

Explanatory Notes

All cases (locked and unlocked) taken to theatre 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.

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**.



Hospital performance: Risk-adjusted measures
Rating boundaries are lower and upper 99.8% and 95% control limits



Hospital performance: Non-risk-adjusted measures
Rating boundaries are lower and upper national quartiles

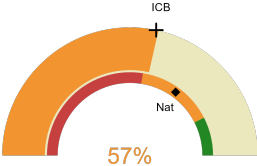


Queen's Hospital - Romford

2024-25 Reporting Period 2: 01 June 2024 - 31 August 2024

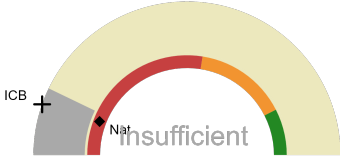
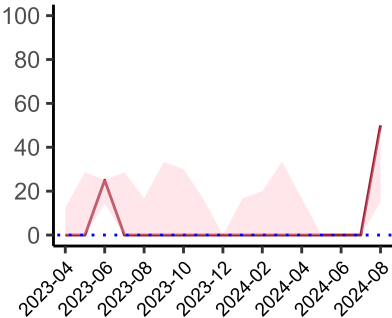
These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



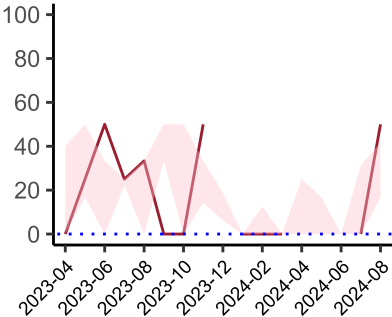
Estimated case ascertainment
01 June 2024 - 31 August 2024

**Estimated case ascertainment
(Based on HES/PEDW Data)**
Expected number of cases 56
Total cases entered 32
Cases locked 25
Cases unlocked 7



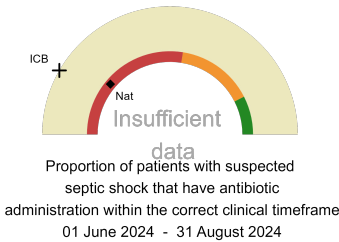
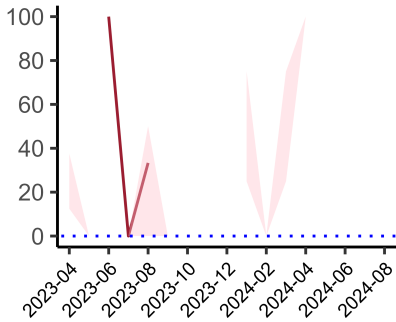
Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery
01 June 2024 - 31 August 2024

CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.
National mean 12%
ICB mean 11%
Number of patients included 7
Data completeness 100%



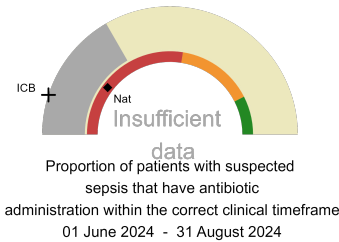
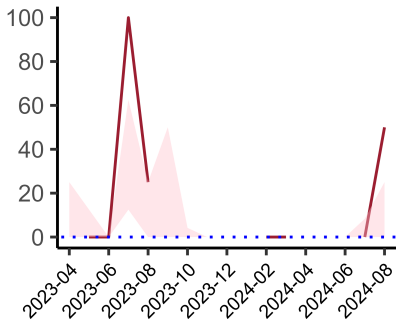
Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 June 2024 - 31 August 2024

Combined Infection management standard - antibiotic administration within the correct clinical timeframe
National mean 23%
ICB mean 19%
Number of patients included 5
Data completeness 83%



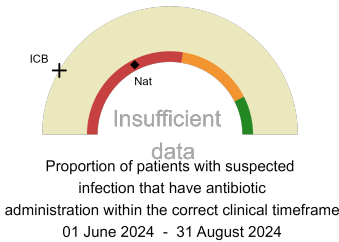
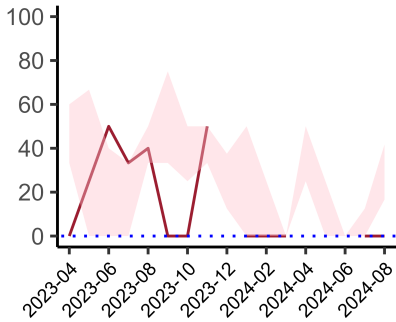
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 22%
ICB mean 17%
Number of patients included 1
Data completeness 50%



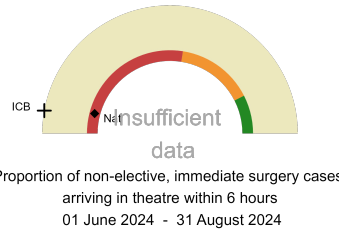
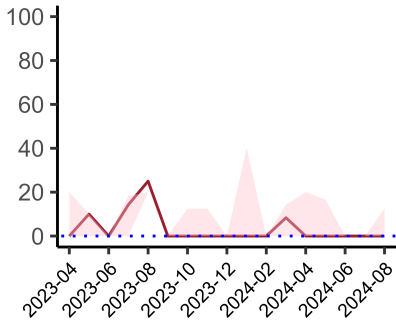
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 10%
Number of patients included 3
Data completeness 75%



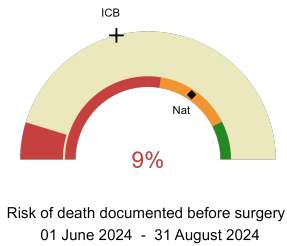
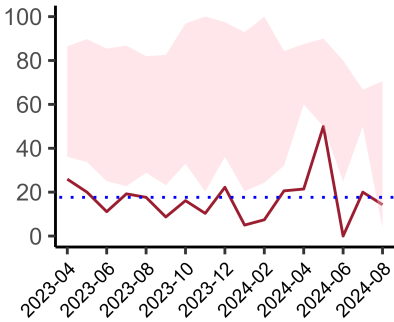
Infection - antibiotic administration within the correct clinical timeframe

National mean 35%
ICB mean 17%
Number of patients included 4
Data completeness 80%



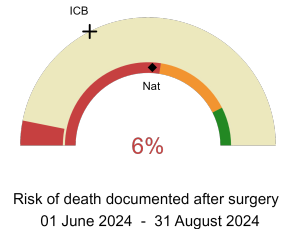
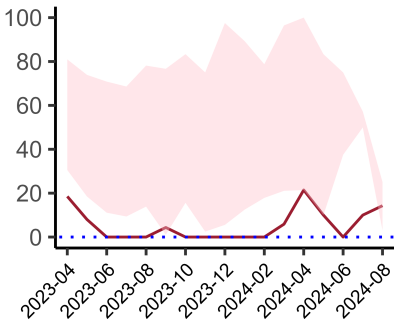
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 8%
ICB mean 6%
Number of patients included 8
Data completeness 100%



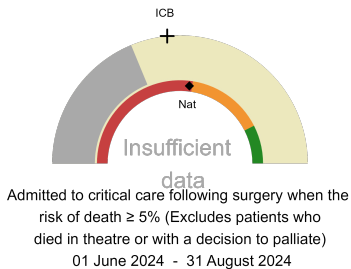
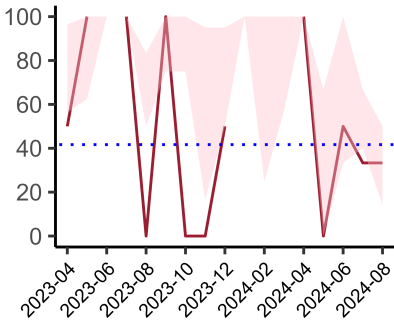
Risk documented before surgery

National mean 69%
ICB mean 42%
Number of patients included 32
Data completeness 100%



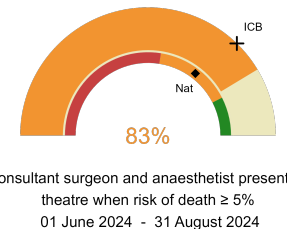
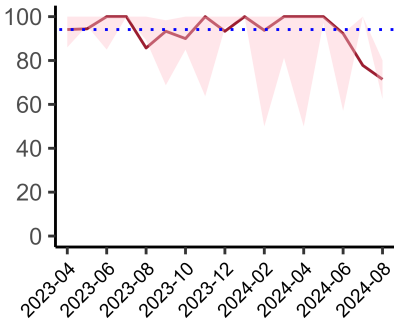
Risk documented after surgery

National mean 52%
ICB mean 35%
Number of patients included 32
Data completeness 100%



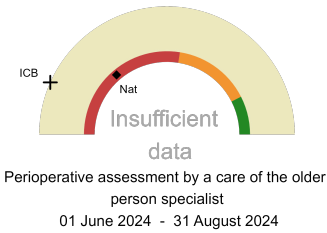
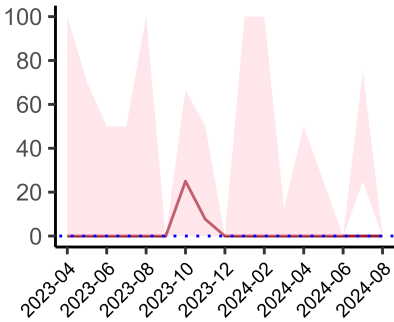
Admitted to Critical Care (risk of death \geq 5%)

National mean 54%
ICB mean 47%
Number of patients included 8
Data completeness 100%



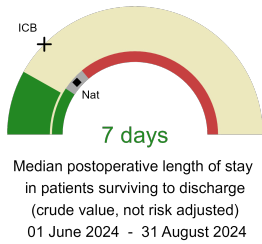
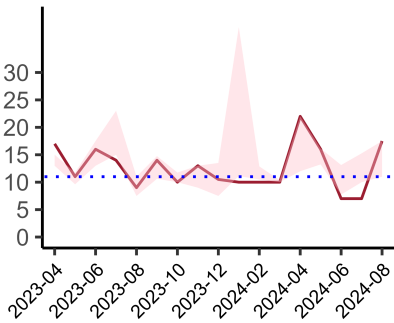
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 71%
ICB mean 74%
Number of patients included 29
Data completeness 91%



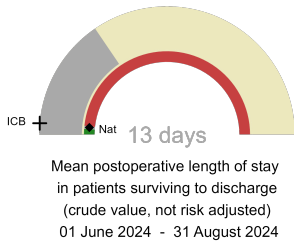
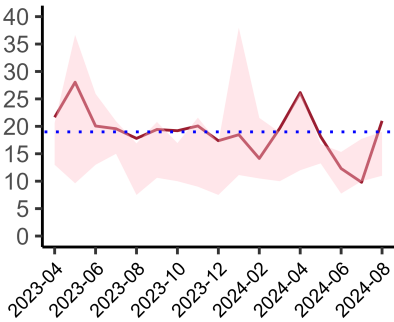
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
ICB mean 13%
Number of patients included 8
Data completeness 73%



Median postoperative length of stay

National median 10 days
ICB median 11 days
Number of patients included 22
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 14 days
Number of patients included 22
Data completeness 100%

Integrated Care Board

Queen’s Hospital - Romford is part of the NHS North East London Integrated Care Board ICB. This comprises Homerton Hospital, Queen’s Hospital - Romford, King George Hospital, The Royal London Hospital, Whipps Cross University Hospital, Newham University Hospital.