

Explanatory Notes

All cases admitted to hospital between 01 December 2024 and 28 February 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**.

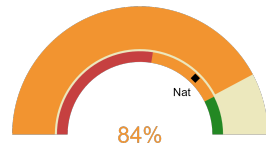


NHS Lancashire And South Cumbria Integrated Care Board

2024-25 Reporting Period 9: 01 December 2024 - 28 February 2025

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

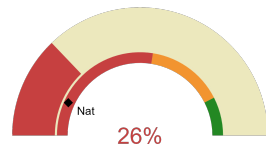
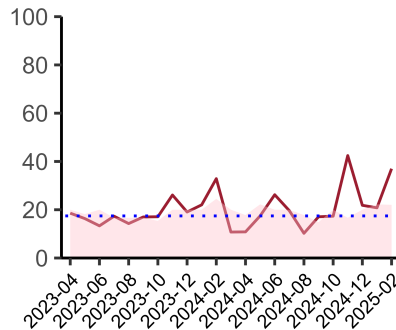
NELA process and outcome measures



Estimated case ascertainment
01 December 2024 - 28 February 2025

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

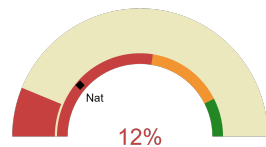
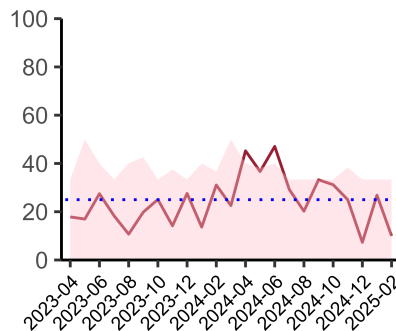
Expected number of cases 192
Total cases entered 170
Cases locked 108
Cases unlocked 62



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 December 2024 - 28 February 2025

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

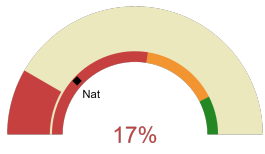
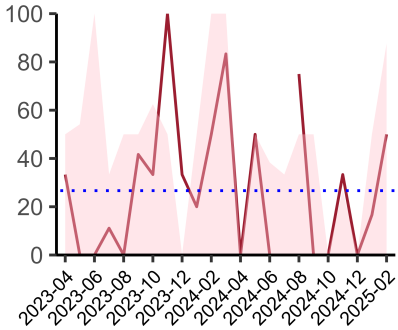
National mean 14%
Number of patients included 120
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

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

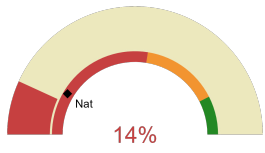
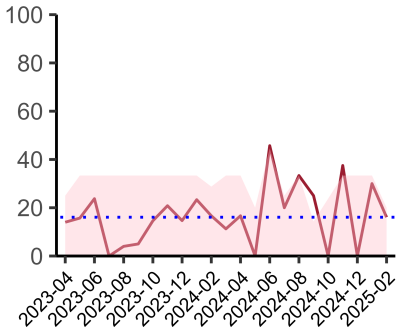
National mean 23%
Number of patients included 69
Data completeness 88%



Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

Septic Shock - antibiotic administration within the correct clinical timeframe

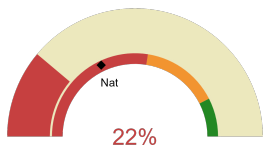
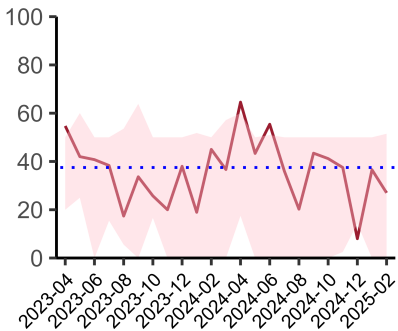
National mean 24%
Number of patients included 10
Data completeness 53%



Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

Sepsis - antibiotic administration within the correct clinical timeframe

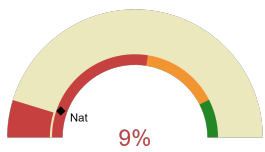
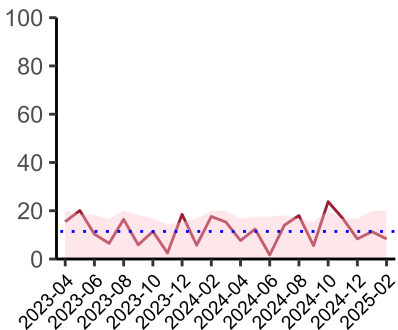
National mean 17%
Number of patients included 35
Data completeness 76%



Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

Infection - antibiotic administration within the correct clinical timeframe

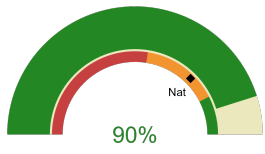
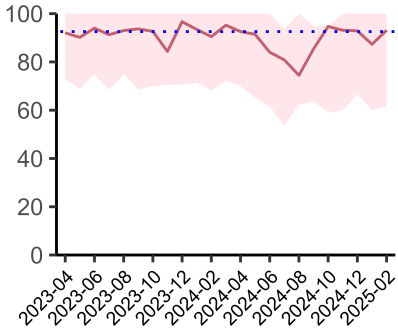
National mean 36%
Number of patients included 63
Data completeness 87%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 December 2024 - 28 February 2025

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

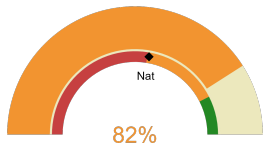
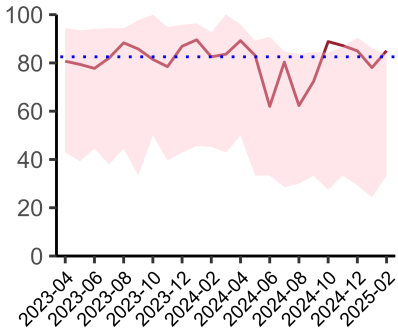
National mean 11%
Number of patients included 92
Data completeness 100%



Risk of death documented before surgery
01 December 2024 - 28 February 2025

Risk documented before surgery

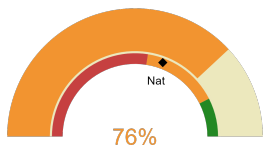
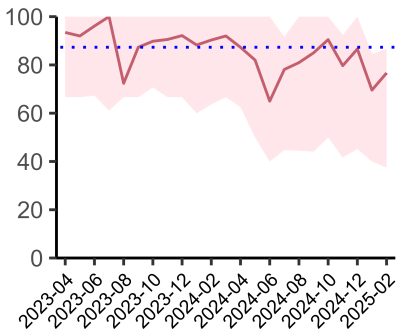
National mean 75%
Number of patients included 170
Data completeness 100%



Risk of death documented after surgery
01 December 2024 - 28 February 2025

Risk documented after surgery

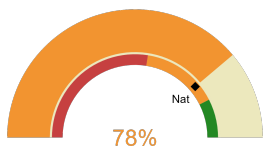
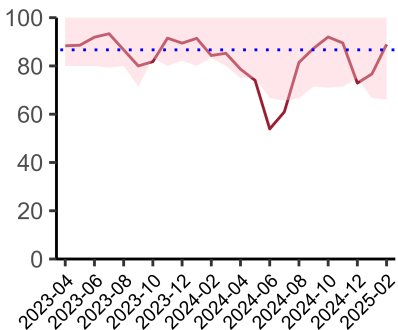
National mean 56%
Number of patients included 170
Data completeness 100%



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 December 2024 - 28 February 2025

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

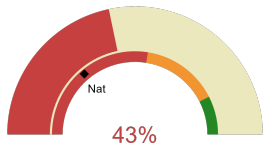
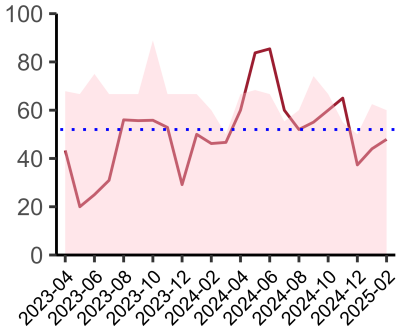
National mean 61%
Number of patients included 106
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 December 2024 - 28 February 2025

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

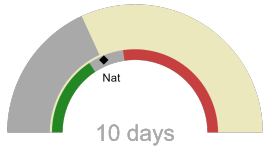
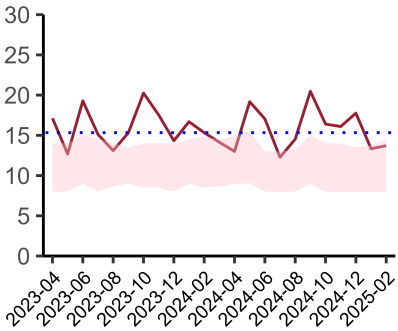
National mean 78%
Number of patients included 103
Data completeness 88%



Perioperative assessment by a care of the older person specialist
01 December 2024 - 28 February 2025

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

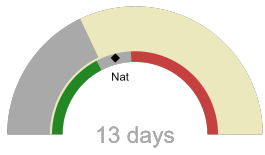
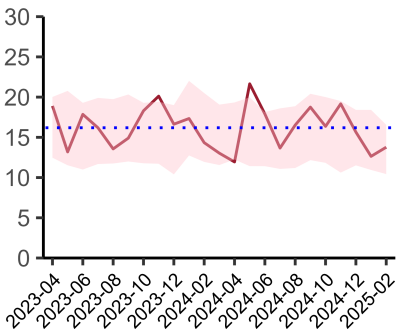
National mean 28%
Number of patients included 47
Data completeness 84%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 December 2024 - 28 February 2025

Median postoperative Length of Stay

National median 10 days
Number of patients included 101
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 December 2024 - 28 February 2025

Mean postoperative Length of Stay

National mean 15 days
Number of patients included 101
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.