LICENCE AGREEMENT

BETWEEN

(1) **HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP** (company number 06498947) whose registered office is at 70 Wimpole Street, London W1G 8AX (the "**AUTHORITY**"); and

(2) ("the **LICENCEE**'")

Recital:

The Authority has agreed to grant the Licencee a limited non-exclusive royalty-free revocable licence to use the Audit Tool upon the terms and conditions of this Agreement.

Operative provisions:

1 DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following words shall have the following meanings:-

"Audit Tool"	means the **NELA Audit Tool Paper Questions known as the NELA Audit Questions** developed by the Royal College of Anaesthetists NELA project team in relation to the National Emergency Laparotomy Audit project under a contract with the Authority under Schedule 1 contained therein and shall be interpreted as including any Updated Audit Tool;
"Intellectual Property Rights"	means patents, trademarks, copyrights, rights to extract information from a database, design rights and all rights or forms of protection of a similar nature or having equivalent or the similar effect to any of them which may subsist anywhere in the world, whether or not any of them are registered and including applications for registration of any of them and including Know How;
"Know How"	means all technical and other information which is not in the public domain, including but not limited to information comprising or relating to concepts, discoveries, data, designs, formulae, ideas, inventions, methods, models, procedures, designs for experiments and tests and results of experimentation and testing, processes, specifications and techniques, laboratory records, clinical data, manufacturing data and information contained in submissions to regulatory authorities;

"Loss"	means all costs, claims, liabilities and expenses (including reasonable legal expenses);
"Territory"	means England and Wales;
"Updated Audit Tool"	means any modified, improved or corrected version of the Audit Tool as created or developed by the Licencee and approved by the Authority in accordance with Clause 4;
"Use"	means to use the Audit Tool for non-commercial purposes for the carrying out of the Initial Health Assessment and the Review Health Assessments for Looked After Children and children in care;

1.2 In this Agreement (except where the context otherwise requires):

1.2.1 use of the singular includes the plural (and *vice versa*) and use of any gender includes the other genders;

1.2.2 a reference to a party is to a party to this Agreement and shall include that party's personal representatives, successors or permitted assignees;

1.2.3 a reference to persons includes natural persons, firms, partnerships, bodies corporate and corporations, and associations, organisations, governments, states, foundations, trusts and other unincorporated bodies (in each case whether or not having separate legal personality and irrespective of their jurisdiction of origin, incorporation or residence); and

1.2.4 a reference to a Clause or Schedule is to the relevant clause of or schedule to this Agreement.

1.2.5 any reference to a statute, order, regulation or other similar instrument shall be construed as a reference to the statute, order, regulation or instrument together with all rules and regulations made under it as from time to time amended, consolidated or re-enacted by any subsequent statute, order, regulation or instrument;

1.2.6 general words are not to be given a restrictive meaning because they are followed by particular examples, and any words introduced by the terms "including", "include", "in particular" or any similar expression will be construed as illustrative and the words following any of those terms will not limit the sense of the words preceding those terms; and

1.2.7 headings to clauses are for the purpose of information and identification only and shall not be construed as forming part of this Agreement.

1.3 The Schedules form an integral part of this Agreement and have effect as if set out in full in the body of this Agreement. A reference to this Agreement includes the Schedules.

2 GRANT OF LICENCE

2.1 The Authority hereby grants to the Licencee a limited non-exclusive royalty-free revocable licence to Use the Audit Tool within the Territory upon the terms and conditions of this Agreement.

3 DURATION OF AGREEMENT

3.1 This licence granted by Clause 2.1 shall commence on the date of this Agreement and shall continue for a period of three years or terminated in accordance with the provisions of Clause 6 below.

4 VARIATIONS TO THE AUDIT TOOL

4.1 The Licencee may not make modifications, improvements or corrections to the Audit Tool other than with the express written permission of the Authority.

4.2 If approved by the Authority any such modifications, improvements or corrections that may be incorporated into the Audit Tool to create an Updated Audit Tool.

5 INTELLECTUAL PROPERTY

5.1 The Audit Tool is the confidential information of the Authority and all Intellectual Property Rights in the Audit Tool are the exclusive property of the Authority.

5.2 The Authority shall retain title and all ownership rights in the Audit Tool. This Agreement does not grant the Licencee any Intellectual Property Rights in the Audit Tool and the original and all copies of the Audit Tool shall remain the property of the Authority.

5.3 The Licencee agrees that any Intellectual Property Rights it may have in any Updated Audit Tools will belong to and vest in the Authority. The Licencee shall do any acts requested by the Authority to ensure such rights vest legally in the Authority.

5.4 The Licencee confirms that it will make clear on any relevant documentation that the Authority is the owner of the Audit Tool.

5.5 The Authority asserts its moral rights under the Copyright, Designs & Patents Act 1988 to be identified as the author of the Audit Tool and its right not to have the Audit Tool subjected to derogatory treatment.

5.6 The Licencee shall notify the Authority immediately if the Licencee becomes aware of any unauthorised use of the whole or any part of the Audit Tool by any third party.

5.7 The Licencee shall take all such other steps as shall from time to time be necessary to protect the confidential information and Intellectual Property Rights of the Authority in the Audit Tool.

5.8 The Licencee shall inform all relevant employees, agents and sub-contractors that the Audit Tool constitutes confidential information of the Authority and that all Intellectual Property Rights therein are the property of the Authority and the Licencee shall take all such steps as shall be necessary to ensure compliance by its employees, agents and sub-contractors with the provisions of this Clause 5.

6 TERMINATION

6.1 This Agreement may be terminated:

6.1.1 by the Authority upon giving not less than 28 days' notice to the Licencee;

6.1.2 forthwith by either party if the other commits any material breach of any term of this Agreement and which (in the case of a breach capable of being remedied) shall not have been remedied within 14 days of a written request to remedy the same;

6.1.3 forthwith by either party if the other shall convene a meeting of its creditors or if a proposal shall be made for a voluntary arrangement within Part I of the Insolvency Act 1986 or a proposal for any other composition scheme or arrangement with (or assignment for the benefit of) its creditors or if the other shall be unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986 or if a trustee receiver administrative receiver or similar officer is appointed in respect of all or any part of the business or assets of the other or if a petition is presented or a meeting is convened for the purpose of considering a resolution or other steps are taken for the winding up of the other or for the making of an administration order (otherwise than for the purpose of an amalgamation or reconstruction) or similar steps are taken in a jurisdiction other than England or Wales.

6.2 Subject to Clause 6.3 below within 7 days of the termination of this Agreement (howsoever and by whomsoever occasioned) the Licencee shall at the Authority's sole option either return or shall destroy all copies of the Audit Tool in its possession or control and a duly authorised officer of the Licencee shall certify in writing to the Authority that the Licencee has complied with its obligation as aforesaid.

6.3 Notwithstanding the provisions of Clause 6.2 above the Licencee shall be entitled for a period of one year from the date of termination to keep one copy of the Audit Tool in a fire-proof room for archival purposes only.

7 INDEMNITY

7.1 The Licencee shall indemnify and keep the Authority indemnified against any liability, costs, expenses, losses, claims or proceedings whatsoever arising under any statute or at common law or for breach of contract in respect of:

7.1.1 damage to property, real or personal, including any infringement of third party Intellectual Property Rights;

7.1.2 injury to persons, including injury resulting in death; and

7.1.3 any Loss

arising out of, in connection with, or in respect of, any negligence, act, omission or default of the Licencee, its staff, agents or sub-contractors.

7.2 The Licencee shall be responsible for any acts, defaults, omissions, or neglect of any of its sub-contractors or their agents or employees as if they were acts, defaults, omissions, or neglect of the Licencee.

8 CONFIDENTIALITY

8.1 Each of the parties hereto undertakes to the other to keep confidential all information (written or oral) concerning the business and affairs of the other that it shall have obtained or received as a result of the discussions leading up to or the entering into of this Agreement save that which:

8.1.1 becomes public knowledge through no fault of the relevant party;

8.1.2 was already in the relevant party's lawful possession and at its free disposal before the date of this Agreement;

8.1.3 is lawfully disclosed to the relevant party without any obligations of confidence by a third party; or

8.1.4 is required to be disclosed by a competent regulatory body, government body or body of competent jurisdiction.

8.2 Neither party will make any announcement relating to this Agreement or its subject matter without the prior written approval of the other party (such approval not to be unreasonably withheld or delayed).

8.3 Each of the parties undertakes to the other to take all such steps as shall from time to time be necessary to ensure compliance with the provisions of this Clause 7.2 by its employees, agents and sub-contractors.

9 THIRD PARTIES

9.1 No person who is not a party to this Agreement is intended to reserve a benefit under, or be entitled to enforce, this Agreement pursuant to the Contracts (Rights of Third Parties) Act 1999.

10 NOTICES

10.1 Any notice to be given under this Agreement shall be in writing, addressed to the Authority Representative or Licencee Representative (as appropriate) and either delivered personally, sent by facsimile or sent by first class recorded delivery post.

10.2 The address for service of the parties shall be:

10.2.1 in the case of the Authority, the address referred to above in this Agreement or such other address as may from time to time be notified in writing to the Licencee;

10.2.2 in the case of the Licencee, the address referred to above in this Agreement or its registered office or such other address as may from time to time be notified in writing to the Authority

10.3 The fax number for service of the parties shall be:

10.3.1 in the case of the Authority, the Authority Fax Number;

10.3.2 in the case of the Licencee, the Licencee Fax Number;

10.4 A notice shall be deemed to have been served:

10.4.1 if personally delivered, at the time of delivery;

10.4.2 if sent by facsimile, at 09.00 (local time) on the morning of the first business day of the recipient after faxing.;

10.4.3 if posted, on the morning of the first business day of the recipient following the expiration of 48 hours after the envelope containing the same was delivered into the custody of the postal authorities.

10.5 A notice required to be given under this Agreement shall not be validly given if sent by email.

11 CHANGE OF DETAILS

11.1 The Authority may change the identity of the Authority Representative or the Authority Fax Number by notice in writing to the Licencee.

11.2 The Licencee may change the identity of the Licencee Representative or the Licencee Fax Number by notice in writing to the Authority.

12 GENERAL

12.1 The Licencee shall not be entitled to assign or otherwise transfer this Agreement nor any of its rights or obligations hereunder nor sub-licence the use (in whole or in part) of the Audit Tool without the prior written consent of the Authority.

12.2 The waiver by either party of a breach or default of any of the provisions of this Agreement by the other party shall not be construed as a waiver of any succeeding breach of the same or other provisions nor shall any delay or omission on the part of either party to exercise or avail itself of any right power or privilege that it has or may have hereunder operate as a waiver of any breach or default by the other party.

12.3 No variation of this Agreement will be valid unless recorded in writing and signed by or on behalf of each of the parties to this Agreement.

12.4 If any provision of this Agreement (or part of any provision) is found by any court or other authority of competent jurisdiction or illegal, the other provisions will remain unaffected and in force.

12.5 Nothing in this Agreement will be construed as constituting or evidencing any partnership, contract of employment or joint venture of any kind between either of the parties or as authorising either party to act as agent for the other. Neither party will have authority to make representations for, act in the name or on behalf of or otherwise to bind the other party in any way.

12.6 Each party will, at the request of the other party and its own cost, do (or procure others to do) everything necessary to give the other party the full benefit of this Agreement.

12.7 This Agreement may be executed in any number of counterparts, each of which will be an original and all of which will together constitute a single agreement.

12.8 This Agreement constitutes the entire agreement and understanding between the parties in respect of the matters dealt with in and supersedes any previous agreement between the parties.

12.9 All conditions warranties terms and undertakings express or implied statutory or otherwise in respect of the Audit Tool are hereby excluded.

12.10 Each of the parties acknowledge and agrees that in entering into this Agreement it does not rely on, and will have no remedy in respect of, any statement, representation, warranty or

understanding (whether negligently or innocently made) of any person (whether party to this Agreement or not) other than as expressly set out in this Agreement.

12.11 Neither the expiration nor the termination of this Agreement shall prejudice or affect any right action or remedy, which shall have accrued or shall thereafter accrue either to the Authority or to the Licencee.

12.12 The provisions of Clauses 6 (Intellectual Property), 7 (Termination), 8 (Indemnity), 9 (Confidentiality), 10 (Third Parties), 13 (General) and 14 (Governing Law and Jurisdiction) shall survive the termination or expiry of this Agreement.

13 GOVERNING LAW AND JURISDICTION

13.1 This Agreement will be governed by and interpreted in accordance with the law of England and Wales.

13.2 Each party irrevocably submits to the exclusive jurisdiction of the courts of England and Wales over any claim or matter arising under or in connection with this Agreement.

NELA Patient Audit Dataset

Version Control

Version	Date	Changes
2.0	24/11/2014	Changes made to dataset for 2nd year.
2.1.1	02/04/2015	Still in hospital at 60 days answer option added to question 7.7
2.1.2	02/07/2015	Wording edited for question 2.9
3.1	01/12/2015	Changes made to dataset for 3rd year.
3.1.1	21/03/2016	Q1.9 wording edited
4.1	01/12/2016	Changes made to dataset for 4th year. This form is to be used for admissions from **1st December 2016**; Wording/Options amended – Q2.1,2.4,2.7,2.10,3.1,4.4,5.2 New Questions – 1.10b, 1.11, 1.12, 2.7, 2.11, 2.12, 7.4, 7.9 Questions Deleted – 2.21, 2.5, 2.7, 2.10, 3.1, 4.4, 5.2
4.1.1	21/12/2016	Question 1.10b modified to include hospital transfers

This is the NELA proforma. All data entry will be carried out through an online data collection web tool. The web tool will be accessible via pc, tablets and mobiles

This audit is a continuous prospective audit with real time data collection. It is expected that clinical teams enter the data real time rather than retrospectively.

For queries, please contact info@nela.org.uk

Web tool for data entry: https://data.nela.org.uk/

This form is for information purposes only.

1.	**Demographics and Admission**	
1.1	NHS Number	
1.2	Pseudo-anonymisation	Computer generated
1.3	Local patient id/hospital number	
1.4	Date of birth	
	Age on arrival	*Age will automatically be calculated on web tool*
1.5	Sex	○Male / ○Female
1.6	Forename	
1.7	Surname	
1.8	Postcode	
1.9	Date and time the patient first arrived at the hospital/Emergency department	
1.10	What was the nature of this admission?	○Elective / ○Non-elective
1.10b	If non-elective, what was the initial route of admission/assessment?	○ Assessed initially in Emergency Department ○ Assessed initially in "front of house" acute surgical assessment unit ○ Direct referral to ward by GP ○ Direct admission from Clinic ○ Hospital Transfer
1.11	Which specialty was this patient first admitted under? ***Do not** use "other" if the patient spent a period of observation under Emergency Medicine*	○ General surgery ○ General medicine ○ Gastroenterology ○ Elderly Care ○ Other
1.12	Residence before this hospital admission	○ Own home/sheltered housing ○ Residential care ○Nursing care ○ Unknown

2	**Pre-op** **If the patient is returning to theatre as an emergency following previous elective surgery, all answers should relate to the emergency laparotomy, not the previous elective surgery.**	
2.1	Date and time first seen by consultant surgeon following admission with acute abdomen. If under care of a non-surgical specialty, this should be the time 1st seen after referral to general surgeons.	Date _____(DD/MM/YYYY) ○ Date not known Time_____ (HH:MM) ○ Time not known ○ Not Seen
2.2	Date and time that the decision was made to operate	Date _____(DD/MM/YYYY)

	If this is unavailable please enter date and time that this patient was first booked for theatre for emergency laparotomy	○ Date not known Time_____ (HH:MM) ○ Time not known
2.3	Consultant responsible for surgical care at the time the decision was made to operate (this may be different to the operating consultant)	
2.4	Was there consultant surgeon input into the decision to operate? *can refer to situations where eg decision is made on consultant ward round pending CT results, which then confirms need for surgery #refers to situations where consultant has not seen patient but has been discussed with consultant	○ Yes, consultant reviewed patient at time of decision * ○ Yes, following discussion with junior team member # ○ Decision made by junior team member **without** consultant input ○ Unknown
2.5	No Longer Required	
2.6	No Longer Required	
2.7	Was an abdominal CT scan performed in the pre-operative period as part of the diagnostic work-up?	○ Yes ○ No ○ Unknown
2.7a	If performed, how was this CT reported pre-operatively? *(If CT is reported by a registrar and validated by a consultant **before** surgery, select "in-house consultant". If **not validated** by consultant before surgery, select "registrar")*	○ In-house consultant ○ In-house Registrar ○ Outsourced service ○ Not reported pre-operatively ○ Unknown
2.7b	Was there a preoperative discussion between the radiologist and the requesting team about the CT findings?	○ Yes ○ No ○ Unknown
2.7c	Was there a discrepancy between the CT report and surgical findings that altered or delayed either the diagnosis or surgical management?	○ Yes ○ No ○ Unknown
2.8a	Consultant Anaesthetist involvement in planning perioperative care. *This can include preoperative assessment, discussion about decisions for & risk/benefits of surgery, or need for critical care*	○ Yes – seen by consultant anaesthetist in person ○ Yes – discussion between consultant anaesthetist & other team member (of any specialty) ○ No consultant anaesthetist input before surgery ○ Unknown
2.8b	Intensive care involvement in planning perioperative care. *This can include preoperative assessment, discussion about decisions for & risk/benefits of surgery, or need for critical care*	○ Yes – seen by consultant intensivist in person ○ Yes – discussion between consultant intensivist & other team member (of any specialty) ○ Seen by or discussion with junior ITU team member only ○ No intensive care input before surgery

		○ Unknown
2.9	No Longer required	
2.10	What was the date and time of the first dose of antibiotics following presentation to hospital? *(only relevant for non-elective admissions)*	○ In theatre, or Date _____(DD/MM/YYYY) ○ Date not known Time_____ (HH:MM) ○ Time not known ○ Not Administered
2.11a	Was sepsis suspected on admission?	○Yes ○No ○Unknown
2.11b	Was sepsis suspected at the time the decision for surgery was made?	○Yes ○No ○Unknown
2.12	Was the patient assessed by a specialist from Elderly Medicine in the pre-operative period? *(Can include physician or nurse specialist)*	○ Yes ○ No ○ Unknown

3	**Pre-op Risk stratification**	
3.1	Prior to surgery, what was the risk of death for the patient that was entered into medical record? *For info, wording of relevant standard "An assessment of mortality risk should be made explicit to the patient and recorded clearly on the consent form and in the medical record."*	○ Lower (<5%) ○ High (5-10%) ○ Highest (>10%) ○ Not documented
3.2	If documented, how was this assessment of risk made? (Please select all that apply)	□ Risk prediction tool (e.g. P-POSSUM) □ Clinical Judgement □ Surgical APGAR □ Physiological criteria □ Other e.g. hospital policy
3.3	What was the **ASA** score?	○ 1: No systemic disease ○ 2: Mild systemic disease ○ 3: Severe systemic disease, not life-threatening ○ 4: Severe, life-threatening ○ 5: Moribund patient
3.4	What was the most recent pre-operative value for serum Creatinine (micromol/l)	☐ ○ Not performed
3.5	What was the most recent pre-operative value for blood lactate – may be arterial or venous (mmol/l)	☐ ○ Not performed
3.5i	What was the highest CRP in pre-operative period (mg/l)?	☐ ○ Not performed
3.5ii	What was the lowest albumin in pre- operative period (g/l)?	☐ ○ Not performed

	P-POSSUM calculation	
	For questions 3.6 to 3.22 please enter values closest to time of booking for theatre in order to calculate P-POSSUM. Answers should reflect chronic *and* acute pathophysiology.	
3.6	Serum Sodium concentration (mmol/l)	
3.7	Serum Potassium concentration (mmol/l)	
3.8	Serum Urea concentration (mmol/l)	
3.9	Serum Haemoglobin concentration (g/dl)	
3.10	Serum White cell count (x10∧9 / l)	
3.11	Pulse rate(bpm)	
3.12	Systolic blood pressure (mmHg)	
3.13	Glasgow coma scale	
3.14	Select an option that best describes this patient's **ECG**	○ No abnormalities ○ AF rate 60-90 ○ AF rate >90/ any other abnormal rhythm/paced rhythm/ >5VE/min/ Q, ST or T wave abnormalities
3.15	Select an option that best describes this patient's **cardiac signs** and chest xray appearance	○ No failure ○ Diuretic, digoxin, antianginal or antihypertensive therapy ○ Peripheral oedema, warfarin Therapy or CXR: borderline cardiomegaly ○ Raised jugular venous pressure or CXR: cardiomegaly
3.16	Select an option that best describes this patient's **respiratory history** and chest xray appearance	○ No dyspnoea ○ Dyspnoea on exertion or CXR: mild COAD ○ Dyspnoea limiting exertion to < 1 Flight or CXR: moderate COAD ○ Dyspnoea at rest/rate > 30 at rest or CXR: fibrosis or consolidation
3.16a	Patient was ventilated prior to emergency laparotomy	○ Yes ○ No
	Online web tool will automatically calculate Physiology severity score	
3.17	Select the **operative severity** of the intended surgical intervention (see help box for examples)	○ Major ○ Major+
3.18	Including this operation, how many operations has the patient had in the 30 day period prior to this procedure?	○ 1 ○ 2 ○ >2
3.19	Based on your clinical experience of the intended surgery, please estimate the likely ***intra*operative blood loss** (ml)	○ <100 ○101-500

		○ 501-999 ○ >=1000
3.20	Please select a value that best describes the likely degree of **peritoneal soiling**	○ None ○ Serous fluid ○ Localised pus ○ Free bowel content, pus or blood
3.21	What severity of malignancy is anticipated to be present?	○ None ○ Primary only ○ Nodal metastases ○ Distant metastases
3.22	Please select **urgency** of surgical intervention *(see help notes for additional information, including equivalent Possum categories)*	○ 3. Expedited (>18 hours) ○ 2B. Urgent (6-18 hours) ○ 2A. Urgent (2-6 hours) ○ 1. Immediate (<2 hours)
	Online web tool will automatically calculate Operative severity score	
3.23	Pre-op P-POSSUM predicted **mortality** ***CAUTION: P-POSSUM can over predict mortality (up to two-fold) at risk levels above 15%. See 3.26 for NELA risk model estimate.***	Calculated ☐
3.24	Pre-op POSSUM predicted **morbidity**	Calculated ☐
3.25	Not all P-POSSUM investigations available	○
3.26	Estimated mortality using NELA risk adjustment model *(Figure only provided if all data available)*	Calculated ☐

4	**Intra-op**	
4.1	Date and time of entry in to operating theatre/anaesthetic room (not theatre suite)	Date _____(DD/MM/YYYY) Time_____ (HH:MM) ☐ Time not known
4.2	Senior surgeon grade *(this can include surgeon supervising in theatre but not necessarily scrubbed)*	○ Consultant ○ Post-CCT fellow ○ SAS grade ○ Research Fellow / Clinical Fellow ○ Specialty trainee ○ Other
4.2a	Consultant present/supervising: Name/GMC/specialty of operating or supervising consultant *(If consultant not present, enter name of supervising consultant)*	(Please select consultant - Online) ☐
4.3	Senior anaesthetist present in theatre	○ Consultant ○ Post-CCT fellow ○ SAS grade ○ Research Fellow / Clinical Fellow ○ Specialty trainee ○ Other
4.3a	Consultant present (or supervising) : Name/GMC of	(Please select consultant - Online)

	anaesthetist *(If consultant not present, enter name of supervising consultant)*	
4.4	How did you provide goal directed fluid therapy?	○ Not provided ○ Dynamic index e.g. Stroke volume, PPV, SVV ○ Static index e.g. CVP ○ Other, eg bioimpedence

5	**Procedure**	
5.1	Is this the first surgical procedure of this admission, or a complication of previous surgery within the same admission?	○ First surgical procedure after admission ○ Surgery for complication of previous surgical procedure within the same admission
5.2	What is the indication for surgery? *(Please select all that apply)*	○ Peritonitis ○ Perforation ○ Abdominal abscess ○ Anastomotic leak ○ Intestinal fistula ○ Phlegmon ○ Pneumoperitoneum ○ Necrosis ○ Sepsis ○ Small bowel obstruction ○ Large bowel obstruction ○ Volvulus ○ Internal hernia ○ Pseudo-obstruction ○ Intussusception ○ Incarcerated hernia ○ Obstructing incisional hernia ○ Haemorrhage ○ Ischaemia ○ Colitis ○ Abdominal wound dehiscence ○ Abdominal compartment syndrome ○ Acidosis ○ Iatrogenic injury ○ Foreign body ○ Planned relook

5.3.a	Main procedure	○ Peptic ulcer – suture or repair of perforation ○ Peptic ulcer – oversew of bleed ○ Gastrectomy: partial or total ○ Gastric surgery - other ○ Small bowel resection ○ Resection of Meckel's diverticulum ○ Colectomy: left (including sigmoid colectomy and anterior resection) ○ Colectomy: right (including ileocaecal resection) ○ Colectomy: subtotal or panproctocolectomy ○ Hartmann's procedure ○ Colorectal resection - other ○ Abdominal wall closure following dehiscience ○ Abdominal wall reconstruction ○ Adhesiolysis ○ Reduction of volvulus ○ Enterotomy ○ Stricturoplasty ○ Drainage of abscess/collection ○ Evacuation of haematoma ○ Debridement ○ Exploratory/relook laparotomy only ○ Haemostasis ○ Intestinal bypass ○ Laparostomy formation ○ Repair of intestinal perforation ○ Repair or revision of anastomosis ○ Repair of intestinal fistula ○ Resection of other intra-abdominal tumour(s) ○ Defunctioning stoma via midline laparotomy ○ Revision of stoma via midline laparotomy ○ Large incisional hernia repair with bowel resection ○ Large incisional hernia repair with division of adhesions ○ Washout only ○ Removal of foreign body ○ Not amenable to surgery ○ Peptic ulcer – suture or repair of perforation ○ Peptic ulcer – oversew of bleed ○ Gastrectomy: partial or total ○ Gastric surgery - other ○ Small bowel resection ○ Resection of Meckel's diverticulum ○ Colectomy: left (including sigmoid
5.3.b	Second procedure (at same laparotomy)	
5.3.c	Third procedure (at same laparotomy)	

		colectomy and anterior resection) ○ Colectomy: right (including ileocaecal resection) ○ Colectomy: subtotal or panproctocolectomy ○ Hartmann's procedure ○ Colorectal resection – other ○ Splenectomy ○ Abdominal wall closure following dehiscience ○ Abdominal wall reconstruction ○ Abdominal hernia repair ○ Adhesiolysis ○ Reduction of volvulus ○ Enterotomy ○ Stricturoplasty ○ Drainage of abscess/collection ○ Evacuation of haematoma ○ Debridement ○ Haemostasis ○ Intestinal bypass ○ Laparostomy formation ○ Repair of intestinal perforation ○ Repair or revision of anastomosis ○ Repair of intestinal fistula ○ Resection of other intra-abdominal tumour(s) ○ Defunctioning stoma via midline laparotomy ○ Revision of stoma via midline laparotomy ○ Large incisional hernia repair with bowel resection ○ Large incisional hernia repair with division of adhesions ○ Removal of foreign body
5.4	Procedure approach	○ Open ○ Laparoscopic ○ Laparoscopic assisted ○ Laparoscopic converted to open
5.5	Operative findings: *(Please select all that apply)* *If unsure whether this patient is eligible for NELA please refer to help box*	○ Abscess ○ Anastomotic leak ○ Perforation – peptic ulcer ○ Perforation – small bowel/colonic ○ Diverticulitis ○ Intestinal fistula ○ Adhesions ○ Incarcerated hernia ○ Volvulus ○ Internal hernia ○ Intussusception

		○ Stricture ○ Pseudo-obstruction ○ Gallstone ileus ○ Meckel's diverticulum ○ Malignancy – localised ○ Malignancy – disseminated ○ Colorectal cancer ○ Gastric cancer ○ Haemorrhage – peptic ulcer ○ Haemorrhage – intestinal ○ Haemorrhage – postoperative ○ Ulcerative colitis ○ Other colitis ○ Crohn's disease ○ Abdominal compartment syndrome ○ Intestinal ischaemia ○ Necrotising fasciitis ○ Foreign body ○ Stoma complications ○ Abdominal wound dehiscence ○ Normal intra-abdominal findings
5.6	Please describe the peritoneal contamination present *(select all that apply)*	○ None or reactive serous fluid only ○ Free gas from perforation +/- minimal contamination ○ Pus ○ Bile ○ Gastro-duodenal contents ○ Small bowel contents ○ Faeculent fluid ○ Faeces ○ Blood/haematoma
5.7	Please indicate if the contamination was;	○ Localised to a single quadrant of the abdomen ○ More extensive / generalised

6	**Post-op Risk stratification**	
6.1	At the end of surgery, what risk of death was the patient documented as having?	○ Lower (<5%) ○ High (5-10%) ○ Highest (>10%) ○ Not documented
6.2	How was this assessment of risk made? (Please select all that apply)	☐ Risk prediction tool (e.g. P-POSSUM) ☐ Clinical Judgement ☐ Surgical APGAR score ☐ Physiologicial criteria ☐ Other, e.g. hospital policy
6.3	Blood lactate – may be arterial or venous (mmol/l)	

		☐ Not performed
	Post-operative P-POSSUM calculation Q 6.4 – 6.14 No Longer Required	
	Physiology severity score:	
6.15	What was the operative severity? (see help box for examples)	○ Major ○ Major+
6.16	Including this operation, how many operations has the patient had in the 30 day period prior to this procedure?	○ 1 ○ 2 ○ >2
6.17	Please select this patient's measured/estimated intraoperative blood loss (ml)	○ <100 ○ 101-500 ○ 501-1000 ○ >1000
6.18	Please select the option that best describes this patient's degree of peritoneal soiling	○ None ○ Serous fluid ○ Local pus ○ Free bowel content, pus or blood
6.19	What was the level of malignancy based on surgical findings	○ None ○ Primary only ○ Nodal metastases ○ Distant metastases
6.20	What was the NCEPOD urgency? *(see help notes for additional information, including equivalent Possum categories)*	○ 3. Expedited (>18 hours) ○ 2B. Urgent (6-18 hours) ○ 2A. Urgent (2-6 hours) ○ 1. Immediate (<2 hours)
	Online web tool will automatically calculate Operative severity score	
6.21	Post-op P-POSSUM predicted **mortality**:	Calculated ☐
6.22	Post-op POSSUM predicted **morbidity**:	Calculated ☐
6.23	Not all P-POSSUM investigations available	○
6.24	Where did the patient go for continued post-operative care following surgery?	○ Ward ○ Critical Care *(includes Level 2 HDU or Level 3 ICU)* ○ Other enhanced care area (eg PACU) ○ Died prior to discharge from theatre complex
6.24a	At the end of surgery, was the decision made to place the patient on an end of life pathway?	○ Yes ○ No
6.25	No Longer Required	
6.26	Estimated mortality using NELA risk adjustment model *(Figure only provided if all data available)*	Calculated ☐

7	**Post-op – Some fields will need to be completed on discharge or death**	
7.1	Total length of post-operative critical care stay (rounded up	☐

	to whole days). *Includes both ICU and HDU stay -see help box for additional information. Do not include LOS in PACU/other enhanced recovery area*	Number required
7.2	No Longer Required	
7.3	Was the patient assessed by a specialist from Elderly Medicine in the post-operative period? *(Can include physician or nurse specialist)*	○ Yes ○ No ○ Unknown
7.4	Within this admission, did the patient have an **unplanned** return to theatre in the post-operative period following their initial emergency laparotomy? *(do not include planned returns for eg closure of abdomen)*	○ Yes ○ No ○ Unknown
7.4a	What was the main indication for the return to theatre? *(Only one option to be chosen)*	○Anastomotic leak ○Abscess ○Bleeding or Haematoma ○Decompression of abdominal compartment syndrome ○Bowel obstruction ○Abdominal wall dehiscence ○Accidental damage to bowel or other organ ○Stoma viability or retraction ○Other ○Unknown
7.5	Did the patient have an unplanned move **from the ward** to a higher level of care within 7 days of surgery? (do not include moves from HDU to ITU, or escalation from other enhanced area/PACU)	○ Yes ○ No ○ Unknown
7.6	No Longer Required	
7.7	Status at discharge	○ Dead ○ Alive ○ Still in hospital at 60 days
7.8	Date discharged from hospital	(DD/MM/YYYY) Date required
7.9	Discharge destination	○Own home/sheltered housing ○Residential care ○Nursing care ○unknown