

National Bowel Cancer Audit (NBOCA) Outlier Responses 2025: Performance Indicator 5

NBOCA Performance Indicator 5			
Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Lewisham and Greenwich NHS Trust	We have reviewed the data provided, including the requested patient-level data. We have collated data for the relevant period from operating department and MDT records and compared this with the NBOCA data. We find a significant discrepancy between the number of readmissions recorded by NBOCA and the correct number. We understand that this is due to attendances at our Surgical Assessment Units being classed as admissions. Of the 27 patients that NBOCA have indicated were readmitted, n* patients (the majority) were reviewed in our Surgical Ambulatory Care Units. None of these n* patients required an overnight stay. N* patients were truly readmitted. <i>[n* - actual number suppressed due to small numbers to protect patient anonymity]</i> In addition to this, the denominator was incorrect, we identified a further 9 patients who should have been included. Additionally, there were 6 on the list provided by NBOCA for whom there are no patient records at this trust.	Yes	Indicator not outlier reported 2023

NBOCA Performance Indicator 5

Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
South Tyneside and Sunderland NHS Foundation Trust	Thank you for providing us an opportunity to respond to your assessment that South Tyneside & Sunderland Trust had a 30-day unplanned readmission rate following major resection that was above the national average during 2023. Review of the data has highlighted that patient visits made to Same Day Emergency Care for wound care and blood tests during this time were coded as inpatient stays rather than outpatient activity. This caused the Trust's 30-day readmission rate to appear higher than it actually was. Review of the 38 patients recorded as having been re-admitted for care found that 17 patients were actually re-admitted, giving an unadjusted re-admission rate of 9.8% (17/174) rather than the reported 21.8%. We consider that after case-mix adjustment our readmission rate would continue to compare favourably with the national adjusted re-admission rate of 11.9%. From October 2024 Same Day Emergency Care visits have been coded as outpatient activity so we feel that this issue is now resolved, however, it may take some time for this change to be seen in the data. The Trust will regularly review the NBOCA Quarterly Data Dashboard to monitor progress on this.	No	Indicator not outlier reported 2023

NBOCA Performance Indicator 5

Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
University Hospitals of North Midlands NHS Trust	Thank you for the opportunity to review our data on 30-day unplanned readmissions following major resection for colorectal cancer. Our analysis included all patients aged 18 years or over diagnosed with bowel cancer who underwent a major surgical resection between 1 January 2023 and 31 December 2023, regardless of surgical urgency or curative intent. NBOCA reported that University Hospitals of North Midlands NHS Trust had a higher-than-expected adjusted 30-day unplanned readmission rate of 22%, compared with the overall rate for England and Wales of 11.9% (adjusted for patient case-mix). Our unadjusted rate was 21.7%. Following an in-depth review of all individual patient electronic records: Total patients operated: 281 Elective surgery: 238 (84.7%) Emergency surgery: 43 (15.3%) Reported as readmissions: 61 patients However of these 61 patients 25 patients (Clavien-Dindo CD1) and 7 patients with (Clavien-Dindo CD2) were simply reviewed in our surgical assessment unit and discharged on the same day without hospital admission. A further n* patients CD1 and 5 patients CD2 were discharged within 24 hr. The majority of these cases were wound-related reviews. In total, 40 patients were managed as part of the safety-netting arrangements incorporated into our colorectal ERAS (Enhanced Recovery After Surgery) pathway. These should therefore be classified as re-attendances rather than true readmissions.	Yes	Indicator not outlier reported 2023

We have since established a **Same Day Emergency Care and Discharge (SDEC)** unit for surgical assessment. Postoperative patients requiring review and reassurance will now be managed here, avoiding classification as readmissions in future submissions. This change will be reflected in the 2025 data.

True readmissions (>24 h stay): 21 patients

[Clinical information removed due to some small patient numbers to protect patient anonymity]

Clavien-Dindo Grade (CD)	No. of readmission	Discharge same day / < 24 hr of admission	Discharge >24 hr of admission
1	35	28	7
2	22	12	10
3a	n*		n*
3b	n*		n*
4a	0		
4b	0		
5	0		

Taking the above into consideration, the true readmission number following major colorectal cancer resection for our unit during this period was **21 patients**, rather than the 61 reported. This equates to a **true unadjusted readmission rate of 7.47%**, which compares favourably with published national data.

[n - actual number suppressed due to small numbers to protect patient anonymity]*

NBOCA Performance Indicator 5

Adjusted 30-day unplanned readmission after major resection (greater than 3 standard deviations from national average)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Wrightington, Wigan and Leigh NHS Foundation Trust	Thank you very much for your letter dated 18th July 2025 highlighting WWL as a potential outlier for adjusted 30-day unplanned readmission rates after major bowel resection. This is in addition to a letter sent on 22nd October 2024, where the same problem was identified. We have undertaken a review of the cases during that period and find that 12 out of 94 cases 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 94 were true readmissions giving us a rate of 11.7%. During our last review in November 2024, we made changes to the recording to patients who reattend for wound review and are planned re-attendances. These changes will only come into effect for patients discharged after January 2025, after which we hope to see a change reflected in our results. In response to your questions: <i>'Does the trust consider the NBOCA data to be accurate in comparison to trust records?'</i> Yes, the data reflects our records, however, our data has been inaccurately input. <i>'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?'</i> Yes, the reasons are that the data was initially wrongly input. <i>'Have quality improvement measures been put in place in order to correct potential problems in the future?'</i> Yes, changes have been made to the recording of cases.	Yes	Indicator not outlier reported 2023

National Bowel Cancer Audit (NBOCA) Outlier Responses 2025: Performance Indicator 6

NBOCA Performance Indicator 6			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Barts Health NHS Trust	We have reviewed the dataset. N* patients were a Hartman's and n* were incorrectly coded as beyond 18 months. Reviewing the data without exclusions of patient choice and those subsequently unfit or with recurrence likely shows that we remain an outlier for the remaining patients. We believe that reflects theatre capacity post Covid. This will be brought to our group cancer board with an action plan. <i>[n* - actual number suppressed due to small numbers to protect patient anonymity]</i>	Yes	Indicator not outlier reported 2023

NBOCA Performance Indicator 6			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Northern Care Alliance NHS Foundation Trust	Background: This constitutes our action plan following the notification by NATCAN of NCA as an outlier regarding ileostomy reversal. We have addressed our pathway at every level. The following document explores various scenarios where a patient may have a stoma following cancer surgery. This was designed following a deep dive in the process and involved the clinical director for surgery at the Bury, Oldham and Rochdale Care Organisations within the NCA, the MDT lead and the Lead CNS for Bury, Oldham and Rochdale. A further action to expedite loop ileostomy reversal is to allocate the cases to consultants with a GI interest who may not be colorectal surgeons. This will need validating on an individual basis by the Surgical Clinical Director. The proposed timeframes will differ if patients require input from other teams prior to further surgery, or if their fitness needs further assessment (e.g. CPEX). The NCA colorectal surgery team has two elements, Salford and Bury, Rochdale and Oldham. Analysis of our outlier data from 2022/23 indicates that the patient cohort that breached the stoma reversal standard were cared for by the Bury, Rochdale and Oldham team and so the plan described below has been authored by that team. However, the whole NCA colorectal surgical team will be represented by participants in the 'Close It Quick' QI collaborative and learning that results from this will be shared and implemented across the NCA. 4 cohorts of patient scenarios have been identified as follows, with plans developed to ensure timely stoma closure. <u>Group 1</u> <u>Rectal Resection with formation of loop ileostomy not requiring neo-adjuvant therapy.</u> OPA 6/52 with operating consultant post-op review- flexible sigmoidoscopy (FOS) and water soluble contrast enema (WSCE) are requested. At that time, the patient is consented for reversal of their ileostomy, with clear indication that the anastomotic assessment needs to be satisfactory for surgery to proceed. Add to waiting list for Reversal of Ileostomy so that POA can be completed Macmillan Colorectal CNS team to track investigations and share with parent consultant when available Update patient by telephone / letter with outcome	Yes	Indicator not outlier reported 2023

	Confirm date for surgery. We will work with the directorate to plan for surgery 6 weeks after investigations have been reported, reviewed and are satisfactory. <u>Group 2</u> <u>Rectal resection with formation of loop ileostomy who have been referred for consideration of neo-adjuvant therapy</u> OPA six weeks after surgery as a routine check (patients will already have MDT outcome and their treatment summary). OPA 6/12 post op for review (once medical oncology treatment completed) with operating consultant – consider requesting FOS and WSCE. At that time, the patient is consented for reversal of their ileostomy, with clear indication that the anastomotic assessment needs to be satisfactory for surgery to proceed. Add to waiting list for Reversal of Ileostomy so that POA can be completed Macmillan Colorectal CNS team to track investigations and share with parent consultant when available Update patient by telephone / letter with outcome Confirm date for surgery. We will work with the directorate to plan for surgery 6 weeks after the tests have been reported, reviewed and are satisfactory. <u>Group 3</u> <u>Rectal resection with formation of loop ileostomy who have had a post-op complication (e.g. anastomotic leak)</u> OPA six weeks after surgery as a routine check (patients will already have MDT outcome and their treatment summary). OPA 6/12 post op for review – (once medical oncology treatment completed if applicable) consider requesting FOS and WSCE Add to waiting list for Reversal of Ileostomy / colostomy so that POA can be completed. At that time, the patient is consented for reversal of their ileostomy / colostomy, with clear indication that the anastomotic assessment/rectal stump assessment needs to be satisfactory for surgery to proceed. Macmillan Colorectal CNS team to track investigations and share with parent consultant when available Update patient by telephone / letter with outcome Confirm date for surgery. We will work with the directorate to plan for surgery 6 weeks after the tests have been reported, reviewed and are satisfactory.	
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	<u>Group 4</u> <u>Emergency resection for large bowel obstruction resulting in formation of an end colostomy</u> OPA six weeks after surgery as a routine check (patients will already have MDT outcome and their treatment summary). If patient had surgery completed by a locum consultant / general surgeon, then the Macmillan Colorectal Nurses will book to a colorectal cancer surgeon's clinic. OPA 6/12 post op for review with list consultant (once medical oncology treatment completed if appropriate). Consider requesting FOS +/- colonoscopy if not completed pre-operatively. At that time, the patient is consented for reversal of their stoma, with clear indication that the rectal stump and remaining colonic assessment needs to be satisfactory for surgery to proceed. Add to waiting list for Reversal of Colostomy so that POA can be completed Macmillan Colorectal CNS team to track investigations and share with parent consultant when available Update patient by telephone / letter with outcome. Confirm date for surgery. We will work with the directorate to plan for surgery 6 weeks after the tests have been reported, reviewed and are satisfactory. Glossary OPA – Outpatient Appointment FOS – Flexible Sigmoidoscopy WSCE – Water Soluble Contrast Enema POA – Pre-op assessment CNS - Clinical Nurse Specialist	
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NBOCA Performance Indicator 6

Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Northampton General Hospital NHS Trust	Thank you for your letter dated 18th July 2025, which included the patient summary data. Please see responses as follows for the three actions you required: With regards to action 1, and whether the trust consider the NBOCA data to be accurate in comparison to trust records. On reviewing the data at the time, this was accurate as per trust records. In connection with action 2 and there being justifiable reasons for the variation that means the trust should not be considered an outlier for this performance, the following are factors which may influence this: • ongoing chemotherapy so inappropriate to reverse • not fit for further surgery • patient does not want reversal • patients entered into remote surveillance and ileostomy not reviewed or forgotten about • patients may be on waiting list for reversal but get pushed down the waiting list because new cancers are prioritised and end up waiting a long time for reversal • patients may develop early metastases or recurrence prolonging treatment significantly before we can get around to reversal or may be deemed unsuitable for reversal if prognosis becomes poor. The last action was with regards to any quality improvement plans being put into place in order to correct any future potential problems. As a trust we are currently working with the East Midlands Cancer Alliance to undertake a deep-dive and are reviewing the entire Colorectal pathway which will include the potential outlier issues.	No	Indicator not outlier reported 2023

NBOCA Performance Indicator 6			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Stockport NHS Foundation Trust	<u>Background</u> Stockport NHS Foundation Trust undertakes surgery and treatment for colorectal cancer and as part of this submits data to NBOCA (National Bowel Cancer Audit). The trust was alerted on 27/07/2025 of potential outlier status regarding 18-month ileostomy closure rate standard. <u>Actions undertaken</u> 1) Trust acknowledged receipt of potential alert status, list of patients undergoing surgery for rectal cancer with ileostomy formation and agreed to undertake actions directed by NBOCA 2) Case list reviewed and action plan drawn up. <u>Review summary</u> <i>[Clinical information removed due to some small patient numbers to protect patient anonymity]</i> <u>Conclusions</u> The data entered by the Trust to NBOCA were inaccurate in n*/33 (<15%) with n* patients having incorrect ICD-10 diagnosis code/OPCS procedure codes and n* patients having an inaccurate ileostomy closure date recorded. 16 patients undergoing anterior resection and given ileostomies were subsequently judged not fit enough or had other medical priorities preventing reversal surgery within 18 months of resection. It was felt that although these patients met the inclusion criteria for ileostomy closure, they were mostly unlikely to ever be able to be reversed. Apart from the patients suffering from anastomotic leak better pre-operative assessment or optimisation might have prevented unrealistic expectations regarding ileostomy closure. <i>[Clinical information removed due to some small patient numbers to protect patient anonymity]</i> It should be noted that the time-period under review fell during the Covid-19 pandemic and review of the Trust operative record shows no ileostomy reversal surgery was carried out after first lockdown in March 2020 until 11/11/2021 – a period of 20 months. This is likely to have had some impact on waiting times.	No	Indicator not outlier reported 2023

	<u>NBOCA Question answers</u> 1) Does the trust consider the NBOCA data to be accurate in comparison to trust records? See above – limited 88% accuracy but only changes failure to close rate from 73% to 70% - and Trust at fault for inaccurate data entry. 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? See above for patient review, 16/30 patients unfit for reversal surgery 53% - scope for improvement. 3) Have quality improvement measures been put in place in order to correct potential problems in the future? See below <u>Stockport NHS Foundation Trust Rectal Cancer Ileostomy Reversal Action Plan</u> - Re-check NBOCA data with coding department before final upload to try to ensure data accuracy greater than 88%. - Review all patients waiting for ileostomy closure to prioritise waiting time and 18-month timeframe. - Review all anastomotic leaks within departmental M&M as currently only patients returning to theatre are reviewed (or death). - Consider permanent stoma formation from the start in those with metastatic disease as none ever had ileostomy closure in this cohort. - Give planned reversal target from initial post-op MDT as part of cancer follow up plan for all new patients. - Add Ileostomy closure date to cancer services CRC treatment pathway. - Department to identify requirement for additional: clinician PAs for data review, post-operative anastomotic contrast studies/endoscopy/EUA and theatre time for required surgery/backlog, required out-patient appointments for pre-operative counselling/discussion, prioritise referral to cardiology etc for patient optimisation. <i>[n* - actual number suppressed due to small numbers to protect patient anonymity]</i>	
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NBOCA Performance Indicator 6

Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Lancashire Teaching Hospitals NHS Foundation Trust	Due to Lancashire Teaching Hospital NHS Foundation Trust being identified as a potential outlier for 18-month unclosed ileostomies after anterior resection, records of all patients identified as having a delayed stoma closure, provided by NBOCA, have been reviewed. From a set of 75 patients reported as having an anterior resection with ileostomy, 43 were identified as having an unclosed ileostomy at 18 months. Data review revealed that n* patients had been incorrectly identified as having an ileostomy and n* patients identified as not having had an ileostomy closure had undergone ileostomy closure within 18 months (private sector). The true rate of delayed ileostomy closure was therefore 38/74 (51.3%). Analysis of the records showed that in 24 patients (32.4% of all patients with ileostomies) there were unavoidable reasons for delayed stoma closure or non-closure. These were: Development of metastatic disease 8 (10.8%) Anastomotic complications 7 (9.4%) Patient preference n* (<9%) Complex comorbidity n* (<9%) In 14 patients (18.9%), while there were often delaying factors such as neoadjuvant chemotherapy, under normal conditions closure could have been accomplished within 18 months and the delay could potentially be deemed avoidable. However, it is notable that this audit covered the period of the Covid pandemic and its aftermath. There is a marked clustering of patients with potentially avoidable delays having their initial surgery between July 2020 and October 2021 (10 patients) with the remaining n* also having their initial surgery either within or shortly before the Covid period. Given that non-urgent surgery was deemed inappropriate for much of the Covid period, and the subsequent impact on elective waiting lists, delays during this period are not surprising and it would be inappropriate to draw conclusions from data from this period.	No	Indicator not outlier reported 2023

	We have however identified areas to reduce delays in stoma closure for some patients. These include arrangement of rectal contrast enemas as soon as a decision has been made on the need for chemotherapy and increased utilization of our cold site operating capacity at Chorley for stoma closures. <i>[n* - actual number suppressed due to small numbers to protect patient anonymity]</i>		
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NBOCA Performance Indicator 6			
Adjusted 18-month unclosed ileostomy after anterior resection (greater than three standard deviations from national average)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Hywel Dda Health Board MDT	No response received.	Yes	Indicator not outlier reported 2023

National Bowel Cancer Audit (NBOCA) Outlier Responses 2025: Performance Indicator 10

NBOCA Performance Indicator 10			
Adjusted 2-year survival rate after major resection (greater than two standard deviations from national average twice in two consecutive years)			
NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
East Kent University Hospitals NHS Foundation Trust	Thank you for your letter dated 28th July 2025, highlighting that East Kent Hospital University Hospital Foundation Trust (EKHUFT) has been identified as a potential outlier for “adjusted 2-year survival rate after major resection”. Our Trust serves a wide geographical area, including regions such as Thanet, which has a significantly deprived population. Colorectal resections are undertaken across two acute sites namely, Queen Elizabeth the Queen Mother Hospital in Margate and William Harvey Hospital in Ashford. This patient population poses particular challenges, including higher numbers of elderly patients with multiple comorbidities and a significant proportion presenting at a late stage in their disease. We are grateful for the opportunity to review the data in advance of the final publication. We have undertaken a detailed review of the records of patients who have died, and in response to the questions raised by the NBOCA team, we provide the following: Q1. Does the Trust consider the national data to be accurate in comparison to Trust records? A1. Our review suggests that the data submitted nationally is inaccurate. A thorough examination of our records has identified inconsistencies across several key metrics, including performance status, TNM staging, mode of admission, and comorbidity recording. These discrepancies raise concerns regarding the accuracy of the dataset currently being used for comparison. Additionally, N* of the recorded mortalities did not have cancer on histology. We were also able to identify that some patients died of causes completely unrelated to their cancer- <i>[Clinical information removed due to some small patient numbers to protect patient anonymity]</i> Q2. 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?	Yes	No

	A2. At present, this question is not directly applicable, given our concerns about data accuracy. However, we would like to highlight that a significant number of our patients present late with advanced-stage disease at the time of resection. This subgroup has a higher risk of early recurrence, which in turn adversely affects overall survival outcomes. Q3. Have quality improvement measures been put in place in order to correct potential problems in the future? A3. Yes. Recognising the complexity of our patient population, we have already introduced several quality improvement measures. Over the last year, we have established a dedicated Perioperative Care for Older People (POPS) team review, as well as a consultant anaesthetic-led pre-assessment pathway for all patients undergoing elective resections. These initiatives are designed to optimise patients preoperatively, improve multidisciplinary input, and enhance outcomes. We would also be happy to share our updated local database, which reflects the improvements made through this review process and provides a more accurate representation of our patient cohort. We appreciate the work of the National Bowel Cancer Audit team in providing benchmarking and quality assurance, and we remain committed to reviewing our processes and ensuring the highest standard of patient care.		
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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 Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
Nottingham University Hospitals NHS Trust	NUH are grateful to NBOCA for querying outlier status regarding our 2 year survival data for patients who underwent a major resection for bowel cancer between April 2021 and March 2022. This has allowed us to review our own data and processes. On review of the patient level data NUH unadjusted 2 year survival is 82.7% (229 of 277 total patients survived more than 2 years after major resection for bowel cancer). This is slightly different to the 80.6% 2 year survival which we now understand is calculated using survival analysis techniques by NBOCA. To add context, the national average is 84.9% 2 year survival. The performance standard published in the NBOCA State of the Nation report, January 2025, is 70% adjusted 2 year overall survival. We have reviewed patient level information for the 48 patients who did not survive to 2 years following surgery. 21 of these were elective patients and 27 were emergency patients. A total of 226 elective cancer resections were performed in this time frame giving a 90.7% elective unadjusted 2 year survival for all disease stages. A total of 46 emergency colorectal cancer resections were performed over this time frame giving a 41.3% emergency unadjusted 2 year survival. The mode of presentation was unreported in 5 patients. The majority of patients, unfortunately, died from well documented and palliatively managed progression of their cancer. In only 9 of 48 patients was their death not obviously directly related to their cancer. <i>[Clinical information removed to protect patient anonymity]</i> NUH would like to take the opportunity to reassure patients and the public about quality of care and outcomes in the Trust. Elective patients are assessed by MDT, repeated consultant clinical review, anaesthetic assessment, CPET testing and at our ITU/anaesthetic high-risk surgical patient meeting, as required. They are entered into a multimodal pre-habilitation programme to ensure they are optimised for surgery. Emergency patients receive consultant surgeon and anaesthetist review for emergency surgery. Post operative care is overseen by daily consultant ward rounds with biweekly access to Healthcare of the Elderly review for emergency patients as per NELA guidelines.	No	No

	In view of the figures highlighted by the NBOCA data we will: • Continue to review referrals for high risk patients from other organisations to ensure carefully considered perioperative decision making within the region. • Review the use of colorectal stenting in the management of colonic cancer presenting as an emergency to ensure this management option is being used to best effect. • Continue to develop our pre-operative optimisation programme by regularly reviewing the outcomes of pre-habilitated patients. • Streamline referrals for CPET testing using frailty scoring and non-invasive physiological testing. • Ensure timely surgery on the emergency and elective pathways to minimise waits and any subsequent morbidity. • We will also review the use of adjuvant chemotherapy with NUH given the potential effect of this on 2 year mortality. According to NBOCA quarterly reports NUH has seen a reduction in patients with stage 3 colon cancer receiving adjuvant chemotherapy from 78% in Q1 2023 to 52% in Q1 2024. Although this was stable during the time period that the above 2 year survival data is taken from (Q2 2021 67% and Q1 2022 69%). This will be reviewed going forward to ensure access for all who may benefit.		
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NBOCA Performance Indicator 10

Adjusted 2-year survival rate after major resection (greater than two standard deviations from national average twice in two consecutive years)

NHS Provider	Provider Response to NBOCA Outlier Notification	Outlier 2024?	Outlier 2023?
South Tyneside and Sunderland NHS Foundation Trust	Thank you for giving us an opportunity to respond to your assessment that South Tyneside & Sunderland Trust has had an adjusted 2-year survival rate for patients who had major colorectal surgery, that was below the national average for two consecutive years. Having reviewed the data for 2-year survival following surgery performed in 2020/21 where our actual survival rate of 81.2% was reduced to 70.9% after adjustment, we consider that data quality issues affecting the provision of complete and accurate risk adjustment data led to our outlier status for this period. Review of the data for 2-year survival following surgery performed in 2021/22 identified an increase in 90-day mortality during this period. This has a significant effect on 2-year survival due to survival analysis being weighted against patients who survive for a shorter period of time. The data shows that patients requiring emergency surgery had a higher mortality rate than those having elective procedures (elective 90-day mortality = 3.3% while emergency 90-day mortality = 18.9%). The elective unadjusted 2-year survival was 83.8%, while the emergency 2-year survival was 62.2%. There is no clear identifiable reason for the increase in mortality seen, but this may have been related to the period of Covid and its after-effects on our patients, which were likely exacerbated by co-morbidities and underlying health inequalities. Ninety-day mortality following both elective and emergency procedures has shown a marked improvement in subsequent years, which should be reflected in an improved 2-year survival in due course. We have implemented a rolling review of individual 90-day mortality and 2-year survival outcomes for all colorectal surgeons within the Trust to maintain assurance that this is the case going forward. We note that our adjusted survival score following surgery performed in 2021/22 was lower than our actual score. Based on our patient population we would expect risk adjustment to increase our survival score rather than decrease it. As noted previously, we are aware of issues with the provision of risk adjustment data to the audit (performance status, emergency presentation and comorbidity data) which influence adjustment calculations, resulting in our patient population appearing to be fitter than they are. This data quality issue has contributed to our Trust's outlier position for 2-year survival following major resection in both 2020/21 and 2021/22.	Yes	No

	To support accurate recording of performance status we will include this as a mandatory field within the colorectal operation note and will work with our data collection and reporting system supplier to improve the completeness and accuracy of data submissions. Work is also being undertaken to improve the capture of co-morbidity data in our Patient Administration System. It is anticipated that these measures will improve risk adjustment in future audit years providing a more accurate assessment of our performance. A report on the NBOCA outcomes with trends will also be presented to the Trust Clinical Governance Steering Group that is chaired by the Medical Director and reports to the Patient Safety and Quality Committee, a Board sub-committee.		
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