

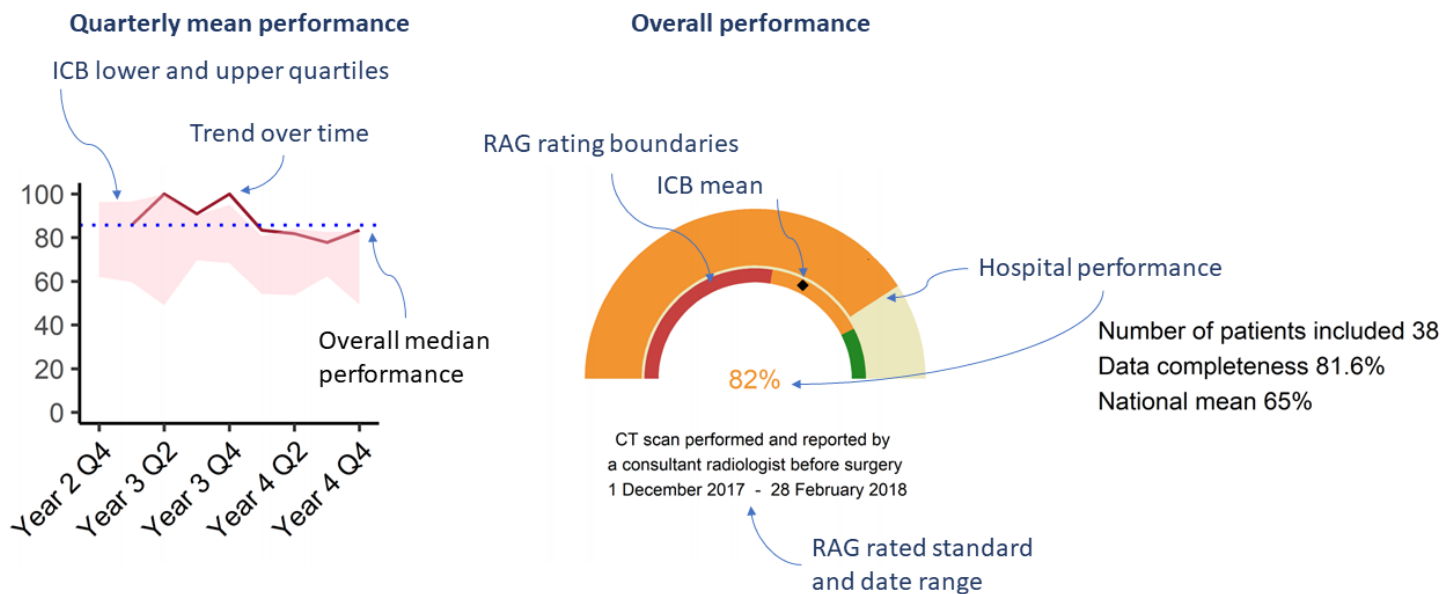
Explanatory Notes

All cases admitted to hospital between 01 April 2026 and 30 June 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**.

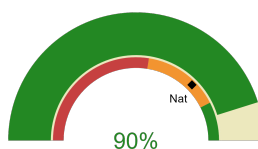


NHS North East And North Cumbria Integrated Care Board

2026-27 Reporting Period 3: 01 April 2026 - 30 June 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 3 of NELA data collection.

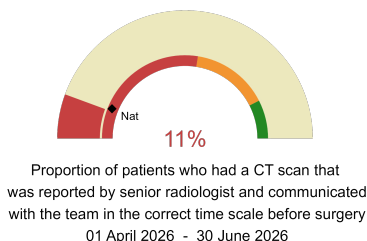
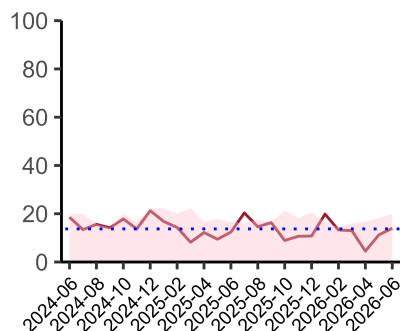
NELA process and outcome measures



Estimated case ascertainment
01 April 2026 - 30 June 2026

Estimated Case Ascertainment (Based on HES Data)

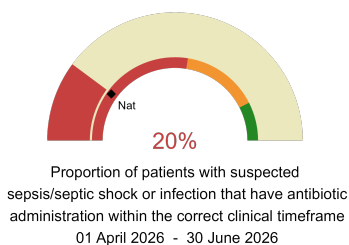
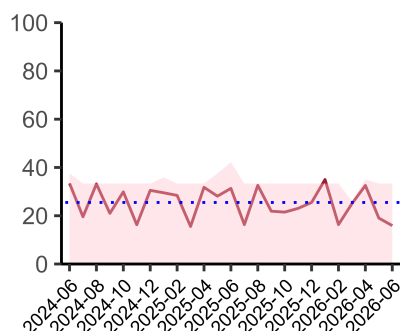
Expected number of cases 436
Total cases entered 450
Cases locked 235
Cases unlocked 215



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 April 2026 - 30 June 2026

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

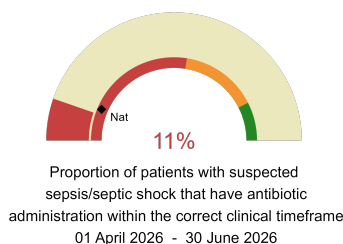
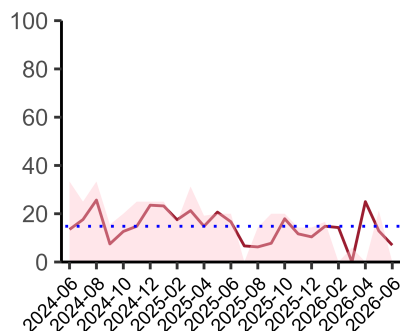
National mean 12%
Number of patients included 280
Data completeness 97%



Proportion of patients with suspected
sepsis/septic shock or infection that have antibiotic
administration within the correct clinical timeframe
01 April 2026 - 30 June 2026

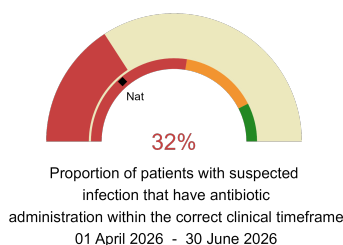
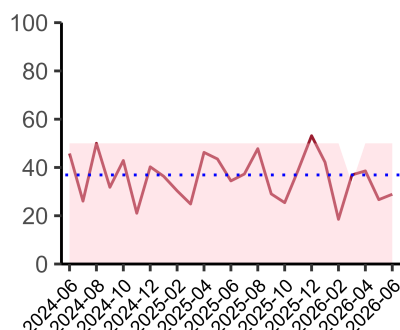
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 124
Data completeness 84%



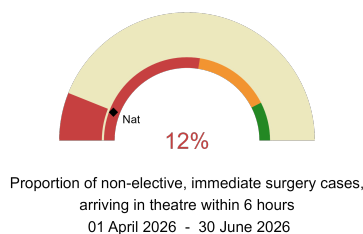
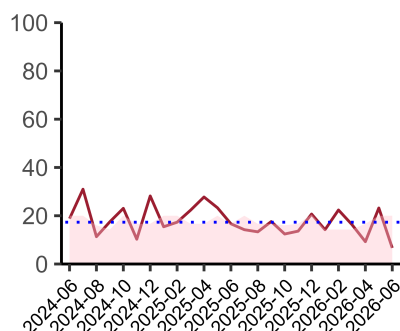
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
Number of patients included 60
Data completeness 77%



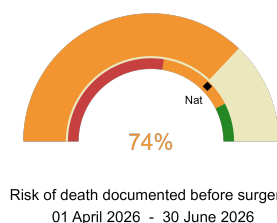
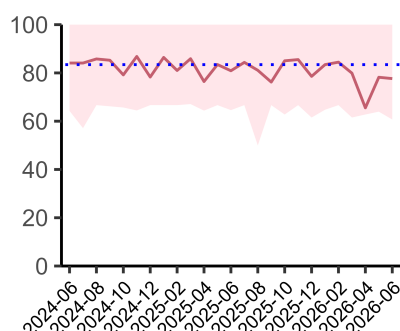
Infection - antibiotic administration within the correct clinical timeframe

National mean 27%
Number of patients included 64
Data completeness 39%



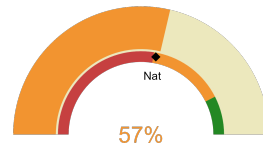
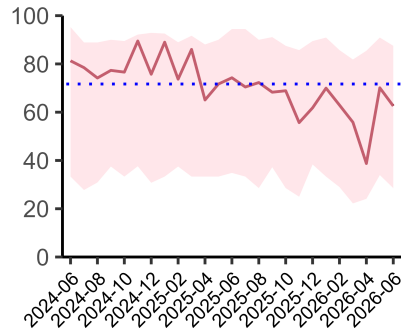
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 12%
Number of patients included 209
Data completeness 100%



Risk documented before surgery

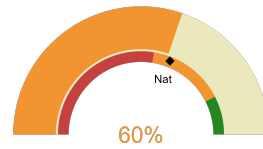
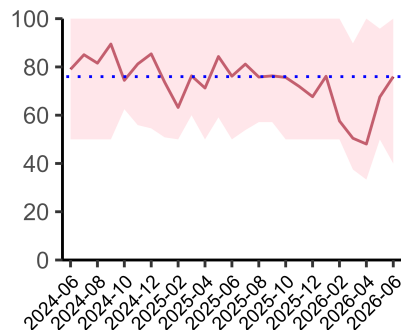
National mean 75%
Number of patients included 450
Data completeness 100%



Risk of death documented after surgery
01 April 2026 - 30 June 2026

Risk documented after surgery

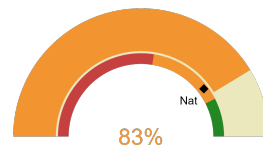
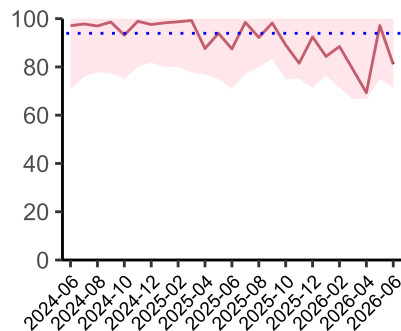
National mean 56%
Number of patients included 450
Data completeness 100%



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 April 2026 - 30 June 2026

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

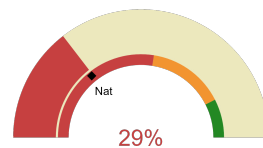
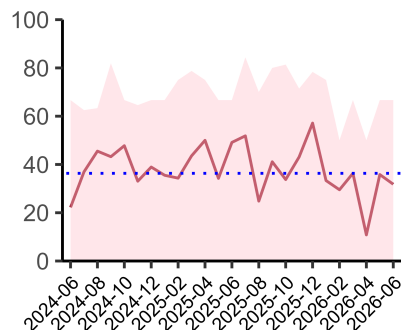
National mean 62%
Number of patients included 259
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death $\geq 5\%$
01 April 2026 - 30 June 2026

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

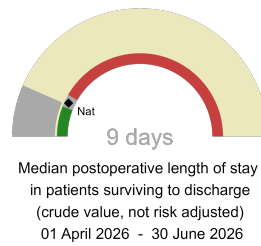
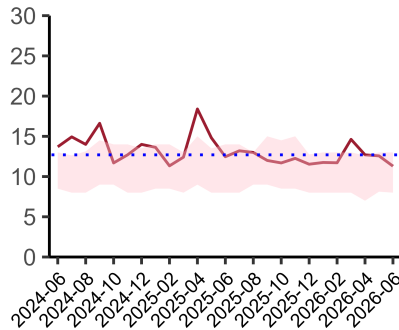
National mean 79%
Number of patients included 235
Data completeness 79%



Perioperative assessment by a care of the older
person specialist
01 April 2026 - 30 June 2026

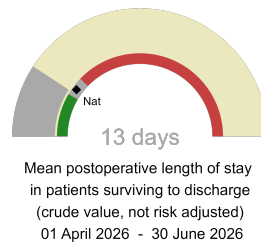
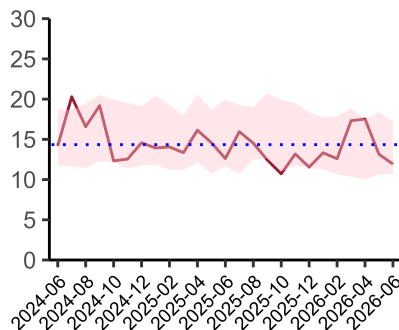
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
Number of patients included 99
Data completeness 79%



Median postoperative Length of Stay

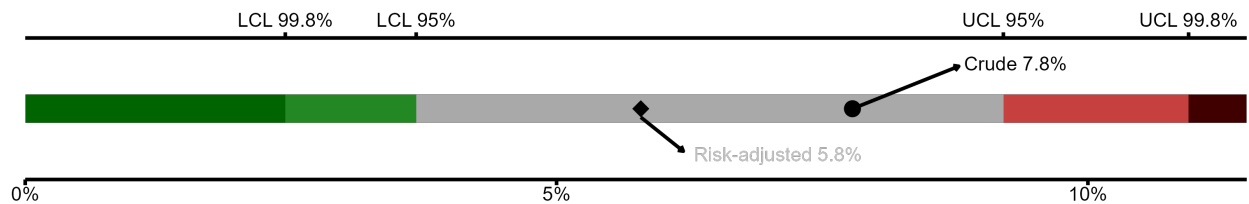
National median 10 days
Number of patients included 308
Data completeness 96%



Mean postoperative Length of Stay

National mean 15 days
Number of patients included 308
Data completeness 96%

Risk-Adjusted Mortality



Number of patients included 334 | 30-day risk-adjusted mortality rate 5.8% | National 30-day mortality rate 6.3%

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.