

## Explanatory Notes

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

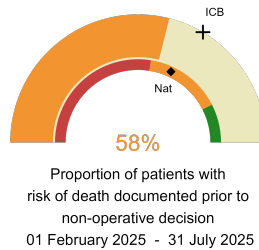
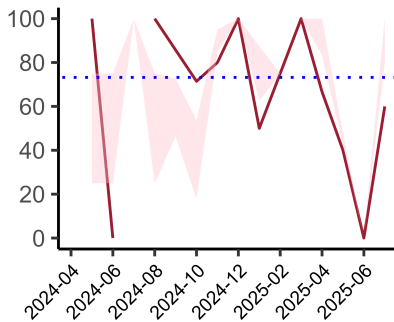


## Derriford Hospital

### 2025-26 Reporting Period 4: 01 February 2025 - 31 July 2025

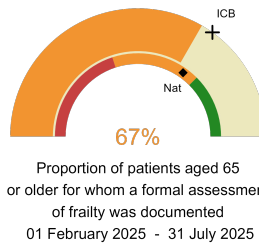
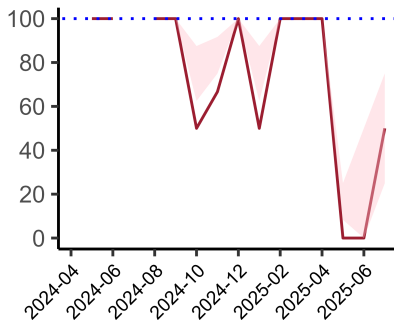
These plots represent patients who did NOT have an emergency laparotomy during Year 2025-26 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

#### NELA process and outcome measures



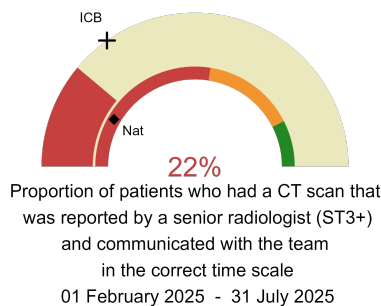
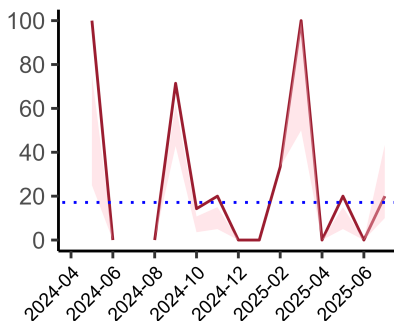
**Risk documented prior to non-operative decision.**

National mean 64%  
ICB mean 67%  
Number of patients included 19  
Data completeness 100%



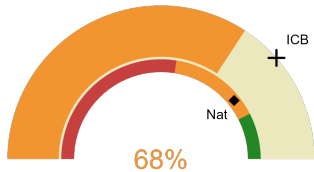
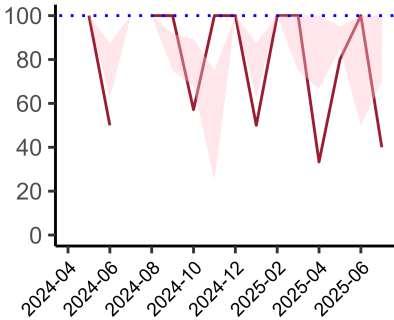
**Formal assessment of frailty documented.**

National mean 70%  
ICB mean 70%  
Number of patients included 15  
Data completeness 87%



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

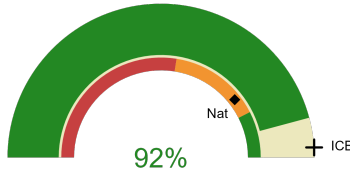
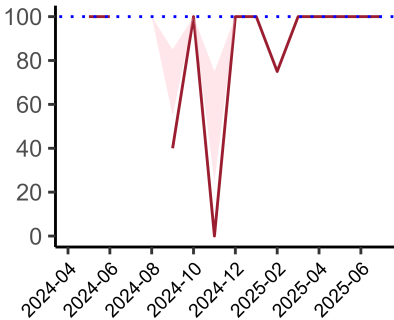
National mean 17%  
ICB mean 31%  
Number of patients included 18  
Data completeness 83%



Proportion of patients in whom staff have proactively identified advance care plans to support the decision-making process.  
01 February 2025 - 31 July 2025

**Advance care plans to support the decision-making process.**

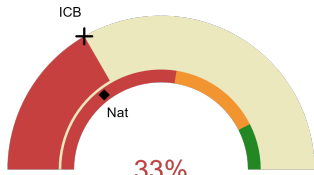
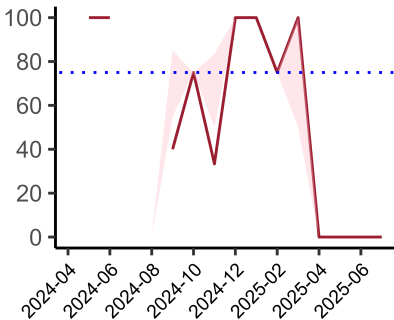
National mean 79%  
ICB mean 77%  
Number of patients included 19  
Data completeness 89%



Proportion of patients who were recognised to be dying who have an individualised end-of-life care plan documented  
01 February 2025 - 31 July 2025

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

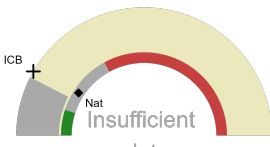
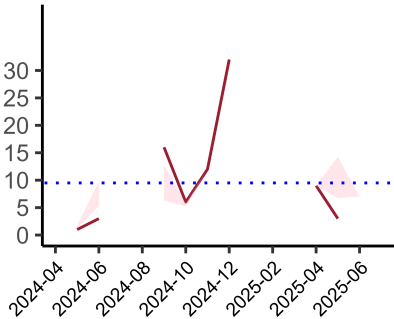
National mean 79%  
ICB mean 98%  
Number of patients included 12  
Data completeness 86%



Proportion of patients who died in hospital, who received direct input by member of a palliative care team Numerator  
01 February 2025 - 31 July 2025

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

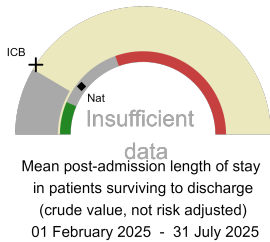
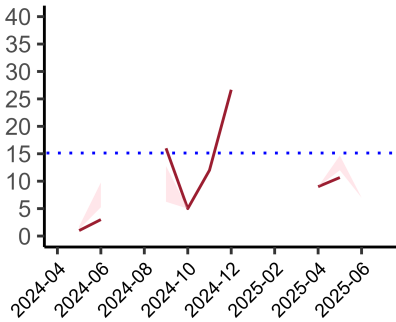
National mean 29%  
ICB mean 33%  
Number of patients included 12  
Data completeness 86%



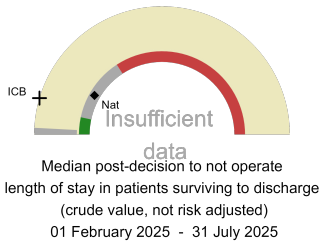
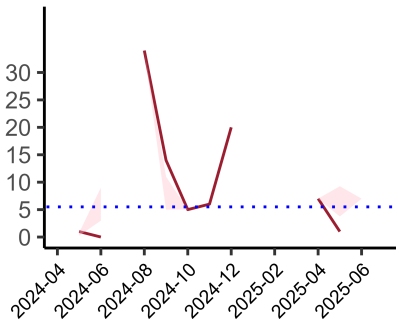
Median post-admission length of stay in patients surviving to discharge (crude value, not risk adjusted)  
01 February 2025 - 31 July 2025

**Median post-admission length of stay**

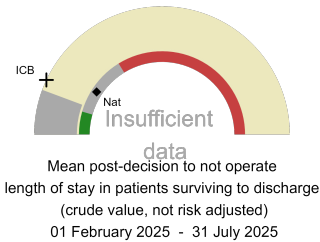
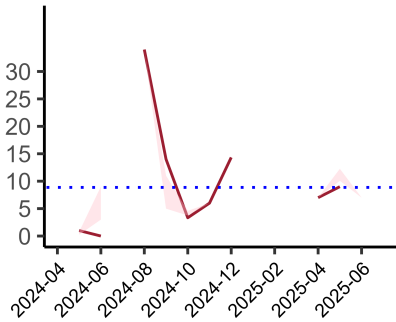
National median 11 days  
ICB median 10 days  
Number of patients included 5  
Data completeness 100%



**Mean post-admission length of stay**  
National mean 13 days  
ICB mean 11 days  
Number of patients included 5  
Data completeness 100%



**Median post-decision to not operate length of stay**  
National median 10 days  
ICB median 6 days  
Number of patients included 5  
Data completeness 100%



**Mean post-decision to not operate length of stay**  
National mean 11 days  
ICB median 6 days  
Number of patients included 5  
Data completeness 100%

## Integrated Care Board

Derriford Hospital is part of the NHS Devon Integrated Care Board ICB. This comprises Derriford Hospital, North Devon District Hospital, Royal Devon and Exeter Hospital, Torbay District General Hospital.