



CANCER IN CHILDREN, TEENS AND YOUNG ADULTS

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Trust/Health Board _____

Name of Hospital: _____

Who completed this questionnaire?

Name: _____

Position: _____

What is this study about?

NCEPOD is undertaking a study to avoidable and remediable factors in the process of care of children, teens and young adults under the age of 25 years who died/ or had an unplanned admission to ICU (Level 3) within 60 days of receiving systemic anti-cancer therapy (SACT). NCEPOD aims to look at the configuration of services and the organisational structures in place for the safe delivery of SACT to children, teens and young adults.

Organisational data are being collected from all hospital providers that either treat with children, teenagers and young adults with SACT or would admit a patient via an emergency department or to critical care including: Principal Treatment Centres (PTC), Paediatric Oncology Shared Care Units (POSCU), acute hospitals and specialist hospitals.

Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust/Health Board or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. People who should help with the completion of this form include (paediatric/adult): oncologists, intensivists, nurses.

A separate questionnaire should be completed for each hospital within a Trust/Health Board

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD in the envelope provided.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.
If you have any queries about this study or this questionnaire, please contact:
cictya@ncepod.org.uk or telephone: 020 7251 9060

Please note:
This questionnaire aims to capture data from different types of hospitals and services therefore some questions may be repeated more than once; only a small number of hospitals may need to complete the whole questionnaire.

Thank you for taking the time to complete this questionnaire.

FOR NCEPOD USE ONLY

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2 7 2 8 4 4 9 8 4 4 6 2 4

DEFINITIONS

Cancer centre	Provides expertise in the management of all cancers including common cancers within their immediate locality and less common cancers by referral from cancer units. They provide specialist diagnostic and therapeutic techniques including radiotherapy.
Central venous access	Central Venous Access - a long thin and hollow plastic tube called a 'catheter' or 'line' is placed in a vein and this provides a way of administering regular invasive medication.
Chemotherapy extravasation	Leaking of the drug out of the vein and into the surrounding tissues.
Cycle:	Chemotherapy is typically given in cycles, which is a treatment followed by a period of rest. A cycle can last one or more days, but is usually one, two, three, or four weeks long.
GCSF	Granulocyte colony-stimulating factor. A growth factor that stimulates the bone marrow to make neutrophils and some other types of white blood cells. It is also known as filgrastim.
Haemato-oncology	Haematologists specialising in treatment of haematological malignancies.
Hickman catheter	Thin, long tube made of flexible, silicone rubber/plastic. It is surgically inserted into one of the main veins leading to the heart.
HDU	High dependency unit - Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care (NB: When basic respiratory and basic cardiovascular support is provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be level 2 care)
ICU	Intensive care unit - Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: basic respiratory and basic cardiovascular do not count as two organs if they occur simultaneously - see above under level 2 care - but will count as level 3 if another organ is supported at the same time)
Oncology	Medical oncology and clinical oncology
Paediatric oncology shared care unit (POSCU)	A designated hospital that shares the care of paediatric oncology patients with a Principal Treatment Centre
Parenteral	Administered by means other than through the alimentary tract
PICC line	This involves the placement of a long plastic catheter into one of the larger veins of the arm
Port-a-Cath	A catheter connects the port to a vein. Under the skin, the port has a septum through which drugs can be injected and blood samples, ports are used mostly to treat hematology and oncology patients.
Principal treatment centre (PTC)	The specialist paediatric oncology unit that is coordinating the patient's care
Protocol/ regimen/ line:	A protocol of chemotherapy is the number of cycles of chemotherapy that constitute a complete chemotherapy treatment. Typically 4-6 cycles of chemotherapy constitute a protocol (or line) of chemotherapy.
(SACT) Initiator	The doctor who makes the decision to commence a patient on a course of SACT
(SACT) Prescriber	The clinician who prescribes a cycle of chemotherapy
Standard operating procedures (SOP)	A set of documented processes complied by the organisation to help staff carry out routine operations and ensure services are delivered consistently every time.
Systemic anti cancer therapy (SACT)	To include all "traditional" cytotoxins - intravenous, oral, subcutaneous, intravesical, intrathecal, or intraperitoneal chemotherapy, monoclonal antibodies or cytokines, but excluding vaccines, gene therapy and hormonal agents
Teenage/young adult designated hospital	Teenage and Young Adult specialist haematology and oncology unit that coordinates the patient's care



A. THE ORGANISATION

1. Please select all the categories that apply to this hospital:

- | | |
|--|---|
| <input type="checkbox"/> University hospital | <input type="checkbox"/> Independent hospital |
| <input type="checkbox"/> District general hospital \leq 500 beds | <input type="checkbox"/> District general hospital $>$ 500 beds |
| <input type="checkbox"/> Stand-alone children's hospital | <input type="checkbox"/> Stand alone cancer unit (for adults) |
| <input type="checkbox"/> Other (please state): | <input type="text"/> |

2. In this hospital is systemic anti-cancer therapy (SACT)* ever administered to: *Definitions on p2

- a) Adults ($>$ 18 years) Yes No c) Children (0-16 years) Yes No
- b) Teenage and young adults (11-18 years) Yes No
3. Do you ever admit acutely unwell children or young people \leq 24 years of age who have had SACT? Yes No

If you answered No to Q2(a-c) and Q3 the remainder of questionnaire does not need to be completed - please send back your questionnaire in the envelope provided - thank you.

4a. Approximately how many beds does this hospital have?

4b. Approximately how many beds does this hospital have specifically for patients aged:

0-11: 12-16: 17-18: 19-24:

5. Please select which best describes this hospital (please select all that apply) *Definitions on p2

- a) Principal treatment centre for childhood cancer (PTC)* Yes No
- b) Principal treatment centre for teenagers and young adults with cancer (TYA) Yes No
- c) Paediatric oncology shared care unit (POSCU)* Yes No
- d) Teenage and young adult (TYA) designated hospital* Yes No
- e) Adult oncology unit in a cancer centre* Yes No
- f) Adult oncology unit in a district general hospital Yes No
- g) Secondary paediatric unit in a district general hospital (but not a designated POSCU) Yes No

6. How many new cancer patients for the following age groups were admitted to this hospital during the period 1st April 2015 - 31st March 2016:

0-11: 12-16: 17-18: 19-24:

7a. Is this hospital part of a cancer network? Yes No

7b. If Yes to 7a, please describe:

7c. If No to 7a, please state reason why:



8. Please select which of the following CRITICAL CARE services are co-located at your hospital:

(Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
Definitions on p2	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
Adult critical care level 3 (ICU)* <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paediatric critical care level 3 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adult critical care level 2 (HDU)* <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paediatric critical care level 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paediatric critical care level 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paediatric resuscitation team <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Q8 continued (Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients None Ad hoc Informal Formal Other (please describe):	Age range treated					Available 24/7		Available restricted hours		
		All ages	0-11	12-16	17-18	19-24	Yes	No	Mon-Fri 8am-6pm	Mon-Fri extended hours	Other (please describe):
Adult critical care outreach team <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Paediatric critical care outreach team (or equiv) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

9. Please select which of the following PAEDIATRIC services are co-located at your hospital:

Service at this hospital											
Specialist paediatric surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Specialist paediatric anaesthesia <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Paediatric pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Paediatric histopathology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



10. Please select which of the following RADIOLOGY services are co-located at your hospital:

(Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients					Age range treated					Available 24/7		Available restricted hours		
	None	Ad hoc	Informal	Formal	Other (please describe):	All ages	0-11	12-16	17-18	19-24	Yes	No	Mon-Fri 8am-6pm	Mon-Fri extended hours	Other (please describe):
Adult interventional radiology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paediatric interventional radiology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plain films <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CT scanning <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MRI scanning <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



11. Please select which of the following SURGICAL services are co-located at your hospital:

(Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
ENT with complex airway management <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Neurosurgery <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

12. Please select which of the following CANCER SERVICES are co-located at your hospital:

Service at this hospital				
Adult oncology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Teenage and young adult oncology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Paediatric oncology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Q12 continued

(Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None <input type="checkbox"/> Ad hoc <input type="checkbox"/> Informal <input type="checkbox"/> Formal <input type="checkbox"/> Other (please describe): <input type="text"/>	All ages <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-16 <input type="checkbox"/> 17-18 <input type="checkbox"/> 19-24 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mon-Fri 8am-6pm <input type="checkbox"/> Mon-Fri extended hours <input type="checkbox"/> Other (please describe): <input type="text"/>
Clinical adult haematology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Teenage and young adult haematology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Paediatric haematology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Stem cell transplantation autologous <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Stem cell transplantation allogeneic <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Chronic pain services <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>

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Q12 continued (Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
Acute pain service <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Palliative care <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Radiation therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cancer services for teenagers and young adults <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

13. Please select which of the following MEDICAL services are co-located at your hospital:

Service at this hospital			
Endocrinology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nephrology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Q13 continued (Answers may be multiple) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
Gastroenterology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Neurology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cardiology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Respiratory medicine <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Clinical microbiology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



14. Please complete the table below regarding the following staff members:

	Approximate number of whole time equivalent members of staff - normal working hours (Mon-Fri 9am-5pm)	Approximate number of the following staff members who are on-call out of hours/ weekends: Resident/ non resident (telephone)		
		Resident	Non resident	Total
Consultant adult haematologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant TYA haematologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant paediatric haematologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant adult oncologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant TYA oncologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant paediatric oncologist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant paediatricians	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Consultant general physicians	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Adult nurse specialist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
TYA nurse specialist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Paediatric nurse specialist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

B. EMERGENCY CARE

15a. Does this hospital admit patients (aged 0-24) with complications of SACT directly from home? Yes No

15b. If Yes to 15a, would the route of admission be: **If No to 15a please go to Q19**

via the Emergency Department Direct to ward Other (please state):

15c. If Yes to 15a, which ward would these patients be admitted to (answers may be multiple):

- General ward (adult) General paediatric ward (if patient age appropriate)
- Oncology ward (adult) General TYA ward (if patient age appropriate)
- Oncology paediatric ward (if patient age appropriate)
- Oncology TYA ward (if patient age appropriate)

16. In an emergency following SACT, considering your normal catchment area, what is the maximum time a patient would need to travel to reach this hospital (estimated):

30 minutes 1 hour > 1 hour

16b. If patients have to travel more than one hour to reach your hospital, please state reason why:

Wide geographical area Lack of shared oncology care Other (please state):



17. For complications of SACT, which team(s) normally provide cover **out of hours**
(please select all that apply)

*Definitions on p2

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult oncology | <input type="checkbox"/> TYA oncology | <input type="checkbox"/> Paediatric oncology |
| <input type="checkbox"/> Haemato-oncology* | <input type="checkbox"/> General medicine | <input type="checkbox"/> General surgery |
| <input type="checkbox"/> Paediatric haemato-oncology | <input type="checkbox"/> Paediatric surgery | <input type="checkbox"/> General paediatrics |
| <input type="checkbox"/> Other (please state): | <input type="checkbox"/> Palliative care | |

18a. Is there an emergency admissions policy for patients receiving SACT? Yes No

18b. If Yes to 18a, is this available on the hospital intranet? Yes No Unknown

C. MANAGEMENT OF SACT

In this section the term haematology/oncology includes paediatric/TYA haematology/oncology

PRESCRIPTION OF SACT *Definitions on p2

19. What format are SACT prescriptions in (please select all that apply)

- a) Parenteral*: Handwritten Pre-printed prescriptions Electronic prescribing
- b) Oral: Handwritten Pre-printed prescriptions Electronic prescribing

20a. Does the hospital maintain a list of: (please select all that apply and see definitions)

i) Doctors authorised to initiate/ prescribe* the first cycle of chemotherapy?

- Yes No Unknown

ii) Doctors authorised to initiate/ prescribe the second and subsequent cycles?

- Yes No Unknown

20b. If Yes to i) or ii) please select from the following grades which staff are listed as an initiator or prescriber*
(please select all that apply and see definitions)

	Initiator	Prescriber		Initiator	Prescriber
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	SPR/ST3 or higher	<input type="checkbox"/>	<input type="checkbox"/>
Associate specialist	<input type="checkbox"/>	<input type="checkbox"/>	ST1-2	<input type="checkbox"/>	<input type="checkbox"/>
Clinical assistant	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Clinical research fellow	<input type="checkbox"/>	<input type="checkbox"/>			
Staff grade	<input type="checkbox"/>	<input type="checkbox"/>			

21a. Are other non medical grade staff members allowed to prescribe SACT? Yes No

21b. If Yes to 21a, please list which members of staff?



22a. Is the SACT that can be prescribed by nurses/ pharmacists/ other non doctors limited to certain types/ clinical presentations? Yes No

22b. If Yes to 22a, please give details of all that can be given by non doctors?

- IV bolus chemotherapy Infusion chemotherapy
 Other oral chemotherapy Continuation therapy for ALL acute lymphoblastic leukaemias

22c. Are there written standard operating procedures* for these staff members to follow? *Definitions on p2

- Yes No

23. Please complete the selection below regarding training for the following staff members:

	Junior doctors	Nurses	Pharmacists
i) Training programme for prescribing SACT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Training in the use of the electronic prescribing system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) A formal assessment of competency in SACT prescribing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) At what point in training are staff allowed to prescribe SACT	<input type="checkbox"/> Immediately upon employment <input type="checkbox"/> At the discretion of the consultant <input type="checkbox"/> After a formal assessment of competency	<input type="checkbox"/> Immediately upon employment <input type="checkbox"/> At the discretion of the consultant <input type="checkbox"/> After a formal assessment of competency	<input type="checkbox"/> Immediately upon employment <input type="checkbox"/> At the discretion of the consultant <input type="checkbox"/> After a formal assessment of competency

24a. Is there a hospital policy for the dispensing of SACT? Yes No

If Yes to 24a, please answer the following:

If No to 24a please go to Q25

24b. Does the policy state that pharmacists with responsibility for dispensing SACT:

- i) Check all SACT prescriptions before dispensing? Yes No
 ii) Does this also apply to prescriptions for oral SACT? Yes No
 iii) Routinely check blood results (and/or other relevant tests) before dispensing? Yes No
 v) Routinely check dose calculations and sign? Yes No
 vi) If the SACT was prescribed by a pharmacist, is the prescription routinely checked by a second pharmacist Yes No
 vii) Do the pharmacists receive training specifically for these roles? Yes No
 viii) Are ALL SACT protocols available in the pharmacy? Yes No

a) If Yes to viii, is this: On-line (hospital intranet) On paper only

b) If No to viii how are they accessed:



SACT ADMINISTRATION

25. Is ALL SACT for administration in your hospital:

- Prepared on-site in your pharmacy Prepared off-site
- Combination of both Unknown

26. Do clinical staff who administer SACT receive chemotherapy-specific training before they are allowed to do so?

- Yes No Unknown

27. Is it hospital policy that before administering SACT, clinical staff who administer it must routinely check the following:

- a) Dose Yes No b) Critical tests (blood tests) Yes No
- c) Performance status (please state score used): Yes No

28a. Does local policy require SACT administration to be checked by a second clinical member of staff?

- Yes No

28b. If Yes to 28a, does this apply to:

- a) Oral Yes No b) IV Yes No

c) Other (please specify):

CENTRAL VENOUS ACCESS* Definitions on p2

29a. Does this hospital have a policy for central venous line insertion including infection control?

- Yes No

29b. If Yes to 29a, is this done under ultrasound guidance?

- Yes No

30. Is there a central venous lead?

- Yes No

31. What types of central venous lines are used?

- i) Tunnelled central venous catheter (e.g. Hickman*, Groshong) Yes No Unknown
- ii) Peripherally inserted central catheter (PICC)* Yes No Unknown
- iii) Central line with implant injection port (e.g. Port-a-Cath)* Yes No Unknown
- iv) Other (please specify): Yes No Unknown

32. Who inserts central venous lines? (please select all that apply)

- Medical member of haemato-oncology/ oncology team Radiologist
- Nursing member of haemato-oncology/ oncology team Surgeon
- Other (please specify): Anaesthetist



DOCUMENTATION OF SACT

33. Is there a register of staff who are designated to give intrathecal treatment? Yes No

34a. Do you have an electronic patient record for patients receiving SACT? Yes No

34b. If Yes to 34a, is this linked to the main case record? Yes No

34c. If Yes to 34a, do you record the following: Definitions on p2

i) Responsible clinician Yes No ii) The date the protocol/ regimen was started Yes No

iii) Date of each cycle* given Yes No iv) Any episodes of toxicity Yes No

35a. Are doses of SACT routinely recorded on a computerised pharmacy system? Yes No

35b. If No to 35a, how are they recorded?

36a. Are there ring fenced beds for chemotherapy administration? Yes No

36b. If Yes to 36a, please state number of beds/ chairs available for chemotherapy:

Day case/ outpatient Beds: Chairs:

Inpatient 5/6 day beds: 7 day beds:

37. Where is SACT administered? (please select all that apply)

- In a designated chemotherapy outpatient clinic
- As an inpatient on an oncology ward
- Other area (please specify):
- As an outpatient but on an oncology ward

Day case unit:

Opening hours of day case unit

8 hours (i.e. 9am-5pm or equivalent) 12 hours (i.e. 8am-8pm or equivalent)

Other (please specify):

38. If you admit TYA (11-18 years) for SACT alongside adults do you have separate facilities or policies for them within this unit? (e.g. cubicles, separate ward area or time for admission)

Yes No N/A

39. Where are copies of your local chemotherapy treatment protocols stored? (please select all that apply)

- On-site library
- Ward areas
- Chemotherapy clinic
- Electronic version on hospital computer system/ intranet
- Outpatient department
- Included in oncology based staff induction pack
- Other (please state):



40. How is patient information given? (please select all that apply)

- a) Verbally in clinic by clinical staff Yes No Unknown
- b) Patient information leaflets:
- i) General information on chemotherapy Yes No Unknown
- ii) CCLG/ BACUP booklets on specific tumour sites Yes No Unknown
- iii) Information specific to particular chemotherapy regimens Yes No Unknown
- c) Audio visual patient information Yes No Unknown
- d) Other (please state): Yes No

41a. Do patients receiving chemotherapy routinely receive written guidance on when and how to seek advice if they become ill at home after SACT? Yes No

41b. Please give details:

42a. Is there a dedicated telephone number for SACT patients/ their families to call?

Yes (please state hours)

No

42b. If Yes to 42a, will they speak to a:

Specialist oncology nurse

General medicine/ paediatric doctor

Other (please state):

Haemato-oncology doctor

42c. If Yes to 42a, is there a record made of each telephone call to this number? Yes No

42d. If Yes to 42c (record made of each telephone call), where is this recorded? (please select all that apply)

On the handover sheet

Directly in the patient's clinical notes

Recorded elsewhere (please state):

42e. If Yes to 42c, is the record of the call uploaded to the patient's clinical notes?

In real-time/ instantaneously

Uploaded once a day

Other (please state):

42f. If Yes to 42a (dedicated telephone number for SACT patients to call) does the induction for the following staff include training on giving telephone advice to patients with complications following SACT?

i) Specialist nurses

Yes

No

ii) Haemato-oncology/ oncology junior doctors

Yes

No

iii) Haemato-oncology/ oncology pharmacists

Yes

No



43a. Do oncology patients have a named key worker? Yes No

43b. If Yes to 43a, which age ranges have a named key worker?

0-11 12-16 17-18 19-24

Other (please state):

43c. If Yes to 43a, please state the profession of the key workers for these patients:

Doctor

Nurse specialist: Adult Teenage and young adult Paediatric

Other (please state):

44a. Is there a policy for follow-up of patients following SACT? Yes No

44b. If Yes to 44a, please state when this is done?

Within 1 week Within 2 weeks Other (please state):

44c. If Yes to 44a, is this done: By telephone At a clinician on-site at the hospital

Other (please state): At home by the community nursing team

44d. If Yes to 44a, who undertakes the follow-up?

Nurse specialist Pharmacist By the patient's key worker

Other (please state):

44e. If No to 44a, please describe follow-up arrangement:

45. Which groups of patients are followed-up? (please select all that apply)

All patients receiving SACT Only patients receiving intravenous

Patients with specific tumour sites (please specify): Only patients receiving oral SACT

Other (please state):

46. Does the organisation have the following: (please select all that apply)

Nurse-led patient education for patients (and their families) receiving SACT

Pharmacist-led patient education for patients (and their families) receiving SACT

Other (please state):



47. Are patients receiving SACT given a card or other document carrying contact details and other essential information?

Yes No

48a. Is there a formal mechanism by which the named consultant haemato-oncologist in the PTC is informed of a patient being admitted with complications following SACT?

i) In your own organisation Yes No

ii) In other organisations Yes No

48b. If Yes to 48a, is this: (please select all that apply)

By telephone By fax By secure email

Other (please state):

48c. Is it hospital policy that this happens: (SELECT ONE ANSWER)

Immediately Within 24 hours Following discharge

Other (please state):

49. Is it mandatory that treatment of a new patient is discussed at an age appropriate multi-disciplinary team?

Yes No

D. POLICIES/ STANDARD OPERATING PROCEDURES

50. Does your organisation have the following standard operation procedures* (SOP) in place? [Definitions on p2](#)

a) Clinical management of neutropaenic sepsis Yes No Unknown

b) Prescription of GCSF* or other growth factors Yes No Unknown

c) Any other SOPs relevant to SACT Yes No Unknown

d) If Yes to c, please state:

51a. Does the hospital have a local policy for the following:

i) Chemotherapy extravastion* Yes No Unknown

ii) Chemotherapy anaphylaxis Yes No Unknown

iii) Administration of intrathecal chemotherapy Yes No Unknown

51b. Do the following clinical staff receive training in induction in the above listed SOPs/policies:

i) Oncology doctors Yes No

ii) Nurse specialists Yes No

iii) Pharmacists Yes No

52a. Does this hospital have a policy covering the transition of care from children (paediatrics) to adult oncology services?

Yes No N/A - please state why:



52b. If Yes to 52a, what is the age that transition should occur according to the policy?

- Less than or a maximum of 14 years More than 14 but less than 16 years
 16 year-18 years No fixed policy

52c. If Yes to 52a, is the implementation of this policy audited? Yes No

52d. If Yes to 52c, what is the compliance? %

52e. If Yes to 52a, where would patients be routinely referred to when they are transitioned?

- Adult cancer specialist hospital Hospital with TYA centre
 Other (please state): Adult general hospital

E. AUDIT

53. Do you formally audit/ review the following topics in relation to SACT (please select all that apply)

- a) Chemotherapy toxicity Yes No Unknown
b) Neutropaenic sepsis Yes No Unknown
c) Nausea and vomiting Yes No Unknown
d) Number of deaths within 30 days of receiving SACT Yes No Unknown
e) Number of deaths within 60 days of commencing a course of SACT Yes No Unknown
f) Appropriateness of administration of the last course of SACT in patients who died within a stated timeframe Yes No Unknown
g) Other topics related to SACT (please specify): Yes No Unknown

h) Central line complications Yes No Unknown

54a. Are ALL deaths following SACT routinely discussed at an oncology mortality and morbidity meeting?

- Yes No

54b. If No to 54a, which deaths following SACT would be discussed?

- Deaths within 30 days Deaths of patients aged < 18 Other (please state):

55a. Are any of the discussions/learning points from the oncology mortality and morbidity meetings recorded in the clinical notes?

- Yes No

55b. If No to 55a, where are they recorded?



55c. Who routinely attends the oncology mortality and morbidity meeting?

- | | |
|--|--|
| <input type="checkbox"/> (Age related) oncologists | <input type="checkbox"/> (Age related) haemato-oncologists |
| <input type="checkbox"/> Intensivists | <input type="checkbox"/> Palliative care team |
| <input type="checkbox"/> Surgeons | <input type="checkbox"/> Nurse specialists |
| <input type="checkbox"/> Other (please state): | <input type="checkbox"/> Key workers |

56. Does this hospital participate in regular peer review/ self assessment exercise relating to UK cancer standards? Yes No

F. HOSPITAL SPECIFIC QUESTIONS

The following sections should be completed by type of hospital:	Page number
Principle treatment centres for childhood cancer (PTC)	20
Principle treatment centre for teenagers and young adults with cancer (TYA)	20
Adult oncology unit in cancer centre	20
TYA designated hospital	21-23
Paediatric oncology shared care unit (POSCU)	21-23
Adult oncology unit in a DGH	24-25
Secondary paediatric unit in a DGH (but not a designated POSCU)	24-25

NOTE: **Peer review measures for England and Wales
NHS England and Wales: Manual for Cancer Services - Children's Cancer Measures (April 2014)
NHS England and Wales Manual for Teenage and Young Adult measures (April 2014)
For Scotland, Northern Ireland and the Channel Islands please refer to your local policies/guidelines if available

Principle treatment centres for childhood cancer (PTC)

57. Does your in-patient unit meet current 'Peer Review Measures'*** on nurse staffing in relation to:

- | | | | |
|---------------------|------------------------------|-----------------------------|------------------------------|
| a) Nursing numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b) Nursing training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

58. Does your day case unit meet current 'Peer Review Measures'*** on nurse staffing in relation to:

- | | | | |
|---------------------|------------------------------|-----------------------------|------------------------------|
| a) Nursing numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b) Nursing training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Principle treatment centre for teenagers and young adults with cancer (TYA)

Adult oncology unit in cancer centre

59. What tools or guidelines do you follow in relate to:

a) Nursing numbers:

b) Nursing training:



**Paediatric oncology shared care unit (POSCU)
TYA designated hospitals**

60. What level POSCU are you: POSCU Level 1 POSCU Level 2 POSCU Level 3 Not applicable

61. What level TYA designated hospital are you POSCU Level 1 POSCU Level 2 POSCU Level 3 Not applicable

62a. Please select which of the following services are co-located at your hospital: **If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5**

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None <input type="checkbox"/> Ad hoc <input type="checkbox"/> Informal <input type="checkbox"/> Formal <input type="checkbox"/> Other (please describe): <input type="text"/>	All ages <input type="checkbox"/> 0-11 <input type="checkbox"/> 12-16 <input type="checkbox"/> 17-18 <input type="checkbox"/> 19-24 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mon-Fri 8am-6pm <input type="checkbox"/> Mon-Fri extended hours <input type="checkbox"/> Other (please describe): <input type="text"/>
In patient support for children with febrile neutropaenia <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>

62b. If Yes to 62a, is this available in: Cubicle Open ward Not applicable
(Answers may be multiple)

(number of cubicles)

63. Please select which of the following services are co-located at your hospital:

Service at this hospital				
Outpatient supportive care <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Outpatient follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>

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Paediatric oncology shared care unit (POSCU)
TYA designated hospitals continued

If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
Outpatient oral chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Outpatient IV bolus chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Day care infusional chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inpatient infusional chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Intrathecal chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

continued on next page



64. POSCU only

If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement for transfer patients					Age range treated					Available 24/7		Available restricted hours		
	None	Ad hoc	Informal	Formal	Other (please describe):	All ages	0-11	11-16	16-18	19-24	Yes	No	Mon-Fri 8-6	Mon-Fri extended hours	Other (please describe):
Named POSCU lead <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Named POSCU nurse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

65. Does your in-patient unit meet current 'Peer Review Measures'*** on nurse staffing in relation to: ****please see page 20**

- a) Nursing numbers Yes No N/A b) Nurse training Yes No N/A

66. Does your day care unit meet current 'Peer Review Measures'*** on nurse staffing in relation to:

- a) Nursing numbers Yes No N/A b) Nurse training Yes No N/A

67. TYA designated centre only

Service at this hospital															
Named lead clinician <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Named TYA nurse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

68. Does your unit meet current 'Peer Review Measures'*** on nurse staffing in relation to:

- a) Nursing numbers Yes No N/A b) Nurse training Yes No N/A



Adult oncology unit in a DGH

Secondary paediatric unit in a DGH (but not designated POSCU)

69a. Please select which of the following services are co-located at your hospital: If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/ 7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
In patient support for children and young people with febrile neutropaenia <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

69b. If Yes to 69a, is this available in: Cubicle Open ward Not applicable
 (Answers may be multiple) (number of cubicles)

70. Please select which of the following services are co-located at your hospital:

Service at this hospital				
Age appropriate resuscitation team <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Age appropriate intensive care <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

continued on next page



Adult oncology unit in a DGH

Secondary paediatric unit in a DGH (but not designated POSCU) If you have answered NO to both Column 1 and 2, you do not need to complete Columns 3-5

Service at this hospital	If not available please describe network arrangement to transfer patients	Age range treated	Available 24/7	Available restricted hours
	None Ad hoc Informal Formal Other (please describe):	All ages 0-11 12-16 17-18 19-24	Yes No	Mon-Fri 8am-6pm Mon-Fri extended hours Other (please describe):
Age appropriate anaesthesia support <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> []	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> []
Named clinical lead <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> []	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> []
Named lead nurse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> []	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> []

END OF QUESTIONNAIRE



Many thanks for taking the time to complete this questionnaire

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