

Explanatory Notes

All cases (locked and unlocked) taken to theatre between 01 May 2024 and 31 July 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**.

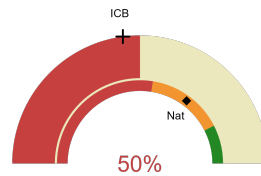


Queen Alexandra Hospital

2024-25 Reporting Period 2: 01 May 2024 - 31 July 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

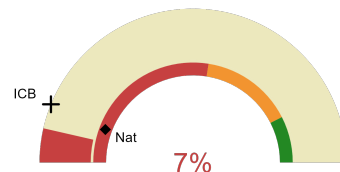
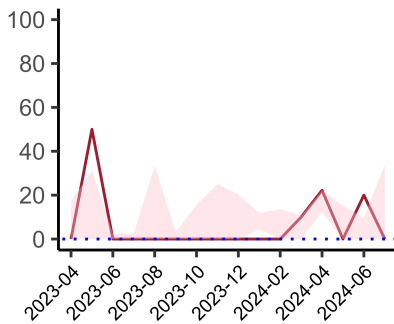
NELA process and outcome measures



Estimated case ascertainment
01 May 2024 - 31 July 2024

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

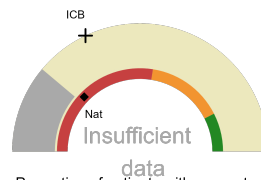
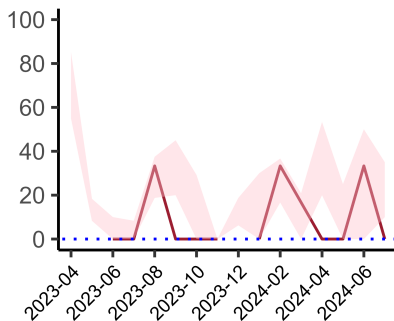
Expected number of cases 66
Total cases entered 33
Cases locked 27
Cases unlocked 6



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 May 2024 - 31 July 2024

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

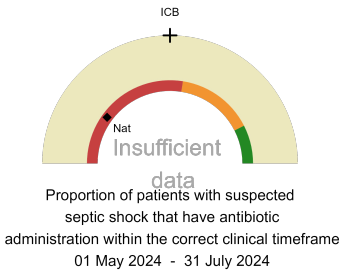
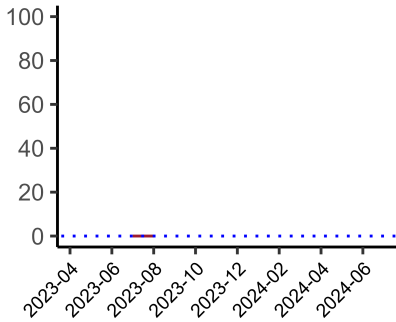
National mean 11%
ICB mean 12%
Number of patients included 28
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 May 2024 - 31 July 2024

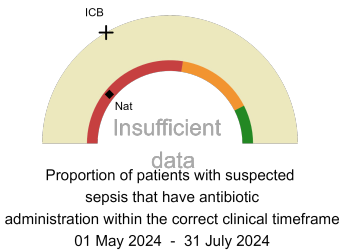
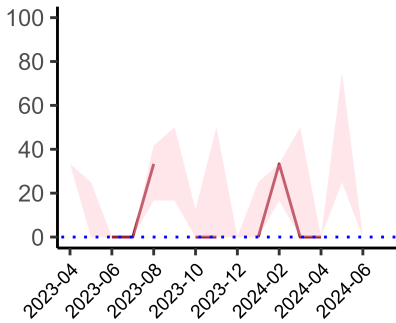
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 25%
ICB mean 36%
Number of patients included 9
Data completeness 82%



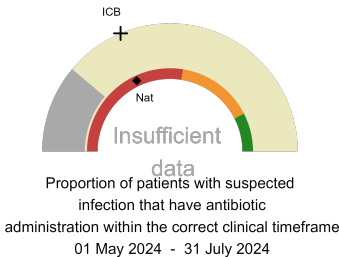
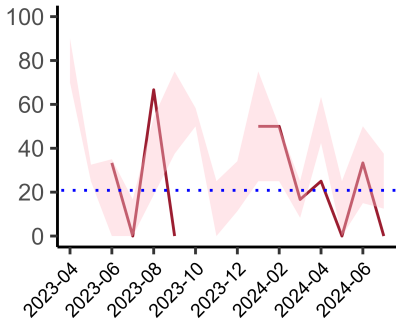
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 50%
Number of patients included 0
Data completeness 0%



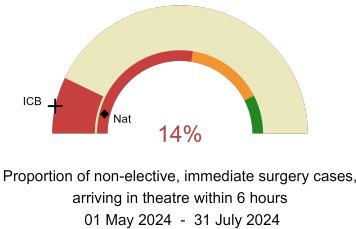
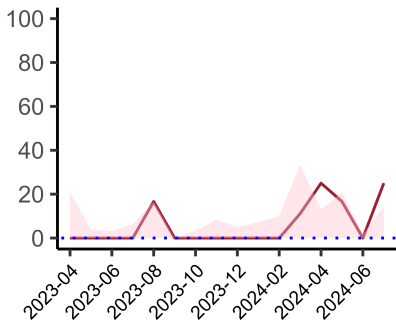
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 22%
ICB mean 33%
Number of patients included 1
Data completeness 33%



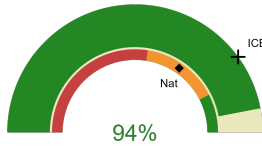
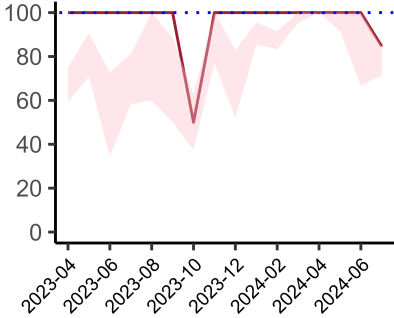
Infection - antibiotic administration within the correct clinical timeframe

National mean 36%
ICB mean 37%
Number of patients included 9
Data completeness 82%



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

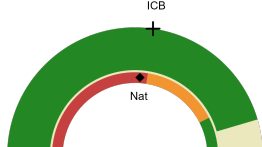
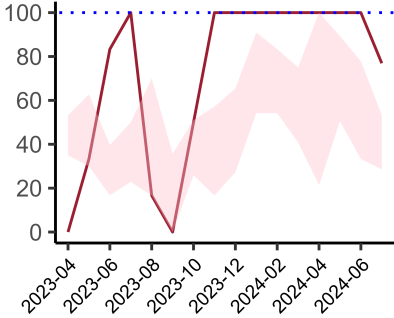
National mean 8%
ICB mean 7%
Number of patients included 28
Data completeness 100%



Risk of death documented before surgery
01 May 2024 - 31 July 2024

Risk documented before surgery

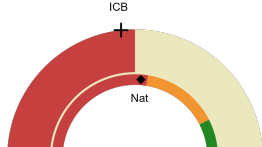
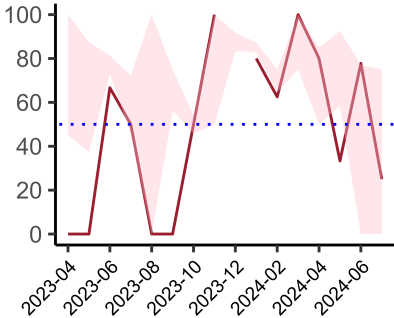
National mean 69%
ICB mean 80%
Number of patients included 33
Data completeness 100%



Risk of death documented after surgery
01 May 2024 - 31 July 2024

Risk documented after surgery

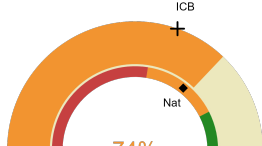
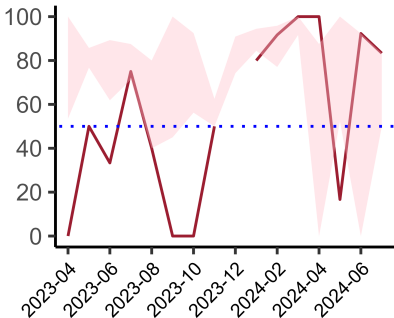
National mean 52%
ICB mean 55%
Number of patients included 33
Data completeness 100%



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 May 2024 - 31 July 2024

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

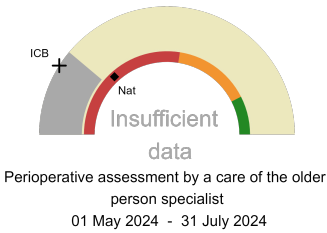
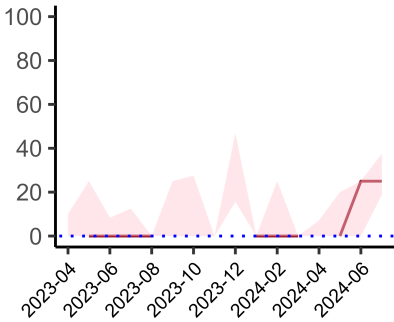
National mean 52%
ICB mean 47%
Number of patients included 20
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 May 2024 - 31 July 2024

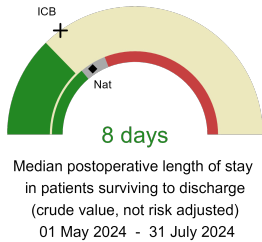
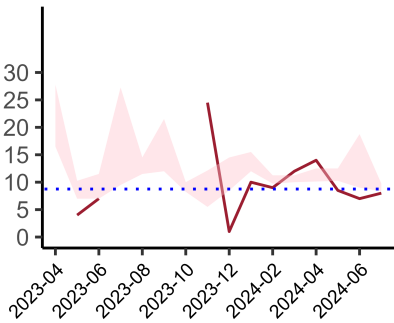
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 71%
ICB mean 61%
Number of patients included 31
Data completeness 100%



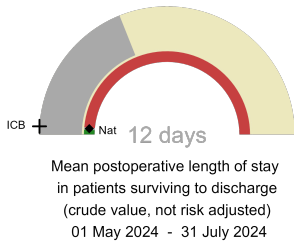
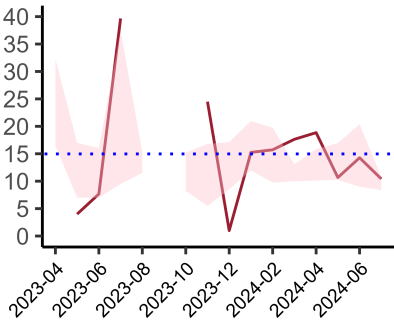
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 26%
ICB mean 18%
Number of patients included 9
Data completeness 90%



Median postoperative length of stay

National median 10 days
ICB median 10 days
Number of patients included 29
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 12 days
Number of patients included 29
Data completeness 100%

Integrated Care Board

Queen Alexandra Hospital is part of the NHS Hampshire And Isle Of Wight Integrated Care Board ICB. This comprises Basingstoke & North Hampshire Hospital, Southampton General Hospital, St Mary's Hospital - IOW, Royal Hampshire County Hospital, Queen Alexandra Hospital.