

Explanatory Notes

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



Hospital performance: Risk-adjusted measures
Rating boundaries are lower and upper 99.8% and 95% control limits

Hospital performance: Non-risk-adjusted measures
Rating boundaries are lower and upper national quartiles

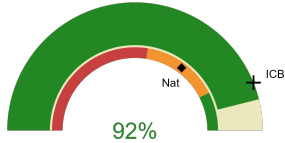


University Hospital of North Tees

2024-25 Reporting Period 7: 01 October 2024 - 31 December 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 7 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

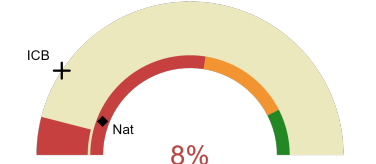
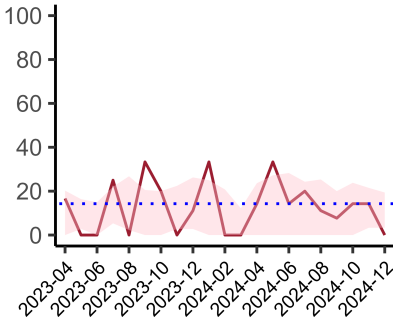
NELA process and outcome measures



Estimated case ascertainment
01 October 2024 - 31 December 2024

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

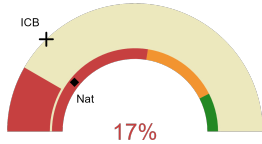
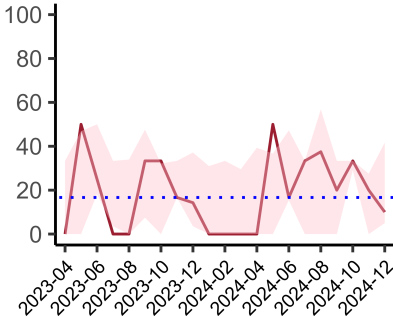
Expected number of cases 51
Total cases entered 47
Cases locked 22
Cases unlocked 25



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 October 2024 - 31 December 2024

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

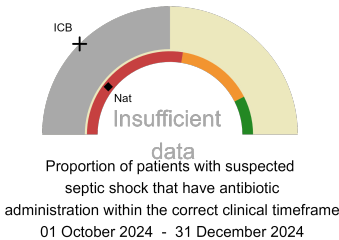
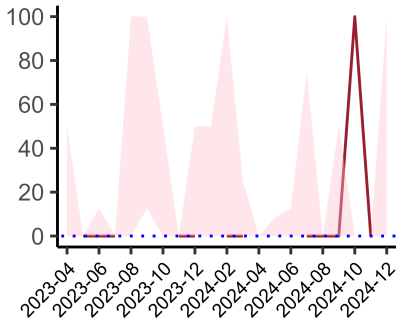
National mean 12%
ICB mean 19%
Number of patients included 25
Data completeness 100%



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

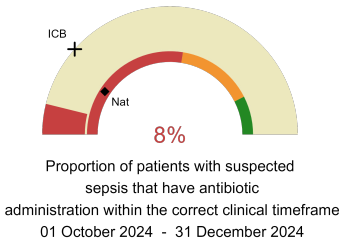
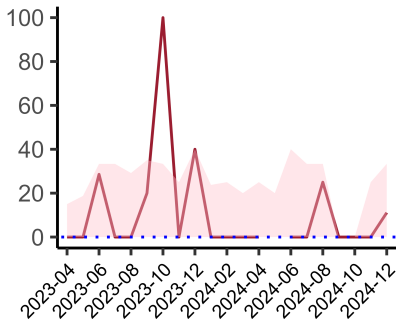
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 22%
ICB mean 26%
Number of patients included 18
Data completeness 58%



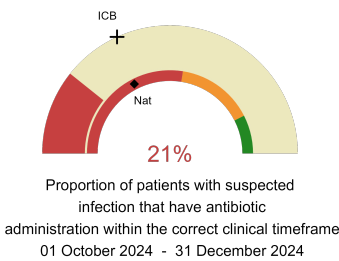
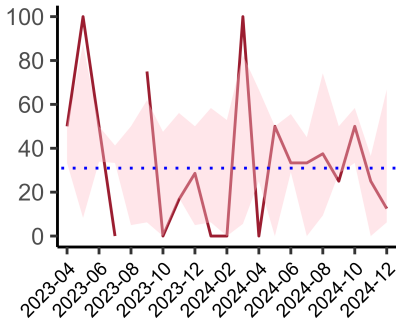
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 25%
Number of patients included 2
Data completeness 14%



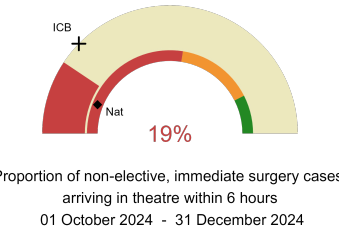
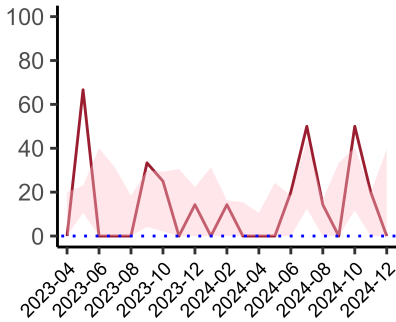
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 19%
ICB mean 23%
Number of patients included 13
Data completeness 50%



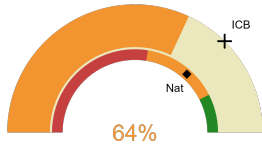
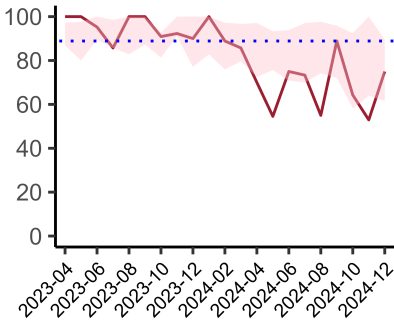
Infection - antibiotic administration within the correct clinical timeframe

National mean 35%
ICB mean 36%
Number of patients included 14
Data completeness 52%



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

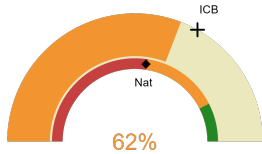
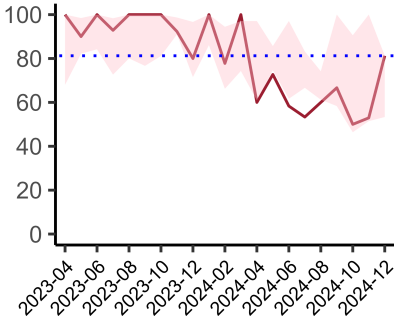
National mean 12%
ICB mean 25%
Number of patients included 16
Data completeness 100%



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

Risk documented before surgery

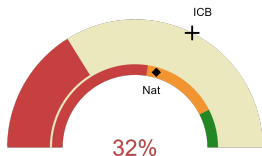
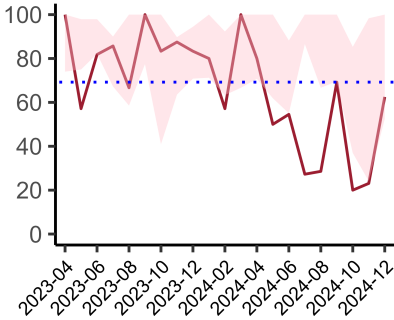
National mean 73%
ICB mean 75%
Number of patients included 47
Data completeness 100%



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

Risk documented after surgery

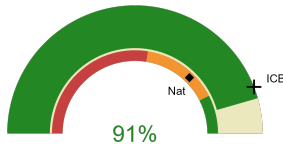
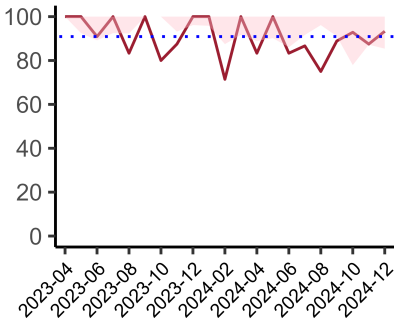
National mean 55%
ICB mean 66%
Number of patients included 47
Data completeness 100%



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 October 2024 - 31 December 2024

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

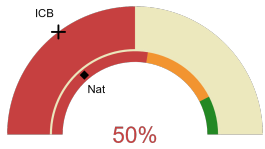
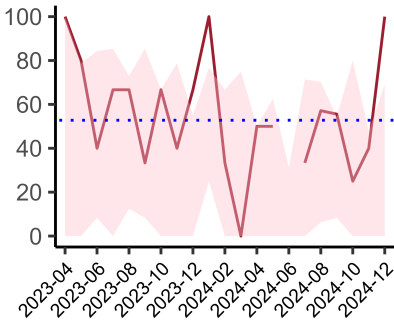
National mean 59%
ICB mean 65%
Number of patients included 31
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 October 2024 - 31 December 2024

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

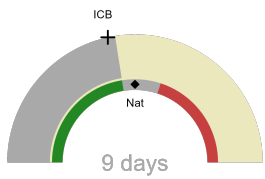
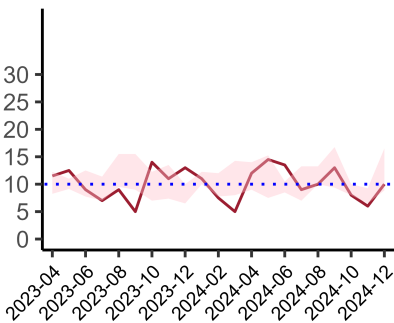
National mean 75%
ICB mean 88%
Number of patients included 45
Data completeness 100%



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

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

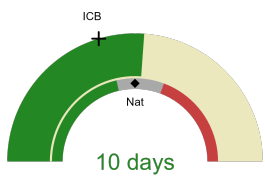
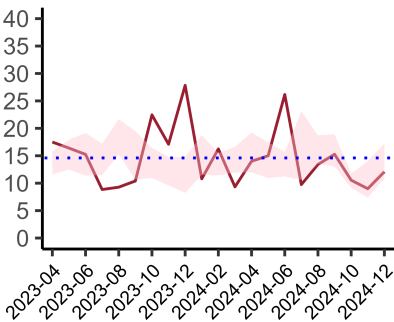
National mean 27%
ICB mean 30%
Number of patients included 12
Data completeness 60%



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

Median postoperative length of stay

National median 10 days
ICB median 9 days
Number of patients included 39
Data completeness 98%



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

Mean postoperative length of stay

National mean 14 days
ICB mean 11 days
Number of patients included 39
Data completeness 98%

Integrated Care Board

University Hospital of North Tees 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.