

**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 2024 to 31 March 2025**

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# Head & Neck Cancer Data Overview

Patients diagnosed between April 2024 - March 2025

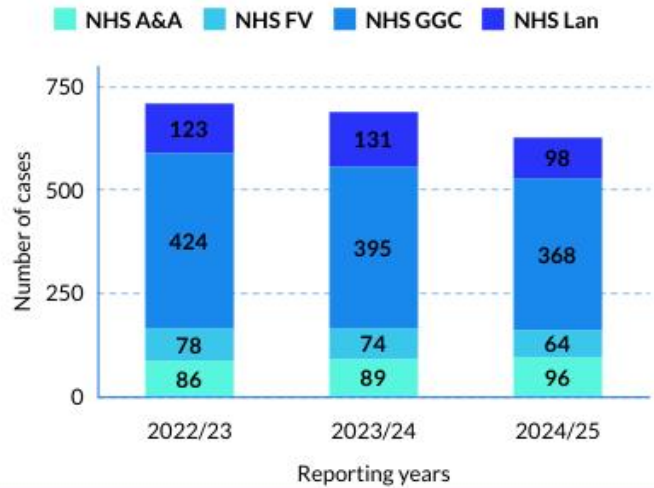
Number of cases diagnosed in WoS: **626**

Number of new cases in Scotland\*

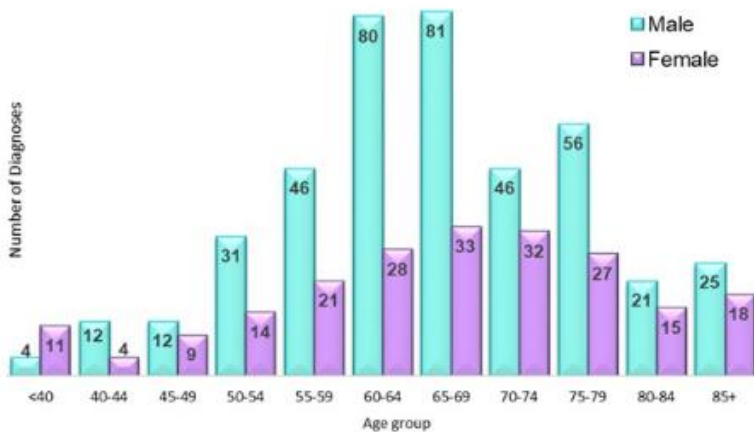
	Male	Female
2023-24:	887	434
2022-23:	887	423
2021-22:	864	401

\*Scottish Cancer Registry and Intelligence Service

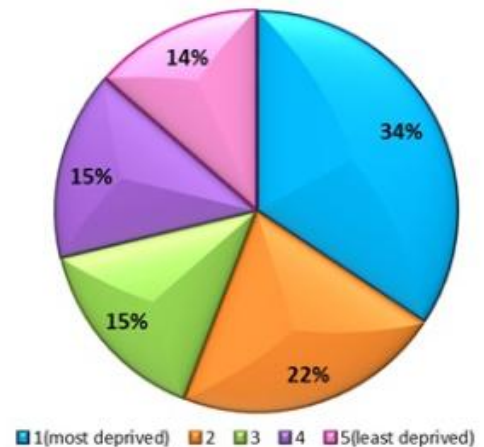
## Number of Cases Diagnosed



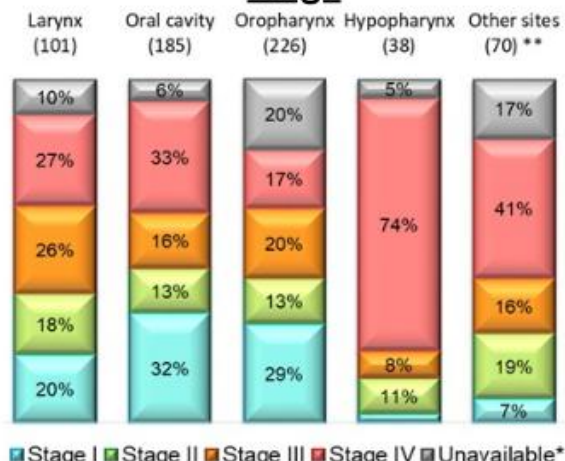
## 5-Year Age Distribution



## SIMD Quintile



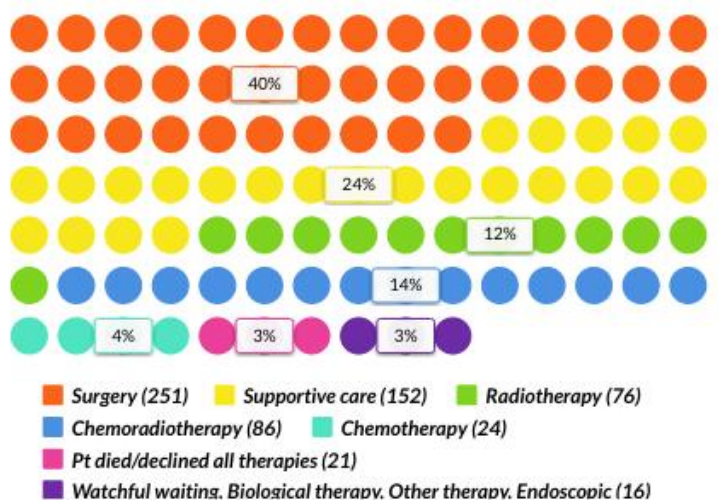
## Stage



\* 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 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025. Data were measured against V5.0 of the Head and Neck Cancer Quality Performance Indicators (QPIs) which were implemented for patients diagnosed on or after 01 April 2024.

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. Encouragingly, all Boards met the targets for imaging prior to initiation of treatment, the oral and dental rehabilitation plan agreed jointly by Restorative Dentistry consultants and the MDT, and 30 or 90-day mortality following radical radiotherapy and chemoradiotherapy. In addition, regional targets were achieved for pathological diagnosis, nutritional screening prior to first treatment, clear surgical margins, mortality following surgery, and PD-L1 CPS for decision making. Implementation of the new MDT system has improved nutritional screening processes and strengthened data capture.

Where QPIs have been met, they are shown in the Performance Summary and are not discussed further within the main body of the report. Where QPI targets have not been achieved, detailed commentary has been provided by each NHS Board. In the main, these indicate valid clinical reasons, or in some cases, co-morbidities influencing patient management. Other factors, such as documentation issues and radiology, dietetic and SLT resource capacity have impacted performance against some indicators. QPI 2(i): Imaging, QPI 5(i): Oral and dental rehabilitation plan, and QPI 11: 30/90-day mortality following radical radiotherapy and chemoradiotherapy were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

QPI 14: Time from surgery to adjuvant radiotherapy / chemoradiotherapy has not been reported this year due to a definitional change affecting the Date of Definitive Surgery data field, with full implementation expected by Year 12.

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 available radiology resources to ensure timely reporting of head and neck scans.

#### QPI 5(ii): Oral and Dental Rehabilitation Plan

- NHSGGC restorative dentistry consultants to arrange bookings from the MDT, rather than through administrative or CNS email processes.

#### QPI 6: Nutritional Screening

##### 6(i):

- NHSGGC to reinforce the whole-team responsibility for recording pre-treatment MUST scores to ensure appropriate triage and onward referral.

## **6(ii):**

- NHS Forth Valley to consider actions to improve clinic capacity to support timely assessment within the 14-day target.
- NHSGGC to ensure timely dietetic referral after MUST scoring and consistent use of the MDT system to record and share referral information where applicable.
- NHS Lanarkshire to continue timely referral and escalation of high-risk patients to ensure dietetic assessment within the 2-week target.

## **6 (ii) & (iii):**

- NHS Ayrshire & Arran dietetic team to establish clear process for documentation/tracking AHP appointments to ensure audit staff can identify appointments and collect necessary information to accurately measure this QPI.

## **QPI 7: Specialist Speech and Language Therapist Access**

- NHS Ayrshire & Arran SLT team to establish a clear process for documenting and tracking appointments to ensure audit staff can identify appointments, capture responses, and accurately measure this QPI.
- NHS Forth Valley to consider the current risk based triage process alongside a review of SLT capacity to identify opportunities to reduce pressure on specialist SLT staff and improve performance against this QPI.
- NHS Lanarkshire to share good practice points with other health boards.

## **QPI 8: Surgical Margins**

- NHS Ayrshire & Arran to feedback the outcome of the local review and any planned actions to the MCN.

## **QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making**

- NHS Ayrshire & Arran to review the local processes to identify the cause of the delays and to improve turnaround times going forward.

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
<b>QPI 1 – Pathological Diagnosis of Head and Neck Cancer:</b> Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	95%	2024-25	99% (91/92)	98% (62/63)	93% (329/355)	95% (90/95)	95% (572/605)
		2023-24	98%	97%	94%	92%	94%
		2022-23	98%	93%	93%	96%	94%
<b>QPI 2(i) – Imaging</b> 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%	2024-25	100% (90/90)	100% (61/61)	96% (317/329)	97% (92/95)	97% (560/575)
		2023-24	98%	96%	99%	100%	98%
		2022-23	95%	96%	98%	99%	97%
<b>QPI 2(ii) – Imaging</b> 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%	2024-25	98% (88/90)	98% (60/61)	88% (279/317)	95% (87/92)	92% (514/560)
		2023-24	91%	100%	90%	94%	92%
		2022-23	96%	94%	87%	88%	89%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
<b>QPI 5(i) – Oral and Dental Rehabilitation Plan:</b> 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%	2024-25	100% (70/70)	100% (39/39)	98% (237/242)	100% (66/66)	99% (412/417)
		2023-24	97%	98%	96%	100%	97%
		2022-23	95%	88%	89%	100%	92%
<b>QPI 5(ii) – Oral and Dental Rehabilitation Plan:</b> 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%	2024-25	98% (42/43)	100% (20/20)	80% (102/127)	100% (27/27)	88% (191/217)
		2023-24	98%	96%	85%	100%	90%
		2022-23	98%	96%	84%	100%	89%
<b>QPI 6 (i) – Nutritional Screening:</b> Proportion of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	95%	2024-25	98% (94/96)	98% (63/64)	94% (345/368)	98% (96/98)	96% (598/626)
		2023-24	84%	97%	79%	74%	81%
		2022-23	91%	87%	86%	81%	86%
<b>QPI 6 (ii) – Nutritional Screening:</b> 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 within 2 weeks of MUST screening.	90%	2024-25	0% (0/6)	64% (7/11)	76% (35/46)	60% (15/25)	65% (57/88)
		2023-24	-	100%	92%	100%	96%
		2022-23	33%	86%	85%	77%	81%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
<b>QPI 6 (iii) – Nutritional Screening:</b> Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.	90%	2024-25	87% (54/62)	97% (31/32)	70% (156/222)	92% (55/60)	79% (296/376)
		2023-24	94%	90%	71%	78%	77%
		2022-23	85%	85%	74%	85%	79%
<b>QPI 7 -Specialist Speech and Language Therapist Access:</b> Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen (in person or remotely) by a Specialist SLT before treatment.	90%	2024-25	69% (34/49)	17% (5/30)	57% (113/197)	97% (58/60)	63% (210/336)
		2023-24	77%	78%	61%	84%	69%
		2022-23	77%	86%	52%	91%	66%
<b>*QPI 8 – Surgical Margins:</b> 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%	2024-25	25% (2/8)	0% (0/5)	2.2% (3/138)	0% (0/25)	3% (5/176)
		2023-24	13%	-	4%	3%	4%
		2022-23	13%	0%	7%	10%	7%
<b>*QPI 11 – 30 Day Mortality – Surgery:</b> Proportion of patients with head and neck cancer who die within 30-days of curative surgical treatment.	< 5%	2024-25	0% (0/16)	0% (0/9)	0% (0/207)	3% (1/32)	0.4% (1/264)
		2023-24	0%	0%	0.5%	0%	0.3%
		2022-23	0%	-	0%	0%	0%

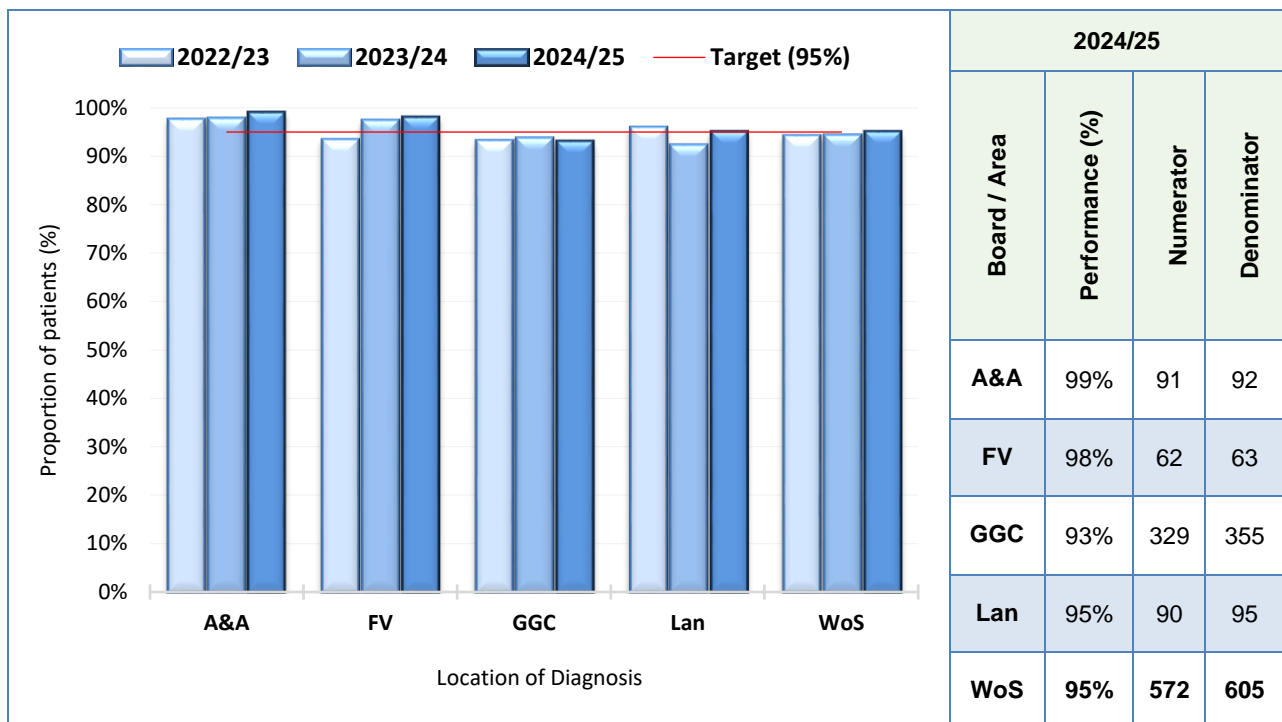
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
<b>*QPI 11 – 90 Day Mortality – Surgery:</b> Proportion of patients with head and neck cancer who die within 90-days of curative surgical treatment.	<b>&lt; 5%</b>	2024-25	<b>0%</b> (0/16)	<b>0%</b> (0/9)	<b>1%</b> (2/207)	<b>6%</b> (2/32)	<b>2%</b> (4/264)
		2023-24	0%	0%	1%	2%	1%
		2022-23	0%	-	1%	2%	1%
<b>QPI 11 – 30 Day Mortality – Radical Radiotherapy:</b> Proportion of patients with head and neck cancer who die within 30-days of radical radiotherapy.	<b>&lt; 5%</b>	2024-25	<b>0%</b> (0/11)	<b>0%</b> (0/8)	<b>0%</b> (0/40)	<b>0%</b> (0/12)	<b>0%</b> (0/71)
		2023-24	0%	0%	2%	0%	1%
		2022-23	0%	0%	2%	0%	1%
<b>QPI 11 – 90 Day Mortality – Radical Radiotherapy:</b> Proportion of patients with head and neck cancer who die within 90-days of radical radiotherapy.	<b>&lt; 5%</b>	2024-25	<b>0%</b> (0/11)	<b>0%</b> (0/8)	<b>0%</b> (0/40)	<b>0%</b> (0/12)	<b>0%</b> (0/71)
		2023-24	13%	0%	2%	0%	3%
		2022-23	0%	0%	2%	0%	1%
<b>QPI 11 – 30 Day Mortality – Chemoradiotherapy:</b> Proportion of patients with head and neck cancer who die within 30-days of chemoradiotherapy.	<b>&lt; 5%</b>	2024-25	<b>0%</b> (0/21)	<b>0%</b> (0/9)	<b>0%</b> (0/47)	<b>0%</b> (0/24)	<b>0%</b> (0/101)
		2023-24	0%	0%	0%	0%	0%
		2022-23	0%	0%	0%	0%	0%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	Lan	WoSCAN
<b>QPI 11 – 90 Day Mortality – Chemoradiotherapy:</b> Proportion of patients with head and neck cancer who die within 90-days of chemoradiotherapy.	<b>&lt; 5%</b>	2024-25	<b>0%</b> (0/20)	<b>0%</b> (0/8)	<b>2%</b> (1/47)	<b>0%</b> (0/24)	<b>1%</b> (1/99)
		2023-24	0%	0%	2%	4%	2%
		2022-23	0%	0%	2%	0%	1%
<b>QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making:</b> 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.	<b>75%</b>	2024-25	<b>40%</b> (2/5)	-	<b>100%</b> (13/13)	-	<b>83%</b> (20/24)
		2023-24	-	-	100%	-	100%
		2022-23	60%	-	81%	100%	77%

(\*) Analysed by Board/Hospital of surgery.

## QPI 1: Pathological Diagnosis

<b>QPI 1 Title:</b>	Patients with head and neck cancer should have a cytological or histological diagnosis before treatment.
<b>Numerator:</b>	Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.
<b>Denominator:</b>	All patients with head and neck cancer.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who died before treatment,</li> <li>• Patients who decline treatment.</li> </ul>
<b>Target:</b>	95%



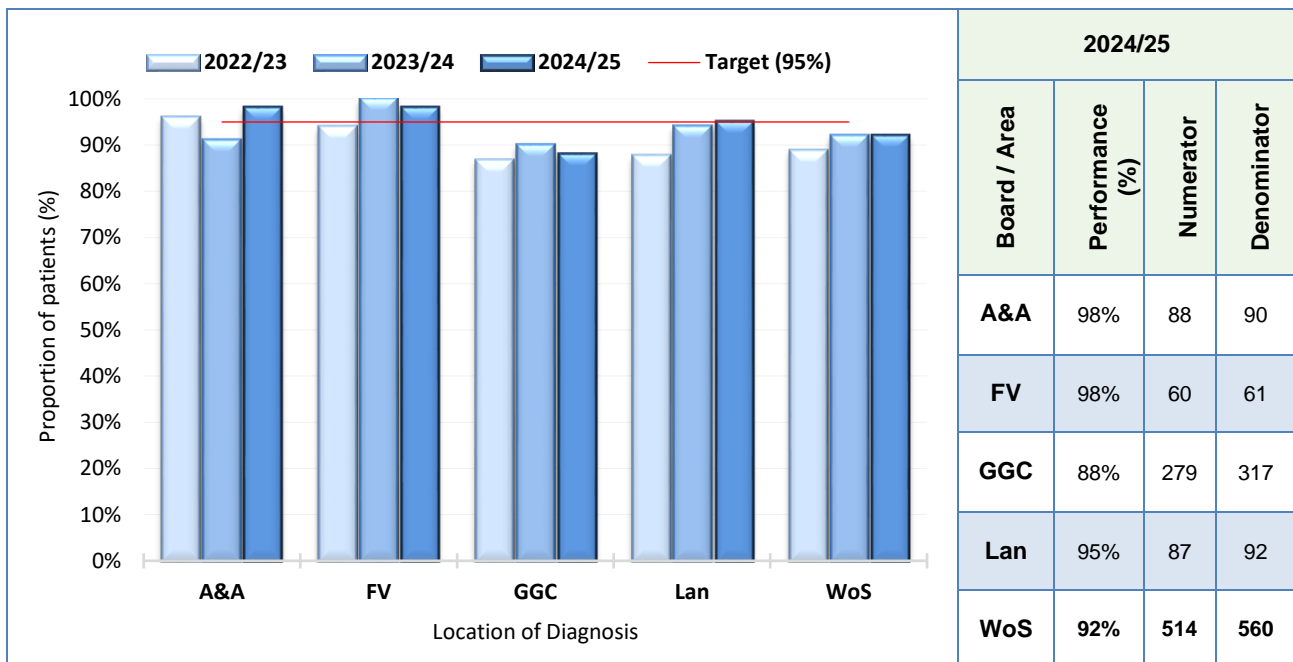
Overall in the WoS 95% of patients had a histological or cytological diagnosis prior to treatment, meeting the target.

Boards reviewed the cases and noted that patients who did not meet the QPI were primarily on best supportive care, either due to patient choice or clinical judgment.

NHSGGC commented that all patients not meeting the QPI were receiving supportive care, with most having had an initial biopsy attempt. Clinicians determined that further biopsy would not be in the patients' best interest, and although such cases are intended to fall within the 5% QPI tolerance, some time periods may exceed this tolerance.

## QPI 2: Imaging

<b>QPI 2 Title:</b>	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.
<b>Specification (ii)</b>	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.
<b>Numerator (ii):</b>	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.
<b>Denominator (ii):</b>	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.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who undergo diagnostic excision biopsy as the definitive surgery,</li> <li>• Patients who died before treatment,</li> <li>• Patients who decline treatment.</li> </ul>
<b>Target:</b>	<b>95%</b>



Overall, delays in scan reporting were mainly associated with outsourced or externally reported scans and radiology resource issues. Some cases that did not meet the two-week target were reported only a few days late, and boards reported ongoing actions and monitoring to improve compliance.

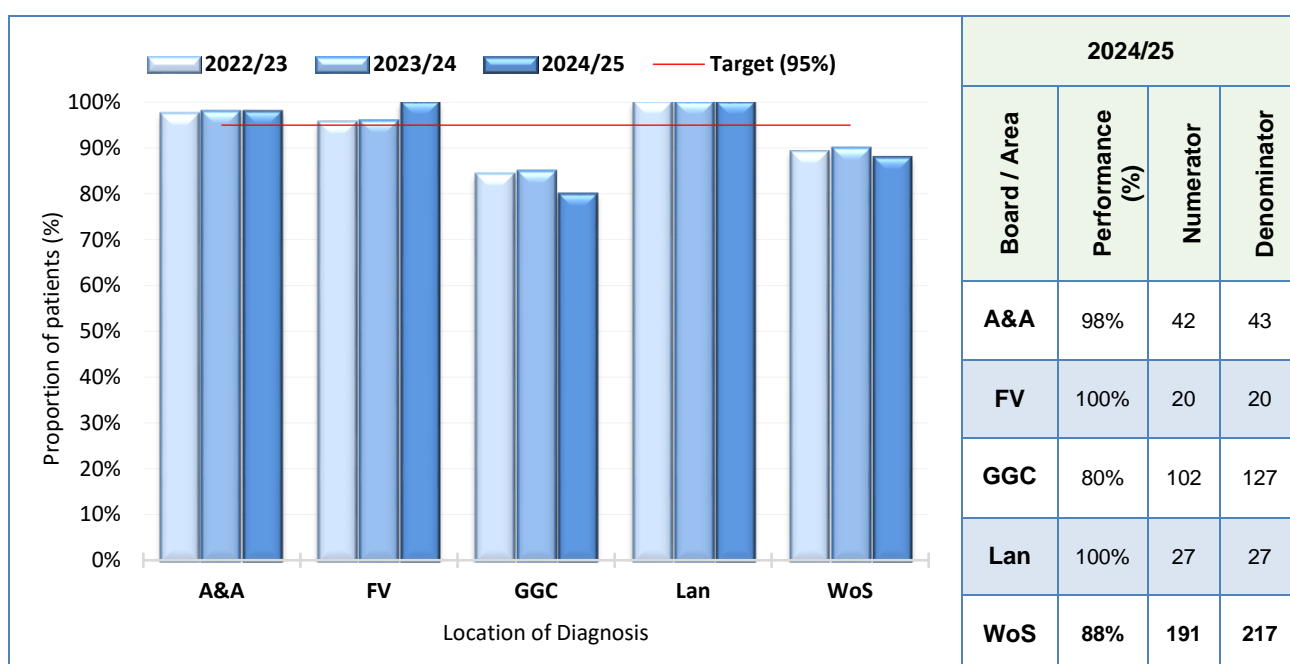
NHSGGC noted that a proportion of scans were not reported within the required timeframe, with 17 of 37 cases sent for external reporting, and highlighted the need to review available radiology resources to support timely head and neck scan reporting.

### Action:

- NHSGGC to review available radiology resources to ensure timely reporting of head and neck scans.

## QPI 5: Oral Assessment

<b>QPI 5 Title:</b>	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.
<b>Specification (ii)</b>	Patients who require pre-treatment assessment that have this carried out before initiation of treatment.
<b>Numerator (ii):</b>	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.
<b>Denominator (ii):</b>	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.
<b>Exclusions:</b>	• No exclusions.
<b>Target:</b>	95%



Among the 217 patients identified as requiring pre-treatment assessment, 88% (191) completed the assessment prior to starting treatment. All Boards, except NHSGGC, met the 95% target.

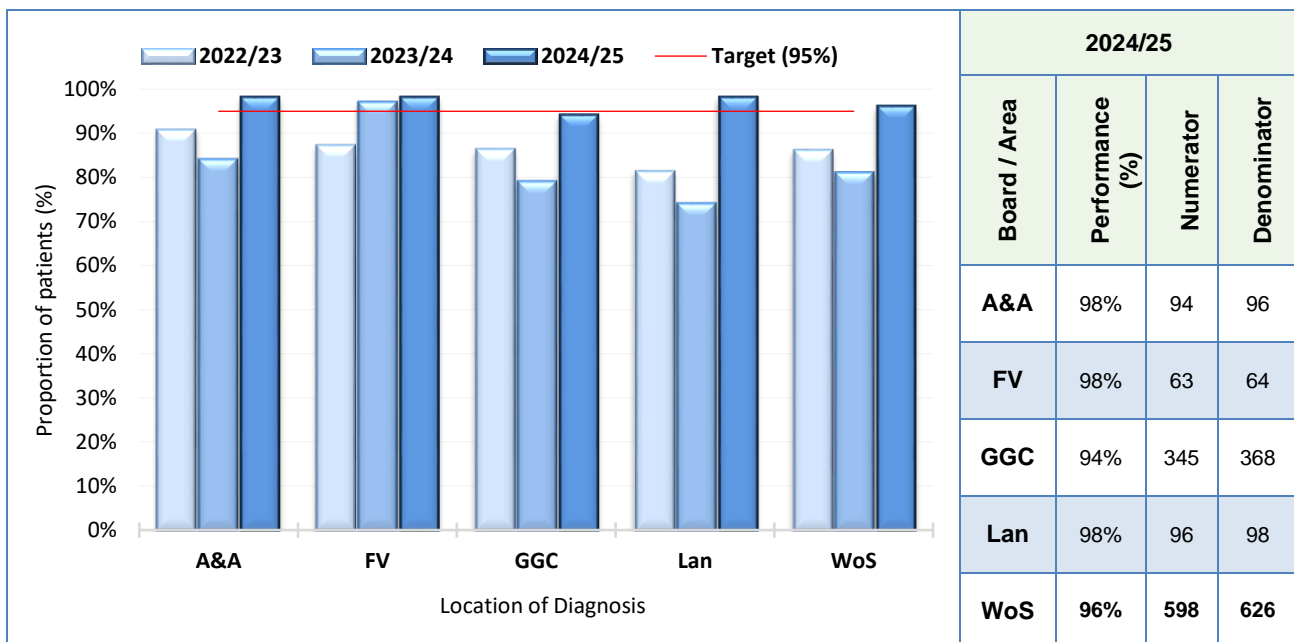
The NHSGGC restorative dentistry team reviewed non-compliant QPI cases. Areas recommended for improvement (some of which have already been implemented) include booking following MDT and updating MDT outcome for any edentulous patients referred to restorative dentistry in error. Following the implementation of these changes, improvements are anticipated in the next round of QPI reporting.

### Action:

- NHSGGC restorative dentistry consultants to arrange bookings from the MDT, rather than through administrative or CNS email processes.

## QPI 6: Nutritional Screening

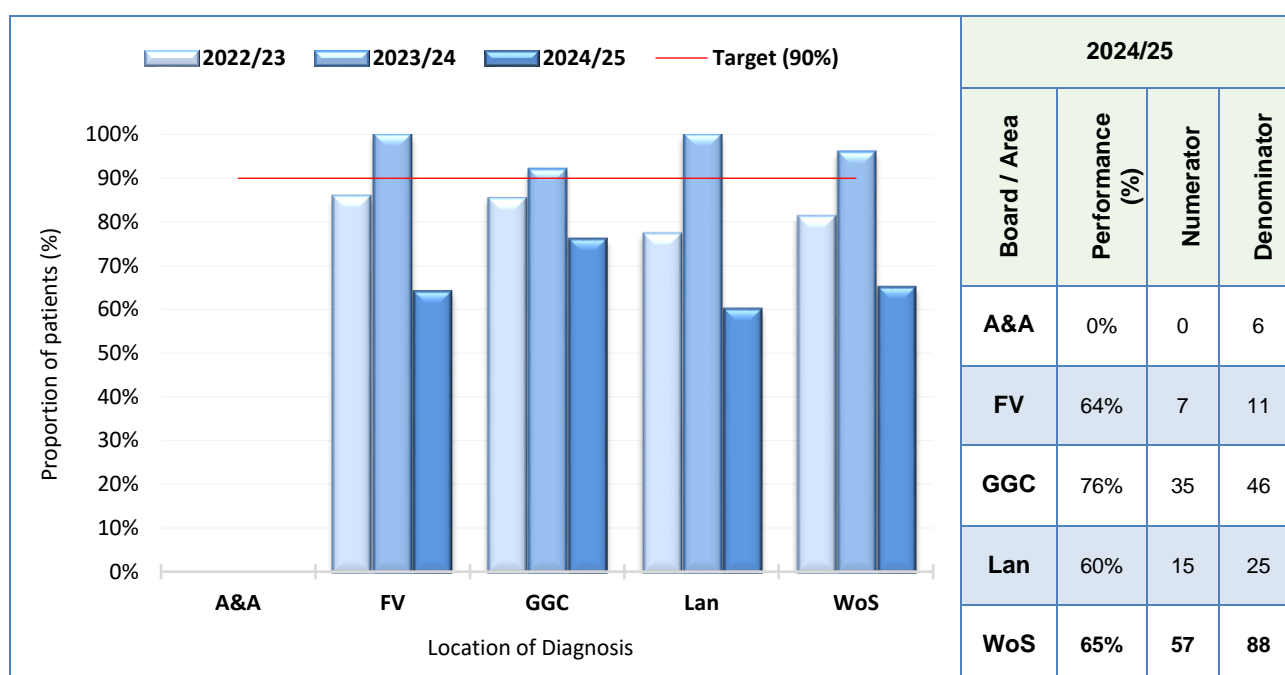
<b>QPI 6 Title:</b>	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
<b>Specification (i):</b>	Patients with head and neck cancer who undergo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



Overall performance in the WoS has improved compared with previous years, with 96% of head and neck cancer patients receiving MUST nutritional screening prior to their first treatment. Missing MUST scores were generally due to incidental findings or initial clinical judgment that cancer was not suspected. Boards noted that implementation of the new electronic MDT system and increased clinical input have contributed to improved compliance and documentation of MUST screening.

NHSGGC confirmed, through review by the dietetic team, that MUST scores for the cases were accurate. They emphasised the need for whole-team responsibility to ensure consistent recording of pre-treatment MUST scores for appropriate triage and referral.

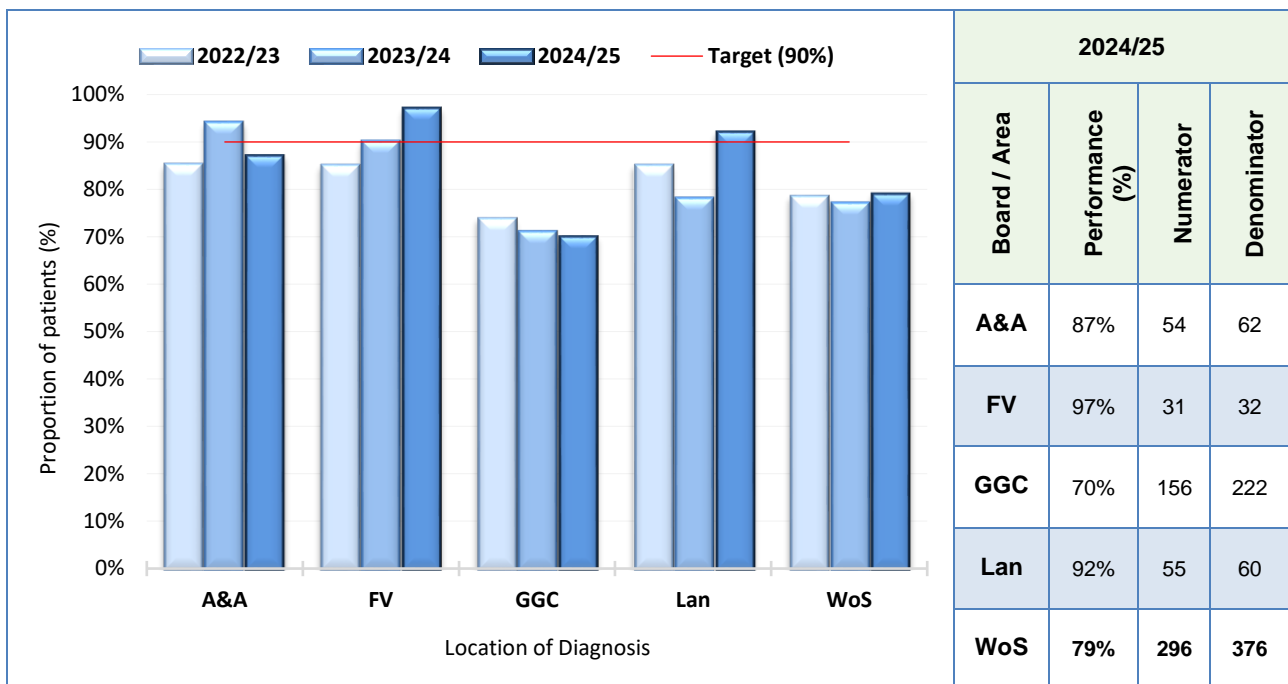
<b>QPI 6 Title:</b>	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
<b>Specification (ii):</b>	Patients at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian within 2 weeks of MUST screening
<b>Numerator (ii):</b>	Number of patients with head and neck cancer at high risk of malnutrition (MUST Score or 2 or more) who are assessed by a specialist dietitian within 2 weeks of MUST screening.
<b>Denominator (ii):</b>	All patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more).
<b>Exclusions:</b>	• No exclusions.
<b>Target:</b>	<b>90%</b>



Across the WoS, there has been a significant decline in performance with only 65% of patients at high risk of malnutrition (MUST score  $\geq 2$ ) assessed by a specialist dietitian within two weeks of screening. In contrast to last year's results, all boards failed to meet the target. Boards reviewed the cases and noted that failures to meet the QPI were mainly related to patients receiving palliative care, deaths prior to MDT, delayed referrals following MUST scoring, incomplete recording of patient information, and dietetic capacity or resource constraints. Some patients were assessed shortly after the two-week target, while others experienced longer delays. Boards reported ongoing review of referral processes, resource pressures, and actions to improve timely dietetic assessment.

Although the MDT recommendation for dietetic input is recorded on the MDT system, shared with peripheral Boards, and copied to the NHS Ayrshire & Arran portal, any subsequent contact between dietetics and the patient is not logged on the portal, and therefore audit staff in NHS Ayrshire & Arran have difficulty capturing the necessary information to accurately measure this QPI.

<b>QPI 6 Title:</b>	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.
<b>Specification (iii):</b>	Patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
<b>Numerator (iii):</b>	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
<b>Denominator (iii):</b>	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
<b>Exclusions:</b>	• No exclusions.
<b>Target:</b>	<b>90%</b>



Across the WoS, 79% 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 (ii), Boards reviewed the cases and noted that non-compliance was primarily related to limited dietetic resources, clinical decisions where assessment was not required, patients being seen after treatment started, challenges in contacting patients or tracking appointments. Boards continue to review processes to ensure timely assessment and appropriate referral.

**Actions:**

**QPI 6(i):**

- NHSGGC to reinforce the whole-team responsibility for recording pre-treatment MUST scores to ensure appropriate triage and onward referral.

**QPI 6(ii):**

- NHS Forth Valley to consider actions to improve clinic capacity to support timely assessment within the 14-day target.

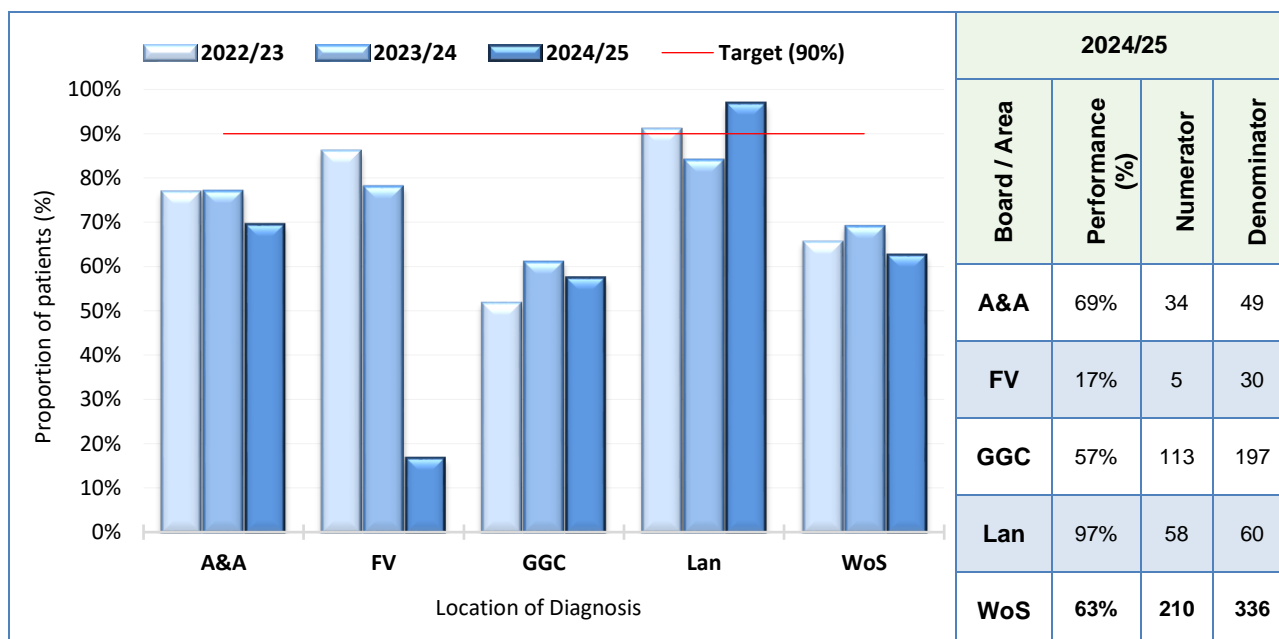
- NHSGGC to ensure timely dietetic referral after MUST scoring and consistent use of the MDT system to record and share referral information where applicable.
- NHS Lanarkshire to continue timely referral and escalation of high-risk patients to ensure dietetic assessment within the 2-week target.

#### QPI 6(ii) & (iii):

- NHS Ayrshire & Arran dietetic team to establish clear process for documentation/tracking AHP appointments to ensure audit staff can identify appointments and collect necessary information to accurately measure this QPI.

### QPI 7: Specialist Speech and Language Therapist Access

<b>QPI 7 Title:</b>	Patients with oral, pharyngeal or laryngeal cancer should be seen (in person or remotely) by a Specialist Speech and Language Therapist (SLT) before treatment to assess voice, speech and swallowing.
<b>Numerator:</b>	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen (in person or remotely) by a Specialist SLT before treatment.
<b>Denominator:</b>	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who decline assessment,</li> <li>• Patients who undergo diagnostic excision biopsy as the definitive surgery.</li> </ul>
<b>Target:</b>	<b>90%</b>



Overall in the WoS, 63% 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%.

Across the Boards, most patients received SLT input, though some were seen after starting treatment or not at all due to capacity constraints. Challenges included limited SLT resources, patients undergoing surgery outside their home Board, and incomplete AHP appointment information

on local portals, which made pre-treatment planning and patient tracking difficult. Boards have reviewed individual cases and implemented processes to improve timely referral and assessment, with NHS Lanarkshire reporting sustained compliance and continued efforts to ensure patients are assessed before treatment.

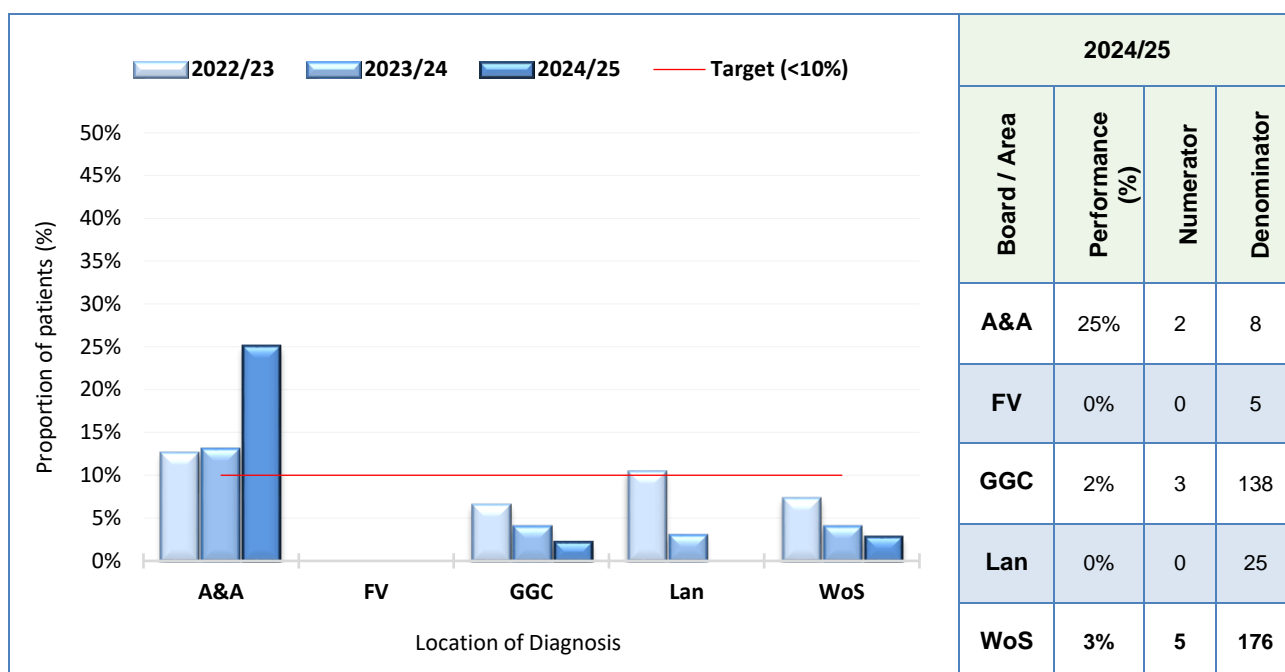
There has been a notable decline in performance in NHS Forth Valley. A review of non-compliant cases highlighted that due to increasing demand and limited capacity within specialist SLT services, the Board has prioritised post-surgical patients who present with significant new communication and/or eating, drinking or swallowing difficulties. The Board expects that ongoing resource and capacity pressures will continue to affect performance against this measure.

**Actions:**

- NHS Ayrshire & Arran SLT team to establish a clear process for documenting and tracking appointments to ensure audit staff can identify appointments, capture responses, and accurately measure this QPI.
- NHS Forth Valley to consider the current risk based triage process alongside a review of SLT capacity to identify opportunities to reduce pressure on specialist SLT staff and improve performance against this QPI.
- NHS Lanarkshire to share good practice points with other health boards.

## QPI 8: Surgical Margins

<b>QPI 8 Title:</b>	Patients with head and neck cancer undergoing open surgical resection with curative intent should have their tumour adequately excised.
<b>Numerator:</b>	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).
<b>Denominator:</b>	All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients with naso-pharyngeal cancer,</li> <li>• Patients with posterior pharyngeal wall cancer,</li> <li>• Patients who undergo diagnostic excision biopsy as the definitive surgery.</li> </ul>
<b>Target:</b>	<10%



Overall in the WoS the <10% target for QPI 8 was met, with 3% of cases showing final excision margins of less than 1mm on pathology report. NHS Ayrshire & Arran did not meet this QPI for the third consecutive year.

NHS Ayrshire & Arran reported low surgical case volumes, with two of eight patients not meeting the QPI and noted that these cases will be reviewed to identify any potential areas for improvement.

Consistently higher rates of positive margins were flagged as a clinical exception at RCOG and as such, the RCOG Chair intends to escalate this to NHS Ayrshire & Arran to ensure that the findings of the local review, along with any planned improvement actions, are communicated back to the MCN and RCOG.

### Action:

- NHS Ayrshire & Arran to feedback the outcome of the local review and any planned actions to the MCN.

## QPI 11: 30 and 90 Day Mortality

<b>QPI 11 Title:</b>	30 and 90 day mortality after curative treatment for head and neck cancer.
<b>Numerator :</b>	Number of patients with head and neck cancer who undergo curative treatment who die within 30 or 90 days of treatment.
<b>Denominator:</b>	All patients with head and neck cancer who undergo curative treatment. i) Surgery
<b>Exclusions:</b>	• No exclusions.
<b>Target:</b>	<5%

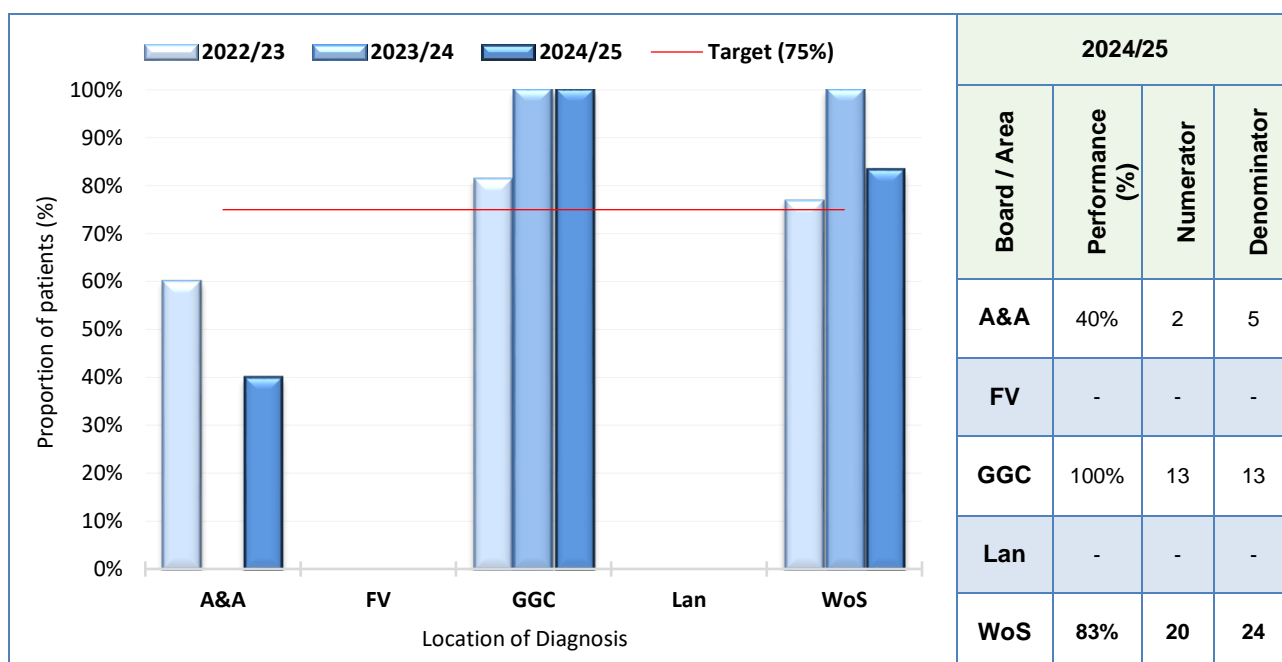
Board / Area (2024 - 25)	Surgery					
	30 Day mortality			90 Day mortality		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
<b>A&amp;A</b>	0%	0	16	0%	0	16
<b>FV</b>	0%	0	9	0%	0	9
<b>GGC</b>	0%	0	207	1%	2	207
<b>Lan</b>	3%	1	32	6%	2	32
<b>WoS</b>	<b>0.4%</b>	<b>1</b>	<b>264</b>	<b>2%</b>	<b>4</b>	<b>264</b>

Across the WoS, there was one death within 30 days and four deaths within 90 days following surgery for head and neck cancer. The corresponding regional mortality rates of 0.4% and 2% for curative surgical treatment remain within the QPI target of less than 5%.

NHS Lanarkshire reported that all deaths within the QPI parameters were reviewed and discussed at Morbidity and Mortality meetings to ensure appropriate clinical scrutiny.

## QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making

<b>QPI 15 Title:</b>	PD-L1 Combined Proportion Score (CPS) should be available to inform treatment decisions in patients with incurable head and neck cancer.
<b>Numerator:</b>	Number 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.
<b>Denominator:</b>	All patients with squamous cell head and neck cancer undergoing first line palliative SACT.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients with nasopharyngeal cancer</li> </ul>
<b>Target:</b>	75%



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

Overall performance across the WoS was 83% for patients with squamous cell head and neck cancer receiving first-line palliative SACT who had PD-L1 CPS reported within 14 days of MDT request, meeting the 75% QPI target. All Boards met the target except NHS Ayrshire & Arran.

Boards reviewed the cases, and NHS Ayrshire & Arran reported a small number of cases where PD-L1 results were not returned within the required timeframe, including one case where testing was not requested. A review of local processes is planned to identify causes of delay and improve turnaround times.

### Action:

- NHS Ayrshire & Arran to review local processes to identify the cause of the delays and to improve turnaround times going forward.

## Appendix 1: Metadata

<b>Report Title</b>	Cancer Audit Report: Head and Neck Cancer Quality Performance Indicators					
<b>Time Period</b>	Patients diagnosed between 1 <sup>st</sup> April 2024 - 31 <sup>st</sup> March 2025					
<b>QPI Version</b>	Head and Neck Cancer QPIs v5.0 (Aug 2024) <a href="#">CQPI-Head-and-Neck-Cancer-August-2024.pdf</a>					
<b>Data Source</b>	Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.					
<b>Data extraction date</b>	06/10/2025 ( <i>Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.</i> )					
<b>Data Quality</b>		<b>Ayrshire &amp; Arran</b>	<b>Forth Valley</b>	<b>GGC</b>	<b>Lanarkshire</b>	<b>WoS</b>
	<b>2024/25 Audit</b>	96	64	368	98	<b>626</b>
	<b>Cancer Registry (2019-23)</b>	101	79	409	144	<b>733</b>
	<b>Case Ascertainment</b>	95.0%	81.0%	90.0%	68.1%	<b>85.4%</b>

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