

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 February 2025 and 30 April 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'.

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



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

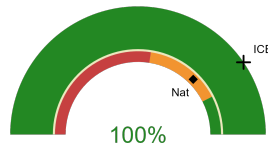


Northumbria Specialist Emergency Care Hospital

2025-26 Reporting Period 1: 01 February 2025 - 30 April 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 1 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

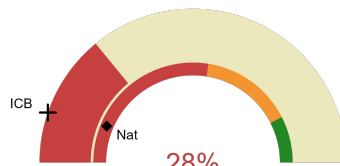
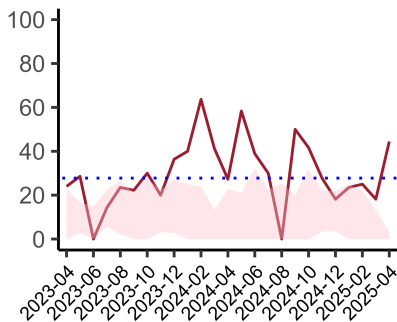
NELA process and outcome measures



Estimated case ascertainment
01 February 2025 - 30 April 2025

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

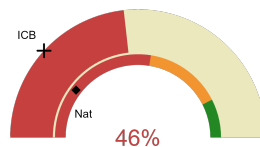
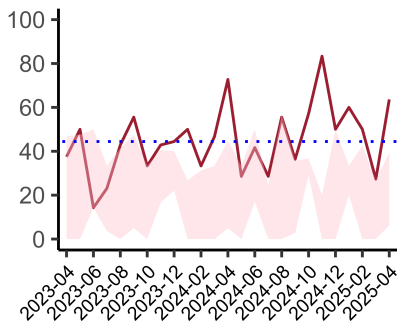
Expected number of cases 67
Total cases entered 79
Cases locked 78
Cases unlocked 1



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 February 2025 - 30 April 2025

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

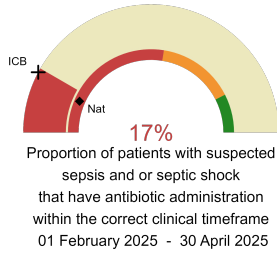
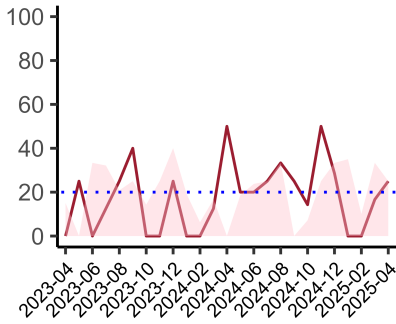
National mean 13%
ICB mean 11%
Number of patients included 32
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 February 2025 - 30 April 2025

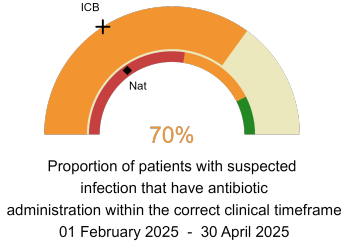
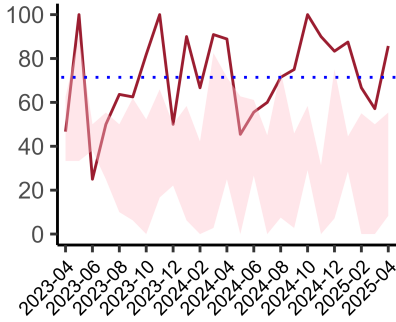
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 24%
Number of patients included 28
Data completeness 100%



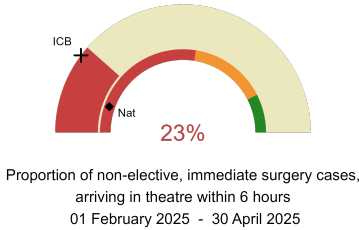
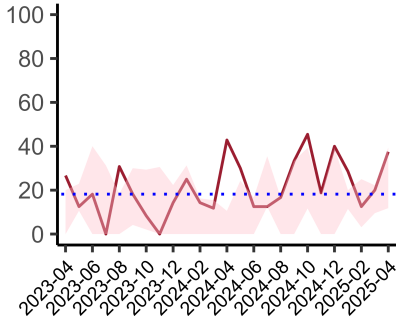
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
ICB mean 16%
Number of patients included 12
Data completeness 100%



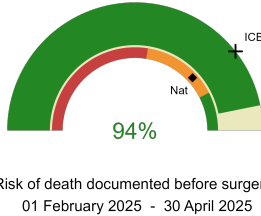
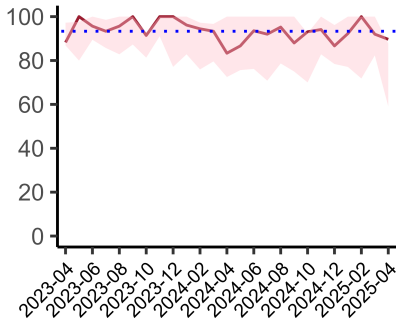
Infection - antibiotic administration within the correct clinical timeframe

National mean 31%
ICB mean 32%
Number of patients included 20
Data completeness 83%



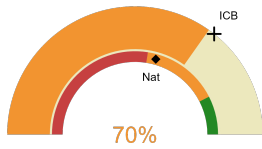
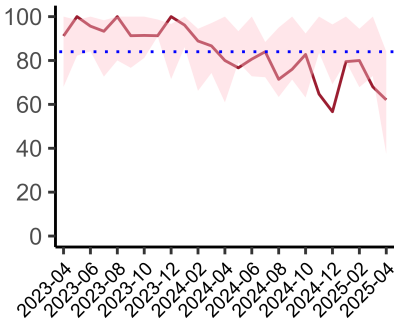
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 11%
ICB mean 21%
Number of patients included 26
Data completeness 100%



Risk documented before surgery

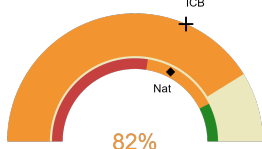
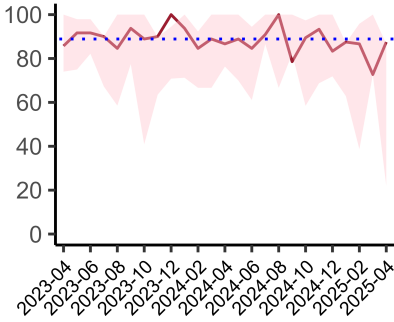
National mean 76%
ICB mean 79%
Number of patients included 79
Data completeness 100%



Risk of death documented after surgery
01 February 2025 - 30 April 2025

Risk documented after surgery

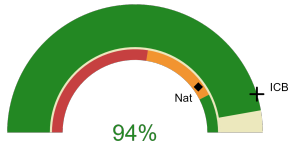
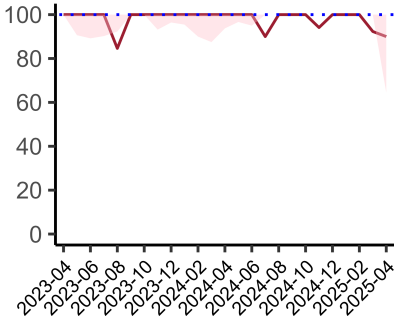
National mean 59%
ICB mean 71%
Number of patients included 79
Data completeness 100%



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 February 2025 - 30 April 2025

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

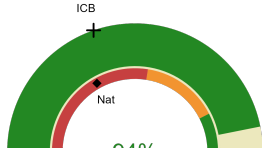
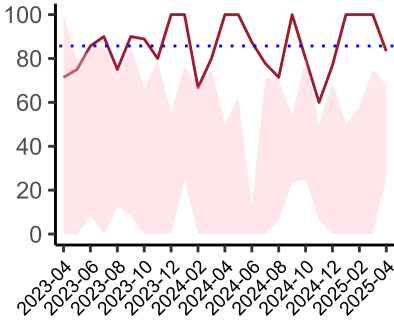
National mean 65%
ICB mean 63%
Number of patients included 34
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 February 2025 - 30 April 2025

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

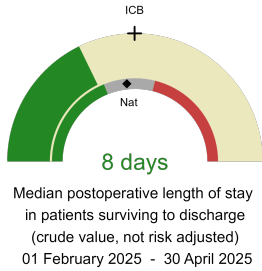
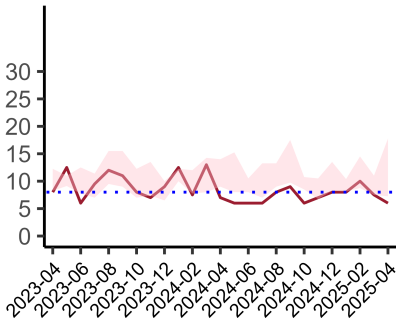
National mean 80%
ICB mean 90%
Number of patients included 36
Data completeness 86%



Perioperative assessment by a care of the older person specialist
01 February 2025 - 30 April 2025

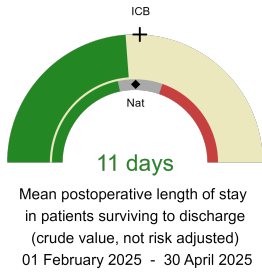
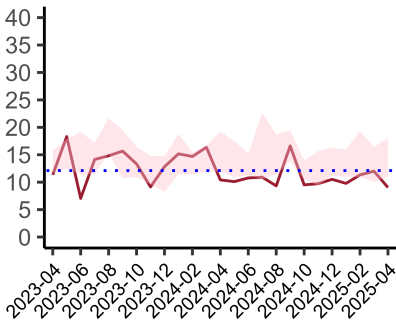
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 34%
ICB mean 39%
Number of patients included 16
Data completeness 94%



Median postoperative length of stay

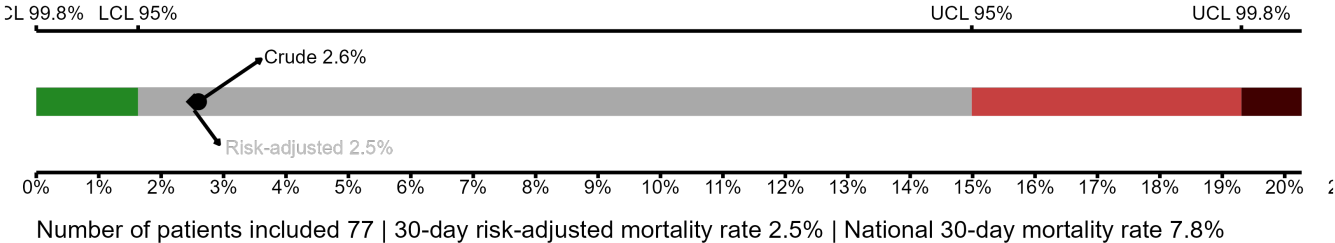
National median 10 days
ICB median 11 days
Number of patients included 75
Data completeness 99%



Mean postoperative length of stay

National mean 14 days
ICB mean 15 days
Number of patients included 75
Data completeness 99%

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.