

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 March 2025 and 31 August 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**.

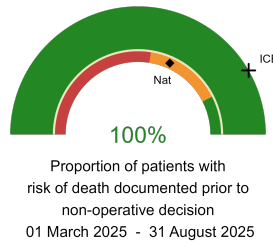
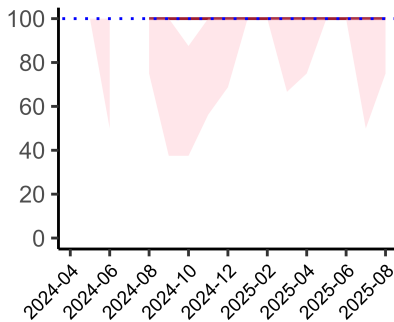


Royal Albert Edward Infirmary

2025-26 Reporting Period 5: 01 March 2025 - 31 August 2025

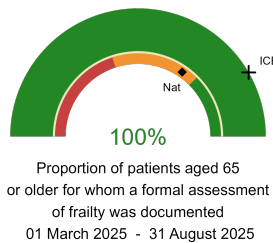
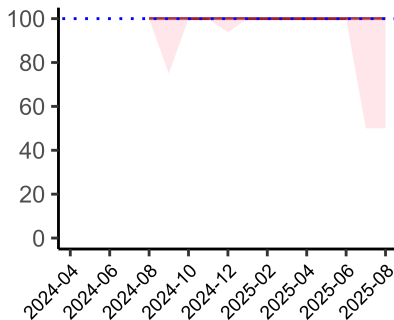
These plots represent patients who did NOT have an emergency laparotomy during Year 2025-26 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



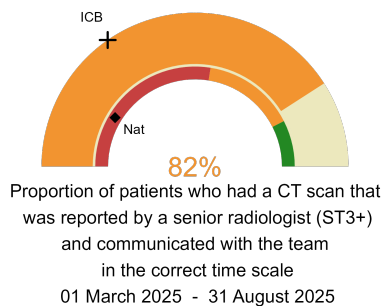
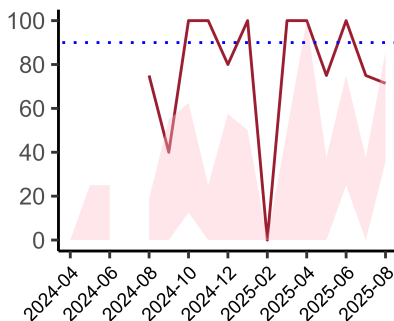
Risk documented prior to non-operative decision.

National mean 63%
ICB mean 83%
Number of patients included 23
Data completeness 100%



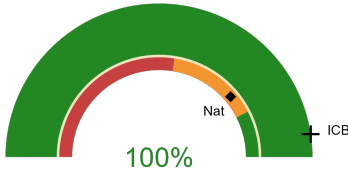
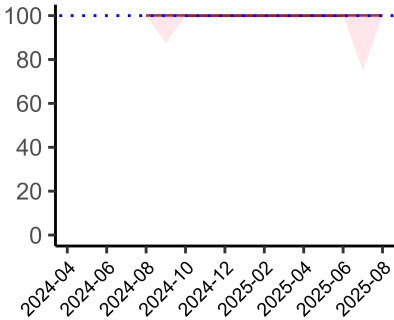
Formal assessment of frailty documented.

National mean 69%
ICB mean 83%
Number of patients included 22
Data completeness 100%



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

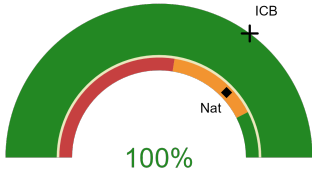
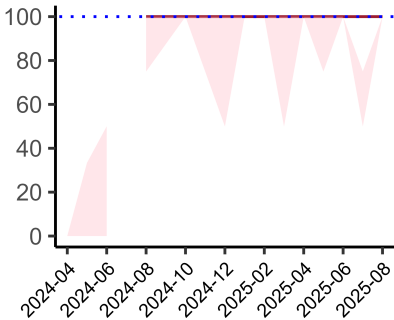
National mean 17%
ICB mean 31%
Number of patients included 22
Data completeness 100%



Proportion of patients in whom staff have proactively identified advance care plans to support the decision-making process.
01 March 2025 - 31 August 2025

Advance care plans to support the decision-making process.

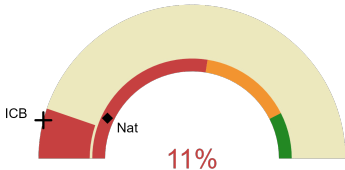
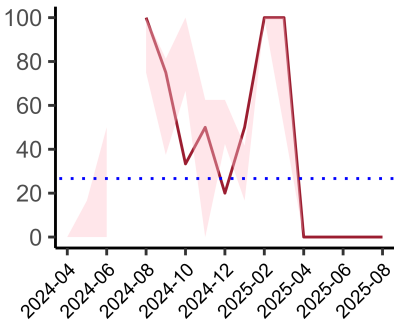
National mean 78%
ICB mean 95%
Number of patients included 23
Data completeness 100%



Proportion of patients who were recognised to be dying who have an individualised end-of-life care plan documented
01 March 2025 - 31 August 2025

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

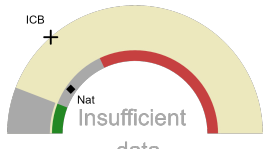
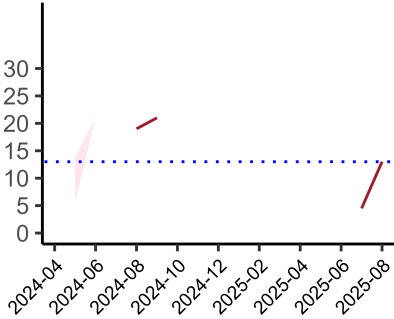
National mean 76%
ICB mean 70%
Number of patients included 19
Data completeness 100%



Proportion of patients who died in hospital, who received direct input by member of a palliative care team Numerator
01 March 2025 - 31 August 2025

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

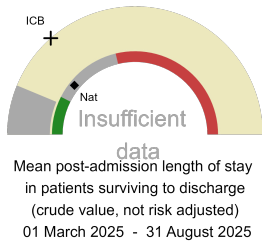
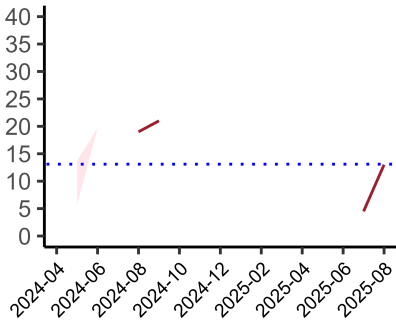
National mean 14%
ICB mean 8%
Number of patients included 19
Data completeness 100%



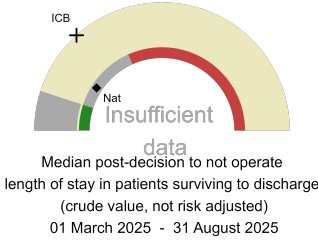
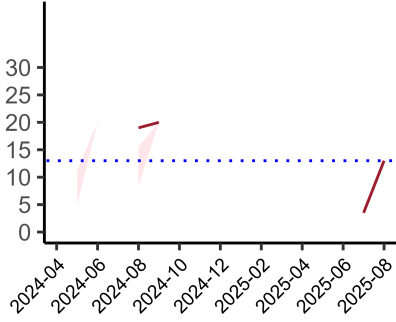
Median post-admission length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 March 2025 - 31 August 2025

Median post-admission length of stay

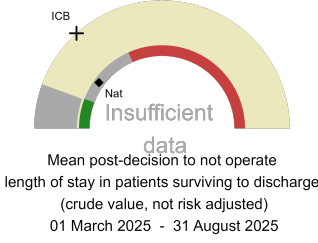
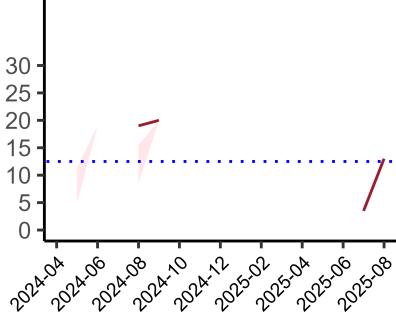
National median 12 days
ICB median 16 days
Number of patients included 4
Data completeness 100%



Mean post-admission length of stay
National mean 13 days
ICB mean 16 days
Number of patients included 4
Data completeness 100%



Median post-decision to not operate length of stay
National median 11 days
ICB median 16 days
Number of patients included 4
Data completeness 100%



Mean post-decision to not operate length of stay
National mean 12 days
ICB median 16 days
Number of patients included 4
Data completeness 100%

Integrated Care Board

Royal Albert Edward Infirmary is part of the NHS Greater Manchester Integrated Care Board ICB. This comprises Salford Royal Hospital, Stepping Hill Hospital, Tameside General Hospital, The Royal Oldham Hospital, North Manchester General Hospital, Wythenshawe Hospital, Royal Albert Edward Infirmary.