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

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

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

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

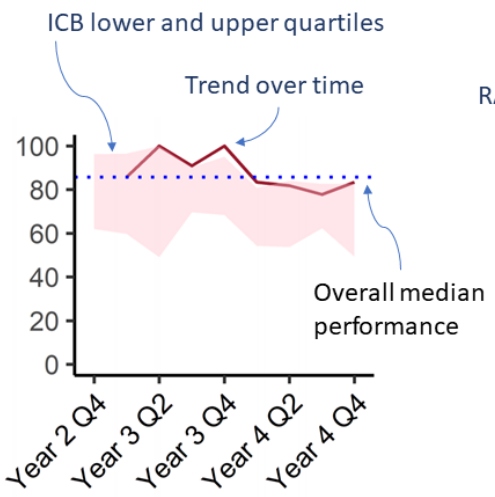
3. Risk-Adjusted Mortality

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

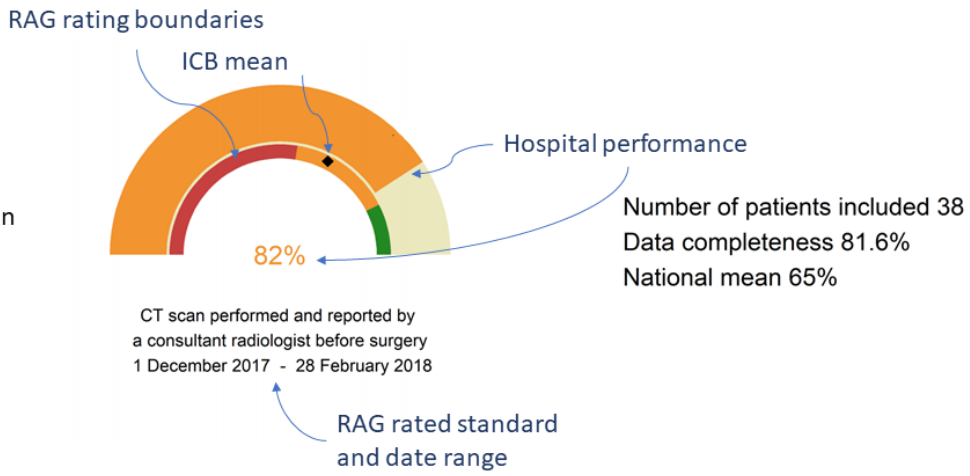
$$\text{Risk-Adjusted Mortality} = \text{SMR} \times \big(\text{National 30-day mortality}\big) \times 100.$$

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

Quarterly mean performance

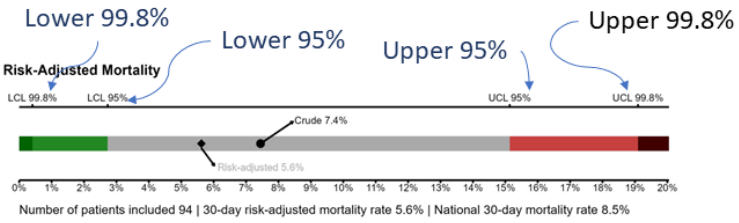


Overall performance



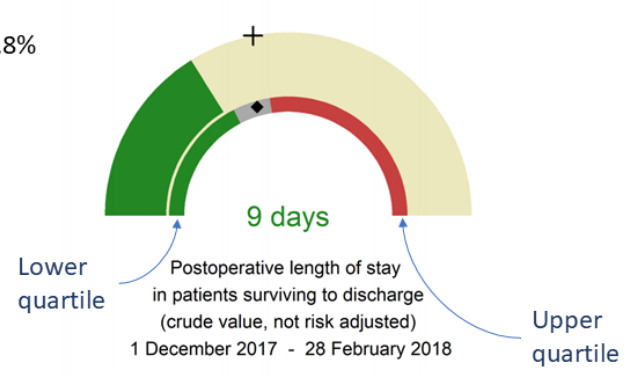
Risk-adjusted mortality

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



Non-risk-adjusted measures

Rating boundaries are lower and upper national quartiles



NELA National Emergency Laparotomy Audit

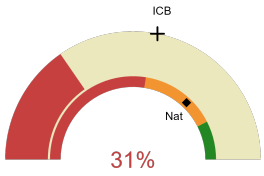
Monthly Report

The Princess Royal University 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.

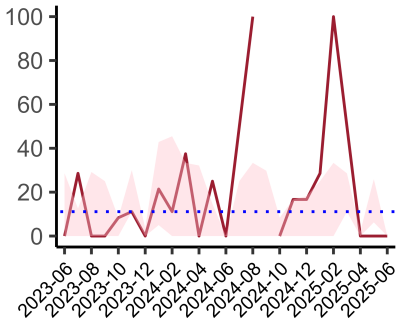
NELA process and outcome measures

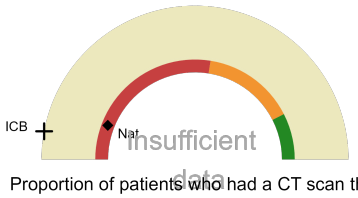


Estimated case ascertainment
01 April 2025 - 30 June 2025

Estimated case ascertainment (Based on HES/PEDW Data)

Expected number of cases 39
Total cases entered 12
Cases locked 2
Cases unlocked 10

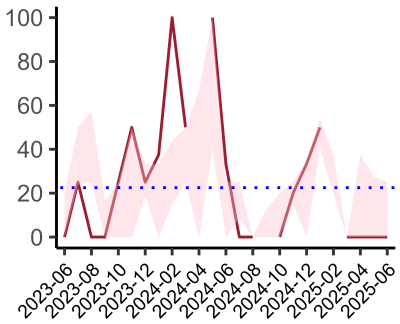


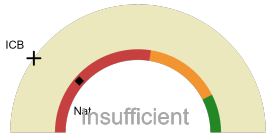


Proportion of patients who had a CT scan that was reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery
01 April 2025 - 30 June 2025

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

National mean 12%
ICB mean 6%
Number of patients included 8
Data completeness 100%

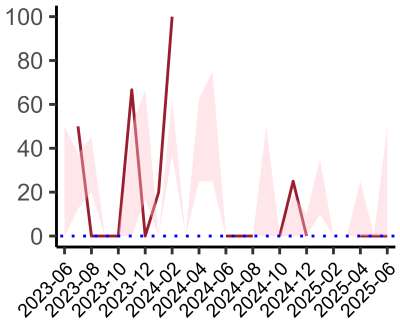


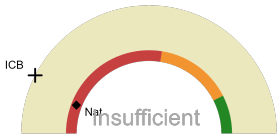


Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 April 2025 - 30 June 2025

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

National mean 23%
ICB mean 20%
Number of patients included 5
Data completeness 62%

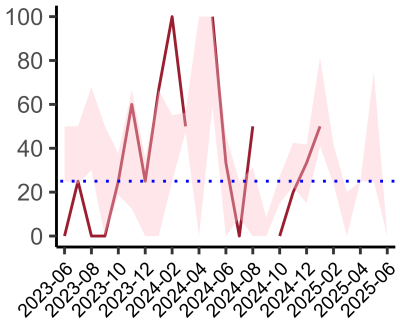


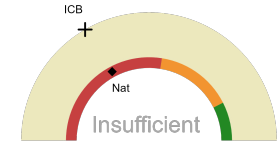


Proportion of patients with suspected sepsis and or septic shock that have antibiotic administration within the correct clinical timeframe
01 April 2025 - 30 June 2025

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

National mean 12%
ICB mean 15%
Number of patients included 3
Data completeness 60%

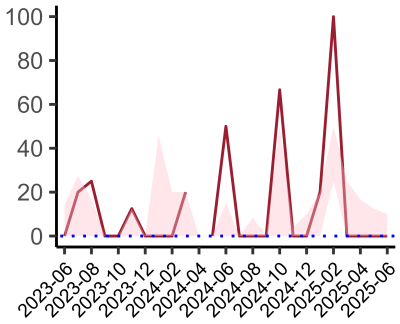


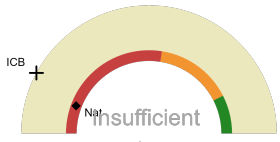


Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 April 2025 - 30 June 2025

Infection - antibiotic administration within the correct clinical timeframe

National mean 34%
ICB mean 33%
Number of patients included 2
Data completeness 25%

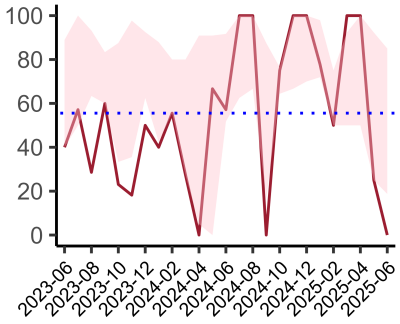


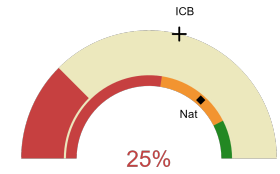


Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 April 2025 - 30 June 2025

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

National mean 12%
ICB mean 16%
Number of patients included 5
Data completeness 100%

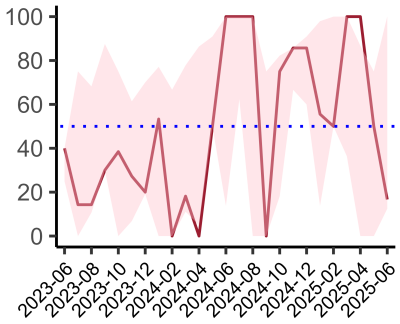


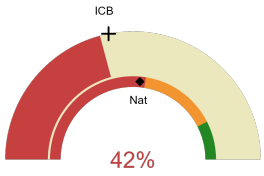


Risk of death documented before surgery
01 April 2025 - 30 June 2025

Risk documented before surgery

National mean 73%
ICB mean 58%
Number of patients included 12
Data completeness 100%

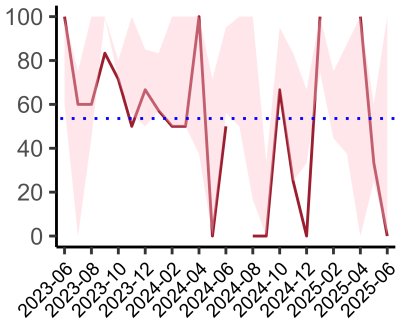


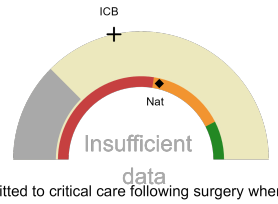


Risk of death documented after surgery
01 April 2025 - 30 June 2025

Risk documented after surgery

National mean 53%
ICB mean 44%
Number of patients included 12
Data completeness 100%

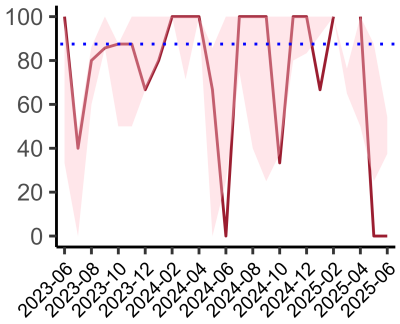


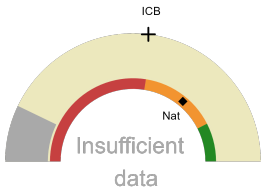


Admitted to critical care following surgery when the risk of death ≥ 5% (Excludes patients who died in theatre or with a decision to palliate)
01 April 2025 - 30 June 2025

Admitted to Critical Care (risk of death ≥ 5%)

National mean 58%
ICB mean 43%
Number of patients included 8
Data completeness 100%

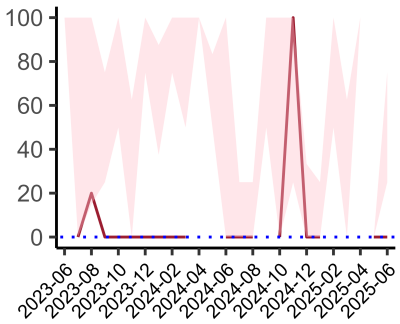


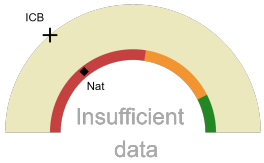


Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%
01 April 2025 - 30 June 2025

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

National mean 72%
ICB mean 54%
Number of patients included 7
Data completeness 100%

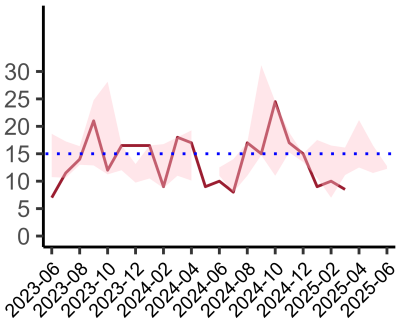


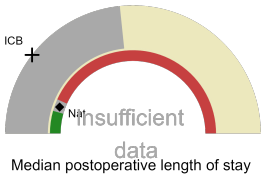


Perioperative assessment by a care of the older person specialist
01 April 2025 - 30 June 2025

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 28%
Number of patients included 5
Data completeness 83%

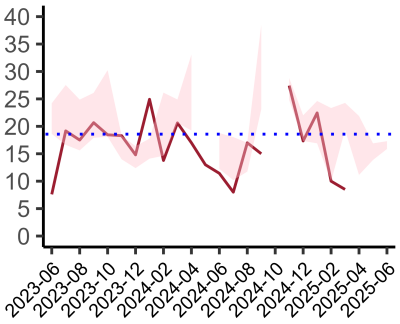


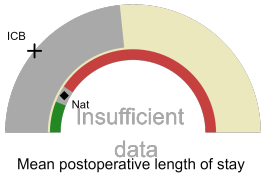


Median postoperative length of stay
in patients surviving to discharge
(crude value, not risk adjusted)
01 April 2025 - 30 June 2025

Median postoperative length of stay

National median 10 days
ICB median 19 days
Number of patients included 2
Data completeness 40%



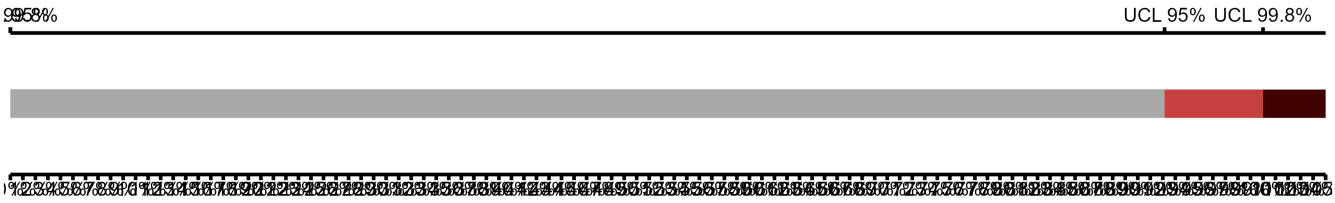


Mean postoperative length of stay
in patients surviving to discharge
(crude value, not risk adjusted)
01 April 2025 - 30 June 2025

Mean postoperative length of stay

National mean 14 days
ICB mean 20 days
Number of patients included 2
Data completeness 40%

Risk-Adjusted Mortality



Number of patients included 2 | 30-day risk-adjusted mortality rate NaN% | National 30-day mortality rate 6.9%

Integrated Care Board

The Princess Royal University Hospital is part of the NHS South East London Integrated Care Board ICB. This comprises The Princess Royal University Hospital, Queen Elizabeth Hospital (Lewisham and Greenwich NHS Trust), St Thomas' Hospital, Harefield Hospital, King's College Hospital, University Hospital Lewisham.