

Explanatory Notes

All cases (locked and unlocked) 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.

At hospital level, runcharts are compared to hospitals within the same ICB.

The results for process measures for which fewer than 10 cases have available data will not be reported. Instead the value will be marked as 'Insufficient data'.

The NELA standards include a newly updated composite standard for CT Scanning and Reporting. The new standard is composed of three metrics: (1) the proportion of patients who had a CT scan that was reported by senior radiologist (ST3+), (2) the proportion of those reported within an hour or less of the scan, and (3) the proportion of those communicated preoperatively between a senior radiologist (ST3+) and senior surgeon (ST3+) to discuss the CT findings.

NOTE: due to changes in database structure, time related metrics may be calculated even if a time (NOT date) stamp is not entered. When time is entered as "00:00" and the "Time not known" box is not ticked, this time-stamp will be used for the standard calculation and may negatively affect reported metrics. We would therefore request that every effort is made to enter the time-stamps for the following variables:

- Date and Time of admission to hospital (Q1.9),
- Date and time of CT scan (Q2.7d),
- Date and time CT scan was reported (Q2.7e),
- Date and time of first dose of antibiotics (Q2.10),
- Date and time arrival in theatre (Q4.1).

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

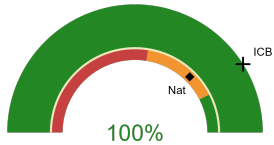


Royal Liverpool University Hospital

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 hospitals is welcome.

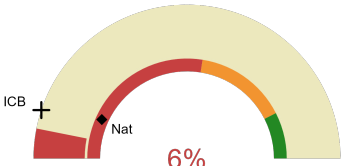
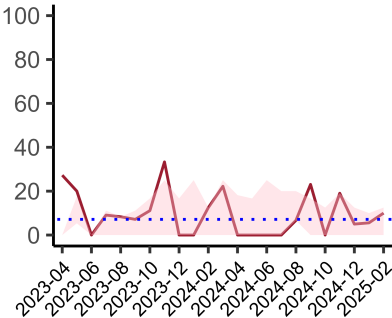
NELA process and outcome measures



Estimated case ascertainment
01 December 2024 - 28 February 2025

**Estimated case ascertainment
(Based on HES/PEDW Data)**

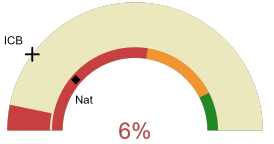
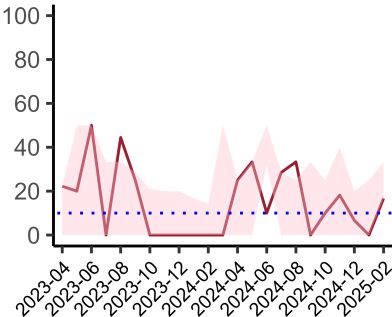
Expected number of cases 47
Total cases entered 62
Cases locked 39
Cases unlocked 23



Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) 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.

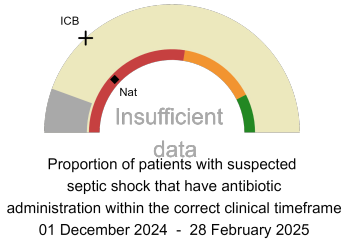
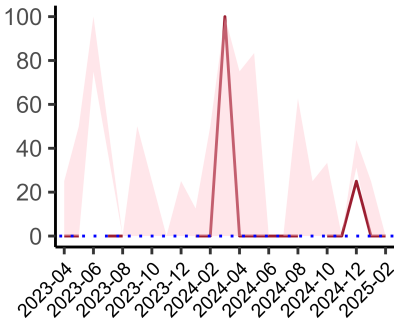
National mean 14%
ICB mean 10%
Number of patients included 48
Data completeness 102%



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

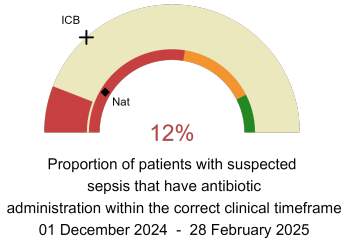
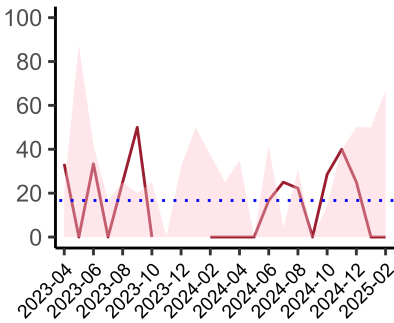
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 20%
Number of patients included 31
Data completeness 100%



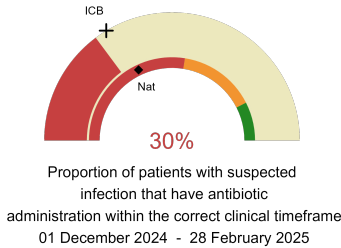
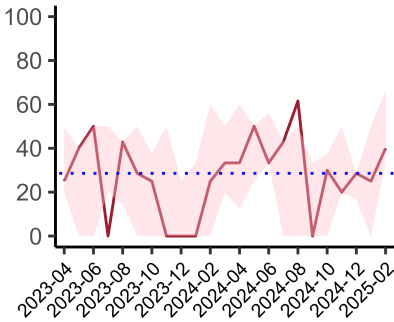
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 26%
Number of patients included 9
Data completeness 100%



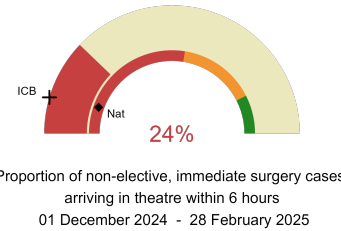
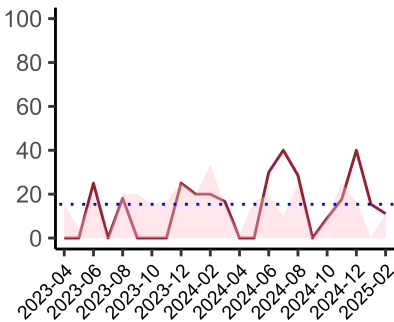
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 17%
ICB mean 27%
Number of patients included 17
Data completeness 94%



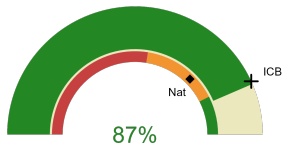
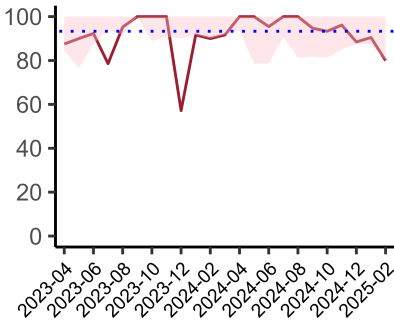
Infection - antibiotic administration within the correct clinical timeframe

National mean 36%
ICB mean 33%
Number of patients included 27
Data completeness 100%



Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

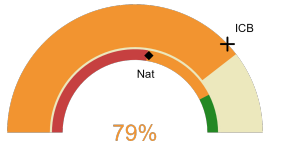
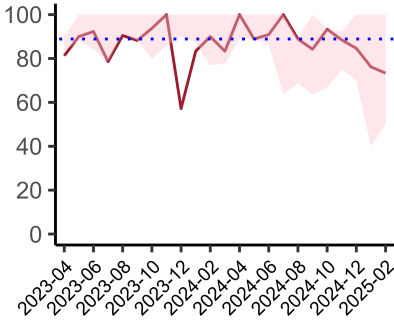
National mean 11%
ICB mean 9%
Number of patients included 37
Data completeness 100%



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

Risk documented before surgery

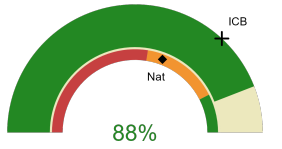
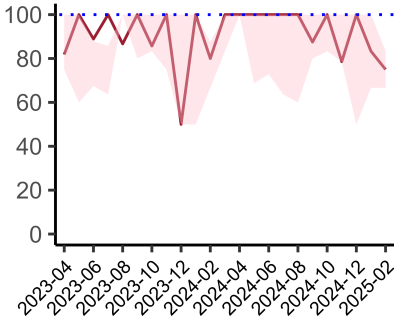
National mean 75%
ICB mean 86%
Number of patients included 62
Data completeness 100%



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

Risk documented after surgery

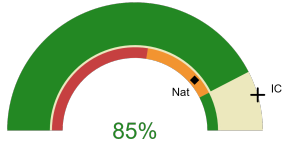
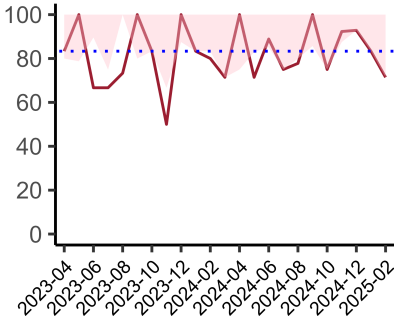
National mean 56%
ICB mean 76%
Number of patients included 62
Data completeness 100%



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%)

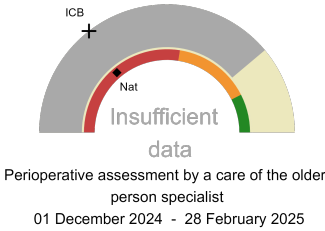
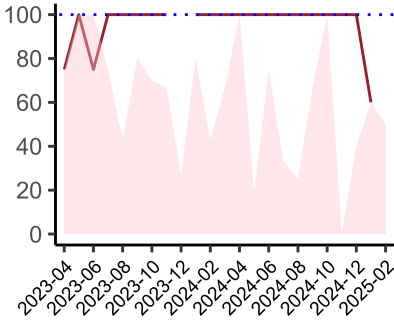
National mean 61%
ICB mean 74%
Number of patients included 34
Data completeness 100%



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

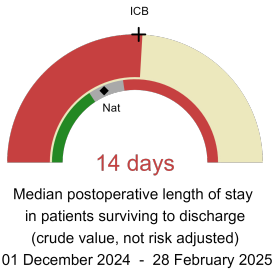
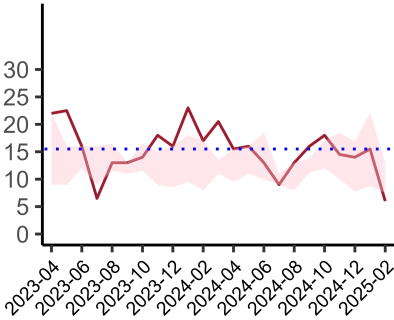
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death ≥ 5%)

National mean 78%
ICB mean 91%
Number of patients included 33
Data completeness 66%



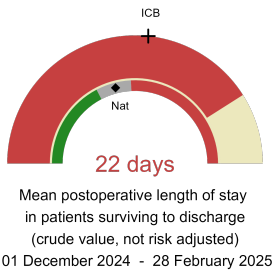
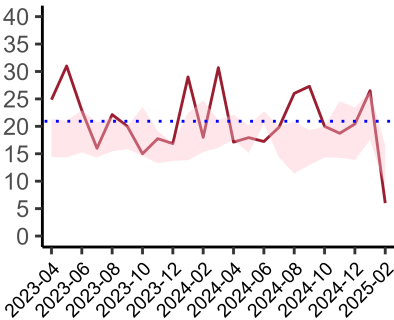
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
ICB mean 29%
Number of patients included 9
Data completeness 100%



Median postoperative length of stay

National median 10 days
ICB median 14 days
Number of patients included 34
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 19 days
Number of patients included 34
Data completeness 100%

Integrated Care Board

Royal Liverpool University Hospital is part of the NHS Cheshire And Merseyside Integrated Care Board ICB. This comprises Southport District General Hospital, Whiston Hospital, Warrington Hospital, Arrowe Park Hospital, Macclesfield District General Hospital, Aintree University Hospital, Leighton Hospital, Countess of Chester Hospital, Royal Liverpool University Hospital.