

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 November 2024 and 31 January 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**.

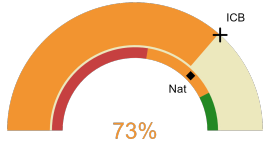


Salisbury District Hospital

2024-25 Reporting Period 8: 01 November 2024 - 31 January 2025

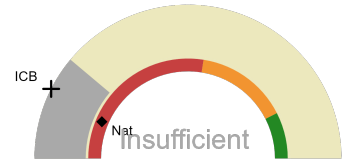
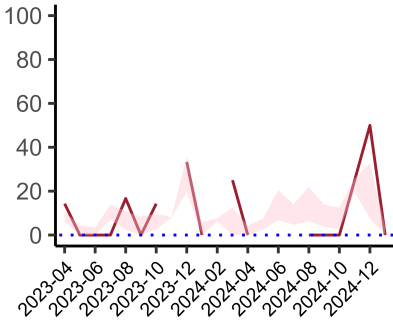
These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 8 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



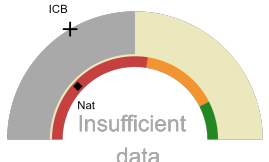
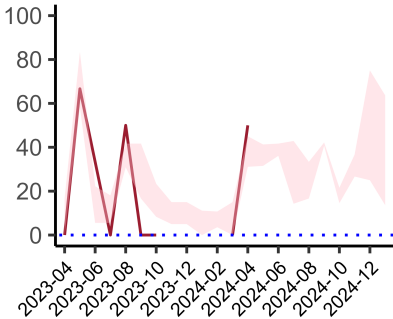
Estimated case ascertainment
01 November 2024 - 31 January 2025

**Estimated case ascertainment
(Based on HES/PEDW Data)**
Expected number of cases 22
Total cases entered 16
Cases locked 15
Cases unlocked 1



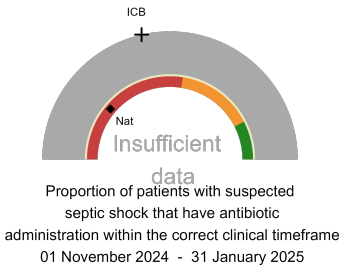
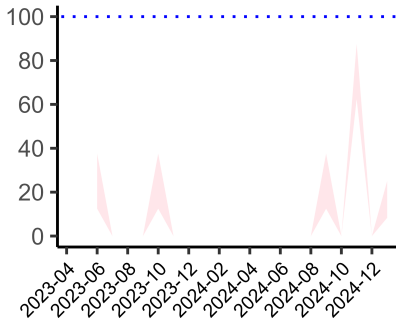
Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery
01 November 2024 - 31 January 2025

CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.
National mean 13%
ICB mean 15%
Number of patients included 9
Data completeness 100%



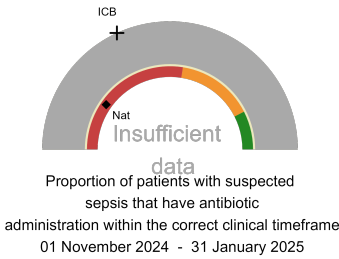
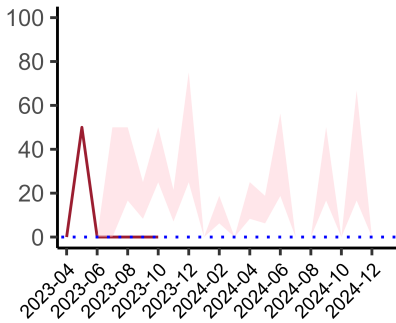
Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 November 2024 - 31 January 2025

Combined Infection management standard - antibiotic administration within the correct clinical timeframe
National mean 24%
ICB mean 33%
Number of patients included 4
Data completeness 80%



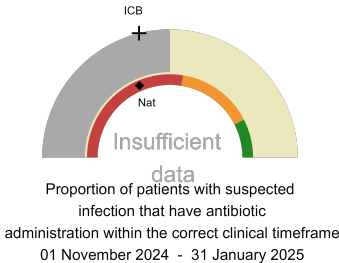
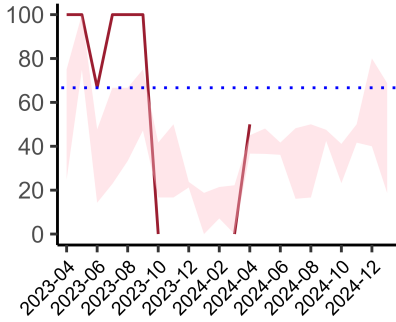
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 22%
ICB mean 43%
Number of patients included 1
Data completeness 50%



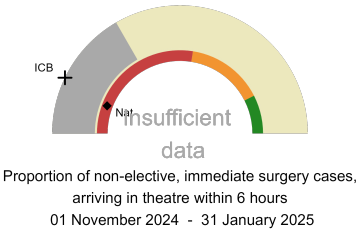
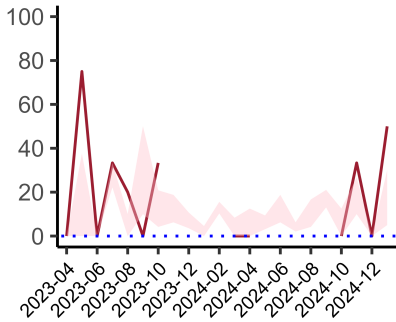
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 19%
ICB mean 36%
Number of patients included 1
Data completeness 50%



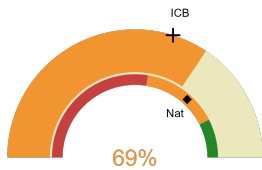
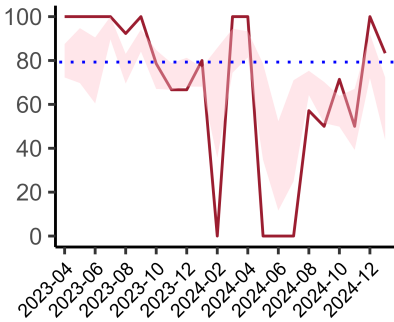
Infection - antibiotic administration within the correct clinical timeframe

National mean 37%
ICB mean 42%
Number of patients included 4
Data completeness 80%



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

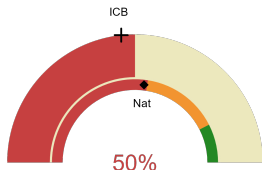
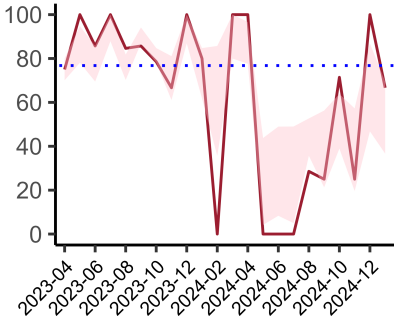
National mean 12%
ICB mean 14%
Number of patients included 9
Data completeness 100%



Risk of death documented before surgery
01 November 2024 - 31 January 2025

Risk documented before surgery

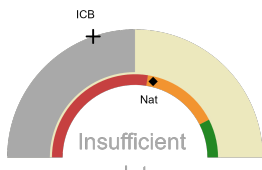
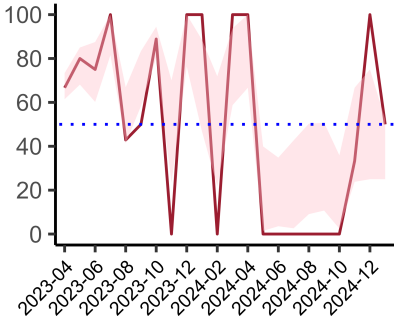
National mean 73%
ICB mean 60%
Number of patients included 16
Data completeness 100%



Risk of death documented after surgery
01 November 2024 - 31 January 2025

Risk documented after surgery

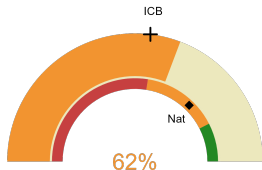
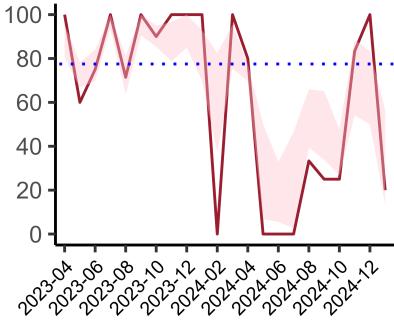
National mean 54%
ICB mean 47%
Number of patients included 16
Data completeness 100%



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 November 2024 - 31 January 2025

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

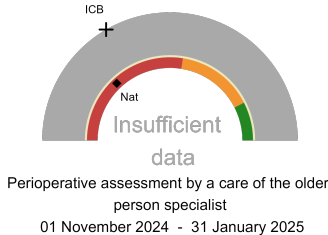
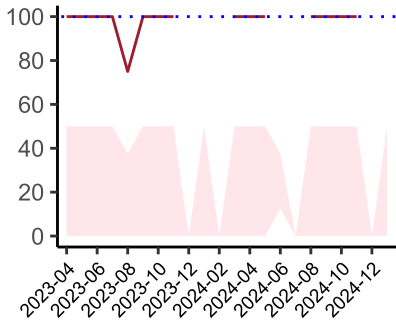
National mean 57%
ICB mean 39%
Number of patients included 6
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 November 2024 - 31 January 2025

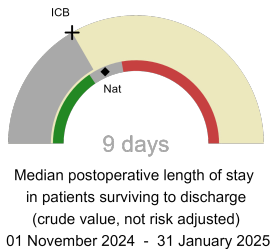
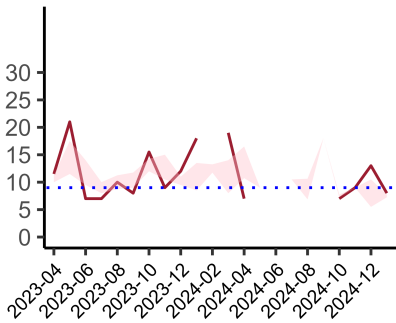
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 74%
ICB mean 54%
Number of patients included 13
Data completeness 87%



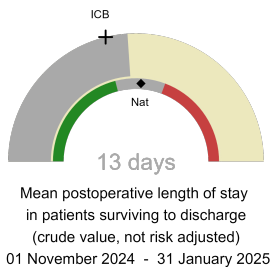
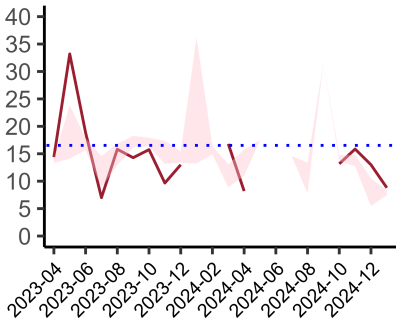
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 26%
ICB mean 33%
Number of patients included 3
Data completeness 100%



Median postoperative length of stay

National median 10 days
ICB median 9 days
Number of patients included 13
Data completeness 100%



Mean postoperative length of stay

National mean 14 days
ICB mean 12 days
Number of patients included 13
Data completeness 100%

Integrated Care Board

Salisbury District Hospital is part of the NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care Board ICB. This comprises Royal United Hospital, Salisbury District Hospital, The Great Western Hospital.