

NBOCA has calculated that the United Lincolnshire Hospitals NHS Trust - Lincoln and Grantham adjusted 90-day postoperative mortality was 5.2% whereas the overall 90-day post-operative mortality was 1.9% across all patients (i.e. across all trusts and all surgeons). The chance of this difference occurring because of random variation is less than 1 in 1000.

NBOCAP identified 21 deaths out of 456 cases submitted who had a major resection at Lincoln and Grantham Hospital during the time period. Two case notes from the 2017 data period were unavailable at the time of the review. 19/21 cases have been reviewed. 1/19 case reported as notes missing limited data available.

1/18 (5.5%) case was recorded as palliative and 1/18 (5.5%) case was an emergency admission which had been recorded as an elective procedure to NBOCA.

1/18 (5.5%) had an ASA Grade 4 severe systemic disease that is a constant threat to life

7/19 cases relate to one Consultant, who has since retired from the Trust and has relinquished his registration with the General Medical Council. The remaining 12 cases are distributed between six other Consultants (4, 2, 2, 2, 1, 1)

Mortality review grading: 2/18 (11.1%) reported as Grade 2- suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death). These 2 cases should be reviewed at speciality governance and learning shared with the team.

Overall data quality for submissions to NBOCA is poor (range from 36% to 75%). There was no data validation of NBOCAP submissions and there has been variable case ascertainment and completeness of data

The United Lincolnshire Hospitals Trust Medical Examiners now screen 100% of all deaths and Medical Examiners escalate cases of concern for a structured judgement review

## RECOMMENDATIONS

Recommendation	Action	Person Responsible	Date Implementation
Colorectal teams to be made aware of the findings of the review	Report to be presented at the speciality governance meeting		April 2021
Report findings to be presented to the Clinical Effectiveness Group (CEG)	To be presented to CEG		April 2021
Improve data submissions to NBOCAP -	Discussed with the Clinical lead Surgery. Business case to be developed for a data clerk		May 2021
Consultants access to own data	Consultants must access their data to ensure it is complete via the NBOCAP – access is already in place	All consultants	In place
Medical Examiners Mortality Review	Escalate cases with concerns for Structured Judgement Review (SJT)		In place