

**Explanatory Notes**

All cases (locked and unlocked) admitted to hospital between 01 September 2024 and 30 November 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**.

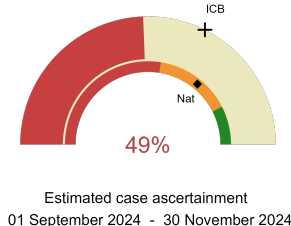


**Queen's Hospital - Burton**

**2024-25 Reporting Period 6: 01 September 2024 - 30 November 2024**

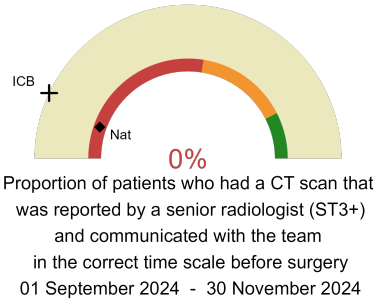
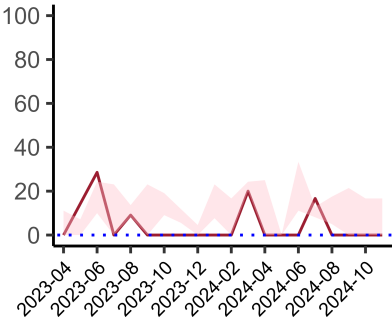
These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 6 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

**NELA process and outcome measures**



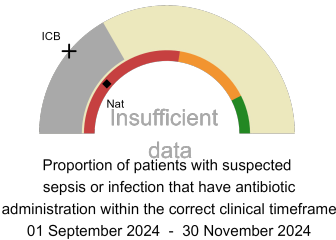
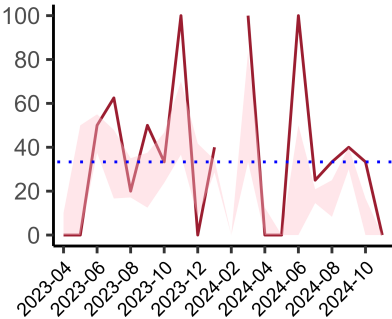
**Estimated case ascertainment  
(Based on HES/PEDW Data)**

Expected number of cases 41  
Total cases entered 20  
Cases locked 12  
Cases unlocked 8



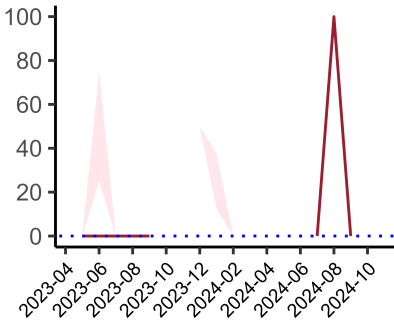
**CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.**

National mean 11%  
ICB mean 14%  
Number of patients included 11  
Data completeness 100%



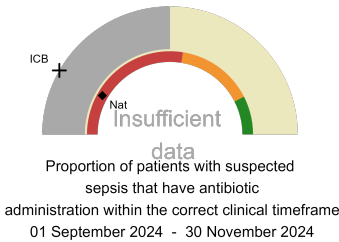
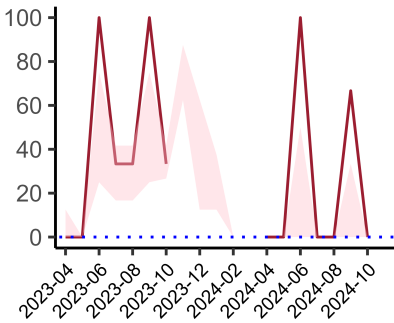
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 22%  
ICB mean 22%  
Number of patients included 9  
Data completeness 82%



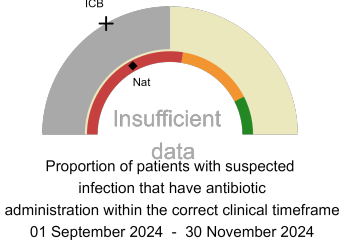
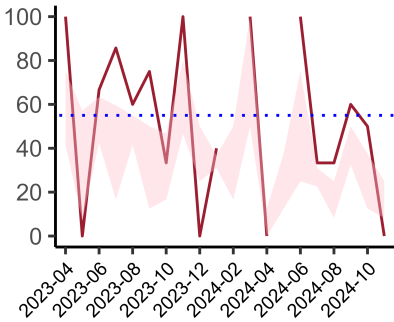
**Septic Shock - antibiotic administration within the correct clinical timeframe**

National mean 26%  
ICB mean 0%  
Number of patients included 1  
Data completeness 33%



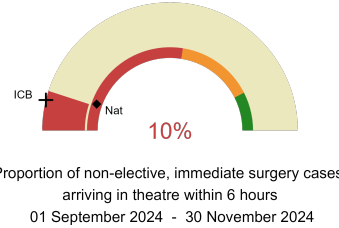
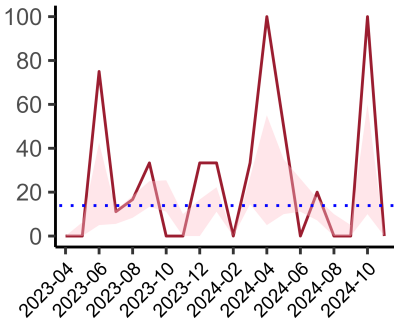
**Sepsis - antibiotic administration within the correct clinical timeframe**

National mean 17%  
ICB mean 17%  
Number of patients included 4  
Data completeness 67%



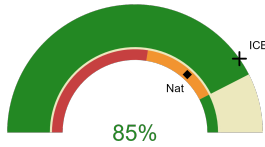
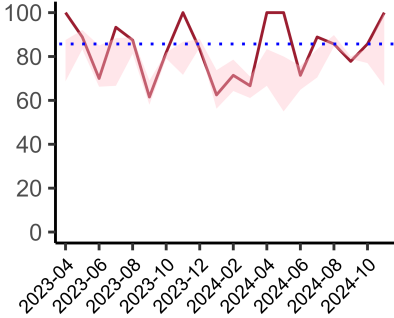
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 34%  
ICB mean 33%  
Number of patients included 8  
Data completeness 89%



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

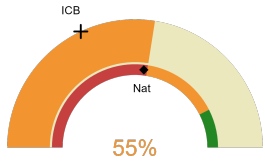
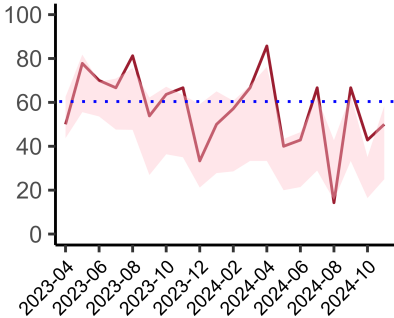
National mean 11%  
ICB mean 8%  
Number of patients included 10  
Data completeness 100%



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

**Risk documented before surgery**

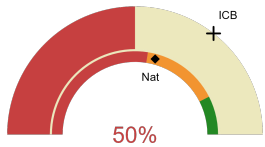
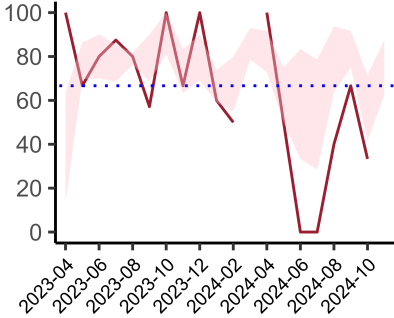
National mean 73%  
ICB mean 80%  
Number of patients included 20  
Data completeness 100%



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

**Risk documented after surgery**

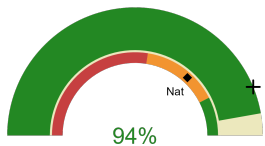
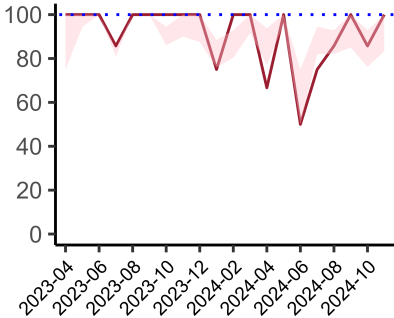
National mean 54%  
ICB mean 36%  
Number of patients included 20  
Data completeness 100%



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 September 2024 - 30 November 2024

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

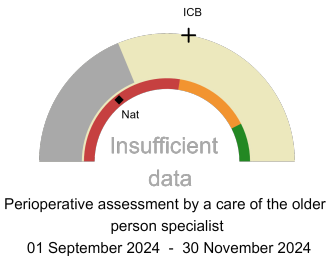
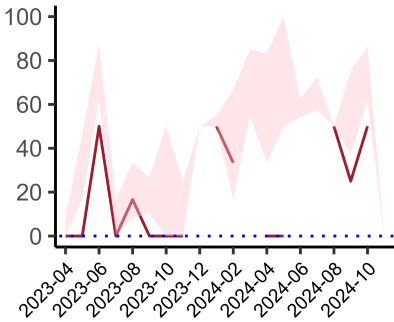
National mean 58%  
ICB mean 71%  
Number of patients included 12  
Data completeness 100%



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

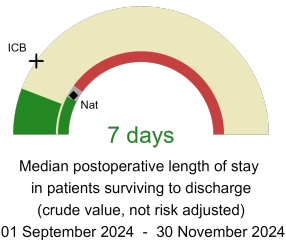
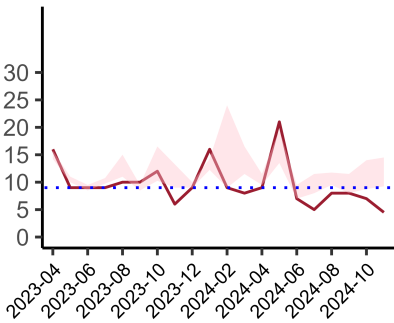
**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death  $\geq$  5%)**

National mean 73%  
ICB mean 88%  
Number of patients included 18  
Data completeness 90%



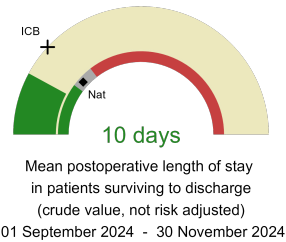
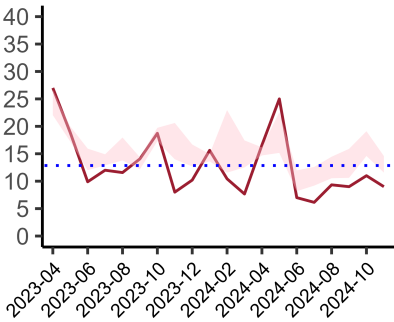
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

National mean 29%  
ICB mean 55%  
Number of patients included 8  
Data completeness 89%



**Median postoperative length of stay**

National median 10 days  
ICB median 12 days  
Number of patients included 12  
Data completeness 100%



**Mean postoperative length of stay**

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