

## Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 October 2025 and 31 December 2025 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'.

## Mortality

This section defines three key mortality measures for the monthly report. In all cases we include only patients whose surgery-to-discharge interval (Q4.1 - Q7.8) is  $\leq 30$  days, and we exclude any with missing discharge status (Q7.7) or missing dates (Q4.1/Q7.8).

### 1. 30-Day Observed (Crude) Mortality Rate

Let

- $d$  = number of patients who **died** within 30 days of surgery,
- $N$  = total number of patients with known discharge status (alive, died, or still in hospital at 60 days).

Then the crude 30-day mortality rate (as a percentage) is

$$\text{Crude 30-day Mortality Rate} = \frac{d}{N} \times 100.$$

### 2. Standardised Mortality Ratio (SMR)

Let

- $O = d$  = observed deaths within 30 days,
- $E = \sum_i \text{RiskScore}_i$  = sum of individual parsimonious NELA mortality risk scores for all  $N$  patients.

The SMR is

$$\text{SMR} = \frac{O}{E}.$$

### 3. Risk-Adjusted Mortality

Combines the SMR with the **National** 30-day mortality rate for the examined three month period:

$$\text{Risk-Adjusted Mortality} = \text{SMR} \times (\text{National 30-day mortality}) \times 100.$$

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

**Quarterly mean performance**



**Overall performance**



**Risk-adjusted mortality**

Rating boundaries are lower and upper 99.8% and 95% confidence limits



**Non-risk-adjusted measures**

Rating boundaries are lower and upper national quartiles

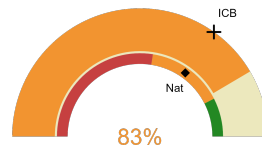


**The James Cook University Hospital**

**2025-26 Reporting Period 9: 01 October 2025 - 31 December 2025**

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

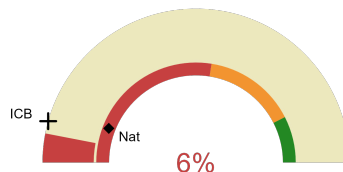
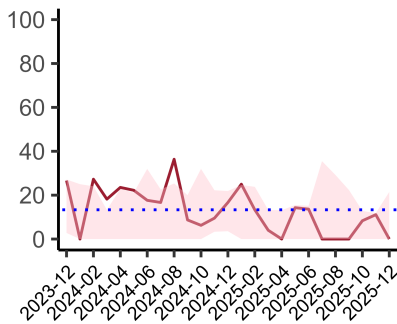
**NELA process and outcome measures**



Estimated case ascertainment  
01 October 2025 - 31 December 2025

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

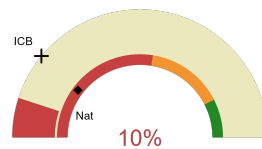
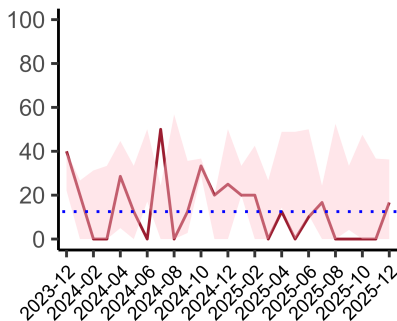
Expected number of cases 59  
Total cases entered 49  
Cases locked 20  
Cases unlocked 29



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 October 2025 - 31 December 2025

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

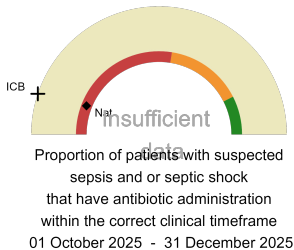
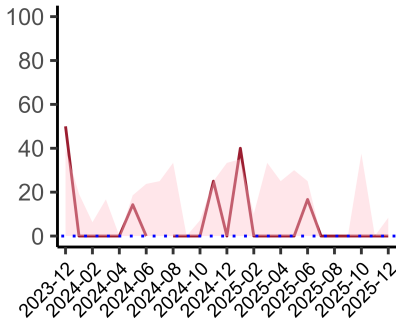
National mean 12%  
ICB mean 9%  
Number of patients included 33  
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 October 2025 - 31 December 2025

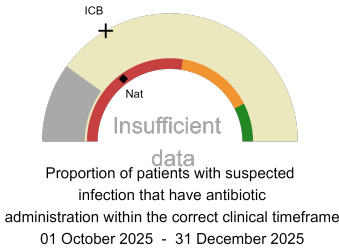
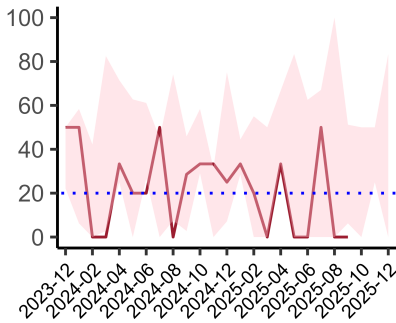
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 21%  
ICB mean 22%  
Number of patients included 10  
Data completeness 56%



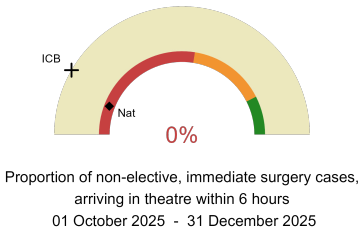
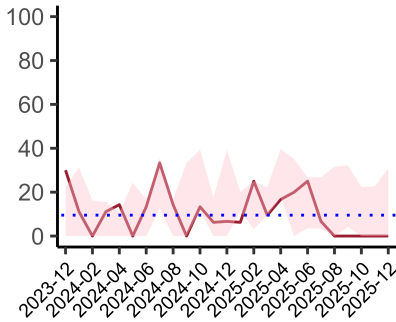
**Sepsis/septic shock - antibiotic administration within the correct clinical timeframe**

National mean 12%  
ICB mean 10%  
Number of patients included 5  
Data completeness 38%



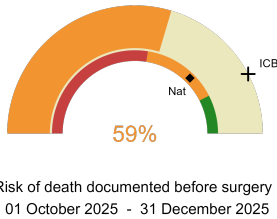
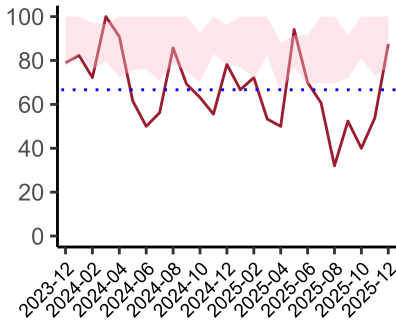
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 30%  
ICB mean 33%  
Number of patients included 5  
Data completeness 28%



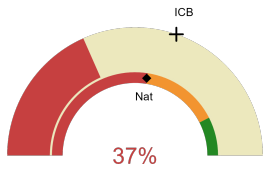
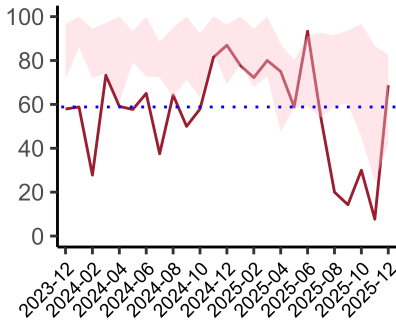
**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

National mean 12%  
ICB mean 17%  
Number of patients included 23  
Data completeness 100%



**Risk documented before surgery**

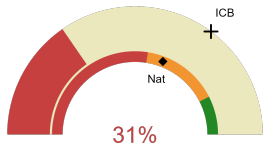
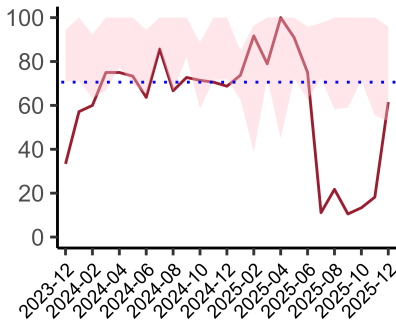
National mean 75%  
ICB mean 85%  
Number of patients included 49  
Data completeness 100%



Risk of death documented after surgery  
01 October 2025 - 31 December 2025

**Risk documented after surgery**

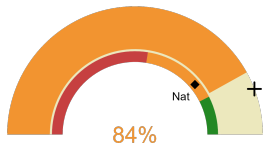
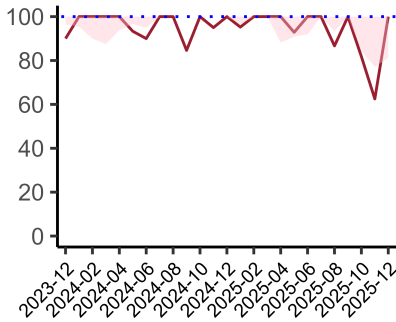
National mean 55%  
ICB mean 60%  
Number of patients included 49  
Data completeness 100%



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 October 2025 - 31 December 2025

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

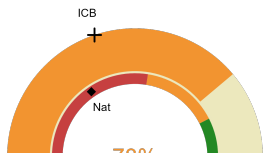
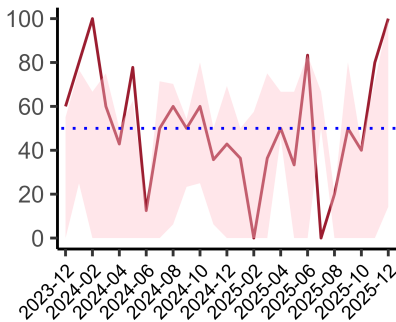
National mean 62%  
ICB mean 70%  
Number of patients included 39  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death  $\geq$  5%  
01 October 2025 - 31 December 2025

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

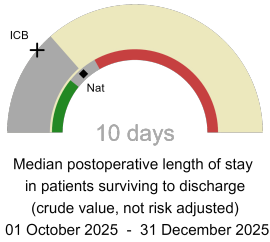
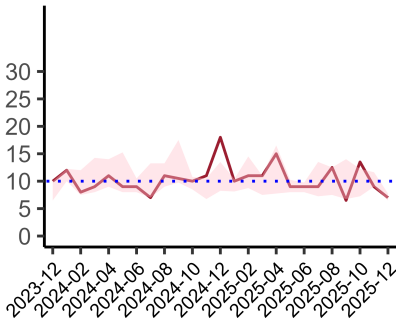
National mean 78%  
ICB mean 88%  
Number of patients included 31  
Data completeness 76%



Perioperative assessment by a care of the older person specialist  
01 October 2025 - 31 December 2025

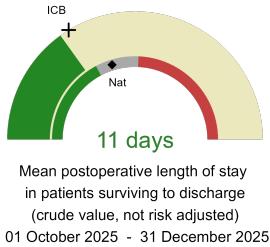
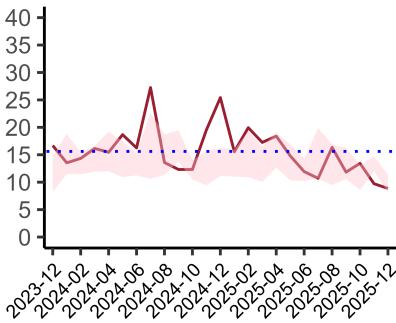
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS  $\geq$  5) or 80+**

National mean 31%  
ICB mean 40%  
Number of patients included 18  
Data completeness 69%



**Median postoperative length of stay**

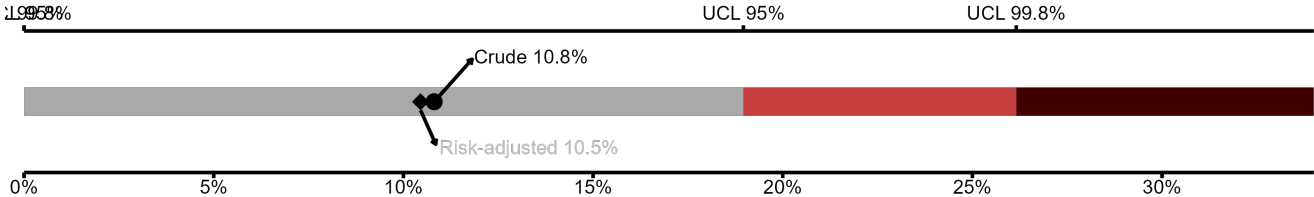
National median 10 days  
ICB median 8 days  
Number of patients included 32  
Data completeness 91%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 11 days  
Number of patients included 32  
Data completeness 91%

**Risk-Adjusted Mortality**



Number of patients included 37 | 30-day risk-adjusted mortality rate 10.5% | National 30-day mortality rate 8%

**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.