

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 December 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 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**.

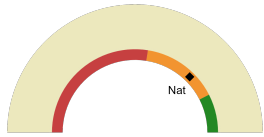


Royal Victoria Hospital

2024-25 Reporting Period 9: 01 December 2024 - 28 February 2025

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

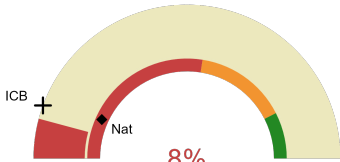
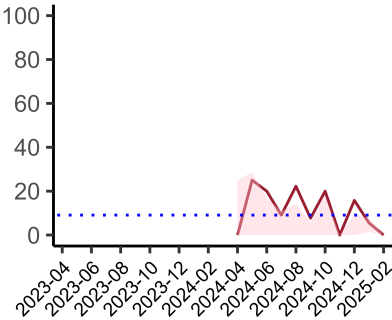
NELA process and outcome measures



Estimated case ascertainment
01 December 2024 - 28 February 2025

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

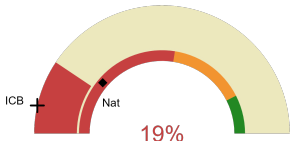
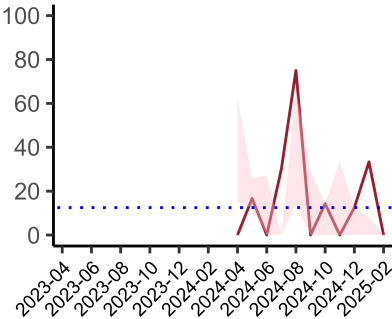
Expected number of cases NA
Total cases entered 65
Cases locked 64
Cases unlocked 1



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 December 2024 - 28 February 2025

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

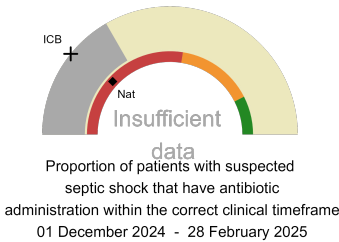
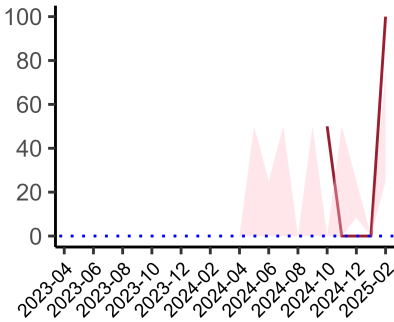
National mean 14%
ICB mean 11%
Number of patients included 48
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 December 2024 - 28 February 2025

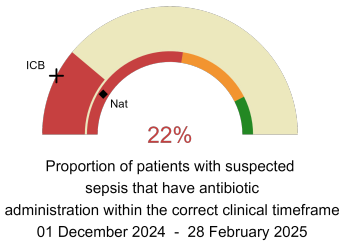
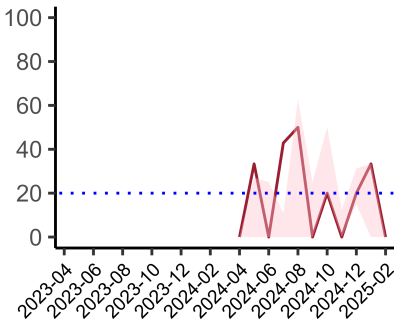
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 7%
Number of patients included 32
Data completeness 97%



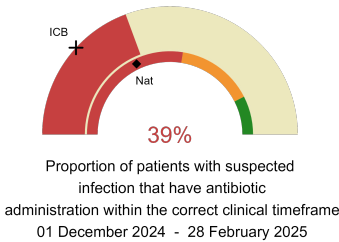
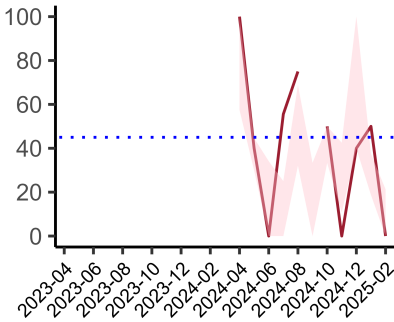
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 22%
Number of patients included 3
Data completeness 75%



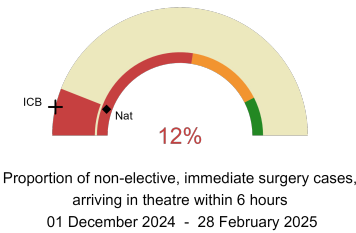
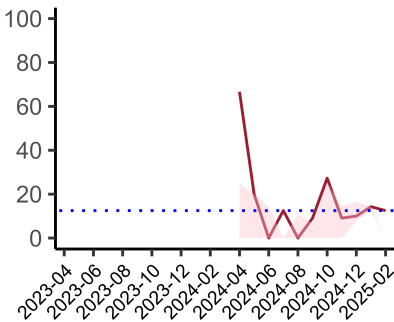
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 17%
ICB mean 15%
Number of patients included 18
Data completeness 95%



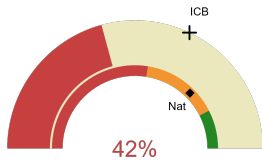
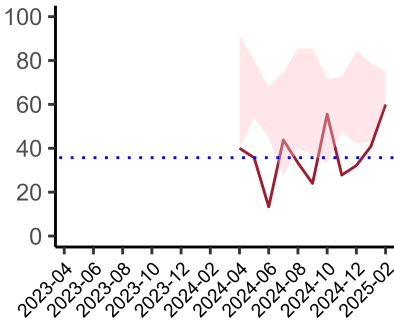
Infection - antibiotic administration within the correct clinical timeframe

National mean 36%
ICB mean 24%
Number of patients included 31
Data completeness 97%



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

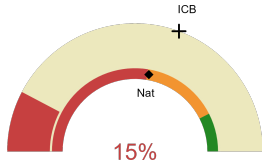
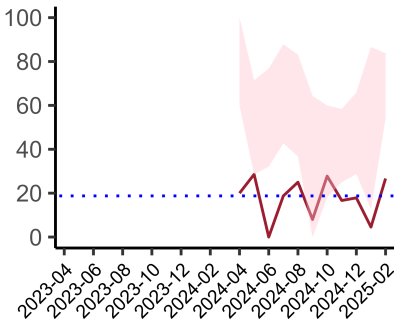
National mean 11%
ICB mean 7%
Number of patients included 42
Data completeness 100%



Risk of death documented before surgery
01 December 2024 - 28 February 2025

Risk documented before surgery

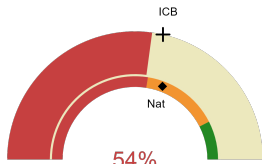
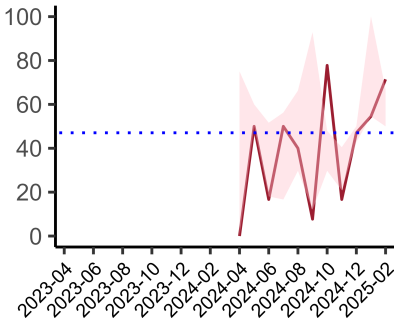
National mean 75%
ICB mean 64%
Number of patients included 65
Data completeness 100%



Risk of death documented after surgery
01 December 2024 - 28 February 2025

Risk documented after surgery

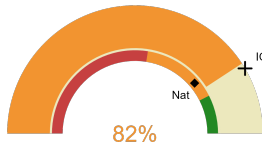
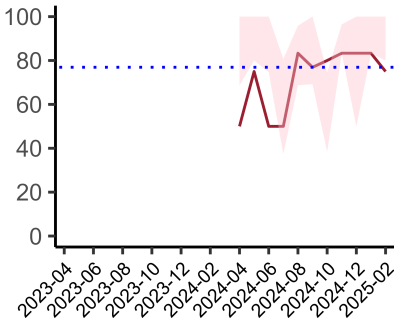
National mean 56%
ICB mean 61%
Number of patients included 65
Data completeness 100%



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 December 2024 - 28 February 2025

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

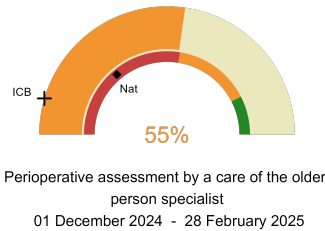
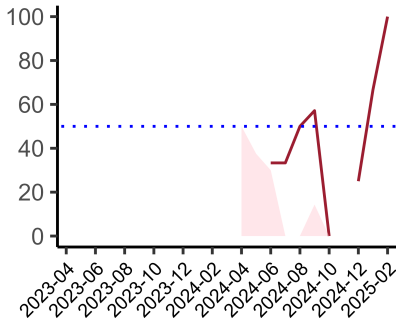
National mean 61%
ICB mean 57%
Number of patients included 35
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death \geq 5%
01 December 2024 - 28 February 2025

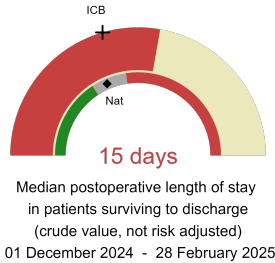
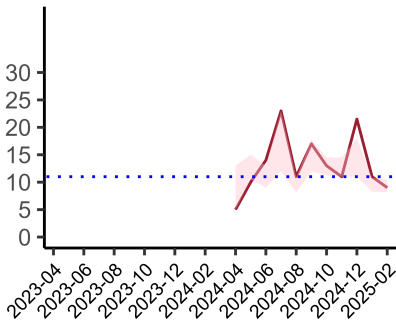
**Consultant Anaesthetist &
Consultant Surgeon in theatre
(risk of death \geq 5%)**

National mean 78%
ICB mean 83%
Number of patients included 38
Data completeness 72%



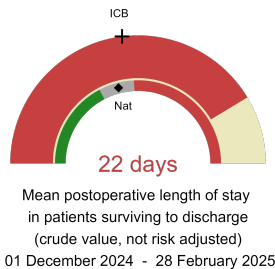
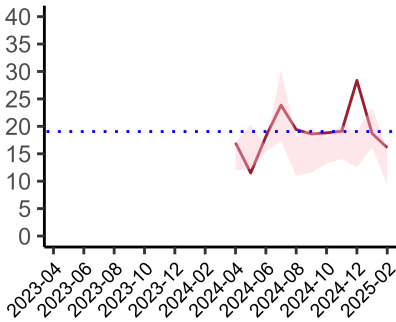
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 28%
ICB mean 9%
Number of patients included 11
Data completeness 92%



Median postoperative length of stay

National median 10 days
ICB median 11 days
Number of patients included 56
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 16 days
Number of patients included 56
Data completeness 100%

Integrated Care Board

Royal Victoria Hospital is part of the Northern Ireland ICB. This comprises Antrim Area Hospital, Altnagelvin Hospital, Causeway Hospital, Craigavon Area Hospital, Ulster hospital, Royal Victoria Hospital, Belfast City Hospital.