

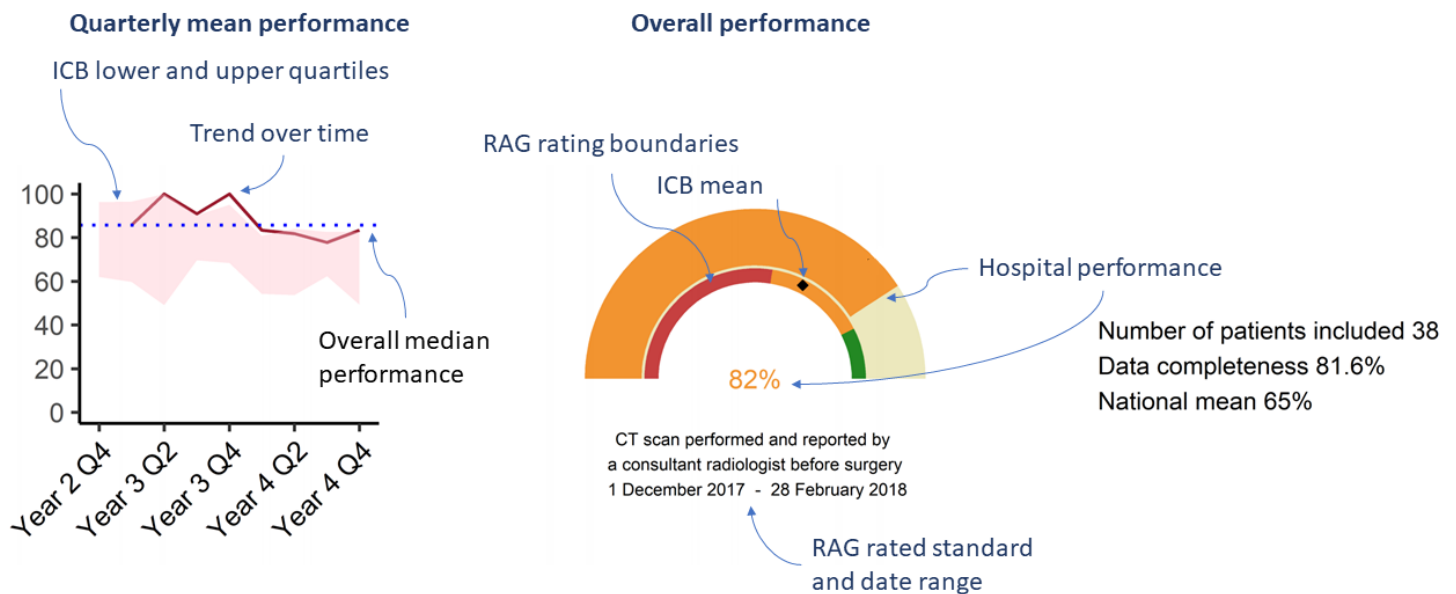
Explanatory Notes

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**.

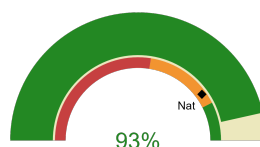


NHS Leicester, Leicestershire And Rutland Integrated Care Board

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.

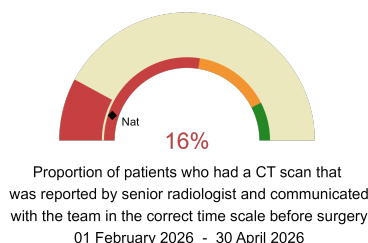
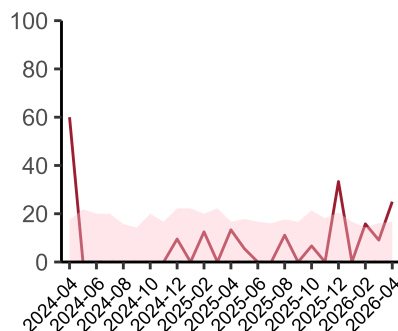
NELA process and outcome measures



Estimated case ascertainment
01 February 2026 - 30 April 2026

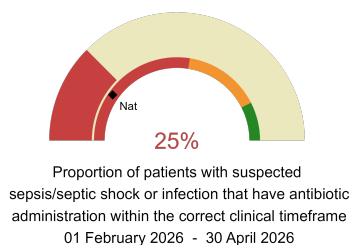
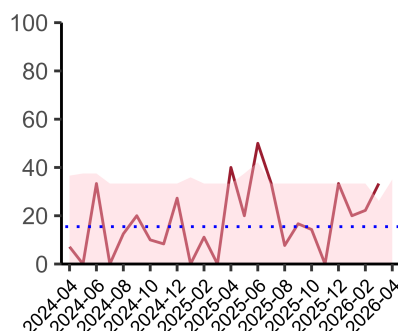
Estimated Case Ascertainment (Based on HES Data)

Expected number of cases 86
Total cases entered 80
Cases locked 50
Cases unlocked 30



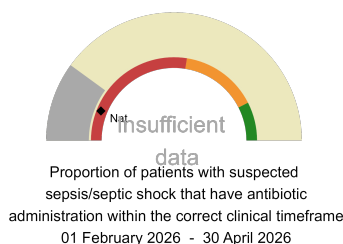
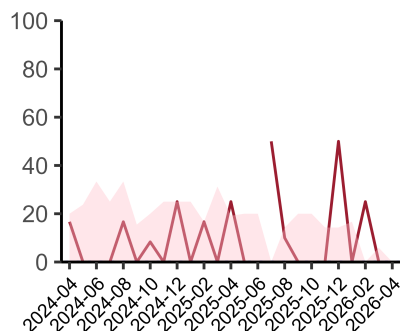
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.

National mean 10%
Number of patients included 38
Data completeness 97%



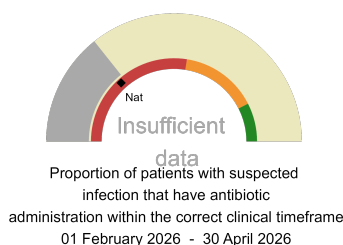
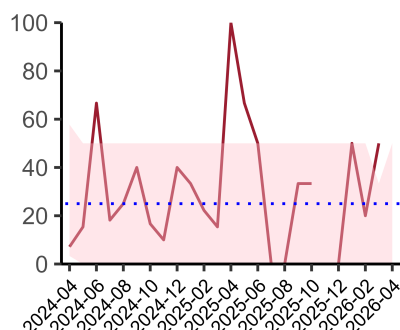
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 12
Data completeness 34%



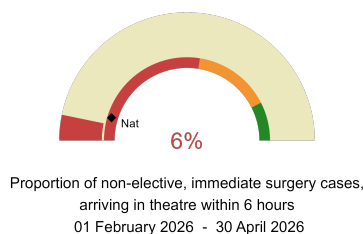
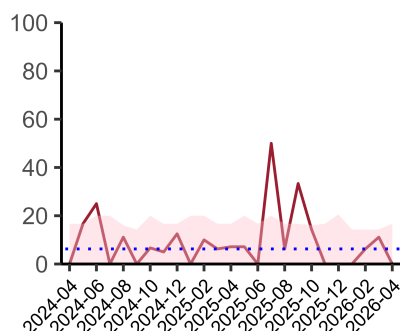
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
Number of patients included 5
Data completeness 19%



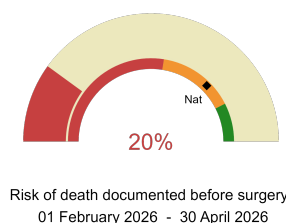
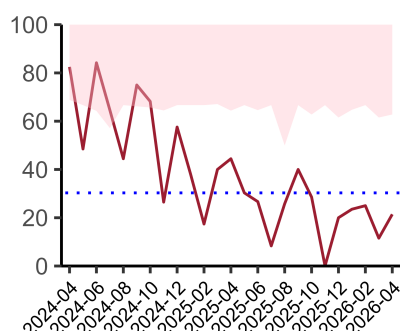
Infection - antibiotic administration within the correct clinical timeframe

National mean 27%
Number of patients included 7
Data completeness 20%



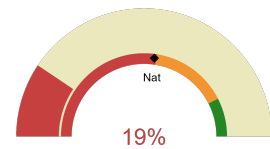
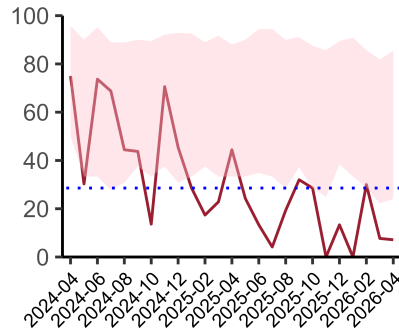
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 9%
Number of patients included 31
Data completeness 100%



Risk documented before surgery

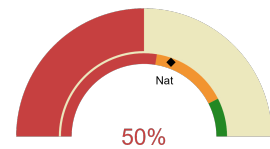
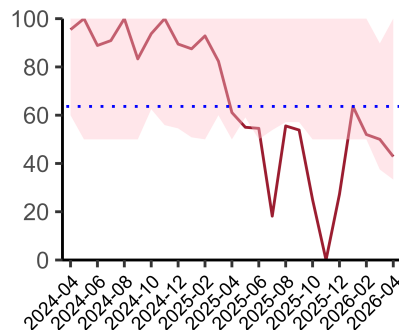
National mean 75%
Number of patients included 80
Data completeness 100%



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

Risk documented after surgery

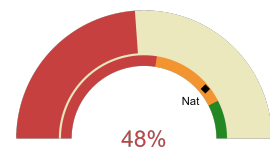
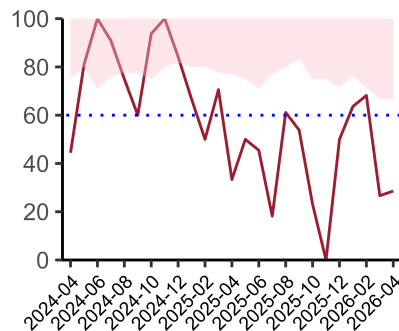
National mean 54%
Number of patients included 80
Data completeness 100%



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 $\geq 5\%$)

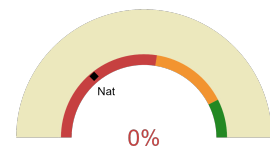
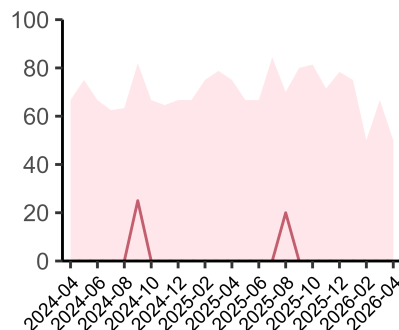
National mean 61%
Number of patients included 48
Data completeness 100%



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 $\geq 5\%$)

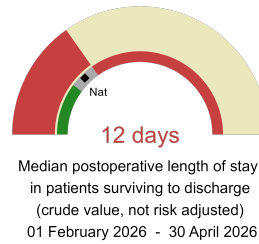
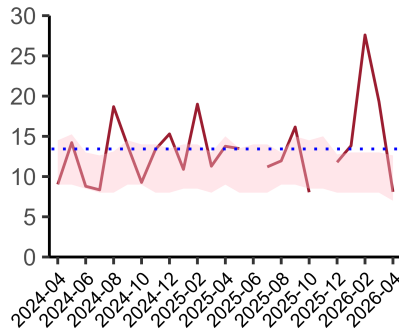
National mean 78%
Number of patients included 44
Data completeness 80%



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

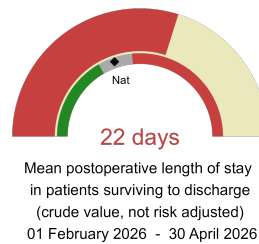
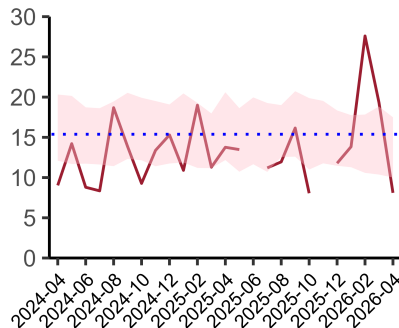
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
Number of patients included 15
Data completeness 45%



Median postoperative Length of Stay

National median 10 days
Number of patients included 56
Data completeness 100%



Mean postoperative Length of Stay

National mean 14 days
Number of patients included 56
Data completeness 100%

Risk-Adjusted Mortality



Number of patients included 60 | 30-day risk-adjusted mortality rate 2.9% | National 30-day mortality rate 6.2%

Integrated Care Board

NHS Leicester, Leicestershire And Rutland Integrated Care Board ICB comprises Leicester Royal Infirmary, Leicester General Hospital, Glenfield Hospital.