

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**.

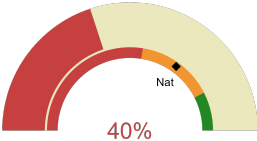


NHS South East London Integrated Care Board

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.

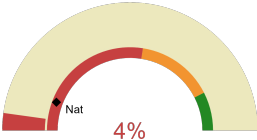
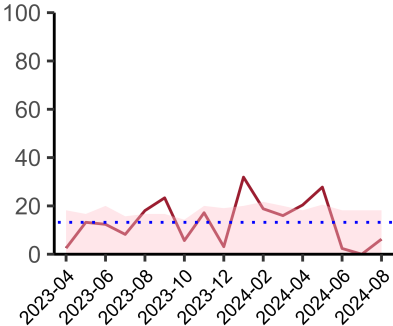
NELA process and outcome measures



Estimated case ascertainment
01 June 2024 - 31 August 2024

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

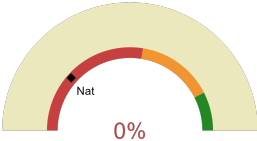
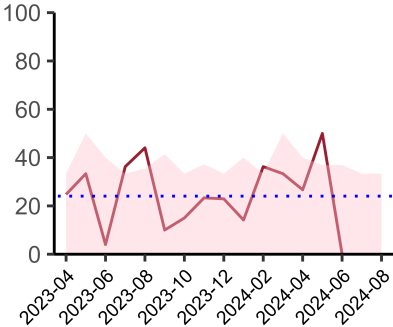
Expected number of cases 176
Total cases entered 66
Cases locked 22
Cases unlocked 44



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.

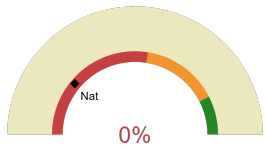
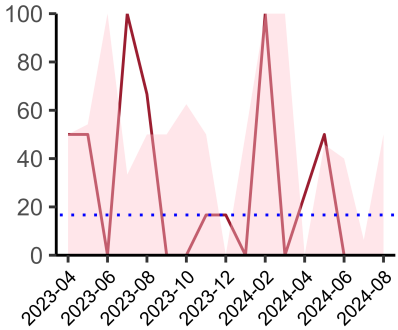
National mean 12%
Number of patients included 34
Data completeness 99%



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

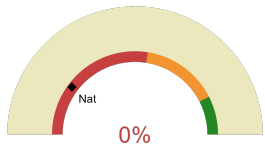
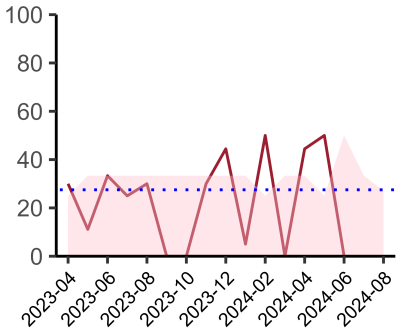
National mean 23%
Number of patients included 17
Data completeness 83%



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

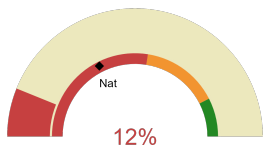
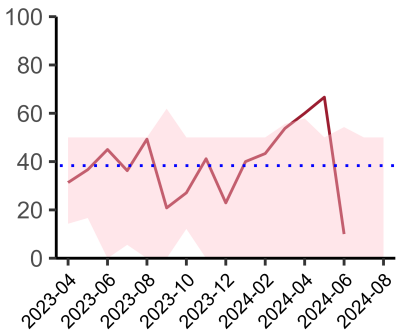
National mean 22%
Number of patients included 3
Data completeness 67%



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

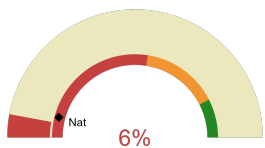
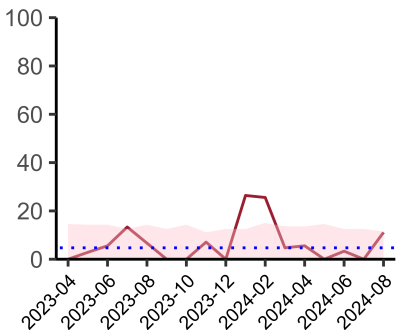
National mean 20%
Number of patients included 8
Data completeness 80%



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

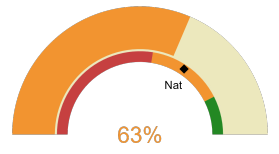
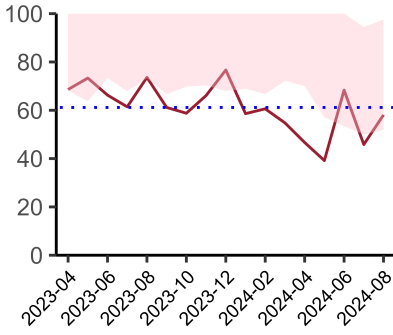
National mean 35%
Number of patients included 17
Data completeness 83%



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.

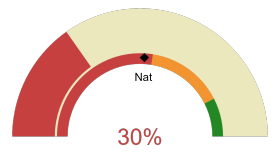
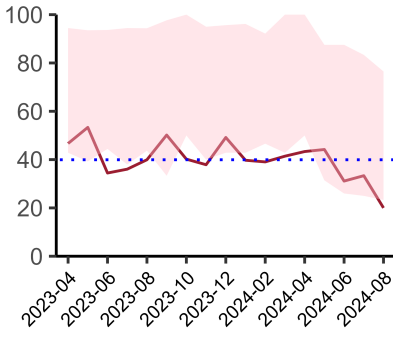
National mean 8%
Number of patients included 33
Data completeness 100%



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

Risk documented before surgery

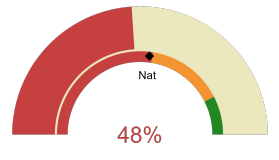
National mean 69%
Number of patients included 66
Data completeness 100%



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

Risk documented after surgery

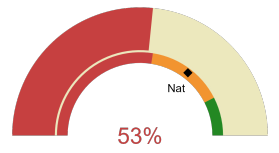
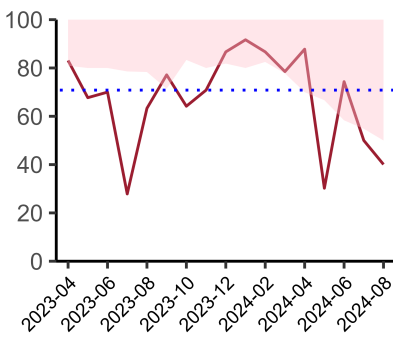
National mean 52%
Number of patients included 66
Data completeness 100%



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 June 2024 - 31 August 2024

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

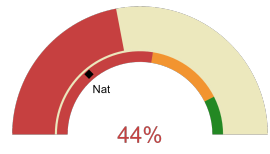
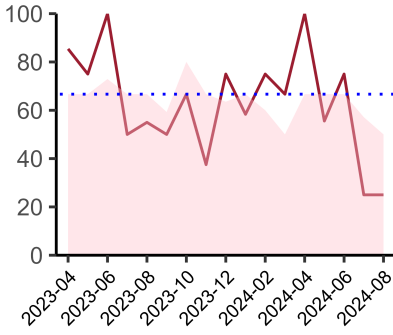
National mean 54%
Number of patients included 53
Data completeness 100%



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

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

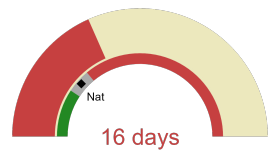
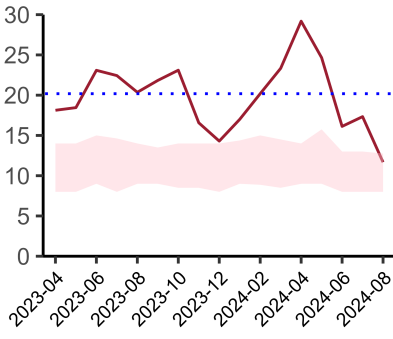
National mean 71%
Number of patients included 60
Data completeness 92%



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

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

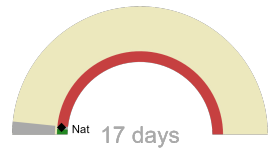
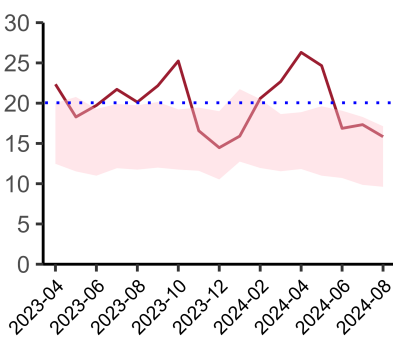
National mean 28%
Number of patients included 15
Data completeness 69%



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

Mean postoperative Length of Stay

National median 10 days
Number of patients included 40
Data completeness 89%



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

Median postoperative Length of Stay

National mean 15 days
Number of patients included 40
Data completeness 89%

Integrated Care Board

NHS South East London Integrated Care Board ICB comprises The Princess Royal University Hospital, Queen Elizabeth Hospital (Lewisham and Greenwich NHS Trust), St Thomas' Hospital, Harefield Hospital, King's College Hospital, University Hospital Lewisham.