

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 February 2025 and 30 April 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'.

Mortality

This section defines three key mortality measures for the monthly report. In all cases we include only patients whose surgery-to-discharge interval (Q4.1 - Q7.8) is ≤ 30 days, and we exclude any with missing discharge status (Q7.7) or missing dates (Q4.1/Q7.8).

1. 30-Day Observed (Crude) Mortality Rate

- Let
- d = number of patients who **died** within 30 days of surgery,
 - N = total number of patients with known discharge status (alive, died, or still in hospital at 60 days).

Then the crude 30-day mortality rate (as a percentage) is

$$\text{Crude 30-day Mortality Rate} = \frac{d}{N} \times 100.$$

2. Standardised Mortality Ratio (SMR)

- Let
- $O = d$ = observed deaths within 30 days,
 - $E = \sum_i \text{RiskScore}_i$ = sum of individual parsimonious NELA mortality risk scores for all N patients.

The SMR is

$$\text{SMR} = \frac{O}{E}.$$

3. Risk-Adjusted Mortality

Combines the SMR with the **National** 30-day mortality rate for the examined three month period:

$$\text{Risk-Adjusted Mortality} = \text{SMR} \times (\text{National 30-day mortality}) \times 100.$$

For better insight to how these standards have been structured, please refer to the **NELA standards document**.

Quarterly mean performance



Overall performance



Risk-adjusted mortality

Rating boundaries are lower and upper 99.8% and 95% confidence limits



Non-risk-adjusted measures

Rating boundaries are lower and upper national quartiles

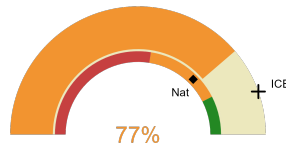


Whipps Cross University Hospital

2025-26 Reporting Period 1: 01 February 2025 - 30 April 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 1 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

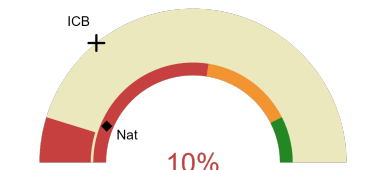
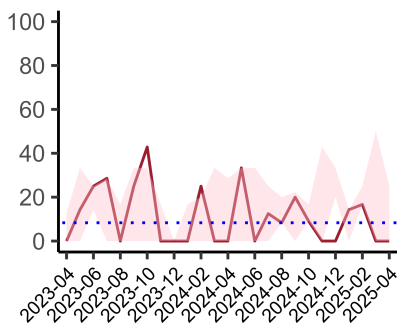
NELA process and outcome measures



Estimated case ascertainment
01 February 2025 - 30 April 2025

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

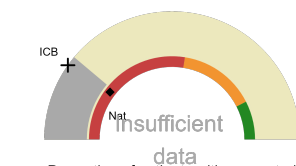
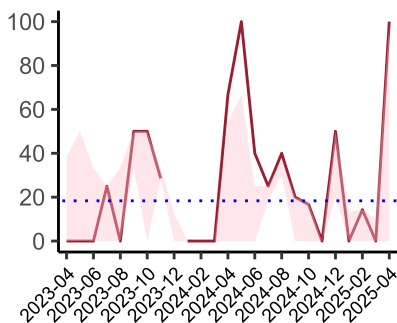
Expected number of cases 31
Total cases entered 24
Cases locked 14
Cases unlocked 10



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 February 2025 - 30 April 2025

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

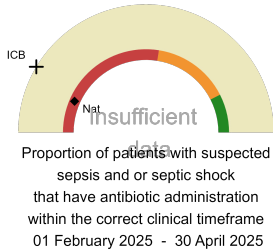
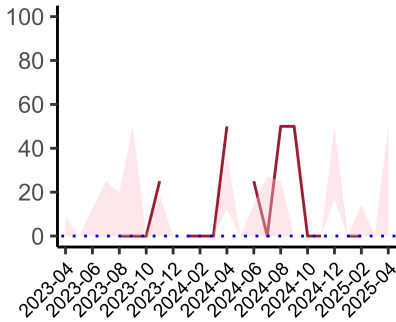
National mean 13%
ICB mean 28%
Number of patients included 21
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 February 2025 - 30 April 2025

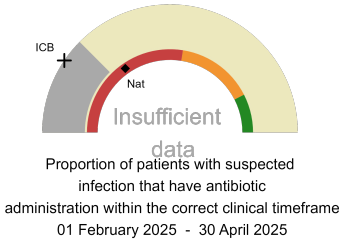
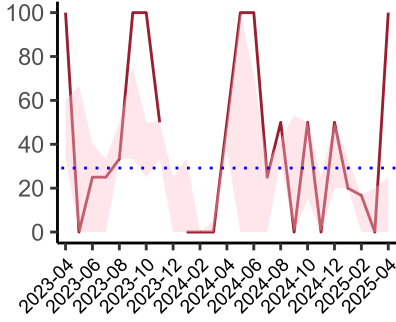
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 20%
Number of patients included 9
Data completeness 69%



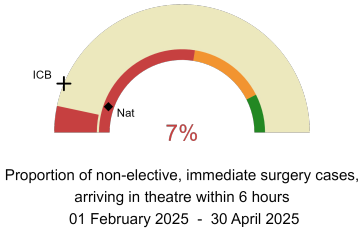
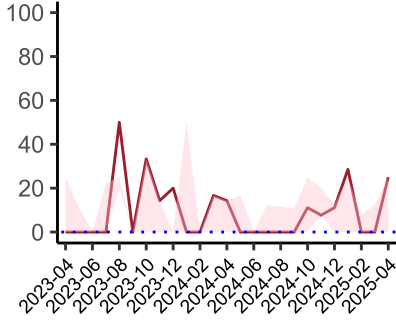
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
ICB mean 17%
Number of patients included 2
Data completeness 33%



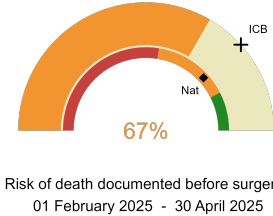
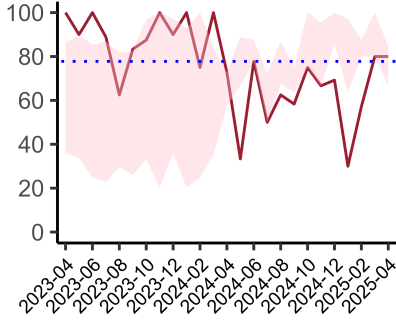
Infection - antibiotic administration within the correct clinical timeframe

National mean 31%
ICB mean 19%
Number of patients included 8
Data completeness 67%



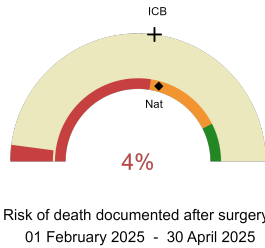
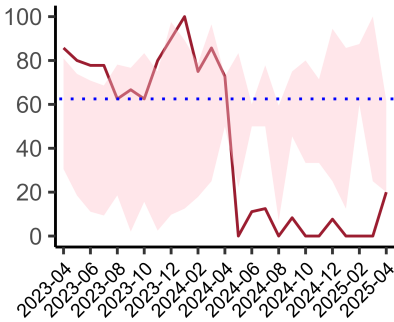
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 11%
ICB mean 12%
Number of patients included 15
Data completeness 100%



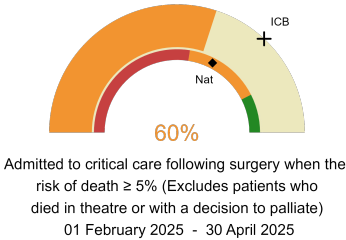
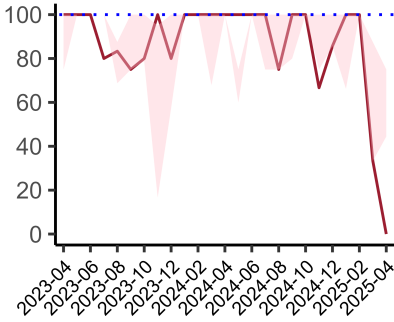
Risk documented before surgery

National mean 76%
ICB mean 77%
Number of patients included 24
Data completeness 100%



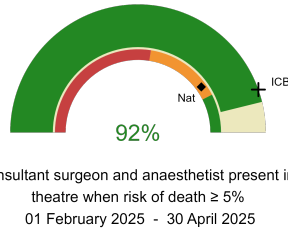
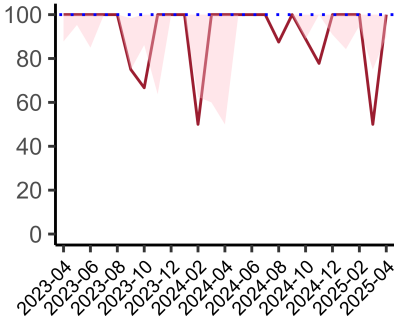
Risk documented after surgery

National mean 59%
ICB mean 54%
Number of patients included 24
Data completeness 100%



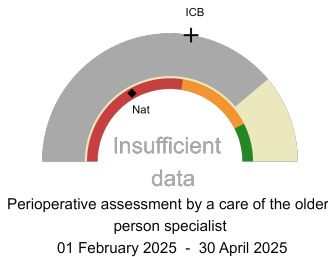
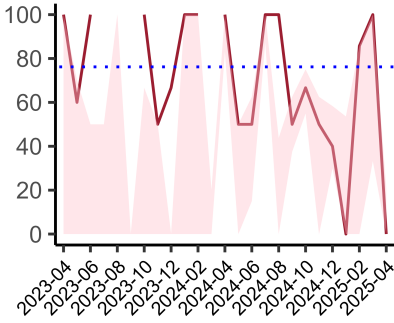
Admitted to Critical Care (risk of death \geq 5%)

National mean 65%
ICB mean 74%
Number of patients included 15
Data completeness 100%



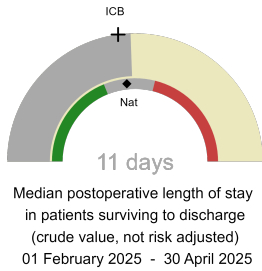
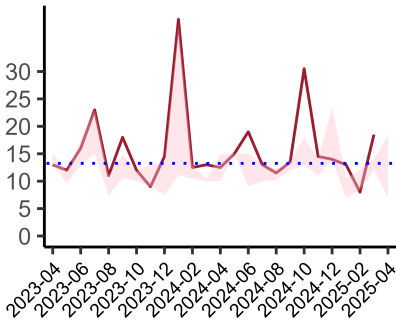
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 80%
ICB mean 89%
Number of patients included 13
Data completeness 62%



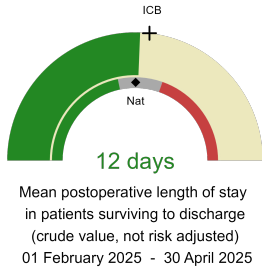
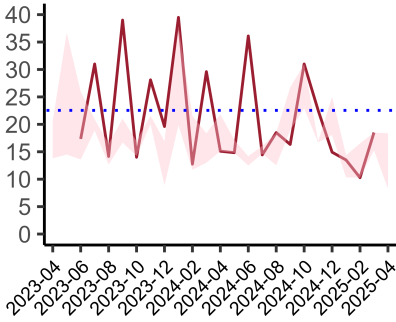
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS \geq 5) or 80+

National mean 34%
ICB mean 55%
Number of patients included 9
Data completeness 75%



Median postoperative length of stay

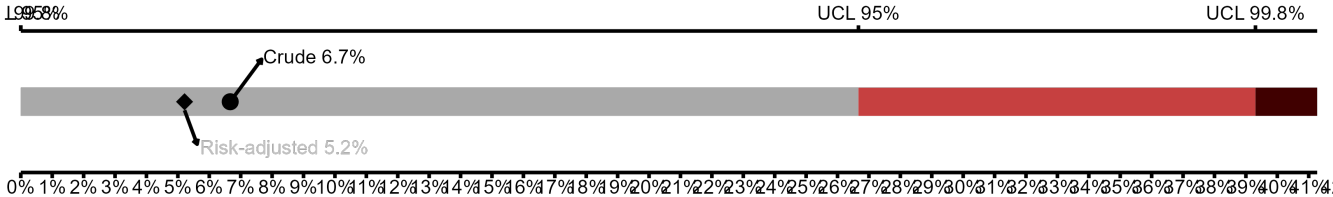
National median 10 days
ICB median 10 days
Number of patients included 13
Data completeness 100%



Mean postoperative length of stay

National mean 14 days
ICB mean 15 days
Number of patients included 13
Data completeness 100%

Risk-Adjusted Mortality



Number of patients included 15 | 30-day risk-adjusted mortality rate 5.2% | National 30-day mortality rate 7.8%

Integrated Care Board

Whipps Cross University Hospital is part of the NHS North East London Integrated Care Board ICB. This comprises Homerton Hospital, Queen's Hospital - Romford, King George Hospital, The Royal London Hospital, Whipps Cross University Hospital, Newham University Hospital.