

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 April 2026 and 30 June 2026 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

RAG rating boundaries



Hospital performance

Number of patients included 38
Data completeness 81.6%
National mean 65%

RAG rated standard and date range

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

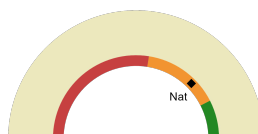


Nobles Hospital

2026-27 Reporting Period 3: 01 April 2026 - 30 June 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 3 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

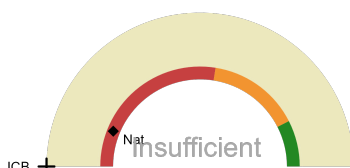
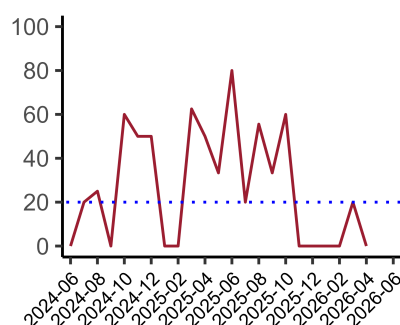
NELA process and outcome measures



Estimated case ascertainment
01 April 2026 - 30 June 2026

Estimated case ascertainment (Based on HES/PEDW Data)

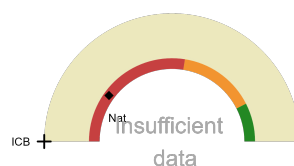
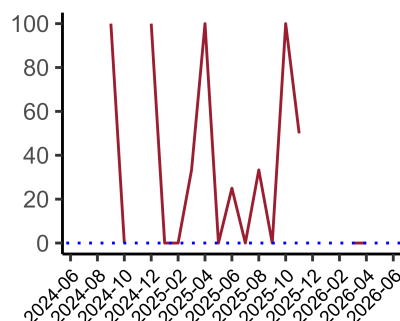
Expected number of cases NA
Total cases entered 10
Cases locked 5
Cases unlocked 5



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 2026 - 30 June 2026

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

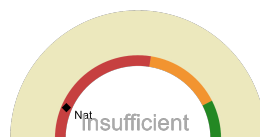
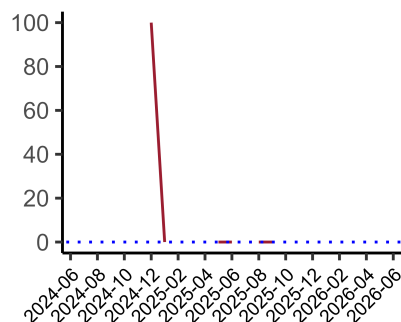
National mean 12%
ICB mean 0%
Number of patients included 4
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 April 2026 - 30 June 2026

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

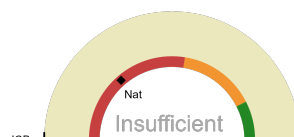
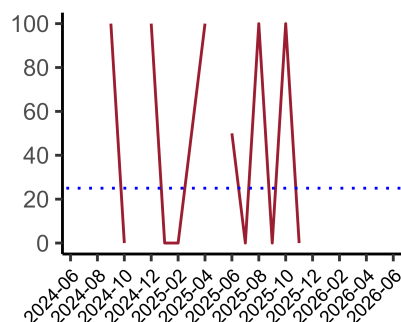
National mean 20%
ICB mean 0%
Number of patients included 1
Data completeness 17%



Proportion of patients with suspected sepsis and or septic shock that have antibiotic administration within the correct clinical timeframe
01 April 2026 - 30 June 2026

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

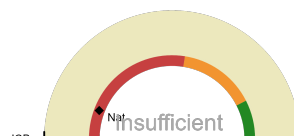
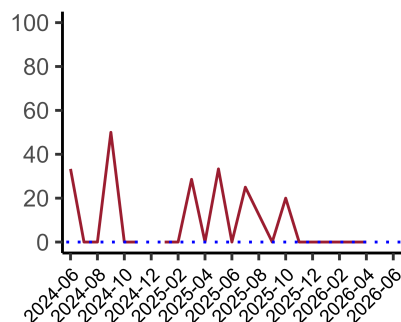
National mean 13%
ICB mean NaN%
Number of patients included 0
Data completeness 0%



Proportion of patients with suspected infection that have antibiotic administration within the correct clinical timeframe
01 April 2026 - 30 June 2026

Infection - antibiotic administration within the correct clinical timeframe

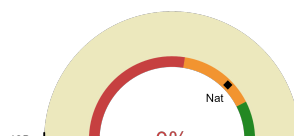
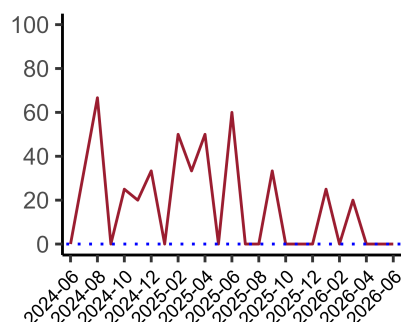
National mean 27%
ICB mean 0%
Number of patients included 1
Data completeness 17%



Proportion of non-elective, immediate surgery cases, arriving in theatre within 6 hours
01 April 2026 - 30 June 2026

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

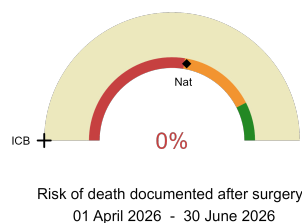
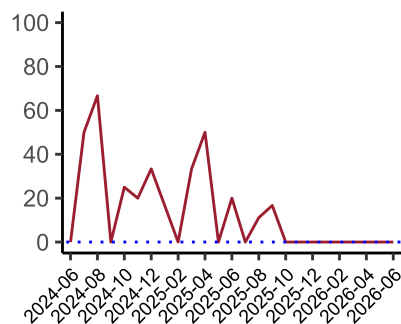
National mean 12%
ICB mean 0%
Number of patients included 2
Data completeness 100%



Risk of death documented before surgery
01 April 2026 - 30 June 2026

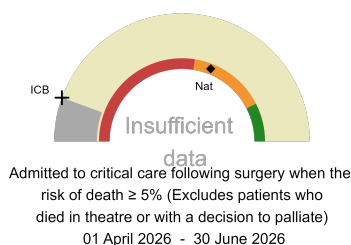
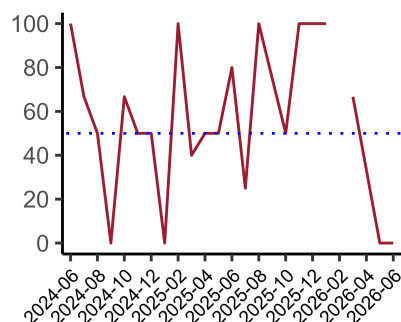
Risk documented before surgery

National mean 75%
ICB mean 0%
Number of patients included 10
Data completeness 100%



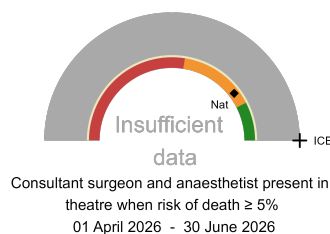
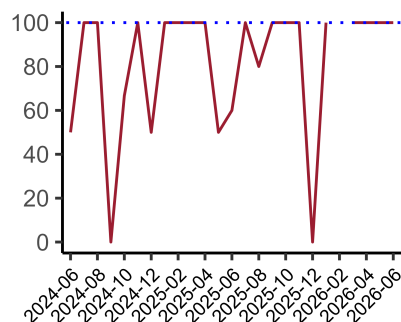
Risk documented after surgery

National mean 56%
ICB mean 0%
Number of patients included 10
Data completeness 100%



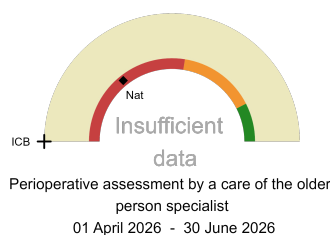
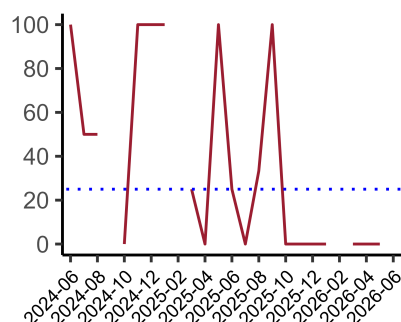
Admitted to Critical Care (risk of death $\geq$ 5%)

National mean 62%
ICB mean 11%
Number of patients included 9
Data completeness 100%



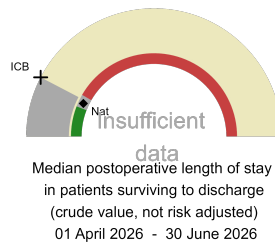
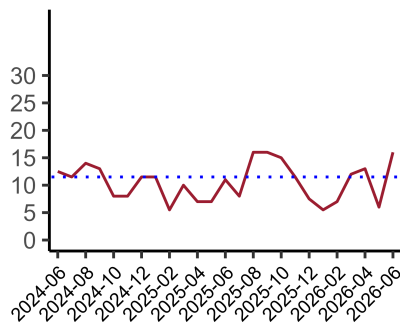
Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death $\geq$ 5%)

National mean 79%
ICB mean 100%
Number of patients included 9
Data completeness 100%



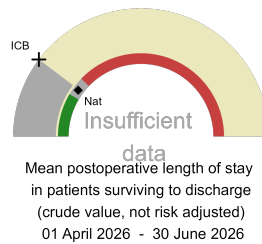
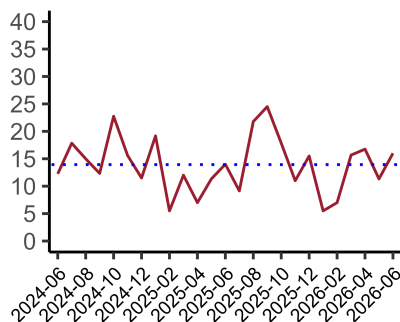
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS $\geq$ 5) or 80+

National mean 28%
ICB mean 0%
Number of patients included 2
Data completeness 33%



Median postoperative length of stay

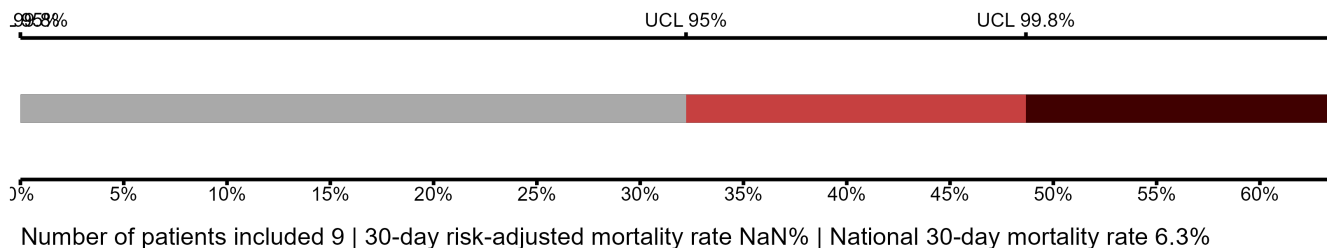
National median 10 days
ICB median 11 days
Number of patients included 9
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 15 days
Number of patients included 9
Data completeness 100%

Risk-Adjusted Mortality



Integrated Care Board

Nobles Hospital is part of the Isle of Man ICB. This comprises Nobles Hospital.