

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 January 2026 and 31 March 2026 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'.

Mortality

This section defines three key mortality measures for the monthly report. In all cases we include only patients whose surgery-to-discharge interval (Q4.1 - Q7.8) is ≤ 30 days, and we exclude any with missing discharge status (Q7.7) or missing dates (Q4.1/Q7.8).

1. 30-Day Observed (Crude) Mortality Rate

Let

- d = number of patients who **died** within 30 days of surgery,
- N = total number of patients with known discharge status (alive, died, or still in hospital at 60 days).

Then the crude 30-day mortality rate (as a percentage) is

$$\text{Crude 30-day Mortality Rate} = \frac{d}{N} \times 100.$$

2. Standardised Mortality Ratio (SMR)

Let

- $O = d$ = observed deaths within 30 days,
- $E = \sum_i \text{RiskScore}_i$ = sum of individual parsimonious NELA mortality risk scores for all N patients.

The SMR is

$$\text{SMR} = \frac{O}{E}.$$

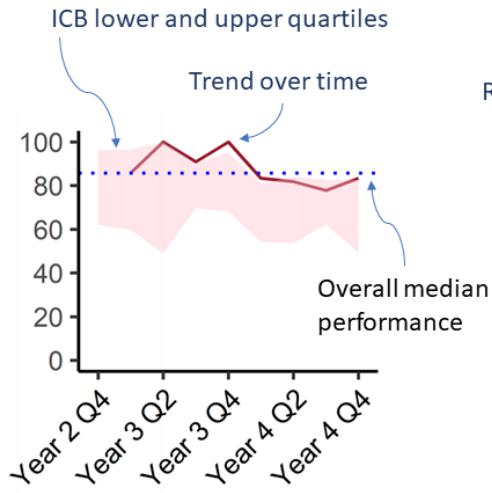
3. Risk-Adjusted Mortality

Combines the SMR with the **National** 30-day mortality rate for the examined three month period:

$$\text{Risk-Adjusted Mortality} = \text{SMR} \times (\text{National 30-day mortality}) \times 100.$$

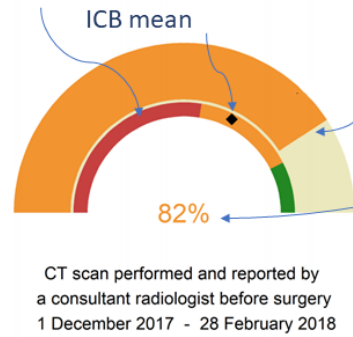
For better insight to how these standards have been structured, please refer to the **NELA standards document**.

Quarterly mean performance



Overall performance

RAG rating boundaries



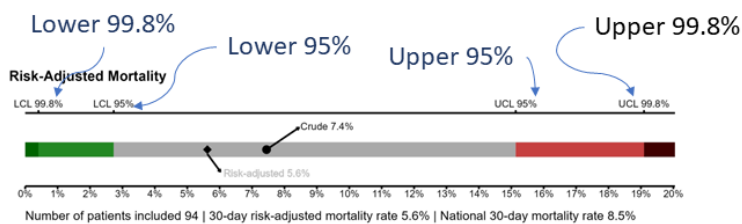
Hospital performance

Number of patients included 38
Data completeness 81.6%
National mean 65%

RAG rated standard and date range

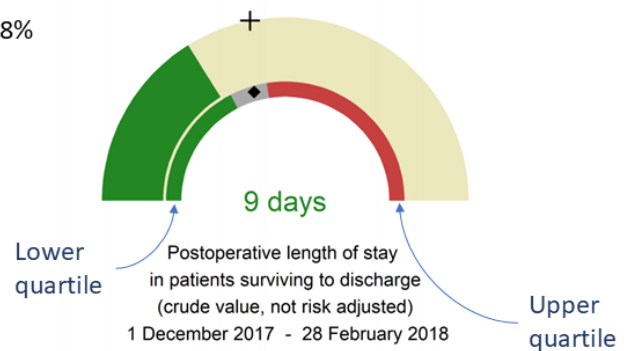
Risk-adjusted mortality

Rating boundaries are lower and upper 99.8% and 95% confidence limits



Non-risk-adjusted measures

Rating boundaries are lower and upper national quartiles

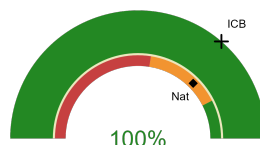


Northumbria Specialist Emergency Care Hospital

2025-26 Reporting Period 12: 01 January 2026 - 31 March 2026

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 12 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

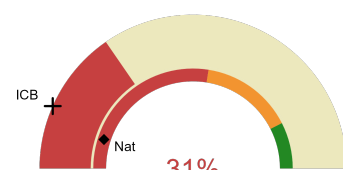
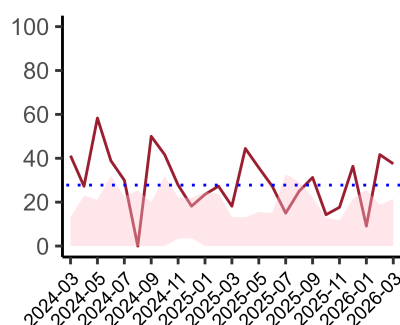
NELA process and outcome measures



Estimated case ascertainment
01 January 2026 - 31 March 2026

Estimated case ascertainment (Based on HES/PEDW Data)

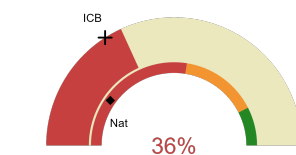
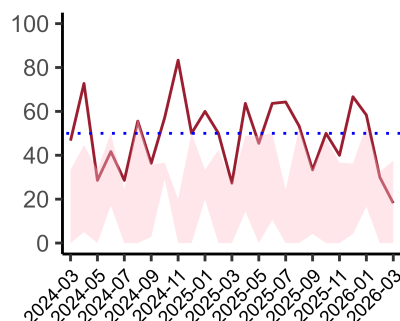
Expected number of cases 82
Total cases entered 89
Cases locked 77
Cases unlocked 12



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 January 2026 - 31 March 2026

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

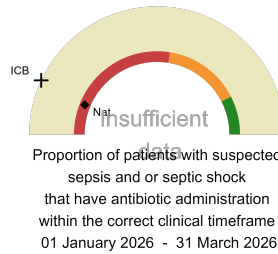
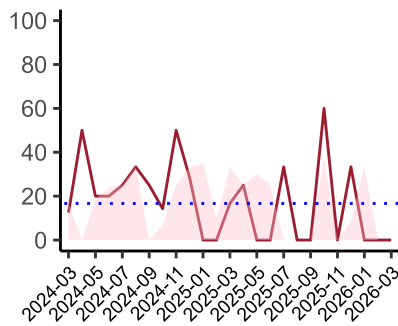
National mean 10%
ICB mean 13%
Number of patients included 39
Data completeness 96%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 January 2026 - 31 March 2026

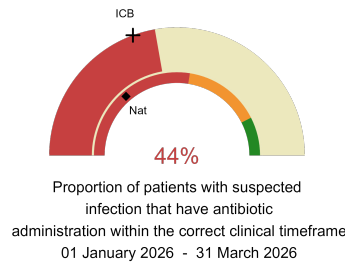
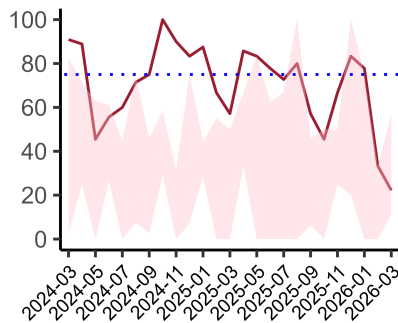
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 32%
Number of patients included 33
Data completeness 89%



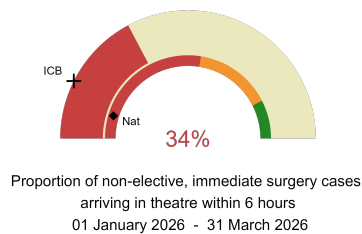
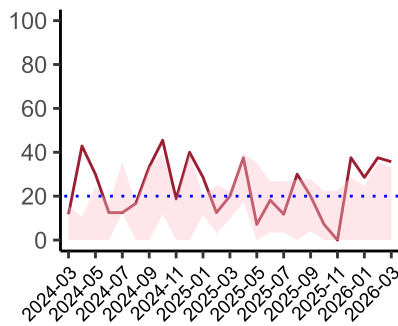
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
ICB mean 14%
Number of patients included 6
Data completeness 60%



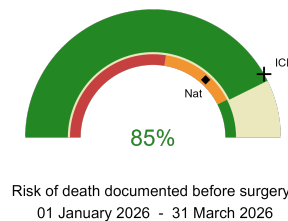
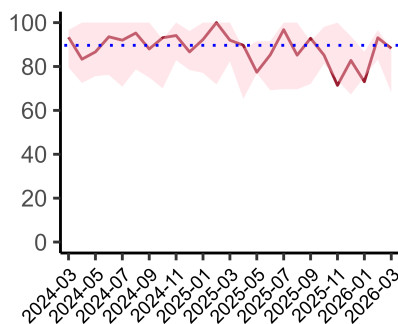
Infection - antibiotic administration within the correct clinical timeframe

National mean 27%
ICB mean 39%
Number of patients included 27
Data completeness 73%



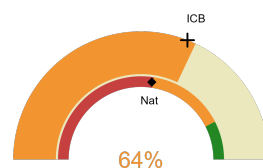
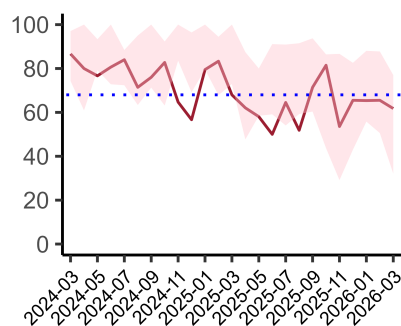
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 9%
ICB mean 15%
Number of patients included 29
Data completeness 100%



Risk documented before surgery

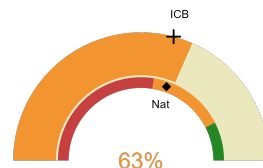
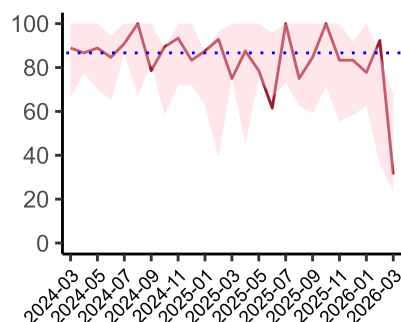
National mean 74%
ICB mean 84%
Number of patients included 89
Data completeness 100%



Risk of death documented after surgery
01 January 2026 - 31 March 2026

Risk documented after surgery

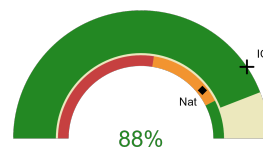
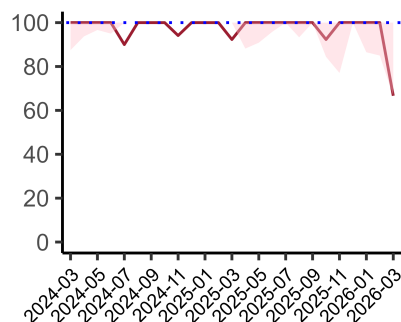
National mean 54%
ICB mean 62%
Number of patients included 89
Data completeness 100%



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 January 2026 - 31 March 2026

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

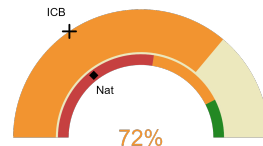
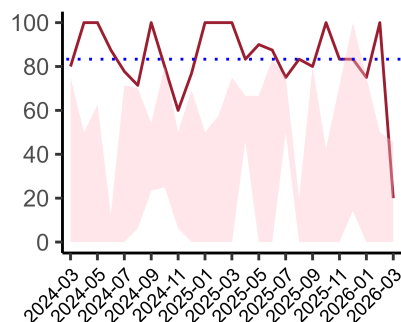
National mean 61%
ICB mean 58%
Number of patients included 38
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death $\geq 5\%$
01 January 2026 - 31 March 2026

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

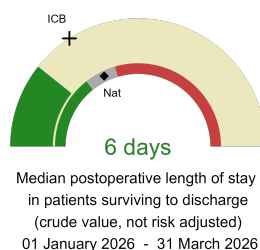
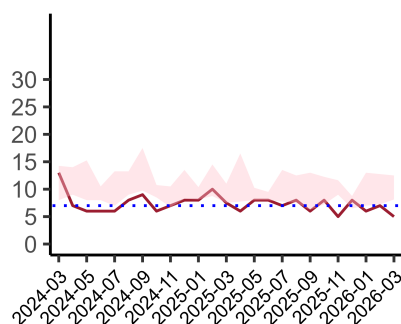
National mean 79%
ICB mean 81%
Number of patients included 34
Data completeness 72%



Perioperative assessment by a care of the older
person specialist
01 January 2026 - 31 March 2026

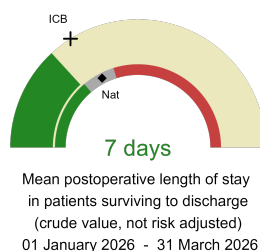
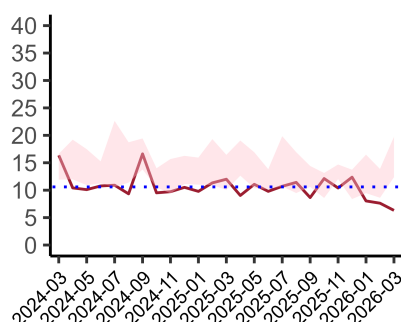
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 29%
ICB mean 31%
Number of patients included 18
Data completeness 75%



Median postoperative length of stay

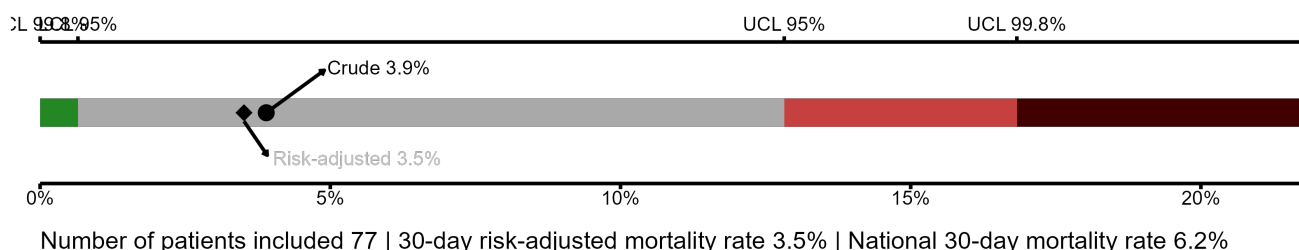
National median 10 days
ICB median 9 days
Number of patients included 74
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 14 days
Number of patients included 74
Data completeness 100%

Risk-Adjusted Mortality



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.