

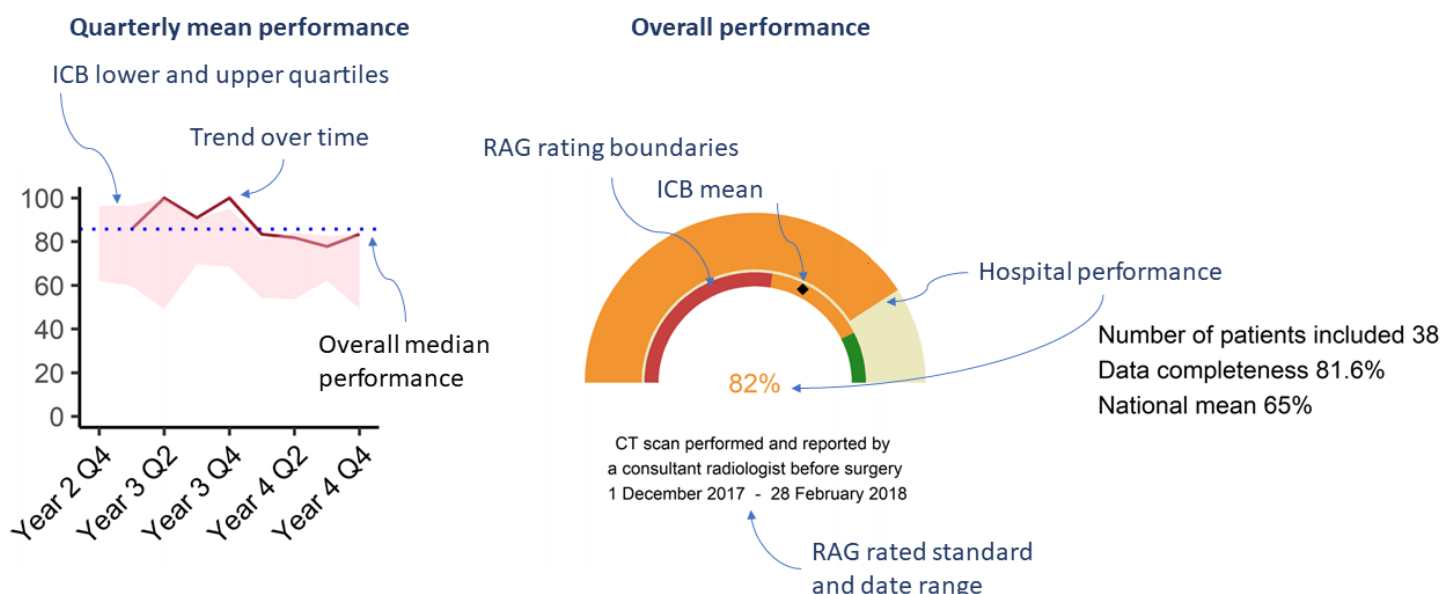
Explanatory Notes

All cases admitted to hospital between 01 March 2026 and 31 May 2026 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'.

For this report runcharts are compared to national quartiles.

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

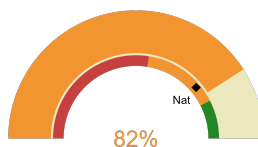


NHS Lancashire And South Cumbria Integrated Care Board

2026-27 Reporting Period 2: 01 March 2026 - 31 May 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 2 of NELA data collection.

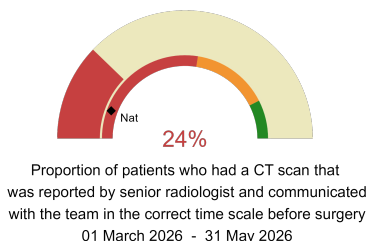
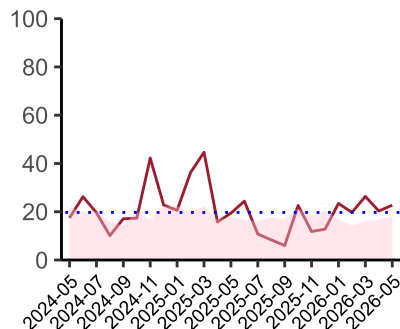
NELA process and outcome measures



Estimated case ascertainment
01 March 2026 - 31 May 2026

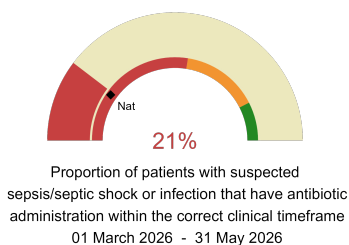
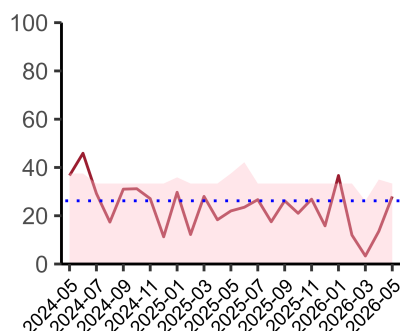
Estimated Case Ascertainment (Based on HES Data)

Expected number of cases 177
Total cases entered 152
Cases locked 114
Cases unlocked 38



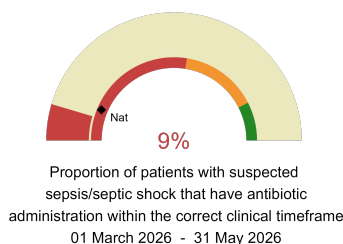
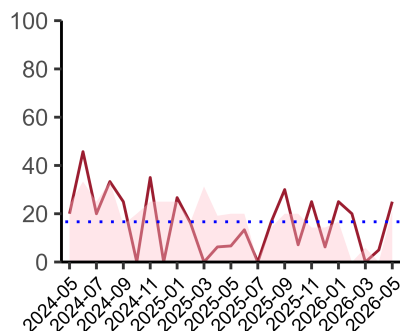
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.

National mean 11%
Number of patients included 110
Data completeness 96%



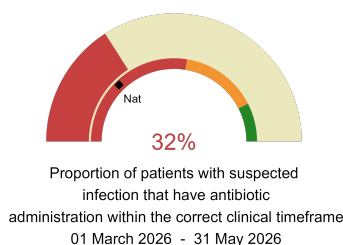
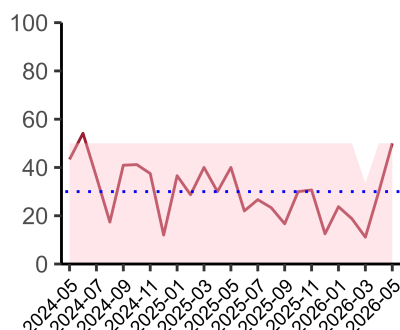
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
Number of patients included 52
Data completeness 90%



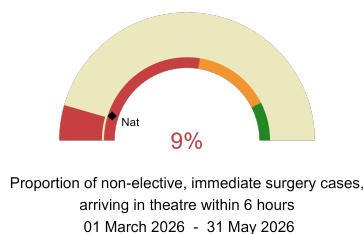
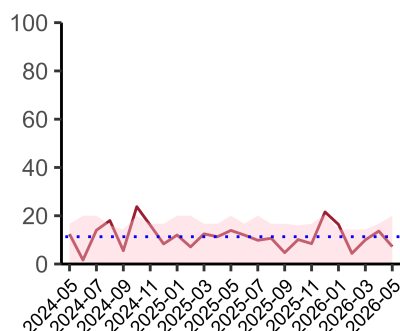
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
Number of patients included 22
Data completeness 82%



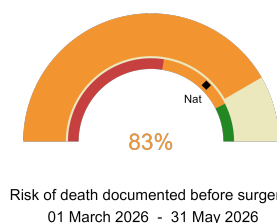
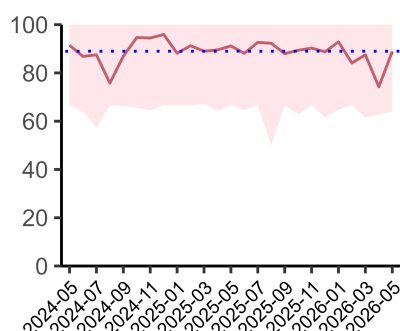
Infection - antibiotic administration within the correct clinical timeframe

National mean 25%
Number of patients included 30
Data completeness 53%



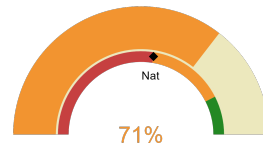
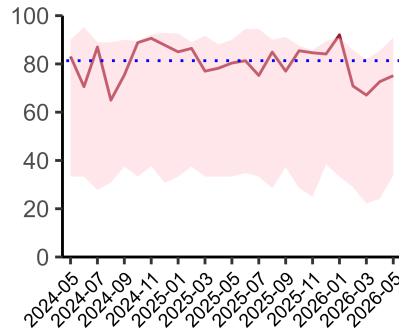
Timeliness - proportion of patients arriving in theatre according to correct clinical timeframe.

National mean 10%
Number of patients included 73
Data completeness 100%



Risk documented before surgery

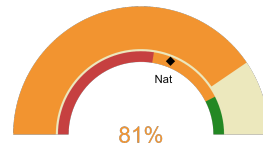
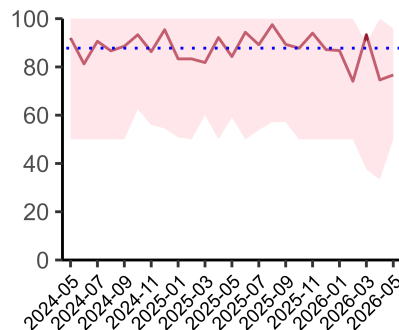
National mean 75%
Number of patients included 152
Data completeness 100%



Risk of death documented after surgery
01 March 2026 - 31 May 2026

Risk documented after surgery

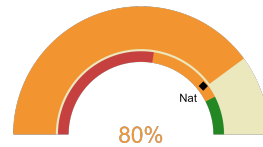
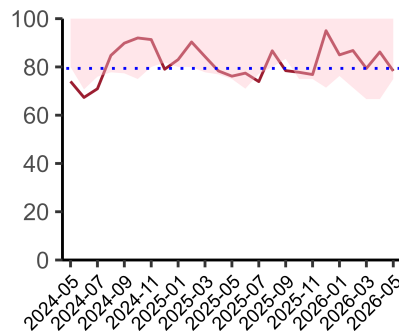
National mean 55%
Number of patients included 152
Data completeness 100%



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 March 2026 - 31 May 2026

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

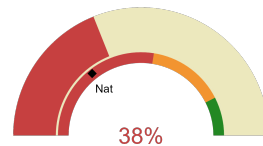
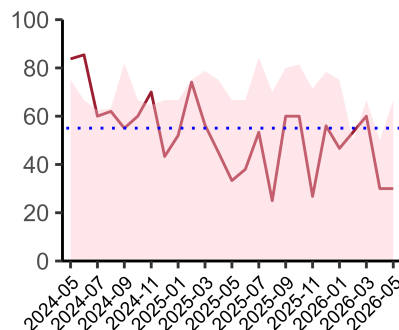
National mean 62%
Number of patients included 81
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death $\geq 5\%$
01 March 2026 - 31 May 2026

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

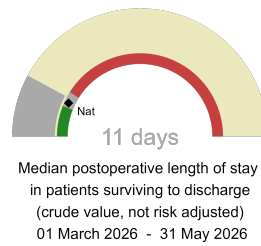
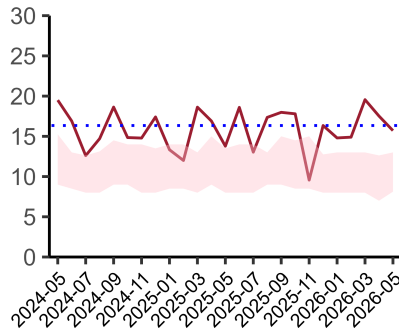
National mean 79%
Number of patients included 85
Data completeness 89%



Perioperative assessment by a care of the older
person specialist
01 March 2026 - 31 May 2026

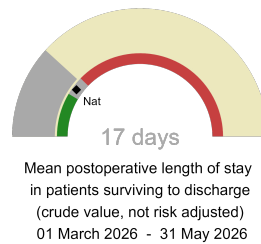
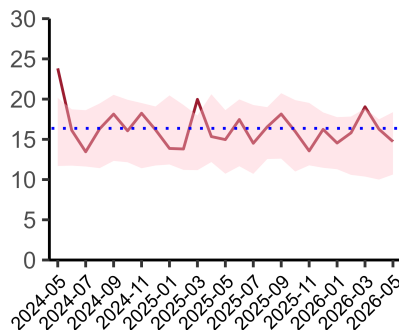
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 29%
Number of patients included 36
Data completeness 84%



Median postoperative Length of Stay

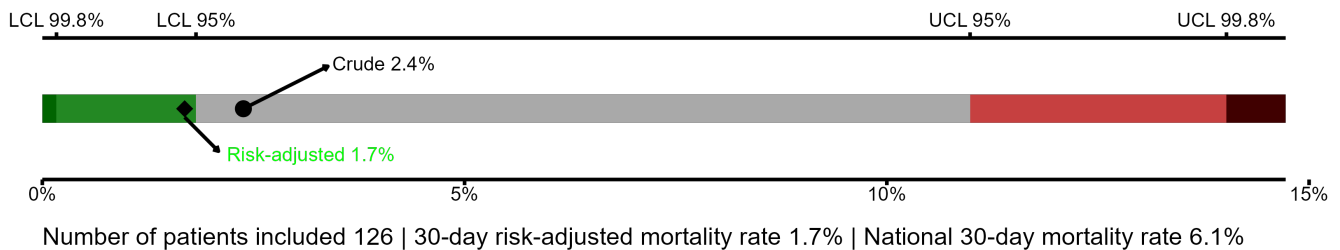
National median 10 days
Number of patients included 122
Data completeness 78%



Mean postoperative Length of Stay

National mean 15 days
Number of patients included 122
Data completeness 78%

Risk-Adjusted Mortality



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.