

**Explanatory Notes**

All cases admitted to hospital between 01 September 2024 and 30 November 2024 have been included. Only cases where the necessary data are available have been included in the denominator for each individual analysis.

The results for process measures for which fewer than 10 cases have available data will not be reported. Instead value will be marked as 'Insufficient data'.

At ICB level, runcharts are compared to national quartiles.

For better insight to how these standards have been structured, please refer to the **NELA standards document**.

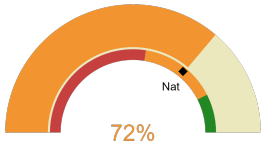


**NHS Greater Manchester Integrated Care Board**

**2024-25 Reporting Period 6: 01 September 2024 - 30 November 2024**

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 6 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

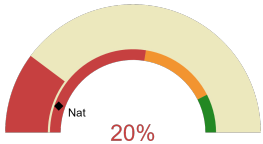
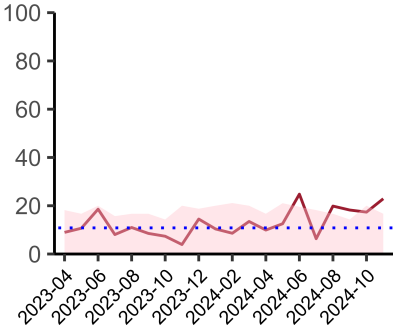
**NELA process and outcome measures**



Estimated case ascertainment  
01 September 2024 - 30 November 2024

**Estimated Case Ascertainment  
(Based on HES Data)**

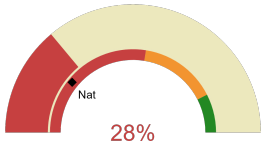
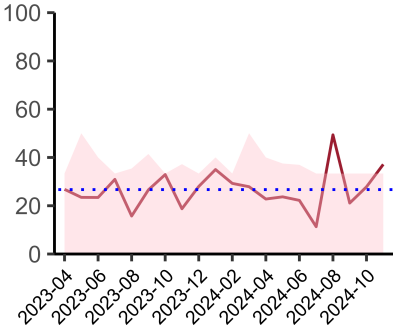
Expected number of cases 357  
Total cases entered 265  
Cases locked 208  
Cases unlocked 57



Proportion of patients who had a CT scan that was reported by senior radiologist and communicated with the team in the correct time scale before surgery  
01 September 2024 - 30 November 2024

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

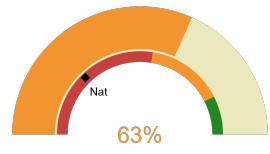
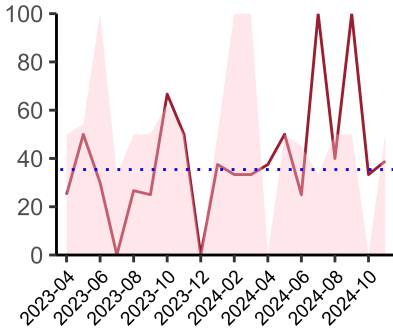
National mean 11%  
Number of patients included 195  
Data completeness 99%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 September 2024 - 30 November 2024

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

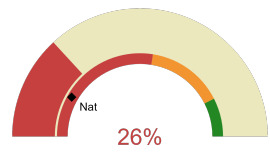
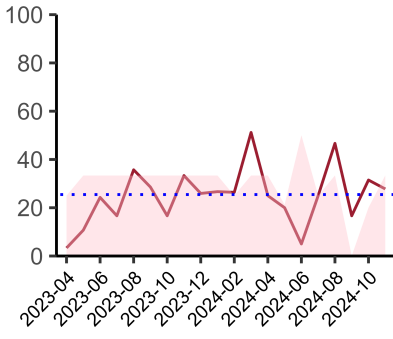
National mean 22%  
Number of patients included 104  
Data completeness 89%



Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe  
01 September 2024 - 30 November 2024

**Septic Shock - antibiotic administration within the correct clinical timeframe**

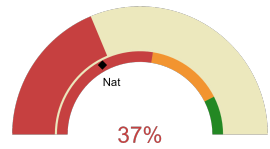
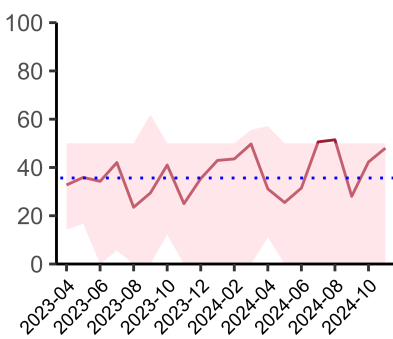
National mean 26%  
Number of patients included 11  
Data completeness 58%



Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe  
01 September 2024 - 30 November 2024

**Sepsis - antibiotic administration within the correct clinical timeframe**

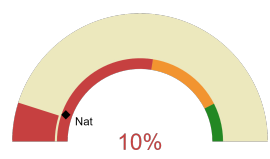
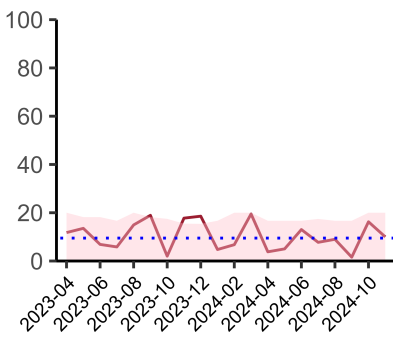
National mean 17%  
Number of patients included 38  
Data completeness 82%



Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe  
01 September 2024 - 30 November 2024

**Infection - antibiotic administration within the correct clinical timeframe**

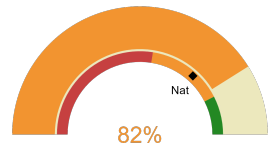
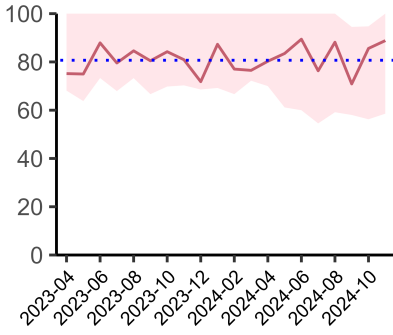
National mean 34%  
Number of patients included 100  
Data completeness 90%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours  
01 September 2024 - 30 November 2024

**Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.**

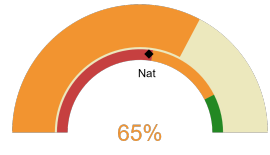
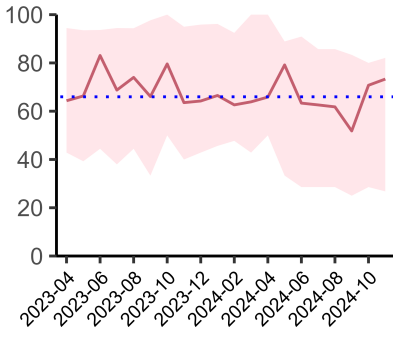
National mean 11%  
Number of patients included 137  
Data completeness 100%



Risk of death documented before surgery  
01 September 2024 - 30 November 2024

**Risk documented before surgery**

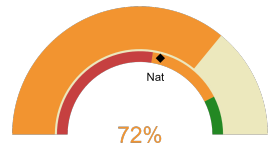
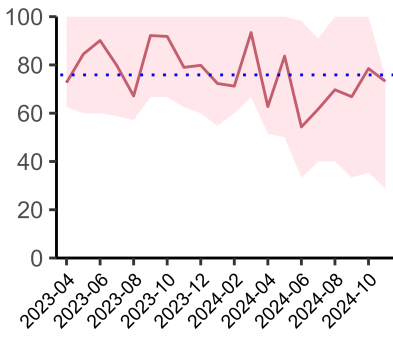
National mean 73%  
Number of patients included 265  
Data completeness 100%



Risk of death documented after surgery  
01 September 2024 - 30 November 2024

**Risk documented after surgery**

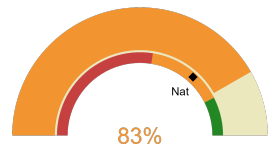
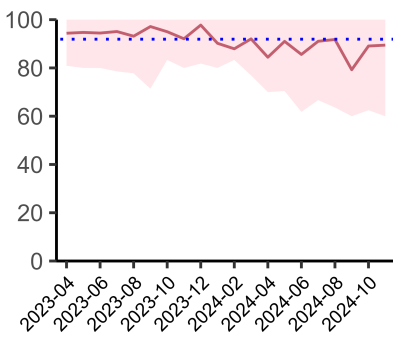
National mean 54%  
Number of patients included 265  
Data completeness 100%



Admitted to critical care following surgery when the risk of death ≥ 5% (Excludes patients who died in theatre or with a decision to palliate)  
01 September 2024 - 30 November 2024

**Admitted to Critical Care (risk of death ≥ 5%)**

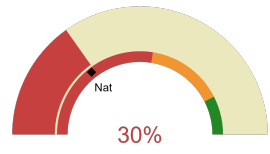
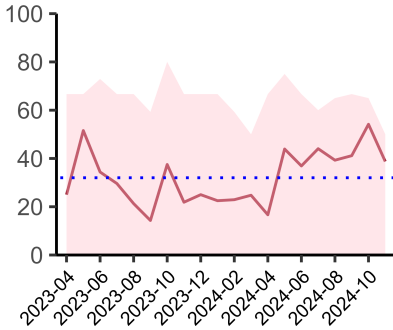
National mean 58%  
Number of patients included 146  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%  
01 September 2024 - 30 November 2024

**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death ≥ 5%)**

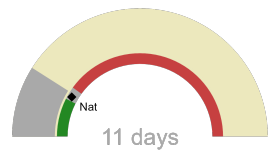
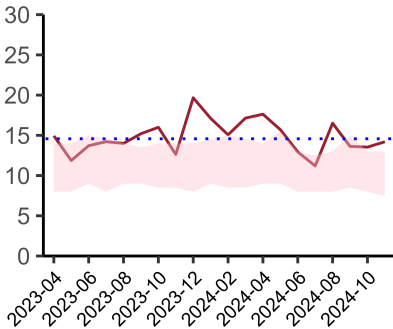
National mean 73%  
Number of patients included 212  
Data completeness 92%



Perioperative assessment by a care of the older person specialist  
01 September 2024 - 30 November 2024

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

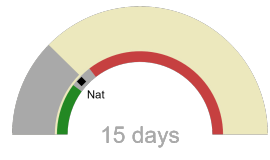
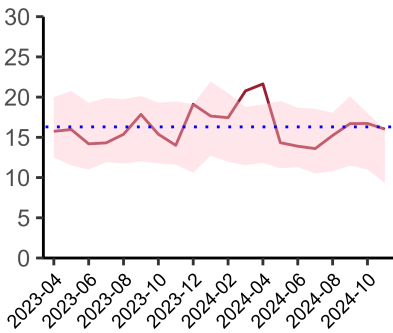
National mean 29%  
Number of patients included 63  
Data completeness 86%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 September 2024 - 30 November 2024

**Mean postoperative Length of Stay**

National median 10 days  
Number of patients included 234  
Data completeness 92%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 September 2024 - 30 November 2024

**Median postoperative Length of Stay**

National mean 14 days  
Number of patients included 234  
Data completeness 92%

**Integrated Care Board**

NHS Greater Manchester Integrated Care Board ICB comprises Salford Royal Hospital, Stepping Hill Hospital, Tameside General Hospital, The Christie, The Royal Oldham Hospital, North Manchester General Hospital, Wythenshawe Hospital, Royal Albert Edward Infirmary, Manchester Royal Infirmary, Royal Bolton Hospital.