

Nevill Hall Hospital MDT

WALES WALES

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 2014 – 31 Mar 2015. The exceptions are for 2-year mortality and 18-month stoma rate. Two-year mortality estimates include patients undergoing a major resection between 1 April 2012 and 31 March 2013. 18-month stoma rates include rectal cancer patients undergoing a major resection between 1 April 2012 and 31 March 2015. The Audit dataset is linked to Hospital Episode Statistics (HES) at the patient level to obtain further information on patient care and follow-up such as stoma reversal and emergency readmissions in England, and to the National Radiotherapy Dataset (RTDS) for information on radiotherapy treatment in England.

Data Quality

Data completeness

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

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 HES. This can be larger than 100 if more patients are reported to the Audit than identified in HES.

7 audit items for risk-adjustment

The per cent of patients with complete data items on all of age, sex, ASA grade, pathological T-stage, pathological N-stage, distant metastases and site of cancer.

Management of all patients

No major resection: too little cancer

Those undergoing a local resection of polypectomy.

No major resection: too much cancer

No excision and reason for no treatment includes advanced stage cancer OR no excision and non-curative intent and metastatic disease.

No major resection: too frail

not in too much cancer group AND no excision and reason for no treatment includes significant co-morbidity OR no excision and performance status 3 or 4.

No major resection: unknown/other reason:

no excision and does not meet any of the above criteria.

Compare trust outcomes

Funnel plots display trust risk-adjusted outcomes for 90-day mortality, 30-day unplanned readmission, 2-year mortality and, for rectal cancer patients, 18-month stoma rate. 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, 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.

A stoma is considered to be reversed if a HES record with relevant code is identified with 18 months of the initial surgical procedure.

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

Data Quality

All Patients:	Trust	Network	National
Number of patients in Audit	123	2108	28013
Case ascertainment (%)	N/A	N/A	93
Data completeness of:			
– Pre-treatment TNM (%)	85	65	71
– Performance status (%)	96	33	77

Patients having major resection:	Trust	Network	National
Number of patients in Audit	74	1320	18809
ASA grade 1 (%)	9	7	14
ASA grade 2 (%)	50	55	53
ASA grade 3 (%)	38	32	25
ASA grade 4+ (%)	1	3	3
ASA grade not recorded (%)	1	2	5
Data completeness of:			
7 Audit items for risk-adjustment (%)	95	78	82

Key:

Management of all patients

All Patients:	Trust	Network	National
Number of patients in Audit	123	2108	30122
Seen by Clinical Nurse Specialist (%)	100	100	92

Management of patients having major resection

Patients having major resection:	Trust	Network	National
Number of patients in Audit	74	1320	18809
Distant metastases (%)	18	13	9
Urgent or emergency surgery (%)	27	18	16
Median number of lymph nodes excised	14	16	17
Laparoscopic surgery attempted (%)	41	50	61

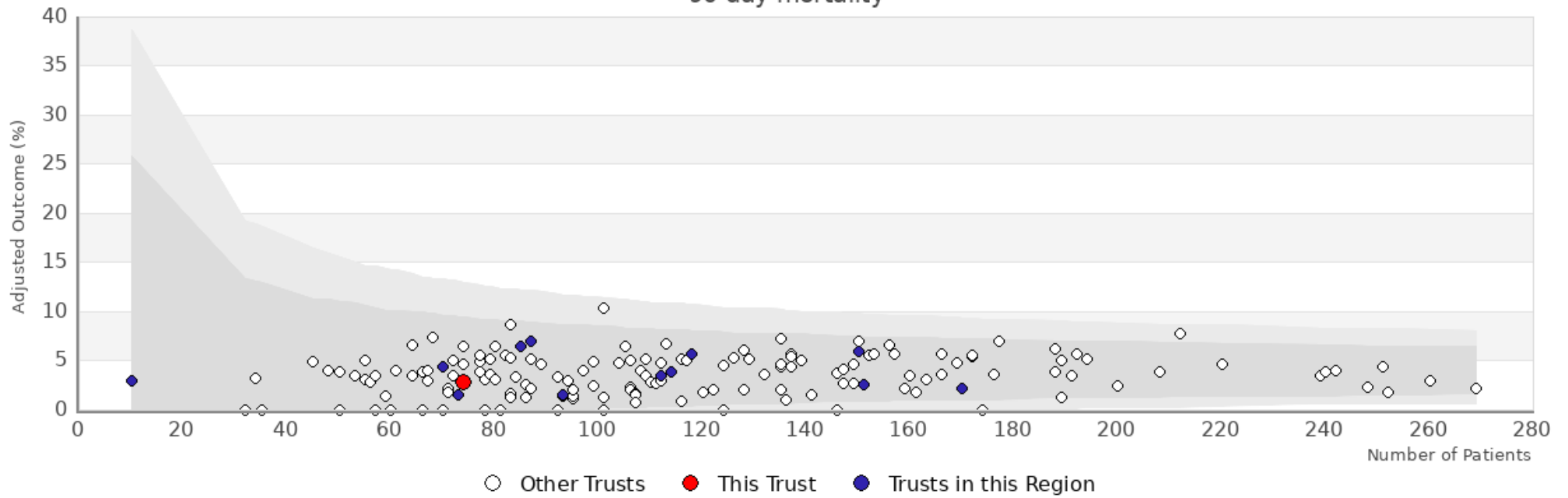
Patients having major resection:	Trust	Network	National
Length of stay > 5 days (%)	N/A	N/A	69

Rectal cancer patients

Patients having major resection:	Trust	Network	National
Number of patients in Audit	18	322	4769
Neoadjuvant therapy (%)	54	35	37
Circumferential resection margin: Recorded (%)	N/A	7	25
Circumferential resection margin: Positive (%)	11	8	7
Rectal volume	N/A	N/A	N/A

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

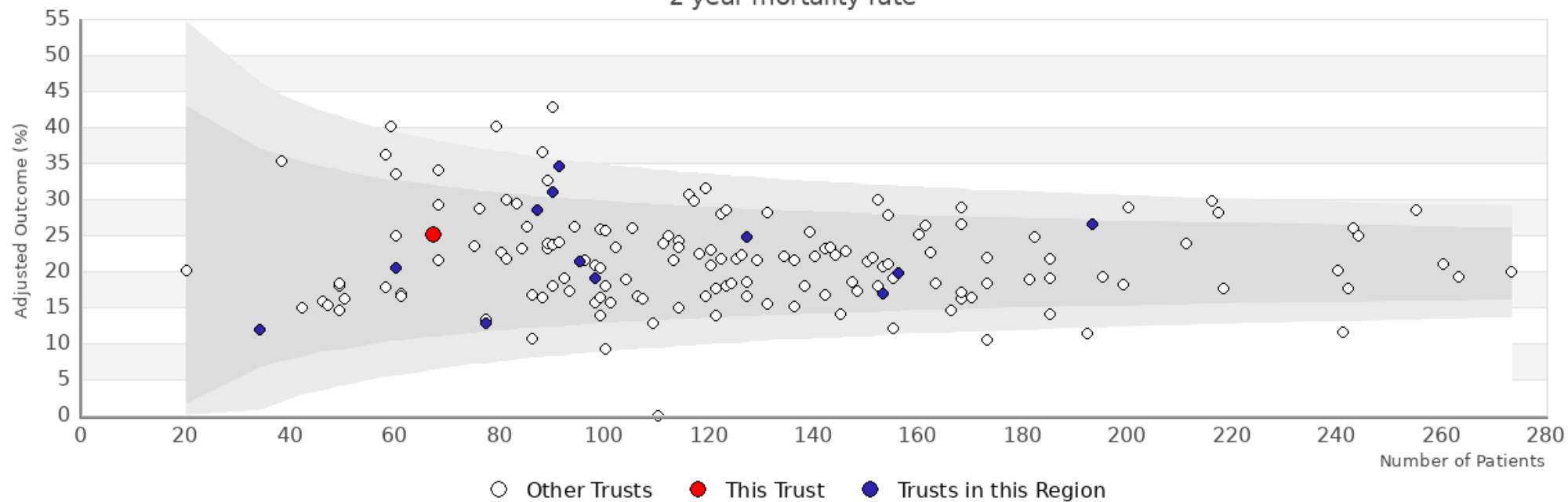
90 day mortality



Trust	Number	Adjusted	Observed
Nevill Hall Hospital MDT	74	2.8%	4.1%
Other trusts within the region: WALES			
Bronglais MDT	10	2.9%	10%
Cardiff MDT	151	2.6%	2.6%

Trust	Number	Adjusted	Observed
Prince Charles Hospital MDT	87	7%	9.2%
Princess of Wales MDT	118	5.7%	7.6%
Royal Glamorgan Hospital MDT	70	4.4%	4.3%
Royal Gwent Hospital MDT	170	2.1%	2.9%
Swansea MDT	150	5.9%	6.7%
West Wales General & Prince Phillip MDT	85	6.5%	8.2%
Withybush General MDT	73	1.5%	1.4%
Ysbyty Glan Clwydd MDT	93	1.5%	2.2%
Ysbyty Gwynedd MDT	112	3.5%	4.5%
Ysbyty Maelor MDT	114	3.9%	5.3%

2 year mortality rate



Trust	Number	Adjusted	Observed
Nevill Hall Hospital MDT	67	25.2%	38.1%
Other trusts within the region: WALES			
Bronglais MDT	34	11.9%	16%
Cardiff MDT	156	19.8%	19.7%

Trust	Number	Adjusted	Observed
Prince Charles Hospital MDT	77	12.8%	12.5%
Princess of Wales MDT	127	24.7%	27.3%
Royal Glamorgan Hospital MDT	95	21.3%	23.4%
Royal Gwent Hospital MDT	153	16.9%	20.3%
Swansea MDT	193	26.5%	26.7%
West Wales General & Prince Phillip MDT	90	31%	30.3%
Withybush General MDT	60	20.4%	18.6%
Ysbyty Glan Clwydd MDT	98	19.1%	26.8%
Ysbyty Gwynedd MDT	91	34.6%	28.7%
Ysbyty Maelor MDT	87	28.6%	20.7%