

## Explanatory Notes

All cases (locked and unlocked) admitted to hospital between 01 May 2026 and 31 July 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

$$\text{SMR} = \frac{O}{E}.$$

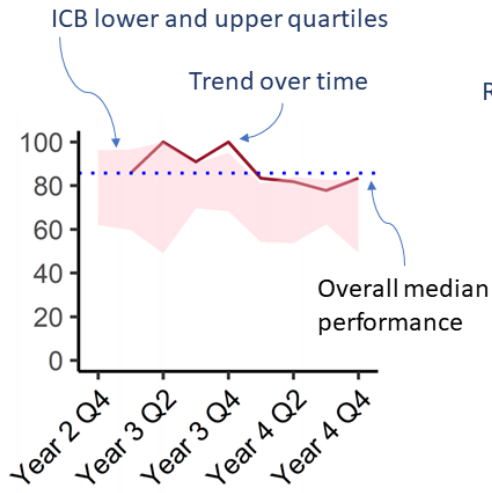
### 3. Risk-Adjusted Mortality

Combines the SMR with the **National** 30-day mortality rate for the examined three month period:

$$\text{Risk-Adjusted Mortality} = \text{SMR} \times (\text{National 30-day mortality}) \times 100.$$

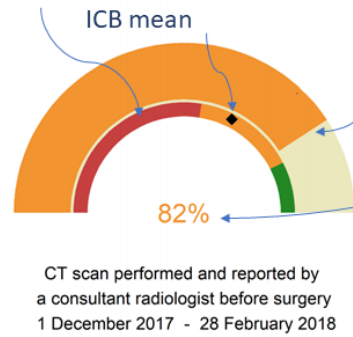
For better insight to how these standards have been structured, please refer to the **NELA standards document**.

## Quarterly mean performance



## Overall performance

### RAG rating boundaries



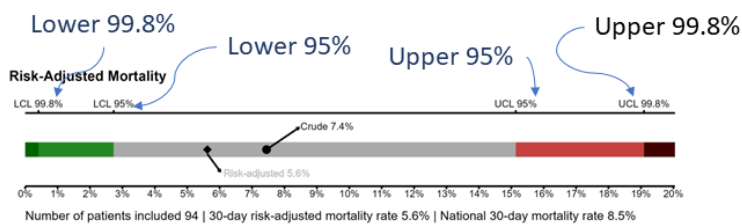
### Hospital performance

Number of patients included 38  
Data completeness 81.6%  
National mean 65%

RAG rated standard and date range

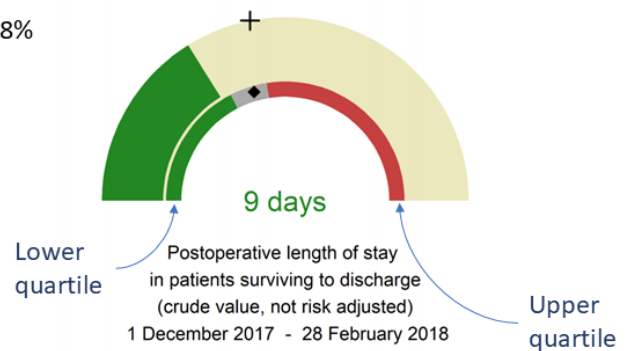
## Risk-adjusted mortality

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



## Non-risk-adjusted measures

Rating boundaries are lower and upper national quartiles

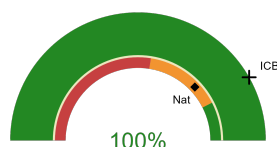


## University Hospital of Wales

### 2026-27 Reporting Period 4: 01 May 2026 - 31 July 2026

These plots represent patients having an emergency laparotomy during Year 2026-27 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

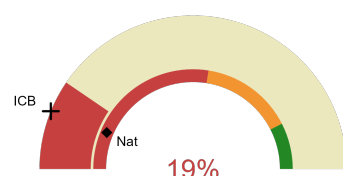
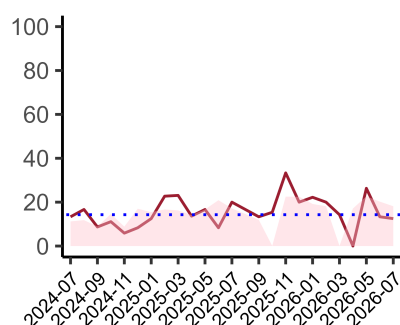
### NELA process and outcome measures



Estimated case ascertainment  
01 May 2026 - 31 July 2026

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

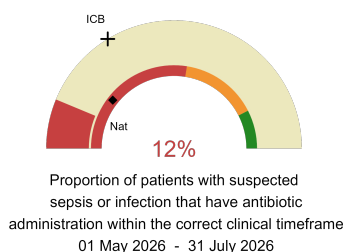
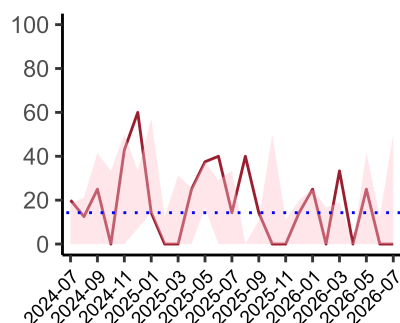
Expected number of cases 58  
Total cases entered 60  
Cases locked 57  
Cases unlocked 3



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 May 2026 - 31 July 2026

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

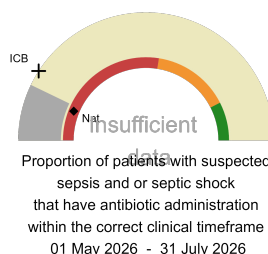
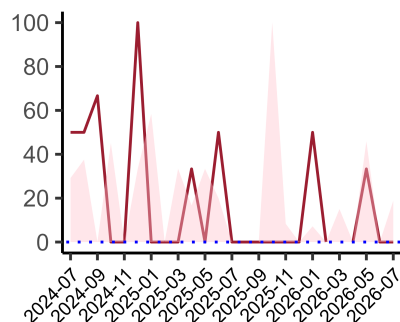
National mean 13%  
ICB mean 12%  
Number of patients included 42  
Data completeness 98%



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

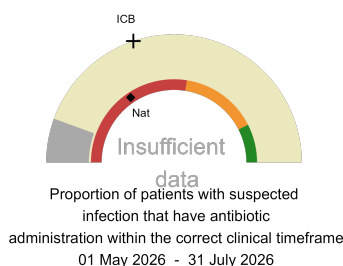
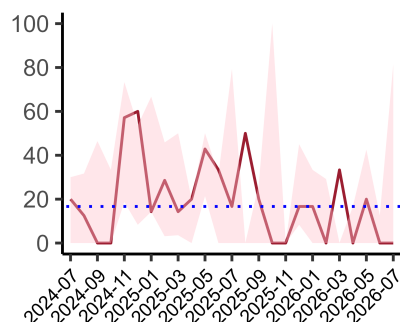
#### Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%  
ICB mean 33%  
Number of patients included 16  
Data completeness 94%



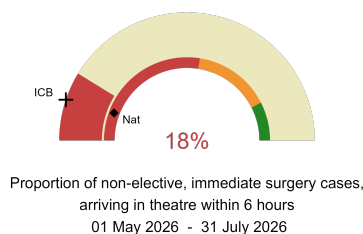
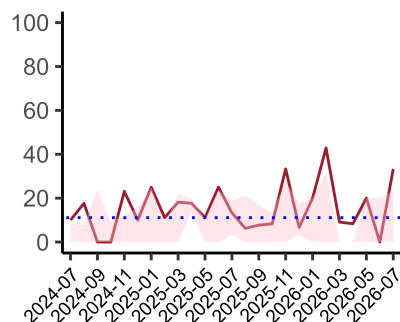
## Sepsis/septic shock - antibiotic administration within the correct clinical timeframe

National mean 12%  
ICB mean 18%  
Number of patients included 7  
Data completeness 88%



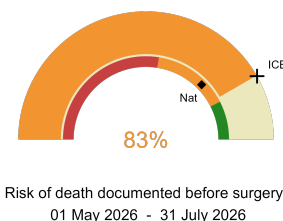
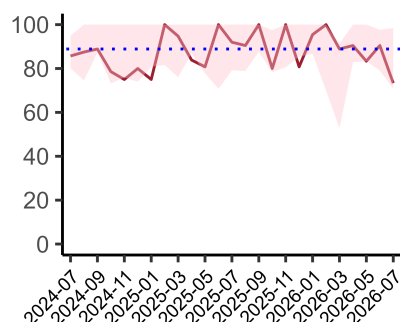
## Infection - antibiotic administration within the correct clinical timeframe

National mean 31%  
ICB mean 40%  
Number of patients included 9  
Data completeness 53%



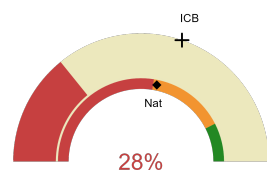
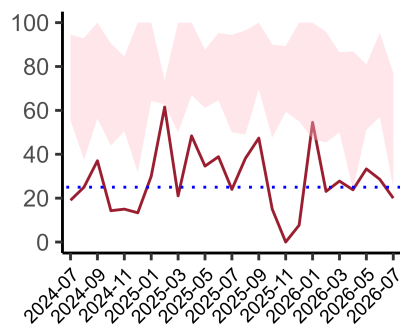
## Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 11%  
ICB mean 10%  
Number of patients included 40  
Data completeness 100%



## Risk documented before surgery

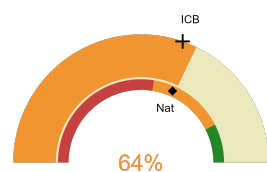
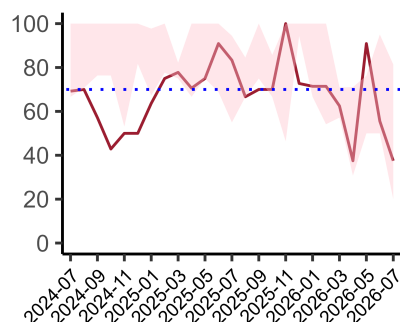
National mean 75%  
ICB mean 84%  
Number of patients included 60  
Data completeness 100%



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

## Risk documented after surgery

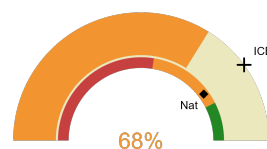
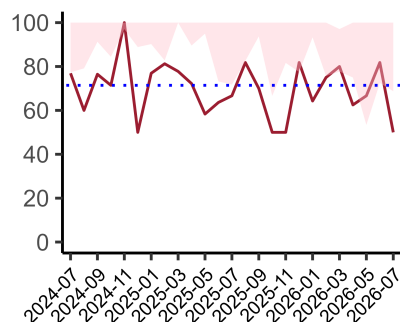
National mean 56%  
ICB mean 60%  
Number of patients included 60  
Data completeness 100%



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 May 2026 - 31 July 2026

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

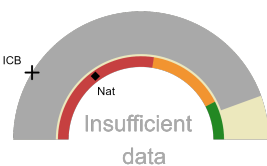
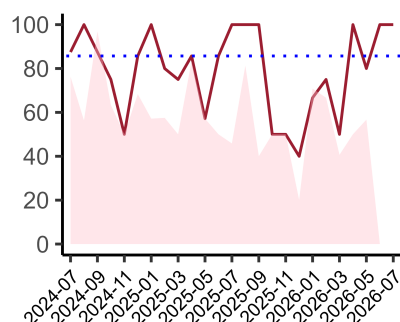
National mean 63%  
ICB mean 61%  
Number of patients included 28  
Data completeness 100%



Consultant surgeon and anaesthetist present in  
theatre when risk of death  $\geq 5\%$   
01 May 2026 - 31 July 2026

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

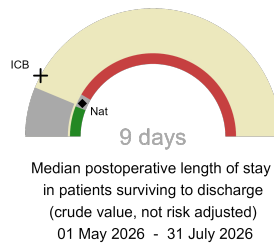
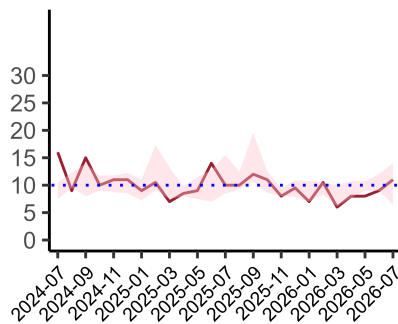
National mean 80%  
ICB mean 80%  
Number of patients included 31  
Data completeness 76%



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

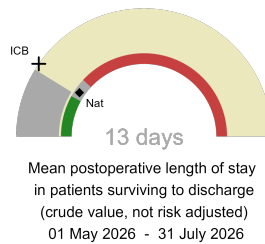
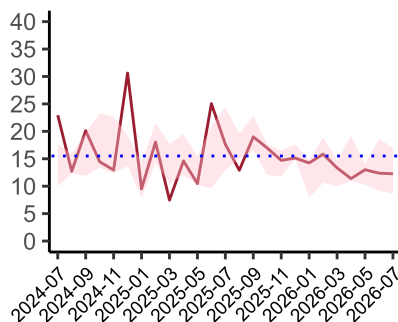
## Perioperative Assessment by a member of the geriatrician- led multidisciplinary team for patient aged 65 or over and frail (CFS $\geq 5$ ) or 80+

National mean 30%  
ICB mean 18%  
Number of patients included 9  
Data completeness 90%



## Median postoperative length of stay

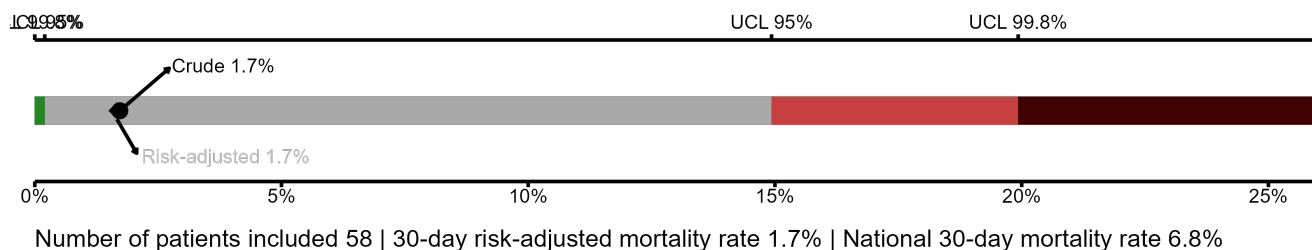
National median 10 days  
ICB median 11 days  
Number of patients included 57  
Data completeness 100%



## Mean postoperative length of stay

National mean 14 days  
ICB mean 14 days  
Number of patients included 57  
Data completeness 100%

## Risk-Adjusted Mortality



## Integrated Care Board

University Hospital of Wales is part of the Wales ICB. This comprises Morriston 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.