



**LICENCE AGREEMENT**

**BETWEEN**

- (1) **HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP** (company number 06498947) whose registered office is at 70 Wimpole Street, London W1G 8AX (the **“AUTHORITY”**); and
- (2) **“the LICENCEE”**)

Recital:

The Authority has agreed to grant the Licencee a limited non-exclusive royalty-free revocable licence to use the Audit Tool upon the terms and conditions of this Agreement.

Operative provisions:

**1 DEFINITIONS AND INTERPRETATION**

1.1 In this Agreement the following words shall have the following meanings:-

<p><b>“Audit Tool”</b></p>	<p>means the <b>NELA Audit Tool Paper Questions known as the NELA Audit Questions</b> developed by the Royal College of Anaesthetists NELA project team in relation to the National Emergency Laparotomy Audit project under a contract with the Authority under Schedule 1 contained therein and shall be interpreted as including any Updated Audit Tool;</p>
<p><b>“Intellectual Property Rights”</b></p>	<p>means patents, trademarks, copyrights, rights to extract information from a database, design rights and all rights or forms of protection of a similar nature or having equivalent or the similar effect to any of them which may subsist anywhere in the world, whether or not any of them are registered and including applications for registration of any of them and including Know How;</p>
<p><b>“Know How”</b></p>	<p>means all technical and other information which is not in the public domain, including but not limited to information comprising or relating to concepts, discoveries, data, designs, formulae, ideas, inventions, methods, models, procedures, designs for experiments and tests and results of experimentation and testing, processes, specifications and techniques, laboratory records, clinical data, manufacturing data and information contained in submissions to regulatory authorities;</p>





<b>“Loss”</b>	means all costs, claims, liabilities and expenses (including reasonable legal expenses);
<b>“Territory”</b>	means England and Wales;
<b>“Updated Audit Tool”</b>	means any modified, improved or corrected version of the Audit Tool as created or developed by the Licencee and approved by the Authority in accordance with Clause 4;
<b>“Use”</b>	means to use the Audit Tool for non-commercial purposes for the carrying out of the Initial Health Assessment and the Review Health Assessments for Looked After Children and children in care;

1.2 In this Agreement (except where the context otherwise requires):

- 1.2.1 use of the singular includes the plural (and *vice versa*) and use of any gender includes the other genders;
- 1.2.2 a reference to a party is to a party to this Agreement and shall include that party's personal representatives, successors or permitted assignees;
- 1.2.3 a reference to persons includes natural persons, firms, partnerships, bodies corporate and corporations, and associations, organisations, governments, states, foundations, trusts and other unincorporated bodies (in each case whether or not having separate legal personality and irrespective of their jurisdiction of origin, incorporation or residence); and
- 1.2.4 a reference to a Clause or Schedule is to the relevant clause of or schedule to this Agreement.
- 1.2.5 any reference to a statute, order, regulation or other similar instrument shall be construed as a reference to the statute, order, regulation or instrument together with all rules and regulations made under it as from time to time amended, consolidated or re-enacted by any subsequent statute, order, regulation or instrument;
- 1.2.6 general words are not to be given a restrictive meaning because they are followed by particular examples, and any words introduced by the terms "including", "include", "in particular" or any similar expression will be construed as illustrative and the words following any of those terms will not limit the sense of the words preceding those terms; and





1.2.7 headings to clauses are for the purpose of information and identification only and shall not be construed as forming part of this Agreement.

1.3 The Schedules form an integral part of this Agreement and have effect as if set out in full in the body of this Agreement. A reference to this Agreement includes the Schedules.

## **2 GRANT OF LICENCE**

2.1 The Authority hereby grants to the Licencee a limited non-exclusive royalty-free revocable licence to Use the Audit Tool within the Territory upon the terms and conditions of this Agreement.

## **3 DURATION OF AGREEMENT**

3.1 This licence granted by Clause 2.1 shall commence on the date of this Agreement and shall continue for a period of three years or terminated in accordance with the provisions of Clause 6 below.

## **4 VARIATIONS TO THE AUDIT TOOL**

4.1 The Licencee may not make modifications, improvements or corrections to the Audit Tool other than with the express written permission of the Authority.

4.2 If approved by the Authority any such modifications, improvements or corrections that may be incorporated into the Audit Tool to create an Updated Audit Tool.

## **5 INTELLECTUAL PROPERTY**

5.1 The Audit Tool is the confidential information of the Authority and all Intellectual Property Rights in the Audit Tool are the exclusive property of the Authority.

5.2 The Authority shall retain title and all ownership rights in the Audit Tool. This Agreement does not grant the Licencee any Intellectual Property Rights in the Audit Tool and the original and all copies of the Audit Tool shall remain the property of the Authority.

5.3 The Licencee agrees that any Intellectual Property Rights it may have in any Updated Audit Tools will belong to and vest in the Authority. The Licencee shall do any acts requested by the Authority to ensure such rights vest legally in the Authority.

5.4 The Licencee confirms that it will make clear on any relevant documentation that the Authority is the owner of the Audit Tool.

5.5 The Authority asserts its moral rights under the Copyright, Designs & Patents Act 1988 to be identified as the author of the Audit Tool and its right not to have the Audit Tool subjected to derogatory treatment.





- 5.6 The Licencee shall notify the Authority immediately if the Licencee becomes aware of any unauthorised use of the whole or any part of the Audit Tool by any third party.
- 5.7 The Licencee shall take all such other steps as shall from time to time be necessary to protect the confidential information and Intellectual Property Rights of the Authority in the Audit Tool.
- 5.8 The Licencee shall inform all relevant employees, agents and sub-contractors that the Audit Tool constitutes confidential information of the Authority and that all Intellectual Property Rights therein are the property of the Authority and the Licencee shall take all such steps as shall be necessary to ensure compliance by its employees, agents and sub-contractors with the provisions of this Clause 5.

## 6 TERMINATION

- 6.1 This Agreement may be terminated:
- 6.1.1 by the Authority upon giving not less than 28 days' notice to the Licencee;
- 6.1.2 forthwith by either party if the other commits any material breach of any term of this Agreement and which (in the case of a breach capable of being remedied) shall not have been remedied within 14 days of a written request to remedy the same;
- 6.1.3 forthwith by either party if the other shall convene a meeting of its creditors or if a proposal shall be made for a voluntary arrangement within Part I of the Insolvency Act 1986 or a proposal for any other composition scheme or arrangement with (or assignment for the benefit of) its creditors or if the other shall be unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986 or if a trustee receiver administrative receiver or similar officer is appointed in respect of all or any part of the business or assets of the other or if a petition is presented or a meeting is convened for the purpose of considering a resolution or other steps are taken for the winding up of the other or for the making of an administration order (otherwise than for the purpose of an amalgamation or reconstruction) or similar steps are taken in a jurisdiction other than England or Wales.
- 6.2 Subject to Clause 6.3 below within 7 days of the termination of this Agreement (howsoever and by whomsoever occasioned) the Licencee shall at the Authority's sole option either return or shall destroy all copies of the Audit Tool in its possession or control and a duly authorised officer of the Licencee shall certify in writing to the Authority that the Licencee has complied with its obligation as aforesaid.
- 6.3 Notwithstanding the provisions of Clause 6.2 above the Licencee shall be entitled for a period of one year from the date of termination to keep one copy of the Audit Tool in a fire-proof room for archival purposes only.

## 7 INDEMNITY



- 7.1 The Licencee shall indemnify and keep the Authority indemnified against any liability, costs, expenses, losses, claims or proceedings whatsoever arising under any statute or at common law or for breach of contract in respect of:
- 7.1.1 damage to property, real or personal, including any infringement of third party Intellectual Property Rights;
  - 7.1.2 injury to persons, including injury resulting in death; and
  - 7.1.3 any loss arising out of, in connection with, or in respect of, any negligence, act, omission or default of the Licencee, its staff, agents or sub-contractors.
- 7.2 The Licencee shall be responsible for any acts, defaults, omissions, or neglect of any of its sub-contractors or their agents or employees as if they were acts, defaults, omissions, or neglect of the Licencee.

## **8 CONFIDENTIALITY**

- 8.1 Each of the parties hereto undertakes to the other to keep confidential all information (written or oral) concerning the business and affairs of the other that it shall have obtained or received as a result of the discussions leading up to or the entering into of this Agreement save that which:
- 8.1.1 becomes public knowledge through no fault of the relevant party;
  - 8.1.2 was already in the relevant party's lawful possession and at its free disposal before the date of this Agreement;
  - 8.1.3 is lawfully disclosed to the relevant party without any obligations of confidence by a third party; or
  - 8.1.4 is required to be disclosed by a competent regulatory body, government body or body of competent jurisdiction.
- 8.2 Neither party will make any announcement relating to this Agreement or its subject matter without the prior written approval of the other party (such approval not to be unreasonably withheld or delayed).
- 8.3 Each of the parties undertakes to the other to take all such steps as shall from time to time be necessary to ensure compliance with the provisions of this Clause 7.2 by its employees, agents and sub-contractors.

## **9 THIRD PARTIES**

- 9.1 No person who is not a party to this Agreement is intended to reserve a benefit under, or be entitled to enforce, this Agreement pursuant to the Contracts (Rights of Third Parties) Act 1999.



## 10 NOTICES

10.1 Any notice to be given under this Agreement shall be in writing, addressed to the Authority Representative or Licencee Representative (as appropriate) and either delivered personally, sent by facsimile or sent by first class recorded delivery post.

10.2 The address for service of the parties shall be:

10.2.1 in the case of the Authority, the address referred to above in this Agreement or such other address as may from time to time be notified in writing to the Licencee;

10.2.2 in the case of the Licencee, the address referred to above in this Agreement or its registered office or such other address as may from time to time be notified in writing to the Authority

10.3 The fax number for service of the parties shall be:

10.3.1 in the case of the Authority, the Authority Fax Number;

10.3.2 in the case of the Licencee, the Licencee Fax Number;

10.4 A notice shall be deemed to have been served:

10.4.1 if personally delivered, at the time of delivery;

10.4.2 if sent by facsimile, at 09.00 (local time) on the morning of the first business day of the recipient after faxing.;

10.4.3 if posted, on the morning of the first business day of the recipient following the expiration of 48 hours after the envelope containing the same was delivered into the custody of the postal authorities.

10.5 A notice required to be given under this Agreement shall not be validly given if sent by email.

## 11 CHANGE OF DETAILS

11.1 The Authority may change the identity of the Authority Representative or the Authority Fax Number by notice in writing to the Licencee.

11.2 The Licencee may change the identity of the Licencee Representative or the Licencee Fax Number by notice in writing to the Authority.





## 12 GENERAL

- 12.1 The Licencee shall not be entitled to assign or otherwise transfer this Agreement nor any of its rights or obligations hereunder nor sub-licence the use (in whole or in part) of the Audit Tool without the prior written consent of the Authority.
- 12.2 The waiver by either party of a breach or default of any of the provisions of this Agreement by the other party shall not be construed as a waiver of any succeeding breach of the same or other provisions nor shall any delay or omission on the part of either party to exercise or avail itself of any right power or privilege that it has or may have hereunder operate as a waiver of any breach or default by the other party.
- 12.3 No variation of this Agreement will be valid unless recorded in writing and signed by or on behalf of each of the parties to this Agreement.
- 12.4 If any provision of this Agreement (or part of any provision) is found by any court or other authority of competent jurisdiction or illegal, the other provisions will remain unaffected and in force.
- 12.5 Nothing in this Agreement will be construed as constituting or evidencing any partnership, contract of employment or joint venture of any kind between either of the parties or as authorising either party to act as agent for the other. Neither party will have authority to make representations for, act in the name or on behalf of or otherwise to bind the other party in any way.
- 12.6 Each party will, at the request of the other party and its own cost, do (or procure others to do) everything necessary to give the other party the full benefit of this Agreement.
- 12.7 This Agreement may be executed in any number of counterparts, each of which will be an original and all of which will together constitute a single agreement.
- 12.8 This Agreement constitutes the entire agreement and understanding between the parties in respect of the matters dealt with in and supersedes any previous agreement between the parties.
- 12.9 All conditions warranties terms and undertakings express or implied statutory or otherwise in respect of the Audit Tool are hereby excluded.
- 12.10 Each of the parties acknowledge and agrees that in entering into this Agreement it does not rely on, and will have no remedy in respect of, any statement, representation, warranty or understanding (whether negligently or innocently made) of any person (whether party to this Agreement or not) other than as expressly set out in this Agreement.





- 12.11 Neither the expiration nor the termination of this Agreement shall prejudice or affect any right action or remedy, which shall have accrued or shall thereafter accrue either to the Authority or to the Licencee.
- 12.12 The provisions of Clauses 6 (Intellectual Property), 7 (Termination), 8 (Indemnity), 9 (Confidentiality), 10 (Third Parties), 13 (General) and 14 (Governing Law and Jurisdiction) shall survive the termination or expiry of this Agreement.

### **13 GOVERNING LAW AND JURISDICTION**

- 13.1 This Agreement will be governed by and interpreted in accordance with the law of England and Wales.
- 13.2 Each party irrevocably submits to the exclusive jurisdiction of the courts of England and Wales over any claim or matter arising under or in connection with this Agreement.





**PLEASE COMPLETE ONE ORGANISATIONAL QUESTIONNAIRE FOR EACH HOSPITAL IN YOUR TRUST AT WHICH EMERGENCY LAPAROTOMY IS PERFORMED**

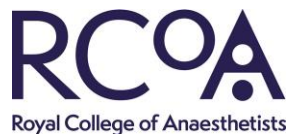
<b>Name of Trust:</b>	
<b>Name of Hospital (if different):</b>	
<b>Name and position of individual completing questionnaire:</b>	

**This is a paper version to assist with the completing of the online data collection webtool.**

**Queries and help**

If you have any questions regarding the completion of this questionnaire or the audit please:

Refer to [www.nela.org.uk](http://www.nela.org.uk), or contact us [info@nela.org.uk](mailto:info@nela.org.uk)





### **Who should complete this questionnaire?**

In order to provide accurate information, this questionnaire should be completed by individuals with access to the knowledge and facts about their clinical service. This is likely to include the clinical directors for anaesthesia, surgery, critical care, radiology, medicine for the elderly, in addition to emergency theatre managers.

### **How to complete this questionnaire**

Please answer questions with reference to organisational structure at the time of completion of the questionnaire.

### **What is this study about?**

The National Emergency Laparotomy Audit (NELA) was established to improve the quality of care delivered to patients aged 18 and over undergoing non-elective laparotomy.

The audit was commissioned by the Healthcare Quality Improvement Partnership (HQIP), funded by NHS England and Welsh Government and it is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NELA is on the list of national audits for inclusion in Trusts' Quality Accounts. The audit is being carried out by the National Institute of Academic Anaesthesia's Health Services Research Centre in partnership with the Clinical Effectiveness Unit of the Royal College of Surgeons of England.

The organisational audit will establish baseline characteristics of hospitals providing non-elective laparotomy.



1. Hospital Characteristics			
1.1a	How many adult in-patient or overnight beds (including 23-hours stay) are currently available within the hospital? <i>Do not include day-case beds</i>	<input type="text"/>	
1.1b	How many of these beds are found on adult general surgical in-patient wards? <i>This means beds found on either specialist GI wards (eg upper-GI, lower-GI), or wards that accept any type of general surgical admissions even if these are shared with other specialties. Do not include 23-hour beds in this answer, or specialist non-GI wards that do not generally allow general surgical admissions (eg ENT, urology, neurosurgery wards)</i>	<input type="text"/>	
1.2	Does your hospital accept acute general surgical admissions?	<input type="radio"/> Yes, 24/7 <input type="radio"/> Yes, less than 24/7 <input type="radio"/> No	
1.3	Do you have a dedicated "front of house" acute surgical assessment unit, with immediate access to senior clinicians?	<input type="radio"/> Yes / <input type="radio"/> No	
1.4	Do you have a dedicated emergency general surgical ambulatory care service? This may include: a "hot clinic"; ring fenced USS or CT slots for emergency surgical <b>outpatients</b> ; or the facility for day case management of low risk emergency surgery such as abscess drainage	<input type="radio"/> Yes / <input type="radio"/> No	
1.5	Do you have a dedicated <b>inpatient</b> emergency surgical unit that is separate from elective workload? <i>i.e. a ward area where patients receive ongoing care, NOT a surgical admissions unit from which patients are <b>relocated</b> for continuing patient care</i>	<input type="radio"/> Yes / <input type="radio"/> No	
1.6	Is your hospital a tertiary referral centre for any gastro-intestinal surgical specialties?	<input type="radio"/> Yes / <input type="radio"/> No	
1.7	Does your hospital receive patients from other sites in order for them to have their emergency laparotomy?	<input type="radio"/> Yes / <input type="radio"/> No	
1.8a	Do you have Elderly Medicine services provided on site by doctors?	<input type="radio"/> Yes / <input type="radio"/> No	
1.8b	Do you have Elderly Medicine services provided on site by nurse specialists?	<input type="radio"/> Yes / <input type="radio"/> No	
1.9	Is there 24 hour on-site access to the following:	<b>Onsite laboratory</b>	<b>Consultant Advice (resident or on-call)</b>
	Biochemistry	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Haematology	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Microbiology	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Blood Bank / Transfusion	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No

<b>1.10</b>	Do you have an emergency department:	<input type="radio"/> Yes / <input type="radio"/> No
<b>1.10a</b>	If Yes, Does the Emergency Department have resident consultant presence for the following times?	
	Weekday daytimes	<input type="radio"/> Yes / <input type="radio"/> No
	Weekday evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekday overnight	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytimes	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend overnight	<input type="radio"/> Yes / <input type="radio"/> No

2. Hospital Facilities							
2.1	How many operating theatres are at this hospital? Please <b>exclude</b> interventional radiology suites and dedicated obstetric and minor ops theatres, but <b>include</b> day-case theatres <input type="text"/>						
2.2a	In a usual <b>week</b> , how many fully staffed operating theatres are available for <b>adult</b> general surgical emergency cases for each of the timeslots below? Eg NCEPOD theatre, "emergency theatre" 'Fully staffed' refers to a full complement of <b>non-medical</b> personnel; anaesthetic & scrub nurses, Operating Department Practitioners (ODP), Health Care Assistants (HCA) etc. Please exclude trauma theatres, interventional radiology suites and dedicated obstetric and minor ops theatres.						
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
08:00-13:00							
13:00-18:00							
18:00-00:00							
00:00-08:00							
2.2b	Are the <b>daytime weekday</b> theatres covered by dedicated and job-planned consultant anaesthetic sessions (information on out of hours and weekend consultant cover is asked in a later section)						<input type="radio"/> Yes –All of them <input type="radio"/> Yes- Some of them <input type="radio"/> No
2.2c	Of the Theatres in 2.2a, are any of these <b>reserved exclusively</b> for emergency general surgical cases? These theatres might be considered a ring-fenced 'general surgery theatre', similar to the provision of 'trauma theatres'. <i>We accept that these theatres will be used for other specialties if there are no general surgical cases</i>						
	Weekday daytimes						<input type="radio"/> Yes / <input type="radio"/> No
	Weekday evenings						<input type="radio"/> Yes / <input type="radio"/> No
	Weekday overnight						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytimes						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend evenings						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend overnight						<input type="radio"/> Yes / <input type="radio"/> No

2.3	Do you have provision to book short notice expedited cases (e.g. laparoscopic cholecystectomy) on a planned basis, such that they do not require theatre space within the main emergency theatres?	<input type="radio"/> Yes / <input type="radio"/> No
2.4	In last 3 months, have you needed to stop emergency theatres due to pressure of work elsewhere (e.g. overrunning elective lists, staff shortages, recovery workload, obstetric emergencies, trauma & cardiac arrest calls)?	<input type="radio"/> Yes / <input type="radio"/> No
2.5	Have you increased emergency theatre provision since the last Organisational Audit in 2013?	<input type="radio"/> Yes / <input type="radio"/> No
2.6	Are there currently plans to reconfigure emergency surgical services with neighbouring Trusts within the next 2 years?	<input type="radio"/> Yes / <input type="radio"/> No <input type="radio"/> Unknown

<b>2.7</b>	Is there regular (i.e. at least every two months) review of all deaths following emergency general surgery?	<input type="radio"/> Yes / <input type="radio"/> No
	<b>If Yes</b> , which of the following specialties provide input into this review:	
	Surgery	<input type="radio"/> Yes / <input type="radio"/> No
	Anaesthesia	<input type="radio"/> Yes / <input type="radio"/> No
	Radiology	<input type="radio"/> Yes / <input type="radio"/> No
	Critical care	<input type="radio"/> Yes / <input type="radio"/> No
	Elderly Medicine	<input type="radio"/> Yes / <input type="radio"/> No
<b>2.8</b>	Do you use the NELA Quality Improvement (QI) Dashboard or other run charts to review performance?	<input type="radio"/> Regularly (eg. 1-2 months/ regular MDT meetings) <input type="radio"/> Less frequently (eg. Quarterly, 6-monthly) <input type="radio"/> Only used infrequently (eg once a year or less ) <input type="radio"/> Not used
<b>2.9</b>	Do you, or someone in the NELA team, have a working knowledge of QI concepts such as interpreting run charts and using Plan, Do, Study Act (PDSA) cycles?	<input type="radio"/> Yes / <input type="radio"/> No
<b>2.10</b>	Do you use QI methodology to plan and execute improvements based on NELA data (e.g. driver diagrams, process maps etc)?	<input type="radio"/> Yes / <input type="radio"/> No
<b>2.11</b>	Do you or other NELA leads have job planned time for NELA?	<input type="radio"/> Yes – recognized within existing SPA allocation <input type="radio"/> Yes – additional SPA allocation <input type="radio"/> No
<b>2.12</b>	Do you have nursing/research/audit staff specifically tasked with collecting or inputting NELA patient data?	<input type="radio"/> Yes / <input type="radio"/> No

3.	<b>Perioperative Care</b>	
<p>At your trust are there formal written pathways/protocols/policies applicable to the emergency general surgical patient incorporating the following: <i>These may exist within pathways/protocols, or be incorporated into a single policy relevant to the unscheduled adult surgical patient.</i></p>		
3.1	Monitoring plan compliant with NICE CG50 pathway (Acutely ill patients in hospital)?	OYes / ONo
3.2	Formalised provision for the deferment of elective activity in order to give adequate priority to unscheduled admissions?	OYes / ONo
3.3	A formal pathway for the identification of patients with signs of sepsis and prompt prescription and administration of antibiotics?	OYes / ONo
3.4	Referral of patients for General Surgery review if they have been admitted under non-surgical specialities?	OYes / ONo
3.5	A pathway for the identification and escalation of care of patients who would benefit from the opinion of a consultant surgeon before the next scheduled ward round?	OYes / ONo
3.6	A formal pathway for the rapid request, conduct, and reporting of CT scans for emergency general surgical patients?	OYes / ONo
3.7	Timing of surgery according to clinical urgency?	OYes / ONo
3.8	A formal calculation of risk that provides an estimation of peri-operative mortality?	OYes / ONo
3.9	Seniority of anaesthetist present in theatre according to patient's risk of death?	OYes / ONo
3.10	Seniority of surgeon present in theatre according to patient's risk of death?	OYes / ONo
3.11	Location of post-operative care according to patient's risk of death such that high risk patients are allocated to critical care?	OYes / ONo
3.12	Explicit arrangements with Elderly Medicine for review of selected patients?	OYes / ONo
3.13	A formal pathway for the enhanced recovery of the emergency surgical patient?	OYes / ONo
3.14	Do you have a single pathway/policy for the care of the Unscheduled Adult General Surgical patient?	OYes / ONo





4. Critical Care and Outreach	
4.1	Is there a dedicated critical care unit with 24 hour cover by named consultant with regular sessions in critical care? <span style="float: right;">○Yes / ○No</span>
4.2	<p>Please specify the number of funded <b>critical care</b> beds routinely available for adult (&gt;18 years) general surgical patients.</p> <p><i>This includes level 2 (HDU) and level 3 (ITU) beds regardless of whether they are separate or combined units where bed "designation" varies according to Level 2/3 occupancy. Exclude dedicated specialist units such as cardiac and neuro critical care. Exclude other enhanced recovery/monitoring areas (see qu 4.3):</i></p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto; margin-right: 0;"></div>
4.3	<p>Do you have any other area outside of critical care offering enhanced monitoring/ support/ ventilation/enhanced staffing ratios eg PACU? <span style="float: right;">○Yes / ○No</span></p> <p><b>If Yes:</b></p>
	<p>Does this area offer the facility to ventilate patients? <span style="float: right;">○Yes / ○No</span></p>
	<p>Does this area offer inotropic support? <span style="float: right;">○Yes / ○No</span></p>
4.4	<p>Is there a critical care outreach service responsible for the review patients 'at risk' and those with deranged physiological parameters? <span style="float: right;">○Yes, 24/7 ○Yes, not 24/7 ○No</span></p> <p><i>(other names might include rapid response team etc. (this does not include review of ward patients by on-call medical staff))</i></p>



5. Surgical On-Call Commitments		
5.1	How many consultant surgeons participate in the general surgical emergency rota?	<input type="text"/>
5.2	What consultant subspecialties are represented on the general surgical emergency rota?	
	Colorectal	<input type="radio"/> Yes / <input type="radio"/> No
	Oesphagogastric / Upper GI	<input type="radio"/> Yes / <input type="radio"/> No
	Hepatobiliary	<input type="radio"/> Yes / <input type="radio"/> No
	Vascular	<input type="radio"/> Yes / <input type="radio"/> No
	Breast	<input type="radio"/> Yes / <input type="radio"/> No
	Endocrine	<input type="radio"/> Yes / <input type="radio"/> No
	General Surgery	<input type="radio"/> Yes / <input type="radio"/> No
	Emergency General Surgeon	<input type="radio"/> Yes / <input type="radio"/> No
5.3	Is the on-call surgical work covered by a 4 tier system (inclusive of consultant level)?	<input type="radio"/> Yes - all the time <input type="radio"/> Yes – daytime only <input type="radio"/> Yes – nighttime only <input type="radio"/> No
5.4	Is any part of the emergency general surgical workload covered by more than one consultant?	<input type="radio"/> Yes - all the time <input type="radio"/> Yes – daytime only <input type="radio"/> Yes – nighttime only <input type="radio"/> No
5.5	Do surgical care practitioners or advanced nurse practitioners cover any of the emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
5.6	Is the consultant surgeon free from all elective and non-acute commitments (eg. elective lists, outpatient clinics) for the whole period whilst they are covering emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
5.7	Does the consultant surgeon cover more than one hospital site at any time when providing cover for emergency general surgical cases?	<input type="radio"/> Yes / <input type="radio"/> No
5.8	Are emergency patients that still require assessment and treatment at the end of the consultant’s period of on-call retained by the admitting consultant? <b>If No:</b>	<input type="radio"/> Yes / <input type="radio"/> No
	Do you have a policy requiring consultant surgeons to formally hand over to one another in person?	<input type="radio"/> Yes / <input type="radio"/> No
5.9	Is there a dedicated, twice daily (morning and evening), consultant-led ward round for surgical admissions?	<input type="radio"/> Yes / <input type="radio"/> No
5.10	What is the structure of the on-call commitment for the general surgical consultants? Please select all that apply if a combination is used.	<input type="radio"/> 24 Hours a day –

		<p>one week on-call</p> <p><input type="radio"/> 24 hours a day – week split into 2-3 days on-call (eg 48-72 hours at a time, or Mon-Thurs, Fri-Sun)</p> <p><input type="radio"/> 24 hour single day on-call</p> <p><input type="radio"/> Different consultants covering day and night on-call</p>
<b>5.11</b>	Is the consultant surgeon free from planned elective responsibilities the day after a night covering the emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
<b>5.12</b>	Is there a sub-specialty on-call system in place, for example separate consultants covering upper GI and colorectal emergencies?	<input type="radio"/> Yes / <input type="radio"/> No
<b>5.13</b>	Has your hospital reorganized the emergency general surgical service since the last Organisational Audit in 2013 (eg established acute surgical admission units, appointed EGS surgeons)?	<input type="radio"/> Yes / <input type="radio"/> No
<b>5.14</b>	Which category most accurately describes this surgeon's sub-specialty: Please ensure you click 'update' after making each selection <b>QUESTION ONLY ANSWERABLE ONLINE</b>	<input type="radio"/> Yes / <input type="radio"/> No



6.	<b>Anaesthetic On-Call Commitments</b>	
6.1	Is there at least one consultant anaesthetist available to cover the emergency general surgical workload 24 hours a day, 7 days a week, such that they can be physically present in theatre? This does not include dedicated consultant staffing of trauma theatres.	OYes / ONo
6.1a	Does this individual at any time also cover:	
	Critical care	OYes / ONo
	Obstetric theatres	OYes / ONo
	Trauma calls	OYes / ONo
	Cardiac arrest calls	OYes / ONo
6.2	Does your hospital have a resident consultant anaesthetist for the following out-of-hours times?	
	Weekday evenings	OYes / ONo
	Weekday overnight	OYes / ONo
	Weekend daytime	OYes / ONo
	Weekend evenings	OYes / ONo
	Weekend overnight	OYes / ONo
6.3	Do you have a policy requiring consultants to formally hand over to one another in person?	OYes / ONo
6.4	Is the rota structured such that the consultant anaesthetist is free from any planned elective responsibilities the day after a night on-call?	OYes / ONo



7. Multidisciplinary Input		
7.1	What type of input does Elderly Medicine provide in the <b>preoperative</b> period for patients admitted as emergency general surgical patients?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only
7.2	What type of input does Elderly Medicine provide in the <b>postoperative</b> period for the emergency general surgical patients?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only
7.3	In elderly patients undergoing emergency general surgery, are there formal pathways/protocols for the routine assessment of:	
	Frailty?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Nutritional status?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Cognitive Function?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Functional status?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
7.4	What type of input is available from <b>General Internal Medicine</b> for emergency general surgical patients who suffer acute medical complications in the perioperative period?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only

8. Radiology, Imaging and Endoscopy						
8.1	Is there 24 hour on-site access to <b>diagnostic x-ray</b> ?					OYes / ONo
8.2	Is there 24 hour on-site access to <b>diagnostic ultrasound</b> ?					OYes / ONo
8.3	With regard to access to on-site <b>diagnostic CT</b> , please indicate how this is provided:					Not Available
	Available and reported contemporaneously by radiologist with GI subspecialisation	Available and reported contemporaneously by general radiologist	Available with reporting outsourced to an external organisation	Available but unreported by radiologist at time of scanning		
Monday – Friday						
08:00-18:00						
18:00-00:00						
00:00-08:00						
Saturday – Sunday						
08:00-18:00						
18:00-00:00						
00:00-08:00						
8.4	Is there a formal rota of radiologists who provide on-site <b>interventional radiology</b> 24 hours per day, 7 days per week?					OYes / ONo
8.5	Is there a formal rota of clinicians for the provision of on-site <b>diagnostic endoscopy</b> 24 hours per day, 7 days per week?					OYes / ONo
8.6	Is there a formal rota of clinicians for the provision of the on-site <b>interventional endoscopy</b> 24 hours per day, 7 days per week?					OYes / ONo