

Explanatory Notes

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

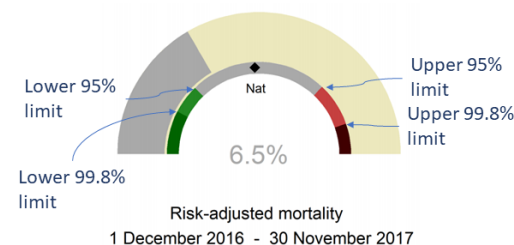
NOTE: due to changes in database structure, time related metrics may be calculated even if a time (NOT date) stamp is not entered. When time is entered as "00:00" and the "Time not known" box is not ticked, this time-stamp will be used for the standard calculation and may negatively affect reported metrics.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



Hospital performance: Risk-adjusted measures
Rating boundaries are lower and upper 99.8% and 95% control limits



Hospital performance: Non-risk-adjusted measures
Rating boundaries are lower and upper national quartiles

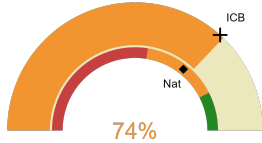


Tunbridge Wells Hospital

2024-25 Reporting Period 4: 01 July 2024 - 30 September 2024

These plots represent patients having an emergency laparotomy during Year 2024-25 Reporting Period 4 of NELA data collection. This version will be made publicly available via the NELA website. Feedback from participating hospitals is welcome.

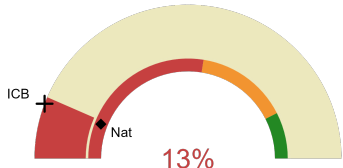
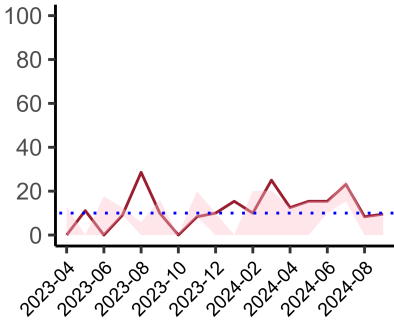
NELA process and outcome measures



Estimated case ascertainment
01 July 2024 - 30 September 2024

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

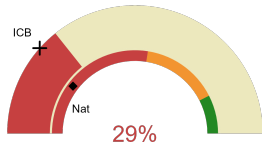
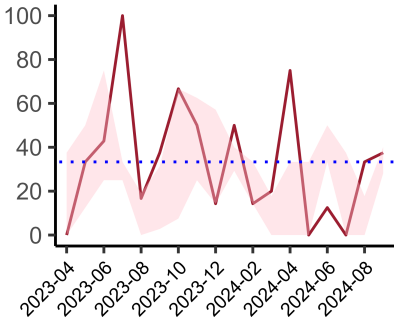
Expected number of cases 70
Total cases entered 52
Cases locked 52
Cases unlocked 0



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 July 2024 - 30 September 2024

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

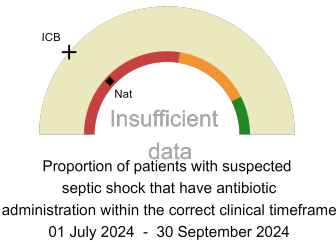
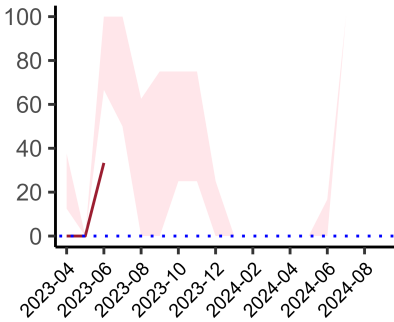
National mean 12%
ICB mean 12%
Number of patients included 46
Data completeness 100%



Proportion of patients with suspected sepsis or infection that have antibiotic administration within the correct clinical timeframe
01 July 2024 - 30 September 2024

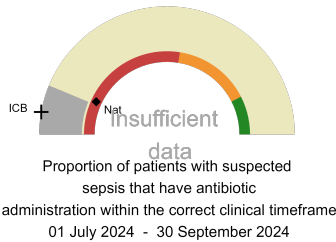
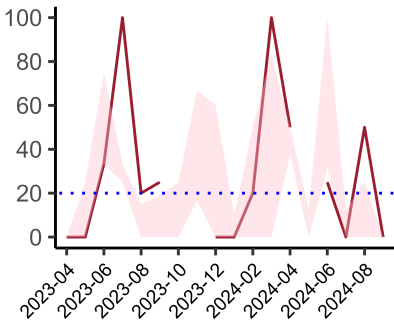
Combined Infection management standard - antibiotic administration within the correct clinical timeframe

National mean 21%
ICB mean 23%
Number of patients included 14
Data completeness 100%



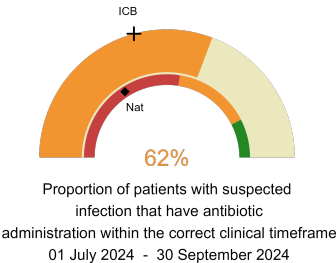
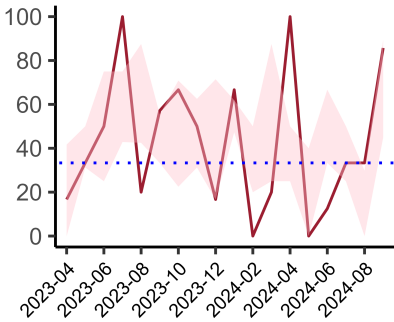
Septic Shock - antibiotic administration within the correct clinical timeframe

National mean 24%
ICB mean 22%
Number of patients included 1
Data completeness 100%



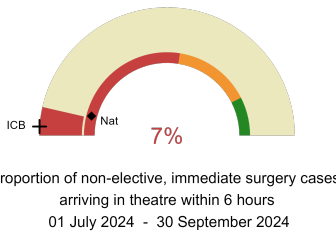
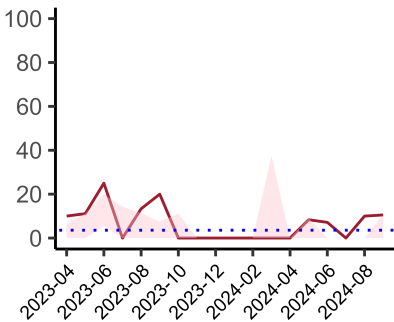
Sepsis - antibiotic administration within the correct clinical timeframe

National mean 14%
ICB mean 6%
Number of patients included 8
Data completeness 100%



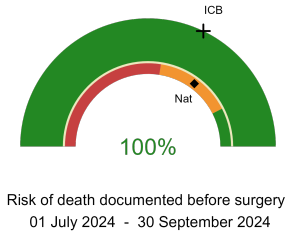
Infection - antibiotic administration within the correct clinical timeframe

National mean 32%
ICB mean 42%
Number of patients included 13
Data completeness 100%



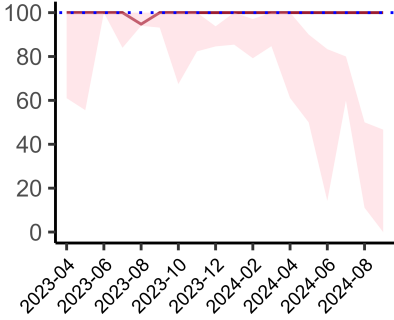
Non-elective, immediate surgery cases, arriving in theatre within 6 hours.

National mean 8%
ICB mean 2%
Number of patients included 42
Data completeness 100%



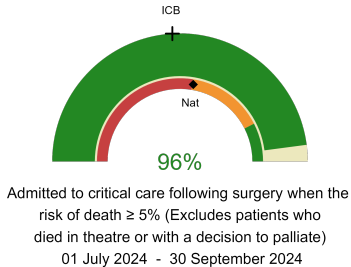
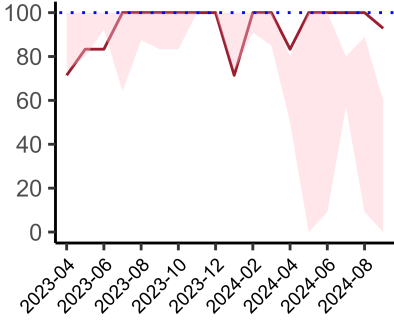
Risk documented before surgery

National mean 70%
ICB mean 64%
Number of patients included 52
Data completeness 100%



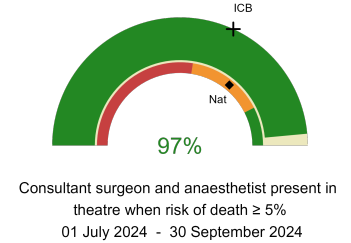
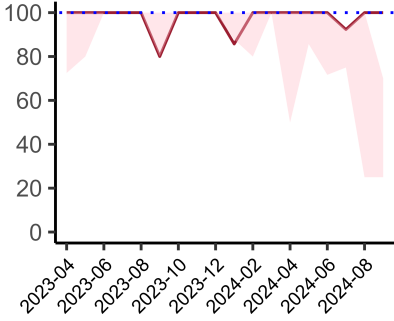
Risk documented after surgery

National mean 52%
ICB mean 45%
Number of patients included 52
Data completeness 100%



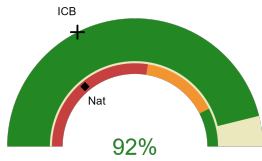
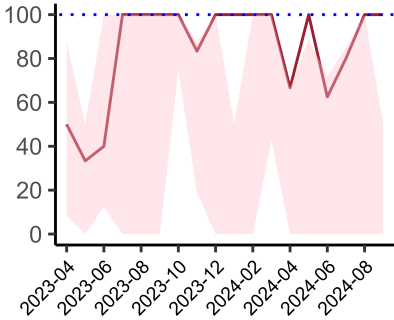
Admitted to Critical Care (risk of death ≥ 5%)

National mean 55%
ICB mean 48%
Number of patients included 24
Data completeness 100%



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

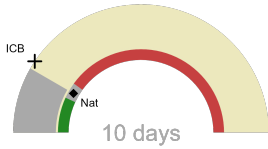
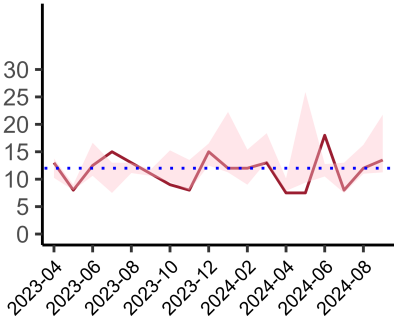
National mean 72%
ICB mean 64%
Number of patients included 34
Data completeness 100%



Perioperative assessment by a care of the older person specialist
01 July 2024 - 30 September 2024

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

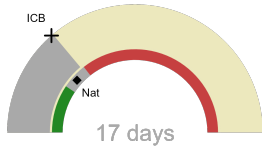
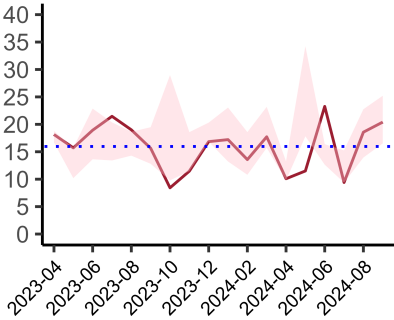
National mean 28%
ICB mean 35%
Number of patients included 13
Data completeness 100%



Median postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Median postoperative length of stay

National median 10 days
ICB median 11 days
Number of patients included 51
Data completeness 100%



Mean postoperative length of stay in patients surviving to discharge (crude value, not risk adjusted)
01 July 2024 - 30 September 2024

Mean postoperative length of stay

National mean 14 days
ICB mean 16 days
Number of patients included 51
Data completeness 100%

Integrated Care Board

Tunbridge Wells Hospital is part of the NHS Kent And Medway Integrated Care Board ICB. This comprises Darent Valley Hospital, William Harvey Hospital, Queen Elizabeth The Queen Mother Hospital, Tunbridge Wells Hospital, Maidstone Hospital, Medway Maritime Hospital.