

## 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  $\leq 30$  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

### 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

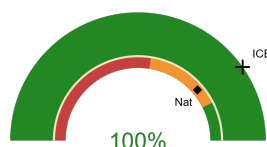


## John Radcliffe Hospital

### 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.

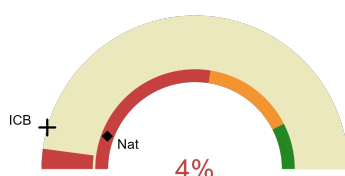
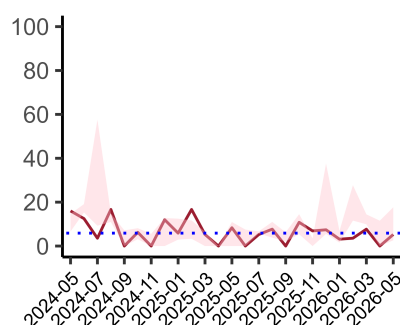
### NELA process and outcome measures



Estimated case ascertainment  
01 March 2026 - 31 May 2026

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

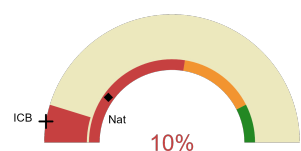
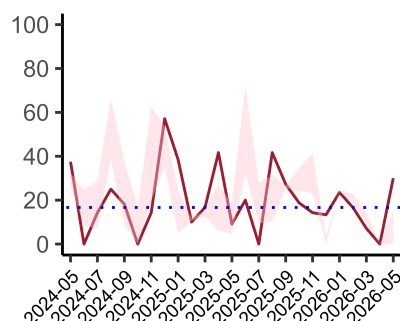
Expected number of cases 73  
Total cases entered 111  
Cases locked 61  
Cases unlocked 50



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.

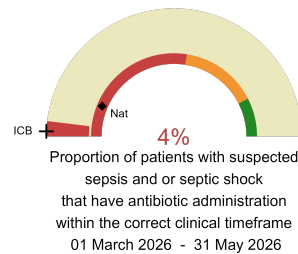
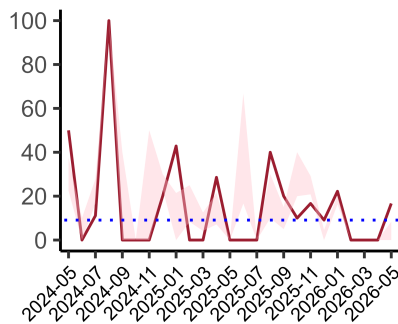
National mean 11%  
ICB mean 9%  
Number of patients included 71  
Data completeness 97%



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

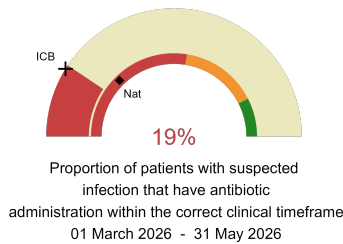
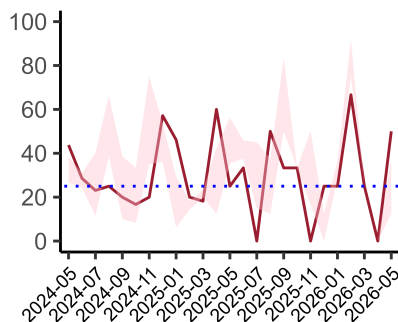
#### Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%  
ICB mean 5%  
Number of patients included 42  
Data completeness 75%



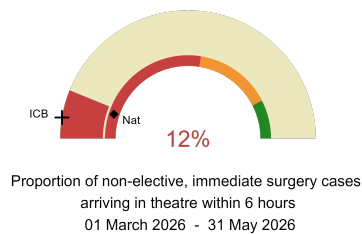
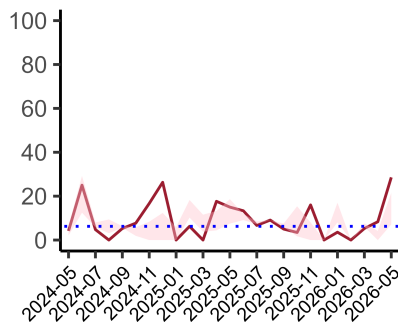
## Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%  
ICB mean 1%  
Number of patients included 26  
Data completeness 65%



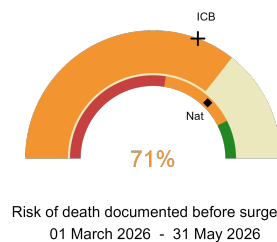
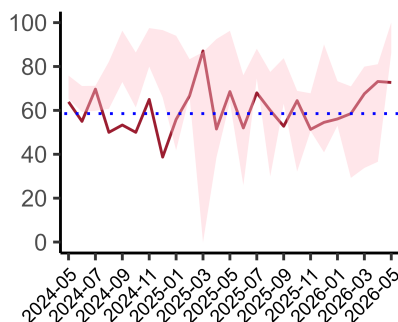
## Infection - antibiotic administration within the correct clinical timeframe

National mean 25%  
ICB mean 18%  
Number of patients included 16  
Data completeness 29%



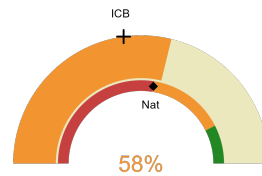
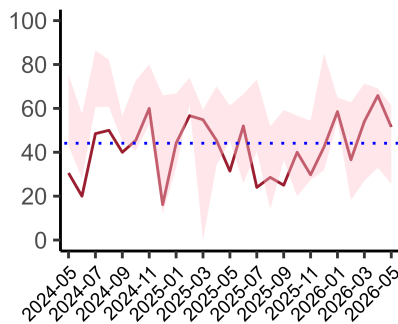
## Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 10%  
ICB mean 5%  
Number of patients included 57  
Data completeness 100%



## Risk documented before surgery

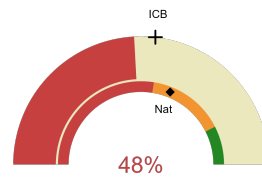
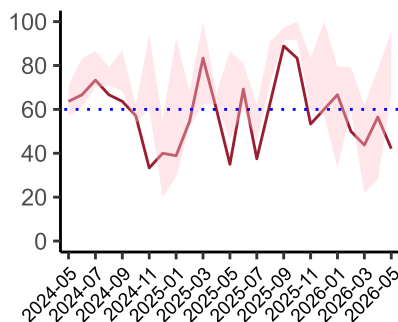
National mean 75%  
ICB mean 61%  
Number of patients included 111  
Data completeness 100%



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

## Risk documented after surgery

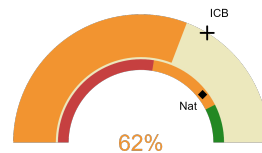
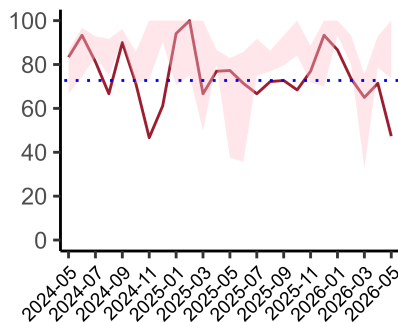
National mean 55%  
ICB mean 46%  
Number of patients included 111  
Data completeness 100%



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 $\geq 5\%$ )

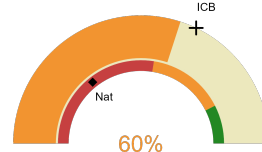
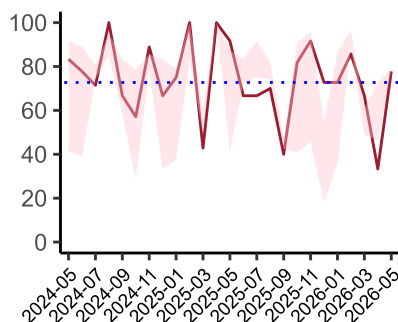
National mean 62%  
ICB mean 54%  
Number of patients included 58  
Data completeness 98%



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 $\geq 5\%$ )

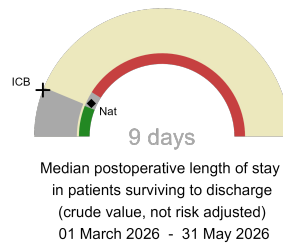
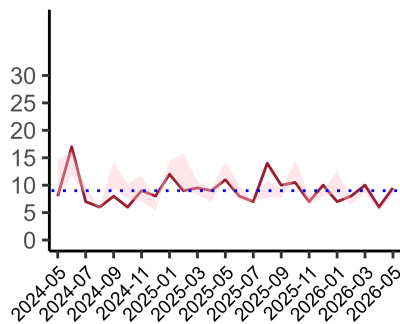
National mean 79%  
ICB mean 67%  
Number of patients included 60  
Data completeness 73%



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

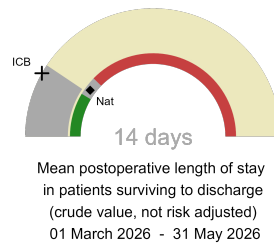
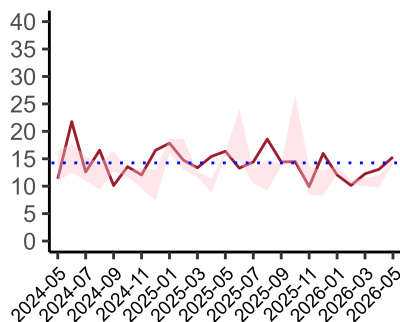
## Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS $\geq 5$ ) or 80+

National mean 29%  
ICB mean 64%  
Number of patients included 30  
Data completeness 73%



## Median postoperative length of stay

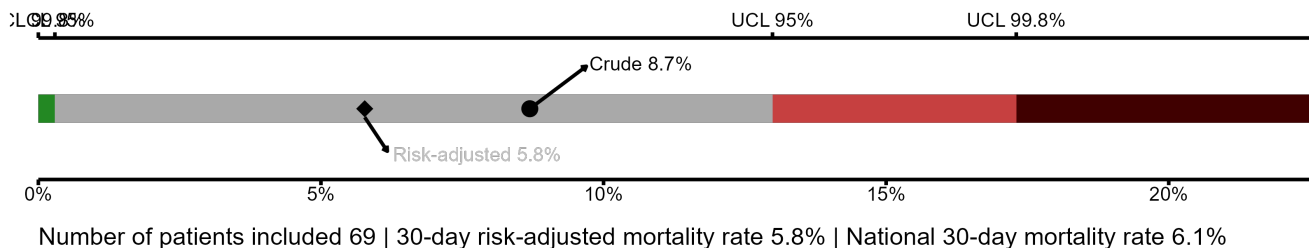
National median 10 days  
ICB median 8 days  
Number of patients included 63  
Data completeness 93%



## Mean postoperative length of stay

National mean 15 days  
ICB mean 12 days  
Number of patients included 63  
Data completeness 93%

## Risk-Adjusted Mortality



## Integrated Care Board

John Radcliffe Hospital is part of the NHS Buckinghamshire, Oxfordshire And Berkshire West Integrated Care Board ICB. This comprises Stoke Mandeville Hospital, John Radcliffe Hospital, Churchill Hospital, Royal Berkshire Hospital.