

Explanatory Notes

All cases (locked and unlocked) taken to theatre between 01 June 2024 and 31 August 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

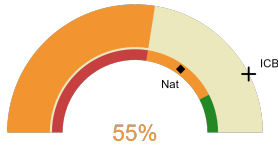


Cumberland Infirmary

2024-25 Reporting Period 2: 01 June 2024 - 31 August 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

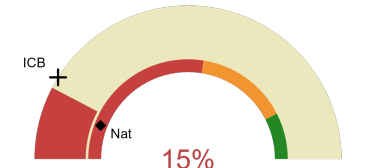
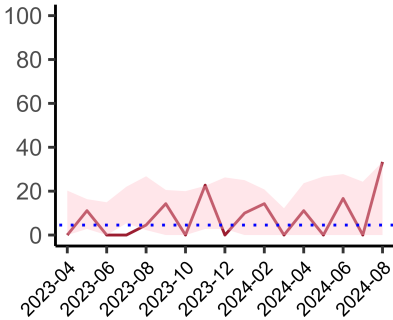
NELA process and outcome measures



Estimated case ascertainment
01 June 2024 - 31 August 2024

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

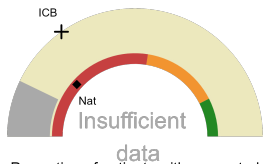
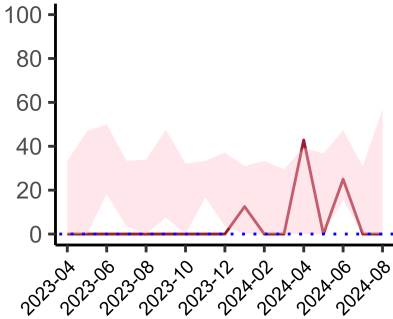
Expected number of cases 40
Total cases entered 22
Cases locked 8
Cases unlocked 14



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 June 2024 - 31 August 2024

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

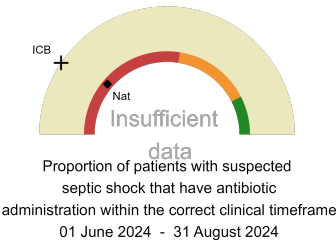
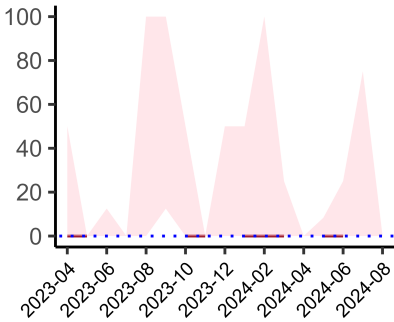
National mean 12%
ICB mean 18%
Number of patients included 13
Data completeness 100%



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

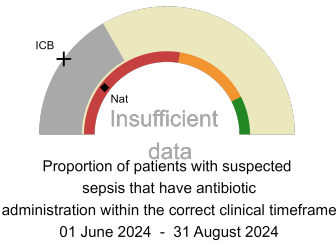
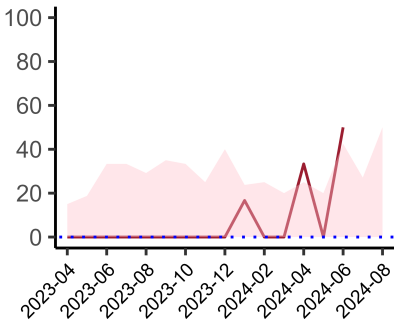
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 30%
Number of patients included 7
Data completeness 88%



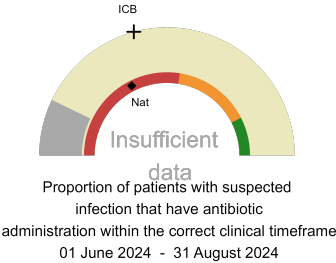
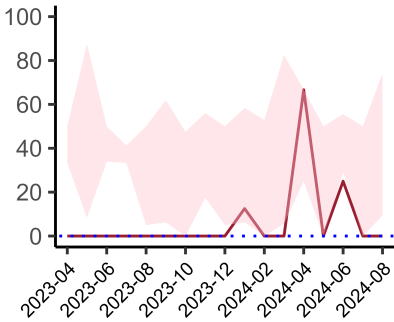
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 22%
ICB mean 19%
Number of patients included 1
Data completeness 50%



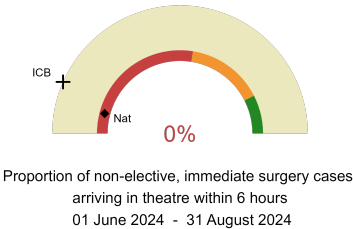
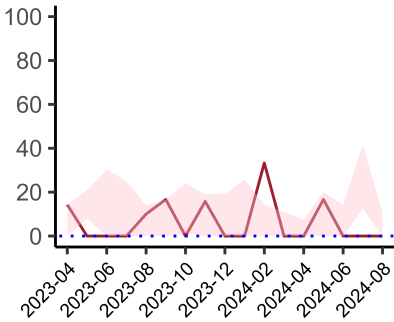
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 20%
Number of patients included 3
Data completeness 75%



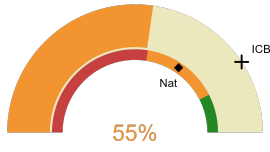
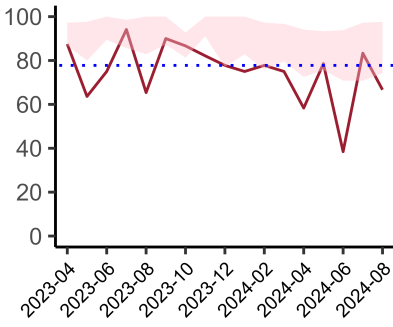
Infection - antibiotic administration within the correct clinical timeframe

National mean 35%
ICB mean 42%
Number of patients included 7
Data completeness 88%



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

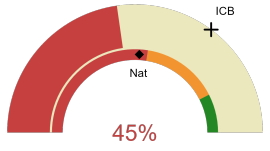
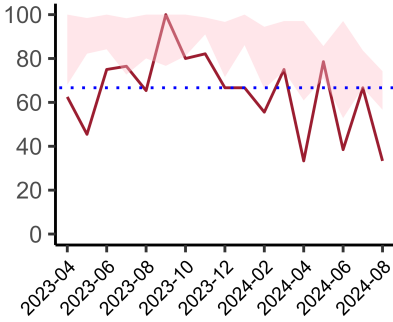
National mean 8%
ICB mean 13%
Number of patients included 12
Data completeness 100%



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

Risk documented before surgery

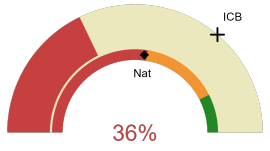
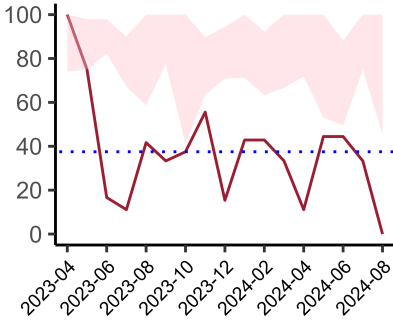
National mean 69%
ICB mean 81%
Number of patients included 22
Data completeness 100%



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

Risk documented after surgery

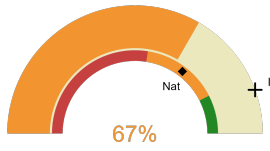
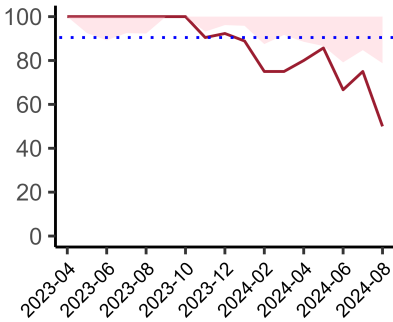
National mean 52%
ICB mean 70%
Number of patients included 22
Data completeness 100%



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 June 2024 - 31 August 2024

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

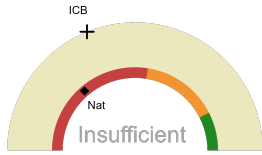
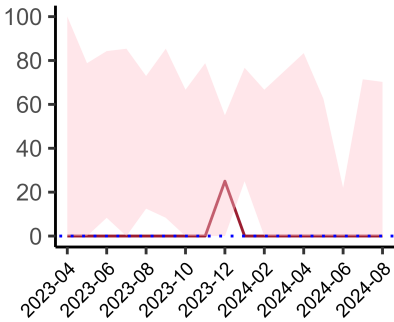
National mean 54%
ICB mean 72%
Number of patients included 14
Data completeness 100%



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

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

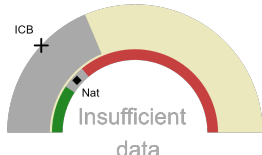
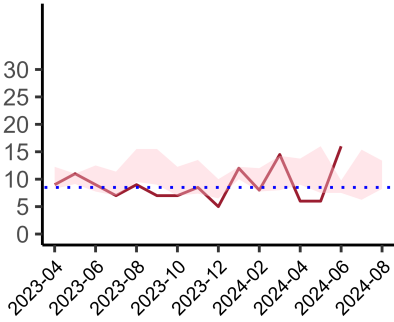
National mean 71%
ICB mean 89%
Number of patients included 18
Data completeness 100%



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

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

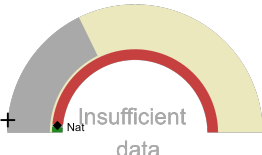
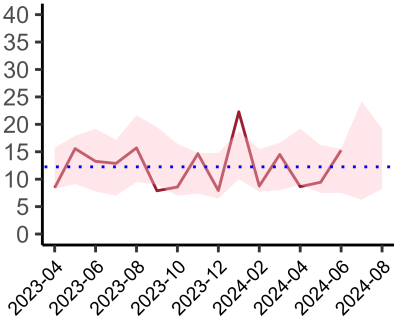
National mean 28%
ICB mean 38%
Number of patients included 9
Data completeness 82%



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

Median postoperative length of stay

National median 10 days
ICB median 10 days
Number of patients included 7
Data completeness 88%



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

Mean postoperative length of stay

National mean 15 days
ICB mean 16 days
Number of patients included 7
Data completeness 88%

Integrated Care Board

Cumberland Infirmary 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.