

Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 February 2025 and 30 April 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



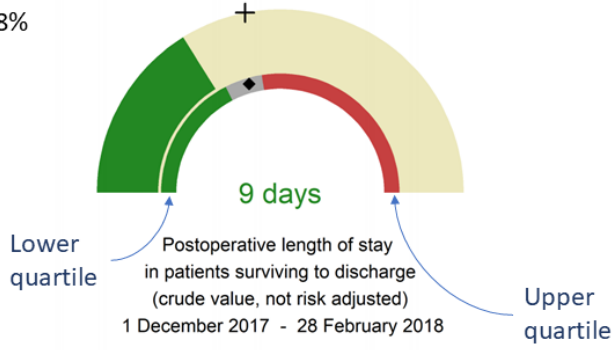
Risk-adjusted mortality

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



Non-risk-adjusted measures

Rating boundaries are lower and upper national quartiles

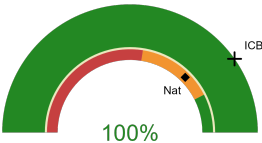


Morrison Hospital

2025-26 Reporting Period 1: 01 February 2025 - 30 April 2025

These plots represent patients having an emergency laparotomy during Year 2025-26 Reporting Period 1 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

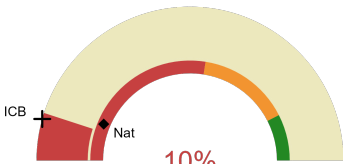
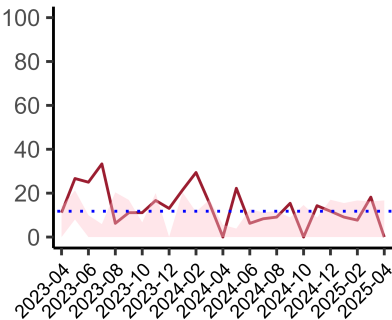
NELA process and outcome measures



Estimated case ascertainment
01 February 2025 - 30 April 2025

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

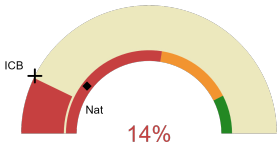
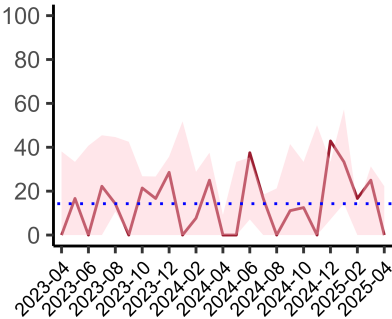
Expected number of cases 53
Total cases entered 54
Cases locked 47
Cases unlocked 7



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 February 2025 - 30 April 2025

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

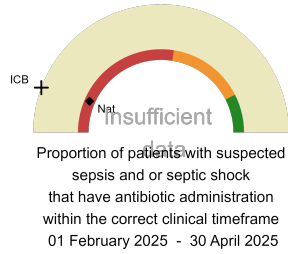
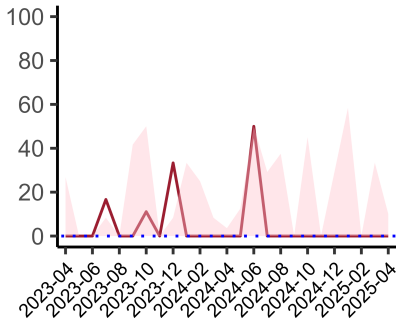
National mean 13%
ICB mean 9%
Number of patients included 30
Data completeness 92%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 February 2025 - 30 April 2025

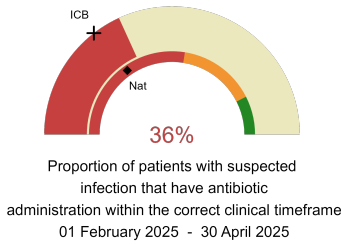
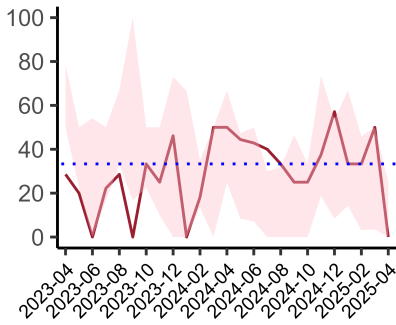
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 15%
Number of patients included 14
Data completeness 74%



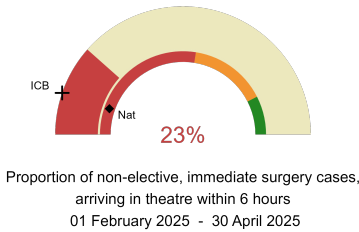
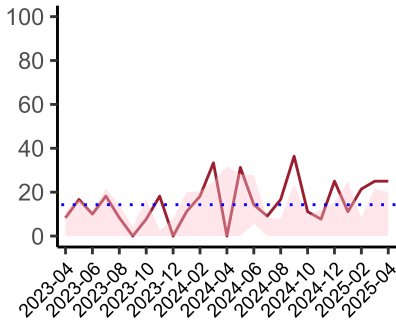
Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 13%
ICB mean 11%
Number of patients included 8
Data completeness 62%



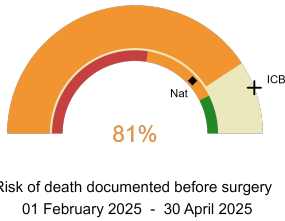
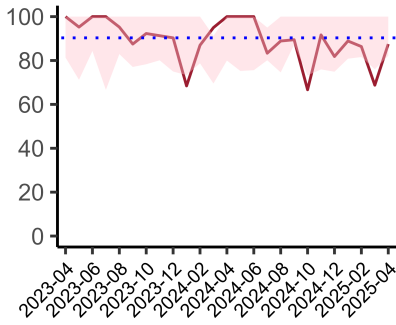
Infection - antibiotic administration within the correct clinical timeframe

National mean 31%
ICB mean 29%
Number of patients included 11
Data completeness 58%



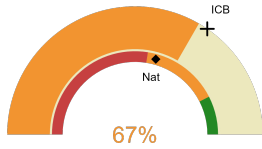
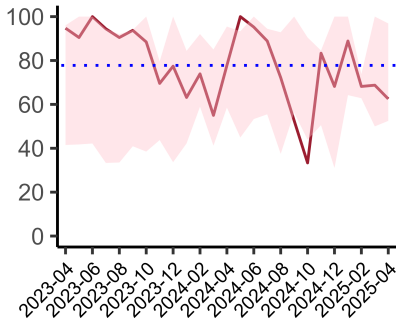
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 11%
ICB mean 11%
Number of patients included 26
Data completeness 100%



Risk documented before surgery

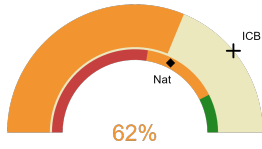
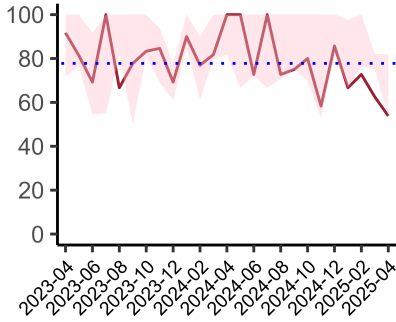
National mean 76%
ICB mean 88%
Number of patients included 54
Data completeness 100%



Risk of death documented after surgery
01 February 2025 - 30 April 2025

Risk documented after surgery

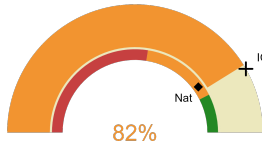
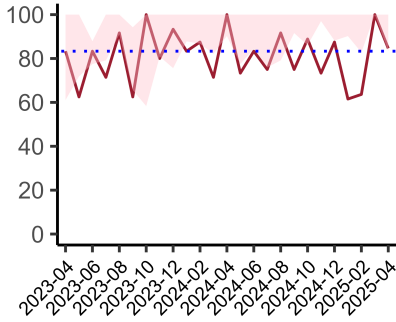
National mean 59%
ICB mean 69%
Number of patients included 54
Data completeness 100%



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 February 2025 - 30 April 2025

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

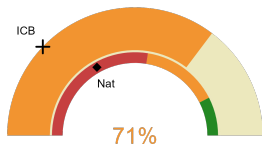
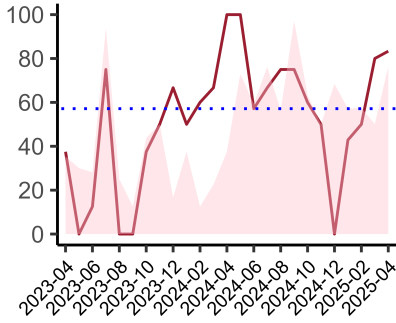
National mean 65%
ICB mean 78%
Number of patients included 32
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death \geq 5%
01 February 2025 - 30 April 2025

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

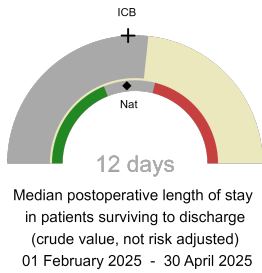
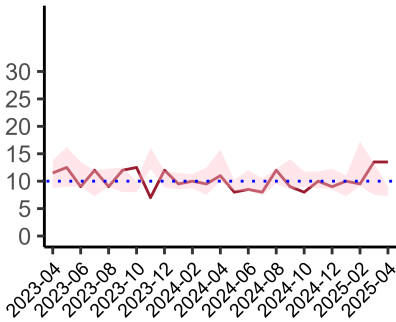
National mean 80%
ICB mean 83%
Number of patients included 34
Data completeness 83%



Perioperative assessment by a care of the older person specialist
01 February 2025 - 30 April 2025

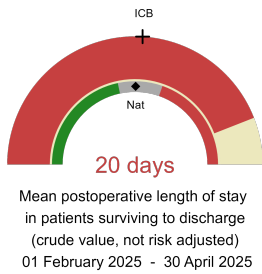
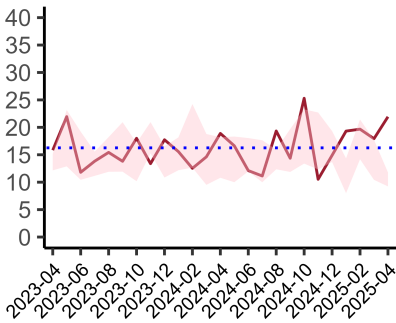
Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS \geq 5) or 80+

National mean 34%
ICB mean 24%
Number of patients included 17
Data completeness 85%



Median postoperative length of stay

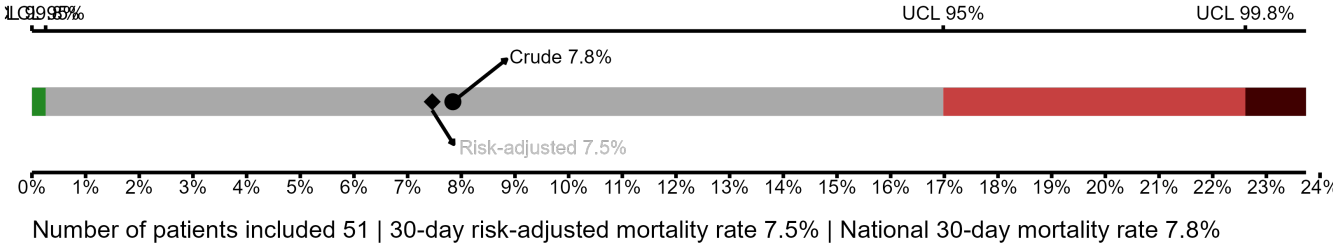
National median 10 days
ICB median 11 days
Number of patients included 46
Data completeness 98%



Mean postoperative length of stay

National mean 14 days
ICB mean 15 days
Number of patients included 46
Data completeness 98%

Risk-Adjusted Mortality



Integrated Care Board

Morrison Hospital is part of the Wales ICB. This comprises Morrison Hospital, Princess of Wales Hospital, Royal Gwent Hospital, Glan Clwyd Hospital, Wrexham Maelor Hospital, Ysbyty Gwynedd Hospital, University Hospital of Wales, Prince Charles Hospital, Royal Glamorgan, Bronglais General Hospital, Glangwili General Hospital, Withybush General Hospital, Grange University Hospital.