

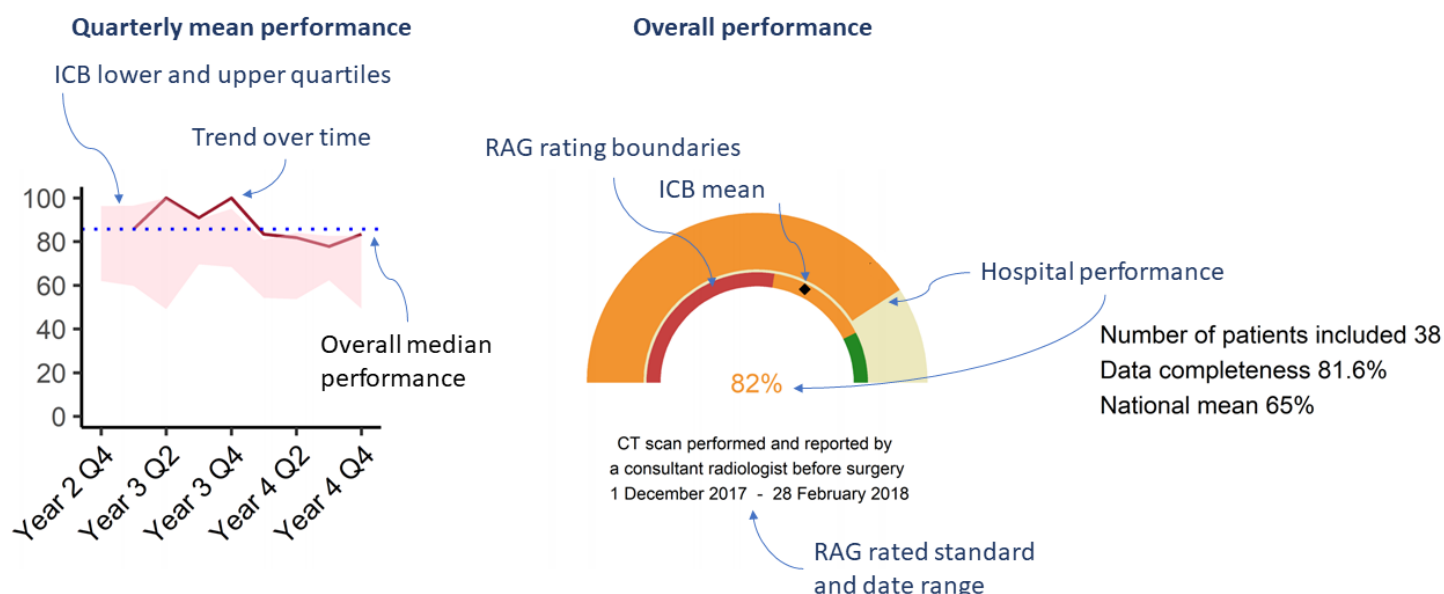
Explanatory Notes

All cases admitted to hospital between 01 May 2026 and 31 July 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**.

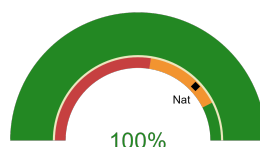


NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care

2026-27 Reporting Period 4: 01 May 2026 - 31 July 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 4 of NELA data collection.

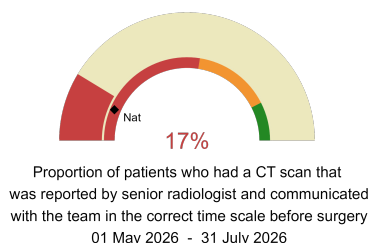
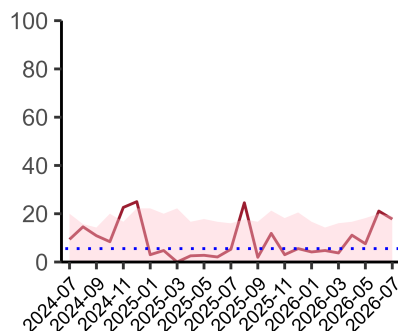
NELA process and outcome measures



Estimated case ascertainment
01 May 2026 - 31 July 2026

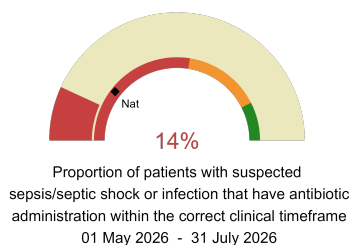
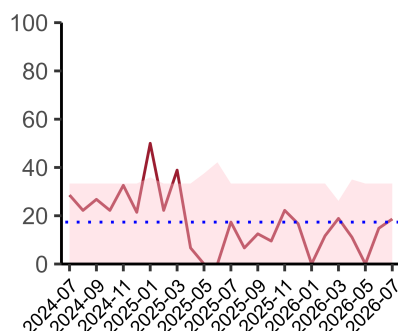
Estimated Case Ascertainment (Based on HES Data)

Expected number of cases 98
Total cases entered 118
Cases locked 31
Cases unlocked 87



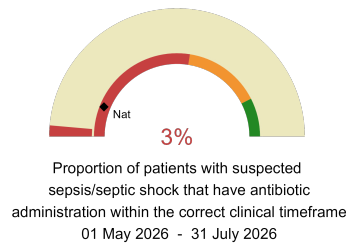
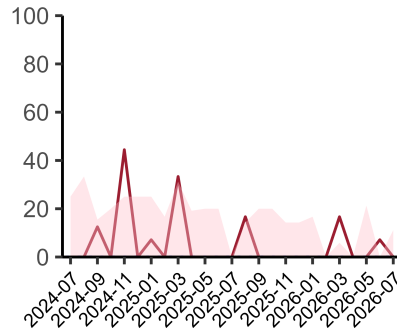
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.

National mean 13%
Number of patients included 83
Data completeness 96%



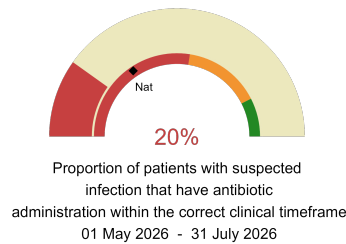
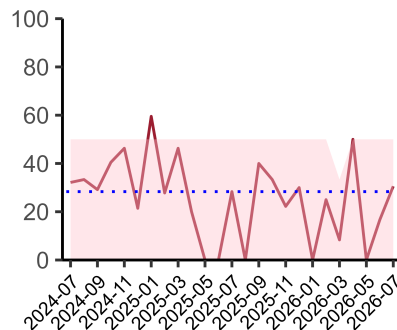
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
Number of patients included 46
Data completeness 73%



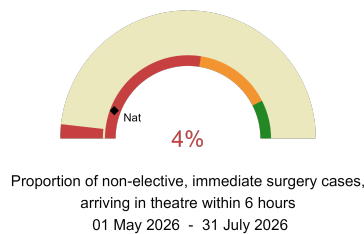
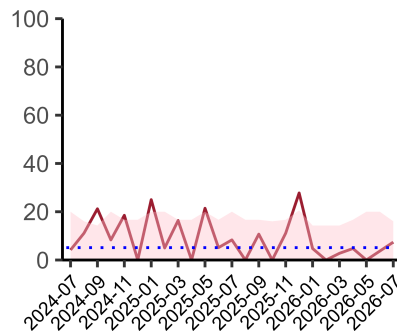
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
Number of patients included 23
Data completeness 57%



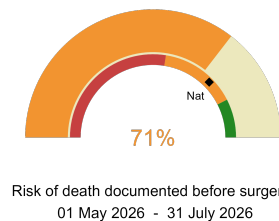
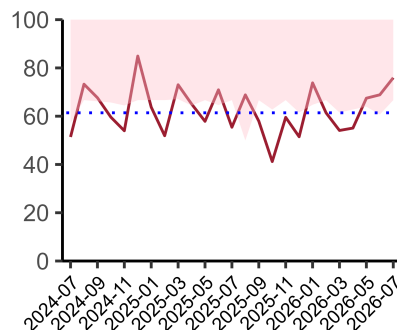
Infection - antibiotic administration within the correct clinical timeframe

National mean 31%
Number of patients included 23
Data completeness 39%



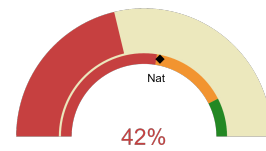
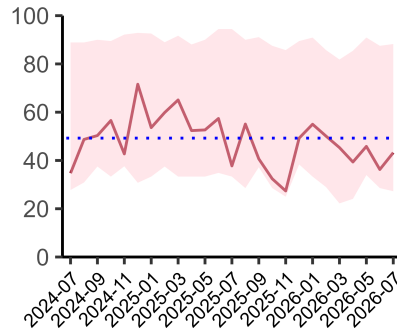
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 11%
Number of patients included 58
Data completeness 100%



Risk documented before surgery

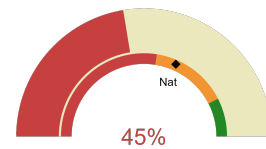
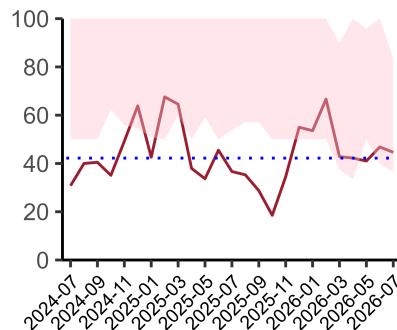
National mean 75%
Number of patients included 118
Data completeness 100%



Risk of death documented after surgery
01 May 2026 - 31 July 2026

Risk documented after surgery

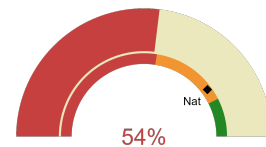
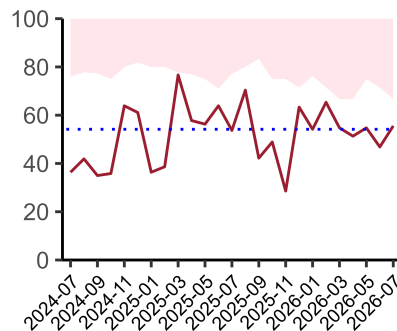
National mean 56%
Number of patients included 118
Data completeness 100%



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 May 2026 - 31 July 2026

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

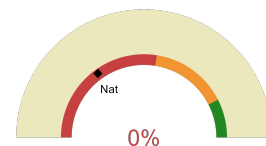
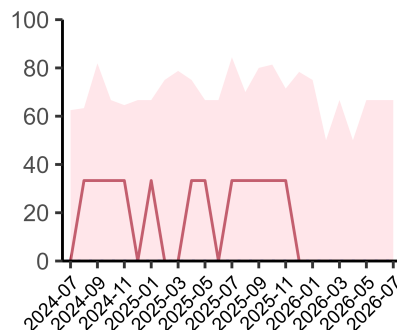
National mean 63%
Number of patients included 94
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death $\geq 5\%$
01 May 2026 - 31 July 2026

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

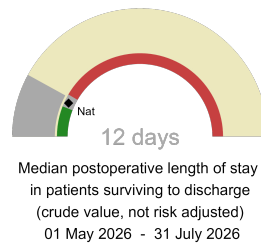
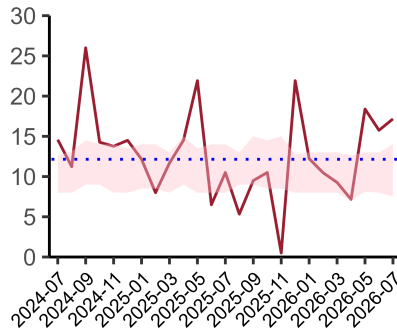
National mean 80%
Number of patients included 82
Data completeness 91%



Perioperative assessment by a care of the older
person specialist
01 May 2026 - 31 July 2026

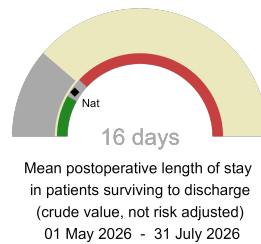
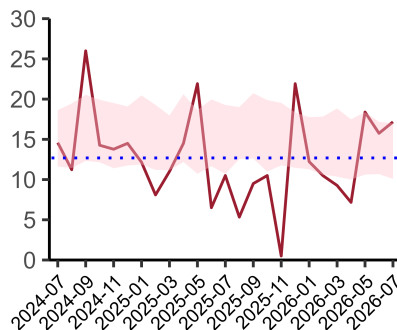
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 30%
Number of patients included 46
Data completeness 74%



Median postoperative Length of Stay

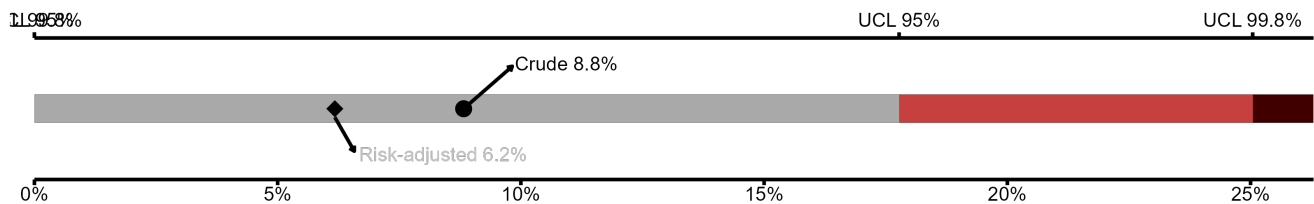
National median 10 days
Number of patients included 31
Data completeness 93%



Mean postoperative Length of Stay

National mean 14 days
Number of patients included 31
Data completeness 93%

Risk-Adjusted Mortality



Number of patients included 34 | 30-day risk-adjusted mortality rate 6.2% | National 30-day mortality rate 6.8%

Integrated Care Board

NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care Board ICB comprises Royal United Hospital, Salisbury District Hospital, The Great Western Hospital.