

National Bowel Cancer Audit (NBOCA) Outlier Responses 2024

Outlier Responses Tranche 1 of 2. This document will be updated to include Tranche 2 Outlier Responses on Thursday 20 February 2025.

NBOCA Performance Indicator 4			
Adjusted 30-day unplanned return to theatre after major resection (greater than two standard deviations from national average twice in three consecutive years)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
James Paget University Hospitals NHS Foundation Trust	<p>Thank you for sending the spreadsheet with details of patients who have been coded as unplanned return to theatre. After double checking on the Trust theatre system (ORMIS) and with the Trust's Clinical Coding service our rate of unplanned return to theatre is 5.6% and not 12%.</p> <p>Detailed explanation as below. We have also included the spreadsheet for all those 11 patients after removing their PID details.</p> <p>Amongst 11 patients entered as unplanned return to theatre within a month or primary operation - only 5 were true unplanned return to theatre. We have liaised with Information Services about coding issues and the unplanned return is only 5 not 11.</p> <p>The remaining 6 patients who did not have unplanned return to theatre are as detailed in our full response.</p> <p>The Trust has taken measures to make sure the coding entered is correct by double checking before submission.</p> <p><i>[Detailed clinical information for small number of patients removed to protect anonymity].</i></p> <p>NBOCA Project Team comment: Further to an additional review of the Trust response, the NBOCA Project Team acknowledge that if coding issues were resolved the trust would not be an outlier on this occasion. We encourage the Trust to resolve these coding issues.</p>		Performance Indicator not outlier reported 2023 & 2022.

NBOCA Performance Indicator 5			
Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Wrightington, Wigan and Leigh NHS Foundation Trust	<p>Thank you very much for the letter dated 22 October 2024 highlighting Wrightington, Wigan and Leigh NHS Foundation Trust as an outlier for adjusted 30-day unplanned readmission rates after major bowel resection.</p> <p>We have undertaken a review of the cases during that period and find that 12 out of 88 were incorrectly recorded as readmissions, but they were in fact reattendances, some booked and some not, but none of these patients were admitted. Eleven out of 88 were true readmissions giving us a rate of 12.5%. Hopefully, this readjusted rate should take us down within normal range.</p> <p>In answer to your question number one, does the Trust consider NBOCA data to be accurate in comparison to Trust records, your data is accurate, but how we record it is not.</p> <p>We are looking into the recording of data as a surgical division. We appreciate that there is a difference between reattendances, both planned and unplanned, versus true readmissions. I think it all comes down to coding and that is something that we need to address.</p> <p>NBOCA Project Team comment: <i>We acknowledge that there may have been some cases which were wrongly coded as readmissions. We support and encourage the Trust's decision to review coding procedures.</i></p>		Performance Indicator not outlier reported 2023 & 2022.

NBOCA Performance Indicator 5 (Continued)			
Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Wye Valley NHS Trust	<p>Thank you for providing patient-level data for review of the NBOCA data that identified Wye Valley NHS Trust as a potential outlier on adjusted 30-day unplanned readmission after major resection.</p> <p>Review of our data has revealed the following:</p> <p>19 patients were identified as unplanned readmissions after major resection.</p> <p>Only 7 patients from the identified cohort were true readmissions after major surgery. The other 12 patients were not true readmissions. They were patients who attended the Surgical Same day Emergency Care service and were wrongly classed as readmissions due to local data recording.</p> <p>Surgical Same Day Emergency Care service was necessary as a 'back-stop' during the Covid recovery period as patients were unable to (reliably) access GP services for routine care (blood test etc.) and sometimes reassurance.</p> <p>The trust is currently in the process of changing its data acquisition methods to prevent SSDEC attendance being recorded as readmissions. The wider issue of patient access to GP services has improved but remains unresolved.</p> <p>NBOCA Project Team comment:</p> <p>We acknowledge that there may have been some cases which were wrongly coded as readmissions. We support and encourage the Trust's decision to review coding procedures to improve data quality.</p>		Performance Indicator not outlier reported 2023 & 2022.

NBOCA Performance Indicator 6			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Northern Care Alliance	<p>Thank you for writing to us recently about the organisation being a potential outlier in relation to 18 month unclosed ileostomy following anterior resection. The figure provided to us is that our figure stands at 60.4% while the provided figures nationally is 38%. As mentioned, this relates to patients who underwent an anterior resection for rectal cancer between the 1 April 2017 to the 31 March 2022 and received an ileostomy within 30 days of that procedure.</p> <p>Many thanks indeed for raising this as a cause for concern. Our colorectal surgical department delivers a high volume of rectal cancer surgery with of course attached to it a significant number of defunctioning ileostomies. The department is also aware and conscious of the requirement to reverse these ileostomies as soon as is feasible given the psychological and physical stress this causes to our patients. As mentioned in the NBOCA report published in February 2024 the Covid pandemic has played a significant role in the delay to reverse ileostomies. As a cancer department we maintained our activity during the Covid pandemic and therefore priority was given to cancer resections during the pandemic but also during the recovery period which lasted several months after the end of the pandemic.</p> <p>With the help of our Clinical Audit Department, myself as Colorectal Cancer Lead and the Surgical Clinical Director have gone through the list of patients that NBOCA kindly provided us with. We reviewed the clinical details of every patient in order first of all to ascertain ourselves of the accuracy of the figures provided but also to find out the reason why patients had a reversal beyond 18 months or indeed did not have a reversal at all.</p> <p>Within the Oldham Care Organisation, we have identified 49 patients who had a defunctioning ileostomy during the mentioned period.</p> <ul style="list-style-type: none"> - We found that 20 patients out of the list had their reversal in less than 18 months. This differs from the 16 patients identified by the NBOCA data sent to us. - That leaves us with 29 patients, with a non-compliance rate of 59%. - Thirteen (13) were reversed after 18 months. Reasons we identified were varied, including COVID, patient's choice and medical reasons. [Detailed clinical information removed for small number of patients to protect anonymity.] 		N/A for 2023 & 2022 due to multiple years of data required to calculate this metric.

- Those who have not been reversed amount to sixteen (16). Sadly, eight patients died within the 18 month timeframe. [Detailed clinical information removed for small number of patients to protect anonymity.]
- I feel that the cohort of patients who sadly passed away within 18 months (8) and [detailed clinical information removed for small number of patients to protect anonymity] should be excluded from the non-compliance group. This amounts to fourteen patients out of the 29 'outliers'. If we were to exclude this group, the outlying number comes to fifteen, with a **30.6% of non-compliance**. I propose that this figure is logged for the OCO.

Moving forward:

1. Those patients who have been identified to be on the waiting list will now be expedited and have their stoma reversed as soon as is feasible.
2. The Clinical Audit Department will now hold a stoma register with a monthly review. There will be closer collaboration between the audit department and the surgical directorate and patients who have waited for longer than 12 months will be given priority to have their stoma reversed.
3. The surgical directorate will also hold its own database and ensure that patients are listed in a timely way.
4. There has been a previous agreement that the stoma therapist would alert the directorate about patients who have waited for a long time to have their stoma reversed. For some reason we feel that this has not been working well. We will now work closely with our stoma therapist group as a further safety net.
5. We will discuss this serious matter at our next colorectal cancer MDT operational meeting, held every three months, in order to raise awareness of the team.

I firmly believe that with those measures we should be able to rectify the situation and I am confident that we will move closer to the national standards.

NBOCA Project Team comment:

Following our review of the Trust response, we note that 61% is a high rate of unclosed ileostomies. While there have been discrepancies between the sites in the Trust this remains a high rate overall for the Northern Care Alliance. We recommend the Northern Care Alliance apply to participate in the pilot phase of the Close-it Quick QI initiative which will focus on timely closure of ileostomy.

NBOCA Performance Indicator 6 (Continued)			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Somerset NHS Foundation Trust	<p>The clinical leads carried out a thorough review of the Trusts electronic patient records (PatientTrack, CrossCare, EPRO and Maxims) but was unable to find any information or a referral to Colorectal for 1 patient.</p> <p>Of the remaining 41 patients, 11 were delayed unclosed ileostomies without a valid exception, however, this was during covid and the service had a large waiting list following covid. <i>[Detailed clinical information given for a small number of patients has been removed to protect anonymity]</i></p> <p>Following the review, the clinical leads have no concerns with practice and are assured that our patients are treated appropriately.</p> <p>COVID was the main contributing factor causing the delays, though we appreciate all hospitals were affected by this. As a trust we recognised this problem and this drove the implementation of the ‘Day Case Ileostomy Closure Programme’, which received National media coverage in view of its innovative use of technology to reduce waiting lists. The data in this report is a from before this pathway was introduced and as such, we have already implemented a significant change which will ensure our patients are treated in a timely way in future.</p> <p>This review has highlighted that there is potentially a recording error and staff need to ensure the valid exceptions are recorded in the correct place on the patient’s electronic record.</p> <p>In response to the questions raised by NBOCA, the review has found that:</p> <ol style="list-style-type: none"> 1) Does the trust consider the NBOCA data to be accurate in comparison to trust records? On review of the data, we have found that practice is not accurately reflected on NBOCA. Trust action: accurate recording of exceptions in the correct fields. 2) Subject to the data being accurate, are there justifiable reasons for the variation that mean the trust should not be considered an outlier for this performance indicator? Please refer to the table above for the justifiable reasons <i>[Table removed to protect patient anonymity]</i> 		N/A for 2023 & 2022 due to multiple years of data required to calculate this metric.

	<p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> • Carry out a review of where the data is recorded and where it should be recorded on the patients’ electronic record. • Educate staff on where and how to record the exceptions. <p><i>NBOCA Project Team comment:</i> <i>We ask the Trust to review its decision-making on ileostomy formation given the number of patients deemed unfit for reversal. We acknowledge that the Trust have identified unclosed ileostomy rate as a concern and have instigated an initiative to improve timeliness of ileostomy closure. This initiative is welcomed by NBOCA and we would be keen to hear more about the initiative and future evaluations of its effectiveness.</i></p>	
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NBOCA Performance Indicator 10			
Adjusted 2-year survival rate after major resection (greater than three standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Walsall Healthcare NHS Trust	<p>Thank you for the opportunity to review and respond to the data provided. After a detailed analysis, we have confirmed the data's general accuracy. To better understand the higher mortality rates, we conducted a thorough review of all patients with 2-year mortality of the dataset following major colorectal surgery. Below is a summary of our findings and the steps we are taking to address the issues:</p> <p>Key Findings</p> <ol style="list-style-type: none"> Demographics and Risk Factors: <ul style="list-style-type: none"> Of the 24 patients who died, 20 were over 70 years old, and 15 were over 80 years old. Fifteen surgeries were emergency procedures, with the remaining nine being elective. The majority of patients (21/24) were classified as ASA III or above, with 9 classified as ASA IV or above. Seven ASA IV patients underwent surgery <i>[detailed clinical information for a small number of patients removed to protect anonymity]</i> Outcomes: <i>[Detailed clinical information for a small number of patients removed to protect anonymity]</i> Additional Observations: <i>[Detailed clinical information for a small number of patients removed to protect anonymity]</i> Overall Surgical Workload: In total, 54 elective and 27 emergency procedures were performed. <p>Challenges Identified</p> <ul style="list-style-type: none"> A significant proportion (62%) of the colorectal cancer population presented as ASA III or above, reflecting the complexity of managing these high-risk patients. Social deprivation is a key factor in Walsall, with a high index level impacting healthcare outcomes. Over 35% of colorectal cancer patients presented as emergencies (e.g., obstruction or perforation), contributing to poor short- and long-term outcomes. <p>Acknowledged Issues</p> <p>We recognise that some poor outcomes were influenced by clinical decision-making. Specifically:</p> <ul style="list-style-type: none"> A higher number of surgeries were performed on palliative patients. Major surgeries were sometimes undertaken instead of less invasive palliative approaches aimed at improving comfort. 	Yes	No

	<p>Steps for Improvement</p> <p>In response to these findings, we launched the Colorectal Improvement Project last year. This comprehensive initiative targets key areas for improvement:</p> <ol style="list-style-type: none"> 1. Community Engagement and Early Diagnosis: <ul style="list-style-type: none"> ○ Strengthened collaboration with GPs to streamline referrals. ○ Public awareness campaigns to promote recognition of bowel habit changes and increase participation in bowel cancer screening programs. 2. Patient Optimisation: <ul style="list-style-type: none"> ○ Implementation of a pre-habilitation program. ○ Preoperative assessments are conducted by dedicated consultant anaesthetists for all major colorectal resections. 3. Enhanced Surgical Pathways: <ul style="list-style-type: none"> ○ Revision of the Enhanced Recovery After Surgery (ERAS) pathway. ○ Standardised use of mechanical and chemical bowel preparation for elective colorectal cancer patients. ○ Introduction of standardised anaesthesia protocols and the use of dedicated colorectal anaesthetists. 4. Postoperative Care Improvements: <ul style="list-style-type: none"> ○ Daily ward rounds are conducted by consultants for all elective and major colorectal resections. ○ Enhanced involvement of community nurses and stoma care teams post-discharge to prevent readmissions. <p>Conclusion</p> <p>We remain committed to addressing the challenges outlined above and improving outcomes for colorectal surgery patients. By focusing on preventative measures, patient optimisation, and enhanced perioperative care, we aim to reduce mortality rates and provide better overall care for our patients.</p> <p>Since the introduction of the program, we have observed significant improvements in short-term outcomes. Notable areas of progress include reductions in length of stay, 30-day mortality, return-to-theatre rates, readmissions, and adverse events. While these improvements are encouraging, we continue to strive for further advancements to ensure the highest standards of care for our patients. Continuous evaluation and refinement of our interventions remain a priority as we move forward. We also invited Royal College of Surgeons to review our measures. In their provisional report they considered our measures as satisfactory.</p> <p>NBOCA Project Team comment:</p> <p><i>We would like to express thanks to the Trust for this very thorough response. We would also like to acknowledge the positive progress made to date as, although remaining an outlier, we can see improvement relative to previous reports.</i></p>		
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NBOCA Performance Indicator 10 (Continued)			
Adjusted 2-year survival rate after major resection (greater than three standard deviations from national average)			
NHS Trust	Trust Response to NBOCA Confirmed Outlier Notification	Outlier 2023?	Outlier 2022?
Wye Valley NHS Trust	<p>Thank you for providing patient-level data for review of the NBOCA data that identified Wye Valley NHS trust as a potential outlier on adjusted 2-year survival rate after major resection.</p> <p>Review of our data has revealed the following: 16 patients were identified in the patient level data sent by NBOCA.</p> <p>15 patients had advanced disease at diagnosis – (T3/T4 disease, node positive and vascular invasion), and [detailed clinical information for small number of patients removed to protect anonymity].</p> <p>9 patients died within 24 months of metastatic disease - more than 90 days postop. Of these, [detailed clinical information for small number of patients removed to protect anonymity].</p> <p>Our two-year mortality rate was significantly skewed by 6 deaths within 90 days of surgery.</p> <p><i>[Detailed clinical information for small number of patients removed to protect anonymity]</i></p> <p>NBOCA Project Team comment: <i>We advise that comprehensive risk-adjustment is used in reporting two-year mortality after major resection of bowel cancer. This metric is an indicator of how the whole multidisciplinary team is delivering care.</i></p>	No	No