

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 May 2026 and 31 July 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:

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

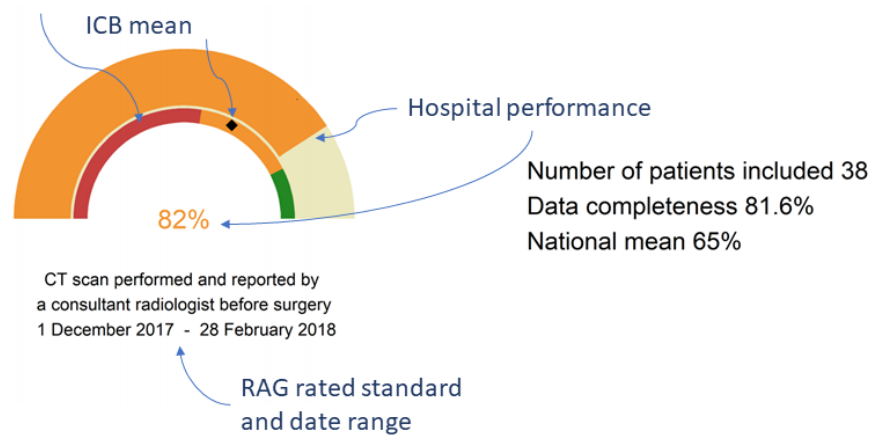
For better insight to how these standards have been structured, please refer to the **NELA standards document**.

Quarterly mean performance



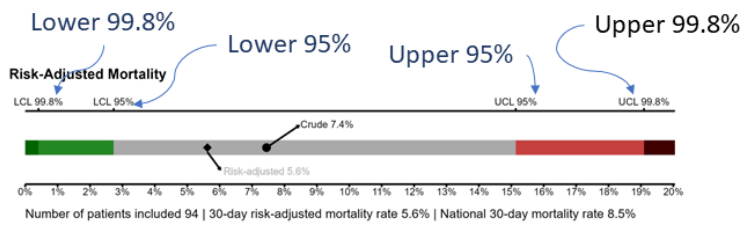
Overall performance

RAG rating boundaries



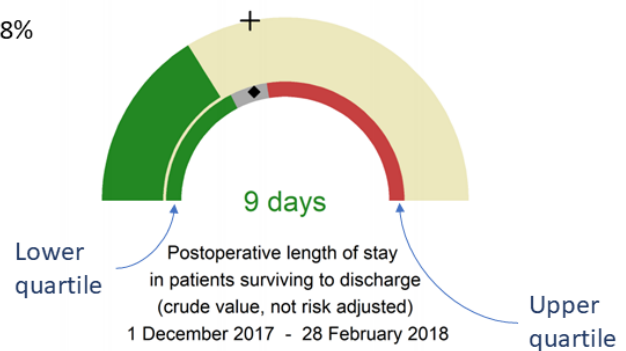
Risk-adjusted mortality

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



Non-risk-adjusted measures

Rating boundaries are lower and upper
national quartiles

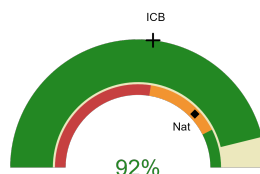


Chelsea and Westminster Hospital

2026-27 Reporting Period 4: 01 May 2026 - 31 July 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

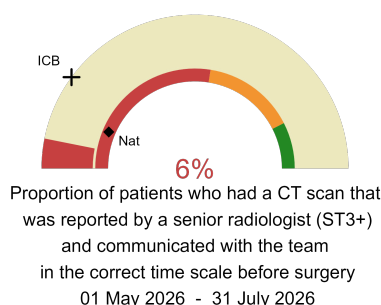
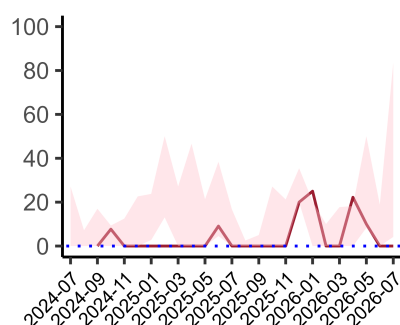
NELA process and outcome measures



Estimated case ascertainment
01 May 2026 - 31 July 2026

Estimated case ascertainment (Based on HES/PEDW Data)

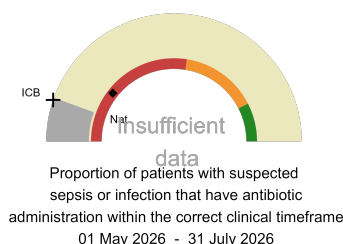
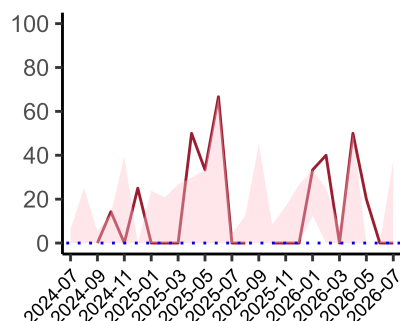
Expected number of cases 26
Total cases entered 24
Cases locked 16
Cases unlocked 8



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 May 2026 - 31 July 2026

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

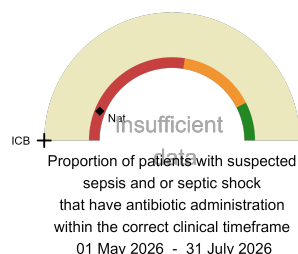
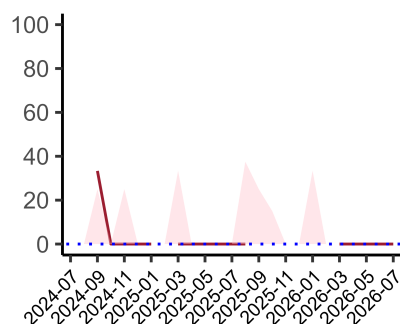
National mean 13%
ICB mean 20%
Number of patients included 16
Data completeness 100%



Proportion of patients with suspected
sepsis or infection that have antibiotic
administration within the correct clinical timeframe
01 May 2026 - 31 July 2026

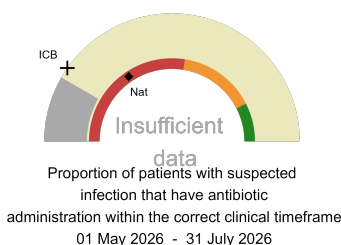
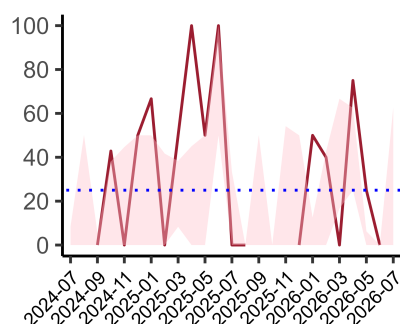
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 11%
Number of patients included 9
Data completeness 69%



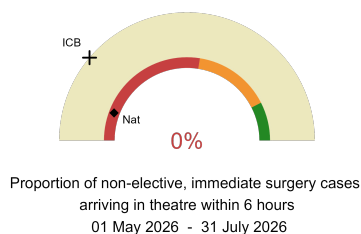
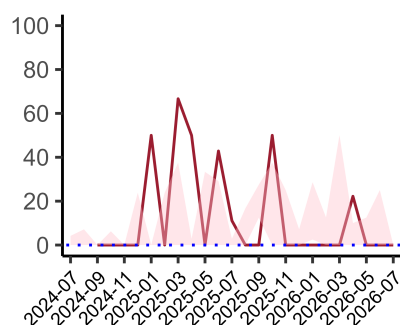
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
ICB mean 0%
Number of patients included 3
Data completeness 43%



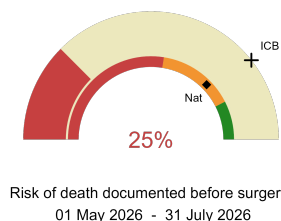
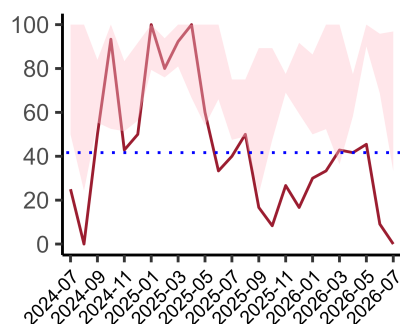
Infection - antibiotic administration within the correct clinical timeframe

National mean 31%
ICB mean 19%
Number of patients included 6
Data completeness 46%



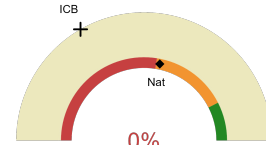
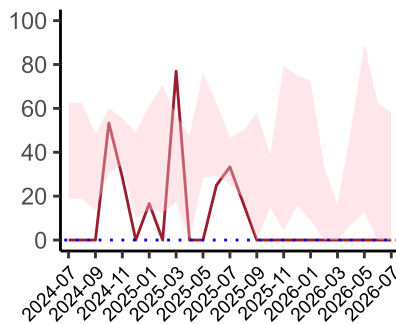
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 11%
ICB mean 22%
Number of patients included 13
Data completeness 100%



Risk documented before surgery

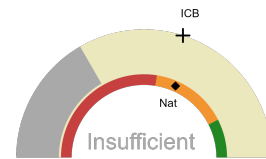
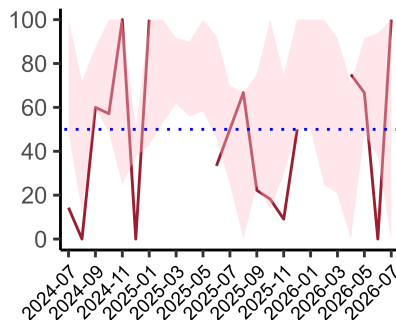
National mean 75%
ICB mean 79%
Number of patients included 24
Data completeness 100%



Risk of death documented after surgery
01 May 2026 - 31 July 2026

Risk documented after surgery

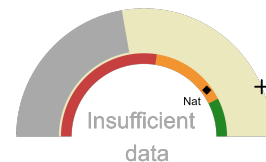
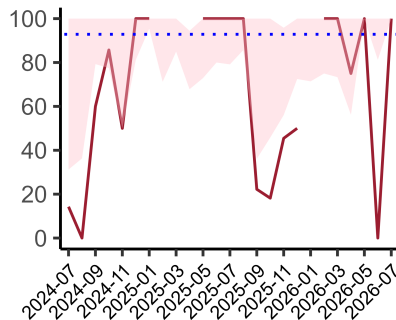
National mean 56%
ICB mean 33%
Number of patients included 24
Data completeness 100%



Admitted to critical care following surgery when the
risk of death $\geq 5\%$ (Excludes patients who
died in theatre or with a decision to palliate)
01 May 2026 - 31 July 2026

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

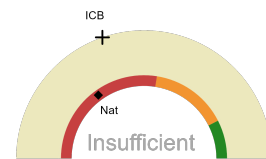
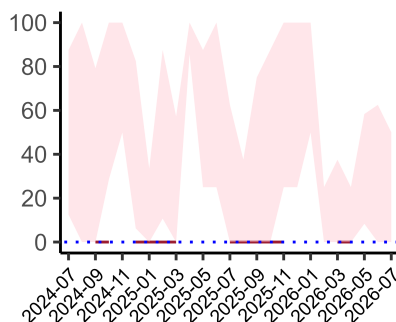
National mean 63%
ICB mean 60%
Number of patients included 9
Data completeness 100%



Consultant surgeon and anaesthetist present in
theatre when risk of death $\geq 5\%$
01 May 2026 - 31 July 2026

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

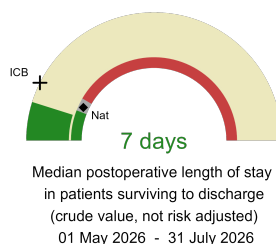
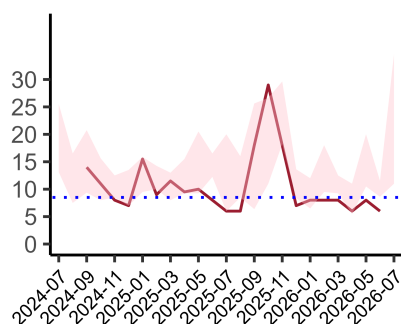
National mean 80%
ICB mean 87%
Number of patients included 9
Data completeness 41%



Perioperative assessment by a care of the older
person specialist
01 May 2026 - 31 July 2026

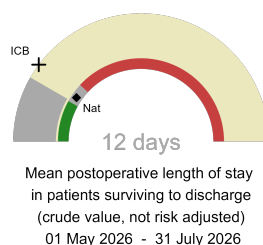
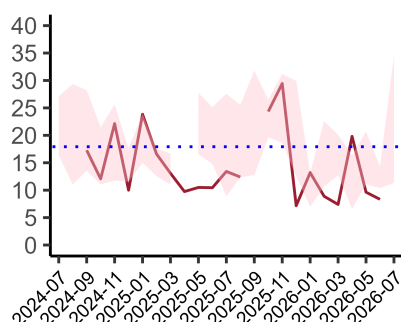
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 30%
ICB mean 39%
Number of patients included 1
Data completeness 20%



Median postoperative length of stay

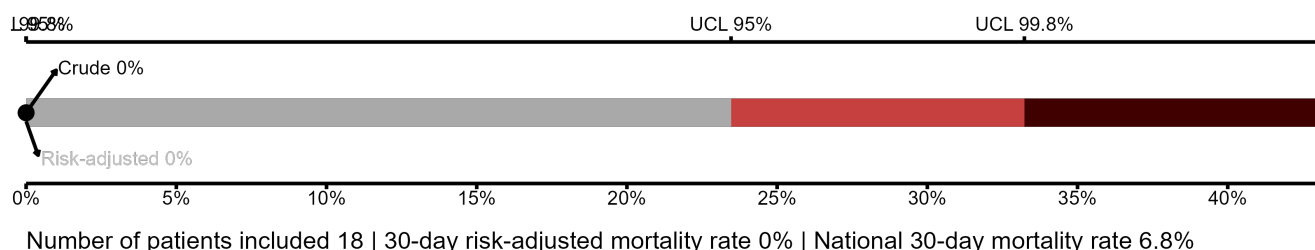
National median 10 days
ICB median 11 days
Number of patients included 18
Data completeness 100%



Mean postoperative length of stay

National mean 14 days
ICB mean 15 days
Number of patients included 18
Data completeness 100%

Risk-Adjusted Mortality



Integrated Care Board

Chelsea and Westminster Hospital is part of the NHS North West London Integrated Care Board ICB. This comprises St Mary's Hospital, Hillingdon Hospital, West Middlesex University Hospital, Northwick Park/St Marks Hospital, Hammersmith Hospital, Chelsea and Westminster Hospital, Charing Cross, Ealing Hospital.