

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 October 2025 and 31 December 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

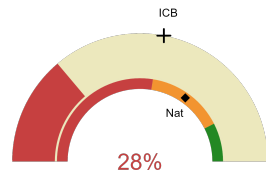


Queen's Hospital - Burton

2025-26 Reporting Period 9: 01 October 2025 - 31 December 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 9 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

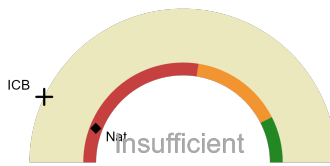
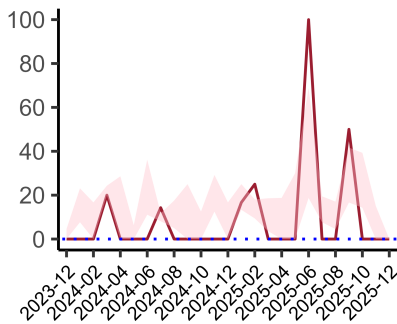
NELA process and outcome measures



Estimated case ascertainment
01 October 2025 - 31 December 2025

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

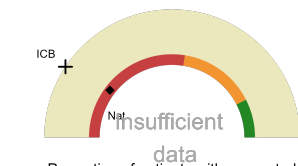
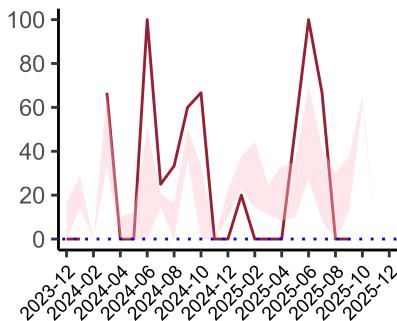
Expected number of cases 47
Total cases entered 13
Cases locked 1
Cases unlocked 12



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 October 2025 - 31 December 2025

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

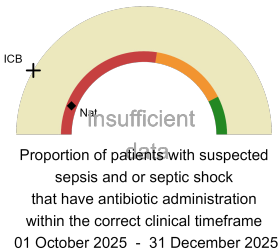
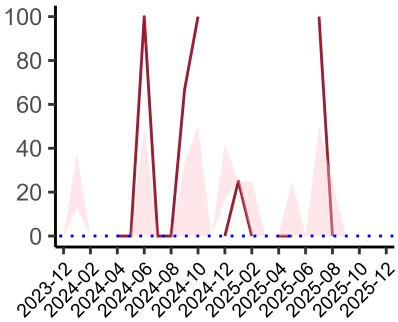
National mean 12%
ICB mean 14%
Number of patients included 7
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 October 2025 - 31 December 2025

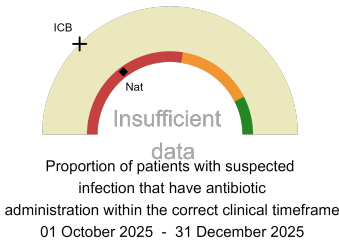
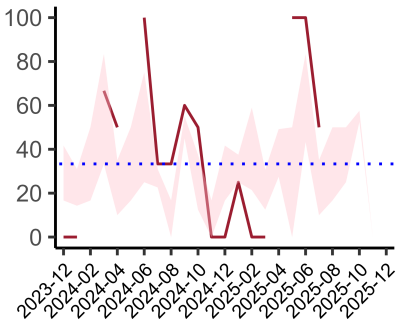
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 19%
Number of patients included 1
Data completeness 17%



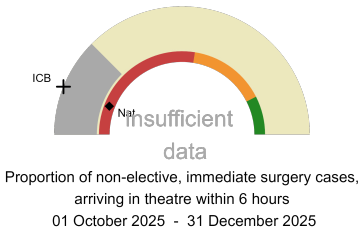
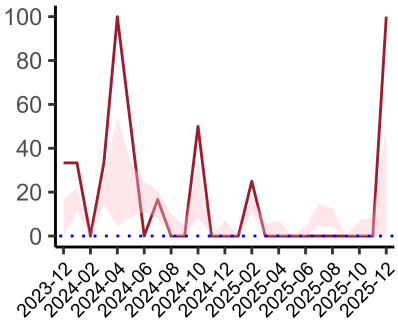
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

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



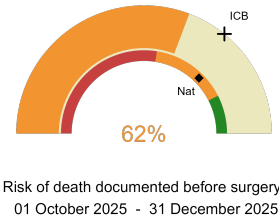
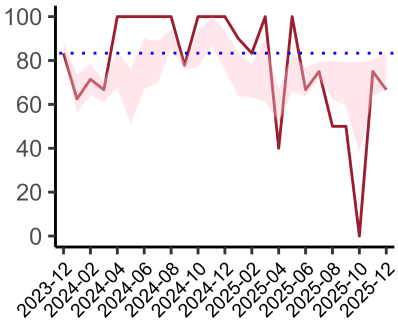
Infection - antibiotic administration within the correct clinical timeframe

National mean 30%
ICB mean 25%
Number of patients included 0
Data completeness 0%



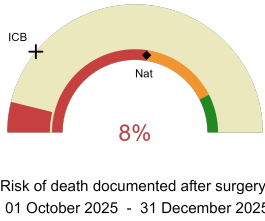
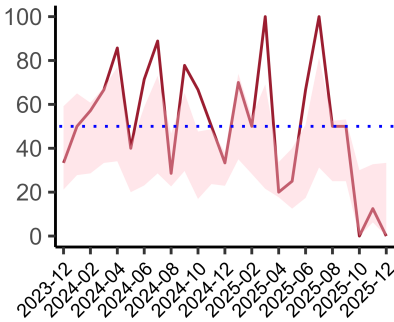
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

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



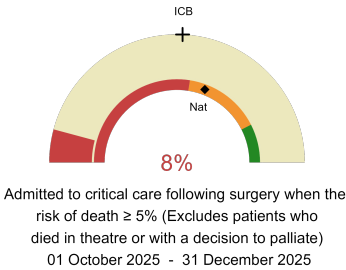
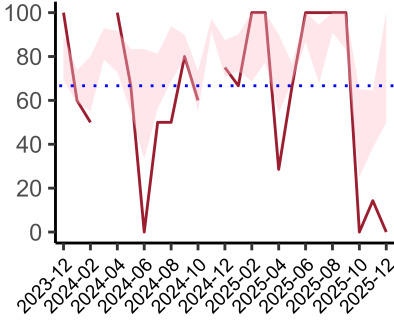
Risk documented before surgery

National mean 75%
ICB mean 72%
Number of patients included 13
Data completeness 100%



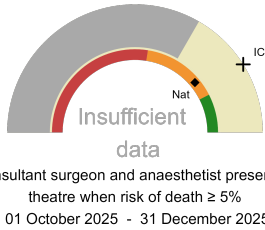
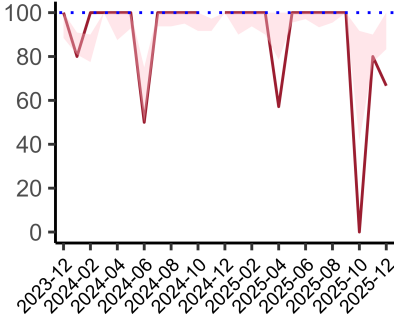
Risk documented after surgery

National mean 55%
ICB mean 22%
Number of patients included 13
Data completeness 100%



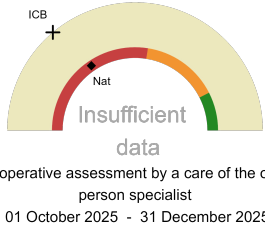
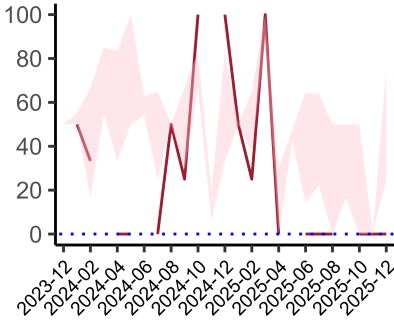
Admitted to Critical Care (risk of death \geq 5%)

National mean 62%
ICB mean 51%
Number of patients included 12
Data completeness 100%



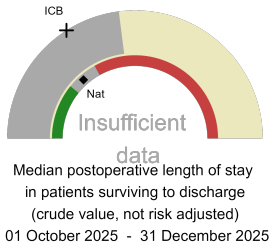
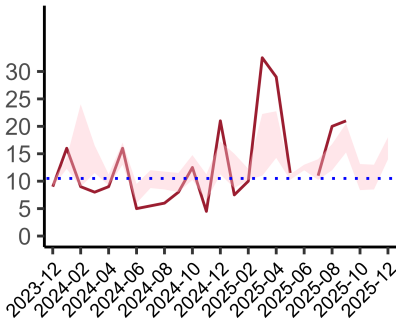
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death \geq 5%)

National mean 78%
ICB mean 82%
Number of patients included 9
Data completeness 75%

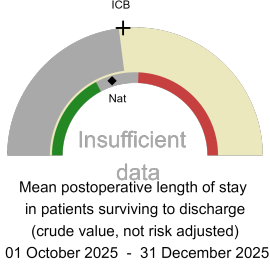
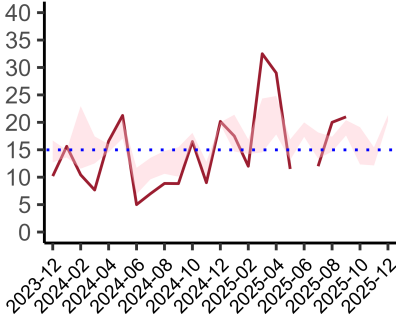


Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS \geq 5) or 80+

National mean 31%
ICB mean 28%
Number of patients included 3
Data completeness 33%

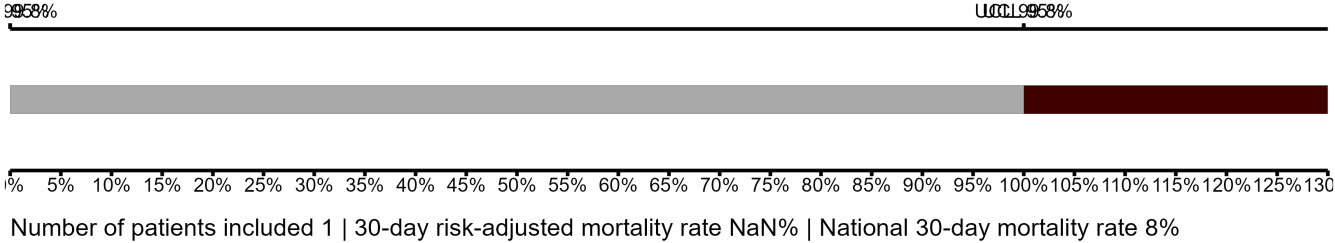


Median postoperative length of stay
National median 10 days
ICB median 12 days
Number of patients included 1
Data completeness 100%



Mean postoperative length of stay
National mean 14 days
ICB mean 16 days
Number of patients included 1
Data completeness 100%

Risk-Adjusted Mortality



Integrated Care Board

Queen’s Hospital - Burton is part of the NHS Derby And Derbyshire Integrated Care Board ICB. This comprises Queen’s Hospital - Burton, Chesterfield Royal Hospital, Royal Derby Hospital.