

Explanatory Notes

All cases admitted to hospital between 01 October 2024 and 31 March 2025 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.

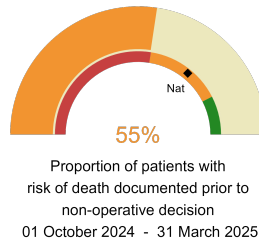
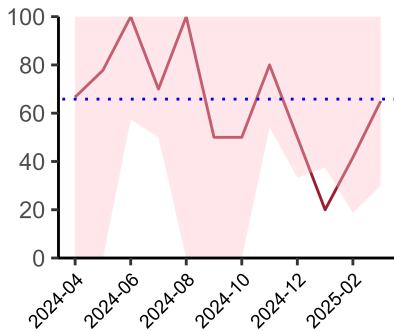


NHS North East And North Cumbria Integrated Care Board

2024-25 Reporting Period 7: 01 October 2024 - 31 March 2025

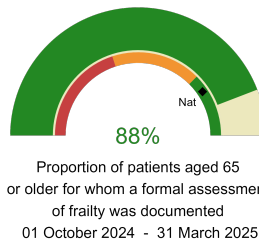
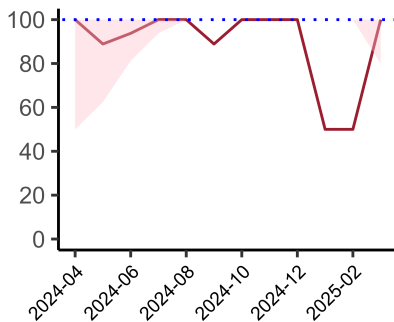
These plots represent patients who did NOT have an emergency laparotomy during Year 2024-25 Reporting Period 7 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



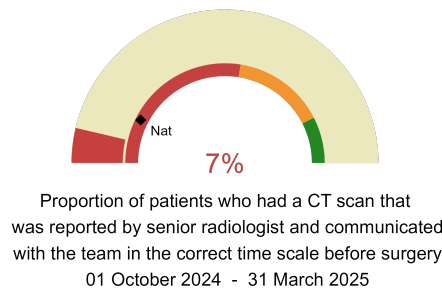
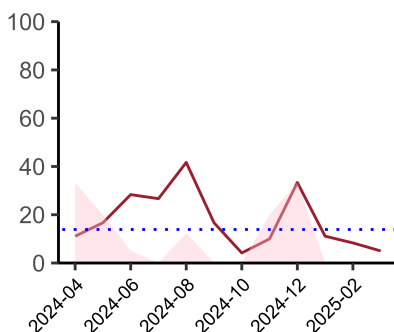
Risk documented prior to non-operative decision.

National mean 72%
Number of patients included 55
Data completeness 100%



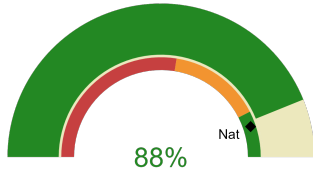
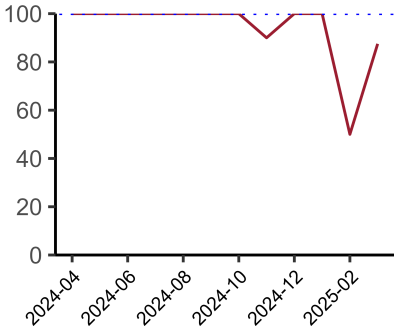
Formal assessment of frailty documented.

National mean 81%
Number of patients included 45
Data completeness 95%



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

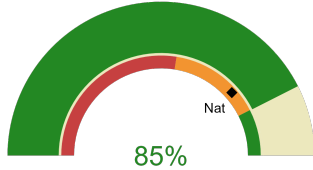
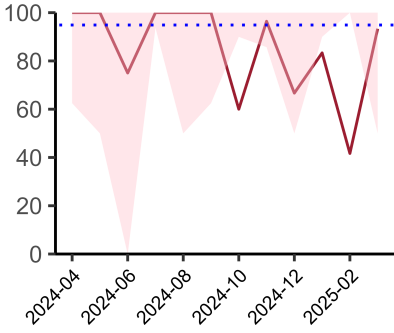
National mean 15%
Number of patients included 52
Data completeness 83%



Proportion of patients in whom staff have proactively identified advance care plans to support the decision-making process.
01 October 2024 - 31 March 2025

Advance care plans to support the decision-making process.

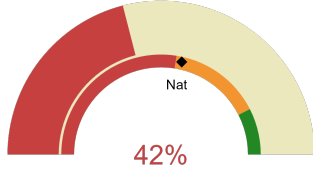
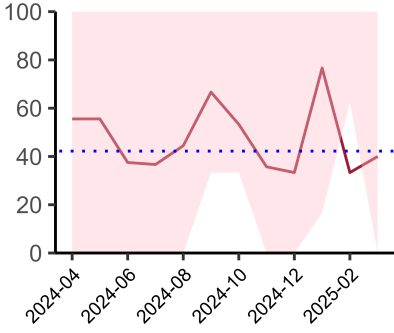
National mean 90%
Number of patients included 55
Data completeness 88%



Proportion of patients who were recognised to be dying who have an individualised end-of-life care plan documented
01 October 2024 - 31 March 2025

Individualised end-of-life care plan documented for patients recognised to be dying.

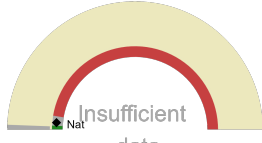
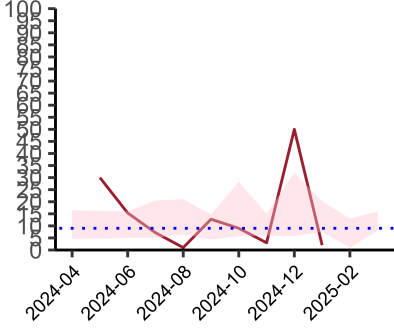
National mean 77%
Number of patients included 45
Data completeness 87%



Proportion of patients who died in hospital, who received direct input by member of a palliative care team Numerator
01 October 2024 - 31 March 2025

Direct input by a member of a palliative care team for patients who have died in hospital.

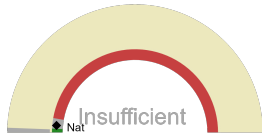
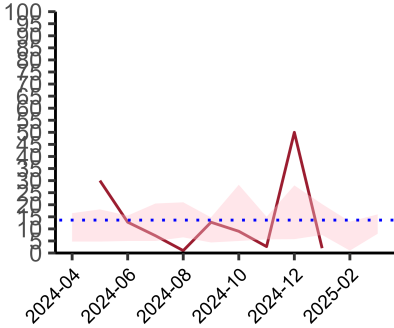
National mean 57%
Number of patients included 45
Data completeness 87%



Median post-admission length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 October 2024 - 31 March 2025

Median post-admission length of stay

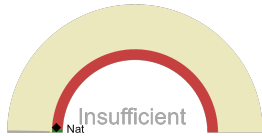
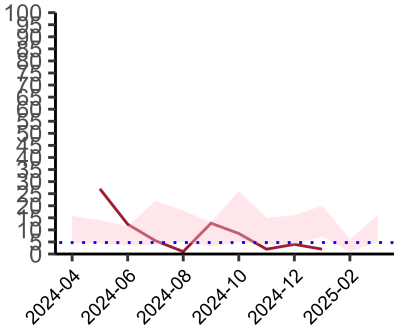
National median 10 days
Number of patients included 8
Data completeness 100%



Mean post-admission length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 October 2024 - 31 March 2025

Mean post-admission length of stay

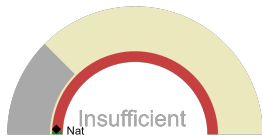
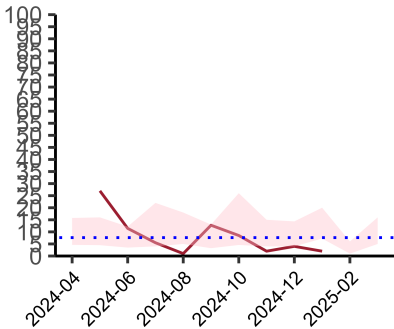
National mean 11 days
Number of patients included 8
Data completeness 100%



Median post-decision to not operate length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 October 2024 - 31 March 2025

Median post-decision to not operate length of stay

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



Mean post-decision to not operate length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 October 2024 - 31 March 2025

Mean post-decision to not operate length of stay

National mean 8 days
Number of patients included 8
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, Royal Victoria Infirmary, Northumbria Specialist Emergency Care Hospital, Sunderland Royal Hospital, University Hospital North Durham, University Hospital of North Tees.