

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 2021 Annual Report	Outlier 2020 Annual Report
Epsom and St Helier University Hospitals	Following notification by the audit team that we were an outlier, we used an independent group of doctors to review the care given to every patient whose data was included in the audit. Whilst this review did not identify any significant shortcomings in the care offered, learning from this exercise has been relayed to the service and we will continue to closely monitor our outcomes.	No	No
King's College Hospital	<p>Following the notification of King's College Hospital's Denmark Hill site as an outlier with higher than predicted 2-year mortality following major resection for bowel cancer, a detailed internal investigation was undertaken, including review of all cases who died. This investigation did not identify concerns in relation to the quality of care of patients at King's College Hospital and noted that the characteristics of the patient population are likely to have affected the higher than predicted mortality. The patients were younger than the national average and often presented for the first time as emergencies with already advanced disease, and had socio-demographic factors adversely associated with survival that were unaddressed in the adjustment model.</p> <p>Our conclusion was that the 2-year mortality rate appears to be driven in part by the level of advanced disease in our patients. The very low rate of uptake of bowel cancer screening in our local population is likely to be an important contributory factor. We have returned a report to NBOCA and we will continue close monitoring of our colorectal cancer outcomes, and a key next step is to collaborate across our Integrated Care System to improve uptake of bowel cancer screening, particularly in high-risk groups.</p> <p>- King's College Hospital NHS Foundation Trust</p> <p><i>The NBOCA Project team note the above response and advise that comprehensive risk adjustment is used in reporting 2 year mortality after major resection of bowel cancer, an indicator of how the whole multidisciplinary team is delivering care. Additionally, an independent review of all patients (not just those who unfortunately died) after undergoing surgery in the relevant time period is required to identify potential concerns in care.</i></p> <p>- NBOCA Project Team</p>	No	No