Message 3	There is hospital-level variation in risk-adjusted mortality. Additionally, there is higher mortality amongst those from more deprived quintiles in each nation. Differences in outcomes between patients in different hospitals and from varying levels of deprivation need to be recognised and acknowledged. Reasons are likely multifactorial but must be explored further.	
Recommendation 3	**NHS England; Regional and local commissioners (Integrated Care Boards and Health Boards) in England and Wales**	Healthcare services provided to those from more deprived backgrounds need to be matched to their greater need. This requires strategic planning.
Message 4	**14% of high-risk patients did not receive immediate postoperative critical care** contrary to published guidance. Instead, they were transferred to a normal ward following surgery; 7% of these patients subsequently died. See Section Postoperative Admission to Critical Care.	

These key messages and recommendations are summarised in the Line of Sight table, available here.

Who has an emergency laparotomy?

Year 9 data is available for 27,863 patients who underwent emergency laparotomy between 1 December 2021 and 31 March 2023. The number of cases expected and entered in Year 9 is higher than in previous years as the data collection period was extended by four months to align with the NHS financial year. The number of cases recorded during a comparable 12-month period between December 2021 and November 2022 is 94.9% of those registered in Year 8 (21,003 vs 22,132). Patients were heterogeneous in their characteristics, socioeconomic backgrounds, presenting physiology and underlying surgical pathology. 51.2% were female. 64.5% were aged 60 or over. 48.0% had a mortality risk of 5% or greater (Supporting Table 1).

Case ascertainment

Of 179 hospitals, 173 (96.6%) contributed data to this metric (see Technical Appendix). Overall case ascertainment was 72.1% (Supporting Table 2).

Main findings

Year 9 key standards and key process measures are available here, as are the calculations used to determine compliance with these metrics. Individual hospital performance indicators rated Red, Amber, Green (RAG) are available here.

Many key process measures show little or no improvement compared to previous years. See Supporting Table 3. Further evidence of this trend can be found in Supporting Figures A, B, and C, which show national aggregate performance over time against standards of care around formal preoperative calculation of mortality risk, direct admission to critical care, and specialist postoperative input for older patients.

QI Opportunity: The NELA dataset is a comprehensive record of the processes and outcomes of care in England and Wales over 10 years. This dataset provides rich insights into improving the care of patients. Efforts should be made to learn the lessons contained within this data to support and drive local quality and service improvements.