

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 April 2025 and 30 June 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

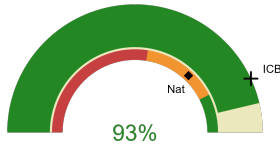


Bedford Hospital

2025-26 Reporting Period 3: 01 April 2025 - 30 June 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 3 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

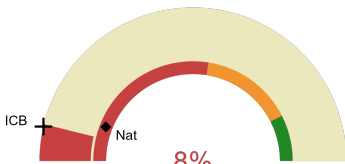
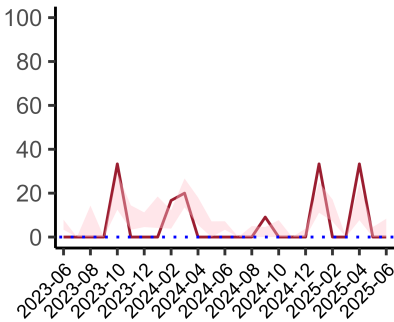
NELA process and outcome measures



Estimated case ascertainment
01 April 2025 - 30 June 2025

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

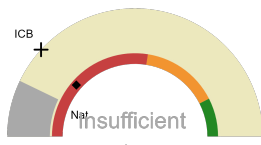
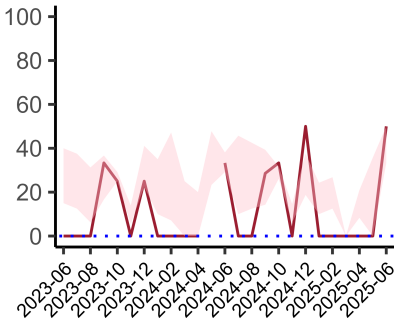
Expected number of cases 27
Total cases entered 25
Cases locked 0
Cases unlocked 25



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 April 2025 - 30 June 2025

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

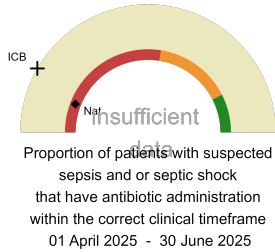
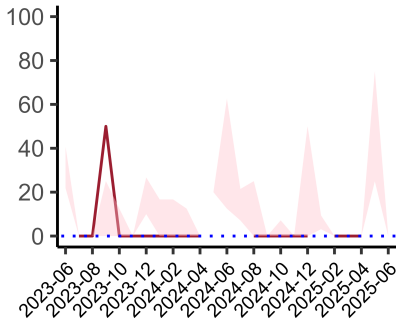
National mean 12%
ICB mean 7%
Number of patients included 13
Data completeness 96%



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

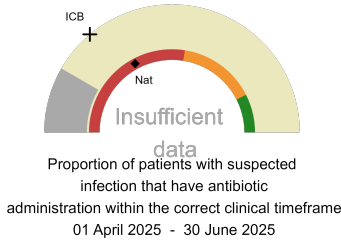
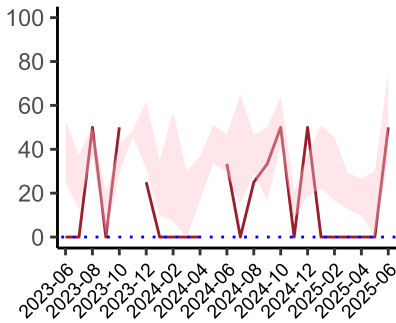
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 23%
ICB mean 24%
Number of patients included 7
Data completeness 78%



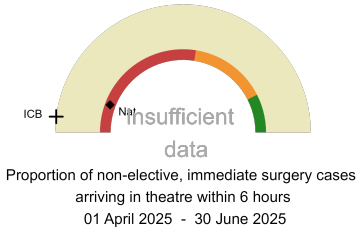
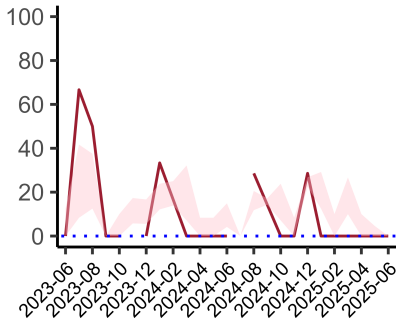
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
ICB mean 17%
Number of patients included 1
Data completeness 33%



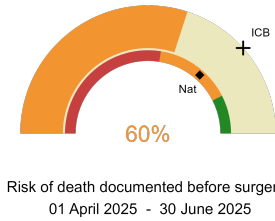
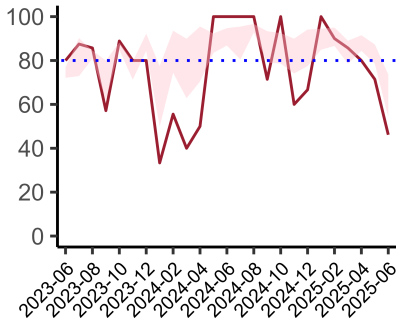
Infection - antibiotic administration within the correct clinical timeframe

National mean 34%
ICB mean 28%
Number of patients included 6
Data completeness 67%



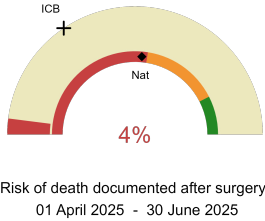
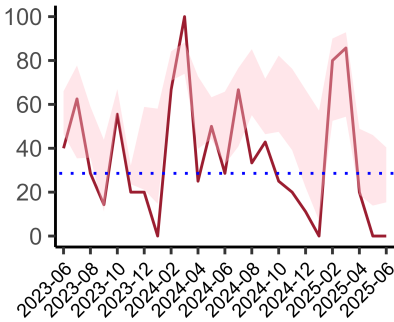
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 12%
ICB mean 4%
Number of patients included 9
Data completeness 100%



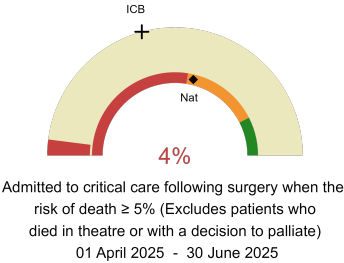
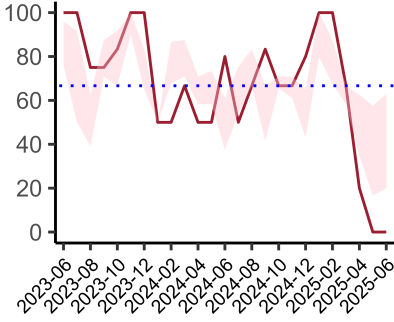
Risk documented before surgery

National mean 73%
ICB mean 77%
Number of patients included 25
Data completeness 100%



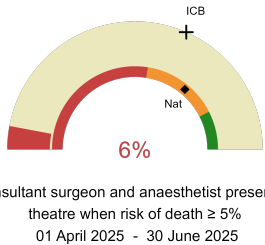
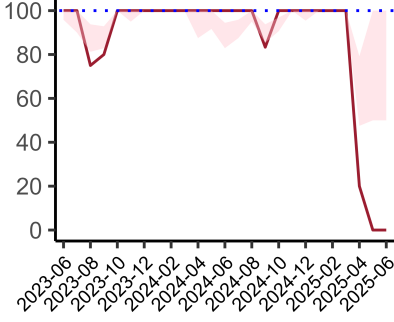
Risk documented after surgery

National mean 53%
ICB mean 31%
Number of patients included 25
Data completeness 100%



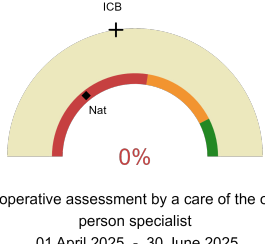
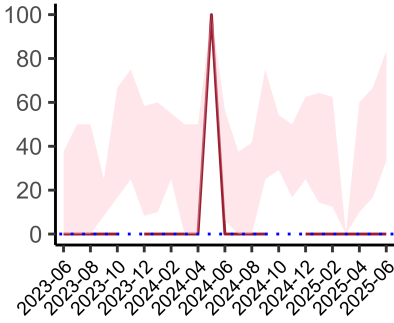
Admitted to Critical Care (risk of death \geq 5%)

National mean 58%
ICB mean 42%
Number of patients included 25
Data completeness 100%



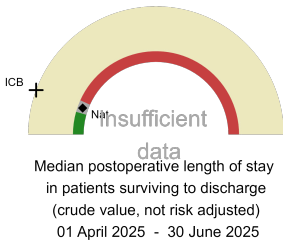
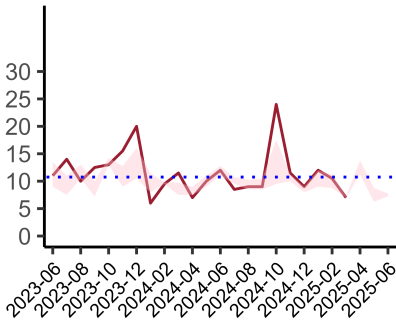
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 72%
ICB mean 63%
Number of patients included 17
Data completeness 89%

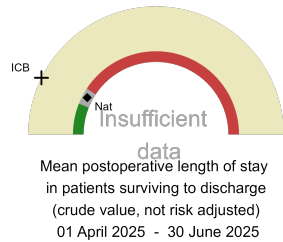
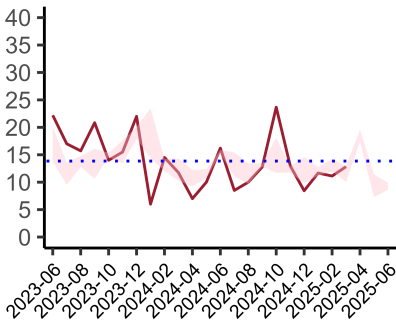


Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS \geq 5) or 80+

National mean 28%
ICB mean 45%
Number of patients included 10
Data completeness 91%



Median postoperative length of stay
National median 10 days
ICB median 10 days
Number of patients included 0
Data completeness NaN%



Mean postoperative length of stay
National mean 14 days
ICB mean 13 days
Number of patients included 0
Data completeness NaN%

Risk-Adjusted Mortality

9958% 10019958%



192306202308202310202312202402202404202406202408202410202412202502202504202506

Number of patients included 0 | 30-day risk-adjusted mortality rate NaN% | National 30-day mortality rate 6.9%

Integrated Care Board

Bedford Hospital is part of the NHS Bedfordshire, Luton And Milton Keynes Integrated Care Board ICB. This comprises Bedford Hospital, Luton and Dunstable Hospital, Milton Keynes Hospital.