

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

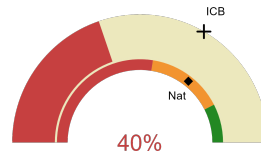


Lister Hospital

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.

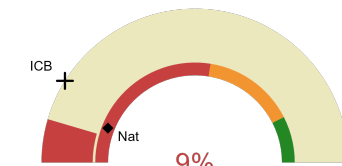
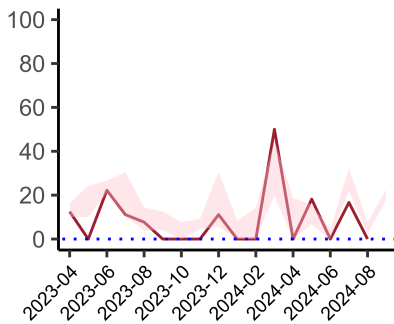
NELA process and outcome measures



Estimated case ascertainment
01 July 2024 - 30 September 2024

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

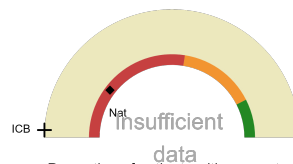
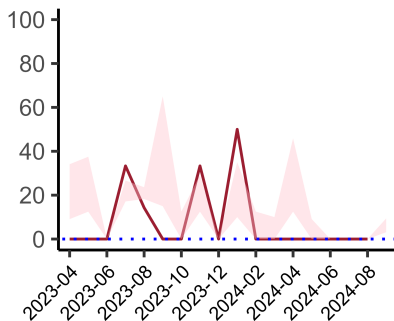
Expected number of cases 43
Total cases entered 17
Cases locked 4
Cases unlocked 13



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 July 2024 - 30 September 2024

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

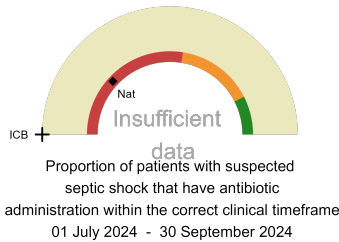
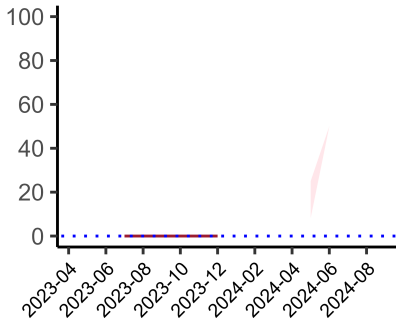
National mean 12%
ICB mean 18%
Number of patients included 11
Data completeness 94%



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

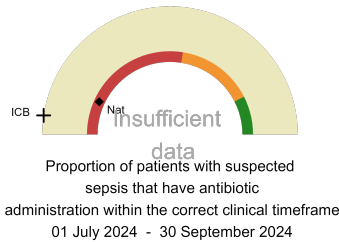
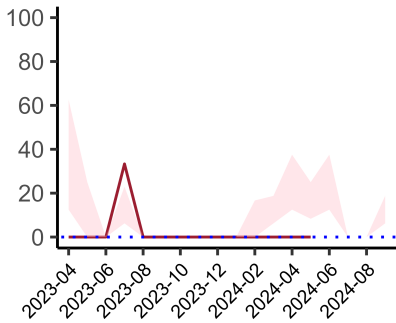
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 2%
Number of patients included 3
Data completeness 75%



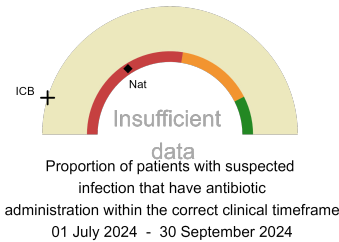
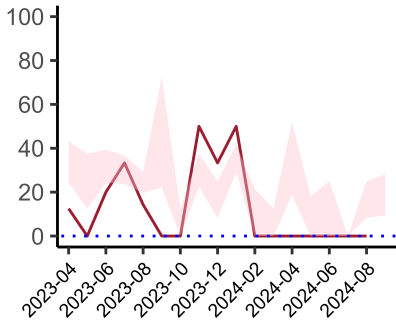
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 0%
Number of patients included 1
Data completeness 50%



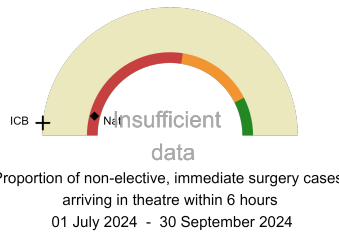
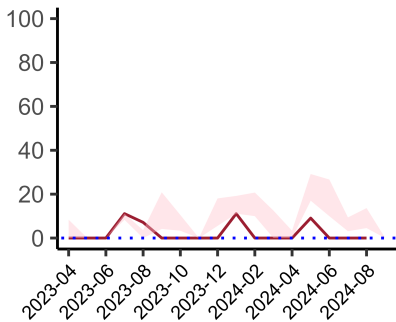
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 14%
ICB mean 5%
Number of patients included 1
Data completeness 50%



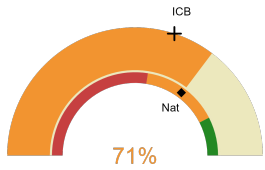
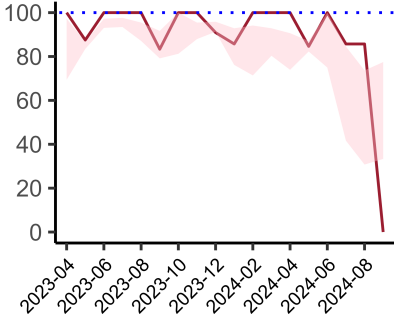
Infection - antibiotic administration within the correct clinical timeframe

National mean 32%
ICB mean 9%
Number of patients included 3
Data completeness 75%



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

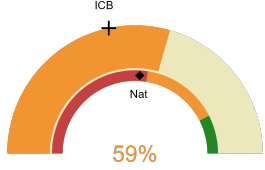
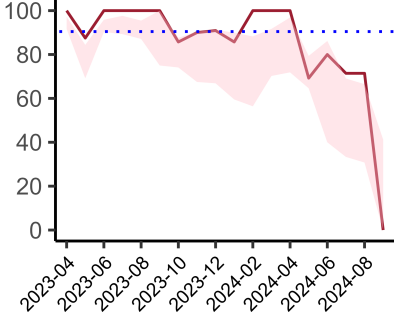
National mean 8%
ICB mean 3%
Number of patients included 9
Data completeness 100%



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

Risk documented before surgery

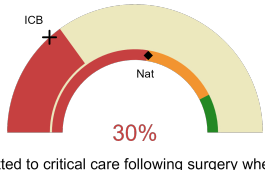
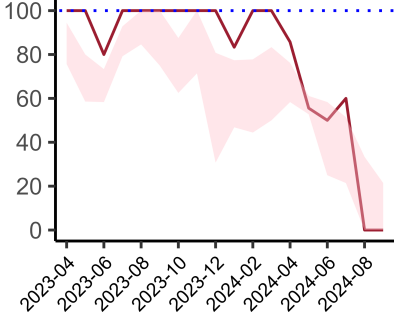
National mean 70%
ICB mean 60%
Number of patients included 17
Data completeness 100%



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

Risk documented after surgery

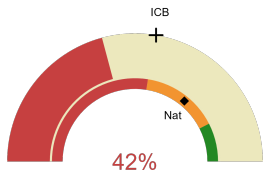
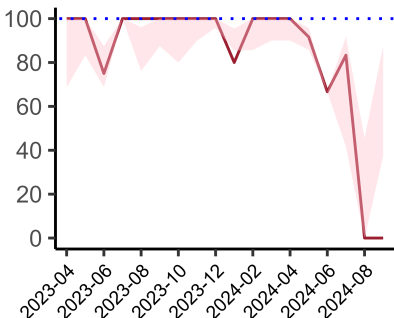
National mean 52%
ICB mean 43%
Number of patients included 17
Data completeness 100%



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%)

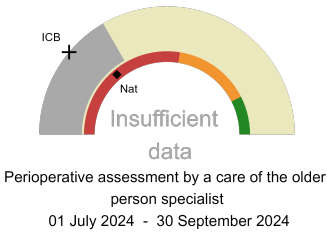
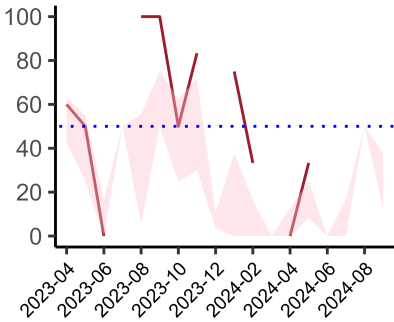
National mean 55%
ICB mean 27%
Number of patients included 10
Data completeness 100%



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

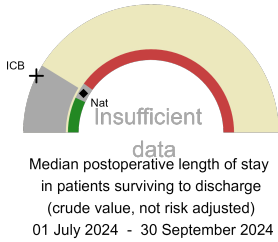
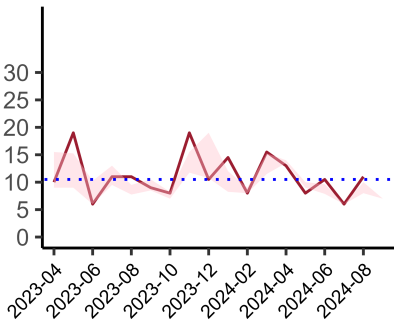
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 72%
ICB mean 55%
Number of patients included 12
Data completeness 92%



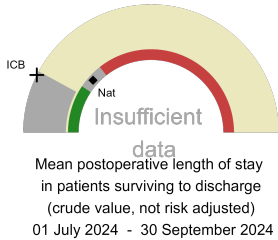
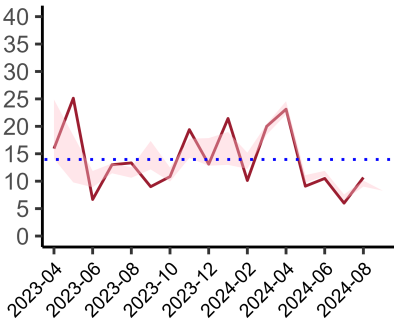
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
ICB mean 22%
Number of patients included 3
Data completeness 38%



Median postoperative length of stay

National median 10 days
ICB median 9 days
Number of patients included 4
Data completeness 80%



Mean postoperative length of stay

National mean 14 days
ICB mean 9 days
Number of patients included 4
Data completeness 80%

Integrated Care Board

Lister Hospital is part of the NHS Hertfordshire And West Essex Integrated Care Board ICB. This comprises Princess Alexandra Hospital, Watford General Hospital, Lister Hospital.