

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 August 2025 and 31 October 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 ≤ 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

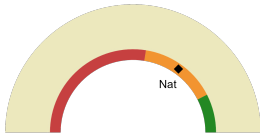


Antrim Area Hospital

2025-26 Reporting Period 7: 01 August 2025 - 31 October 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 7 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

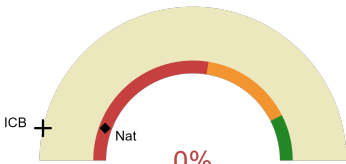
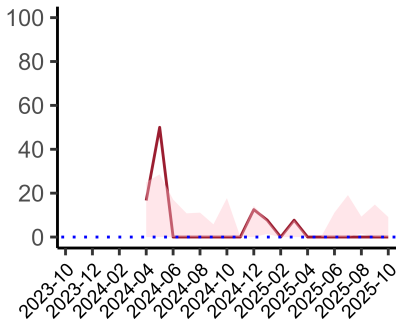
NELA process and outcome measures



Estimated case ascertainment
01 August 2025 - 31 October 2025

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

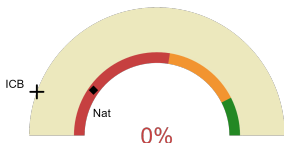
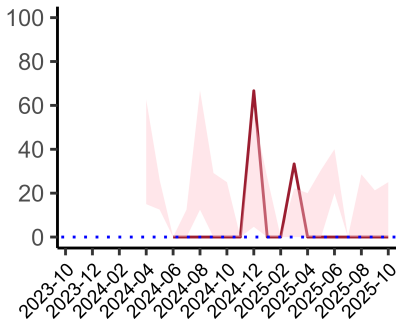
Expected number of cases NA
Total cases entered 62
Cases locked 53
Cases unlocked 9



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 August 2025 - 31 October 2025

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

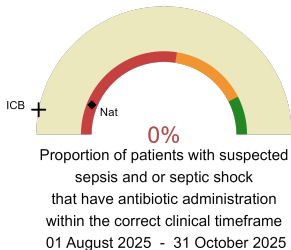
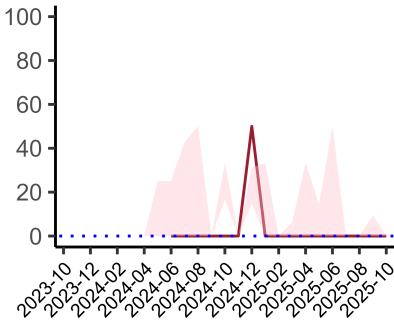
National mean 11%
ICB mean 7%
Number of patients included 49
Data completeness 100%



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

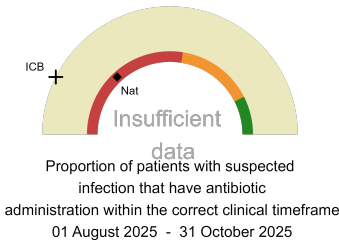
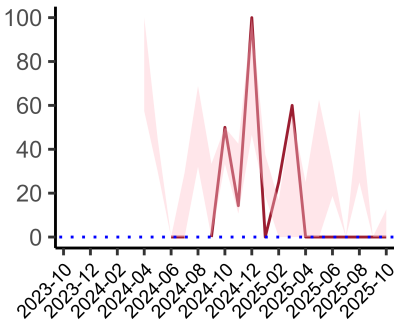
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 20%
ICB mean 11%
Number of patients included 15
Data completeness 100%



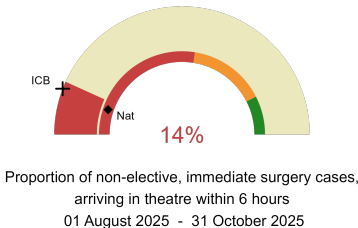
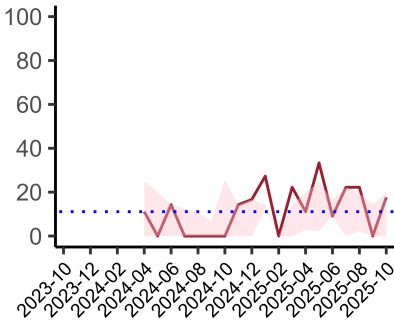
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%
ICB mean 6%
Number of patients included 10
Data completeness 100%



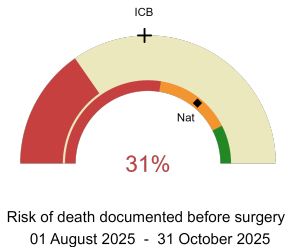
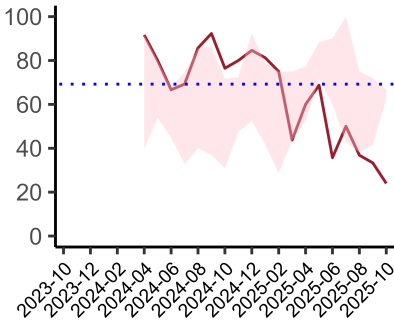
Infection - antibiotic administration within the correct clinical timeframe

National mean 26%
ICB mean 15%
Number of patients included 5
Data completeness 33%



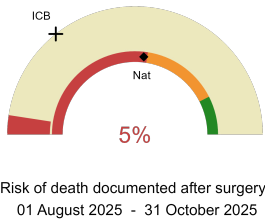
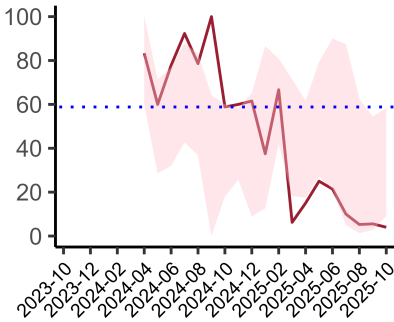
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 10%
ICB mean 12%
Number of patients included 37
Data completeness 100%



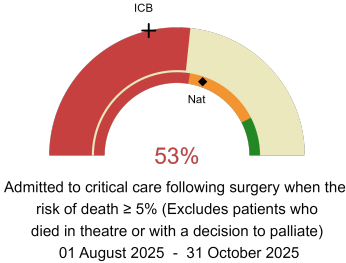
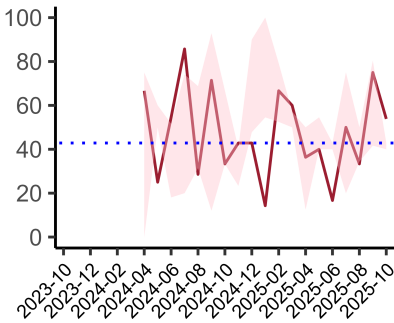
Risk documented before surgery

National mean 72%
ICB mean 49%
Number of patients included 62
Data completeness 100%



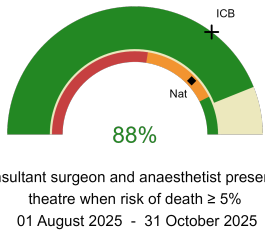
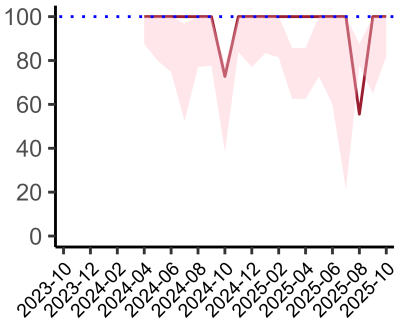
Risk documented after surgery

National mean 54%
ICB mean 29%
Number of patients included 62
Data completeness 100%



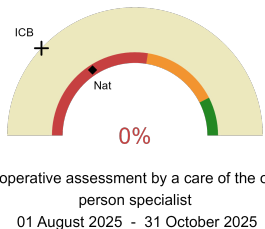
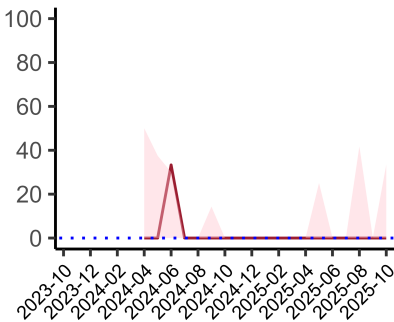
**Admitted to Critical Care
(risk of death \geq 5%)**

National mean 61%
ICB mean 43%
Number of patients included 30
Data completeness 100%



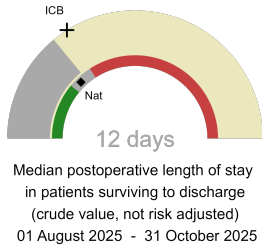
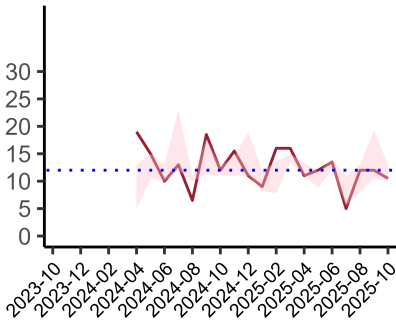
**Consultant Anaesthetist &
Consultant Surgeon in theatre
(risk of death \geq 5%)**

National mean 76%
ICB mean 70%
Number of patients included 33
Data completeness 85%



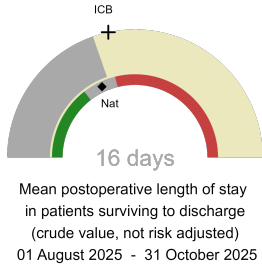
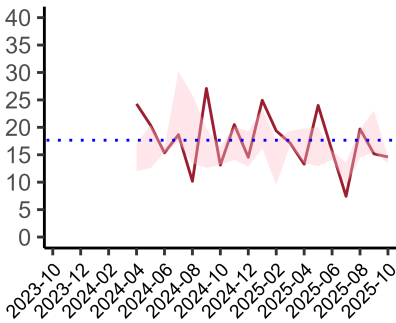
**Perioperative Assessment by
a member of the geriatrician-
led multidisciplinary team
for patient aged 65 or
over and frail (CFS \geq 5) or
80+**

National mean 32%
ICB mean 24%
Number of patients included 11
Data completeness 73%



Median postoperative length of stay

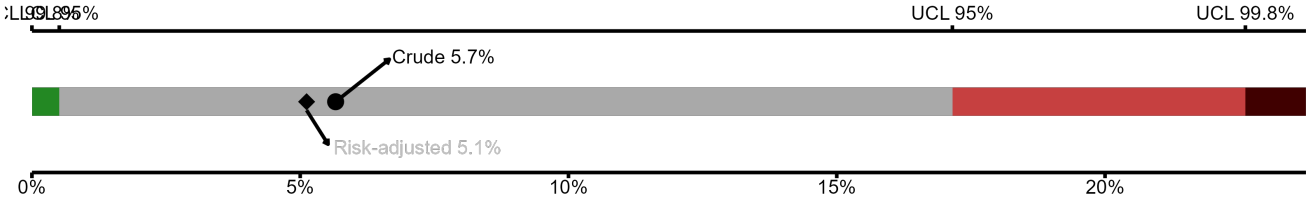
National median 10 days
ICB median 13 days
Number of patients included 50
Data completeness 98%



Mean postoperative length of stay

National mean 15 days
ICB mean 18 days
Number of patients included 50
Data completeness 98%

Risk-Adjusted Mortality



Number of patients included 53 | 30-day risk-adjusted mortality rate 5.1% | National 30-day mortality rate 8.2%

Integrated Care Board

Antrim Area Hospital is part of the Northern Ireland ICB. This comprises Antrim Area Hospital, Altnagelvin Hospital, Causeway Hospital, Craigavon Area Hospital, Ulster hospital, Royal Victoria Hospital, Belfast City Hospital.