

Explanatory Notes

All cases admitted to hospital between 01 November 2025 and 31 January 2026 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'.

For this report runcharts are compared to national quartiles.

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

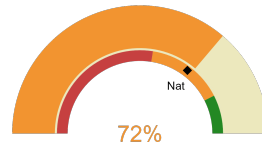


NHS North East And North Cumbria Integrated Care Board

2025-26 Reporting Period 10: 01 November 2025 - 31 January 2026

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 10 of NELA data collection.

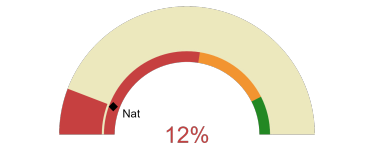
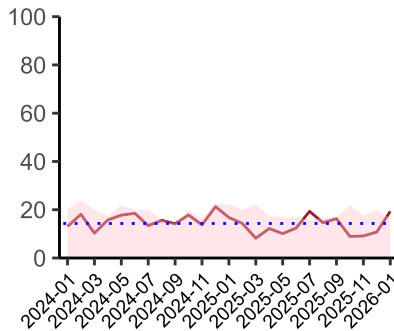
NELA process and outcome measures



Estimated case ascertainment
01 November 2025 - 31 January 2026

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

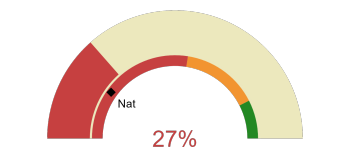
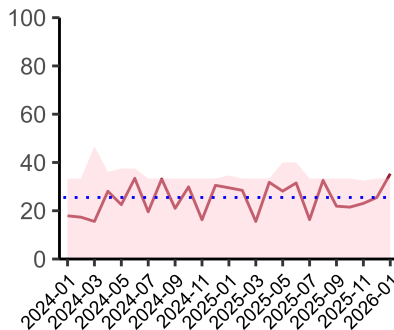
Expected number of cases 529
Total cases entered 405
Cases locked 290
Cases unlocked 115



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 November 2025 - 31 January 2026

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

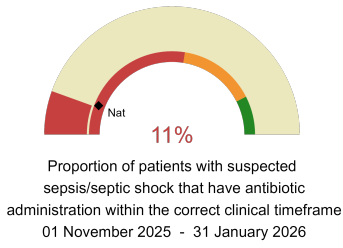
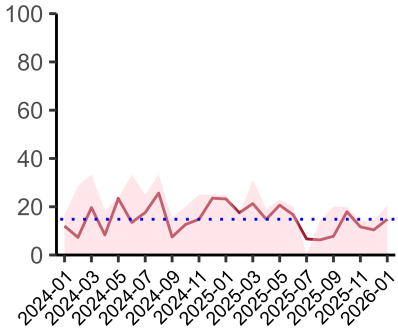
National mean 11%
Number of patients included 254
Data completeness 100%



Proportion of patients with suspected sepsis/septic shock or infection that have antibiotic administration within the correct clinical timeframe
01 November 2025 - 31 January 2026

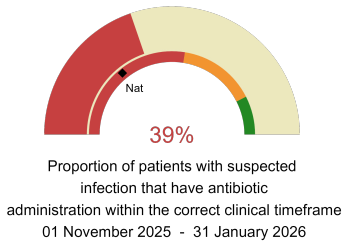
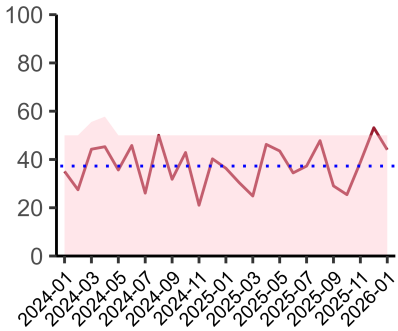
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 147
Data completeness 89%



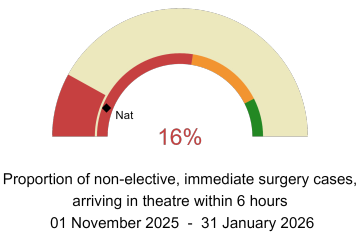
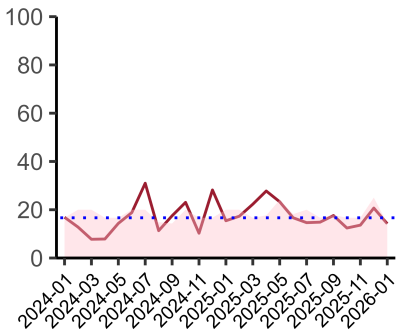
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
Number of patients included 61
Data completeness 83%



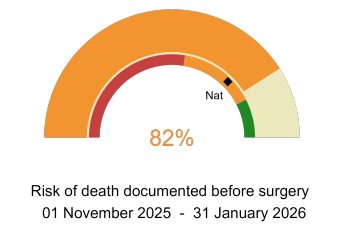
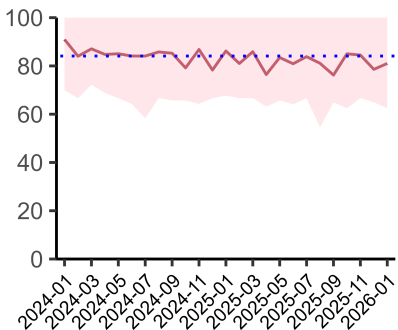
Infection - antibiotic administration within the correct clinical timeframe

National mean 28%
Number of patients included 86
Data completeness 54%



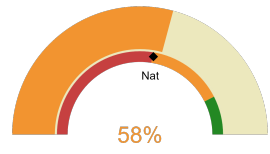
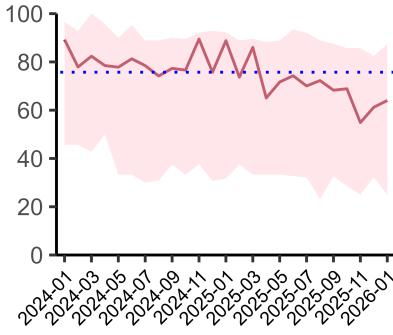
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 12%
Number of patients included 190
Data completeness 100%



Risk documented before surgery

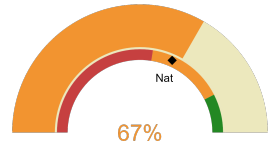
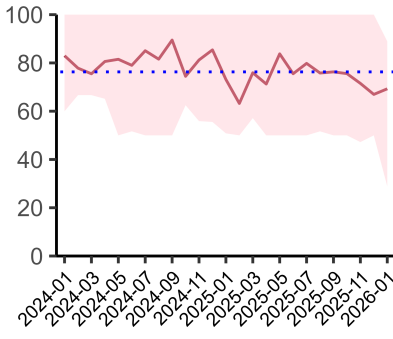
National mean 75%
Number of patients included 405
Data completeness 100%



Risk of death documented after surgery
01 November 2025 - 31 January 2026

Risk documented after surgery

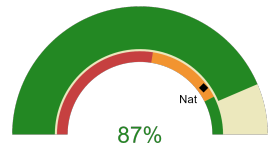
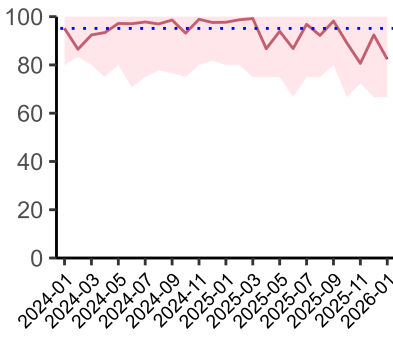
National mean 55%
Number of patients included 405
Data completeness 100%



Admitted to critical care following surgery when the risk of death ≥ 5% (Excludes patients who died in theatre or with a decision to palliate)
01 November 2025 - 31 January 2026

Admitted to Critical Care (risk of death ≥ 5%)

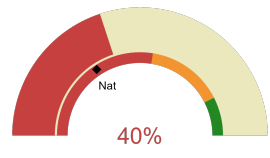
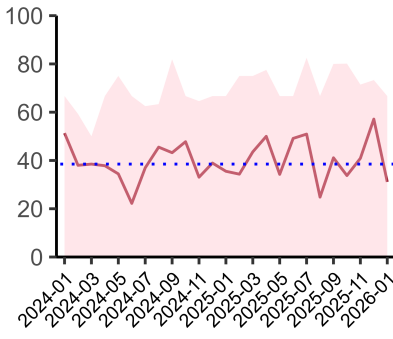
National mean 63%
Number of patients included 213
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 November 2025 - 31 January 2026

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

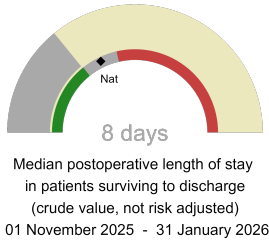
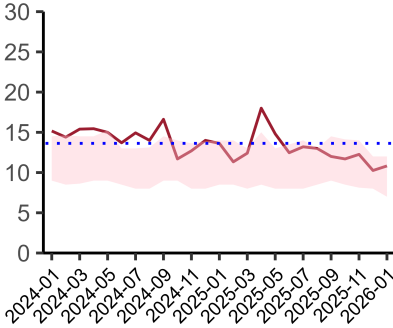
National mean 80%
Number of patients included 203
Data completeness 76%



Perioperative assessment by a care of the older person specialist
01 November 2025 - 31 January 2026

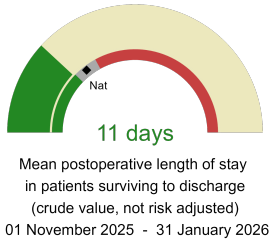
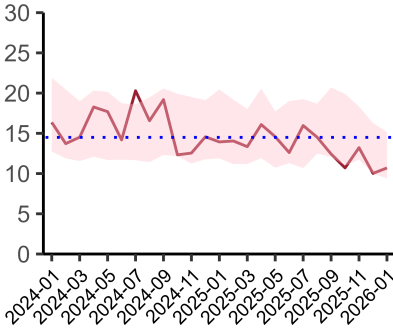
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 31%
Number of patients included 97
Data completeness 91%



Median postoperative Length of Stay

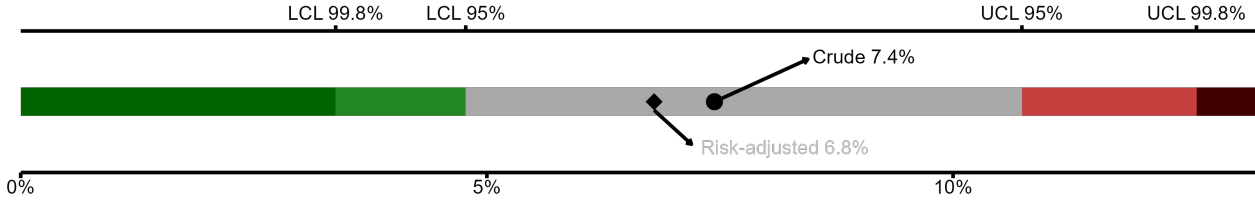
National median 10 days
Number of patients included 309
Data completeness 90%



Mean postoperative Length of Stay

National mean 14 days
Number of patients included 309
Data completeness 90%

Risk-Adjusted Mortality



Number of patients included 336 | 30-day risk-adjusted mortality rate 6.8% | National 30-day mortality rate 7.6%

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.