

## Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 August 2024 and 31 January 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**.



**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

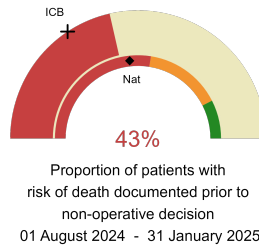
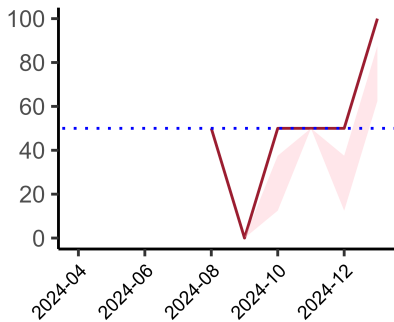


## Queen Alexandra Hospital

### 2024-25 Reporting Period 5: 01 August 2024 - 31 January 2025

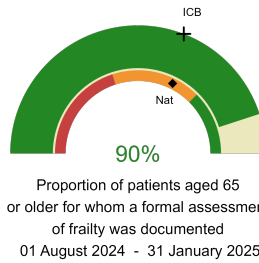
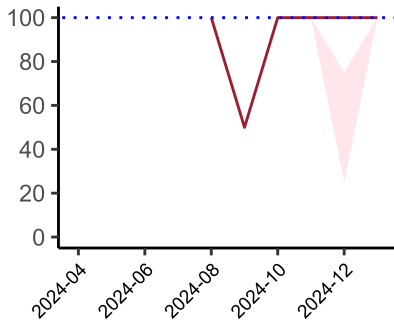
These plots represent patients who did NOT have an emergency laparotomy during Year 2024-25 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

### NELA process and outcome measures



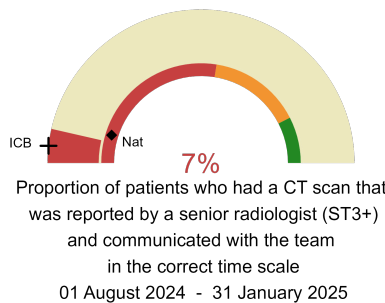
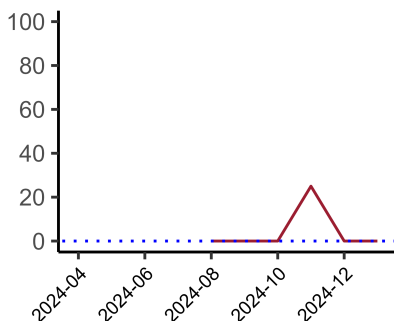
**Risk documented prior to non-operative decision.**

National mean 47%  
ICB mean 31%  
Number of patients included 14  
Data completeness 100%



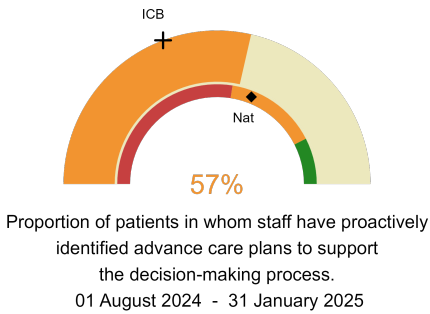
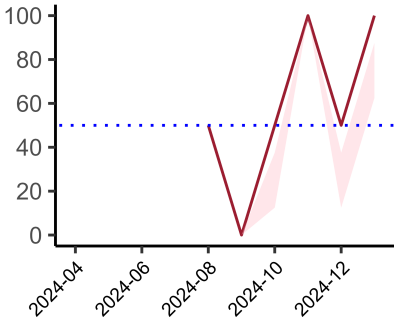
**Formal assessment of frailty documented.**

National mean 65%  
ICB mean 62%  
Number of patients included 10  
Data completeness 90%



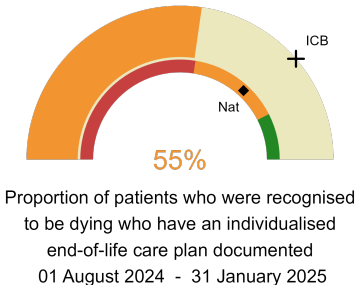
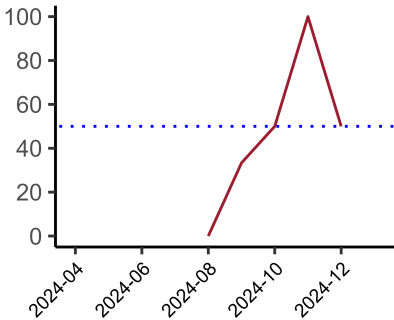
**CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale.**

National mean 10%  
ICB mean 4%  
Number of patients included 14  
Data completeness 36%



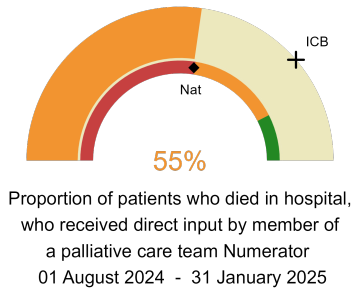
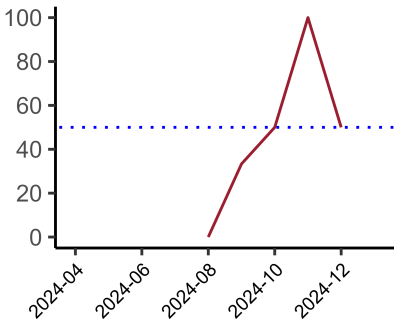
**Advance care plans to support the decision-making process.**

National mean 62%  
ICB mean 39%  
Number of patients included 14  
Data completeness 57%



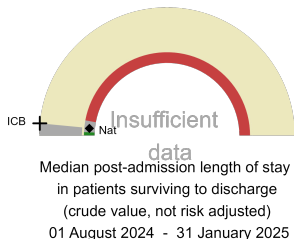
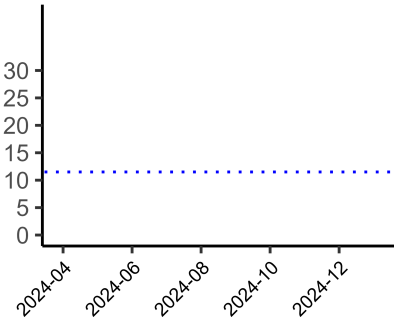
**Individualised end-of-life care plan documented for patients recognised to be dying.**

National mean 74%  
ICB mean 77%  
Number of patients included 11  
Data completeness 92%



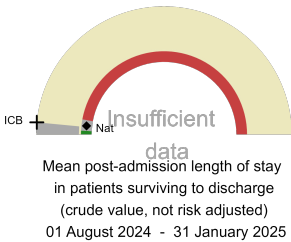
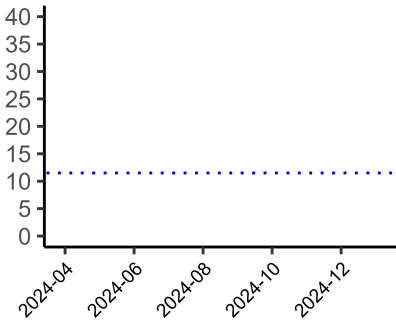
**Direct input by a member of a palliative care team for patients who have died in hospital.**

National mean 55%  
ICB mean 77%  
Number of patients included 11  
Data completeness 92%



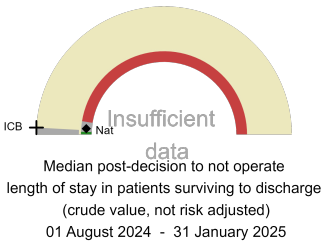
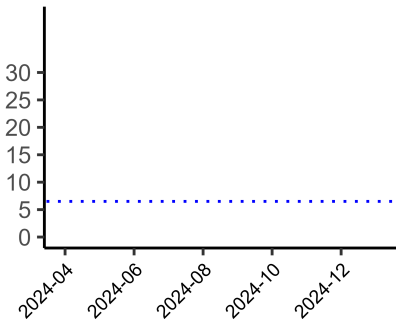
**Median post-admission length of stay**

National median 11 days  
ICB median 12 days  
Number of patients included 2  
Data completeness 100%



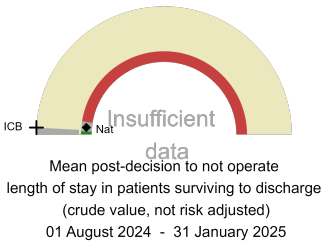
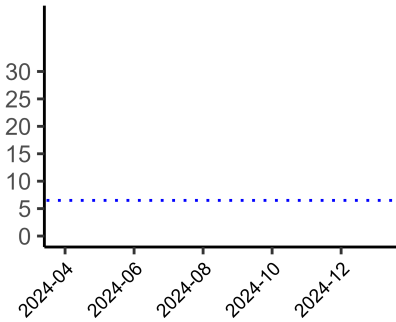
**Mean post-admission length of stay**

National mean 13 days  
ICB mean 12 days  
Number of patients included 2  
Data completeness 100%



**Median post-decision to not operate length of stay**

National median 9 days  
ICB median 6 days  
Number of patients included 2  
Data completeness 100%



**Mean post-decision to not operate length of stay**

National mean 11 days  
ICB median 6 days  
Number of patients included 2  
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 Southampton General Hospital, Queen Alexandra Hospital.