Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 August 2024 and 31 October 2024 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.

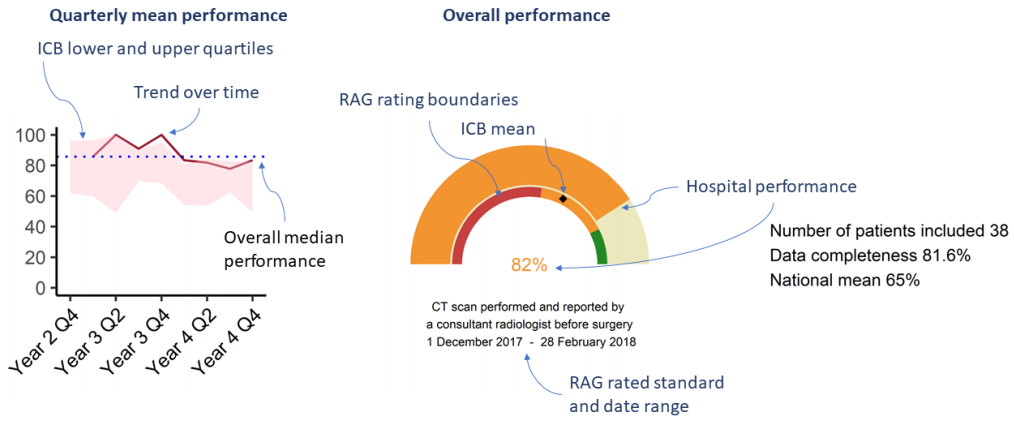
The results for process measures for which fewer than 10 cases have available data will not be reported. Instead the value will be marked as 'Insufficient data'.

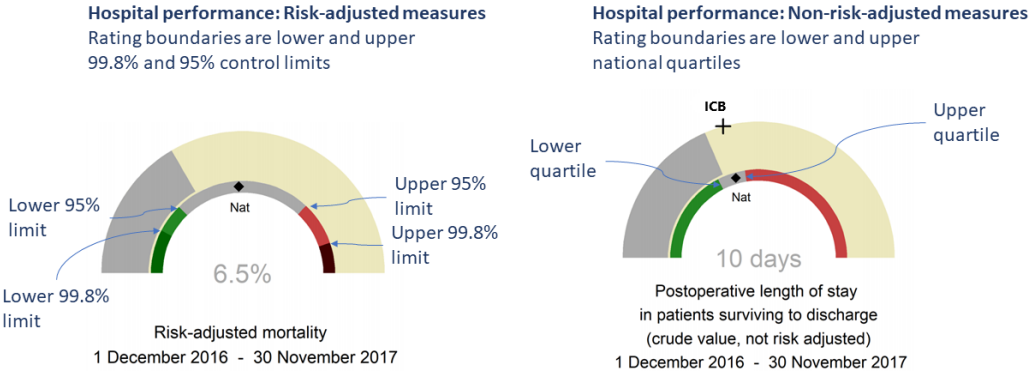
The NELA standards include a newly updated composite standard for CT Scanning and Reporting. The new standard is composed of three metrics: (1) the proportion of patients who had a CT scan that was reported by senior radiologist (ST3+), (2) the proportion of those reported within an hour or less of the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





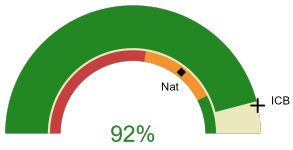
Monthly Report

University Hospital North Durham

2024-25 Reporting Period 5: 01 August 2024 - 31 October 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

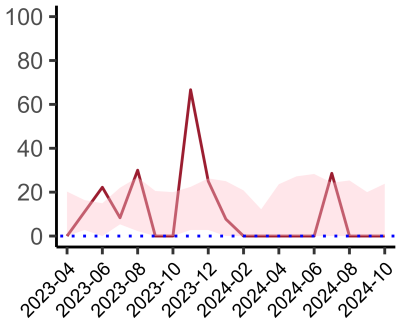
NELA process and outcome measures

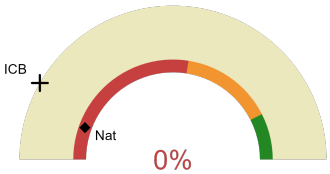


Estimated case ascertainment
01 August 2024 - 31 October 2024

Estimated case ascertainment (Based on HES/PEDW Data)

Expected number of cases 37
Total cases entered 34
Cases locked 19
Cases unlocked 15

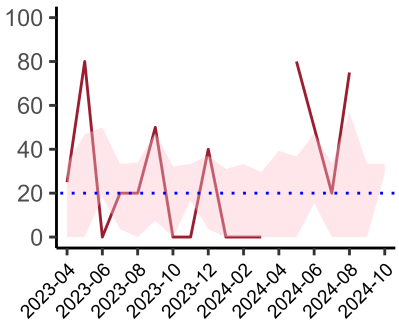


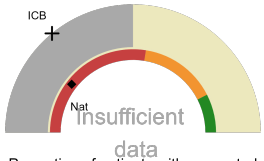


Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery
01 August 2024 - 31 October 2024

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

National mean 11%
ICB mean 17%
Number of patients included 17
Data completeness 94%

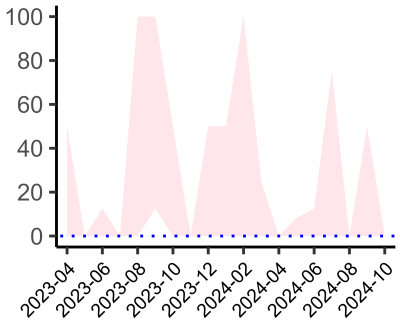


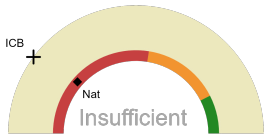


Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 August 2024 - 31 October 2024

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

National mean 21%
ICB mean 28%
Number of patients included 8
Data completeness 53%

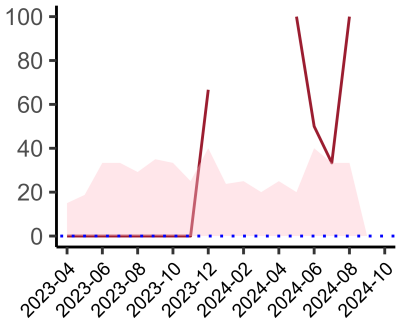


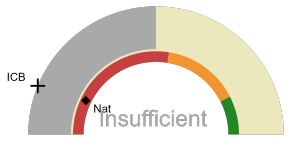


Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe
01 August 2024 - 31 October 2024

Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 20%
Number of patients included 1
Data completeness 14%

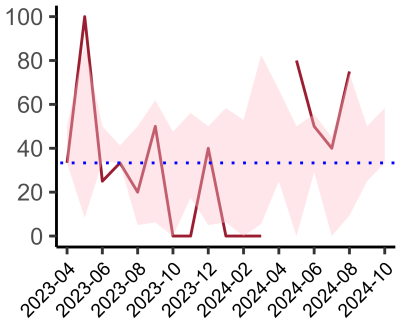


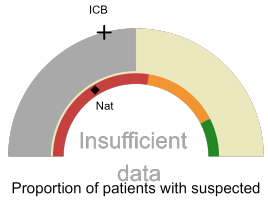


Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe
01 August 2024 - 31 October 2024

Sepsis - antibiotic administration within the correct clinical timeframe

National mean 14%
ICB mean 12%
Number of patients included 2
Data completeness 22%

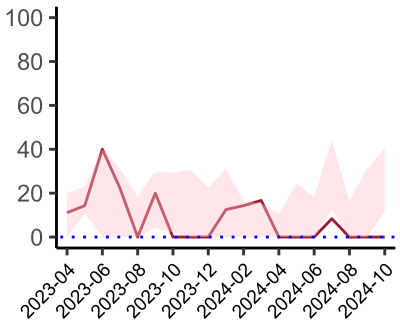


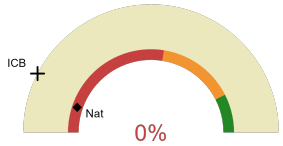


Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 August 2024 - 31 October 2024

Infection - antibiotic administration within the correct clinical timeframe

National mean 32%
ICB mean 42%
Number of patients included 8
Data completeness 53%

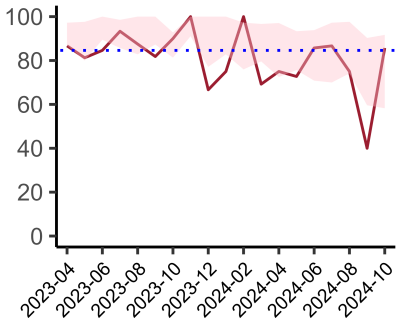


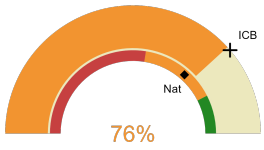


Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 August 2024 - 31 October 2024

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

National mean 10%
ICB mean 15%
Number of patients included 13
Data completeness 100%

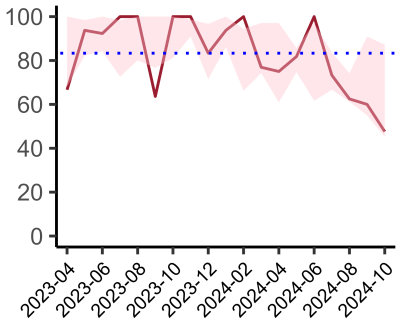


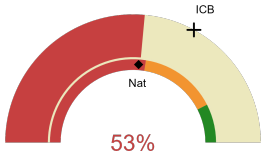


Risk of death documented before surgery
01 August 2024 - 31 October 2024

Risk documented before surgery

National mean 73%
ICB mean 77%
Number of patients included 34
Data completeness 100%

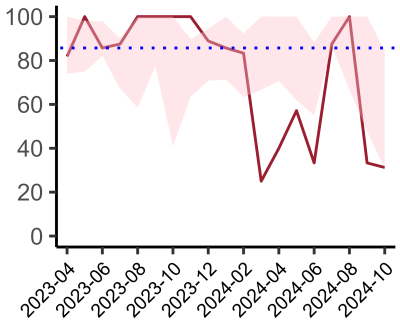


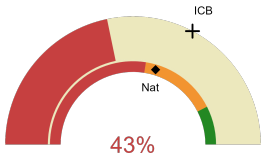


Risk of death documented after surgery
01 August 2024 - 31 October 2024

Risk documented after surgery

National mean 52%
ICB mean 66%
Number of patients included 34
Data completeness 100%

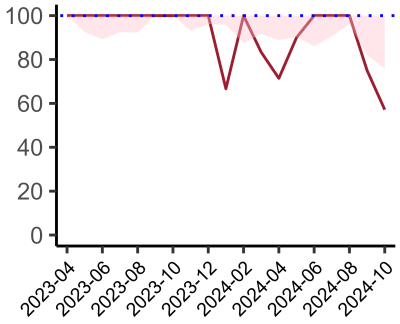


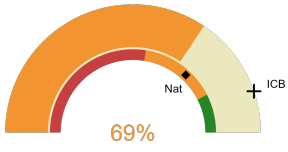


Admitted to critical care following surgery when the risk of death ≥ 5% (Excludes patients who died in theatre or with a decision to palliate)
01 August 2024 - 31 October 2024

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

National mean 59%
ICB mean 65%
Number of patients included 23
Data completeness 100%

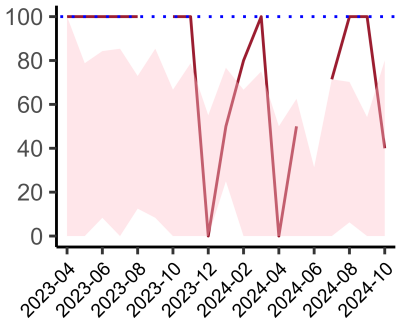


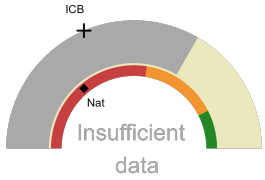


Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 August 2024 - 31 October 2024

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

National mean 74%
ICB mean 90%
Number of patients included 32
Data completeness 100%

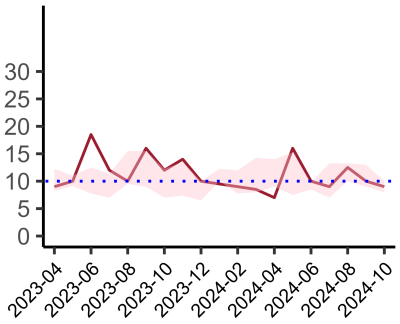


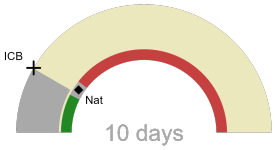


Perioperative assessment by a care of the older person specialist
01 August 2024 - 31 October 2024

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 37%
Number of patients included 9
Data completeness 64%

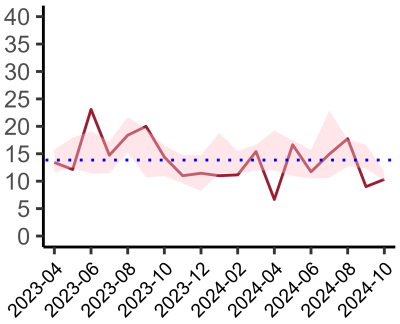


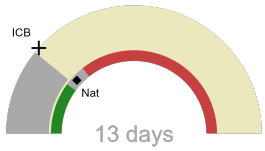


Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 August 2024 - 31 October 2024

Median postoperative length of stay

National median 11 days
ICB median 10 days
Number of patients included 20
Data completeness 100%





Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 August 2024 - 31 October 2024

Mean postoperative length of stay

National mean 14 days
ICB mean 14 days
Number of patients included 20
Data completeness 100%

Integrated Care Board

University Hospital North Durham 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.