

Explanatory Notes

All cases admitted to hospital between 01 September 2024 and 30 November 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**.

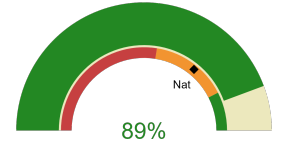


NHS North East And North Cumbria Integrated Care Board

2024-25 Reporting Period 6: 01 September 2024 - 30 November 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 6 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

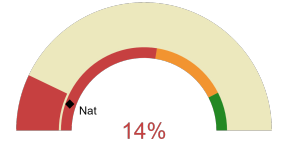
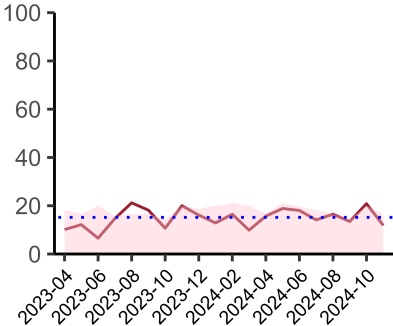
NELA process and outcome measures



Estimated case ascertainment
01 September 2024 - 30 November 2024

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

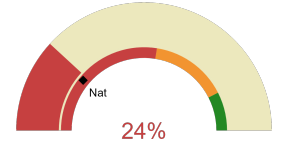
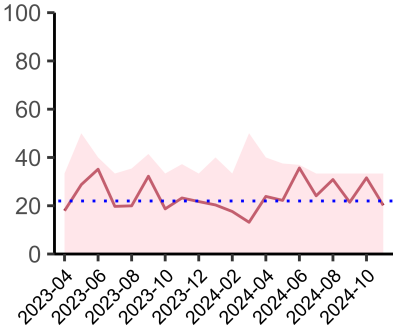
Expected number of cases 438
Total cases entered 442
Cases locked 353
Cases unlocked 89



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 September 2024 - 30 November 2024

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

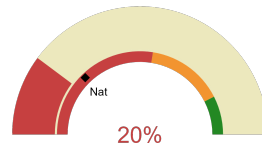
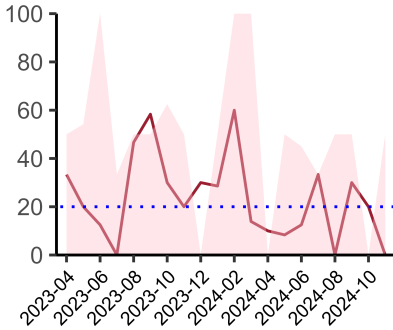
National mean 11%
Number of patients included 302
Data completeness 98%



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

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

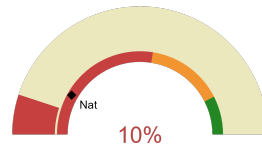
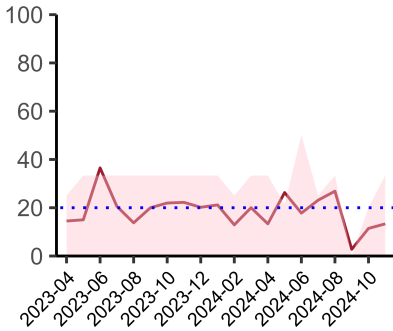
National mean 22%
Number of patients included 148
Data completeness 85%



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

Septic Shock - antibiotic administration within the correct clinical timeframe

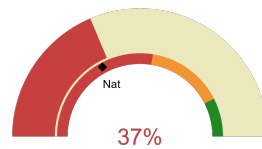
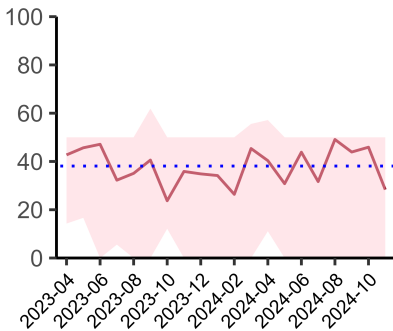
National mean 26%
Number of patients included 19
Data completeness 64%



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

Sepsis - antibiotic administration within the correct clinical timeframe

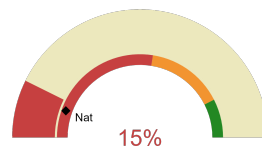
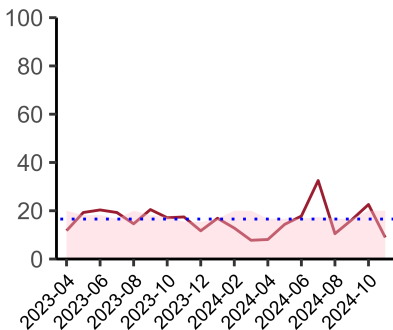
National mean 17%
Number of patients included 67
Data completeness 78%



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

Infection - antibiotic administration within the correct clinical timeframe

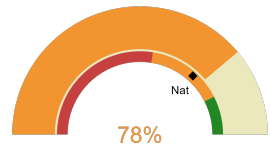
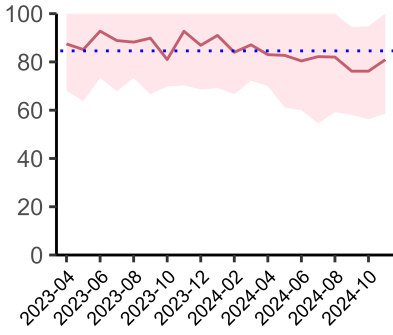
National mean 34%
Number of patients included 120
Data completeness 84%



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

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

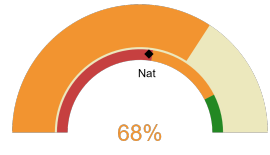
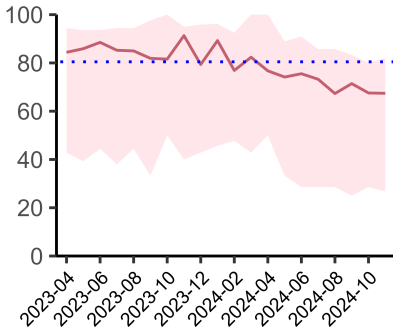
National mean 11%
Number of patients included 217
Data completeness 100%



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

Risk documented before surgery

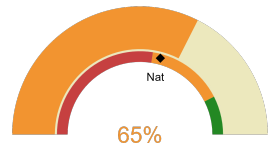
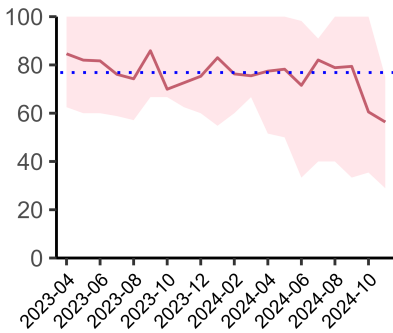
National mean 73%
Number of patients included 442
Data completeness 100%



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

Risk documented after surgery

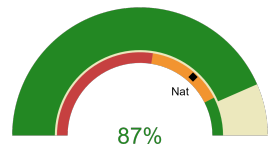
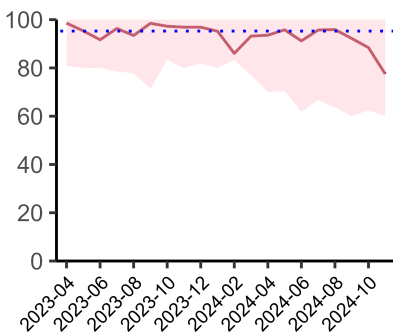
National mean 54%
Number of patients included 442
Data completeness 100%



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 September 2024 - 30 November 2024

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

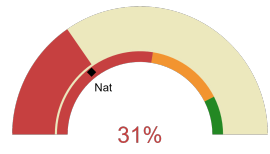
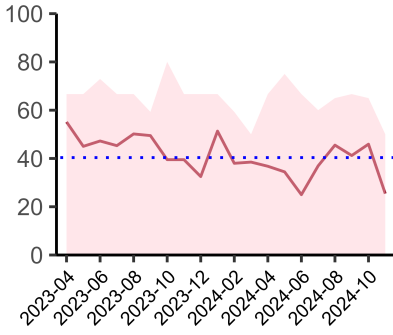
National mean 58%
Number of patients included 274
Data completeness 100%



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

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

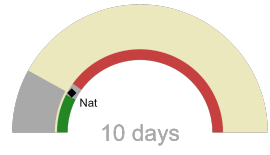
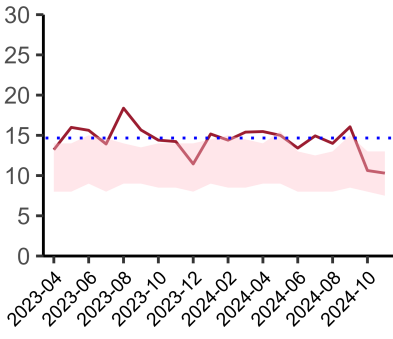
National mean 73%
Number of patients included 378
Data completeness 95%



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

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

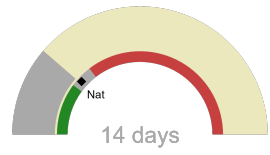
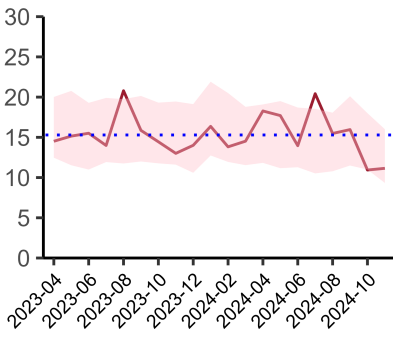
National mean 29%
Number of patients included 125
Data completeness 85%



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

Mean postoperative Length of Stay

National median 10 days
Number of patients included 338
Data completeness 100%



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

Median postoperative Length of Stay

National mean 14 days
Number of patients included 338
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.