

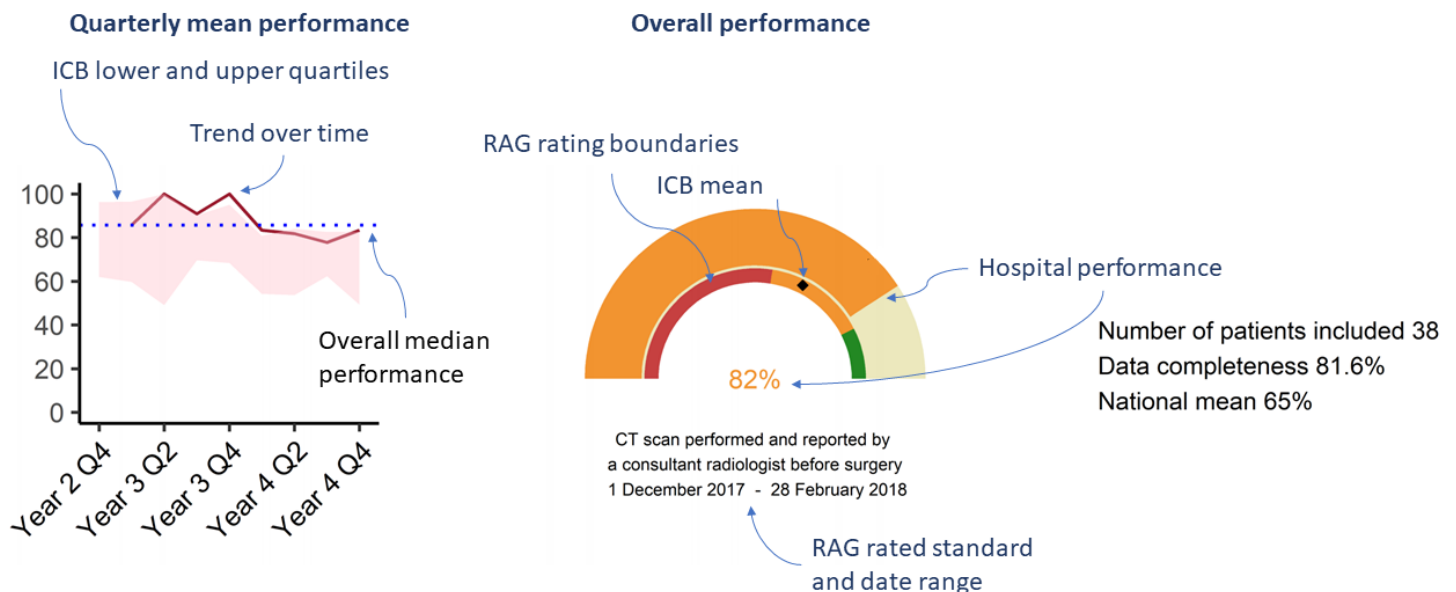
Explanatory Notes

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

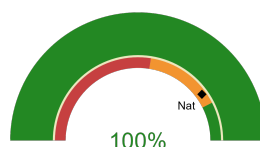


NHS Staffordshire And Stoke-On-Trent Integrated Care Board

2026-27 Reporting Period 1: 01 February 2026 - 30 April 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 1 of NELA data collection.

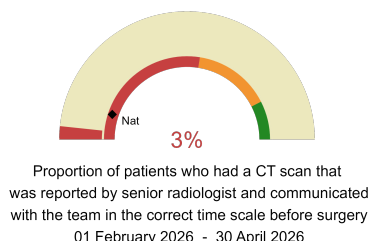
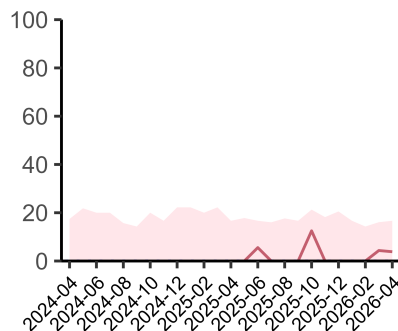
NELA process and outcome measures



Estimated case ascertainment
01 February 2026 - 30 April 2026

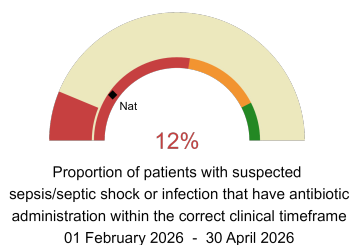
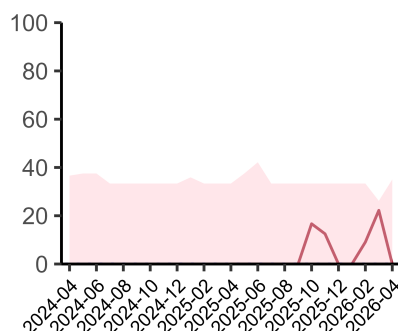
Estimated Case Ascertainment (Based on HES Data)

Expected number of cases 57
Total cases entered 105
Cases locked 105
Cases unlocked 0



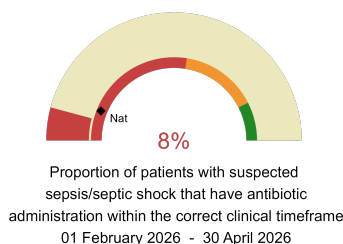
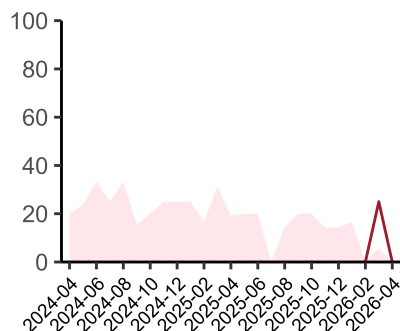
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.

National mean 10%
Number of patients included 60
Data completeness 99%



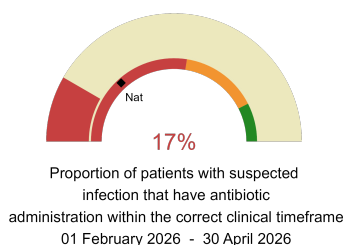
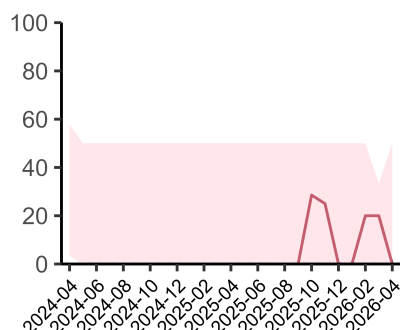
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 24
Data completeness 100%



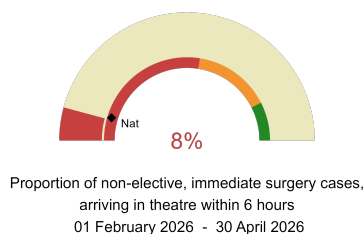
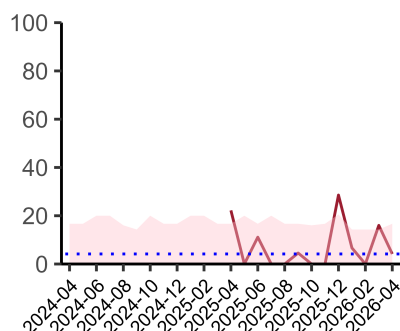
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

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



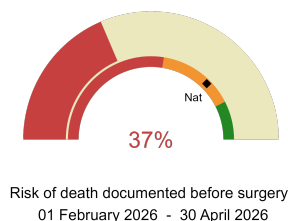
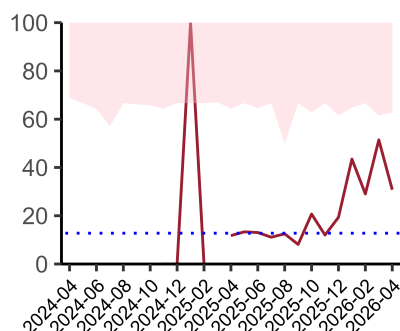
Infection - antibiotic administration within the correct clinical timeframe

National mean 27%
Number of patients included 12
Data completeness 50%



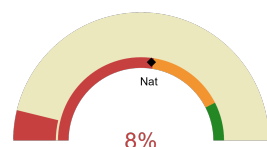
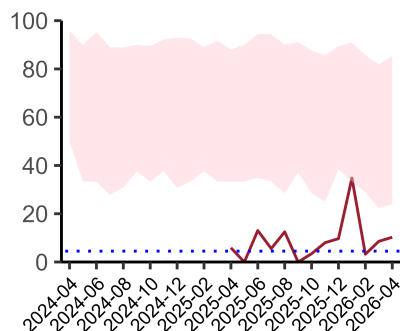
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 9%
Number of patients included 60
Data completeness 100%



Risk documented before surgery

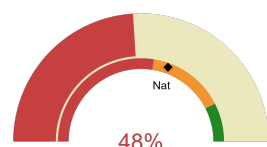
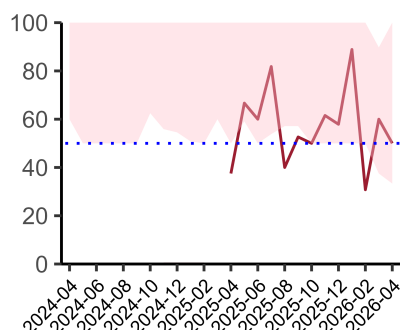
National mean 75%
Number of patients included 105
Data completeness 100%



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

Risk documented after surgery

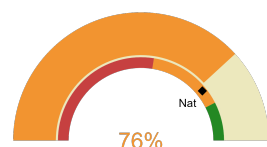
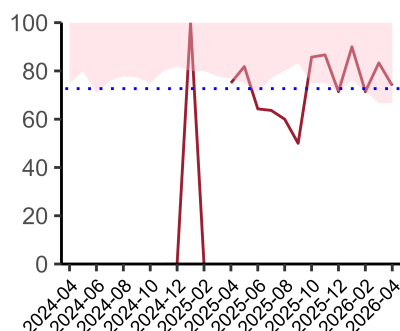
National mean 54%
Number of patients included 105
Data completeness 100%



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 February 2026 - 30 April 2026

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

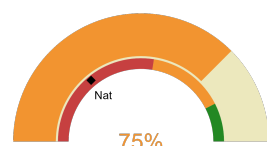
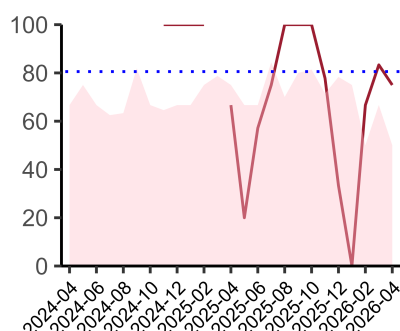
National mean 61%
Number of patients included 50
Data completeness 100%



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

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

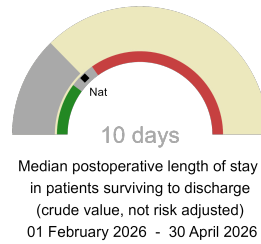
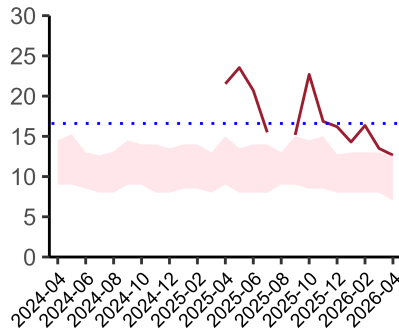
National mean 78%
Number of patients included 55
Data completeness 55%



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

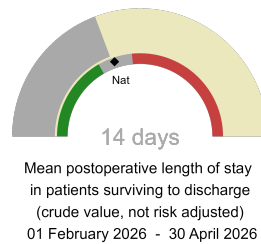
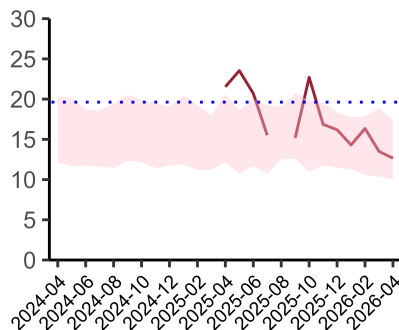
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
Number of patients included 20
Data completeness 100%



Median postoperative Length of Stay

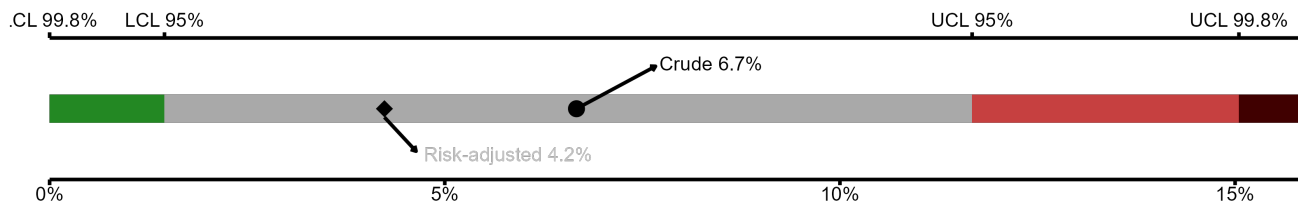
National median 10 days
Number of patients included 98
Data completeness 100%



Mean postoperative Length of Stay

National mean 14 days
Number of patients included 98
Data completeness 100%

Risk-Adjusted Mortality



Number of patients included 105 | 30-day risk-adjusted mortality rate 4.2% | National 30-day mortality rate 6.2%

Integrated Care Board

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