

**Explanatory Notes**

All cases (locked and unlocked) admitted to hospital between 01 September 2024 and 30 November 2024 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'.

The NELA standards include a newly updated composite standard for CT Scanning and Reporting. The new standard is composed of three metrics: (1) the proportion of patients who had a CT scan that was reported by senior radiologist (ST3+), (2) the proportion of those reported within an hour or less of the scan, and (3) the proportion of those communicated preoperatively between a senior radiologist (ST3+) and senior surgeon (ST3+) to discuss the CT findings.

*NOTE:* due to changes in database structure, time related metrics may be calculated even if a time (NOT date) stamp is not entered. When time is entered as "00:00" and the "Time not known" box is not ticked, this time-stamp will be used for the standard calculation and may negatively affect reported metrics. We would therefore request that every effort is made to enter the time-stamps for the following variables:

- Date and Time of admission to hospital (Q1.9),
- Date and time of CT scan (Q2.7d),
- Date and time CT scan was reported (Q2.7e),
- Date and time of first dose of antibiotics (Q2.10),
- Date and time arrival in theatre (Q4.1).

For better insight to how these standards have been structured, please refer to the **NELA standards document**.

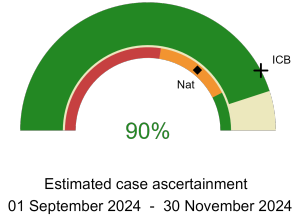


**Wrexham Maelor Hospital**

**2024-25 Reporting Period 6: 01 September 2024 - 30 November 2024**

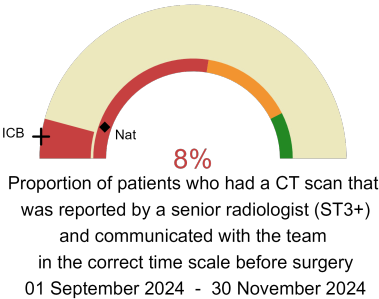
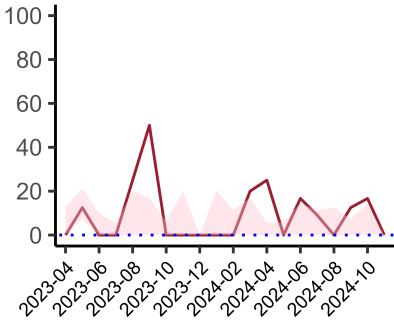
These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 6 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

**NELA process and outcome measures**



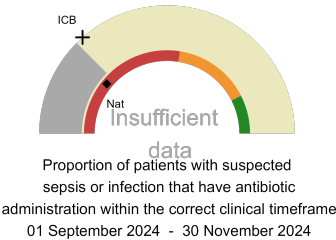
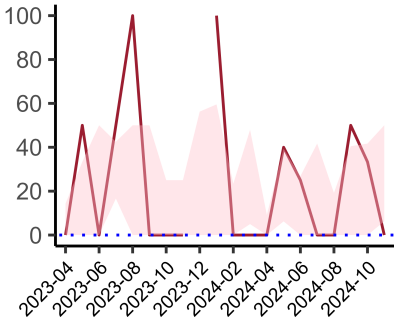
**Estimated case ascertainment  
(Based on HES/PEDW Data)**

Expected number of cases 30  
Total cases entered 27  
Cases locked 22  
Cases unlocked 5



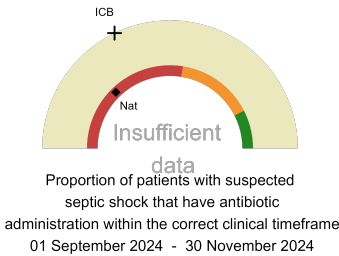
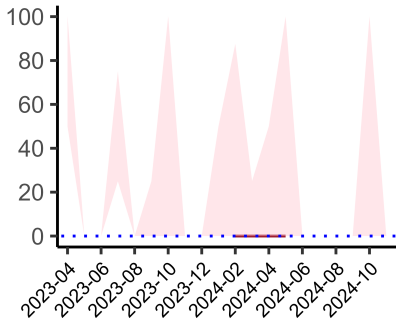
**CT reported by a senior radiologist (ST3+) and communicated with the team in the correct time scale before surgery.**

National mean 11%  
ICB mean 5%  
Number of patients included 24  
Data completeness 100%



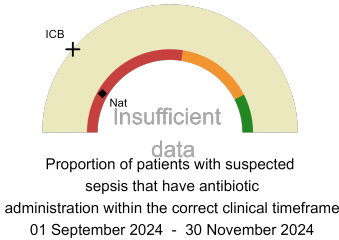
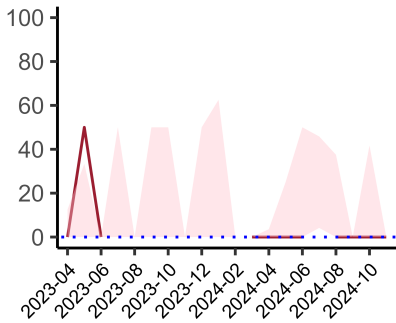
**Combined Infection management standard - antibiotic administration within the correct clinical timeframe**

National mean 22%  
ICB mean 27%  
Number of patients included 8  
Data completeness 80%



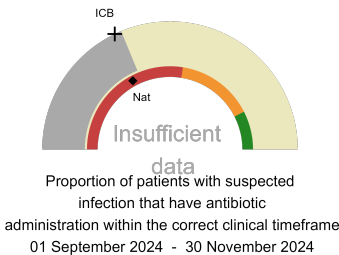
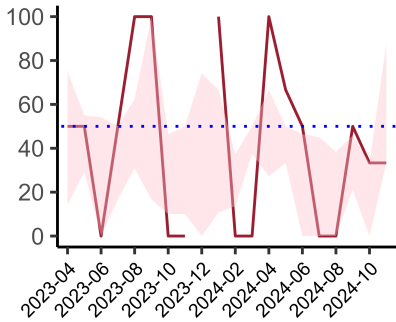
**Septic Shock - antibiotic administration within the correct clinical timeframe**

National mean 26%  
ICB mean 36%  
Number of patients included 0  
Data completeness 0%



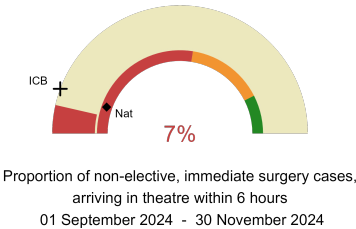
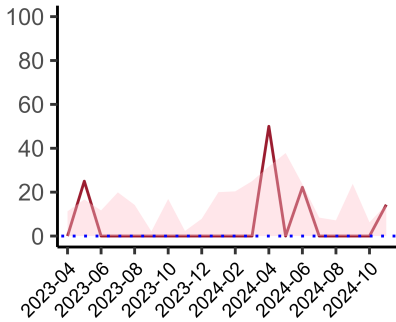
**Sepsis - antibiotic administration within the correct clinical timeframe**

National mean 17%  
ICB mean 22%  
Number of patients included 5  
Data completeness 71%



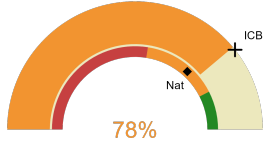
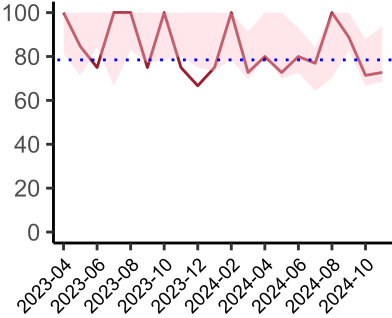
**Infection - antibiotic administration within the correct clinical timeframe**

National mean 34%  
ICB mean 36%  
Number of patients included 8  
Data completeness 80%



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

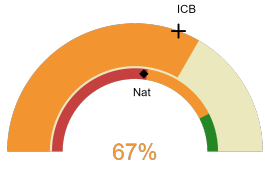
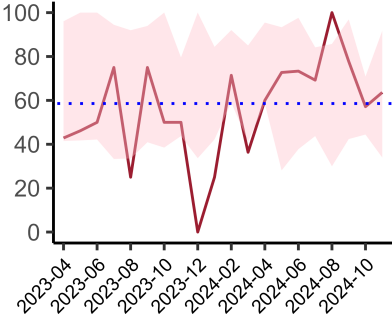
National mean 11%  
ICB mean 11%  
Number of patients included 14  
Data completeness 100%



Risk of death documented before surgery  
01 September 2024 - 30 November 2024

**Risk documented before surgery**

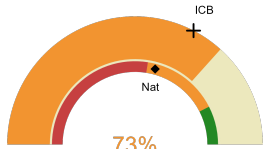
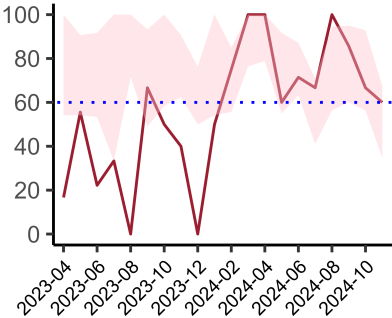
National mean 73%  
ICB mean 79%  
Number of patients included 27  
Data completeness 100%



Risk of death documented after surgery  
01 September 2024 - 30 November 2024

**Risk documented after surgery**

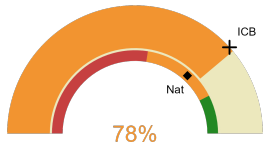
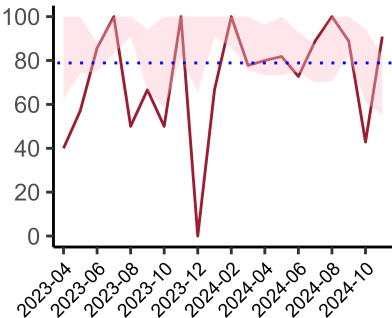
National mean 54%  
ICB mean 61%  
Number of patients included 27  
Data completeness 100%



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 September 2024 - 30 November 2024

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

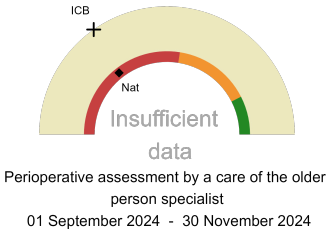
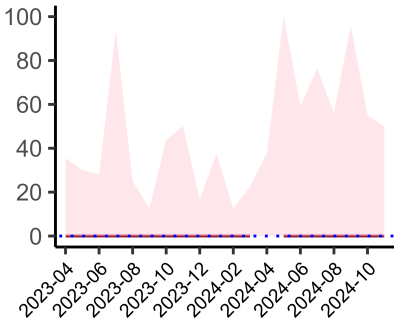
National mean 58%  
ICB mean 65%  
Number of patients included 15  
Data completeness 100%



Consultant surgeon and anaesthetist present in theatre when risk of death  $\geq$  5%  
01 September 2024 - 30 November 2024

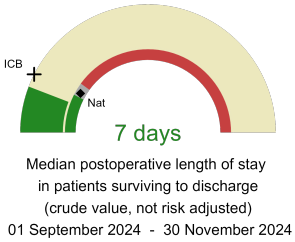
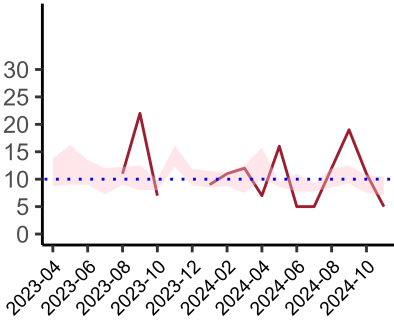
**Consultant Anaesthetist & Consultant Surgeon in theatre (risk of death  $\geq$  5%)**

National mean 73%  
ICB mean 77%  
Number of patients included 27  
Data completeness 100%



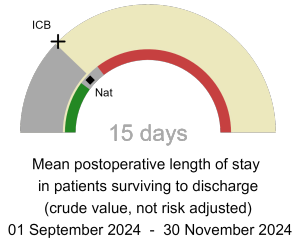
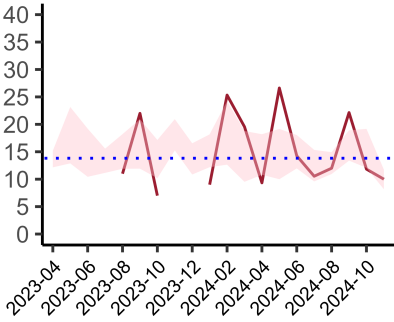
**Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for patient aged 65 or over and frail (CFS ≥ 5) or 80+**

National mean 29%  
ICB mean 31%  
Number of patients included 6  
Data completeness 86%



**Median postoperative length of stay**

National median 10 days  
ICB median 9 days  
Number of patients included 21  
Data completeness 100%



**Mean postoperative length of stay**

National mean 14 days  
ICB mean 15 days  
Number of patients included 21  
Data completeness 100%

**Integrated Care Board**

Wrexham Maelor Hospital is part of the Wales ICB. This comprises Morryston 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 .