

## Nevill Hall Hospital MDT

Wales A20

The Nevill Hall Hospital MDT incorporates Nevill Hall Hospital in Abergavenny  
<http://www.wales.nhs.uk/sitesplus/866/home> <<http://www.wales.nhs.uk/sitesplus/866/home>>

## Patient inclusion and data sources

The majority of these results are for patients in England and Wales diagnosed with bowel cancer 1 Apr 2018 – 31 Mar 2019. The exceptions are for adjuvant chemotherapy and the four trust outcomes: 30-day unplanned readmission, 90-day mortality and 2-year mortality. 30-day unplanned readmission and 90-day mortality are further restricted to patients undergoing surgery up to 31 October 2019. Two-year mortality estimates include patients undergoing a major resection between 1 April 2016 and 31 March 2017. Adjuvant chemotherapy estimates include patients undergoing major resection for pathological stage III colon cancer between 01 December 2015 and 31 August 2018.

The Audit dataset is linked to Hospital Episode Statistics (HES) and Patient Episode Database for Wales (PEDW) at the patient level to obtain further information on patient care and follow-up such as stoma reversal and emergency readmissions in England/Wales. The dataset also links to Office of National Statistics records. These provide information about date, place and cause of death.

NBOCA also links to the National Radiotherapy Dataset (RTDS) for information on radiotherapy treatment in England, and the Systemic Anti-Cancer Therapy database (SACT) for information on chemotherapy treatment in England.

## Data Quality

### Case ascertainment

Number of patients reported to the Audit as a percentage of the number of patients admitted for the first time to the trust/network with a diagnosis of bowel cancer within the audit period according to NCRAS in England and PEDW in Wales. This can be larger than 100 if more patients are reported to the Audit than identified in NCRAS/PEDW.

### Data completeness

% of relevant patient group with useable value of data item.

### ASA grade

% of patients recorded as having a major resection who have a particular ASA grade recorded, or no ASA recorded.

## Management of all patients

### Potentially curative patients

Patients electively diagnosed with colon cancer with pre-treatment staging of T2-T4 and no evidence of metastatic disease.

## Management of patients having major resection

### At least 12 lymph nodes excised (%)

% of colon cancer patients undergoing major resection with a recorded number of lymph nodes, who had at least 12 lymph

nodes examined.

## Adjuvant chemotherapy

% of adjuvant chemotherapy in patients undergoing major resection for pathological stage III colon cancer between 01 December 2015 and 31 August 2018 in England only. These are unadjusted chemotherapy rates.

## Rectal cancer patients

### Neo-adjuvant therapy (%)

% of rectal cancer patients having short- or long-course radiotherapy prior to major resection.

### Circumferential resection margin: Negative (%)

% of rectal cancer patients undergoing major resection whose CRM is reported to be negative.

### Circumferential resection margin: Recorded (%)

% of rectal cancer patients undergoing a major resection who have a recorded CRM.

### APER rate (%)

% of patients with rectal cancer undergoing abdominoperineal excision of the rectum and therefore having a permanent stoma.

## Compare trust outcomes

Funnel plots display trust risk-adjusted outcomes for 90-day mortality, 30-day unplanned readmission and 2-year mortality. This year we are not reporting 18-month stoma rates in readiness for two new stoma indicators in 2021. The funnel regions represent the 95 per cent limit and the 99.8 per cent limit for trusts compared to the national average. Those trusts with results outside the outer (99.8 per cent) limit are considered potential outliers.

Risk adjustment is performed using the seven items listed under Data Quality as well as mode of admission (elective/emergency) and number of co-morbidities according to HES/PEDW, and an interaction between age and distant metastases. Missing values are imputed using Multiple Imputation. The model for two-year mortality additionally includes interactions between follow-up time (0-3 months after surgery vs. 3-24 months after surgery) and all of the risk factors.

See [FAQs <https://www.nboca.org.uk/about/fq/>](https://www.nboca.org.uk/about/fq/) for more details.

## Data Quality

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All Patients:	Trust	Network	National
Number of patients in Audit	115	1998	29766
Case ascertainment (%)	132	110	90
Data completeness of:			
– Pre-treatment TNM (%)	90	91	83
– Performance status (%)	100	83	85

Patients having major resection:	Trust	Network	National
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Number of patients in Audit	76	1117	16499
ASA grade 1 (%)	7	7	10
ASA grade 2 (%)	49	51	53
ASA grade 3 (%)	43	37	30
ASA grade 4+ (%)	1	3	3
ASA grade not recorded (%)	0	2	4
Data completeness of:			
7 Audit items for risk-adjustment (%)	99	93	86

### Key:

	> 80%
	50 - 80%
	< 50%

## Management of all patients

<b>All Patients:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of patients in Audit	115	1998	29766
Seen by Clinical Nurse Specialist (%)	100	89	86

<b>All patients deemed potentially curative</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of potentially curative patients	27	429	7226
Undergoing major resection (%)	93	90	86

## Management of patients having major resection

<b>Patients having major resection:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of patients in Audit	76	1117	16474
Distant metastases (%)	15	10	6
Urgent or emergency surgery (%)	21	19	15
At least 12 lymph nodes excised (%)	86	87	84

<b>Patients having major resection:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Laparoscopic surgery attempted (%)	42	56	72
Risk-adjusted length of stay > 5 days (%)	74	68	62

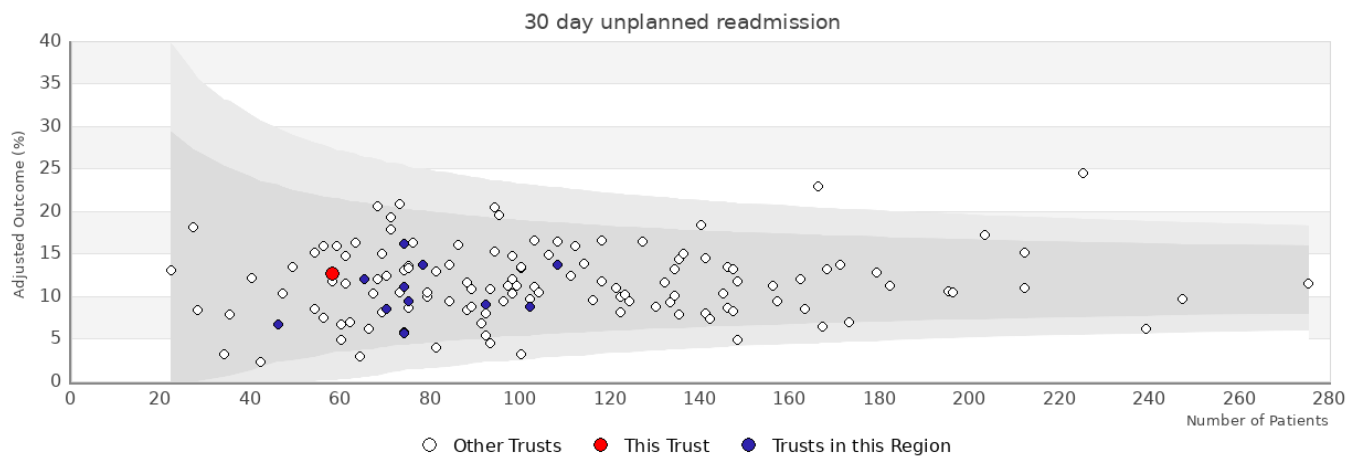
<b>Patients having major resection for stage III colon cancer:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of patients in audit	41	603	10641
Adjuvant chemotherapy (%)	59	68	61

## Rectal cancer patients

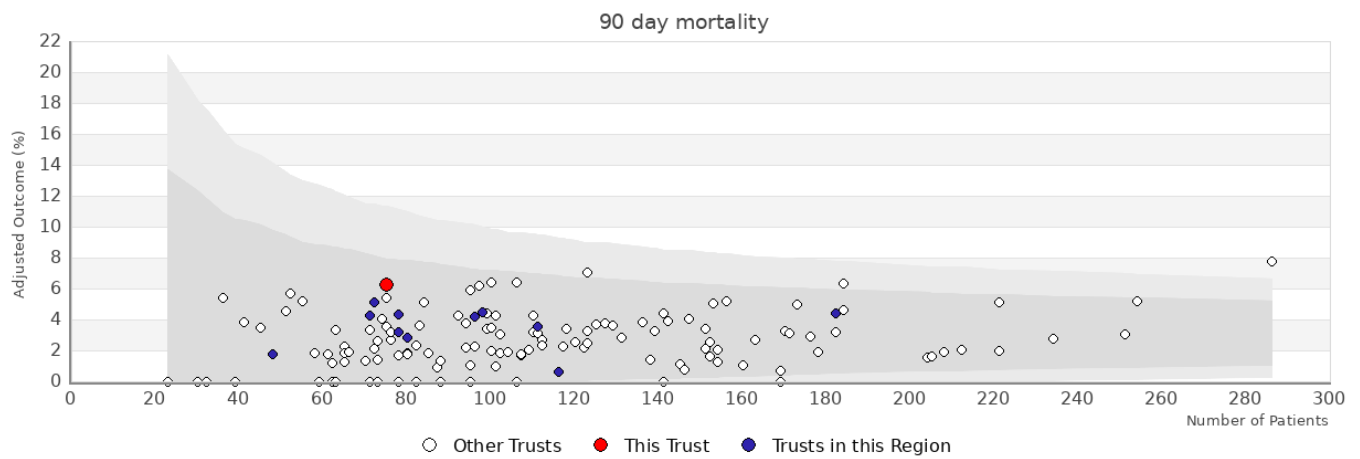
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<b>Patients having major resection:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of patients in Audit	11	266	3899
Neoadjuvant therapy (%)	N/A	5	32
Circumferential resection margin: Recorded (%)	100	93	86
Circumferential resection margin: Negative (%)	82	86	79
Rectal volume	N/A	N/A	N/A

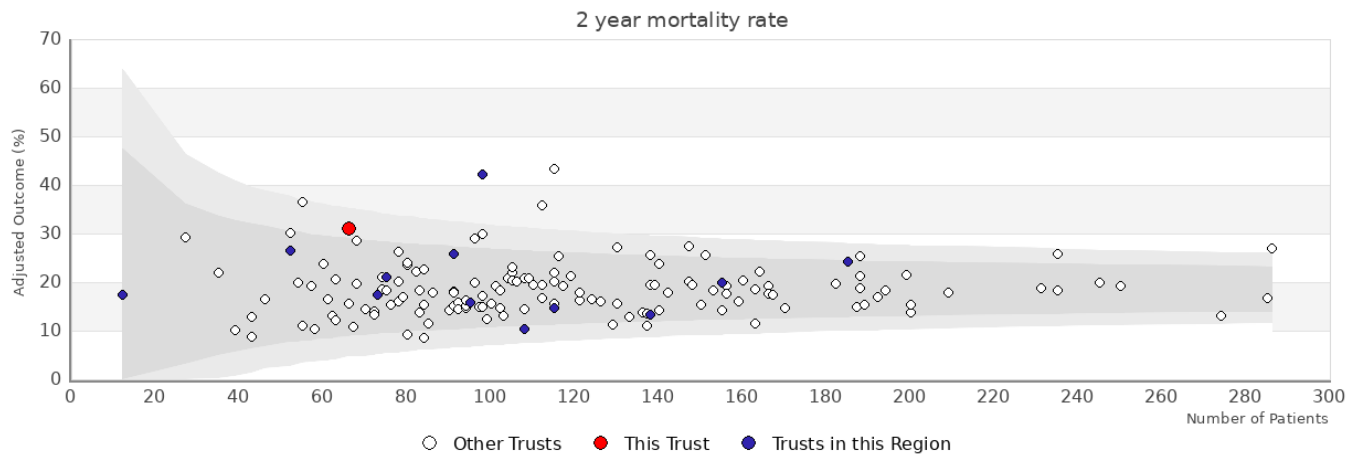
<b>Patients in APER/Hartmanns estimate:</b>	<b>Trust</b>	<b>Network</b>	<b>National</b>
Number of patients in APER/Hartmanns estimate	N/A	N/A	N/A
APER/Hartmanns (%)	N/A	N/A	N/A



Trust	Number	Adjusted	Observed
Nevill Hall Hospital MDT	58	12.7%	12.1%
Other trusts within the region: Wales			
Cardiff MDT	65	12%	12.3%
Prince Charles Hospital MDT	74	16.2%	16.2%
Princess of Wales MDT	70	8.5%	8.6%
Royal Glamorgan Hospital MDT	74	11.1%	10.8%
Royal Gwent Hospital MDT	78	13.7%	12.8%
Swansea MDT	92	9.1%	8.7%
West Wales General & Prince Phillip MDT	74	5.6%	5.4%
Withybush General MDT	46	6.7%	6.5%
Ysbyty Glan Clwydd MDT	75	9.4%	9.3%
Ysbyty Gwynedd MDT	102	8.8%	8.8%
Ysbyty Maelor MDT	108	13.8%	13.9%



Trust	Number	Adjusted	Observed
Nevill Hall Hospital MDT	75	6.2%	9.3%
Other trusts within the region: Wales			
Cardiff MDT	71	4.3%	4.2%
Prince Charles Hospital MDT	78	4.4%	5.1%
Princess of Wales MDT	72	5.1%	6.9%
Royal Glamorgan Hospital MDT	80	2.8%	3.8%
Royal Gwent Hospital MDT	182	4.4%	5.5%
Swansea MDT	96	4.2%	5.2%
West Wales General & Prince Phillip MDT	98	4.5%	5.1%
Withybush General MDT	48	1.8%	2.1%
Ysbyty Glan Clwydd MDT	78	3.2%	3.9%
Ysbyty Gwynedd MDT	116	0.6%	0.9%
Ysbyty Maelor MDT	111	3.6%	3.6%



Trust	Number	Adjusted	Observed
Nevill Hall Hospital MDT	66	31.1%	30%
Other trusts within the region: Wales			
Bronglais MDT	12	17.4%	50.7%
Cardiff MDT	138	13.3%	18.2%
Prince Charles Hospital MDT	73	17.5%	18.1%
Princess of Wales MDT	91	25.8%	21.3%
Royal Glamorgan Hospital MDT	75	21.1%	21%
Royal Gwent Hospital MDT	155	20%	29.7%
Swansea MDT	185	24.2%	29.8%
West Wales General & Prince Phillip MDT	95	15.9%	17.7%
Withybush General MDT	52	26.6%	22.3%
Ysbyty Glan Clwydd MDT	98	42.3%	42.2%
Ysbyty Gwynedd MDT	115	14.6%	15%
Ysbyty Maelor MDT	108	10.3%	8.7%