

SurgWeek-2



NIHR Global Health Research Unit on
Global Surgery

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Data Collection & Follow-Up Timeline

Six blocks, one goal — how SurgWeek-2 data collection and follow-up fit together

Data collection timeline

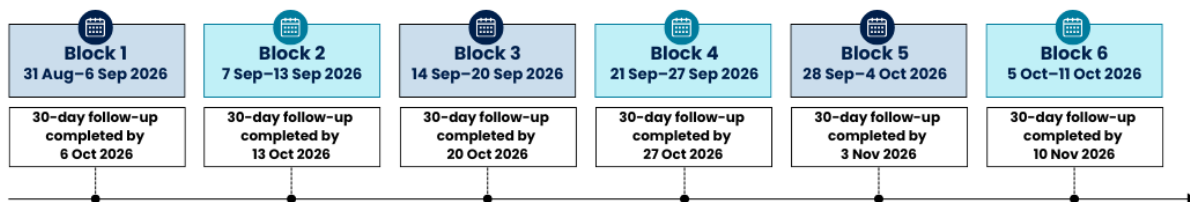
The figure below summarises the SurgWeek-2 data collection timeline. Data collection is organised into six separate 7-day blocks, running from 31 August to 11 October 2026.

Participating teams may collect data during one or more of these blocks.

Each included patient requires 30-day postoperative follow-up using routine clinical records. Therefore, each data collection block has a corresponding follow-up completion date. Teams should ensure that follow-up is completed for all included patients after the relevant 30-day period.

Data collection period

Participating teams may collect data across six 7-day blocks, followed by a 30-day postoperative follow-up period for each included patient.



Recommended mini-team models

These figures illustrate potential approaches for organising hospital mini-teams to deliver specialty-level data collection across the six SurgWeek-2 data collection blocks. Each mini-team should include up to three collaborators, with clearly defined responsibility for a specific specialty and/or data collection block.

Hospital leads and co-leads may choose to be part of a mini-team, but this is not mandatory.

Where feasible, the preferred approach is to maintain continuous specialty coverage across all six blocks, as this provides greater consistency and stronger specialty-level data.

Preferred model 1: A single designated mini-team covers one specialty continuously across all six data collection blocks.

	Preferred model 1: One specialty covered continuously by one designated mini-team					
Specialty	B1	B2	B3	B4	B5	B6
General Surgery	Team A	Team A	Team A	Team A	Team A	Team A
Orthopaedics	Team B	Team B	Team B	Team B	Team B	Team B
Urology	Team C	Team C	Team C	Team C	Team C	Team C
ENT	Team D	Team D	Team D	Team D	Team D	Team D

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Preferred model 2: Where local capacity is limited, a smaller number of specialties are selected, but each is covered consistently across all six blocks.

 Preferred model 3: Focused specialty selection with continuous six-block coverage

Specialty	B1	B2	B3	B4	B5	B6
General Surgery	Team A	Team A	Team D	Team D	Team A	Team A
Orthopaedics	Team B	Team B	Team C	Team C	Team D	Team D
Urology						
ENT						

Less preferred model: Multiple specialties are included only briefly, resulting in broad but time-limited coverage with reduced continuity.

 Less preferred model: Broad specialty inclusion with limited temporal coverage

Specialty	B1	B2	B3	B4	B5	B6
General Surgery	Team A	Team A	Team A	Team A		
Orthopaedics		Team B	Team B			
Urology			Team C	Team C	Team C	Team C
ENT				Team D		Team D