

**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**.

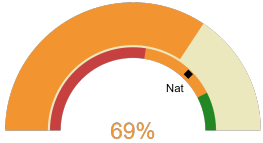


**NHS Birmingham And Solihull Integrated Care Board**

**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.

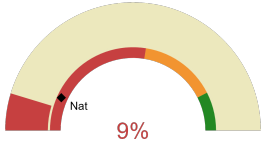
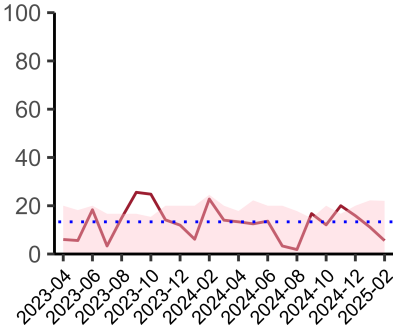
**NELA process and outcome measures**



Estimated case ascertainment  
01 December 2024 - 28 February 2025

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

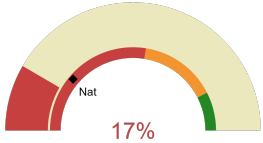
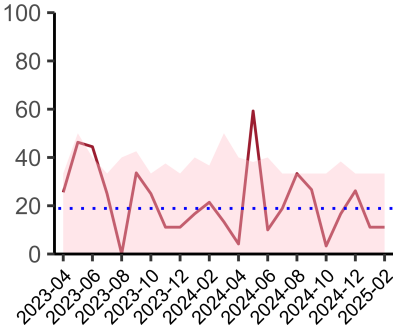
Expected number of cases 139  
Total cases entered 95  
Cases locked 68  
Cases unlocked 27



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.**

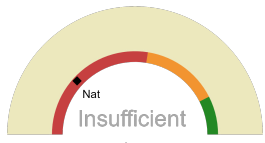
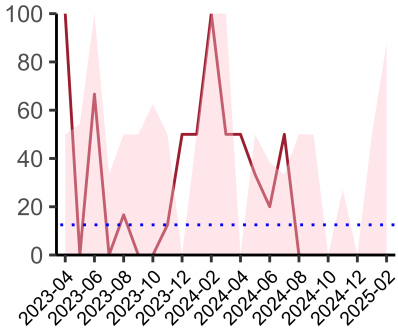
National mean 14%  
Number of patients included 65  
Data completeness 99%



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**

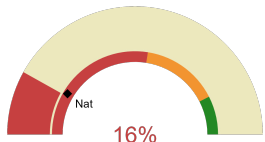
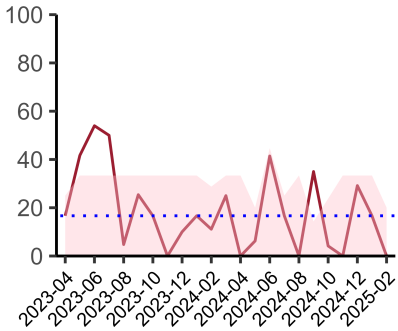
National mean 23%  
Number of patients included 28  
Data completeness 90%



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**

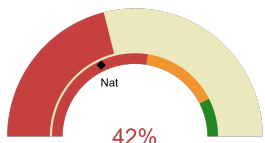
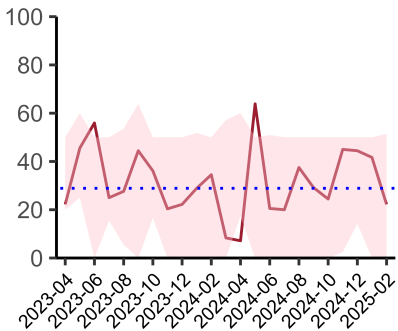
National mean 24%  
Number of patients included 6  
Data completeness 73%



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**

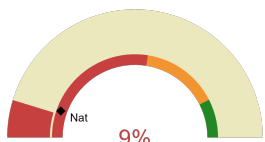
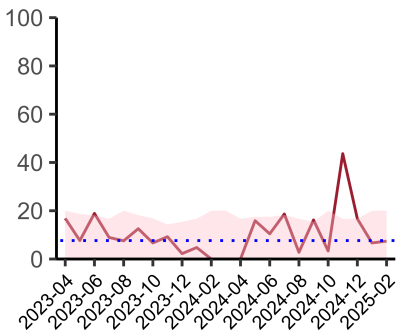
National mean 17%  
Number of patients included 19  
Data completeness 88%



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**

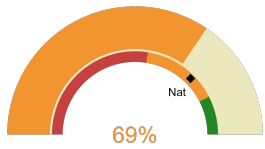
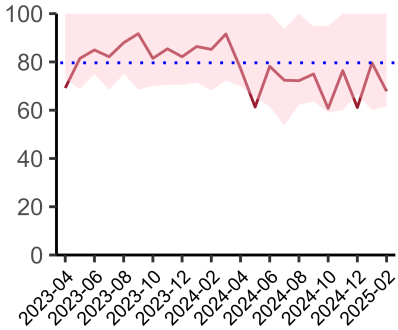
National mean 36%  
Number of patients included 22  
Data completeness 89%



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.**

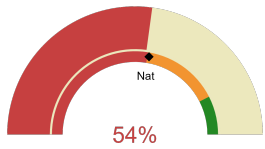
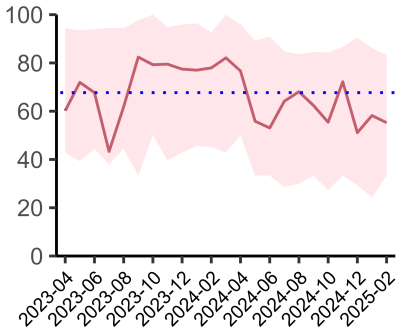
National mean 11%  
Number of patients included 47  
Data completeness 100%



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

**Risk documented before surgery**

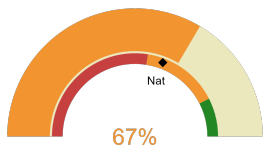
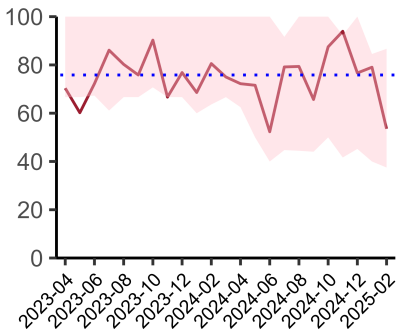
National mean 75%  
Number of patients included 95  
Data completeness 100%



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

**Risk documented after surgery**

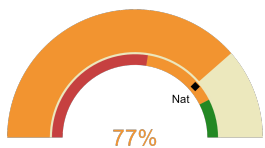
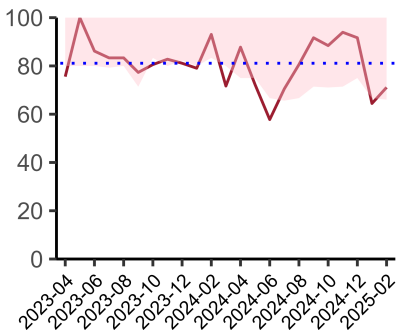
National mean 56%  
Number of patients included 95  
Data completeness 100%



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%)**

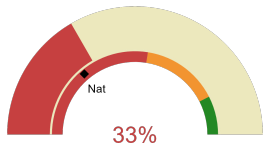
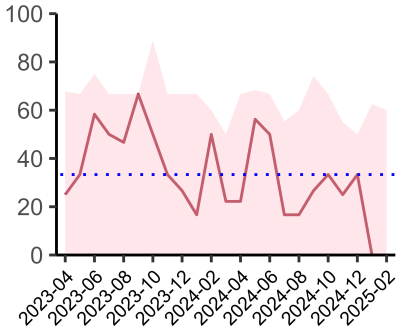
National mean 61%  
Number of patients included 49  
Data completeness 100%



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%)**

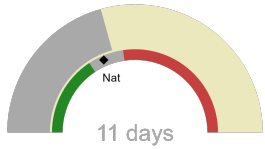
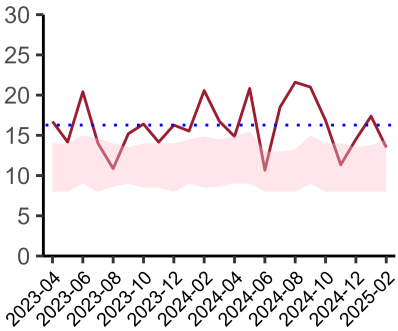
National mean 78%  
Number of patients included 48  
Data completeness 60%



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+**

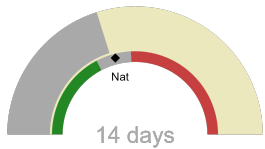
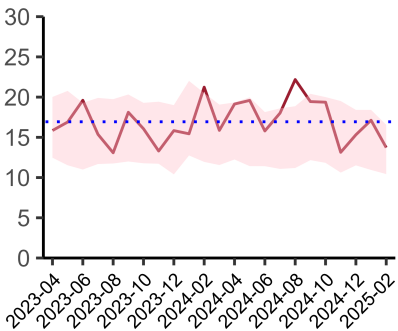
National mean 28%  
Number of patients included 17  
Data completeness 93%



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 69  
Data completeness 97%



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 69  
Data completeness 97%

**Integrated Care Board**

NHS Birmingham And Solihull Integrated Care Board ICB comprises Birmingham Heartlands Hospital, Good Hope Hospital, Queen Elizabeth Hospital Birmingham.