

Outlier Measure: Insufficient data submitted to allow for risk adjustment; 90-day mortality, 30-day readmission, 30-day reoperation			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
St George's University Hospitals NHS Foundation Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Southport And Ormskirk Hospital NHS Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Outlier Measure: Insufficient data submitted to allow for risk adjustment; 2-year mortality			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
Hull And East Yorkshire Hospitals NHS Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Bradford Teaching Hospitals NHS Foundation Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Barts Health NHS Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Southport And Ormskirk Hospital NHS Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Outlier Measure: Insufficient data submitted to allow for risk adjustment; unclosed ileostomy			
NHS Trusts	Comment	Outlier 2020	Outlier 2019

		Annual Report	Annual Report
Hull And East Yorkshire Hospitals Nhs Trust	No response at time of publication.	N/A new measure for 2021	N/A new measure for 2021
Outlier Measure: 30-day unplanned readmissions greater than three standard deviations			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
Harrogate And District NHS Foundation Trust	<p>We are grateful to add a comment on the data being published from the National Bowel Cancer Audit.</p> <p>In this dataset, attendances at our clinical assessment unit (CAU) have been included in the readmission figures, resulting in an additional 10 readmissions. Our CAU provides same day care to patients with the aim of reduced congestion within the wider health care system and enhancing patient experience. CAU attendances would not necessarily be recorded as hospital admissions at other provider organisations and all of the 10 patients presenting to our CAU were discharged directly home on the same day. Taking these CAU attendances out of the total, we recognise our true 30-day readmission rate to be 17.8%; well below the three standard deviations figure for readmissions.</p> <p>To provide further assurance to the reader we have audited each of the cases in detail. <i>[Clinical information was given on these patients which has been removed to protect their identities]</i></p> <p>We hope that this response provides clarity and reassurance to the reader, and we will be reviewing how we capture our CAU activity going forwards.</p>	No	No
Salisbury NHS Foundation Trust	<p>Many thanks for the opportunity to respond to the initial findings of the 2021 NBOCA report, looking at the dataset for patients between 1st April 2019 and 31st March 2020. I am responding on behalf of the Medical Director and Chief Executive, both of whom have seen and authorised the response. The report has identified that the Trust is a potential outlier with respect to readmission within 30 days of an elective colorectal cancer operation. We were very kindly given the NHS numbers for the 19 patients identified as being readmitted and have had an opportunity to review our electronic records and paper notes.</p> <p>On review of every patient, we identified 10 patients that were readmitted to hospital after their surgery (8 with causes directly attributable to their surgery) and 9 patients who attended our Surgical Assessment Unit for review and were then sent home. These reviews were either planned reviews or unplanned reviews, in response to telephone calls from patients on our Enhanced Recovery Programme and are used in lieu of outpatient appointments, where clinic slots are not available. The disparity in the data lies with the fact that, during the audit period, any patient that attended our Surgical Assessment Unit for review was coded as an admission irrespective of whether they were subsequently sent home or were admitted. We are rectifying this anomaly in our processes to minimise the risk of this happening in the future.</p>	No	No

	Thus, in the opinion of the team here in Salisbury, the true readmission rate in our cohort of patients was 10 of 80 or 12.5%, which sits just above the national mean for this audit period.		
University Hospitals of North Midlands NHS Trust	<p>A review was undertaken of 44 patients identified as possible unplanned readmissions following major surgery for bowel cancer. Half of the patients identified were simply reviewed in our surgical assessment unit and discharged on the same day without actually being admitted to the hospital (re-attendances rather than readmissions). This is part of the safety netting arrangements incorporated to our colorectal ERAS (Enhanced recovery after surgery) pathway.</p> <p>Taking the above into consideration, the true readmission number following major colorectal cancer resection for our unit for the audit period was 22 patients, true readmission rate of 10.3% which compares favourably with published national data.</p>	Yes	Yes
Outlier Measure: 30d unplanned return to theatre greater than three standard deviations			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
Imperial College Healthcare NHS Trust	The published data is derived from sources that were not validated by the clinicians at Imperial College Healthcare NHS Trust prior to submission. The clinicians subsequently reviewed these data to ensure the accuracy of the clinical coding. Upon manual auditing, only 8 re-operations for complications related to cancer surgery were identified, with the remaining 9 procedures representing separate elective operations that occurred within the specified time period of the audit.	No	No
Outlier Measure: 2-year mortality has been greater than two standard deviations on two or more of the past three years			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
Ysbwyty Glan Clwydd MDT	<p>Thank you for your letter of 30th September notifying the Health Board of the potential outlier status re the 2-year mortality rates after major resection at Ysbyty Glan Clwyd (YGC).</p> <p>We have reviewed all cases identified within the national data. This review confirmed the pattern observed in previous reports of YGC patients typically being older (42% >75yrs) and having advanced disease at the time of surgery (28.4% T4 disease, 40% node positive, 16% with metastasis). The data also reflected a higher than average number of patients requiring surgery as an emergency (22.1% locally vs 14.6% nationally).</p> <p>16 of the patients who died underwent elective surgery. 12 underwent emergency surgery.</p> <p>Of the patients who had elective surgery, 5 (31%) had advanced disease at the time of diagnosis and surgery was performed with palliative intent. The remaining 11 elective patients had potentially curable disease at time of surgery. Mean survival was 324 days (20-711). <i>[Clinical information was given on these patients which has been removed to protect their identities]</i></p> <p>All the patients who had emergency surgery had advanced disease. Mean survival of this group was 252 days (1-664).</p>	Alert	No

	<p>Our review has concluded that the majority of the patients presented with advanced cancer and were likely to die of their disease, with or without surgical intervention.</p> <p>Our review has also identified a number of observations regarding the surgical management of patients with advanced disease; these included the potential benefit of pre-operative optimisation to correct risk factors before elective surgery, and the possible need to consider more conservative palliative option such as stenting, defunctioning stoma, or avoidance of surgery and treatment with systemic chemotherapy, as an alternative option. These findings will be reviewed with all colorectal teams in the Health Board via the Health Board's clinical governance structure.</p> <p>Thank you for providing us with the opportunity to review and comment on the findings of the audit. It is unfortunate that the amended data could not be included in the final report; we will review our data validation processes prior to submission going forwards.</p>		
Outlier Measure: Unclosed ileostomy greater than three standard deviations			
NHS Trusts	Comment	Outlier 2020 Annual Report	Outlier 2019 Annual Report
King's College Hospital NHS Foundation Trust - King's College Hospital	<p><i>The audit would like to thank King's College Hospital for submitting a detailed 2-page report of the review carried out. An excerpt from the executive summary is copied below.</i></p> <p>A review of the cases identified by the audit was undertaken to investigate the causes of the higher than expected rate. This report provides the results of that investigation.</p> <p>The review concludes that there were unavoidable reasons for lack of stoma reversal within 18 months for the majority of cases (17/21, 81%), in particular rapidly progressive disease and patient choice. This is not unexpected with KCH Denmark Hill's complex casemix. In [approximately one fifth of patients], stoma reversal took longer than 18 months due to elective waiting list challenges for elective surgery on the DH site.</p>	N/A new measure for 2021	N/A new measure for 2021
United Lincolnshire Hospitals NHS Trust - Lincoln and Grantham	<p>The Trust completed a review of 22 medical notes for patients who did not have a reversal of their stoma within 18 months. What we found was that the majority of the patients, 45% had further advanced cancer which meant that the stoma could not be reversed. A further group of patients, 23% had their stoma reversed after 18 months and an additional 14% did not want their stoma reversed (patient choice). The reasons are listed below for the 22 cases.</p> <p>In summary:-</p> <ul style="list-style-type: none"> The majority 10/22 (45%) of cases had progressive disease with local recurrence and or metastatic disease so no reversal of ileostomy was recommended [Clinical information was given on these patients which has been removed to protect their identities] <p>CONCLUSION</p>	N/A new measure for 2021	N/A new measure for 2021

	<ul style="list-style-type: none"> 21/22 (95.4%) had reasons why the stoma was still in situ at 18 months due to the reasons listed above 		
Gloucestershire Hospitals NHS Foundation Trust	<p>Thank you for raising the potential issue in the NBOCA data for GHT and providing the opportunity for the data to be corrected and the service review undertaken.</p> <p>The below observations correlate to the raw data sheets.</p> <p>Having performed a detailed case by case review we can observe the following. Of the 68 cases of non-closure notified to us:</p> <ul style="list-style-type: none"> 15 cases should not have been included because: they did not have any stoma formed at surgery; they died in the immediate post operative period; were not a colorectal cancer case; or they underwent stoma closure within 18 months of primary surgery. <p>This correction of the dataset may influence whether the GHT 18 month stoma rate lies outside the expected range and we would be grateful if this could be clarified. If the Trust remains an outlier for this metric we would make the following observation for publication.</p> <p>GHT has fully assessed all of the 53 cases where planned temporary stoma formation was not followed by stoma closure within 18 months. We have confirmed that:</p> <ul style="list-style-type: none"> 6 (11%) declined to undergo stoma closure (surgery offered - patient choice) 13 (25%) suffered progressive colorectal cancer and palliative treatment (further surgery inappropriate) 13 (25%) did not undergo closure due to complications precluding surgery for closure only 21 (40%) did not undergo 'timely' closure due to service constraints <p>While the Trust appreciates that the NBOCA assessment is of 'raw' numbers of stomas still present at 18 months following primary surgery, it is important to understand the relevant causes for this for the public to consider how it reflects on our service. In the five-year period we were only unable to offer timely stoma closure in 21 patients due to service constraints. Whilst every effort is made to offer timely closure surgery this is an area which the Trust would wish to see improved and on which we have focus to ensure the best patient pathway.</p> <p>Patient choice and the impact of progressive colorectal cancer (accounting for 36% of stomas not reversed) represent the nature of complex disease and age profile of our population. The complication rate precluding stoma closure is acceptable and the Trust lies within the anticipated range for this metric.</p> <p>The Trust has reviewed these 'raw' data and we are satisfied that detailed analysis of the separate causes and patient groups reveals an appropriate profile of cases. Reducing the impact of any patients waiting longer than necessary for stoma closure is an area of focus in improving our overall colorectal cancer care.</p>	N/A new measure for 2021	N/A new measure for 2021