

Explanatory Notes

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

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

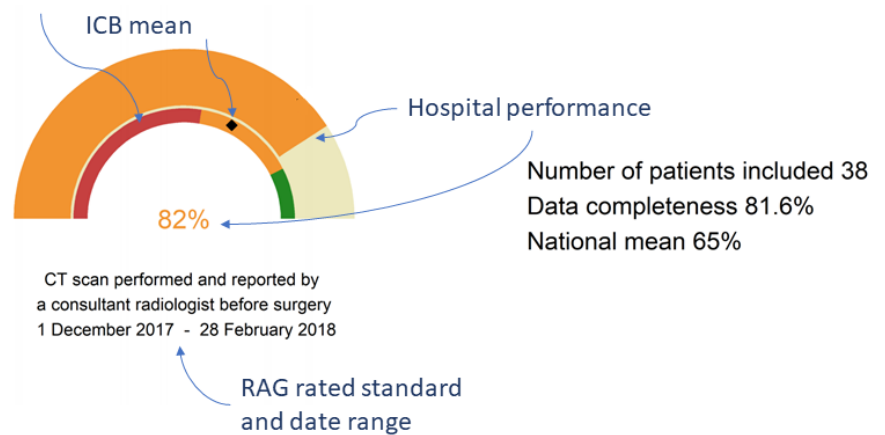
For better insight to how these standards have been structured, please refer to the **NELA standards document**.

Quarterly mean performance



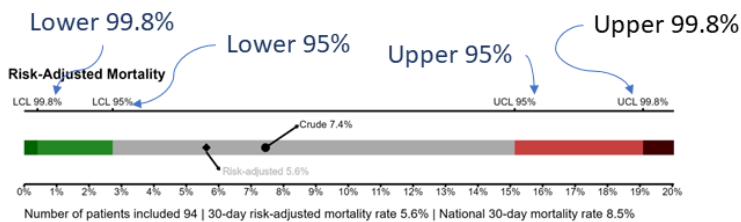
Overall performance

RAG rating boundaries



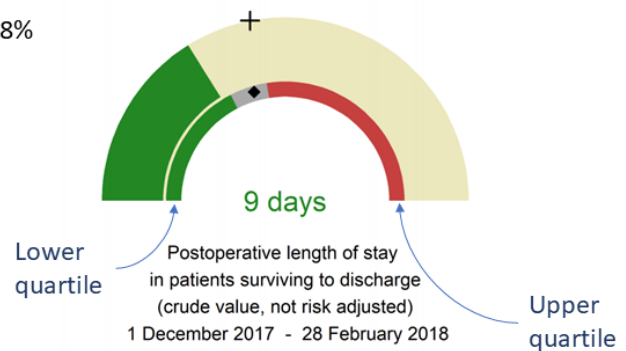
Risk-adjusted mortality

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



Non-risk-adjusted measures

Rating boundaries are lower and upper
national quartiles

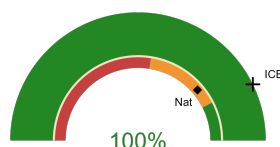


Darent Valley Hospital

2026-27 Reporting Period 2: 01 March 2026 - 31 May 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 2 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

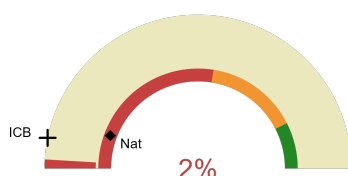
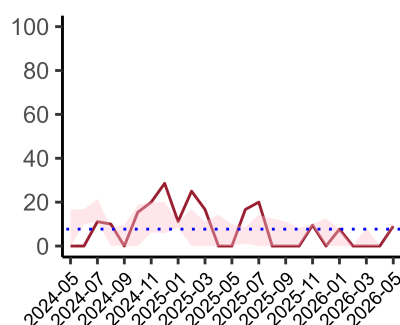
NELA process and outcome measures



Estimated case ascertainment
01 March 2026 - 31 May 2026

Estimated case ascertainment (Based on HES/PEDW Data)

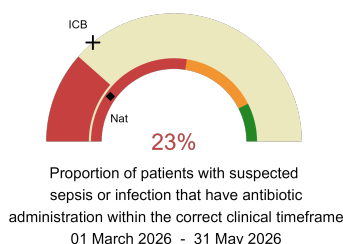
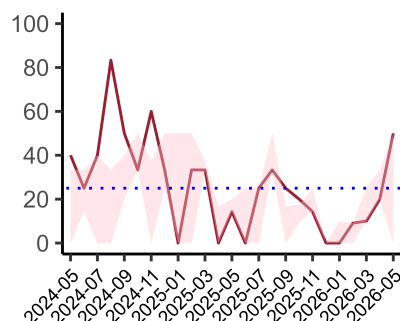
Expected number of cases 39
Total cases entered 68
Cases locked 68
Cases unlocked 0



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 March 2026 - 31 May 2026

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

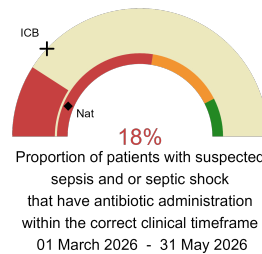
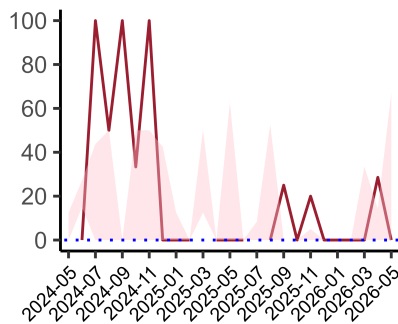
National mean 11%
ICB mean 6%
Number of patients included 53
Data completeness 100%



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

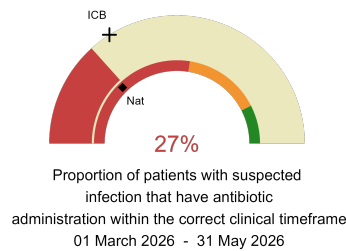
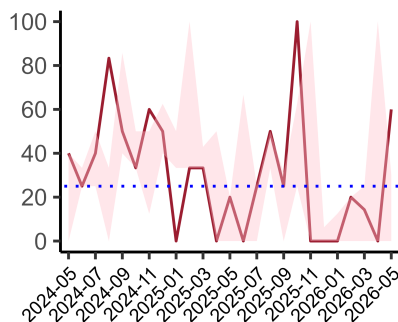
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 28%
Number of patients included 26
Data completeness 100%



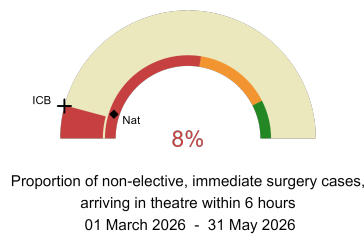
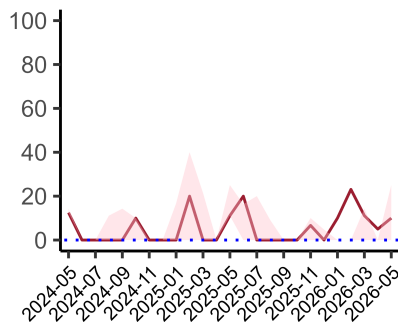
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
ICB mean 24%
Number of patients included 11
Data completeness 100%



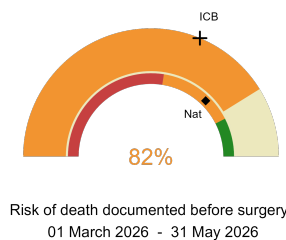
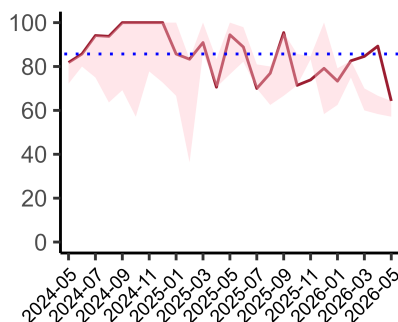
Infection - antibiotic administration within the correct clinical timeframe

National mean 25%
ICB mean 32%
Number of patients included 15
Data completeness 58%



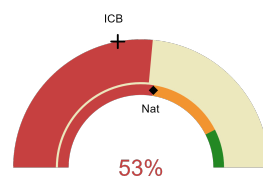
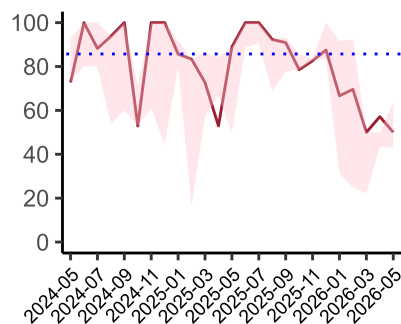
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 10%
ICB mean 8%
Number of patients included 48
Data completeness 100%



Risk documented before surgery

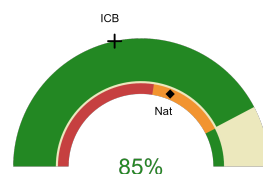
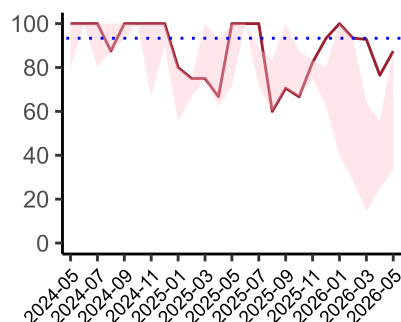
National mean 75%
ICB mean 63%
Number of patients included 68
Data completeness 100%



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

Risk documented after surgery

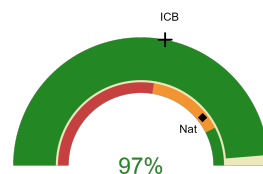
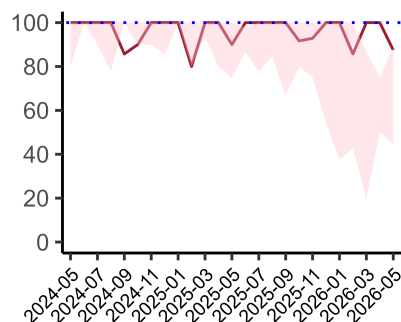
National mean 55%
ICB mean 44%
Number of patients included 68
Data completeness 100%



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 March 2026 - 31 May 2026

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

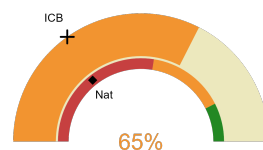
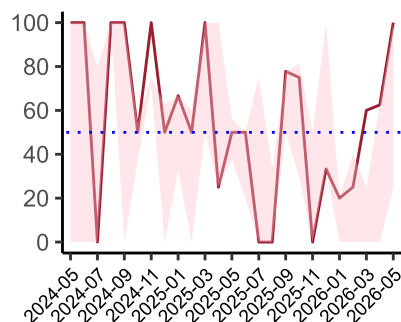
National mean 62%
ICB mean 43%
Number of patients included 39
Data completeness 100%



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

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

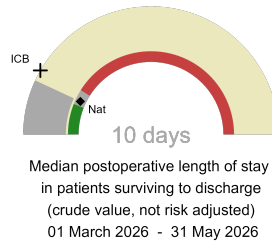
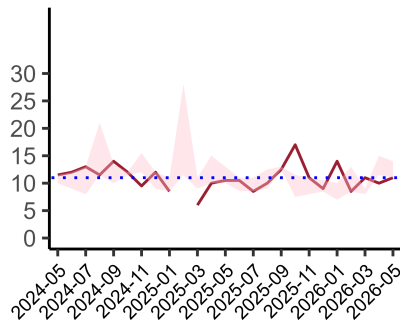
National mean 79%
ICB mean 56%
Number of patients included 38
Data completeness 79%



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

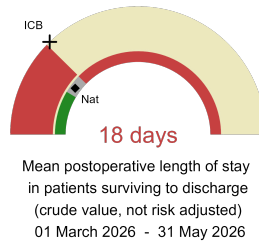
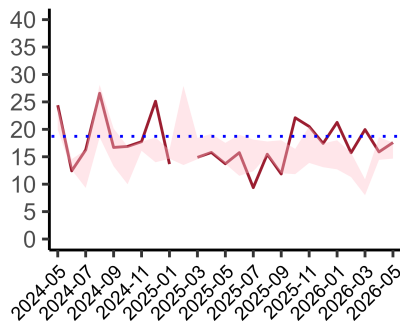
Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+

National mean 29%
ICB mean 30%
Number of patients included 20
Data completeness 100%



Median postoperative length of stay

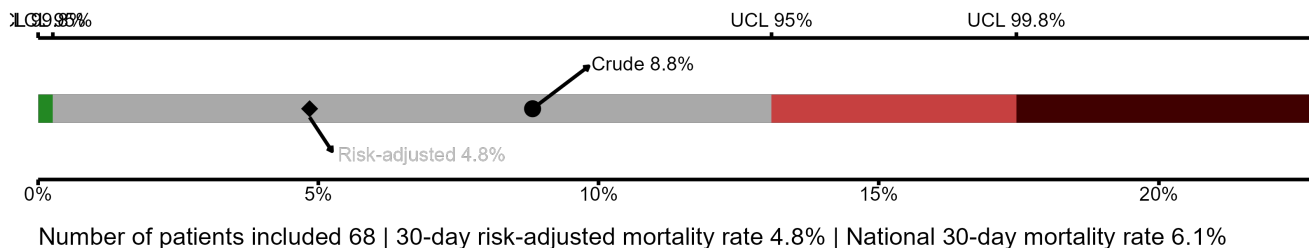
National median 10 days
ICB median 12 days
Number of patients included 62
Data completeness 100%



Mean postoperative length of stay

National mean 15 days
ICB mean 19 days
Number of patients included 62
Data completeness 100%

Risk-Adjusted Mortality



Integrated Care Board

Darent Valley Hospital is part of the NHS Kent And Medway Integrated Care Board ICB. This comprises Darent Valley Hospital, William Harvey Hospital, Queen Elizabeth The Queen Mother Hospital, Tunbridge Wells Hospital, Maidstone Hospital, Medway Maritime Hospital.