

**Explanatory Notes**

All cases admitted to hospital between 01 November 2024 and 31 January 2025 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**.

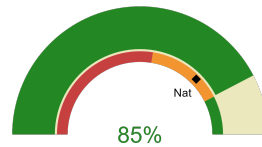


**NHS Lancashire And South Cumbria Integrated Care Board**

**2024-25 Reporting Period 8: 01 November 2024 - 31 January 2025**

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 8 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

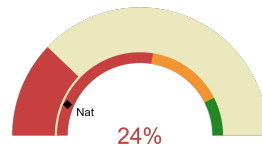
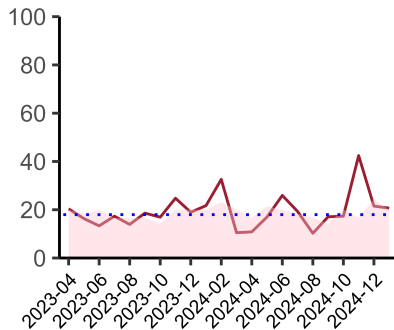
**NELA process and outcome measures**



Estimated case ascertainment  
01 November 2024 - 31 January 2025

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

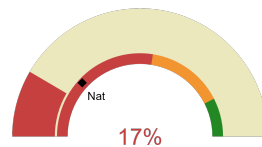
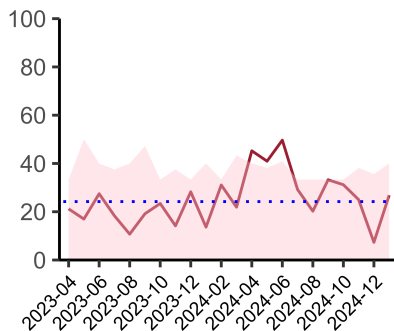
Expected number of cases 192  
Total cases entered 182  
Cases locked 117  
Cases unlocked 65



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 November 2024 - 31 January 2025

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

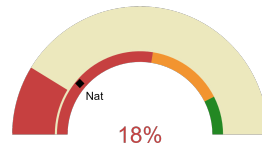
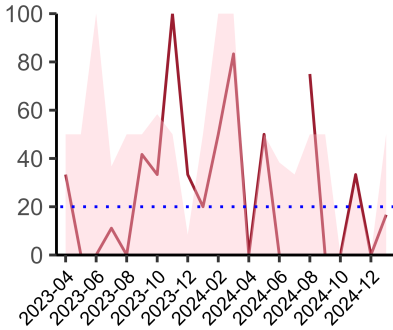
National mean 13%  
Number of patients included 123  
Data completeness 99%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 November 2024 - 31 January 2025

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

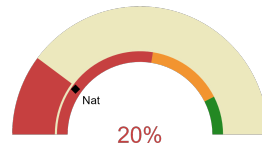
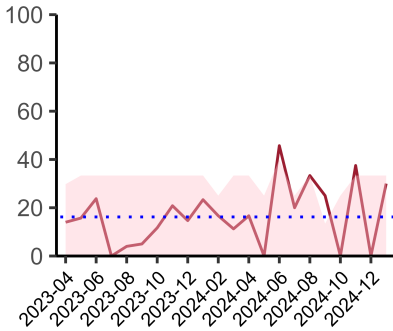
National mean 24%  
Number of patients included 72  
Data completeness 88%



Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe  
01 November 2024 - 31 January 2025

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

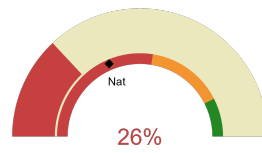
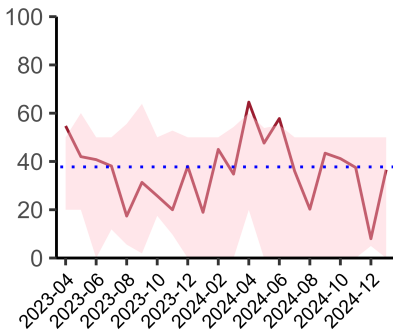
National mean 22%  
Number of patients included 11  
Data completeness 48%



Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe  
01 November 2024 - 31 January 2025

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

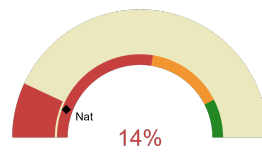
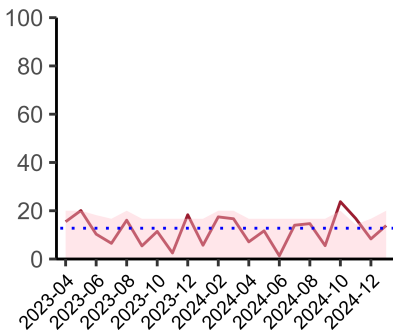
National mean 19%  
Number of patients included 29  
Data completeness 74%



Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe  
01 November 2024 - 31 January 2025

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

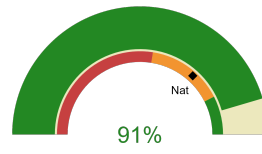
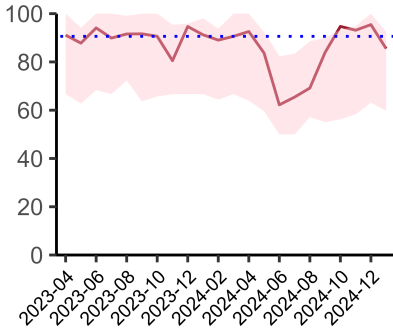
National mean 37%  
Number of patients included 67  
Data completeness 87%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours  
01 November 2024 - 31 January 2025

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

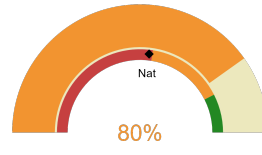
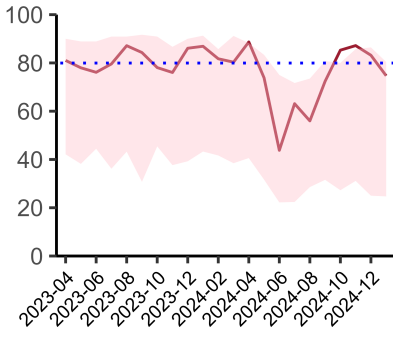
National mean 12%  
Number of patients included 97  
Data completeness 100%



Risk of death documented before surgery  
01 November 2024 - 31 January 2025

**Risk documented before surgery**

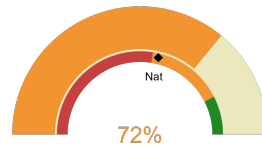
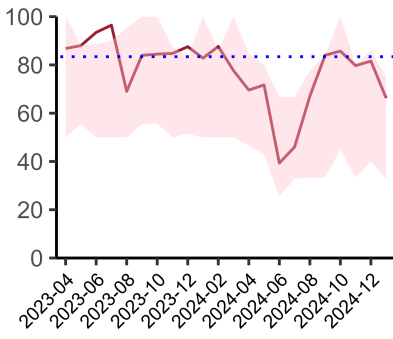
National mean 73%  
Number of patients included 182  
Data completeness 100%



Risk of death documented after surgery  
01 November 2024 - 31 January 2025

**Risk documented after surgery**

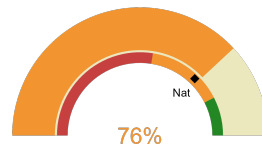
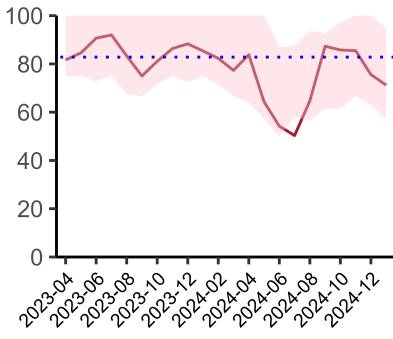
National mean 54%  
Number of patients included 182  
Data completeness 100%



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 November 2024 - 31 January 2025

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

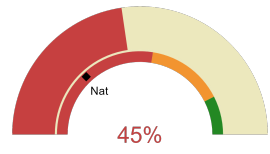
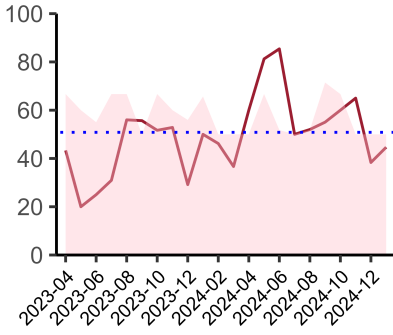
National mean 57%  
Number of patients included 114  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death  $\geq$  5%  
01 November 2024 - 31 January 2025

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

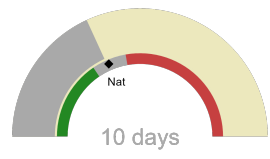
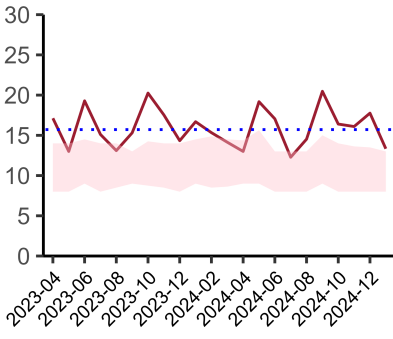
National mean 74%  
Number of patients included 159  
Data completeness 98%



Perioperative assessment by a care of the older person specialist  
01 November 2024 - 31 January 2025

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

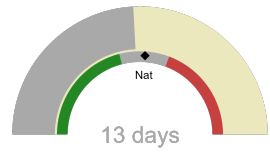
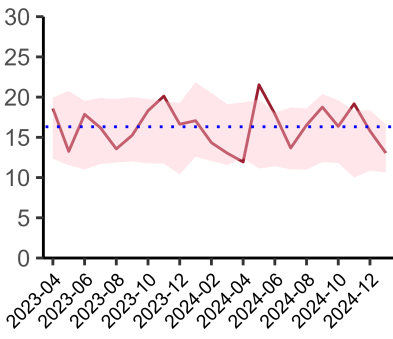
National mean 26%  
Number of patients included 48  
Data completeness 84%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 November 2024 - 31 January 2025

**Median postoperative Length of Stay**

National median 10 days  
Number of patients included 114  
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 November 2024 - 31 January 2025

**Mean postoperative Length of Stay**

National mean 14 days  
Number of patients included 114  
Data completeness 100%

**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.