

Explanatory Notes

All cases admitted to hospital between 01 August 2025 and 31 October 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'.

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**.

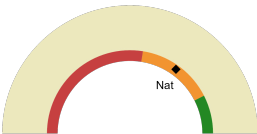


NHS Staffordshire And Stoke-On-Trent Integrated Care Board

2025-26 Reporting Period 7: 01 August 2025 - 31 October 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 7 of NELA data collection.

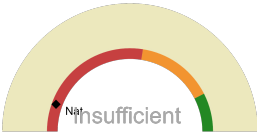
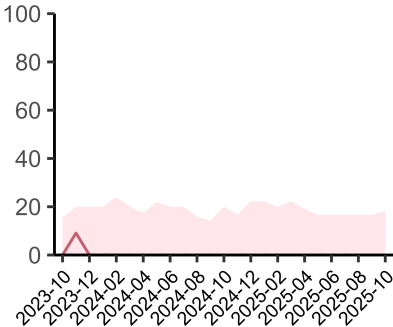
NELA process and outcome measures



Estimated case ascertainment
01 August 2025 - 31 October 2025

Estimated Case Ascertainment (Based on HES Data)

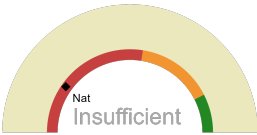
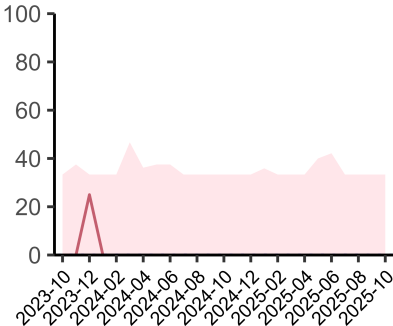
Expected number of cases 0
Total cases entered 25
Cases locked 0
Cases unlocked 25



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 August 2025 - 31 October 2025

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

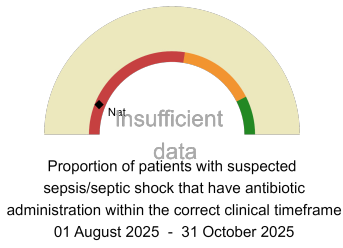
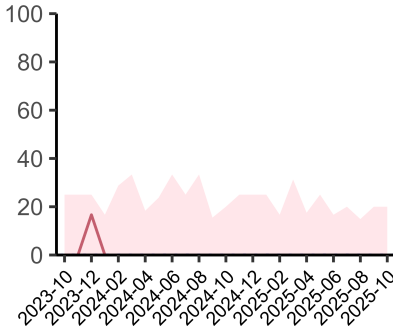
National mean 11%
Number of patients included 2
Data completeness 96%



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

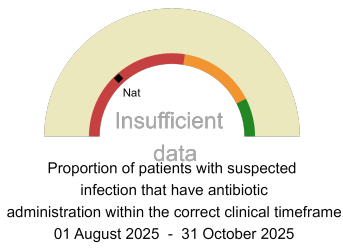
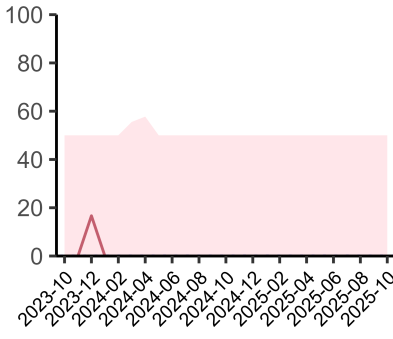
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 2
Data completeness 10%



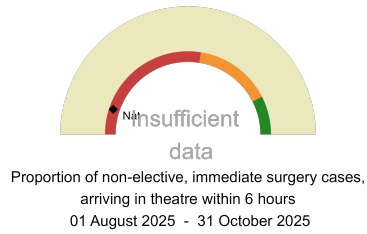
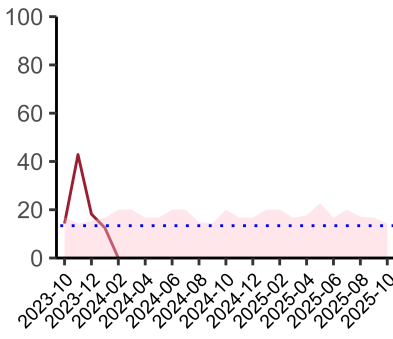
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
Number of patients included 1
Data completeness 5%



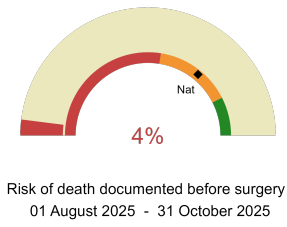
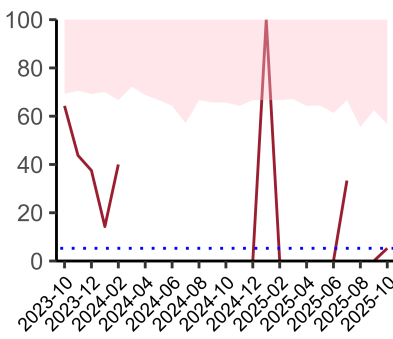
Infection - antibiotic administration within the correct clinical timeframe

National mean 26%
Number of patients included 1
Data completeness 5%



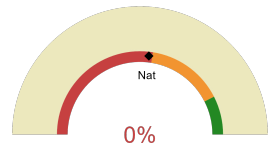
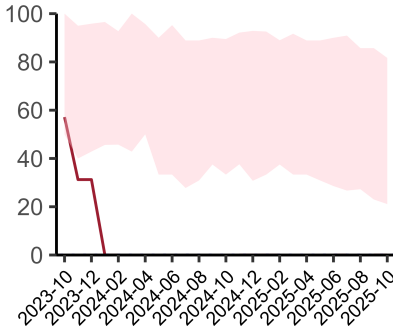
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 10%
Number of patients included 2
Data completeness 100%



Risk documented before surgery

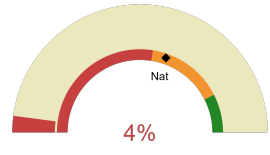
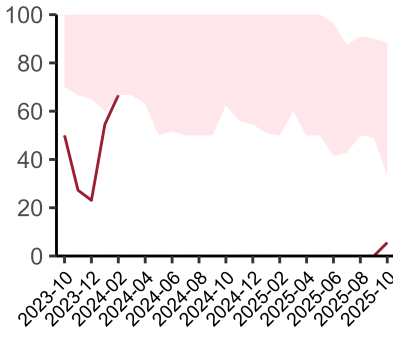
National mean 72%
Number of patients included 25
Data completeness 100%



Risk of death documented after surgery
01 August 2025 - 31 October 2025

Risk documented after surgery

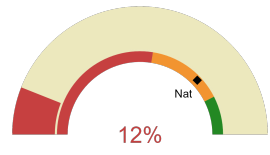
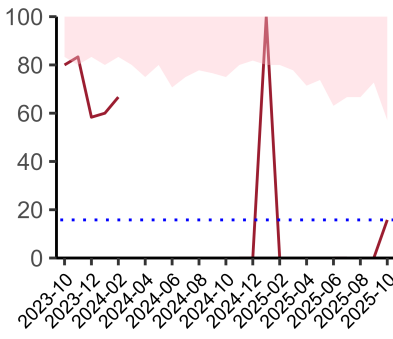
National mean 54%
Number of patients included 25
Data completeness 100%



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 August 2025 - 31 October 2025

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

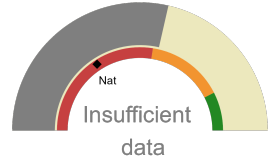
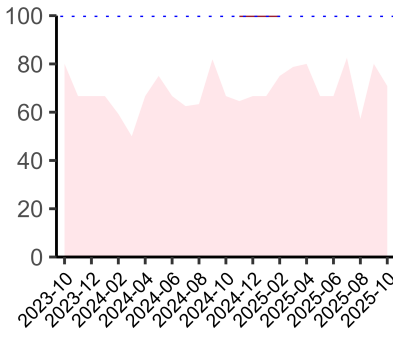
National mean 61%
Number of patients included 24
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 August 2025 - 31 October 2025

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

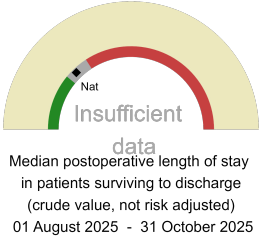
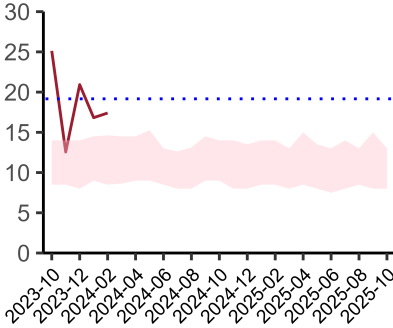
National mean 76%
Number of patients included 25
Data completeness 100%



Perioperative assessment by a care of the older person specialist
01 August 2025 - 31 October 2025

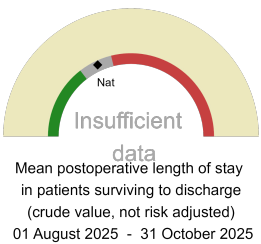
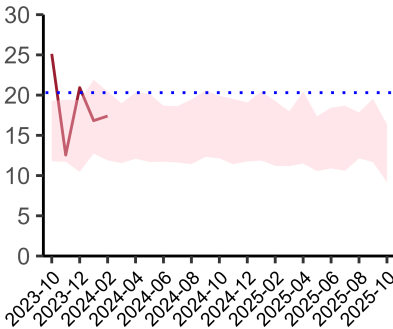
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 32%
Number of patients included 7
Data completeness 30%



Median postoperative Length of Stay

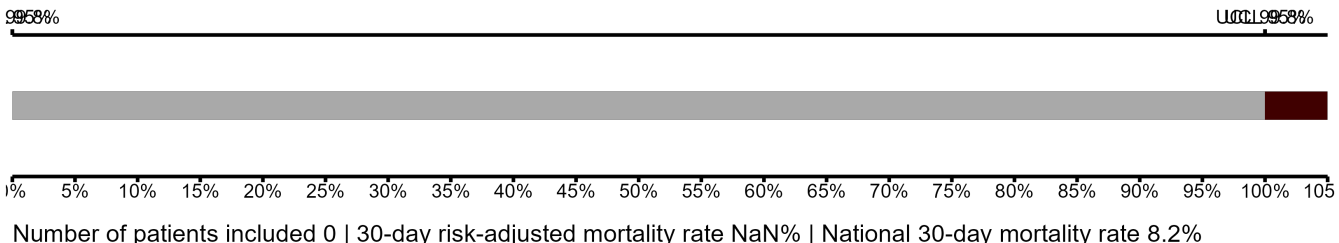
National median 10 days
Number of patients included 0
Data completeness NaN%



Mean postoperative Length of Stay

National mean 15 days
Number of patients included 0
Data completeness NaN%

Risk-Adjusted Mortality



Integrated Care Board

NHS Staffordshire And Stoke-On-Trent Integrated Care Board ICB comprises Royal Stoke University Hospital.