

**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**.

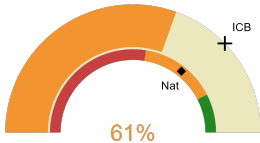


**Queen's Hospital - Burton**

**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.

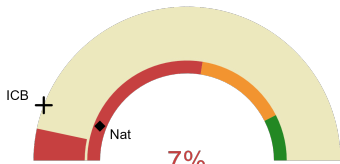
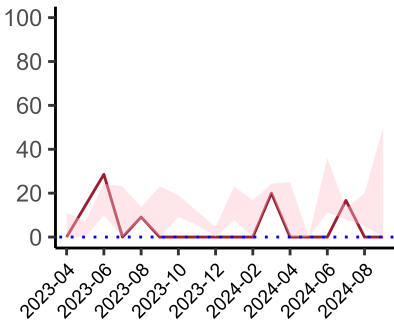
**NELA process and outcome measures**



Estimated case ascertainment  
01 July 2024 - 30 September 2024

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

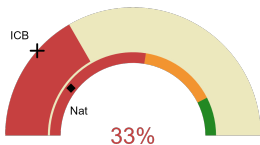
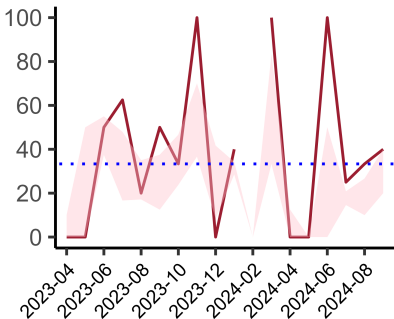
Expected number of cases 41  
Total cases entered 25  
Cases locked 17  
Cases unlocked 8



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.**

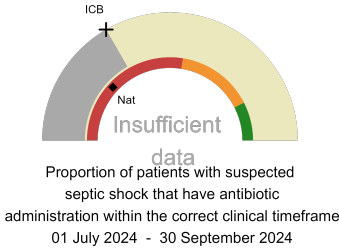
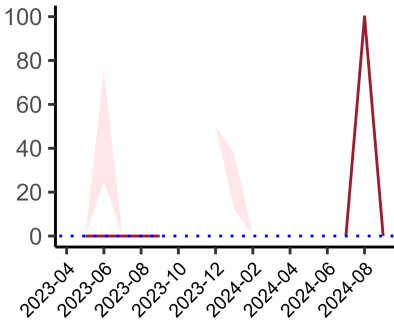
National mean 12%  
ICB mean 12%  
Number of patients included 15  
Data completeness 100%



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

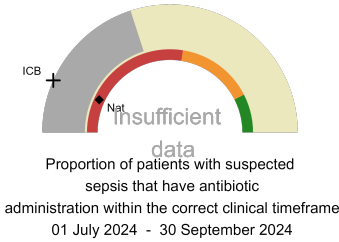
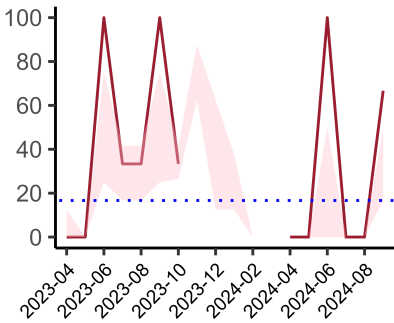
**Combined Infection  
management standard -  
antibiotic administration  
within the correct clinical  
timeframe**

National mean 21%  
ICB mean 23%  
Number of patients included 12  
Data completeness 92%



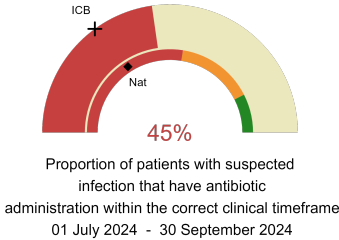
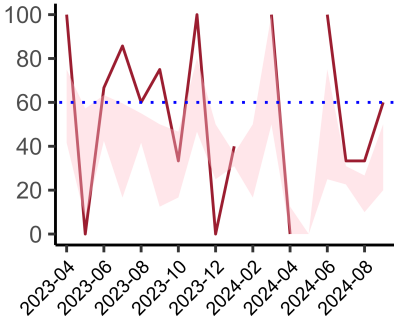
**Septic Shock - antibiotic administration within the correct clinical timeframe**

National mean 24%  
ICB mean 33%  
Number of patients included 3  
Data completeness 75%



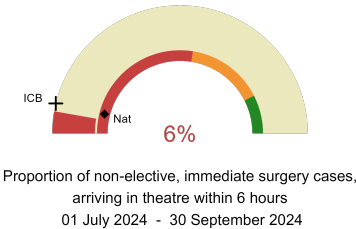
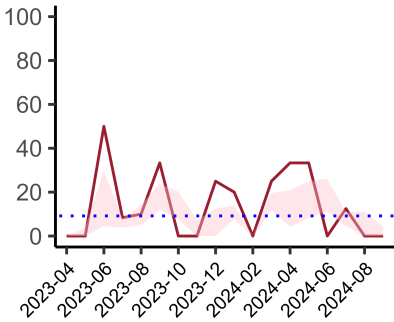
**Sepsis - antibiotic administration within the correct clinical timeframe**

National mean 14%  
ICB mean 13%  
Number of patients included 5  
Data completeness 83%



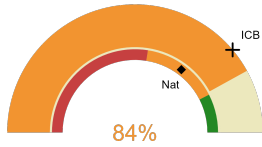
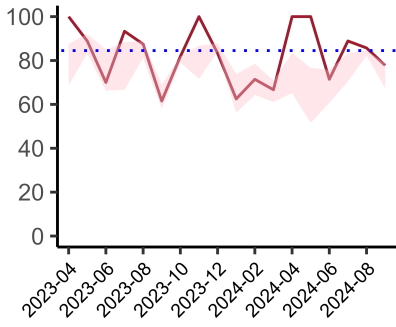
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 32%  
ICB mean 30%  
Number of patients included 11  
Data completeness 92%



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

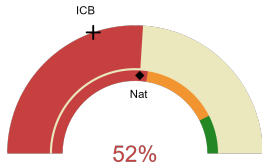
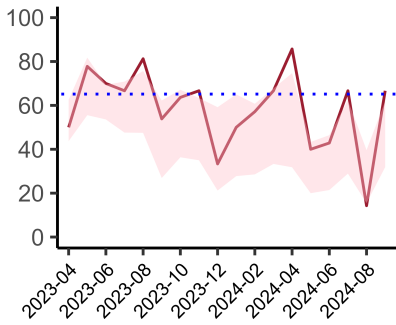
National mean 8%  
ICB mean 8%  
Number of patients included 18  
Data completeness 100%



Risk of death documented before surgery  
01 July 2024 - 30 September 2024

**Risk documented before surgery**

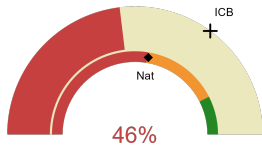
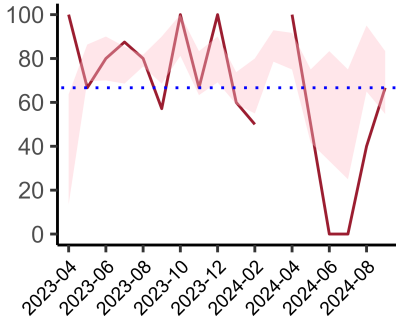
National mean 70%  
ICB mean 78%  
Number of patients included 25  
Data completeness 100%



Risk of death documented after surgery  
01 July 2024 - 30 September 2024

**Risk documented after surgery**

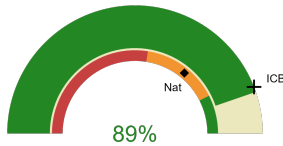
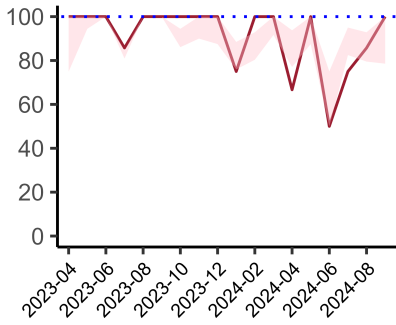
National mean 52%  
ICB mean 39%  
Number of patients included 25  
Data completeness 100%



Admitted to critical care following surgery when the risk of death  $\geq$  5% (Excludes patients who died in theatre or with a decision to palliate)  
01 July 2024 - 30 September 2024

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

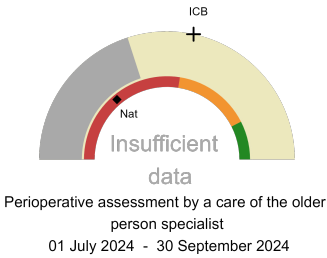
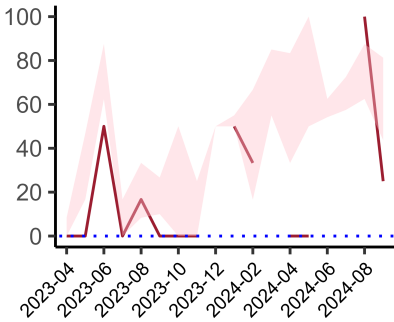
National mean 55%  
ICB mean 70%  
Number of patients included 13  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death  $\geq$  5%  
01 July 2024 - 30 September 2024

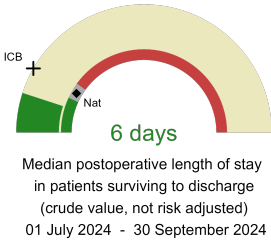
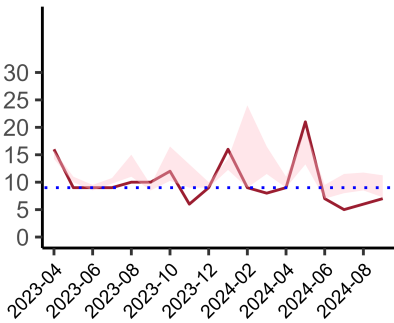
**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death  $\geq$  5%)**

National mean 72%  
ICB mean 88%  
Number of patients included 19  
Data completeness 95%



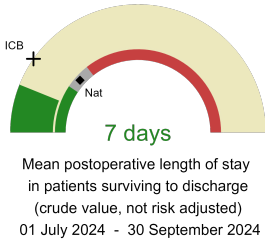
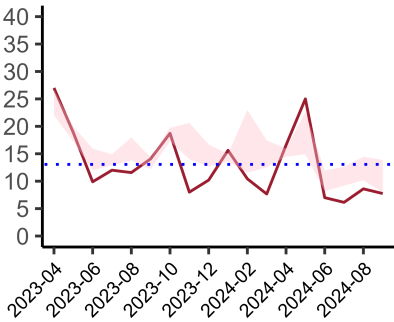
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

National mean 28%  
ICB mean 57%  
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 16  
Data completeness 100%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 12 days  
Number of patients included 16  
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.