

**Explanatory Notes**

All cases (locked and unlocked) taken to theatre between 01 May 2024 and 31 July 2024 have been included. Only cases where the necessary data are available have been included in the denominator for each individual analysis.

At hospital level, runcharts are compared to hospitals within the same ICB.

The results for process measures for which fewer than 10 cases have available data will not be reported. Instead the value will be marked as 'Insufficient data'.

The NELA standards include a newly updated composite standard for CT Scanning and Reporting. The new standard is composed of three metrics: (1) the proportion of patients who had a CT scan that was reported by senior radiologist (ST3+), (2) the proportion of those reported within an hour or less of the scan, and (3) the proportion of those communicated preoperatively between a senior radiologist (ST3+) and senior surgeon (ST3+) to discuss the CT findings.

*NOTE:* due to changes in database structure, time related metrics may be calculated even if a time (NOT date) stamp is not entered. When time is entered as "00:00" and the "Time not known" box is not ticked, this time-stamp will be used for the standard calculation and may negatively affect reported metrics. We would therefore request that every effort is made to enter the time-stamps for the following variables:

- Date and Time of admission to hospital (Q1.9),
- Date and time of CT scan (Q2.7d),
- Date and time CT scan was reported (Q2.7e),
- Date and time of first dose of antibiotics (Q2.10),
- Date and time arrival in theatre (Q4.1).

For better insight to how these standards have been structured, please refer to the **NELA standards document**.

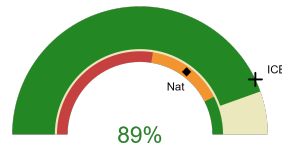


**The James Cook University Hospital**

**2024-25 Reporting Period 2: 01 May 2024 - 31 July 2024**

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

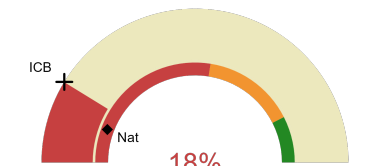
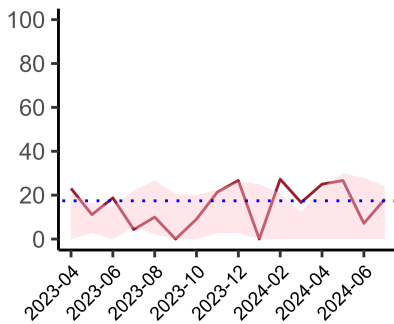
**NELA process and outcome measures**



Estimated case ascertainment  
01 May 2024 - 31 July 2024

**Estimated case ascertainment  
(Based on HES/PEDW Data)**

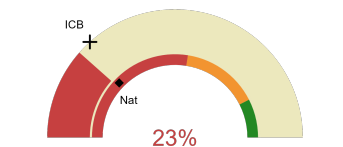
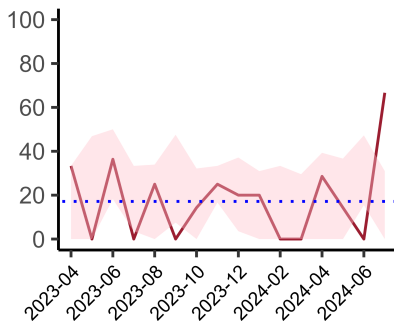
Expected number of cases 55  
Total cases entered 49  
Cases locked 23  
Cases unlocked 26



Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery  
01 May 2024 - 31 July 2024

**CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.**

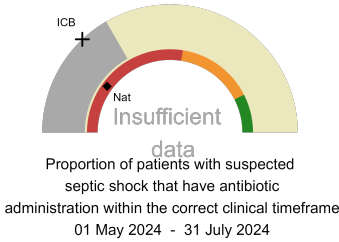
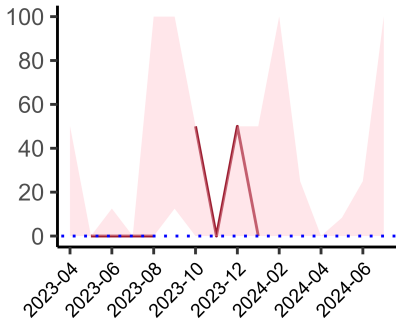
National mean 11%  
ICB mean 18%  
Number of patients included 40  
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 May 2024 - 31 July 2024

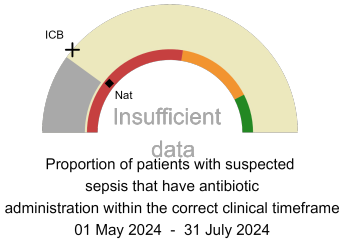
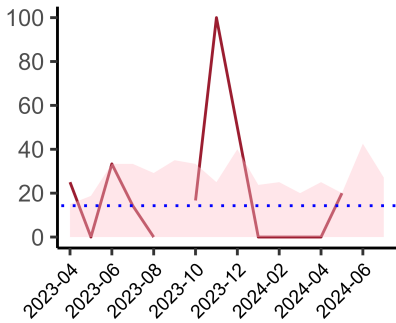
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 25%  
ICB mean 27%  
Number of patients included 13  
Data completeness 93%



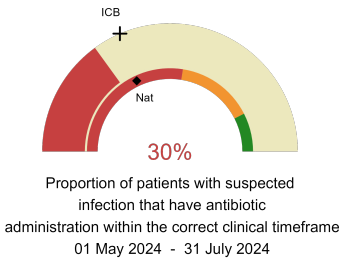
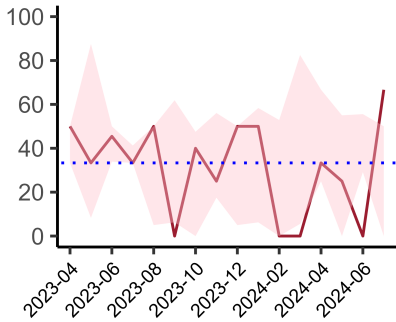
**Septic Shock - antibiotic administration within the correct clinical timeframe**

National mean 20%  
ICB mean 26%  
Number of patients included 3  
Data completeness 75%



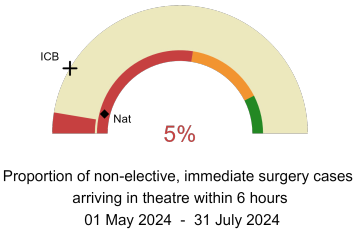
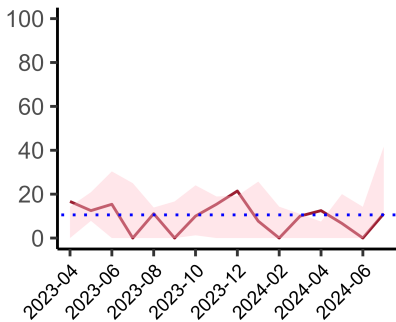
**Sepsis - antibiotic administration within the correct clinical timeframe**

National mean 22%  
ICB mean 22%  
Number of patients included 5  
Data completeness 83%



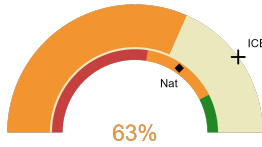
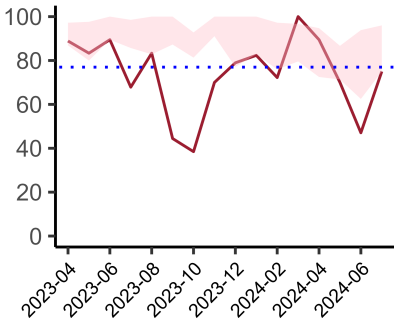
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 36%  
ICB mean 37%  
Number of patients included 10  
Data completeness 91%



**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

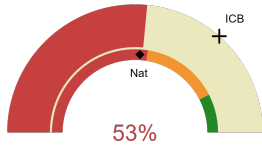
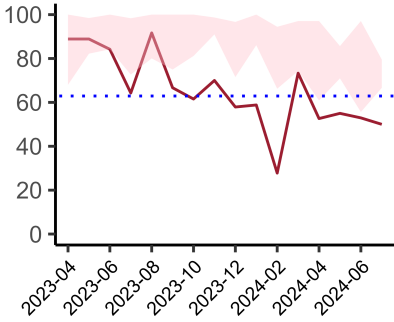
National mean 8%  
ICB mean 17%  
Number of patients included 38  
Data completeness 100%



Risk of death documented before surgery  
01 May 2024 - 31 July 2024

**Risk documented before surgery**

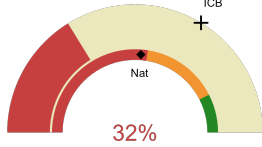
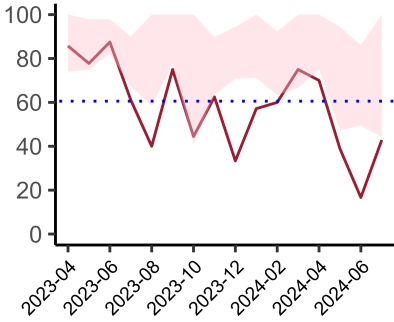
National mean 69%  
ICB mean 80%  
Number of patients included 49  
Data completeness 100%



Risk of death documented after surgery  
01 May 2024 - 31 July 2024

**Risk documented after surgery**

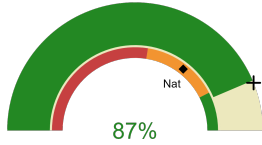
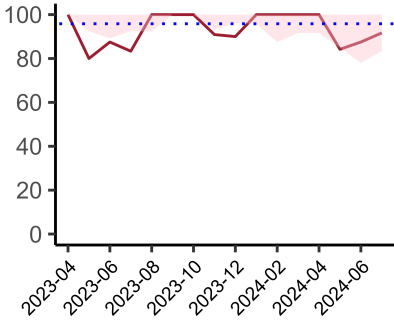
National mean 62%  
ICB mean 73%  
Number of patients included 49  
Data completeness 100%



Admitted to critical care following surgery when the  
risk of death  $\geq$  5% (Excludes patients who  
died in theatre or with a decision to palliate)  
01 May 2024 - 31 July 2024

**Admitted to Critical Care  
(risk of death  $\geq$  5%)**

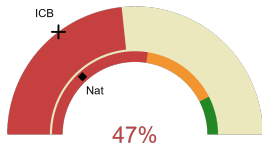
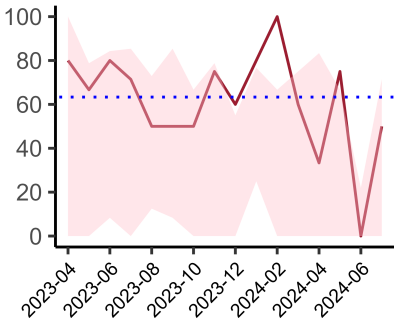
National mean 60%  
ICB mean 67%  
Number of patients included 37  
Data completeness 100%



Consultant surgeon and anaesthetist present in  
theatre when risk of death  $\geq$  5%  
01 May 2024 - 31 July 2024

**Consultant Anaesthetist &  
Consultant Surgeon in theatre  
(risk of death  $\geq$  5%)**

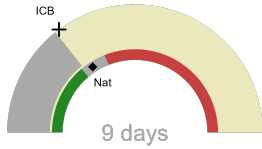
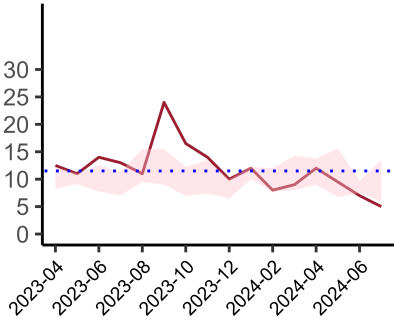
National mean 95%  
ICB mean 88%  
Number of patients included 47  
Data completeness 98%



Perioperative assessment by a care of the older person specialist  
01 May 2024 - 31 July 2024

**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

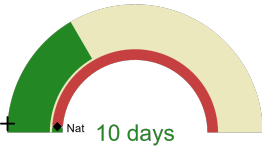
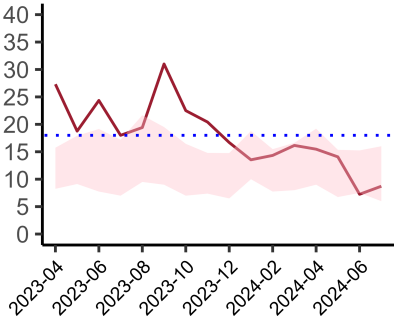
National mean 26%  
ICB mean 30%  
Number of patients included 15  
Data completeness 88%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 May 2024 - 31 July 2024

**Median postoperative length of stay**

National median 10 days  
ICB median 9 days  
Number of patients included 33  
Data completeness 97%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 May 2024 - 31 July 2024

**Mean postoperative length of stay**

National mean 15 days  
ICB mean 14 days  
Number of patients included 33  
Data completeness 97%

**Integrated Care Board**

The James Cook University Hospital is part of the NHS North East And North Cumbria Integrated Care Board ICB. This comprises Queen Elizabeth Hospital - Gateshead, The James Cook University Hospital, South Tyneside District Hospital, Royal Victoria Infirmary, Freeman Hospital, Northumbria Specialist Emergency Care Hospital, Sunderland Royal Hospital, University Hospital North Durham, Darlington Memorial Hospital, University Hospital of North Tees, Cumberland Infirmary.