

Explanatory Notes

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

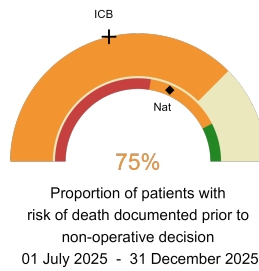
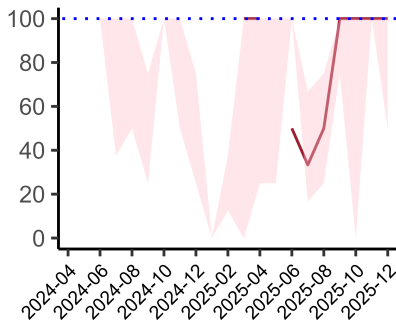


Grange University Hospital

2025-26 Reporting Period 9: 01 July 2025 - 31 December 2025

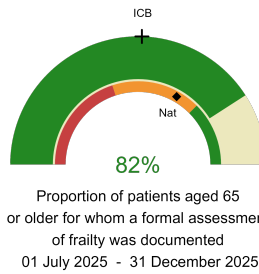
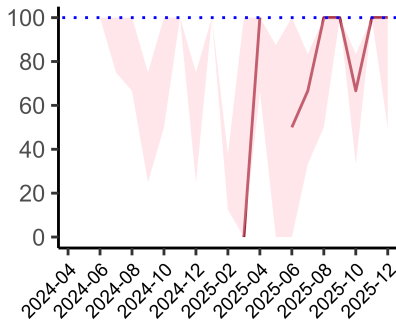
These plots represent patients who did NOT have an emergency laparotomy during Year 2025-26 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



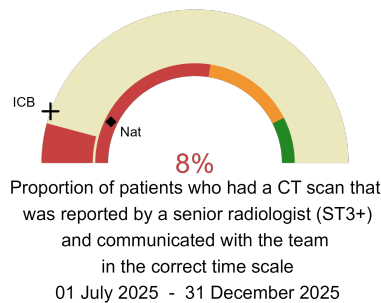
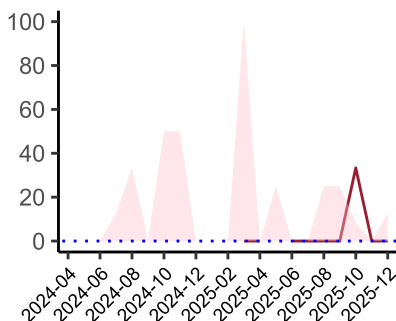
Risk documented prior to non-operative decision.

National mean 63%
ICB mean 43%
Number of patients included 12
Data completeness 100%



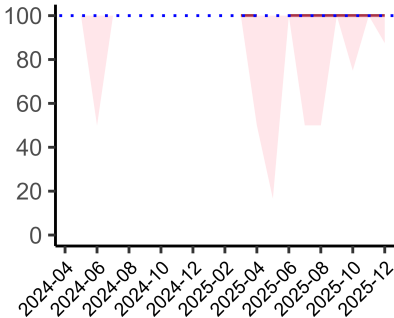
Formal assessment of frailty documented.

National mean 67%
ICB mean 51%
Number of patients included 11
Data completeness 100%



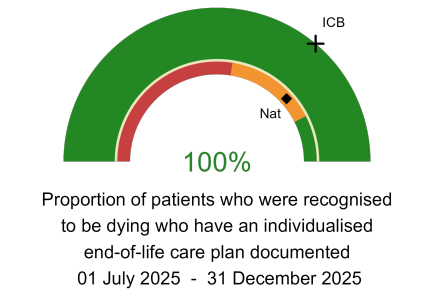
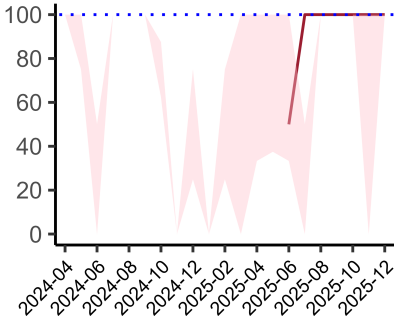
CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale.

National mean 15%
ICB mean 11%
Number of patients included 12
Data completeness 100%



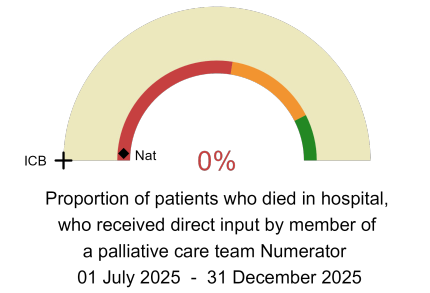
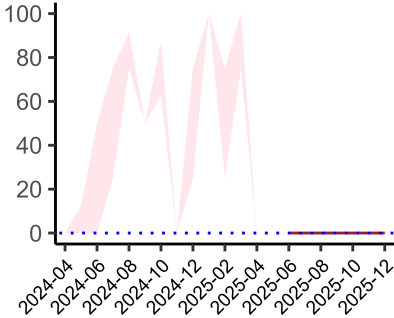
Advance care plans to support the decision-making process.

National mean 81%
ICB mean 67%
Number of patients included 12
Data completeness 100%



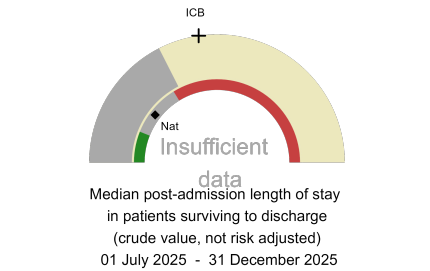
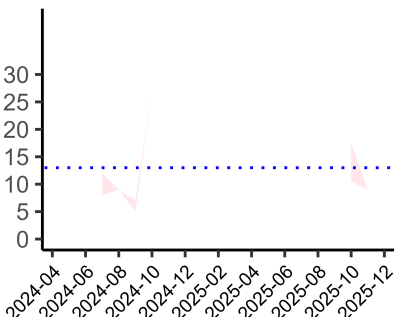
Individualised end-of-life care plan documented for patients recognised to be dying.

National mean 77%
ICB mean 72%
Number of patients included 10
Data completeness 100%



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

National mean 2%
ICB mean 0%
Number of patients included 10
Data completeness 100%



Median post-admission length of stay

National median 12 days
ICB median 27 days
Number of patients included 2
Data completeness 100%

