

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 July 2024 and 30 September 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

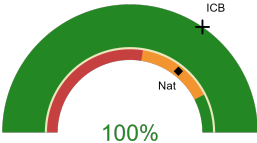


York Hospital

2024-25 Reporting Period 4: 01 July 2024 - 30 September 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

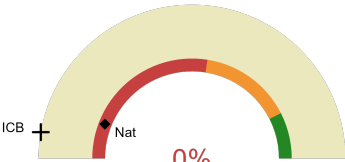
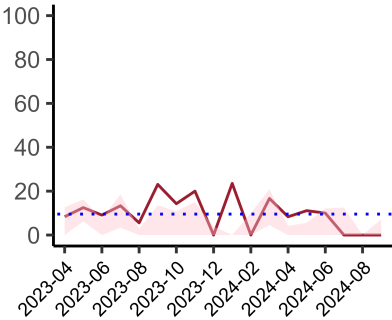
NELA process and outcome measures



Estimated case ascertainment
01 July 2024 - 30 September 2024

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

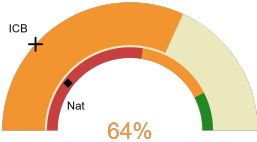
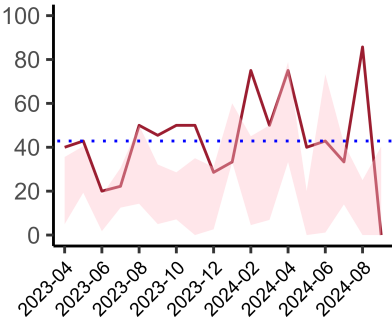
Expected number of cases 50
Total cases entered 66
Cases locked 16
Cases unlocked 50



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 July 2024 - 30 September 2024

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

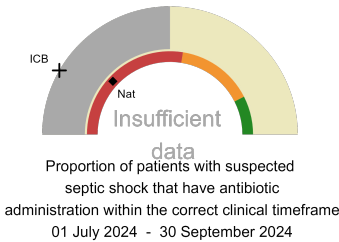
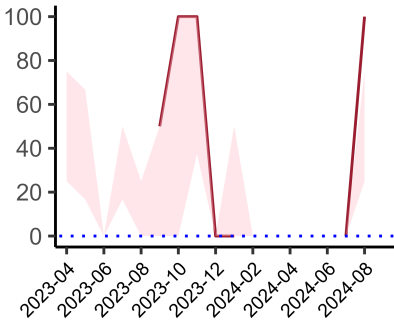
National mean 12%
ICB mean 5%
Number of patients included 17
Data completeness 98%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

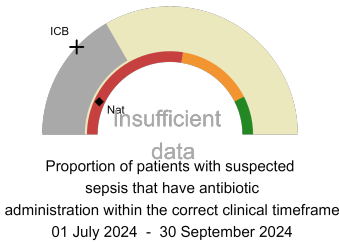
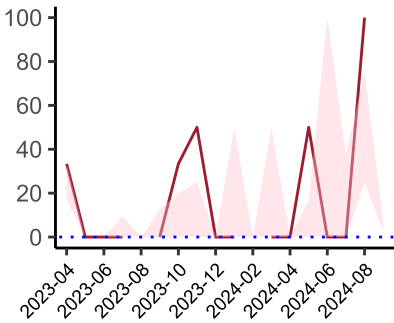
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 24%
Number of patients included 11
Data completeness 22%



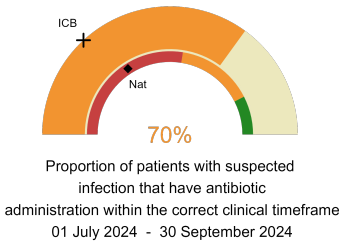
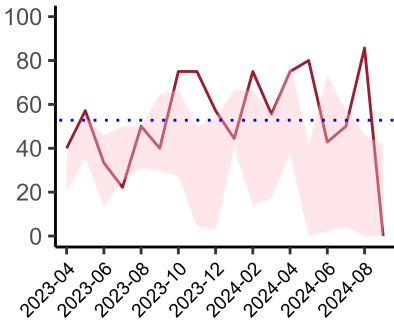
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 17%
Number of patients included 2
Data completeness 5%



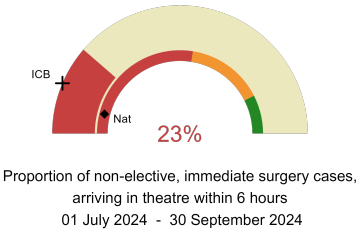
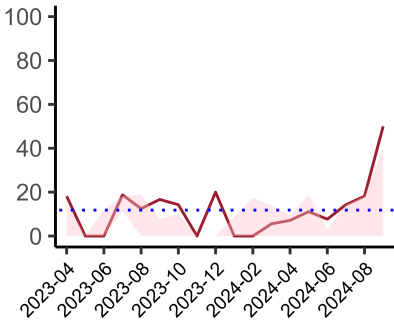
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 14%
ICB mean 24%
Number of patients included 3
Data completeness 7%



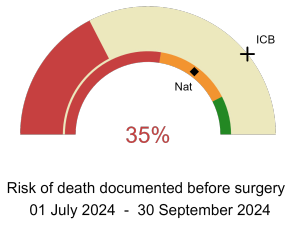
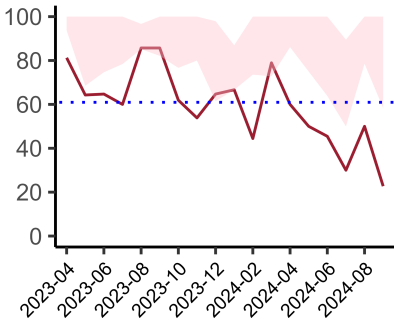
Infection - antibiotic administration within the correct clinical timeframe

National mean 32%
ICB mean 26%
Number of patients included 10
Data completeness 20%

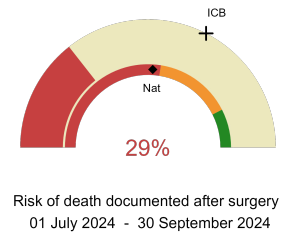
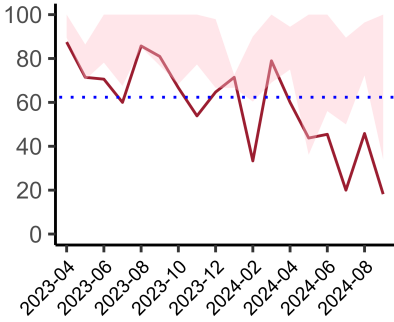


Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

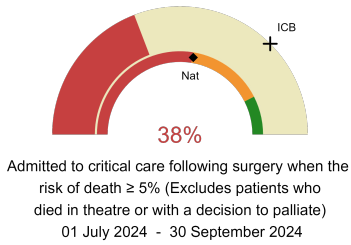
National mean 8%
ICB mean 13%
Number of patients included 22
Data completeness 100%



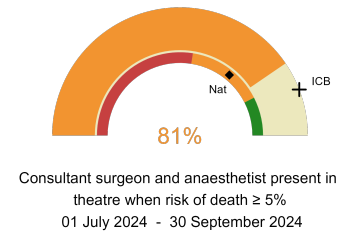
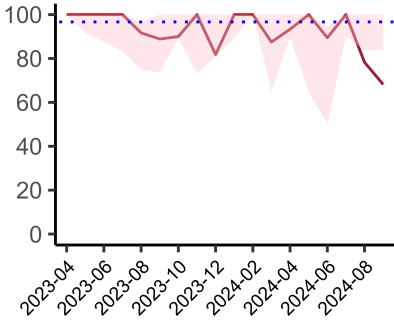
Risk documented before surgery
National mean 70%
ICB mean 78%
Number of patients included 66
Data completeness 100%



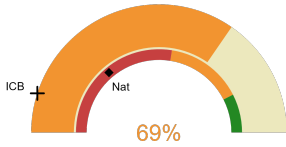
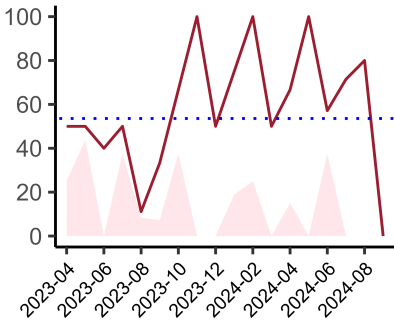
Risk documented after surgery
National mean 52%
ICB mean 65%
Number of patients included 66
Data completeness 100%



Admitted to Critical Care (risk of death \geq 5%)
National mean 55%
ICB mean 75%
Number of patients included 60
Data completeness 100%



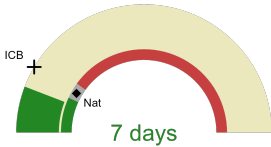
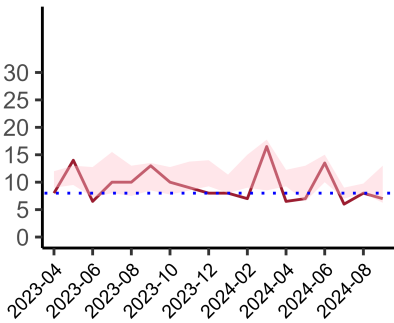
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)
National mean 72%
ICB mean 88%
Number of patients included 63
Data completeness 95%



Perioperative assessment by a care of the older person specialist
01 July 2024 - 30 September 2024

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

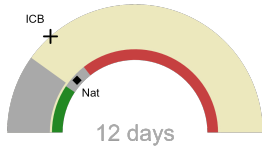
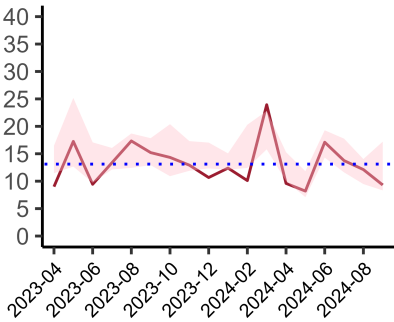
National mean 28%
ICB mean 10%
Number of patients included 13
Data completeness 27%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Median postoperative length of stay

National median 10 days
ICB median 10 days
Number of patients included 46
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Mean postoperative length of stay

National mean 14 days
ICB mean 16 days
Number of patients included 46
Data completeness 100%

Integrated Care Board

York Hospital is part of the NHS Humber And North Yorkshire Integrated Care Board ICB. This comprises Harrogate District Hospital, Hull Royal Infirmary, Castle Hill Hospital, York Hospital, Scarborough Hospital, Diana Princess of Wales Hospital, Scunthorpe General Hospital.