

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 September 2024 and 28 February 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

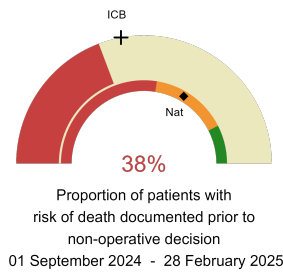
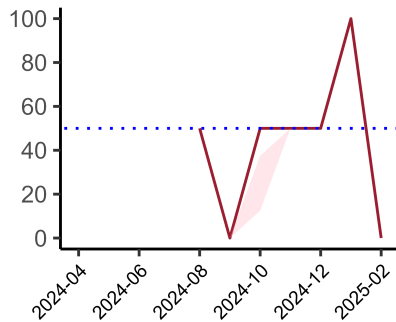


Queen Alexandra Hospital

2024-25 Reporting Period 5: 01 September 2024 - 28 February 2025

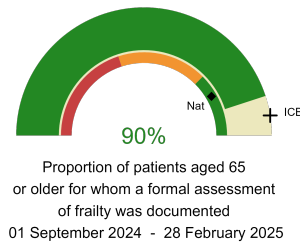
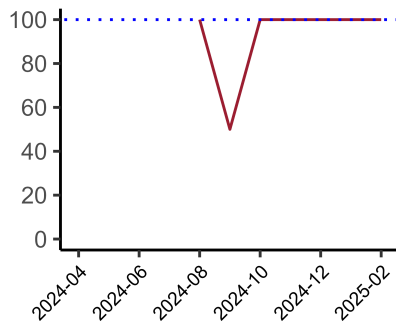
These plots represent patients who did NOT have an emergency laparotomy during Year 2024-25 Reporting Period 5 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



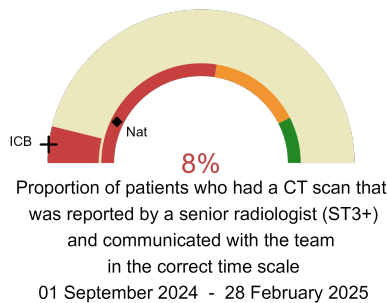
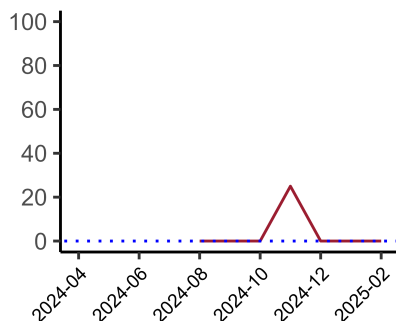
Risk documented prior to non-operative decision.

National mean 67%
ICB mean 44%
Number of patients included 13
Data completeness 100%



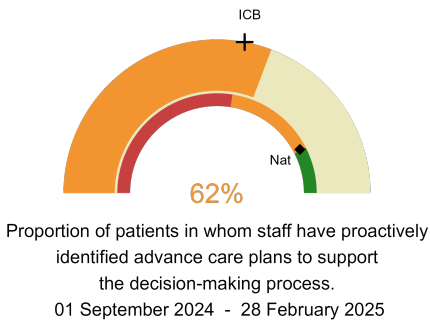
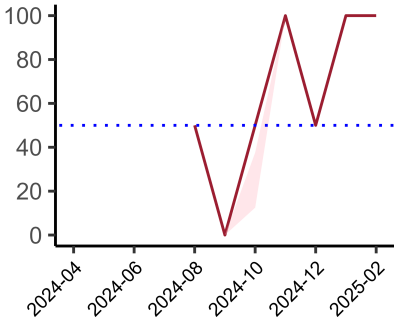
Formal assessment of frailty documented.

National mean 83%
ICB mean 95%
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.

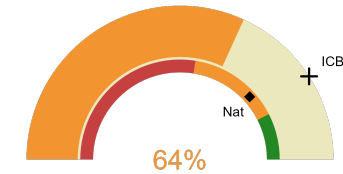
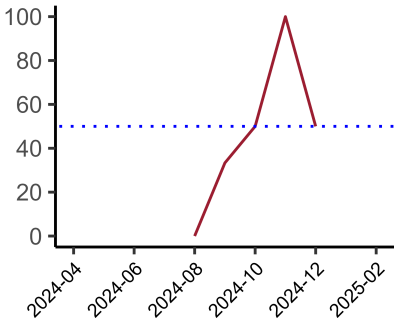
National mean 14%
ICB mean 4%
Number of patients included 13
Data completeness 38%



Proportion of patients in whom staff have proactively identified advance care plans to support the decision-making process.
01 September 2024 - 28 February 2025

Advance care plans to support the decision-making process.

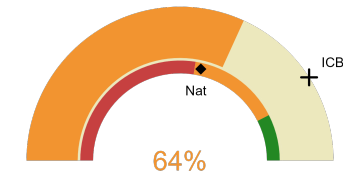
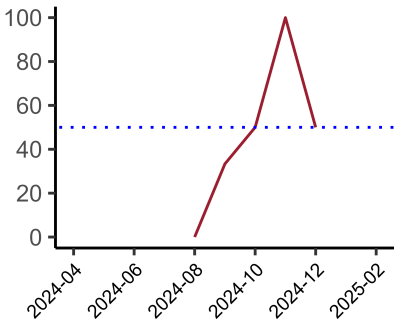
National mean 85%
ICB mean 56%
Number of patients included 13
Data completeness 62%



Proportion of patients who were recognised to be dying who have an individualised end-of-life care plan documented
01 September 2024 - 28 February 2025

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

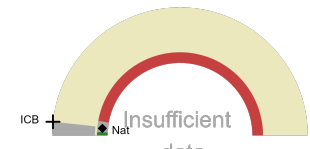
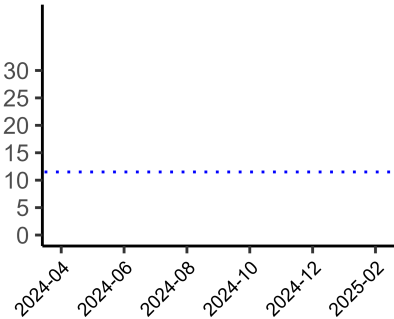
National mean 77%
ICB mean 82%
Number of patients included 11
Data completeness 92%



Proportion of patients who died in hospital, who received direct input by member of a palliative care team Numerator
01 September 2024 - 28 February 2025

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

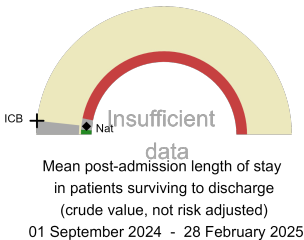
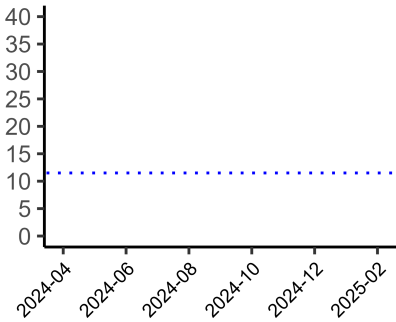
National mean 57%
ICB mean 82%
Number of patients included 11
Data completeness 92%



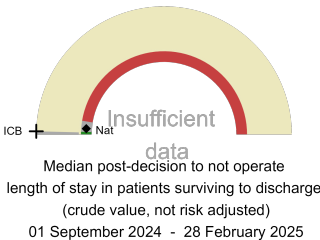
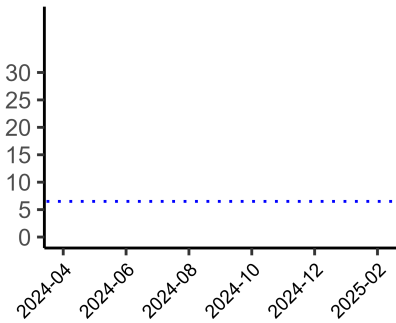
Median post-admission length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 September 2024 - 28 February 2025

Median post-admission length of stay

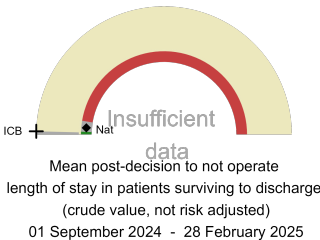
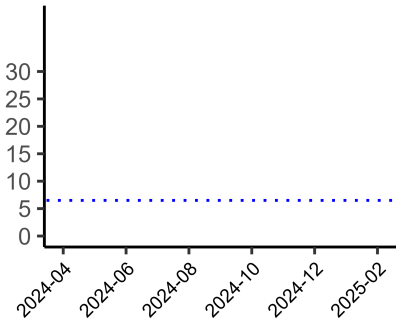
National median 11 days
ICB median 13 days
Number of patients included 1
Data completeness 100%



Mean post-admission length of stay
National mean 13 days
ICB mean 13 days
Number of patients included 1
Data completeness 100%



Median post-decision to not operate length of stay
National median 9 days
ICB median 3 days
Number of patients included 1
Data completeness 100%



Mean post-decision to not operate length of stay
National mean 10 days
ICB median 3 days
Number of patients included 1
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.