

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 April 2024 and 30 June 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

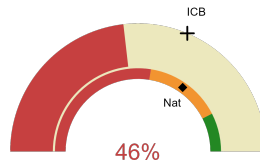


Queen's Hospital - Burton

2024-25 Reporting Period 1: 01 April 2024 - 30 June 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 1 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

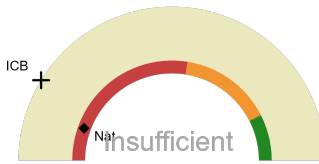
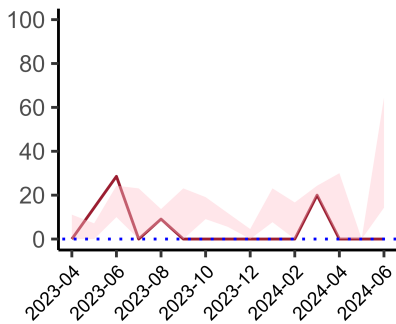
NELA process and outcome measures



Estimated case ascertainment
01 April 2024 - 30 June 2024

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

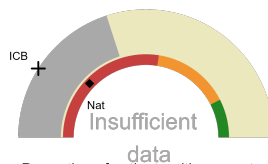
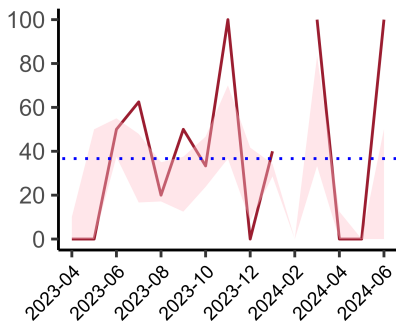
Expected number of cases 41
Total cases entered 19
Cases locked 6
Cases unlocked 13



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 April 2024 - 30 June 2024

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

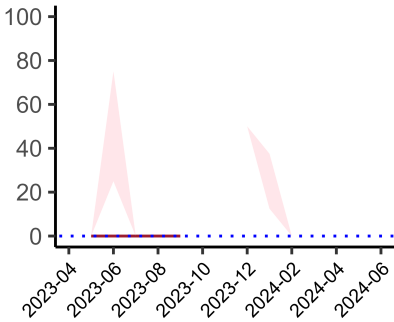
National mean 11%
ICB mean 17%
Number of patients included 8
Data completeness 100%



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

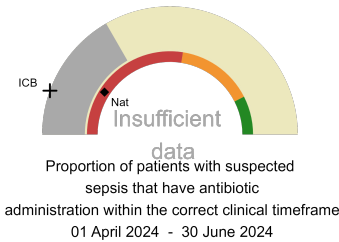
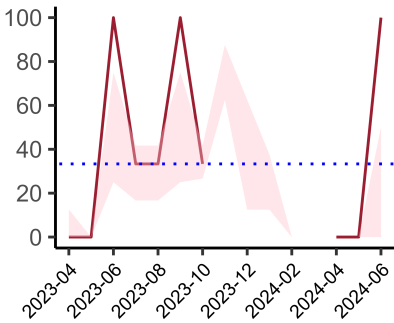
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 18%
Number of patients included 5
Data completeness 83%



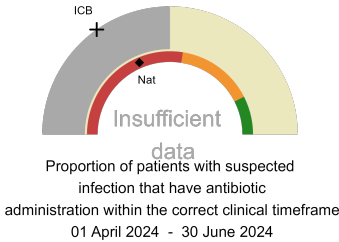
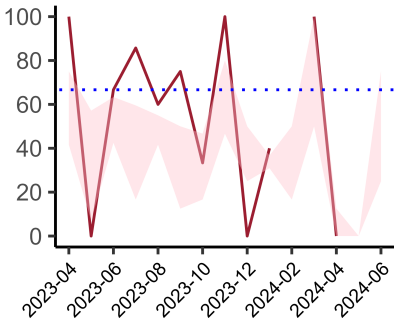
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 0%
Number of patients included 0
Data completeness 0%



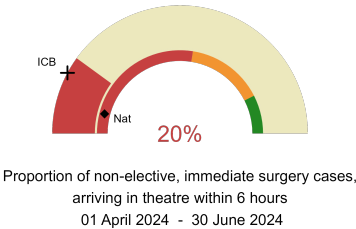
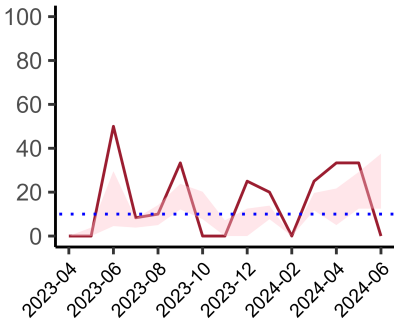
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 18%
ICB mean 11%
Number of patients included 3
Data completeness 75%



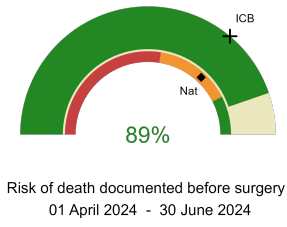
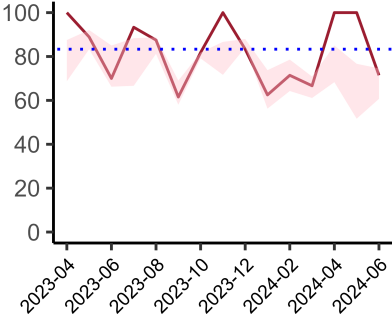
Infection - antibiotic administration within the correct clinical timeframe

National mean 37%
ICB mean 31%
Number of patients included 4
Data completeness 67%

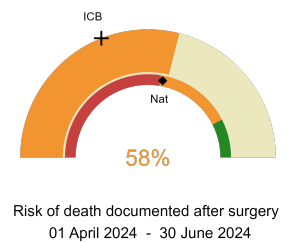
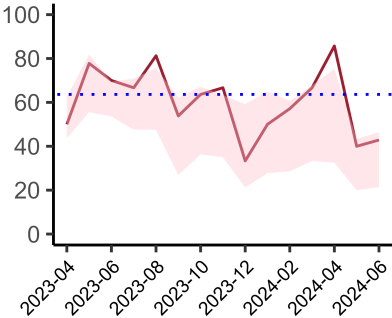


Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

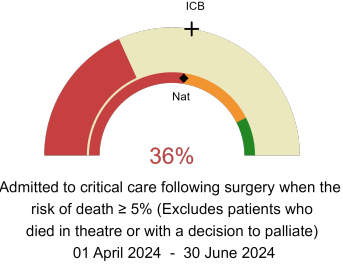
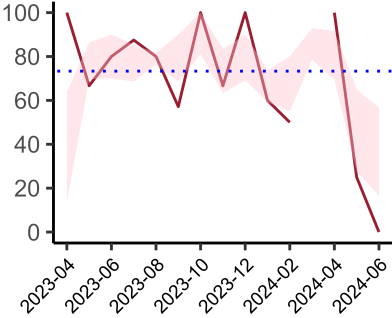
National mean 8%
ICB mean 16%
Number of patients included 10
Data completeness 100%



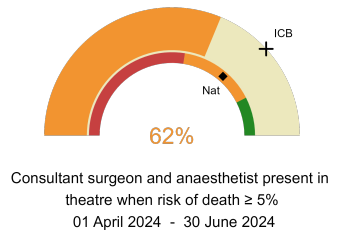
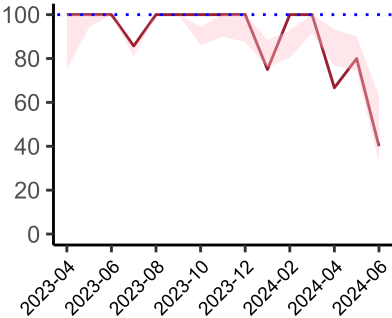
Risk documented before surgery
National mean 74%
ICB mean 72%
Number of patients included 19
Data completeness 100%



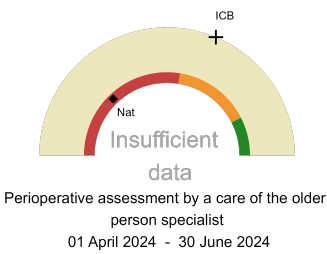
Risk documented after surgery
National mean 56%
ICB mean 38%
Number of patients included 19
Data completeness 100%



Admitted to Critical Care (risk of death \geq 5%)
National mean 55%
ICB mean 55%
Number of patients included 11
Data completeness 100%

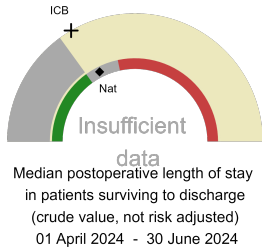
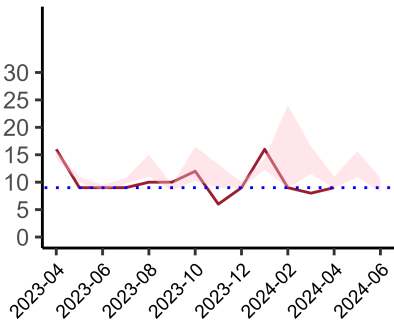


Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)
National mean 73%
ICB mean 76%
Number of patients included 16
Data completeness 100%



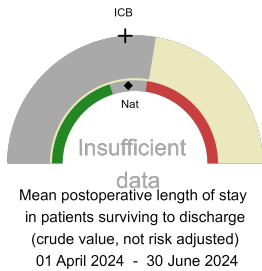
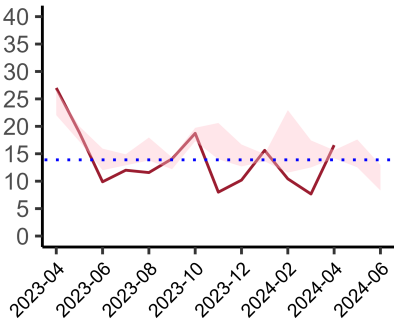
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 26%
ICB mean 62%
Number of patients included 5
Data completeness 71%



Median postoperative length of stay

National median 10 days
ICB median 10 days
Number of patients included 7
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 15 days
Number of patients included 7
Data completeness 100%

Integrated Care Board

Queen’s Hospital - Burton is part of the NHS Derby And Derbyshire Integrated Care Board ICB. This comprises Queen’s Hospital - Burton, Chesterfield Royal Hospital, Royal Derby Hospital.