

Explanatory Notes

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

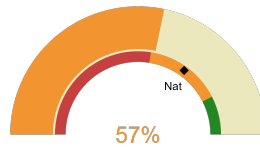


NHS Sussex Integrated Care Board

2024-25 Reporting Period 3: 01 June 2024 - 31 August 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 3 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating ICBs and hospitals is welcome.

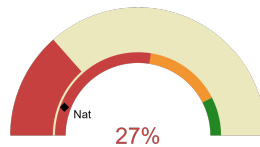
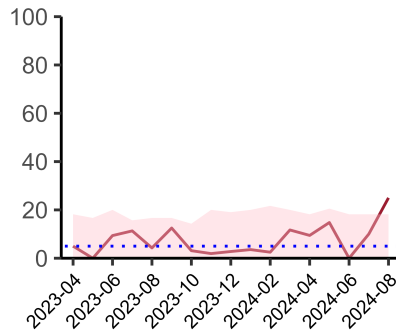
NELA process and outcome measures



Estimated case ascertainment
01 June 2024 - 31 August 2024

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

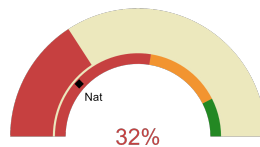
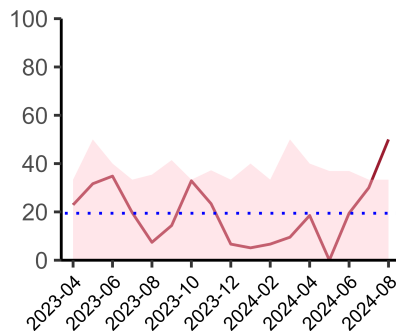
Expected number of cases 169
Total cases entered 113
Cases locked 75
Cases unlocked 38



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 June 2024 - 31 August 2024

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

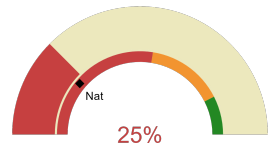
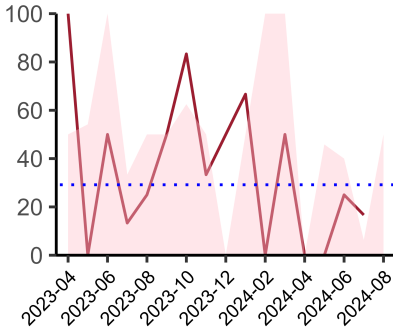
National mean 12%
Number of patients included 63
Data completeness 100%



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

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

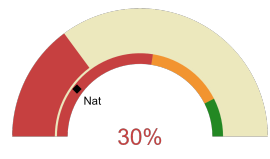
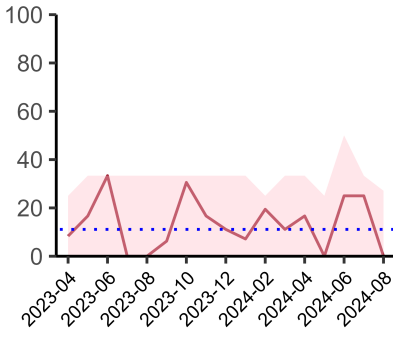
National mean 23%
Number of patients included 23
Data completeness 85%



25%
Proportion of patients with suspected septic shock that have antibiotic administration within the correct clinical timeframe
01 June 2024 - 31 August 2024

Septic Shock - antibiotic administration within the correct clinical timeframe

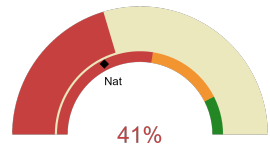
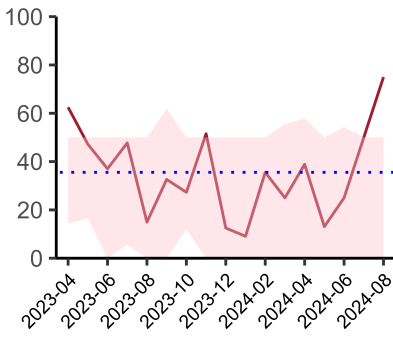
National mean 22%
Number of patients included 8
Data completeness 73%



30%
Proportion of patients with suspected sepsis that have antibiotic administration within the correct clinical timeframe
01 June 2024 - 31 August 2024

Sepsis - antibiotic administration within the correct clinical timeframe

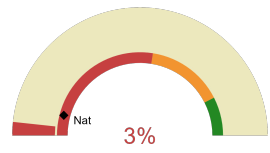
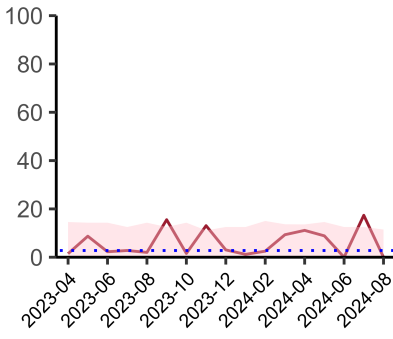
National mean 20%
Number of patients included 13
Data completeness 78%



41%
Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 June 2024 - 31 August 2024

Infection - antibiotic administration within the correct clinical timeframe

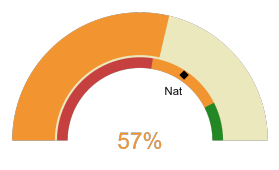
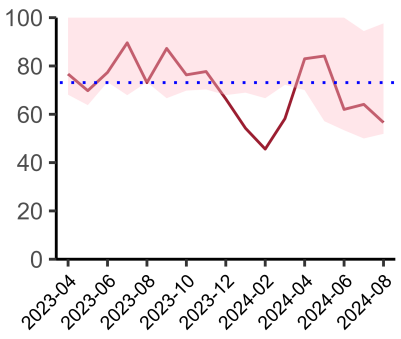
National mean 35%
Number of patients included 19
Data completeness 84%



3%
Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 June 2024 - 31 August 2024

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

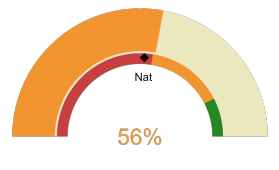
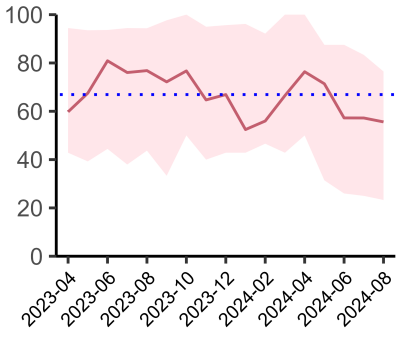
National mean 8%
Number of patients included 69
Data completeness 100%



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

Risk documented before surgery

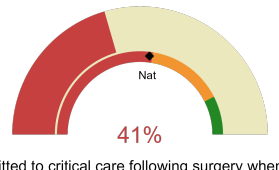
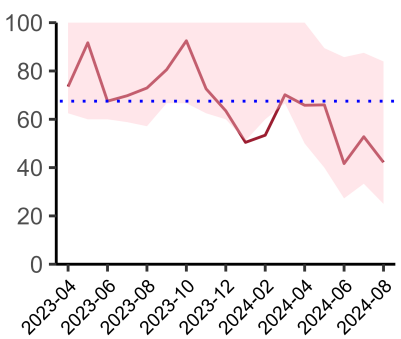
National mean 69%
Number of patients included 113
Data completeness 100%



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

Risk documented after surgery

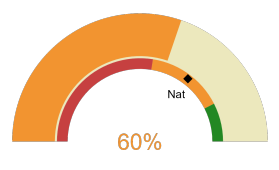
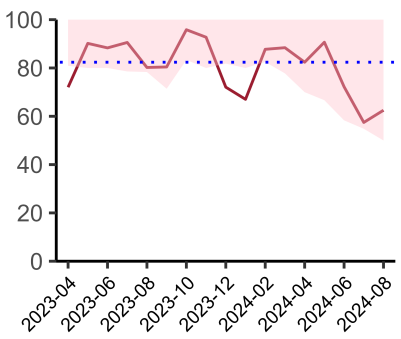
National mean 52%
Number of patients included 113
Data completeness 100%



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 June 2024 - 31 August 2024

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

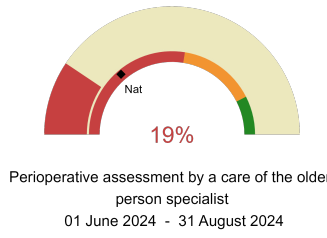
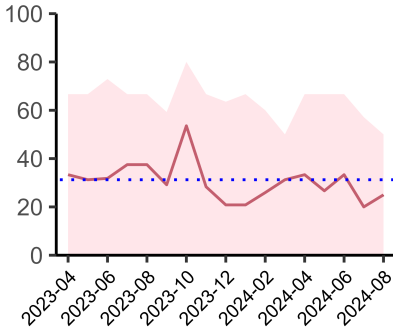
National mean 54%
Number of patients included 64
Data completeness 100%



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

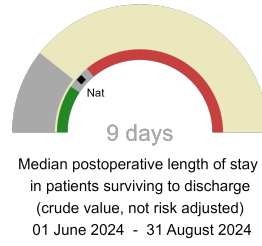
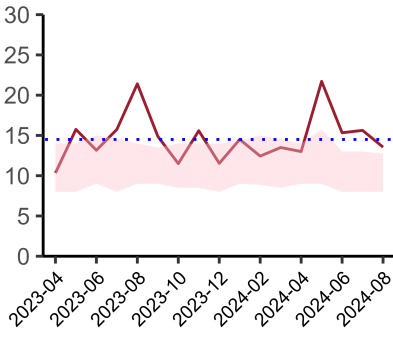
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 71%
Number of patients included 87
Data completeness 95%



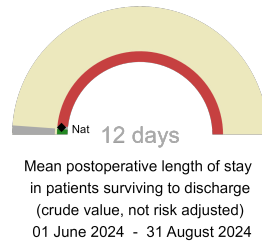
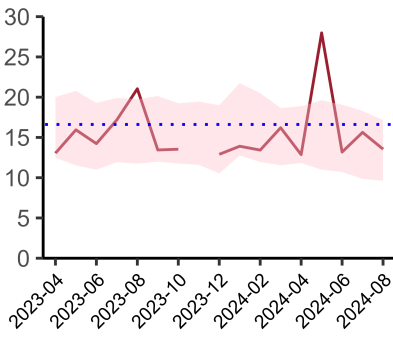
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
Number of patients included 25
Data completeness 62%



Mean postoperative Length of Stay

National median 10 days
Number of patients included 80
Data completeness 99%



Median postoperative Length of Stay

National mean 15 days
Number of patients included 80
Data completeness 99%

Integrated Care Board

NHS Sussex Integrated Care Board ICB comprises Conquest Hospital, Worthing Hospital, St Richards Hospital, Royal Sussex County Hospital.