

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 October 2024 and 31 May 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 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

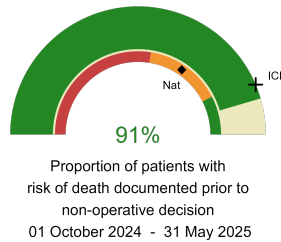
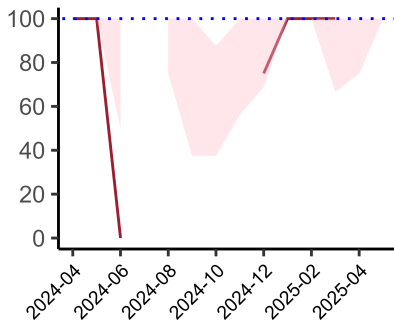


Stepping Hill Hospital

2025-26 Reporting Period 2: 01 October 2024 - 31 May 2025

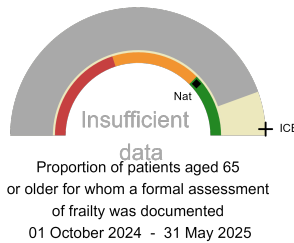
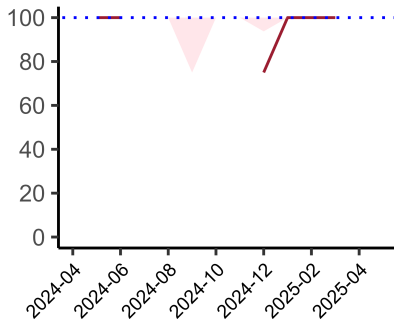
These plots represent patients who did NOT have an emergency laparotomy during Year 2025-26 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



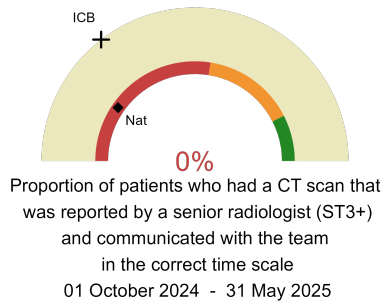
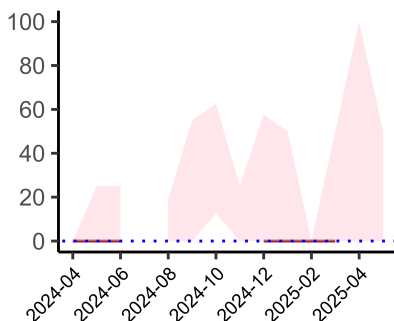
Risk documented prior to non-operative decision.

National mean 69%
ICB mean 87%
Number of patients included 11
Data completeness 100%



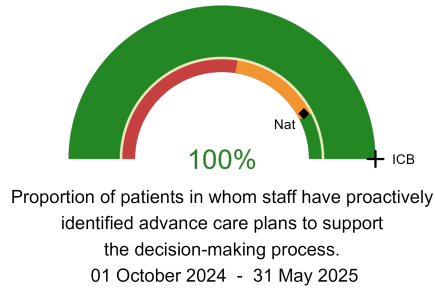
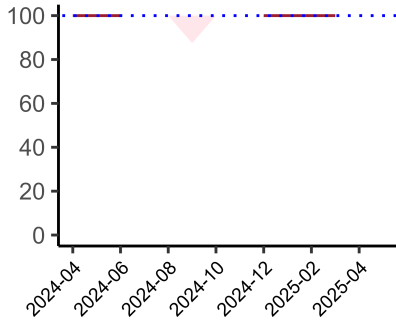
Formal assessment of frailty documented.

National mean 77%
ICB mean 98%
Number of patients included 9
Data completeness 100%



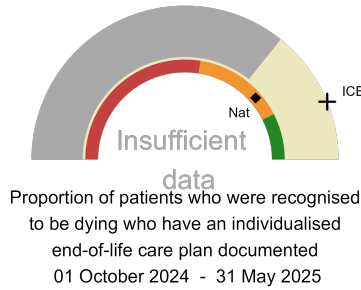
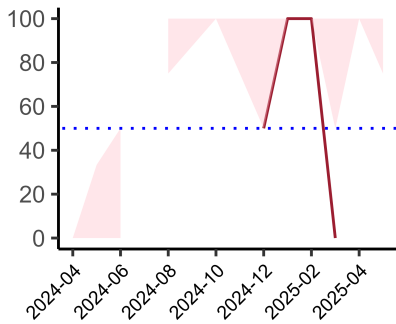
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale.

National mean 19%
ICB mean 29%
Number of patients included 11
Data completeness 100%



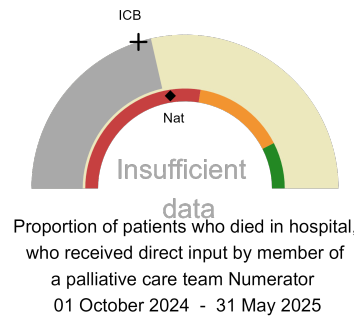
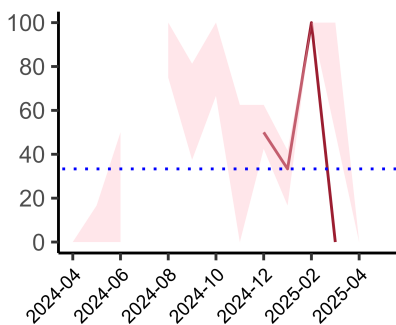
Advance care plans to support the decision-making process.

National mean 84%
ICB mean 100%
Number of patients included 11
Data completeness 100%



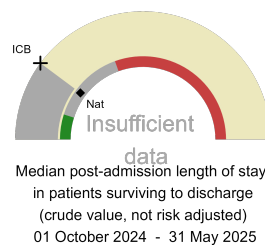
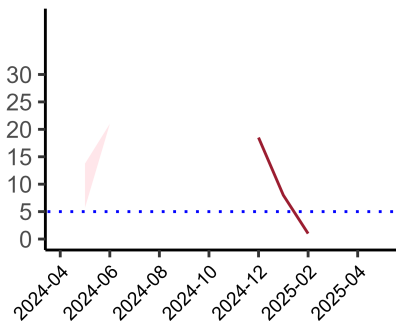
Individualised end-of-life care plan documented for patients recognised to be dying.

National mean 77%
ICB mean 88%
Number of patients included 7
Data completeness 100%



Direct input by a member of a palliative care team for patients who have died in hospital.

National mean 45%
ICB mean 40%
Number of patients included 7
Data completeness 100%



Median post-admission length of stay

National median 12 days
ICB median 12 days
Number of patients included 4
Data completeness 100%

