

## Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 December 2025 and 28 February 2026 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

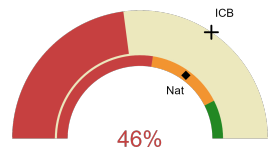


**South Tyneside District Hospital**

**2025-26 Reporting Period 11: 01 December 2025 - 28 February 2026**

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 11 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

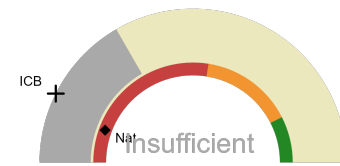
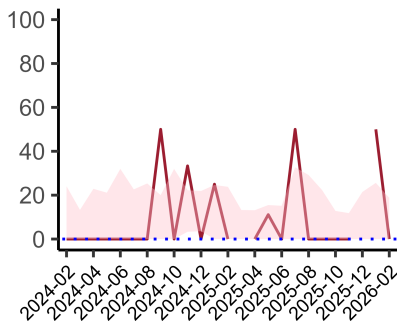
**NELA process and outcome measures**



Estimated case ascertainment  
01 December 2025 - 28 February 2026

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

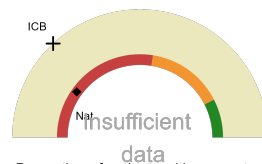
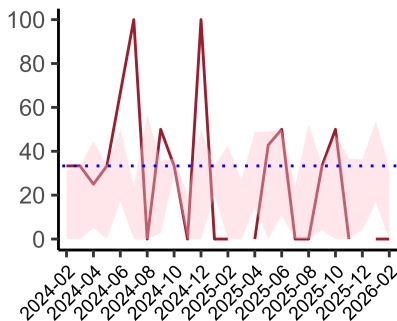
Expected number of cases 24  
Total cases entered 11  
Cases locked 3  
Cases unlocked 8



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 December 2025 - 28 February 2026

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

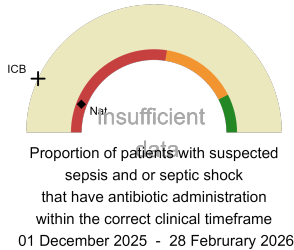
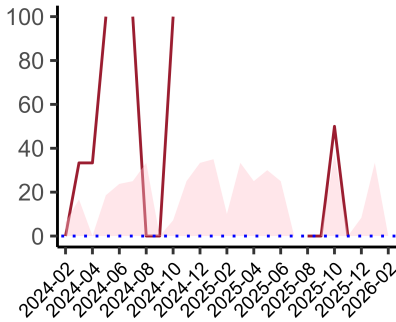
National mean 11%  
ICB mean 15%  
Number of patients included 3  
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 December 2025 - 28 February 2026

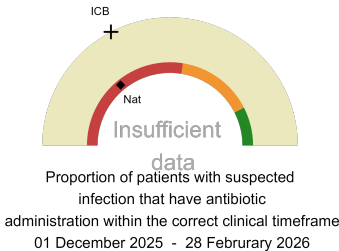
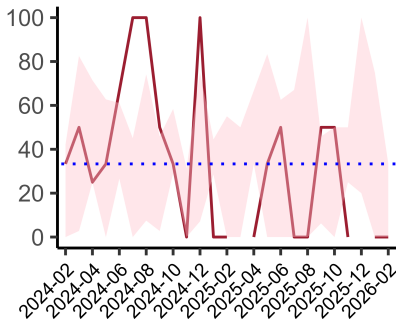
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 20%  
ICB mean 26%  
Number of patients included 5  
Data completeness 83%



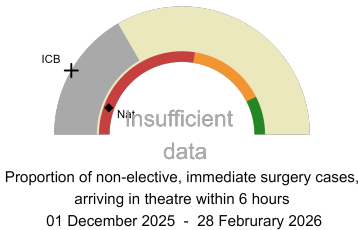
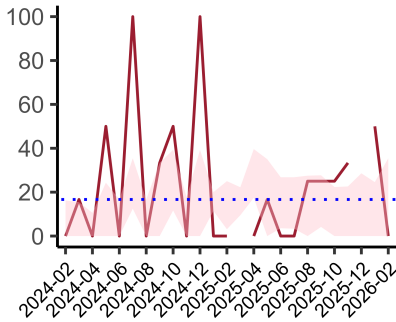
**Sepsis/septic shock - antibiotic administration within the correct clinical timeframe**

National mean 12%  
ICB mean 14%  
Number of patients included 1  
Data completeness 50%



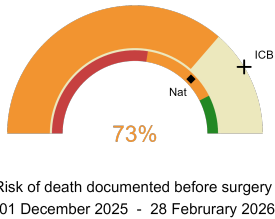
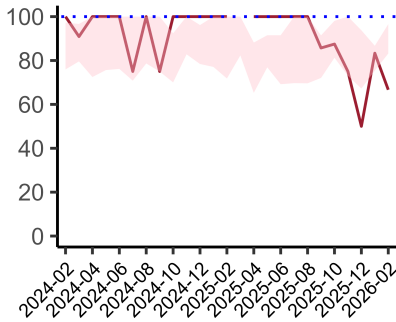
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 28%  
ICB mean 35%  
Number of patients included 4  
Data completeness 67%



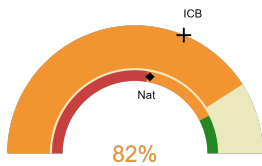
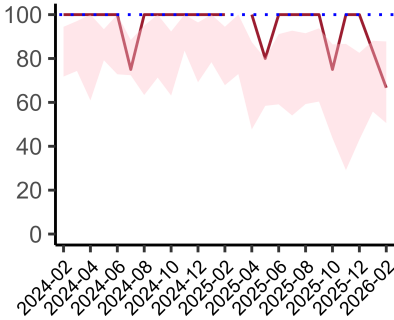
**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

National mean 11%  
ICB mean 17%  
Number of patients included 3  
Data completeness 100%



**Risk documented before surgery**

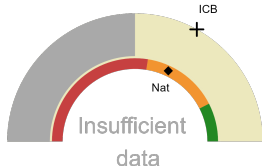
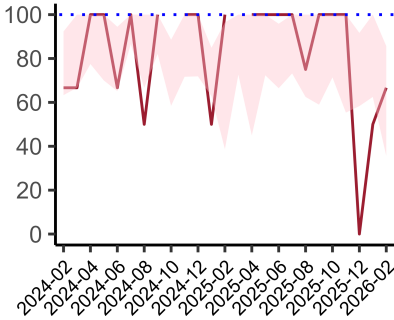
National mean 75%  
ICB mean 83%  
Number of patients included 11  
Data completeness 100%



Risk of death documented after surgery  
01 December 2025 - 28 February 2026

**Risk documented after surgery**

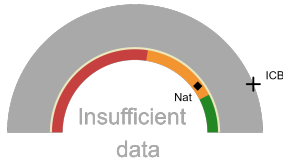
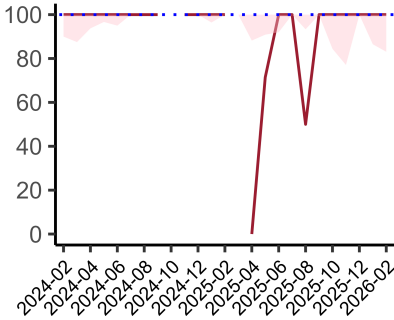
National mean 56%  
ICB mean 62%  
Number of patients included 11  
Data completeness 100%



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 December 2025 - 28 February 2026

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

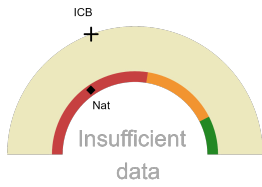
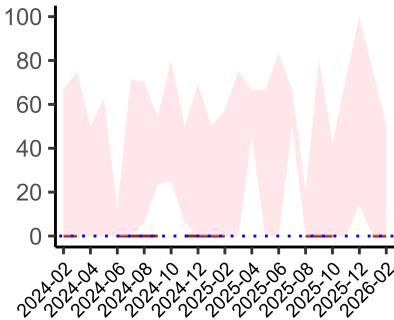
National mean 64%  
ICB mean 66%  
Number of patients included 6  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death  $\geq$  5%  
01 December 2025 - 28 February 2026

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

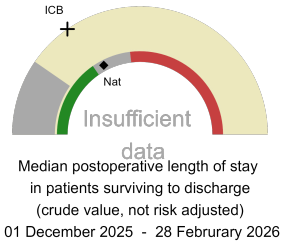
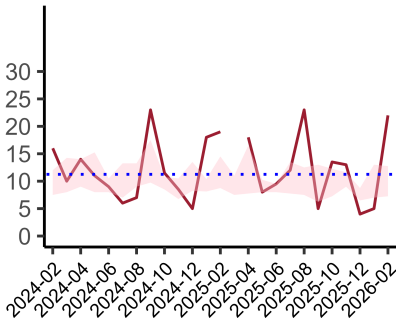
National mean 80%  
ICB mean 88%  
Number of patients included 6  
Data completeness 75%



Perioperative assessment by a care of the older person specialist  
01 December 2025 - 28 February 2026

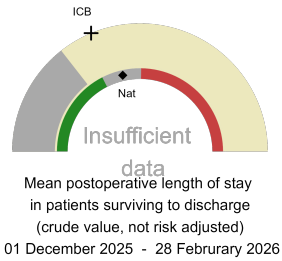
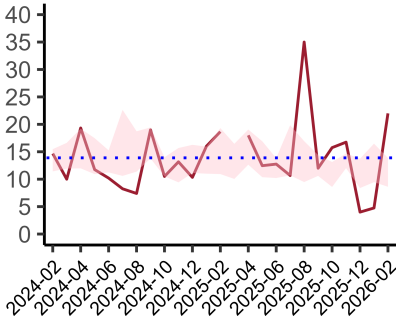
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS  $\geq$  5) or 80+**

National mean 31%  
ICB mean 39%  
Number of patients included 4  
Data completeness 100%



**Median postoperative length of stay**

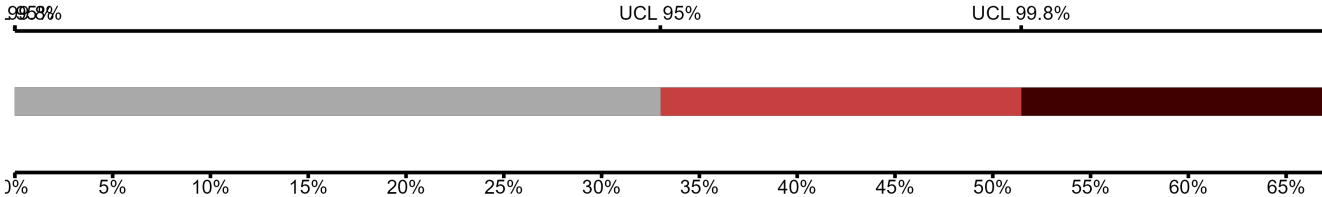
National median 9 days  
ICB median 8 days  
Number of patients included 6  
Data completeness 100%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 12 days  
Number of patients included 6  
Data completeness 100%

**Risk-Adjusted Mortality**



Number of patients included 9 | 30-day risk-adjusted mortality rate NaN% | National 30-day mortality rate 7.1%

**Integrated Care Board**

South Tyneside District 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.