

## Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 May 2025 and 31 July 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  $\leq 30$  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

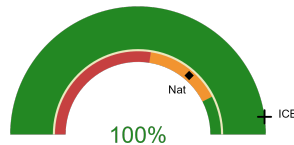


**Lister Hospital**

**2025-26 Reporting Period 4: 01 May 2025 - 31 July 2025**

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

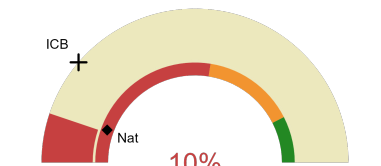
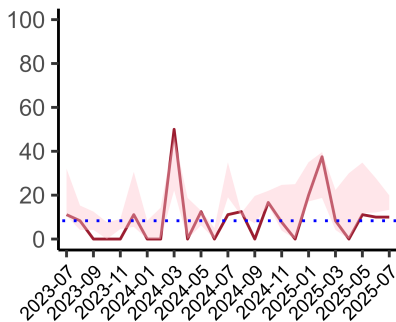
**NELA process and outcome measures**



Estimated case ascertainment  
01 May 2025 - 31 July 2025

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

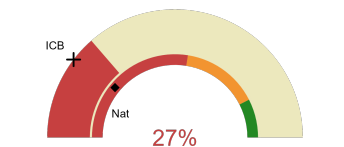
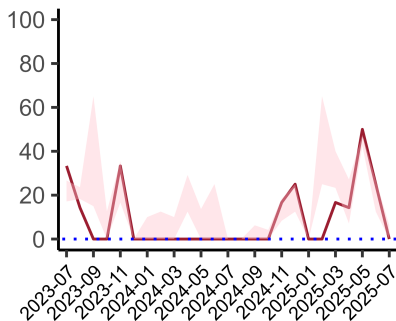
Expected number of cases 43  
Total cases entered 51  
Cases locked 0  
Cases unlocked 51



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 2025 - 31 July 2025

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

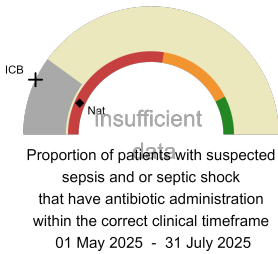
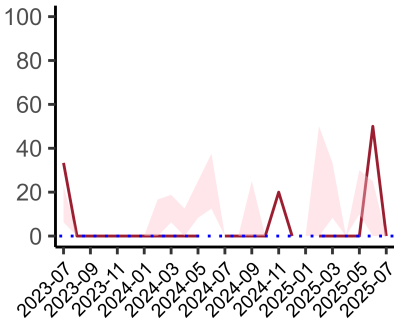
National mean 11%  
ICB mean 23%  
Number of patients included 29  
Data completeness 100%



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

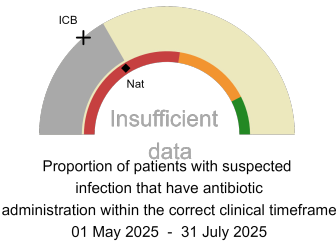
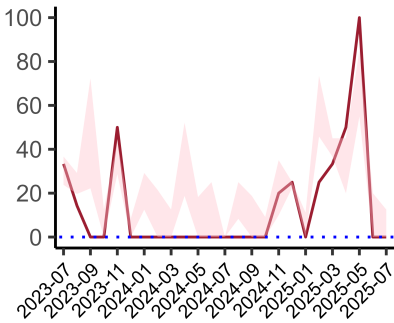
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 22%  
ICB mean 21%  
Number of patients included 11  
Data completeness 38%



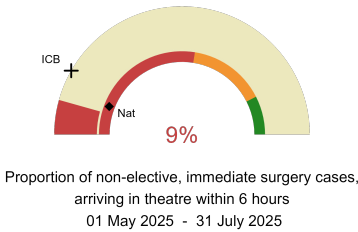
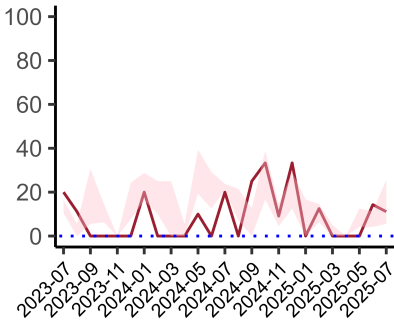
**Sepsis/septic shock - antibiotic administration within the correct clinical timeframe**

National mean 13%  
ICB mean 14%  
Number of patients included 5  
Data completeness 22%



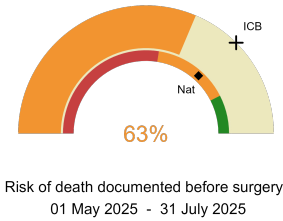
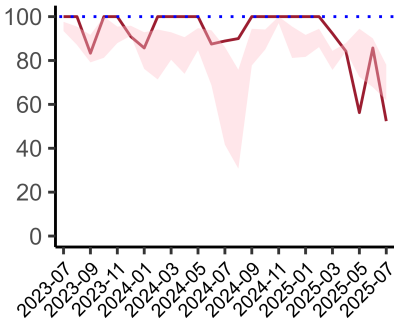
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 32%  
ICB mean 27%  
Number of patients included 6  
Data completeness 21%



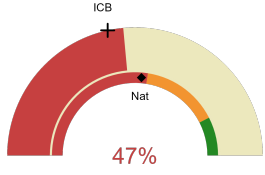
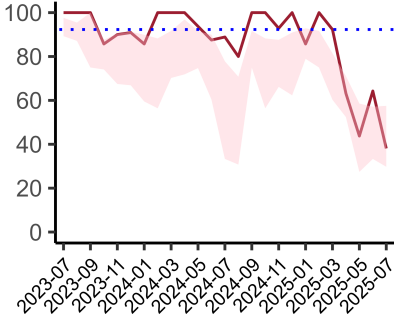
**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

National mean 12%  
ICB mean 17%  
Number of patients included 23  
Data completeness 100%



**Risk documented before surgery**

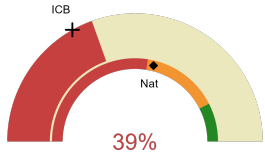
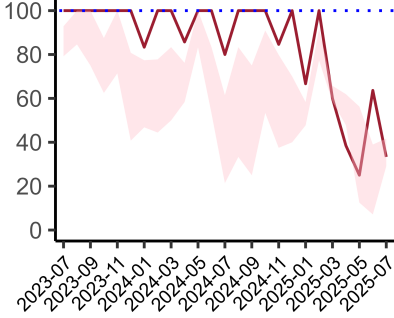
National mean 74%  
ICB mean 75%  
Number of patients included 51  
Data completeness 100%



Risk of death documented after surgery  
01 May 2025 - 31 July 2025

**Risk documented after surgery**

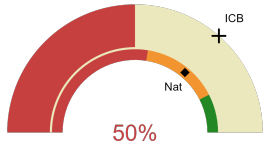
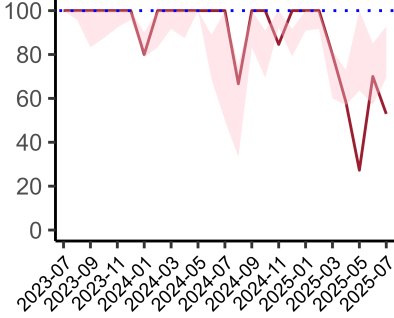
National mean 53%  
ICB mean 43%  
Number of patients included 51  
Data completeness 100%



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 May 2025 - 31 July 2025

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

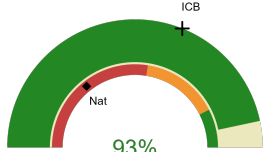
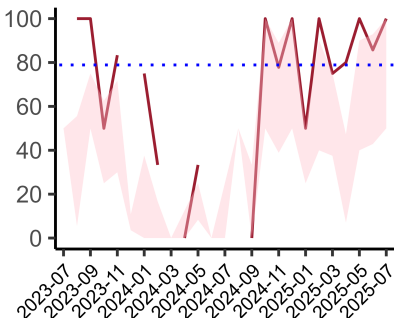
National mean 58%  
ICB mean 34%  
Number of patients included 41  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death ≥ 5%  
01 May 2025 - 31 July 2025

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

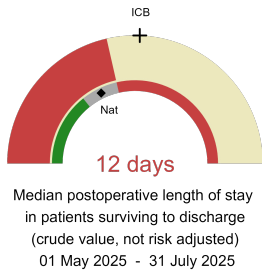
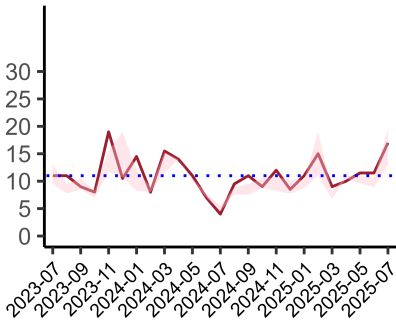
National mean 72%  
ICB mean 73%  
Number of patients included 38  
Data completeness 86%



Perioperative assessment by a care of the older person specialist  
01 May 2025 - 31 July 2025

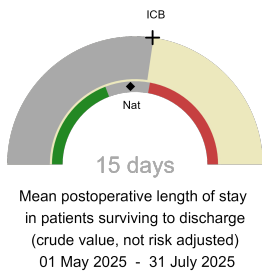
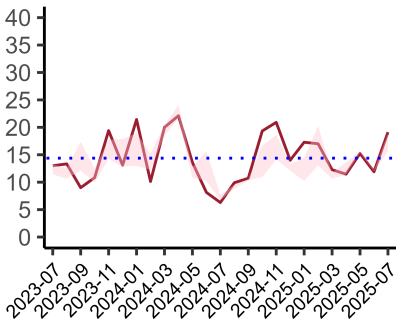
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

National mean 29%  
ICB mean 62%  
Number of patients included 15  
Data completeness 48%



**Median postoperative length of stay**

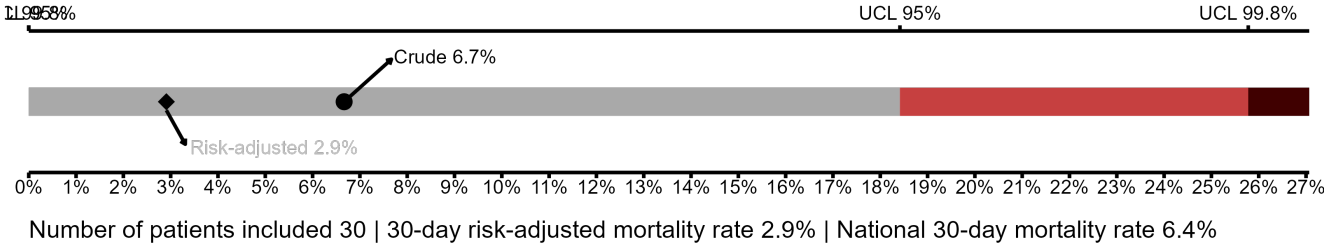
National median 10 days  
ICB median 14 days  
Number of patients included 27  
Data completeness 60%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 16 days  
Number of patients included 27  
Data completeness 60%

**Risk-Adjusted Mortality**



**Integrated Care Board**

Lister Hospital is part of the NHS Hertfordshire And West Essex Integrated Care Board ICB. This comprises Princess Alexandra Hospital, Watford General Hospital, Lister Hospital.