

## Explanatory Notes

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

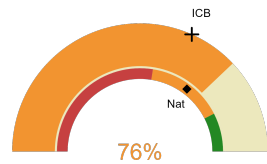


**Queens Medical Centre - Nottingham**

**2025-26 Reporting Period 10: 01 November 2025 - 31 January 2026**

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 10 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

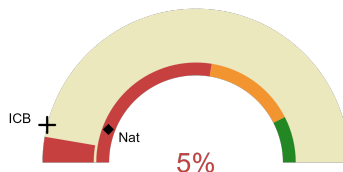
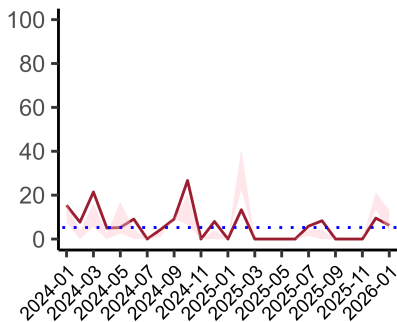
**NELA process and outcome measures**



Estimated case ascertainment  
01 November 2025 - 31 January 2026

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

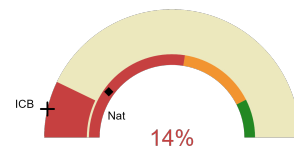
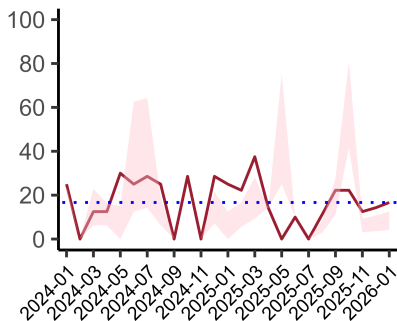
Expected number of cases 87  
Total cases entered 66  
Cases locked 5  
Cases unlocked 61



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 November 2025 - 31 January 2026

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

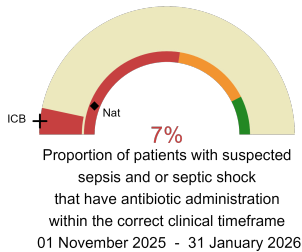
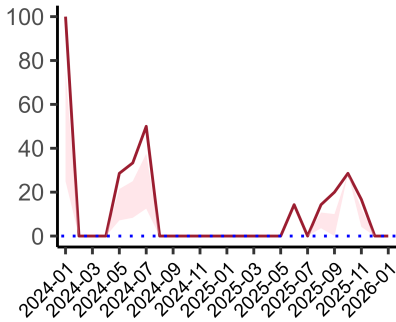
National mean 11%  
ICB mean 8%  
Number of patients included 56  
Data completeness 98%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe  
01 November 2025 - 31 January 2026

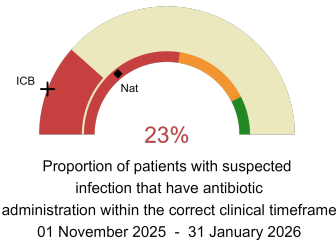
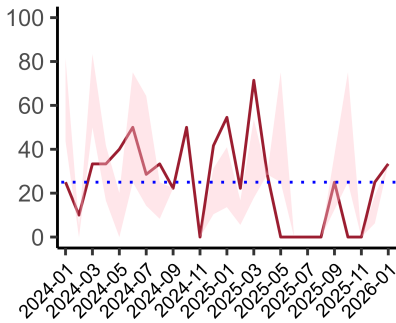
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 20%  
ICB mean 7%  
Number of patients included 28  
Data completeness 85%



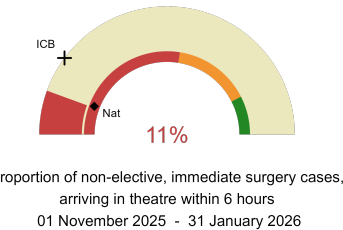
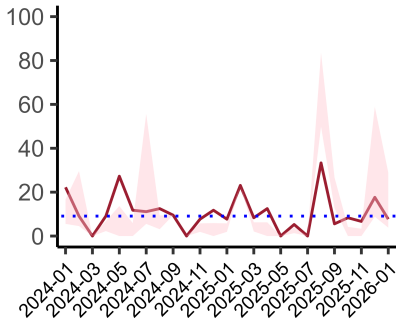
**Sepsis/septic shock - antibiotic administration within the correct clinical timeframe**

National mean 12%  
ICB mean 3%  
Number of patients included 15  
Data completeness 75%



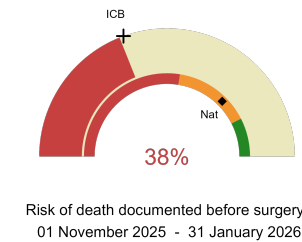
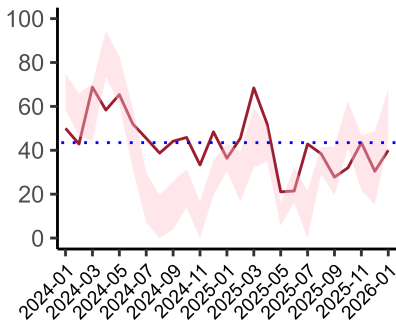
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 28%  
ICB mean 12%  
Number of patients included 13  
Data completeness 39%



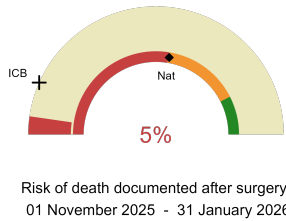
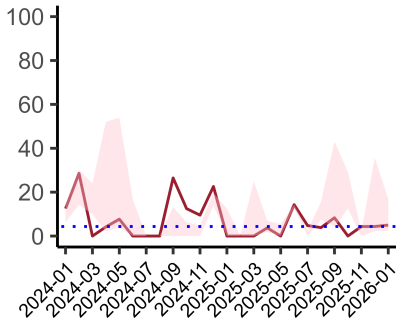
**Non-elective, immediate surgery cases, arriving in theatre within 6 hours.**

National mean 12%  
ICB mean 20%  
Number of patients included 45  
Data completeness 100%



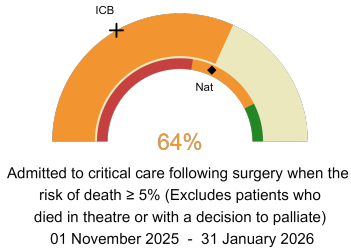
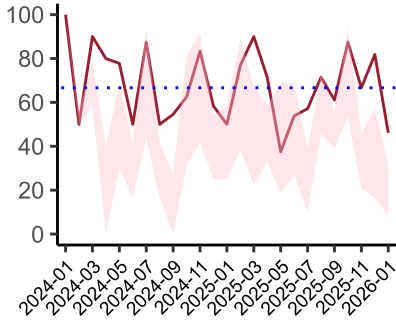
**Risk documented before surgery**

National mean 75%  
ICB mean 39%  
Number of patients included 66  
Data completeness 100%



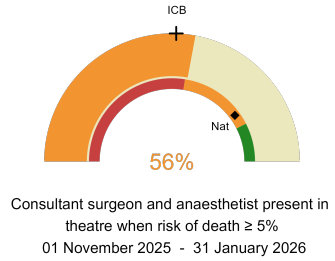
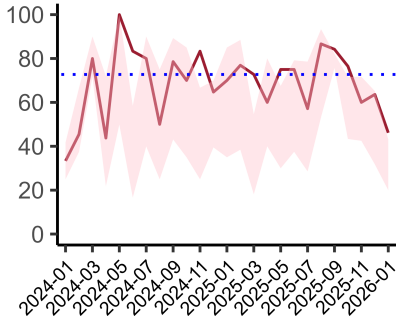
**Risk documented after surgery**

National mean 55%  
ICB mean 13%  
Number of patients included 66  
Data completeness 100%



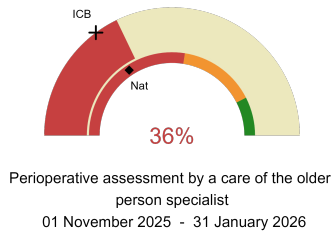
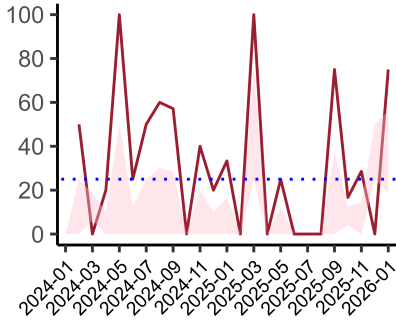
**Admitted to Critical Care (risk of death  $\geq$  5%)**

National mean 63%  
ICB mean 33%  
Number of patients included 33  
Data completeness 100%



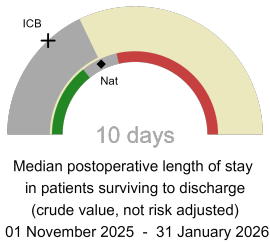
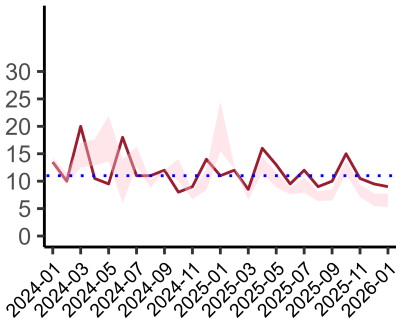
**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death  $\geq$  5%)**

National mean 80%  
ICB mean 51%  
Number of patients included 34  
Data completeness 55%



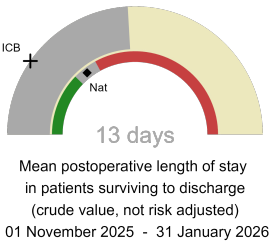
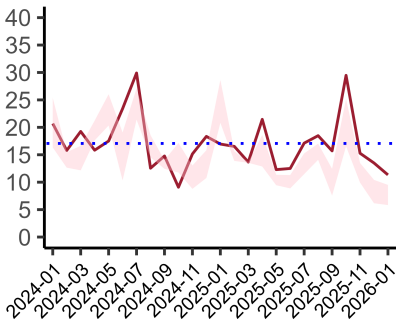
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS  $\geq$  5) or 80+**

National mean 31%  
ICB mean 30%  
Number of patients included 14  
Data completeness 78%



**Median postoperative length of stay**

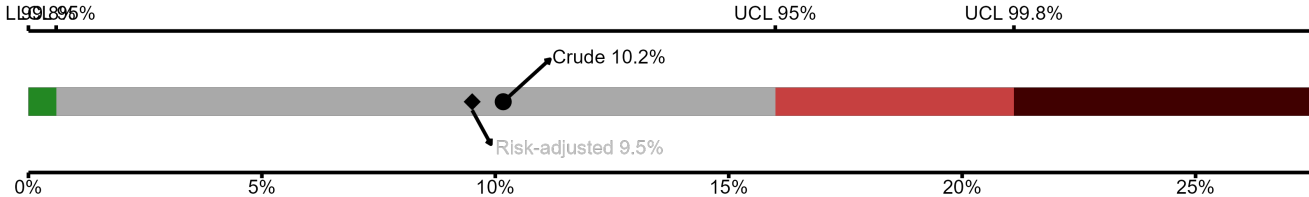
National median 10 days  
ICB median 7 days  
Number of patients included 53  
Data completeness 98%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 9 days  
Number of patients included 53  
Data completeness 98%

**Risk-Adjusted Mortality**



Number of patients included 59 | 30-day risk-adjusted mortality rate 9.5% | National 30-day mortality rate 7.6%

**Integrated Care Board**

Queens Medical Centre - Nottingham is part of the NHS Nottingham And Nottinghamshire Integrated Care Board ICB. This comprises Kings Mill Hospital, Nottingham City Hospital, Queens Medical Centre - Nottingham.