26	30
Moorfields Eye Hospital NHS Trust	0	0
Morecambe Bay Hospitals NHS Trust	146	119
Newcastle upon Tyne Hospitals NHS Trust (The)	418	440
Newham Healthcare NHS Trust	36	41
Norfolk & Norwich University Hospital NHS Trust	187	264
North Bristol NHS Trust	161	179
North Cheshire Hospitals NHS Trust	26	39
North Cumbria Acute Hospitals NHS Trust	63	73
North Durham Healthcare NHS Trust	98	58
North Hampshire Hospitals NHS Trust	69	56
North Middlesex University Hospital NHS Trust	94	93
North Staffordshire Hospital NHS Trust	96	79
North Tees and Hartlepool NHS Trust	122	99
North West London Hospitals NHS Trust	126	127
Northampton General Hospital NHS Trust	104	65
Northern Devon Healthcare NHS Trust	48	64
Northern Lincolnshire & Goole Hospitals Trust	179	83
Northumbria Healthcare NHS Trust	172	144
Nottingham City Hospital NHS Trust	37	75
Nuffield Orthopaedic Centre NHS Trust	8	6
Oxford Radcliffe Hospital NHS Trust	269	269
Papworth Hospital NHS Trust	89	107
Pennine Acute Hospitals NHS Trust (The)	274	239
Peterborough Hospitals NHS Trust	109	134
Plymouth Hospitals NHS Trust	320	326
Poole Hospital NHS Trust	140	152
Portsmouth Hospitals NHS Trust	110	114
Princess Alexandra Hospital NHS Trust (The)	1	3
Princess Royal Hospital NHS Trust (The)	32	11
Queen Elizabeth Hospital NHS Trust	69	67
Queen Mary's Sidcup NHS Trust	10	2
Queen Victoria Hospital NHS Trust (The)	5	16

	2001/02	2000/01
Queen's Medical Centre Nottingham University Hospital NHS Trust	253	326
Robert Jones/Agnes Hunt Orthopaedic Hospital NHS Trust	1	2
Rotherham General Hospitals NHS Trust	129	132
Royal Berkshire & Battle Hospitals NHS Trust	22	22
Royal Bournemouth & Christchurch Hospitals NHS Trust	67	96
Royal Brompton & Harefield NHS Trust	119	137
Royal Cornwall Hospitals Trust	240	224
Royal Devon & Exeter Healthcare NHS Trust	233	267
Royal Free Hampstead NHS Trust	2	128
Royal Liverpool & Broadgreen University Hospitals NHS Trust	127	221
Royal Liverpool Children's NHS Trust (The)	19	22
Royal Marsden Trust (The)	31	27
Royal National Orthopaedic Hospital NHS Trust	3	10
Royal Orthopaedic Hospital NHS Trust (The)	9	5
Royal Shrewsbury Hospitals NHS Trust	31	22
Royal Surrey County Hospital NHS Trust	63	38
Royal United Hospital Bath NHS Trust	31	3
Royal West Sussex Trust (The)	62	68
Royal Wolverhampton Hospitals NHS Trust (The)	137	136
Salford Royal Hospitals NHS Trust	160	156
Salisbury Health Care NHS Trust	45	40
Sandwell & West Birmingham Hospitals NHS Trust	157	218
Scarborough & North East Yorkshire Health Care NHS Trust	113	101
Sheffield Children's Hospital NHS Trust	3	15
Sheffield Teaching Hospitals NHS Trust	318	364
Sherwood Forest Hospitals NHS Trust	110	117
South Buckinghamshire NHS Trust	79	47
South Devon Healthcare NHS Trust	133	58
South Durham Healthcare NHS Trust	81	71
South Manchester University Hospitals NHS Trust	80	95
South Tees Hospitals NHS Trust	212	248
South Tyneside Healthcare Trust	41	54
South Warwickshire General Hospitals NHS Trust	76	79
Southampton University Hospitals NHS Trust	273	282
Southend Hospital NHS Trust	85	116
Southern Derbyshire Acute Hospitals NHS Trust	116	129
Southport & Ormskirk Hospitals NHS Trust	72	114
St George's Healthcare NHS Trust	250	289
St Helens and Knowsley Hospitals NHS Trust	124	131
St Mary's NHS Trust	77	40
Stockport NHS Trust	85	74
Stoke Mandeville Hospital NHS Trust	48	42

	2001/02	2000/01
Surrey & Sussex Healthcare NHS Trust	139	No deaths reported
Swindon & Marlborough NHS Trust	90	93
Tameside and Glossop Acute Services NHS Trust	64	50
Taunton & Somerset NHS Trust	16	24
Trafford Healthcare NHS Trust	26	24
United Bristol Healthcare NHS Trust	166	72
United Lincolnshire Hospitals NHS Trust	223	218
University College London Hospitals NHS Trust	147	160
University Hospital Birmingham NHS Trust	194	182
University Hospitals Coventry and Warwickshire NHS Trust	235	133
University Hospitals of Leicester NHS Trust	168	279
Walsall Hospitals NHS Trust	104	111
Walton Centre for Neurology & Neurosurgery NHS Trust	23	26
West Dorset General Hospitals NHS Trust	111	71
West Hertfordshire Hospitals NHS Trust	124	152
West Middlesex University Hospital NHS Trust	32	34
West Suffolk Hospitals NHS Trust	103	94
Weston Area Health Trust	48	54
Whipps Cross University Hospital NHS Trust	70	112
Whittington Hospital NHS Trust	51	45
Winchester & Eastleigh Healthcare NHS Trust	72	27
Wirral Hospital NHS Trust	158	175
Worcestershire Acute Hospitals	168	95
Worthing & Southlands Hospitals NHS Trust	182	128
Wrightington, Wigan & Leigh NHS Trust	142	129
York Health Services NHS Trust	86	97

WALES

	2001/02	2000/01
Bro Morgannwg NHS Trust	10	7
Cardiff and Vale NHS Trust	29	352
Carmarthenshire NHS Trust	72	90
Ceredigion & Mid Wales NHS Trust	28	27
Conwy & Denbighshire NHS Trust	89	60
Gwent Healthcare NHS Trust	230	222
North East Wales NHS Trust	59	93
North Glamorgan NHS Trust	46	33
North West Wales NHS Trust	87	60
Pembrokeshire & Derwen NHS Trust	43	43
Pontypridd & Rhondda NHS Trust	76	62
Swansea NHS Trust	80	218

NORTHERN IRELAND

	2001/02	2000/01
Altnagelvin Hospitals Health & Social Services Trust	20	12
Belfast City Hospital Health & Social Services Trust	56	58
Causeway Health & Social Services Trust	7	11
Craigavon Area Hospital Group Trust	30	43
Down Lisburn Health & Social Services Trust	25	23
Green Park Healthcare Trust	6	4
Mater Hospital Belfast Health & Social Services Trust	25	30
Newry & Mourne Health & Social Services Trust	26	30
Royal Group of Hospitals & Dental Hospitals & Maternity Hospitals Trust	119	106
Sperrin Lakeland Health & Social Care NHS Trust	19	9
Ulster Community & Hospitals NHS Trust	91	55
United Hospitals Health & Social Services Trust	12	18

INDEPENDENT

	2001/02	2000/01
Abbey Hospitals	0	*
Aspen Healthcare	3	2
Benenden Hospital Trust (The)	0	0
BMI Healthcare	65	78
BUPA	35	31
Capio Health Care UK	9	12
HCA International	52	37
King Edward VII Hospital	3	3
King Edward VII's Hospital Sister Agnes	2	2
London Clinic (The)	7	13
Nuffield Hospitals	9	16
St Anthony's Hospital	4	*
St Joseph's Hospital	1	*

^{*} Did not commence participation in Enquiry until April 2001.

OTHER HOSPITALS

	2001/02	2000/01
DSCA - the Princess Mary's Hospital, Akrotiri, Cyprus	0	No deaths reported
Isle of Man Department of Health & Social Security	31	26
States of Guernsey Board of Health	22	22
States of Jersey Health & Social Services	16	21

APPENDIX B

GLOSSARY

American Society of Anesthesiologists (ASA) classification of physical status

ASA 1: A normal healthy patient.

ASA 2: A patient with mild systemic disease.

ASA 3: A patient with severe systemic disease.

ASA 4: A patient with severe systemic disease that is a constant threat to life.

ASA 5: A moribund patient who is not expected to survive without the operation.

ASA 6: A declared brain-dead patient whose organs are being removed for donor purposes.

Classification of operation (NCEPOD definition)

EMERGENCY: Immediate life-saving operation, resuscitation, simultaneous with surgical treatment (e.g. trauma, ruptured aortic aneurysm). Operation usually within one hour.

URGENT: Operation as soon as possible after resuscitation (e.g. irreducible hernia, intussusception, oesophageal atresia, intestinal obstruction, major fractures). Operation within 24 hours.

SCHEDULED: An early operation but not immediately life-saving (e.g. malignancy). Operation usually within three weeks.

ELECTIVE: Operation at a time to suit both patient and surgeon (e.g. cholecystectomy, joint replacement).

Periods of time

DAY: 08:00 to 17:59

EVENING: 18:00 to 23:59

NIGHT: 00:00 to 07:59

OUT OF HOURS: 18:00 to 17:59 Monday to Friday and all day Saturday and Sunday

OFFICE HOURS: 08:00 to 17:59 Monday to Friday

NCEPOD list

Dedicated emergency or trauma list which is staffed for emergency cases.



ABBREVIATIONS

	A&E	Accident	& Emergeno	CV.
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AAA Abdominal Aortic Aneurysm

ASA American Society of Anesthesiologists

BMA British Medical Association

CHI Commission for Health Improvement

DoH Department of Health

ECG Electrocardiogram

HES Hospital Episode Statistics

MRI Magnetic Resonance Imaging

NHS National Health Service

NICE National Institute for Clinical Excellence

OPCS Office of Population, Census and Surveys

PAS Patient Administration System

SAC Specialist Advisory Committee

SAS Staff grade and Associate Specialists

SASM Scottish Audit of Surgical Mortality

SHO 1,2 Senior House Officer, year 1 or 2

SpR 1,2,3,4 Specialist Registrar, year 1, 2, 3 or 4

WOW I Who Operates When? (Published in 1997)

WOW II Who Operates When? II (This report)

Fracture

A PPENDIX D

WHO OPERATES WHEN? II SURGICAL OPERATIONS ENQUIRY 2002

NOTES ON COMPLETION OF THE QUESTIONNAIRE INCLUDING DEFINITIONS

GENERAL.

Please complete the questionnaire (or include the data in a print-out from your computer system) for every *theatre case* or *operative procedure* within an *operating theatre* performed by a surgeon, gynaecologist or dental surgeon in the 7-day period specified by NCEPOD.

Theatre case - One visit of a patient to an operating theatre to undergo one or more operative procedures.

Operating theatre - A room in a hospital containing one or more operating tables or other similar devices. An operating theatre accommodates one or two patients at a time during and only during the period in which, under the direct supervision of a medical or dental practitioner, the patient can undergo operative treatment for the prevention, cure, relief or diagnosis of disease.

Included:

- All main, fully equipped, operating theatres and day case theatres
- Fully equipped operating theatre in an A&E department

Excluded:

- Dental treatment room or surgery containing a dental chair
- X-ray room whether diagnostic or therapeutic
- Obstetric delivery room or theatres
- Endoscopy rooms
- A & E treatment rooms

Operative procedure – Any procedure carried out by a surgeon or gynaecologist with or without an anaesthetist, involving local, regional or general anaesthesia or sedation.

All of the data will remain confidential at the NCEPOD office and will be destroyed once the report has been published (Autumn 2003). It is particularly important to note that the collection of clinicians' names is for administrative purposes only and all such data will be kept confidential within the NCEPOD offices. We will be writing to consultant surgeons and anaesthetists about some of the cases.

THE FORM WILL BE ELECTRONICALLY SCANNED. USE A BLACK OR BLUE PEN – DO <u>NOT</u> USE A RED PEN. PLEASE COMPLETE ALL QUESTIONS WITH EITHER PRINTED CAPITALS OR A BOLD CROSS. IF YOU MAKE A MISTAKE PLEASE 'BLACK OUT' THE WHOLE BOX AND MARK THE CORRECT ONE.

- Q1. Hospital number this is to enable us to have a unique identifier combined with the date of procedure for each theatre case that we will analyse. It is not necessary for us to have the name of the patient.
- **Q2.** No question guidance.
- Q3. Sex male, female or indeterminate.
- **Q4.** Date of admission The date on which the patient was admitted to the hospital (i.e. on the same site) in which the procedure was performed.
- **Q5.** Admission type:

Inpatient – patients admitted with a planned stay overnight either as an emergency or as an elective case.

Day case – a surgical day case is a patient who is admitted for investigations or operation on a planned non-resident basis (i.e. no overnight stay).

- **Q6.** No question guidance.
- Q7. ASA status Please enter 1-6 as appropriate
 - 1 A normal healthy patient.
 - 2 A patient with mild systemic disease.
 - 3 A patient with severe systemic disease.
 - 4 A patient with severe systemic disease that is a constant threat to life.
 - 5 A moribund patient who is not expected to survive without the operation.
 - 6 A declared brain-dead patient whose organs are being removed for donor purposes.
- **Q8.** Theatre session type: Theatre cases are classified by whether the visit to the operating theatre occurred within a scheduled session or in an unscheduled session.

A theatre case is considered 'scheduled' if it was carried out during a period of time allocated to a scheduled operating theatre session and by a member of a consultant firm of the same specialty as that allocated to the session. If the theatre case is part of a scheduled session that has overrun it should still be classified as 'scheduled' regardless of the time of the case.

A theatre case is 'unscheduled' if it is not within a scheduled session or is carried out by a member of a consultant firm not allocated to that particular scheduled session.

Emergency surgical' and 'Emergency trauma' session types are those sessions that are allocated to a consultant on a regular basis for patients whose visit to the operating theatre was not foreseen but takes place as a result of accident or illness. These sessions are fully staffed.

Q9. Classification of theatre case:

Emergency: Immediate life-saving operation, resuscitation simultaneous with surgical treatment (e.g. trauma, ruptured aortic aneurysm). Operation usually within one hour.

Urgent: Operation as soon as possible after resuscitation (e.g. irreducible hernia, major fracture). Operation usually within 24 hours. **Scheduled:** Early operation but not immediately life-saving (e.g. malignancy). Operation usually within three weeks.

Elective: Operation at a time to suit both patient and surgeon (e.g. cholecystectomy, joint replacement) resource permitting.

- **Q10.** No question guidance.
- **Q11. Start time of anaesthesia** the start of the anaesthesia where this takes place either in the operating theatre or in the anaesthetic room. Leave blank if no anaesthetic is given.
- **Q12. Start time of surgery** the start of procedure regardless of whether an anaesthetic is given. This should be 'knife to skin'.
- **Q13.** No question guidance.
- **Q14.** Indication for operation/surgical diagnosis the reason for the operation.
- **Q15. Procedure(s) performed** please provide the name(s) of the procedure.
- **Q16.** Name of senior surgeon present this should be the name of the most senior surgeon actually in the operating theatre scrubbed or unscrubbed.
- Q17. Grade of senior surgeon present:

CON	Consultant
ASS	Associate Specialist
SGR	Staff Grade/Trust Doctor
CLA	Clinical Assistant/
	Hospital Practitioner
SPC	SpR with CCST
SSF	Sub-specialty fellow
SP4	SpR year 4 or greater
SP3	SpR year 3
SP2	SpR year 2
SP1	SpR year 1
SPV	Visiting SpR
PSH	Premier Senior House
	Officer (or SHO for >2 years)
SH2	SHO year 2
SH1	SHO year 1
PHO	Pre-registration House Officer
OTH	Other

+	
	WHO OPERATES WHEN II
	ally seanned. Please use a black pen. Please complete all questions with either printed on make a mistake, please "black-out" the box and re-enter the correct information.
Section One - The patient	r
1. Hospital no. of patient	
4. Date of admission	d d m m y y
Admission type (please tick only one)	In patient – elective In patient - emergency Day case
6. Date of procedure	d d m m y y 7. ASA Status (1 to 6) y y y (Note: We do not use the E sub-classification)
Section Two - The theatr	e session
Theatre session type (please tick only one)	Scheduled 9. Classification of theatre case Emergency Emergency surgical (please tick only one) Urgent Emergency trauma Scheduled Unscheduled Elective
10. Location of procedure (please tick only one)	Theatre suite Day case unit Other (please specify)
Section Three - The proc	edure
11. Start time of anaesthesia	(please use the 24 hour clock, 00:00 to 23:59)
12. Start time of surgery	(please use the 24 hour clock, 00:00 to 23:59)
13. Type(s) of anaesthetic (may be multiple)	a. Local b. Epidural/Spinal c. Other regional d. General c. Sodation
14. Indication for operation / surgical diagnosis	
15, Procedure(s) performed	
Section Four - The surge	on
 Name of most senior surg present during procedure 	
17. Grade of most senior surg present during procedure	eun

Q18/ No question guidance.

O20.

- **Q21.** Out of hours 18:01 to 07:59 Monday to Friday and all hours on a Saturday, Sunday or Bank Holiday.
- **Q22.** Name of consultant surgeon this should always be the name of a consultant surgeon or gynaecologist in charge of the team performing the operation.
- Q23. Specialty of consultant surgeon:

GEN General

A&E Accident & Emergency

CAR Cardiac/Thoracic/Cardiothoracic

O&G Obstetrics/Gynaecology

NEU Neurosurgery
OPH Ophthalmology
MAX Oral & Maxillofacial
ORT Orthopaedic & Trauma
ENT Otorhinolaryngology

PAE Paediatric
PLA Plastic

TRA Transplantation

URO Urology VAS Vascular OTH Other

Q24. Name of senior anaesthetist present – please note that this will not always be the anaesthetist at the beginning of the procedure. If a more senior anaesthetist goes into the theatre, his or her details should be recorded.

If no anaesthetist was present at all (e.g. local anaesthetic by surgeon only) please enter "LOCAL" into the surname box.

- **Q25. Grade of senior anaesthetist.** See definitions for Q17.
- Q26/ No question guidance.

Q27.

- Q28. Out of hours. See definitions for Q21.
- Q29. Duty, on-call or responsible consultant if the most senior anaesthetist was <u>not</u> a consultant, please provide the name of the consultant who is nominally responsible for the operating list <u>or</u> the name of the consultant who was on-call at the time of the operation. If this information is not available, please write 'N/A'.

- Q30. Level of supervision provided by the consultant named in Q29. These are RCA definitions.

 Immediately available supervisor is actually with the trainee or can be within seconds of being called.

 Local supervision supervisor on same geographical site, is immediately available for advice and is able to be with the trainee within 10 minutes of being called.

 Distant supervision supervisor is rapidly available for advice but is off the hospital site and/or separated from the trainee by over 10 minutes.
- **Q31.** Time out of theatre the time a theatre case leaves the operating theatre, <u>not</u> the time of leaving the theatre suite.
- Q32. This question is to explore whether theatre staff are doubling up as recovery staff thus limiting throughput in theatres.
- Q33/ No question guidance.

Q34.

+	+
18. Was the senior surgeon present a locunt?	Y Y
19. Years in grade of senior surgeon present	
20. If senior surgeon present is a trainee, is he/she working (please tick only one)	An on-call rota = - If on a rota, please specify = - 1 in days A full shift A partial shift
 If senior surgeon is a consultant and the procedure was commenced out of hours 	a. Was the surgeon on call? b. Will the surgeon have time off following out-of-hours duties? Y
22. If senior surgeon present is not a consultant, please state name of	Mr / Mrs / Miss / Ms / Dr / Prof (please ring) Initials Initials
consultant surgeon in charge of patient	Surname
	NCEPOD use only
23. Specialty of consultant surgeon in charge	te (see attached information sheet for three digit codes)
Section Five - The amaesthetist	
24. Name of most senior anaesthetist present during the procedure	Dr / Prof (please ring) Initials
present daming the procedure	Surname
 Grade of most senior anaesthetist present during procedure 	(please see attached information sheet for three digit codes)
26. Years in grade of senior anaestherist preso	ant
 If senior anaesthetist present is a trainee, is he/she working (please tick only one) 	An on-cull rota - If on a rota, please specify - 1 in duys A full shift A purtial shift
 If senior annesthetist is a consultan; and the procedure was commenced out of hours 	Will the anaestherist have time off following out-of-hours duries?
 If serior ariaesthetist present is not a consultant, please state name of duty. 	Dr / Prof (please ring) Initials
on call or responsible consultant	Surname
	NCEPOD use only
30. If senior anaesthetist is not a consultant, v	vas there Local supervision Distant supervision (please tick only one)
Section Six - Recovery and final destin	ation
31. Time patient out of theatre	(please use the 24 hour clock, 00:00 to 23.59)
32. Would the arrangements for the recovery	of this patient prevent the start of another case (if required)?
33. Was the patient sent to recovery?	Y N 23a. Length of stay in recovery hrs mins
34. Final destination after leaving suite (please tick only one)	HDDI ICU General medical ward Home CCU Died in theatre Appropriate surgical specialty ward General surgical ward General surgical ward
34a, If "Other", please specify	
+	+

	Consul data quastionnaire for Who Operates When II
	General data questionnaire for Who Operates When II
	Hospital name
	This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either printed capitals or a bold cross. For example or X
	If you make a mistake, please "black-out" the box and re-enter the correct information.
	The hospital
1.	How many surgical beds are there in this hospital? (all surgical specialties)
2.	What was the number of elective admissions for the year 2000/2001?
3.	What was the number of emergency admissions for the year 2000/2001?
	Theatres
4.	How many surgical theatres are there in the hospital?
5.	Are there daytime trauma theatre sessions i.e. where a theatre is staffed
	and set aside exclusively for emergency or urgent orthopaedic or trauma operations? (if no go to Q6)
5a.	If yes, how many trauma sessions are there each week?
6.	Are there daylime emergency theatre sessions i.e. where a theatre is staffed and set aside exclusively for emergency or urgent operations y = (excluding the dedicated trauma lists above)? (if no go to Q7)
6a.	If yes, how many emergency sessions are there each week?
7.	Are emergency out of hours operations undertaken in the main theatre complex?

		recovery			
8.	Main theatre recovery Is the recovery area available and staffed, by dedicated recovery				
	staff, 24 hours a d			(if yes go to Q9)	у п
8a	If no please enter	r the annronriste	eode in each of t	he 9 hoves	
	If no, please enter the appropriate code in each of the 9 boxes for who would normally recover patients out of hours				
	Time slot	Weekdays	Saturday	Sunday	
	18:00 22:00	** cekdaya	Saturday	Sunday	+
	22:01 23:59			-	
	00:00 07:59			7	
	A - dedicated of	on-call recovery	nurse	D - anaesthetist	
	B - on-call the	atro staff		E - other (please speci	fy below)
	C - on-call ope	erating departme	nt personnel		
Sb.					
		1 12 12		-7	
9.	For each recovery	y bed/trolley spac	e, is there a:	a. Pulse oximeter	
				b. BCG monitor	у п
					у в
10.	Do the recovery s	staff undergo rest	scitation training	g at least annually?	
					y "
	Management a	and audit			
11.	Is there a nominat	ted arbitrator to d	lecide clinical pr	iorities in theatres?	
				(if no go to Q12)	y
l l a.	If yes does that pe	erson have	Λ - Λ	nursing background	
			B - A	medical background	ń
					y n
			C - A	solely management backgr	ound
12	Do the operating t	theatres have oli	tical audit meeric	ngs? (if no go to Q13)	у
	De me operating			-8 (4 m. 8 £>	
12a.	If yes, is the patte	ern of work in the	operating theat	es regularly reviewed?	y n
	Door the informat	tion consisted by	the engine the	ativas about the ance	у п
1.2	Does the information acquired by the operating theatres about the case also record the grades of all anaesthetists and surgeons present?				

OUT OF HOURS QUESTIONNAIRE

Dr A.N.Other

NCEPOD ID	Hospital, Hospital No. and senior surgeon/ anaesthetist	Date of procedure	Procedure performed	Reason procedure performed out of hours	Private patient? (tick if yes)
Nnnnnn	Anywhere Hospital Nnnnnna A Person	dd-mmm-yy	Аааааааааааааа	(Free text for consultant to complete)	

A proforma as shown above was sent to consultant surgeons and anaesthetists where surgery had been undertaken out of hours. The consultant completed the 'Reason procedure performed out of hours' box and the 'Private patient' box.

Steering Group

(as at 31 July 2003)

Members

Dr S Bridgman (Faculty of Public Health

Medicine)

Dr M Burke (Royal College of

Pathologists)

Professor I T Gilmore (Royal College of

Physicians)

Dr D Justins (Royal College of

Anaesthetists)

Mr B Keogh (Royal College of

Surgeons of England)

Mr G T Layer (Association of Surgeons

of Great Britain and

Ireland)

Professor D M Luesley (Royal College of

> Obstetricians and Gynaecologists)

Dr A Nicholson (Royal College of

Radiologists)

Dr P Nightingale (Royal College of

Anaesthetists)

Dr M Pearson (Royal College of

Physicians)

Mr B F Ribeiro (Royal College of

Surgeons)

Dr P J Simpson (Royal College of

Anaesthetists)

Mr L F A Stassen (Faculty of Dental

> Surgery, Royal College of Surgeons of England)

(Royal College of Mr M F Sullivan

Surgeons of England)

(Royal College of

Professor T Treasure

Surgeons of England)

Dr D Whitaker (Association of

> Anaesthetists of Great Britain and Ireland)

Mrs M Wishart (Royal College of

Opthalmologists)

NCEPOD CORPORATE **STRUCTURE**

The National Confidential Enquiry into

Perioperative Deaths (NCEPOD) is an independent

body to which a corporate commitment has been

made by the associations, colleges and faculties

related to its areas of activity. Each of these bodies

nominates members of the steering group.

APPENDIX E - NCEPOD CORPORATE STRUCTURE

Observers

Mrs M Ibbetson (Lay representative)

Dr P A Knapman (Coroners' Society of England and Wales)

Professor P Littlejohns (National Institute for Clinical Excellence)

Ms M McElligott (Royal College of

Nursing)

Mr P Milligan (Institute of Healthcare

Management)

NCEPOD is a company, limited by guarantee and a registered charity, managed by trustees.

Trustees

Dr P J Simpson (Chairman)

Mr M F Sullivan (Treasurer)

Mr G T Layer

Professor T Treasure

Clinical co-ordinators

The trustees (on behalf of the steering group) appoint the lead clinical co-ordinator for a defined tenure. The lead clinical co-ordinator leads the review of the data relating to the annual sample, advises the steering group and writes the reports. The trustees also appoint clinical co-ordinators again for a fixed tenure. All clinical co-ordinators must be engaged in active academic/clinical practice (in the NHS) during the full term of office.

Lead clinical co-ordinator

Dr A J G Gray

Clinical co-ordinators

Anaesthesia Dr D G Mason Dr K M Sherry

Medicine Dr G P Findlay

Dr T D Wardle

Pathology Professor S B Lucas

Surgery Mr S R Carter

Mr M Lansdown Mr I C Martin

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National Institute for Clinical Excellence

Welsh Office

Health and Social Services Executive

(Northern Ireland)

States of Guernsey Board of Health

States of Jersey

Department of Health and Social Security,

Isle of Man Government

Abbey Group

Aspen Healthcare

Benenden Hospital

BMI Healthcare

BUPA

Community Hospitals Group

Foscote Private Hospital

HCA International

Horder Centre for Arthritis

Hospital of St John & St Elizabeth

King Edward VII Hospital, Midhurst

King Edward VII's Hospital Sister Agnes

New Victoria Hospital

Nuffield Hospitals

St Anthony's (Cheam)

St Joseph's Hospital

The Heart Hospital

The London Clinic

This funding covers the total cost of the Enquiry, including administrative salaries and re-imbursements for clinical co-ordinators, office accommodation charges, computer and other equipment as well as travelling expenses for the clinical co-ordinators, steering group and advisory groups.

A PPENDIX F

LOCAL REPORTERS

Listed below are the contacts who co-ordinated the collection of the Who Operates When? II data, and reported deaths to NCEPOD between April 2001 and March 2002.

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