

**Explanatory Notes**

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

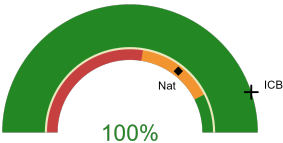


**Good Hope Hospital**

**2024-25 Reporting Period 5: 01 August 2024 - 31 October 2024**

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

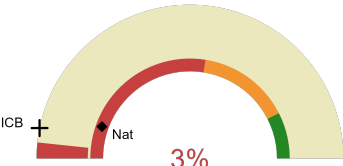
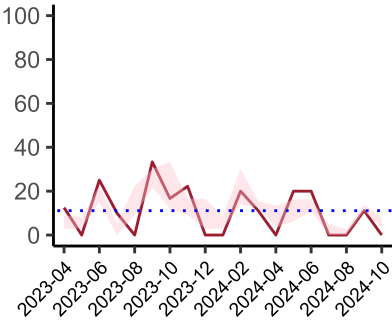
**NELA process and outcome measures**



Estimated case ascertainment  
01 August 2024 - 31 October 2024

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

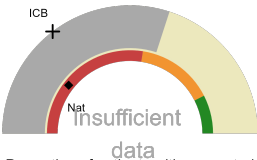
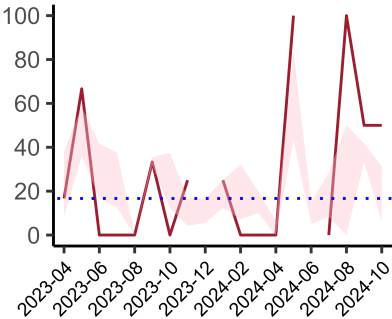
Expected number of cases 33  
Total cases entered 33  
Cases locked 32  
Cases unlocked 1



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 August 2024 - 31 October 2024

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

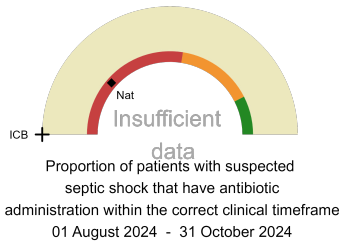
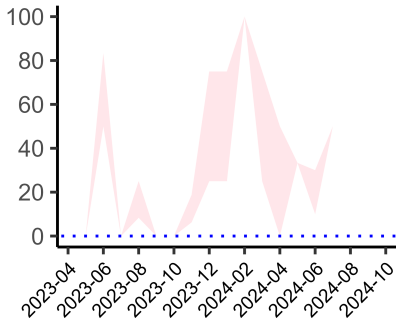
National mean 11%  
ICB mean 6%  
Number of patients included 30  
Data completeness 100%



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

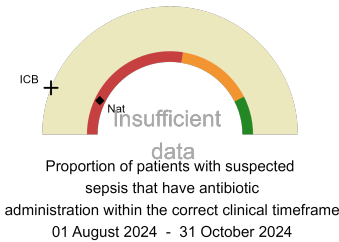
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 21%  
ICB mean 29%  
Number of patients included 5  
Data completeness 100%



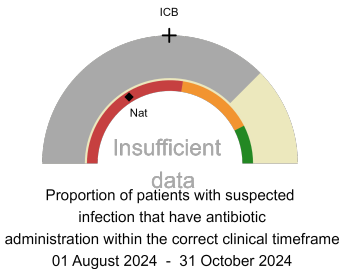
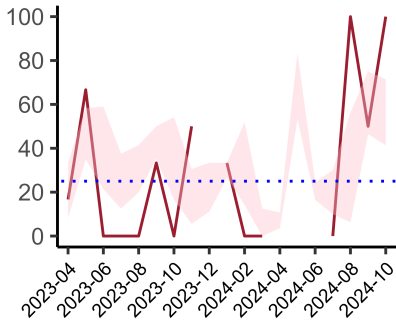
**Septic Shock - antibiotic administration within the correct clinical timeframe**

National mean 23%  
ICB mean 0%  
Number of patients included 0  
Data completeness NaN%



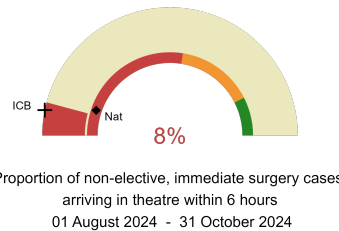
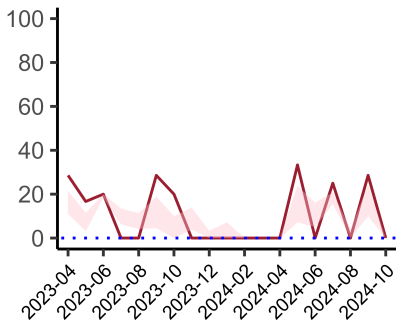
**Sepsis - antibiotic administration within the correct clinical timeframe**

National mean 14%  
ICB mean 12%  
Number of patients included 1  
Data completeness 100%



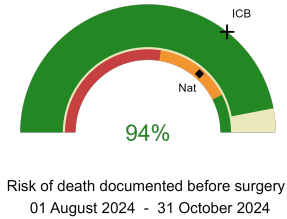
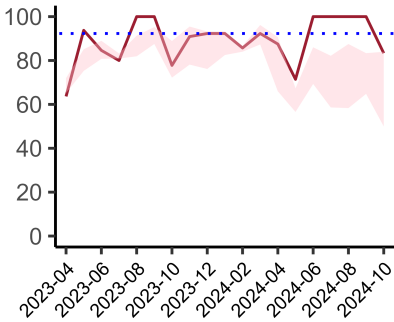
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 32%  
ICB mean 50%  
Number of patients included 4  
Data completeness 100%



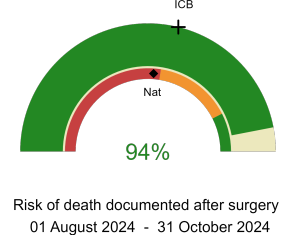
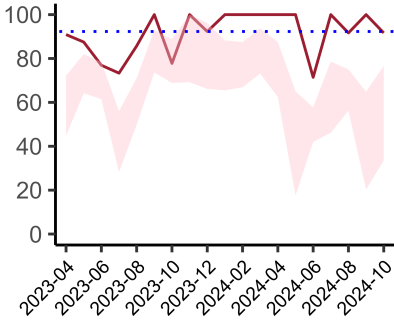
**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

National mean 10%  
ICB mean 6%  
Number of patients included 24  
Data completeness 100%



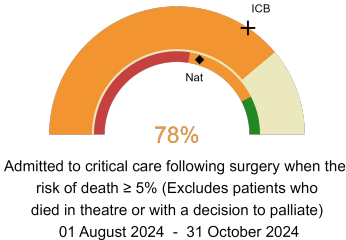
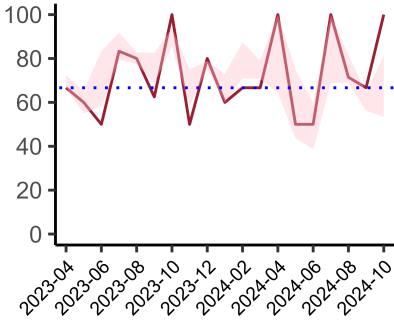
**Risk documented before surgery**

National mean 73%  
ICB mean 71%  
Number of patients included 33  
Data completeness 100%



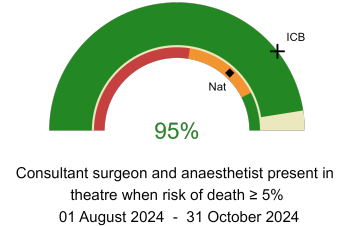
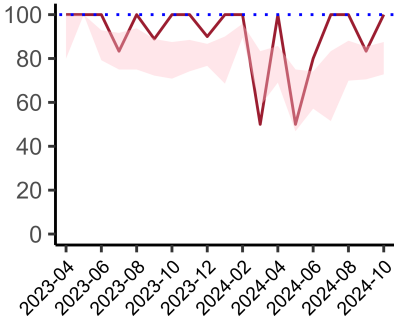
**Risk documented after surgery**

National mean 52%  
ICB mean 58%  
Number of patients included 33  
Data completeness 100%



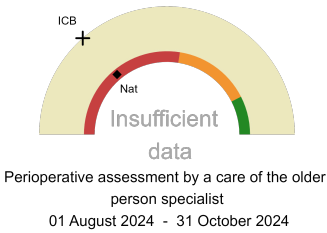
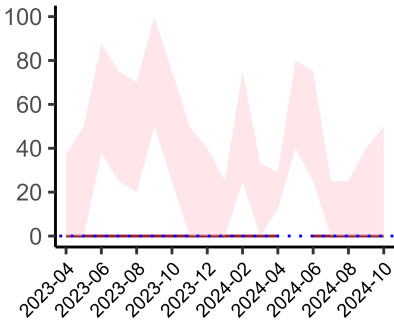
**Admitted to Critical Care (risk of death  $\geq$  5%)**

National mean 59%  
ICB mean 69%  
Number of patients included 18  
Data completeness 100%



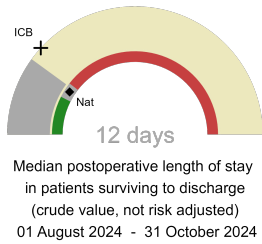
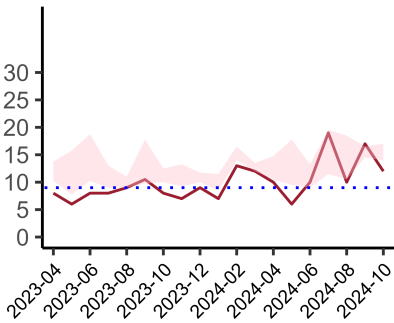
**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death  $\geq$  5%)**

National mean 74%  
ICB mean 79%  
Number of patients included 20  
Data completeness 65%



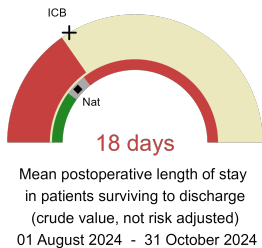
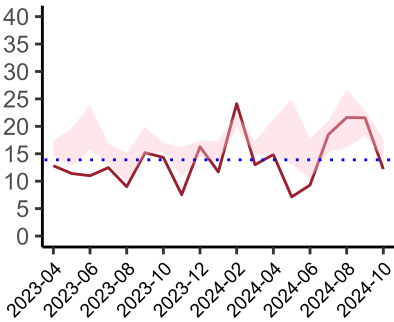
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

National mean 28%  
ICB mean 27%  
Number of patients included 5  
Data completeness 100%



**Median postoperative length of stay**

National median 11 days  
ICB median 14 days  
Number of patients included 29  
Data completeness 100%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 20 days  
Number of patients included 29  
Data completeness 100%

**Integrated Care Board**

Good Hope Hospital is part of the NHS Birmingham And Solihull Integrated Care Board ICB. This comprises Birmingham Heartlands Hospital, Good Hope Hospital, Queen Elizabeth Hospital Birmingham.