West of Scotland Cancer Network
Head and Neck Cancer
Managed Clinical Network

Audit Report

Head and Neck Cancer Quality Performance Indicators

Clinical Audit Data:
01 April 2023 to 31 March 2024

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Head & Neck Cancer Data Overview

Patients diagnosed between April 2023 - March 2024

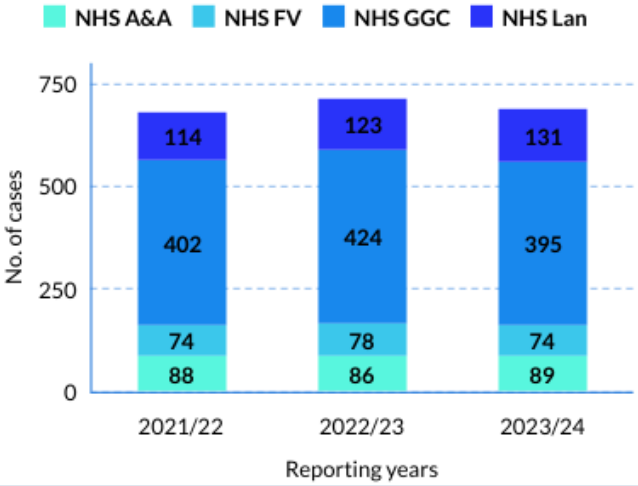
Number of cases diagnosed in WoS:	689
Number of new cases in Scotland (2021)*:	1400

*Source: PHS

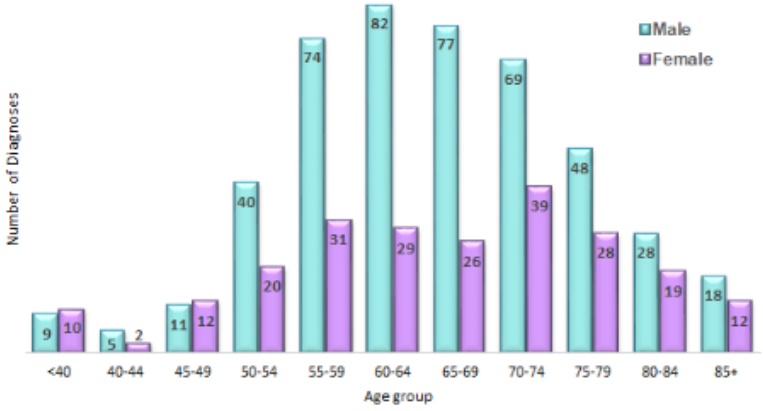
	Male	Female
1 year Net survival*:	75.9%	75.5%
5 year Net survival*:	55.2%	57.5%

*Net non-age standardised survival for patients diagnosed 2015-19 in Scotland

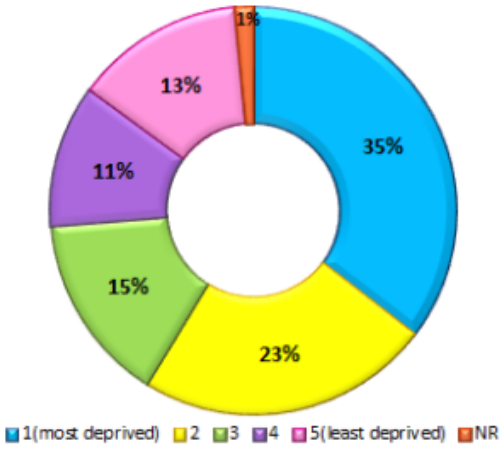
Number of cases



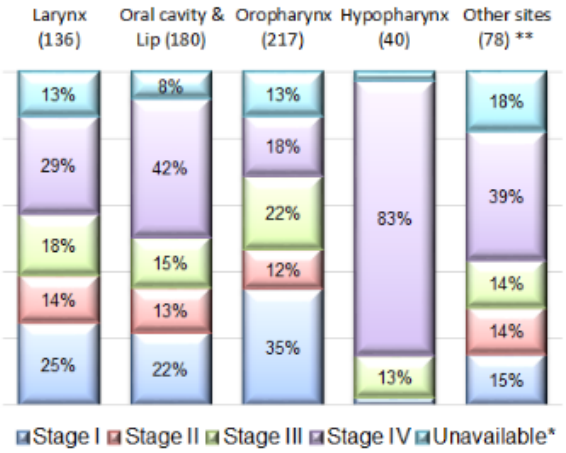
5-Year Age Distribution



SIMD



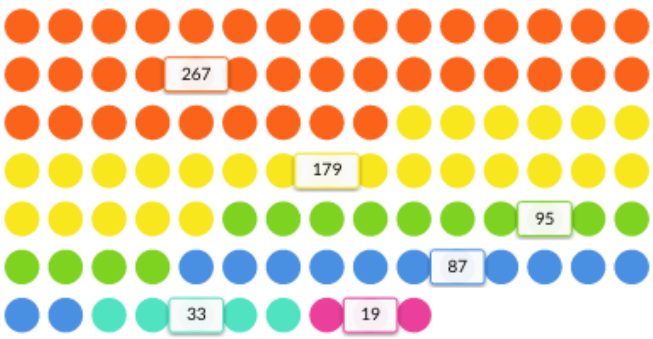
Stage



* Not recorded, Not applicable & Not assessable

** Nasopharynx, Accessory Sinuses, Salivary glands, and Nasal cavity & Middle ear

First Treatment Type



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) head and neck cancer services using clinical audit data relating to patients diagnosed with head and neck cancer in the twelve months between 1st April 2023 and 31st March 2024. Data were measured against v4.0 of the Head and Neck Cancer Quality Performance Indicators (QPIs) which were implemented for patients diagnosed on or after 01 April 2021.

Cancer audit has underpinned much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across the region. Following the development of QPIs, this has now become an established national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

The results presented in this report show that some QPI targets have been challenging for NHS Boards to achieve, and there is still room for further service improvement. However, it is encouraging that targets related to Multi-Disciplinary Team (MDT) discussion, imaging before initiation of treatment, oral and dental rehabilitation plan made jointly by consultants in Restorative Dentistry and the MDT, nutritional screening assessed by a specialist dietitian for high-risk head and neck cancer patients, reporting of PD-L1 combined proportion score (CPS) for decision-making, mortality following surgery, and chemoradiotherapy were met by all Boards. Additionally, QPI targets for clear surgical margins and mortality following radical radiotherapy were met regionally.

Where QPI targets were not met, all NHS Boards have provided detailed commentary. In the main these indicate valid clinical reasons or that in some cases co-morbidities have influenced patient management. Other factors such as documentation issues and radiology, dietetic and SLT resource capacity have impacted upon performance against some indicators. QPI 2 (i): Imaging, QPI 3: MDT discussion, QPI 5(i): Oral and dental rehabilitation plan, QPI 6(ii): Nutritional screening, QPI 11: 30/90-Day Mortality following surgery and chemoradiotherapy, and QPI 15: PD-L1 combined proportion Score (CPS) for decision making were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

Following the latest formal review, QPI 3: MDT Discussion and QPI 4: Smoking Cessation have been archived for subsequent reporting years.

There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

Actions required:

QPI 2 (ii): Imaging

- NHSGGC to review local processes to identify opportunities to streamline the radiology reporting process.
- NHS Ayrshire & Arran to explore the potential for dedicated CT slots for head and neck cancer to improve overall pathway timelines and identify opportunities to streamline radiology reporting.

QPI 5: Oral Assessment

- NHSGGC to review cases not meeting the QPI criteria and provide detailed reasons for non-compliant cases not receiving appropriate referral, and for those where restorative dentistry assessment was carried out after initiation of treatment

QPI 7: Specialist Speech and Language Therapist Access

- NHS Lanarkshire SLT Team to liaise with NHSGGC CNS to implement a robust system to ensure all relevant patients are flagged to the Lanarkshire team in a timely manner.

QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy

- MCN to explore pathology requirements in peripheral Boards to ensure all Boards have access to appropriate equipment to minimise delays in processing laryngectomy samples.

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards.

Completed Action Plans should be returned to WoSCAN in a timely manner to facilitate further scrutiny at a regional level and to allow co-ordinated regional action where appropriate.

Summary of Head and Neck QPI Results

Key	
	Above QPI target
	Below QPI target
-	Indicates data based on less than 5 patients
	Indicates no comparable measure for previous years

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1 – Pathological Diagnosis of Head and Neck Cancer: Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	**95%**	2023-24	**98%** (86/88)	**97%** (71/73)	**94%** (356/380)	**92%** (119/129)	**94%** (632/670)
		2022-23	98%	93%	93%	96%	94%
		2021-22	96%	96%	93%	97%	95%
QPI 2(i) – Imaging Proportion of patients with head and neck cancer who undergo CT/ MRI of the primary site, draining lymph nodes with CT of the chest before the initiation of treatment.	**95%**	2023-24	**98%** (80/82)	**96%** (67/70)	**99%** (325/330)	**100%** (111/111)	**98%** (583/593)
		2022-23	95%	96%	98%	99%	97%
		2021-22	99%	94%	98%	99%	98%
QPI 2(ii) – Imaging Proportion of patients with head and neck cancer who undergo CT/ MRI of the primary site, draining lymph nodes with CT of the chest before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.	**95%**	2023-24	**91%** (73/80)	**100%** (67/67)	**90%** (291/325)	**94%** (104/111)	**92%** (535/53)
		2022-23	96%	94%	87%	88%	89%
		2021-22	92%	97%	94%	81%	92%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 3 – Multi-Disciplinary Team Meeting (MDT): Proportion of patients with head and neck cancer who are discussed at MDT meeting before definitive treatment.	**95%**	2023-24	**100%** (82/82)	**100%** (71/71)	**99%** (338/341)	**98%** (109/111)	**99%** (600/605)
		2022-23	99%	99%	98%	100%	98%
		2021-22	96%	100%	99%	100%	99%
QPI 4 – Smoking Cessation: Proportion of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.	**95%**	2023-24	**92%** (11/12)	**89%** (16/18)	**81%** (91/112)	**39%** (13/33)	**75%** (131/175)
		2022-23	100%	85%	75%	53%	73%
		2021-22	96%	95%	78%	45%	77%
QPI 5(i) – Oral and Dental Rehabilitation Plan: Proportion of patients with head and neck cancer undergoing active treatment in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.	**95%**	2023-24	**97%** (56/58)	**98%** (43/44)	**96%** (250/261)	**100%** (88/88)	**97%** (437/451)
		2022-23	95%	88%	89%	100%	92%
		2021-22	100%	98%	97%	100%	98%
QPI 5(ii) – Oral and Dental Rehabilitation Plan: Proportion of patients with head and neck cancer deemed in need of an oral and dental rehabilitation plan who have an assessment before initiation of treatment.	**95%**	2023-24	**98%** (41/42)	**96%** (23/24)	**85%** (134/158)	**100%** (39/39)	**90%** (237/263)
		2022-23	98%	96%	84%	100%	89%
		2021-22	97%	87%	88%	93%	89%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 6 (i) – Nutritional Screening: Proportion of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	**95%**	2023-24	**84%** (75/89)	**97%** (72/74)	**79%** (312/395)	**74%** (97/131)	**81%** (556/689)
		2022-23	91%	87%	86%	81%	86%
		2021-22	87%	96%	92%	89%	91%
QPI 6 (ii) – Nutritional Screening: Proportion of patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian.	**90%**	2023-24	-	**100%** (16/16)	**92%** (55/60)	**100%** (34/34)	**96%** (106/111)
		2022-23	33%	86%	85%	77%	81%
		2021-22	50%	94%	94%	89%	91%
QPI 6 (iii) – Nutritional Screening: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.	**90%**	2023-24	**94%** (49/52)	**90%** (37/41)	**71%** (162/228)	**78%** (59/76)	**77%** (307/397)
		2022-23	85%	85%	74%	85%	79%
		2021-22	85%	88%	79%	77%	81%
QPI 7 -Specialist Speech and Language Therapist Access: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.	**90%**	2023-24	**77%** (33/43)	**78%** (28/36)	**61%** (138/225)	**84%** (64/76)	**69%** (263/380)
		2022-23	77%	86%	52%	91%	66%
		2021-22	71%	33%	53%	91%	58%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
***QPI 8 – Surgical Margins:** Proportion of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with final excision margins of less than 1mm after open surgical resection with curative intent.	**<10%**	2023-24	**13%** (1/8)	**-**	**4%** (7/161)	**3%** (1/34)	**4%** (9/205)
		2022-23	13%	0%	7%	10%	7%
		2021-22	8%	0%	7%	7%	7%
***QPI 11 – 30 Day Mortality – Surgery:** Proportion of patients with head and neck cancer who die within 30-days of curative surgical treatment.	**< 5%**	2023-24	**0%** (0/14)	**0%** (0/5)	**0.5%** (1/222)	**0%** (0/52)	**0.3%** (1/293)
		2022-23	0%	-	0%	0%	0%
		2021-22	0%	0%	1%	0%	1%
***QPI 11 – 90 Day Mortality – Surgery:** Proportion of patients with head and neck cancer who die within 90-days of curative surgical treatment.	**< 5%**	2023-24	**0%** (0/13)	**0%** (0/5)	**1%** (2/222)	**2%** (1/52)	**1%** (3/292)
		2022-23	0%	-	1%	2%	1%
		2021-22	0%	11%	2%	2%	2%
QPI 11 – 30 Day Mortality – Radical Radiotherapy: Proportion of patients with head and neck cancer who die within 30-days of radical radiotherapy.	**< 5%**	2023-24	**0%** (0/15)	**0%** (0/10)	**2%** (1/52)	**0%** (0/18)	**1%** (1/95)
		2022-23	0%	0%	2%	0%	1%
		2021-22	0%	0%	0%	0%	0%

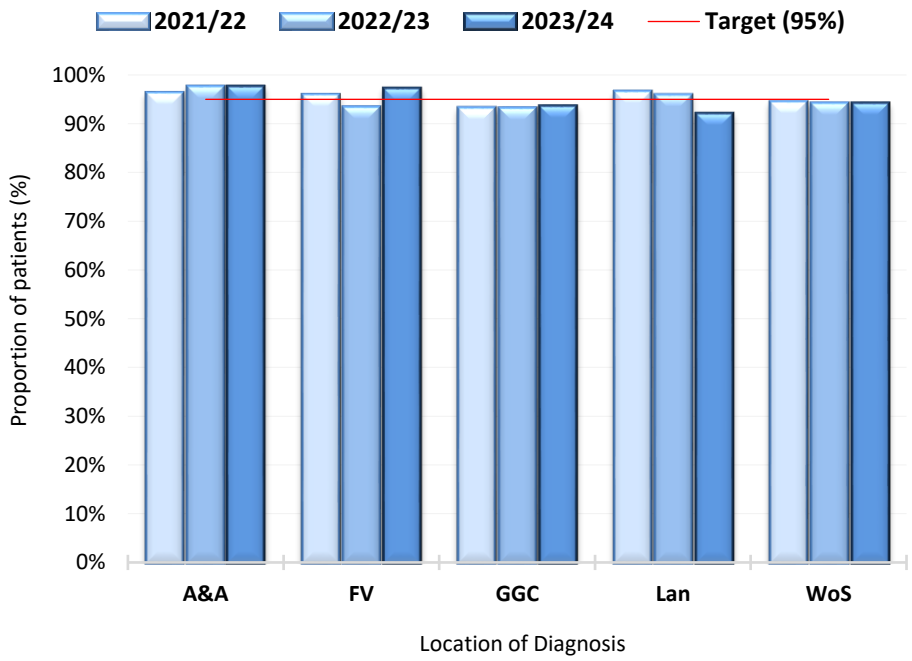
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 11 – 90 Day Mortality – Radical Radiotherapy: Proportion of patients with head and neck cancer who die within 90-days of radical radiotherapy.	**< 5%**	2023-24	**13%** (2/15)	**0%** (0/8)	**2%** (1/52)	**0%** (0/17)	**3%** (3/92)
		2022-23	0%	0%	2%	0%	1%
		2021-22	0%	0%	0%	0%	0%
QPI 11 – 30 Day Mortality – Chemoradiotherapy: Proportion of patients with head and neck cancer who die within 30-days of chemoradiotherapy.	**< 5%**	2023-24	**0%** (0/17)	**0%** (0/12)	**0%** (0/46)	**0%** (0/23)	**0%** (0/98)
		2022-23	0%	0%	0%	0%	0%
		2021-22	0%	0%	2%	0%	1%
QPI 11 – 90 Day Mortality – Chemoradiotherapy: Proportion of patients with head and neck cancer who die within 90-days of chemoradiotherapy.	**< 5%**	2023-24	**0%** (0/17)	**0%** (0/12)	**2%** (1/43)	**4%** (1/23)	**2%** (2/95)
		2022-23	0%	0%	2%	0%	1%
		2021-22	-	0%	2%	0%	1%
QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy: Proportion of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy and commence this within 7 weeks of definitive surgical resection.	**50%**	2023-24	**60%** (3/5)	**40%** (2/5)	**53%** (18/34)	**8%** (1/13)	**42%** (24/57)
		2022-23	**-**	50%	47%	8%	38%
		2021-22	-	20%	38%	33%	37%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making: Proportion of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request.	**75%**	2023-24	**-**	**-**	**100%** (11/11)	**-**	**100%** (20/20)
		2022-23	60%	-	81%	100%	77%
		2021-22	-	-	95%	-	88%

(*) Analysed by Board/Hospital of surgery.

QPI 1: Pathological Diagnosis

QPI 1 Title:	Patients with head and neck cancer should have a cytological or histological diagnosis before treatment.
Numerator:	Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.
Denominator:	All patients with head and neck cancer.
Exclusions:	•Patients who died before treatment, • Patients who decline treatment.
Target:	**95%**



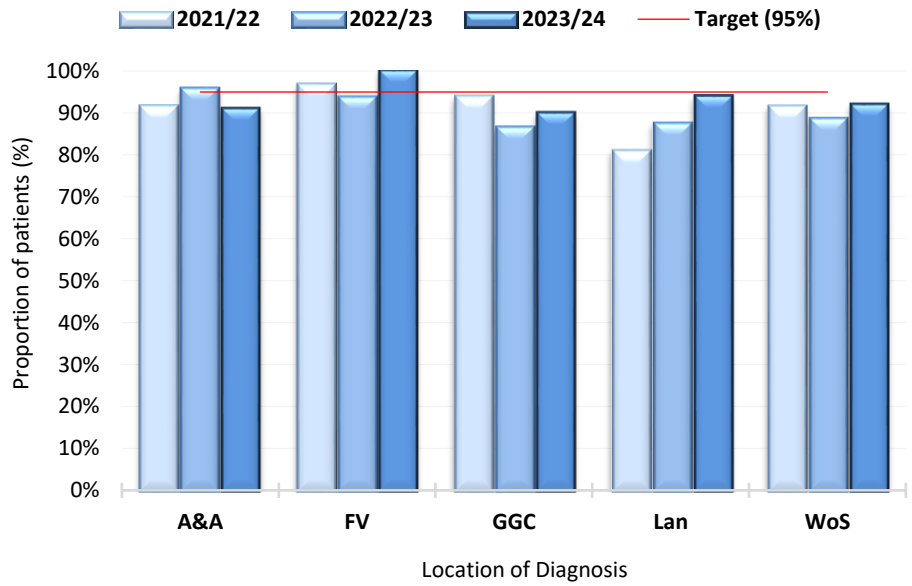
	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	98%	86	88
FV	97%	71	73
GGC	94%	356	380
Lan	92%	119	129
WoS	**94%**	**632**	**670**

Overall in the WoS 94% of patients had a histological or cytological diagnosis prior to treatment, slightly below the 95% target.

NHS Forth Valley, NHSGGC, and NHS Lanarkshire highlighted that the majority of non-compliant cases involved patients receiving supportive care and deemed unfit for biopsy due to co-morbidities. NHSGGC suggested potentially extending exclusions for this QPI if patient fitness continues to impact on performance against this measure.

QPI 2: Imaging

QPI 2 Title:	Patients with head and neck cancer should undergo computerised tomography (CT) and/or magnetic resonance imaging (MRI) of the primary site and draining lymph nodes with CT of the chest to determine the extent of disease and guide treatment decision making.
Specification (ii)	Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.
Numerator (ii):	Number of patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.
Denominator (ii):	All patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment.
Exclusions:	• Patients who undergo diagnostic excision biopsy as the definitive surgery, • Patients who died before treatment, • Patients who decline treatment.
Target:	**95%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	91%	73	80
FV	100%	67	67
GGC	90%	291	325
Lan	94%	104	111
WoS	**92%**	**535**	**583**

Ongoing radiology resource issues across the region have impacted upon performance against this QPI in recent years, an issue which is not limited to head and neck cancer.

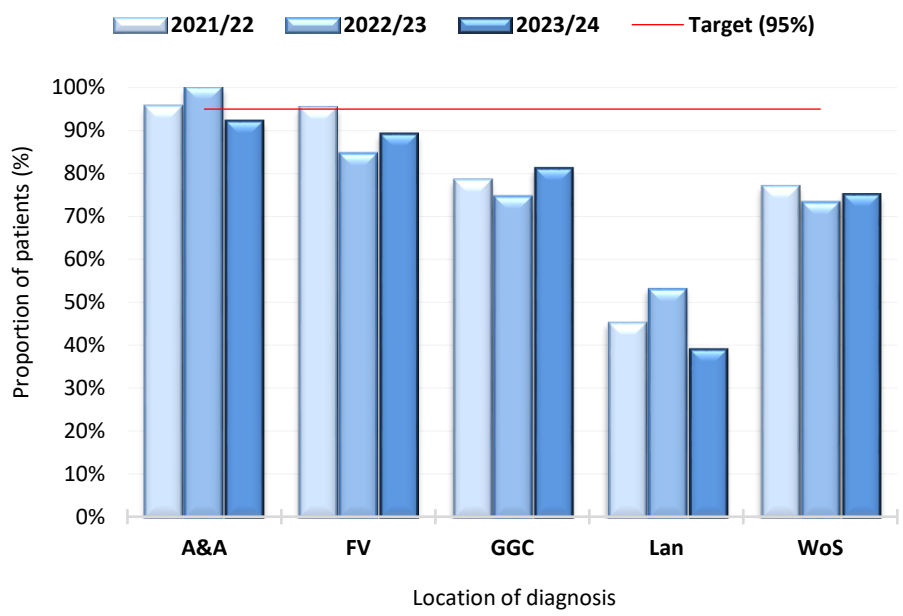
Improvements in performance over three years in NHS Lanarkshire have been attributed to the appointment of radiology trackers to expedite imaging and reduce reporting delays, whilst the implementation of a same day CT and a one stop clinic in NHSGGC has reduced the Board pathway by one week. However NHSGGC acknowledge that further work is required to improve reporting timelines. Dedicated CT slots for head and neck cancer appear to have had a positive impact on pathways in NHSGGC, Lanarkshire and Forth Valley however NHS Ayrshire & Arran do not have expedited scans for head and neck cancer.

Actions:

- NHSGGC to review local processes to identify opportunities to streamline the radiology reporting process.
- NHS Ayrshire & Arran to explore the potential for dedicated CT slots for head and neck cancer to improve overall pathway timelines and identify opportunities to streamline radiology reporting.

QPI 4: Smoking Cessation

QPI 4 Title:	Patients with head and neck cancer who smoke should be offered referral to smoking cessation before first treatment.
Numerator:	Number of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.
Denominator:	All patients with head and neck cancer who smoke.
Exclusions:	• Patients undergoing supportive care only.
Target:	**95%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	92%	11	12
FV	89%	16	18
GGC	81%	91	112
Lan	39%	13	33
WoS	**75%**	**131**	**175**

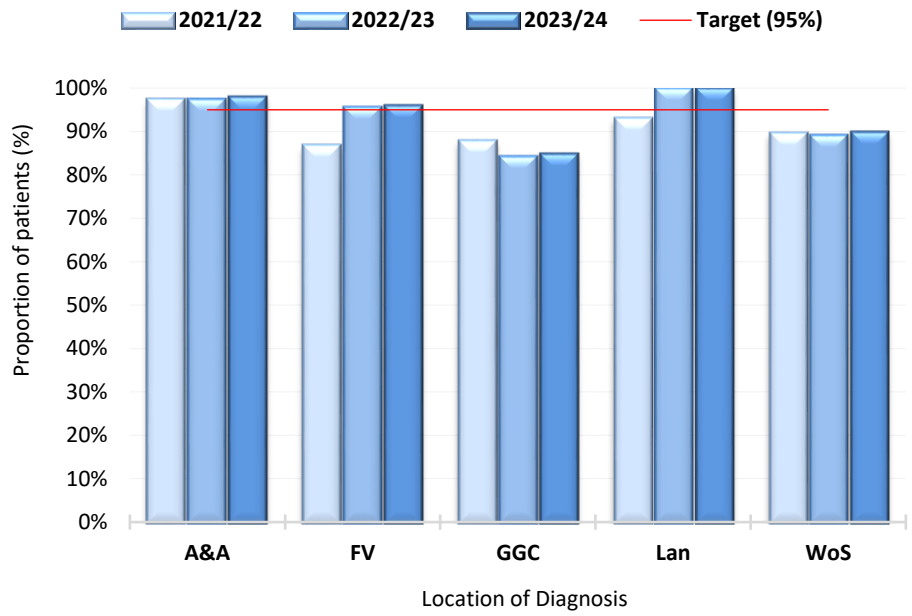
Across the WoS, 75% of head and neck cancer patients who smoke were offered a referral to smoking cessation services prior to their first treatment, falling short of the QPI target of 95%.

NHS Ayrshire & Arran and NHS Forth Valley highlighted that a small number of cases undergoing palliative treatment were not offered a referral to smoking cessation. Documentation of referrals remains an issue in NHS Forth Valley and Lanarkshire however it is anticipated that a new e-form will improve documentation in Forth Valley.

Following the most recent formal review, this QPI has been archived for subsequent reporting years, due to ongoing challenges in capturing the necessary data to accurately assess access to this important service. Despite difficulty in administratively demonstrating referral to smoking cessation services, there is a general consensus amongst clinical staff that patients are frequently offered referral to smoking cessation, but prefer to stop smoking using willpower alone, therefore not utilising the service. Boards will continue to refer patients where appropriate and counsel patients regarding smoking.

QPI 5: Oral Assessment

QPI 5 Title:	Patients whose head and neck cancer treatment may affect oral and dental appearance and function should have an assessment co-ordinated by a Consultant in Restorative Dentistry before initiation of treatment.
Specification (ii)	Patients who require pre-treatment assessment that have this carried out before initiation of treatment.
Numerator (ii):	Number of patients with head and neck cancer undergoing treatment with curative intent who are identified by the Restorative Consultant and the MDT as requiring pre-treatment assessment that have assessment carried out before initiation of treatment.
Denominator (ii):	All patients with head and neck cancer undergoing treatment with curative intent who are identified by the Restorative Consultant and the MDT as requiring pre-treatment assessment.
Exclusions:	• No exclusions.
Target:	**95%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	98%	41	42
FV	96%	23	24
GGC	85%	134	158
Lan	100%	39	39
WoS	**90%**	**237**	**263**

Among the 263 patients identified as requiring pre-treatment assessment, 90% (237) completed the assessment prior to starting treatment. All Boards, except NHSGGC, met the 95% target.

NHSGGC highlighted that it is common for head and neck cancer patients to be discussed at several MDTs and that for some patients it is agreed at a pre surgical MDT that a dental assessment may be required, however the final decision will be made after surgery and before commencement of radiotherapy. Therefore, the first MDT record may state that an oral assessment is not required at that time, however a subsequent (post-surgical) MDT may document that a dental assessment is required ahead of adjuvant radiotherapy.

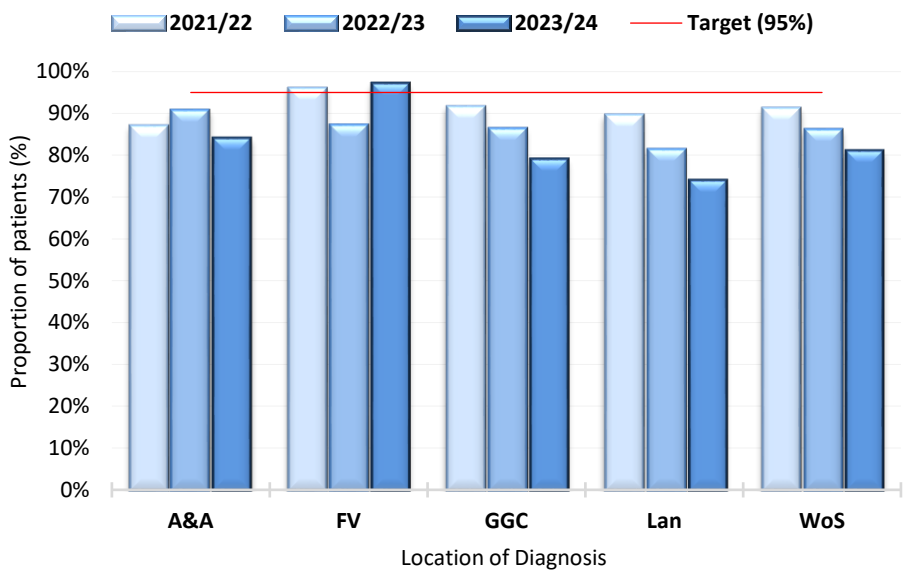
Clarification was sought from audit staff across the WoS which confirmed that data is being collected consistently across the region, and in line with the spirit of the QPI. However there was agreement that clarification within the data definitions would be welcomed to ensure consistent data recording.

Action:

- NHSGGC to review cases not meeting the QPI criteria and provide detailed reasons for non-compliant cases not receiving appropriate referral, and for those where restorative dentistry assessment was carried out after initiation of treatment.

QPI 6: Nutritional Screening

QPI 6 Title:	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
Specification (i):	Patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment
Numerator (i):	Number of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.
Denominator (i):	All patients with head and neck cancer.
Exclusions:	● No exclusions.
Target:	**95%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	84%	75	89
FV	97%	72	74
GGC	79%	312	395
Lan	74%	97	131
WoS	**81%**	**556**	**689**

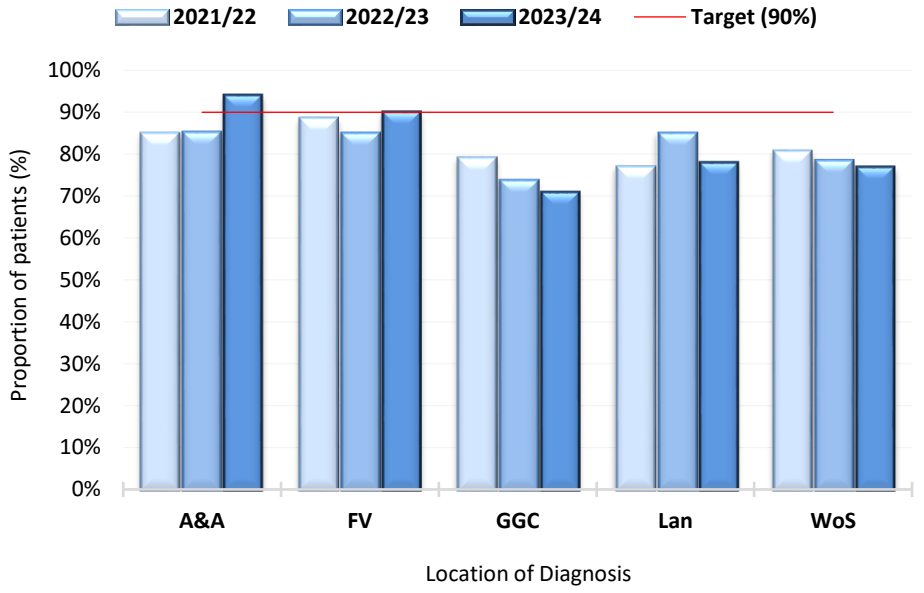
Overall performance in the WoS has been declining, with 81% of head and neck cancer patients receiving MUST nutritional screening before their first treatment, which is below the 95% QPI target.

Boards commented that the majority of cases not meeting the target were due to data recording challenges and incomplete MUST score documentation, which has been a recurring theme in previous years. NHSGGC highlighted a particular issue capturing appropriate data for GGC diagnosed patients residing outwith GGC but having dietetic intervention in their home Board.

Improvements are anticipated in all Boards with the implementation of the new MDT system. Actions recently implemented in NHS Lanarkshire to improve compliance include capturing MUST score at initial appointment and the MDT Coordinator prompting discussion at MDT.

MUST score is a mandatory field on the new regional MDT system. MCN review of MDT system data from April 24 to February 25 shows improvements in data capture with very few cases without MUST score recorded from August 24 onwards, therefore improvements in QPI performance are anticipated in the next round of reporting (Apr 24-Mar 25 cohort).

QPI 6 Title:	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
Specification (iii):	Patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
Numerator (iii):	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
Denominator (iii):	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
Exclusions:	• No exclusions.
Target:	**90%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	94%	49	52
FV	90%	37	41
GGC	71%	162	228
Lan	78%	59	76
WoS	**77%**	**307**	**397**

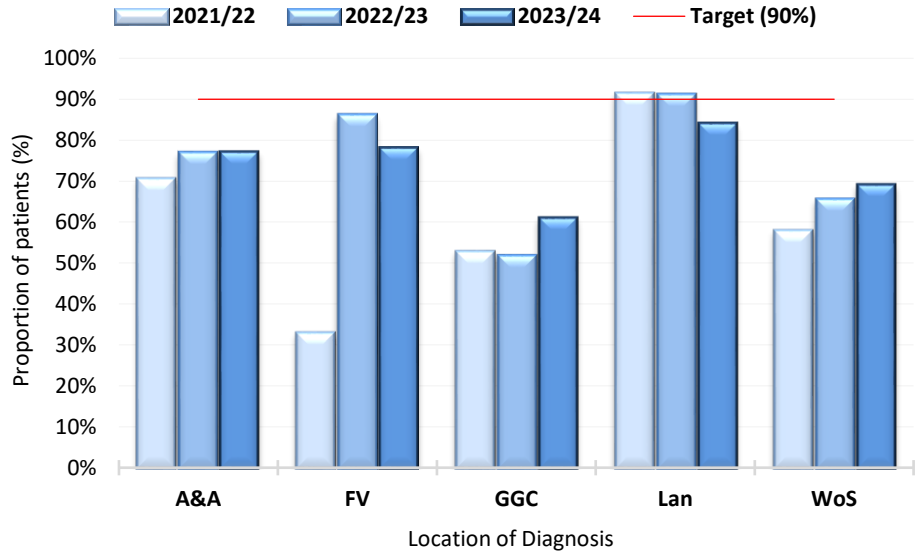
Across the WoS, 77% of oral, pharyngeal, or laryngeal cancer patients receiving curative treatment were assessed by a specialist dietitian, falling short of the QPI target of 90%.

Similarly to part (i), documentation and data capture issues were flagged as contributing to the non-compliance with this indicator. NHS Forth Valley commented that a small number of patients were not seen by dietetics due to treatment changes, post-surgery MDT delays, or patient refusal/non-response. Additionally, NHS Lanarkshire and NHSGGC highlighted that not every patient requires a dietetic assessment, as in many cases patients have a MUST score of 0, or are fit and undergoing less invasive treatments (for example laser treatment) which are less likely to affect their nutritional status.

It is reassuring that all Boards achieved the 90% target for QPI 6(ii) which requires those patients that are most nutritionally deplete (MUST score of 2 or above) to be assessed by a specialist dietitian. NHS Ayrshire & Arran, NHS Lanarkshire and NHS Forth Valley achieved 100% for this indicator and NHSGGC achieved 92%, providing assurance that resource is being targeted towards those most in need of nutritional support.

QPI 7: Specialist Speech and Language Therapist Access

QPI 7 Title:	Patients with oral, pharyngeal or laryngeal cancer should be seen by a Specialist Speech and Language Therapist (SLT) before treatment to assess voice, speech and swallowing.
Numerator:	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.
Denominator:	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
Exclusions:	• Patients who refuse assessment.
Target:	**90%**



	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	77%	33	43
FV	78%	28	36
GGC	61%	138	225
Lan	84%	64	76
WoS	**69%**	**263**	**380**

Overall in the WoS, 69% of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent were reviewed by a Speech and Language Therapist (SLT) before treatment – significantly lower than the target of 90%.

Declining SLT resource has impacted on performance across the region, and NHS Forth Valley highlighted that performance is expected to decline further due to departmental changes and limited SLT contact pre-treatment.

NHS Ayrshire & Arran noted that the Board is currently participating in a national pre-habilitation pilot involving a multimodal screening tool which screens for physical, nutritional and psychological support needs. The Board anticipates that data from the pilot will help to develop a business case for funding to support improvement in this area. NHS Lanarkshire noted that 6 patients were oral cancer cases diagnosed incidentally within Lanarkshire, then referred to NHSGGC OMFS, and the Lanarkshire SLT team were therefore not aware of these cases. The remaining 6 patients were diagnosed at treatment and were therefore seen post treatment.

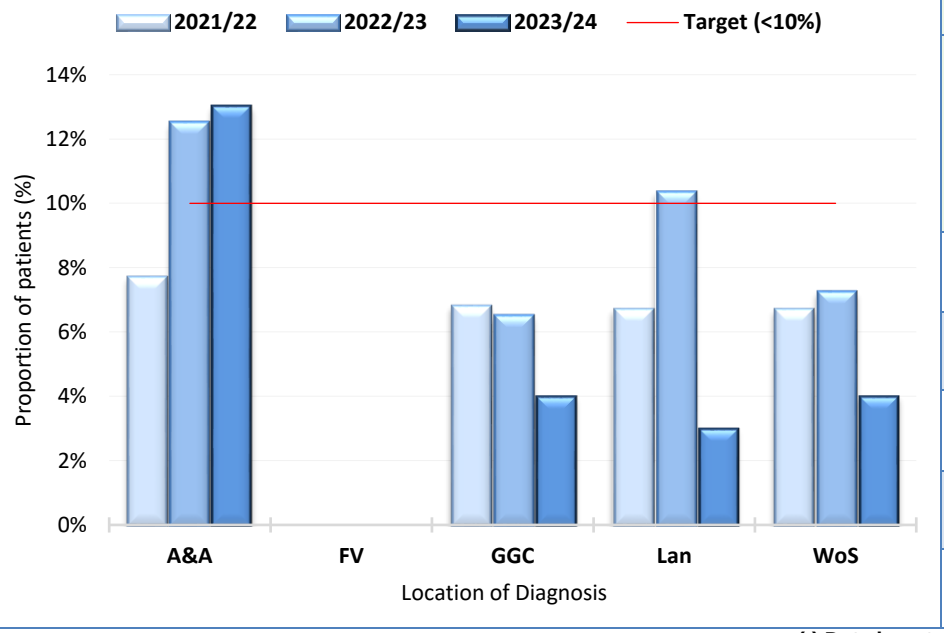
It is evident from Board feedback that effort is required to identify all relevant patients for referral, and to improve information sharing across teams, particularly for NHS Lanarkshire oral cancer patients diagnosed in Lanarkshire or NHSGGC, receiving treatment within NHSGGC as the pathways are complex for this particular group.

Action:

- NHS Lanarkshire SLT Team to liaise with NHSGGC CNS to implement a robust system to ensure all relevant patients are flagged to the Lanarkshire team in a timely manner.

QPI 8: Surgical Margins

QPI 8 Title:	Patients with head and neck cancer undergoing open surgical resection with curative intent should have their tumour adequately excised.
Numerator:	Number of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent with final excision margins of less than 1mm (on pathology report).
Denominator:	All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent.
Exclusions:	• Patients with naso-pharyngeal cancer, • Patients with posterior pharyngeal wall cancer.
Target:	**<10%**



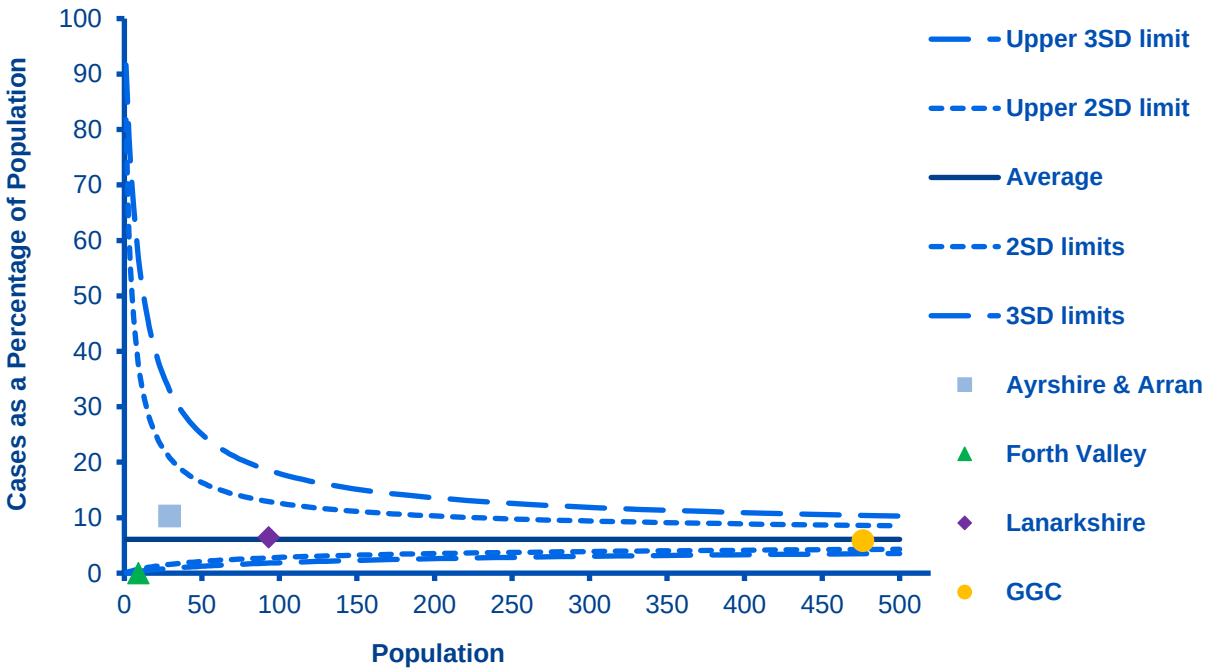
	2023/24		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	13%	1	8
FV	-	-	-
GGC	4%	7	161
Lan	3%	1	34
WoS	**4%**	**9**	**205**

(-) Data is not shown; Denominator less than 5.

Overall in the WoS the <10% target for QPI 8 was met, with 4% of cases showing final excision margins of less than 1mm on pathology report.

All Boards reviewed cases with positive surgical margins and provided feedback. NHS Ayrshire & Arran highlighted that low denominator numbers had impacted on compliance with this QPI. ENT patients in NHS Forth Valley were managed by the Lanarkshire clinical team during this audit period.

It is reassuring that when three years of aggregated data are charted in a funnel plot, all Boards are within the control limits.



The aggregated results illustrate that all the Boards are within the control limit.

QPI 11: 30 and 90 Day Mortality - Radical Radiotherapy

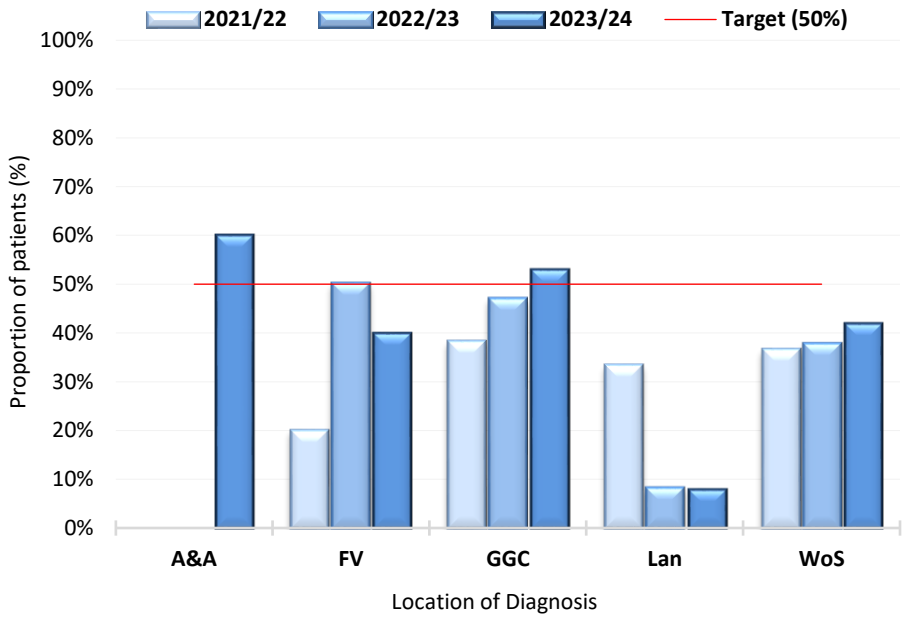
QPI 11 Title:	30 and 90 day mortality after curative treatment for head and neck cancer.
Numerator (ii):	Number of patients with head and neck cancer who undergo curative treatment who die within 30 or 90 days of treatment.
Denominator (ii):	All patients with head and neck cancer who undergo curative treatment. ii) Radical Radiotherapy
Exclusions:	• No exclusions.
Target:	**<5%**

Board / Area (2023-24)	30 Day mortality			90 Day mortality		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
A&A	0%	0	15	13%	2	15
FV	0%	0	10	0%	0	8
GGC	2%	1	52	2%	1	52
Lan	0%	0	18	0%	0	17
WoS	**1%**	**1**	**95**	**3%**	**3**	**92**

Across the WoS, there was 1 death within 30 days and 3 deaths within 90 days following radical radiotherapy in patients with head and neck cancer. These mortality rates of 1% and 3% for curative treatment are within the QPI target of under 5%. When three years of aggregated data was included within a funnel plot, all Boards were within the control limits.

QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy

QPI 14 Title:	Patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant treatment should commence this within 7 weeks of surgical resection.
Numerator:	Number of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy who commence this within 7 weeks of definitive surgical resection.
Denominator:	All patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo definitive surgical resection followed by adjuvant radiotherapy or chemoradiotherapy.
Exclusions:	• No exclusions.
Target:	**50%**



2023/24			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	60%	3	5
FV	40%	2	5
GGC	53%	18	34
Lan	8%	1	13
WoS	**42%**	**24**	**57**

(-) Data is not shown; denominator less than 5.

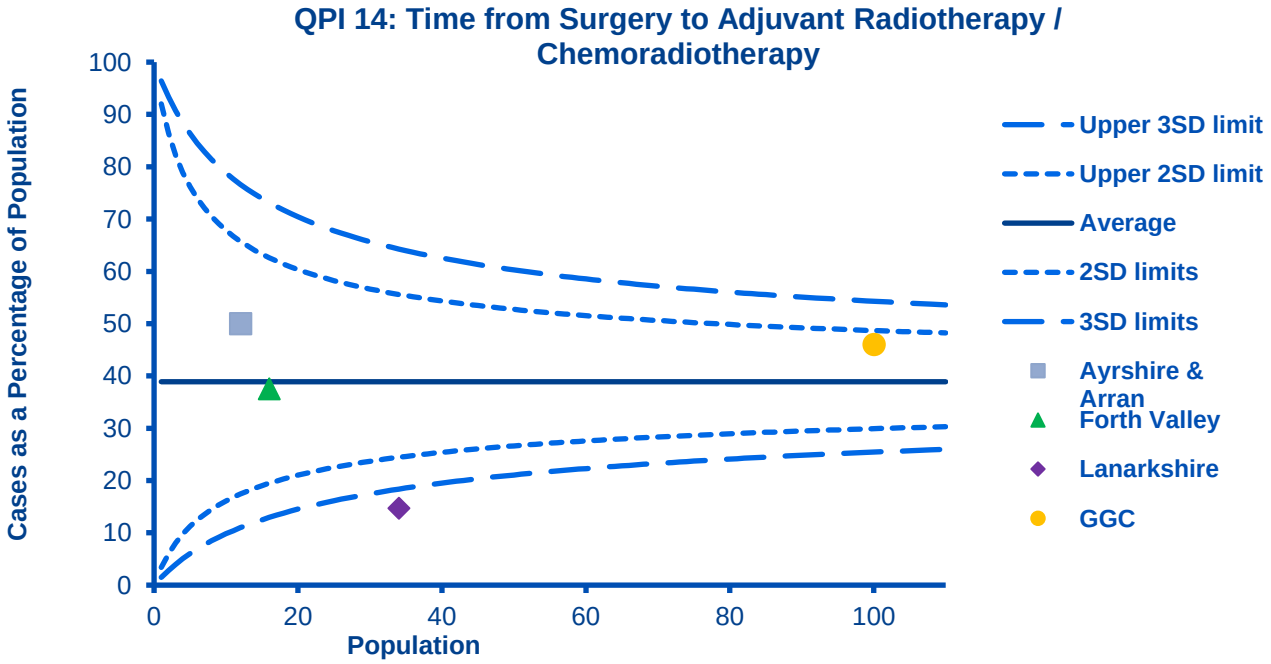
Overall in the WoS, 42% of patients with squamous cell carcinoma of the oral cavity, pharynx, or larynx who received adjuvant treatment began it within 7 weeks of definitive surgical resection, falling short of the 50% QPI target.

Small denominator numbers were observed in NHS Ayrshire & Arran and NHS Forth Valley, with Forth Valley noting that 3 patients missed the QPI target with delays of 11 and 13 days due to recovery time and imaging requirements, all of which were clinically justified.

NHS Lanarkshire noted that delays were attributed to factors such as post-operative recovery, pathology reporting (taking up to 20 days), and oncology capacity. Additionally, there can be a 4-week delay from oncology assessment to treatment commencement, which further impacts the timeline. Furthermore, discussion at the MCN education event in December 24 indicated that differences in the processing of pathology samples in NHS Lanarkshire (particularly for laryngectomy samples) resulted in longer timelines for pathological analysis and reporting in the Board.

A funnel plot was used to explore potential variance in performance over three years (April 2021-March 2024). All Boards with the exception of NHS Lanarkshire were within the control limits.

A retrospective audit was conducted in WoS for patients who had undergone head and neck cancer surgery and required adjuvant chemo/radiotherapy between 1st June and 31st May 2023. This was undertaken to explore potential delays in the pathway impacting upon timely adjuvant treatment. Multiple potential targets for future improvement in performance against QPI 14 were identified and the MCN will work with NHS Boards to take these forward in the coming year.



Action:

- MCN to explore pathology requirements in peripheral Boards to ensure all Boards have access to appropriate equipment to minimise delays in processing laryngectomy samples.

Appendix 1: Metadata

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Head and Neck Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 1st April 2023 - 31st March 2024</td></tr>
<tr><td>Data Source</td><td>Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.</td></tr>
<tr><td>QPI Version</td><td>Head and Neck Cancer QPIs v4.0 (November 21) Head and neck cancer clinical quality performance indicators: November 2021 – Healthcare Improvement Scotland</td></tr>
<tr><td>Data extraction date</td><td>08/10/2024</td></tr>
<tr><td>Data Quality</td><td>
<table>
<tr><th></th><th>Ayrshire & Arran</th><th>Forth Valley</th><th>GGC</th><th>Lanarkshire</th><th>WoS</th></tr>
<tr><td>2023/24 Audit</td><td>89</td><td>74</td><td>395</td><td>131</td><td>689</td></tr>
<tr><td>Cancer Reg 2018-22*</td><td>98</td><td>77</td><td>404</td><td>149</td><td>728</td></tr>
<tr><td>Case Ascertainment</td><td>90.8%</td><td>96.1%</td><td>97.8%</td><td>87.9%</td><td>94.6%</td></tr>
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