

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**.

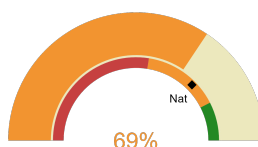


NHS North East London Integrated Care Board

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.

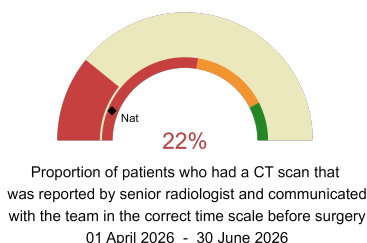
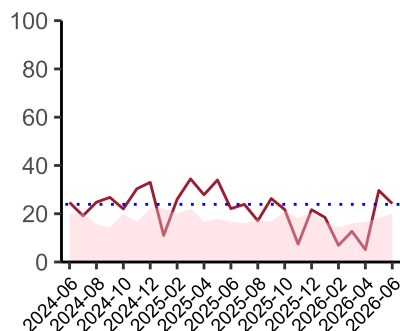
NELA process and outcome measures



Estimated case ascertainment
01 April 2026 - 30 June 2026

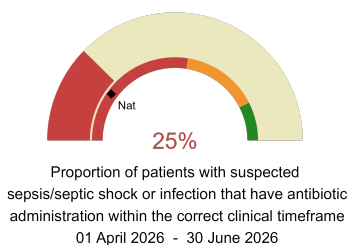
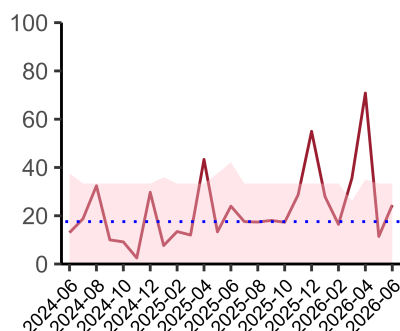
Estimated Case Ascertainment (Based on HES Data)

Expected number of cases 158
Total cases entered 166
Cases locked 158
Cases unlocked 8



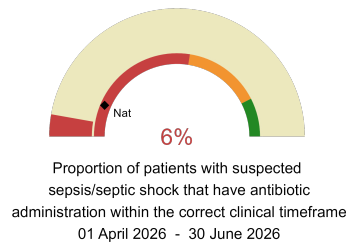
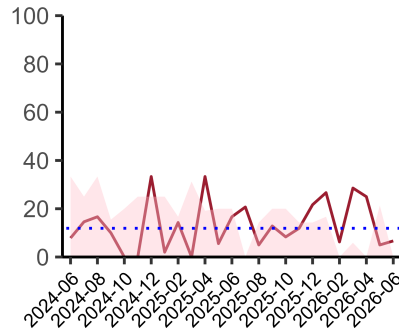
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.

National mean 12%
Number of patients included 131
Data completeness 97%



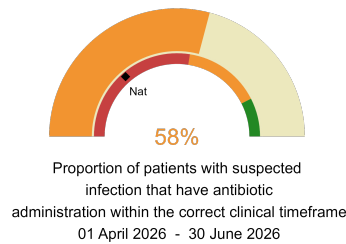
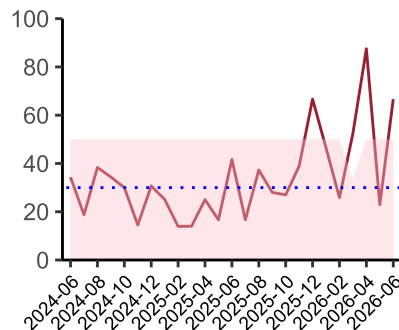
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 76
Data completeness 93%



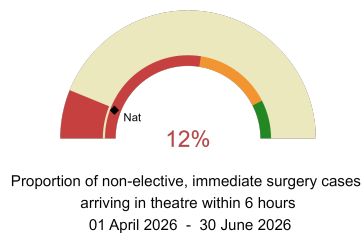
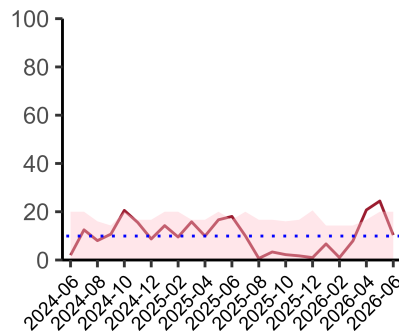
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
Number of patients included 35
Data completeness 88%



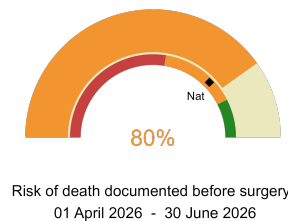
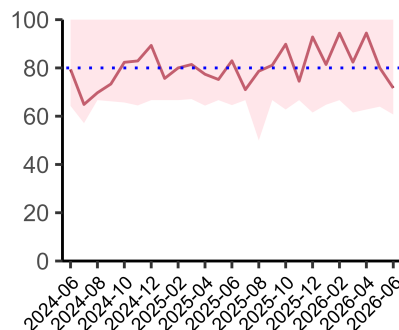
Infection - antibiotic administration within the correct clinical timeframe

National mean 27%
Number of patients included 41
Data completeness 38%



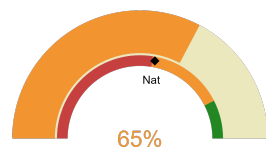
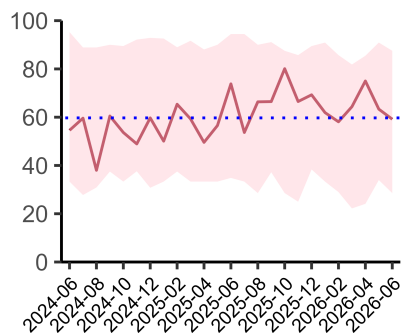
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 12%
Number of patients included 102
Data completeness 100%



Risk documented before surgery

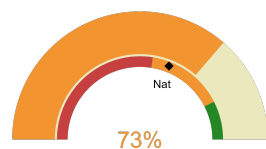
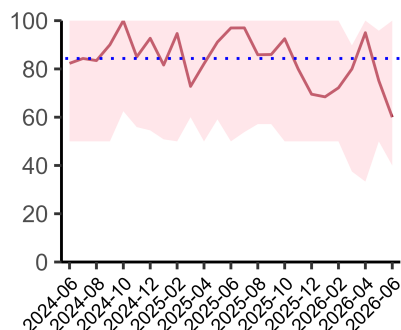
National mean 75%
Number of patients included 166
Data completeness 100%



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

Risk documented after surgery

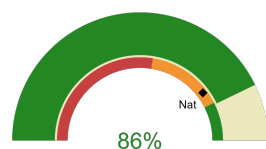
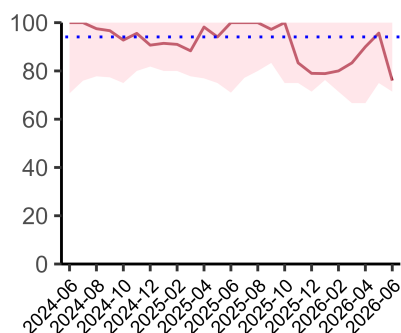
National mean 56%
Number of patients included 166
Data completeness 100%



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 $\geq 5\%$)

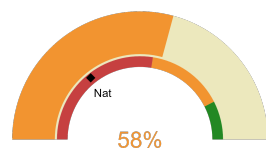
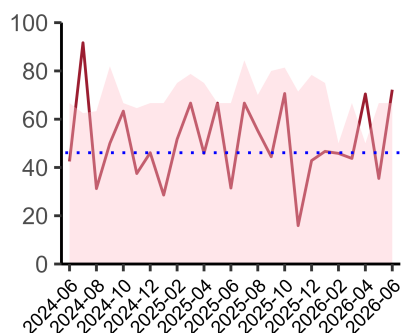
National mean 62%
Number of patients included 87
Data completeness 100%



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 $\geq 5\%$)

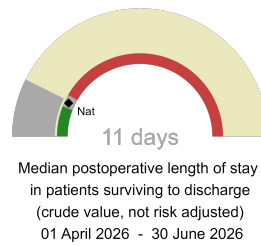
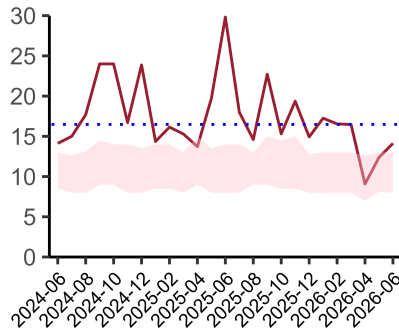
National mean 79%
Number of patients included 90
Data completeness 84%



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

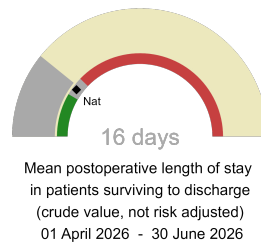
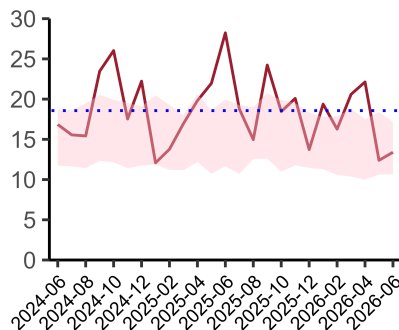
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
Number of patients included 45
Data completeness 88%



Median postoperative Length of Stay

National median 10 days
Number of patients included 142
Data completeness 99%



Mean postoperative Length of Stay

National mean 15 days
Number of patients included 142
Data completeness 99%

Risk-Adjusted Mortality



Number of patients included 158 | 30-day risk-adjusted mortality rate 6.3% | National 30-day mortality rate 6.3%

Integrated Care Board

NHS North East London Integrated Care Board ICB comprises Homerton Hospital, Queen's Hospital - Romford, King George Hospital, The Royal London Hospital, Whipps Cross University Hospital, Newham University Hospital.