

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 December 2024 and 28 February 2025 have been included. Only cases where the necessary data are available have been included in the denominator for each individual analysis.

At hospital level, runcharts are compared to hospitals within the same ICB.

The results for process measures for which fewer than 10 cases have available data will not be reported. Instead the value will be marked as 'Insufficient data'.

The NELA standards include a newly updated composite standard for CT Scanning and Reporting. The new standard is composed of three metrics: (1) the proportion of patients who had a CT scan that was reported by senior radiologist (ST3+), (2) the proportion of those reported within an hour or less of the scan, and (3) the proportion of those communicated preoperatively between a senior radiologist (ST3+) and senior surgeon (ST3+) to discuss the CT findings.

NOTE: due to changes in database structure, time related metrics may be calculated even if a time (NOT date) stamp is not entered. When time is entered as "00:00" and the "Time not known" box is not ticked, this time-stamp will be used for the standard calculation and may negatively affect reported metrics. We would therefore request that every effort is made to enter the time-stamps for the following variables:

- Date and Time of admission to hospital (Q1.9),
- Date and time of CT scan (Q2.7d),
- Date and time CT scan was reported (Q2.7e),
- Date and time of first dose of antibiotics (Q2.10),
- Date and time arrival in theatre (Q4.1).

For better insight to how these standards have been structured, please refer to the **NELA standards document**.

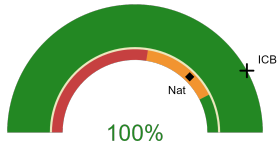


Northumbria Specialist Emergency Care Hospital

2024-25 Reporting Period 9: 01 December 2024 - 28 February 2025

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

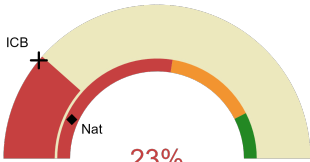
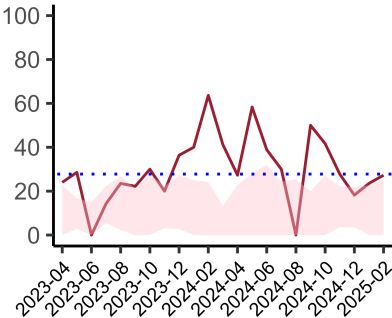
NELA process and outcome measures



Estimated case ascertainment
01 December 2024 - 28 February 2025

**Estimated case ascertainment
(Based on HES/PEDW Data)**

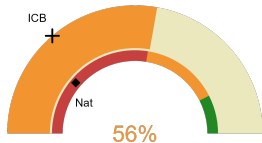
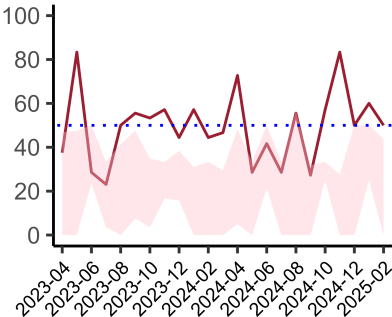
Expected number of cases 67
Total cases entered 93
Cases locked 93
Cases unlocked 0



Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery
01 December 2024 - 28 February 2025

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

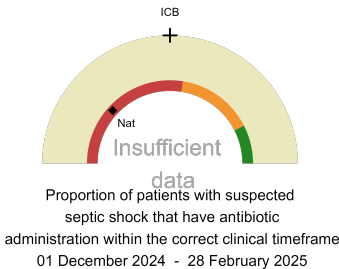
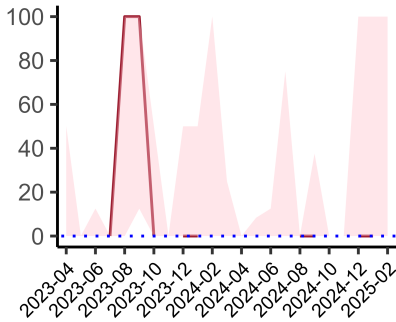
National mean 14%
ICB mean 22%
Number of patients included 39
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

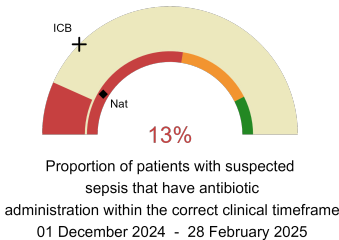
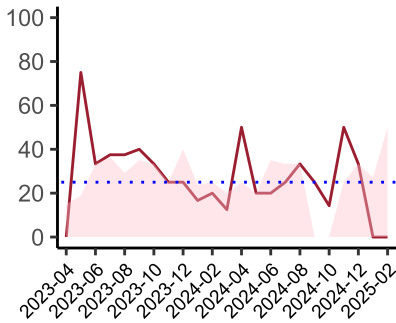
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 28%
Number of patients included 36
Data completeness 100%



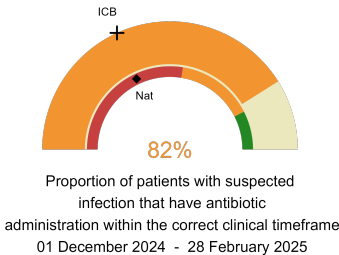
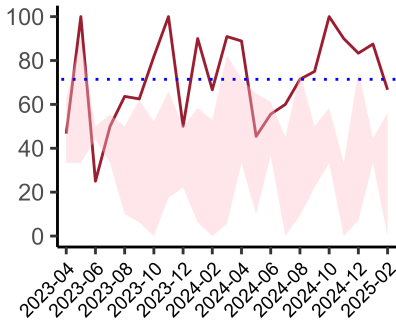
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 50%
Number of patients included 3
Data completeness 100%



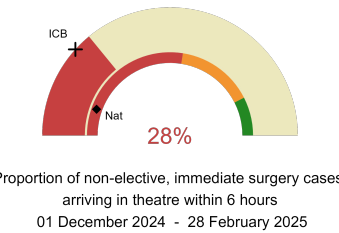
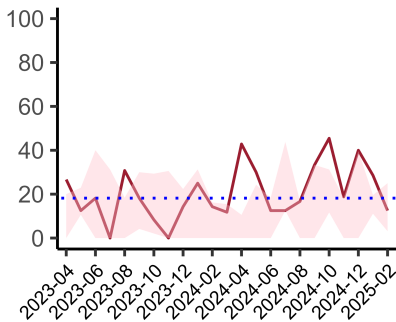
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 17%
ICB mean 25%
Number of patients included 15
Data completeness 100%



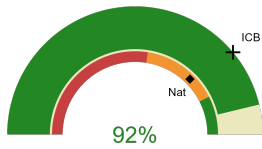
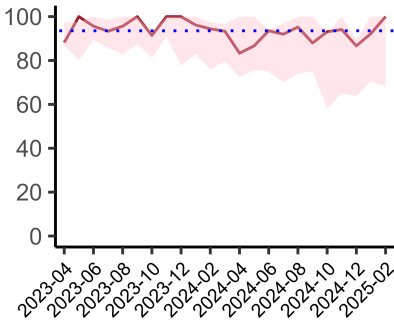
Infection - antibiotic administration within the correct clinical timeframe

National mean 36%
ICB mean 36%
Number of patients included 28
Data completeness 100%



Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

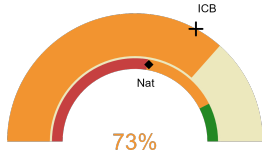
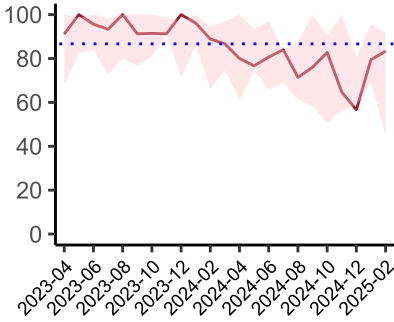
National mean 11%
ICB mean 23%
Number of patients included 32
Data completeness 100%



Risk of death documented before surgery
01 December 2024 - 28 February 2025

Risk documented before surgery

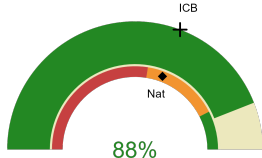
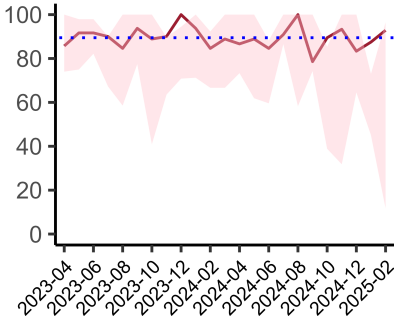
National mean 75%
ICB mean 78%
Number of patients included 93
Data completeness 100%



Risk of death documented after surgery
01 December 2024 - 28 February 2025

Risk documented after surgery

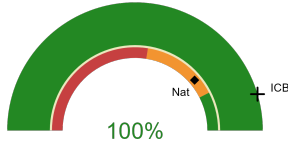
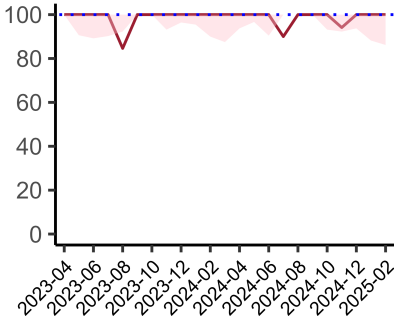
National mean 56%
ICB mean 66%
Number of patients included 93
Data completeness 100%



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 December 2024 - 28 February 2025

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

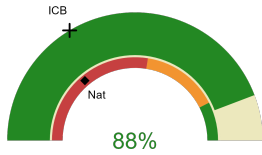
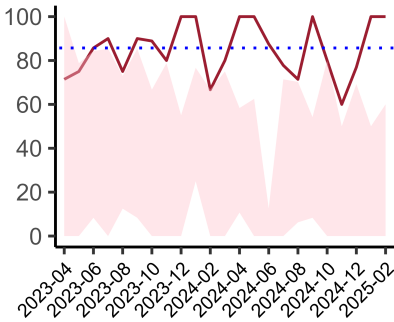
National mean 61%
ICB mean 61%
Number of patients included 42
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 December 2024 - 28 February 2025

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

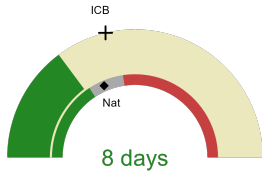
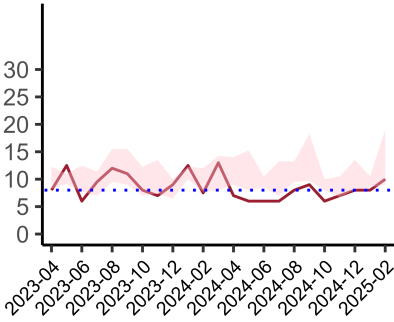
National mean 78%
ICB mean 91%
Number of patients included 42
Data completeness 93%



Perioperative assessment by a care of the older person specialist
01 December 2024 - 28 February 2025

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

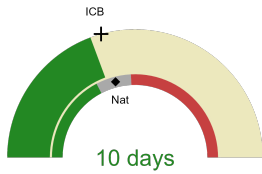
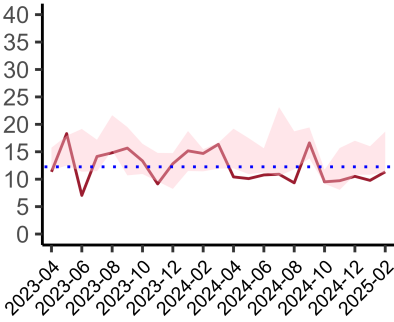
National mean 28%
ICB mean 33%
Number of patients included 26
Data completeness 100%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 December 2024 - 28 February 2025

Median postoperative length of stay

National median 10 days
ICB median 12 days
Number of patients included 90
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 December 2024 - 28 February 2025

Mean postoperative length of stay

National mean 15 days
ICB mean 15 days
Number of patients included 90
Data completeness 100%

Integrated Care Board

Northumbria Specialist Emergency Care Hospital is part of the NHS North East And North Cumbria Integrated Care Board ICB. This comprises Queen Elizabeth Hospital - Gateshead, The James Cook University Hospital, South Tyneside District Hospital, Royal Victoria Infirmary, Freeman Hospital, Northumbria Specialist Emergency Care Hospital, Sunderland Royal Hospital, University Hospital North Durham, Darlington Memorial Hospital, University Hospital of North Tees, Cumberland Infirmary.