

Explanatory Notes

All cases admitted to hospital between 01 July 2024 and 30 September 2024 have been included. Only cases where the necessary data are available have been included in the denominator for each individual analysis.

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

At ICB level, runcharts are compared to national quartiles.

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

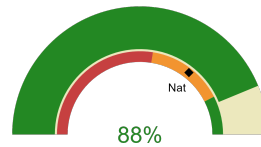


NHS North East And North Cumbria Integrated Care Board

2024-25 Reporting Period 4: 01 July 2024 - 30 September 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

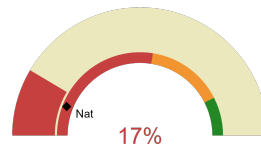
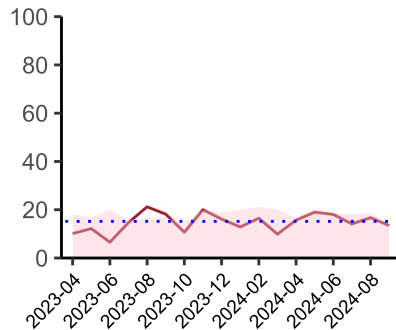
NELA process and outcome measures



Estimated case ascertainment
01 July 2024 - 30 September 2024

**Estimated Case Ascertainment
(Based on HES Data)**

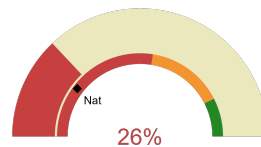
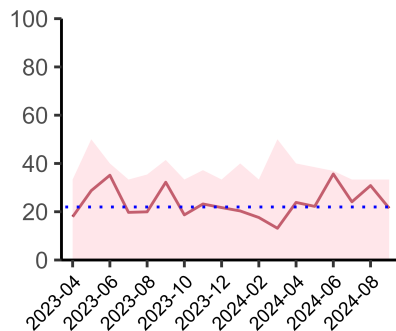
Expected number of cases 438
Total cases entered 407
Cases locked 328
Cases unlocked 79



Proportion of patients who had a CT scan that was reported by senior radiologist and communicated with the team in the correct time scale before surgery
01 July 2024 - 30 September 2024

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

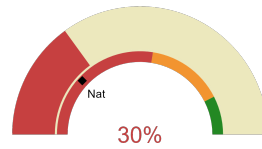
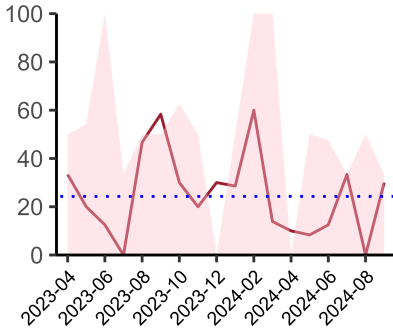
National mean 12%
Number of patients included 261
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

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

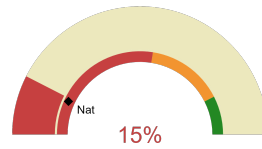
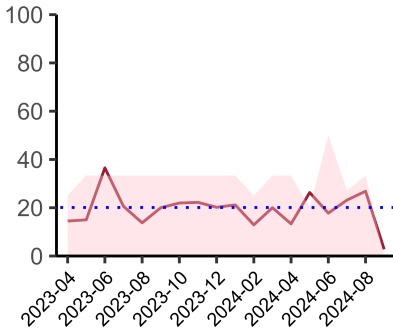
National mean 21%
Number of patients included 142
Data completeness 90%



Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

Septic Shock - antibiotic administration within the correct clinical timeframe

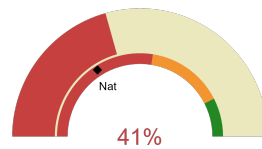
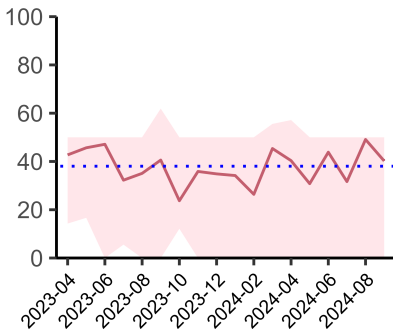
National mean 24%
Number of patients included 21
Data completeness 81%



Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

Sepsis - antibiotic administration within the correct clinical timeframe

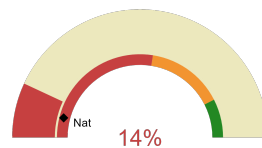
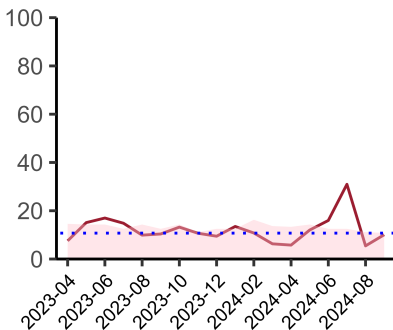
National mean 14%
Number of patients included 69
Data completeness 87%



Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

Infection - antibiotic administration within the correct clinical timeframe

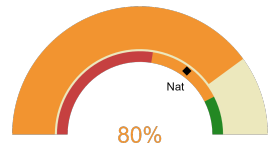
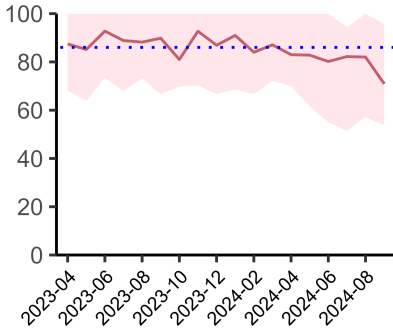
National mean 32%
Number of patients included 120
Data completeness 90%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 July 2024 - 30 September 2024

Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

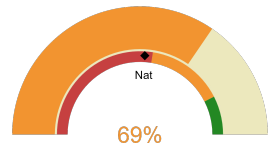
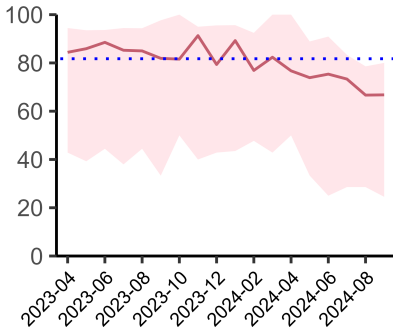
National mean 8%
Number of patients included 247
Data completeness 100%



Risk of death documented before surgery
01 July 2024 - 30 September 2024

Risk documented before surgery

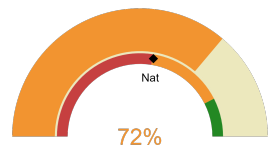
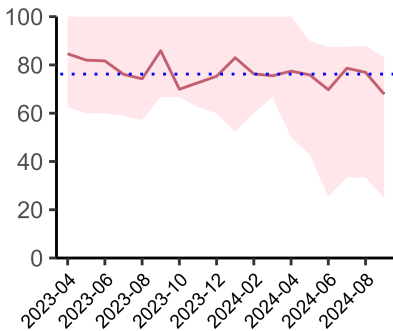
National mean 70%
Number of patients included 407
Data completeness 100%



Risk of death documented after surgery
01 July 2024 - 30 September 2024

Risk documented after surgery

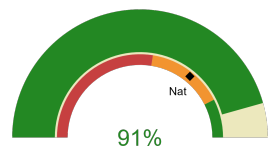
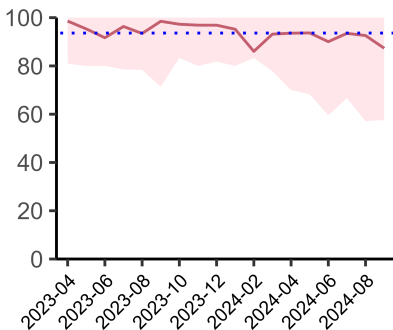
National mean 52%
Number of patients included 407
Data completeness 100%



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 July 2024 - 30 September 2024

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

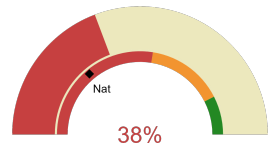
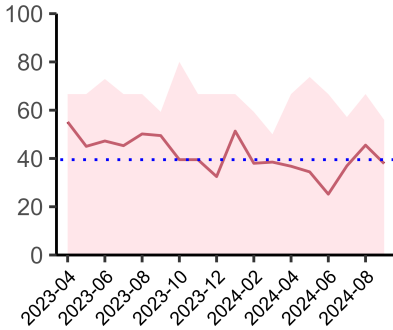
National mean 55%
Number of patients included 229
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 July 2024 - 30 September 2024

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

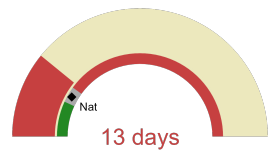
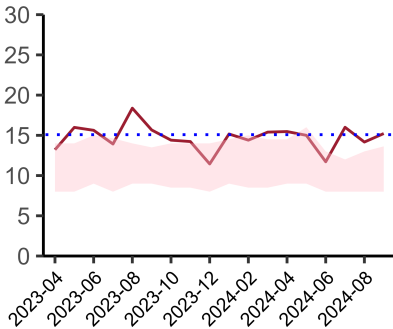
National mean 72%
Number of patients included 348
Data completeness 98%



Perioperative assessment by a care of the older person specialist
01 July 2024 - 30 September 2024

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

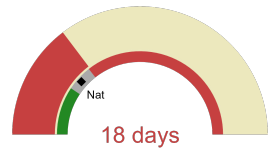
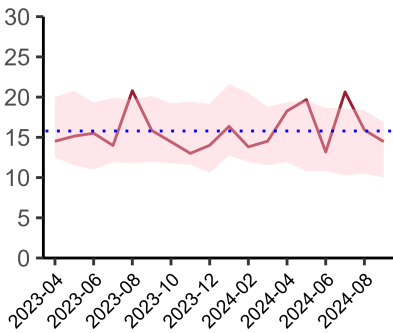
National mean 28%
Number of patients included 113
Data completeness 83%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Mean postoperative Length of Stay

National median 10 days
Number of patients included 331
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Median postoperative Length of Stay

National mean 14 days
Number of patients included 331
Data completeness 100%

Integrated Care Board

NHS North East And North Cumbria Integrated Care Board ICB 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.