

**Explanatory Notes**

All cases admitted to hospital between 01 August 2024 and 31 October 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**.

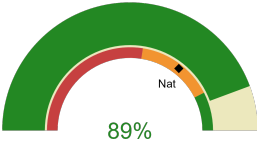


**NHS Lancashire And South Cumbria Integrated Care Board**

**2024-25 Reporting Period 5: 01 August 2024 - 31 October 2024**

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

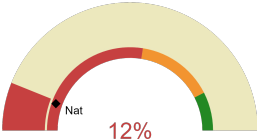
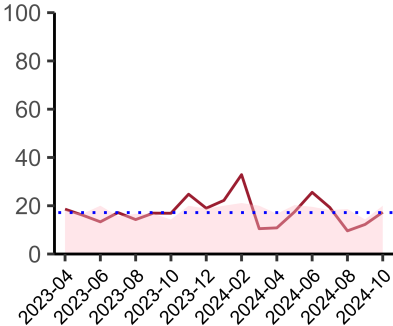
**NELA process and outcome measures**



Estimated case ascertainment  
01 August 2024 - 31 October 2024

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

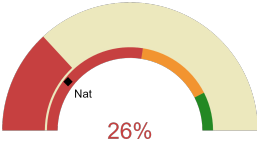
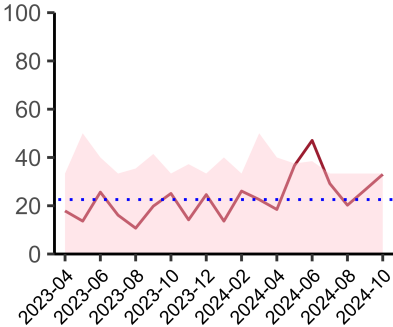
Expected number of cases 192  
Total cases entered 175  
Cases locked 102  
Cases unlocked 73



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 August 2024 - 31 October 2024

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

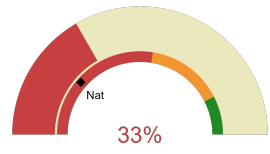
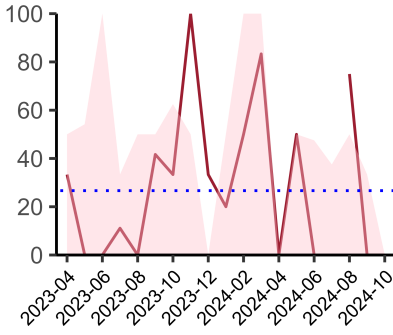
National mean 11%  
Number of patients included 118  
Data completeness 99%



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

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

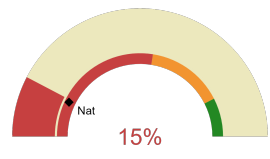
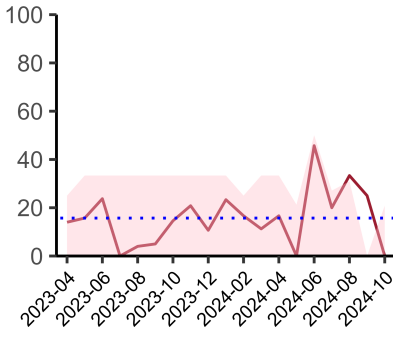
National mean 21%  
Number of patients included 63  
Data completeness 88%



Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe  
01 August 2024 - 31 October 2024

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

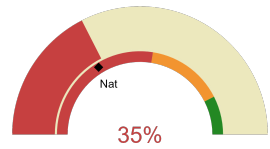
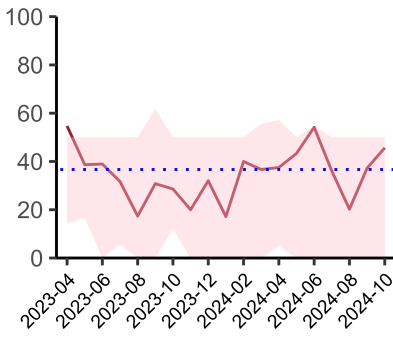
National mean 23%  
Number of patients included 10  
Data completeness 76%



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

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

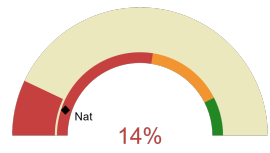
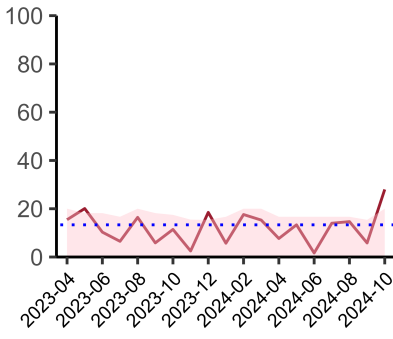
National mean 14%  
Number of patients included 23  
Data completeness 82%



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

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

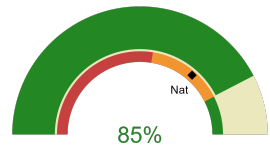
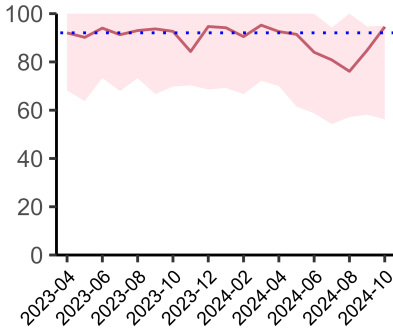
National mean 32%  
Number of patients included 60  
Data completeness 87%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours  
01 August 2024 - 31 October 2024

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

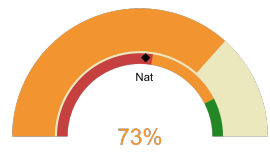
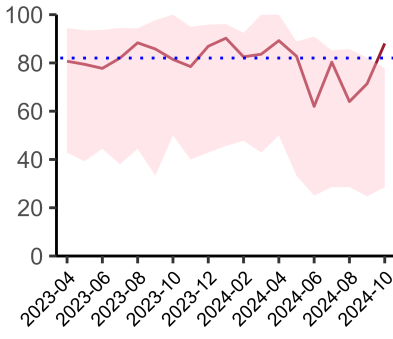
National mean 10%  
Number of patients included 85  
Data completeness 100%



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

**Risk documented before surgery**

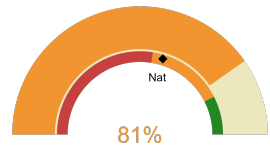
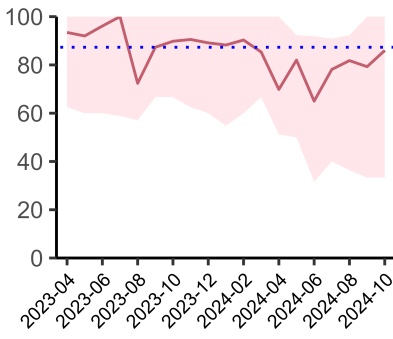
National mean 73%  
Number of patients included 175  
Data completeness 100%



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

**Risk documented after surgery**

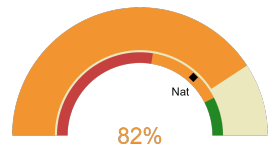
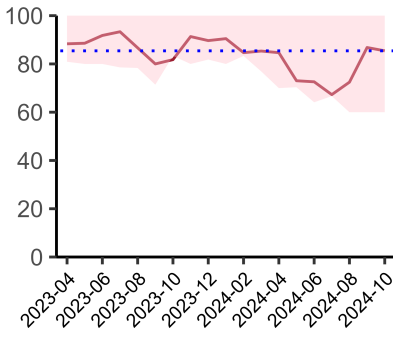
National mean 52%  
Number of patients included 175  
Data completeness 100%



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 August 2024 - 31 October 2024

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

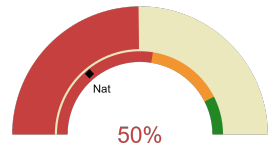
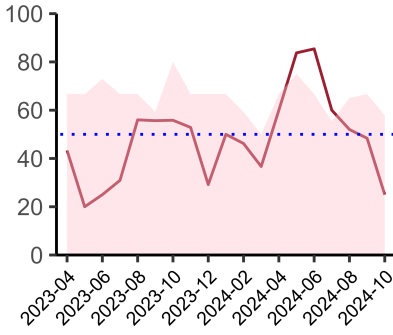
National mean 59%  
Number of patients included 104  
Data completeness 100%



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

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

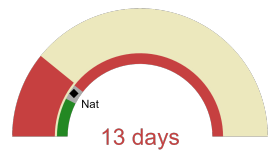
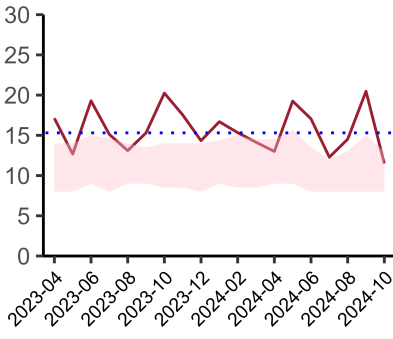
National mean 74%  
Number of patients included 154  
Data completeness 96%



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

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

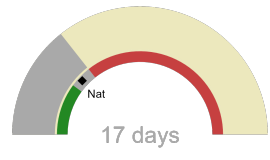
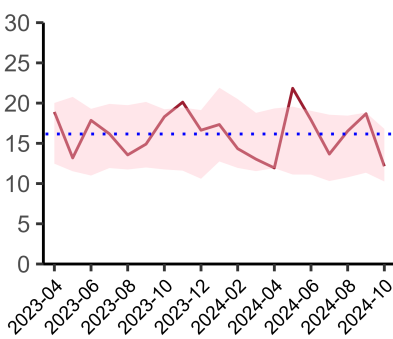
National mean 28%  
Number of patients included 49  
Data completeness 85%



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

**Mean postoperative Length of Stay**

National median 11 days  
Number of patients included 107  
Data completeness 99%



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

**Median postoperative Length of Stay**

National mean 14 days  
Number of patients included 107  
Data completeness 99%

**Integrated Care Board**

NHS Lancashire And South Cumbria Integrated Care Board ICB comprises Blackpool Victoria Hospital, Royal Lancaster Infirmary, Furness General Hospital, Royal Preston Hospital, Royal Blackburn Hospital.