

**West of Scotland Cancer Network**

**Urological Cancer  
Managed Clinical Network**



# **Audit Report**

## **Renal Pelvis and Ureter Cancers Key Outcome Measures**

**Clinical Audit Data: 1st January - 31st December 2018**

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## 1. Introduction

This report contains an assessment of the performance of West of Scotland (WoS) urological cancer services using clinical audit data relating to patients diagnosed with renal pelvis and ureter (RPU) cancers in Year 8, between 1st January - 31st December 2018.

RPU cancers are not part of the national QPI development programme therefore, in 2011; a core review group was initiated by the West of Scotland Cancer Network (WoSCAN) to develop key outcome measures (KOMs) making use of existing RPU data in the region. These KOMs were developed and agreed by the WoSCAN Urological Cancers Advisory Board. Five years of data, from 2014 to 2018 (Years 4 – 8), are presented within this report.

## 2. Methodology

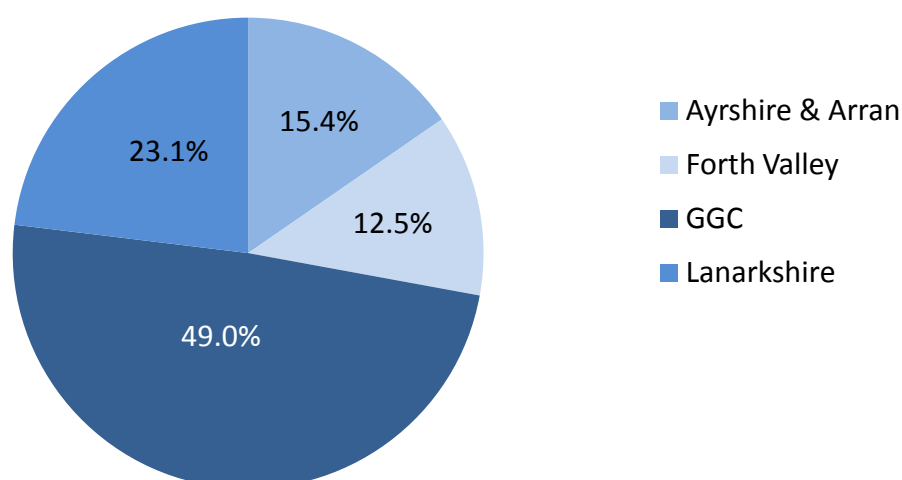
Further detail on the audit and analysis methodology and data quality is available in the meta data within [Appendix 1](#).

## 3. Background

There were 104 new diagnoses of RPU cancer captured by audit in the WoS in 2018 (Year 8). Distribution by health board of diagnosis is shown below in Figure 1. The ratio of male to female cases is 1.04:1 with 53 men and 51 women diagnosed with RPU cancer in 2018 (Fig 3.).

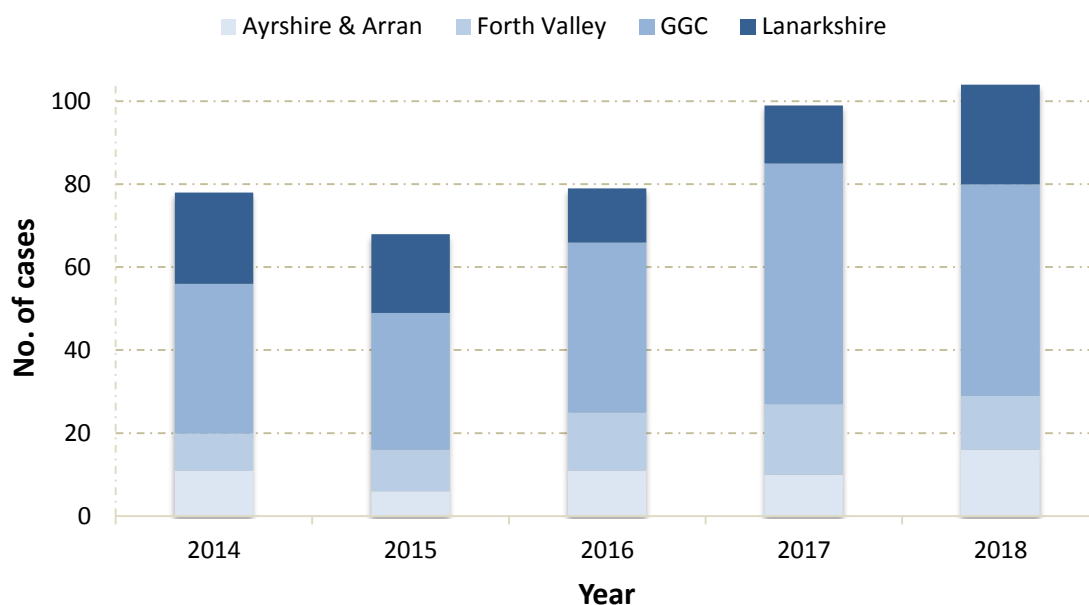
### Number of cases diagnosed in 2018 (RPU 1)

**Fig 1: Proportion of patients in WoScan diagnosed with RPU cancer by NHS Board of diagnosis in 2018.**



|              | AA    | FV    | GG&C  | Lan   | WoScan |
|--------------|-------|-------|-------|-------|--------|
| No. of cases | 16    | 13    | 51    | 24    | 104    |
| %            | 15.4% | 12.5% | 49.0% | 23.1% | -      |

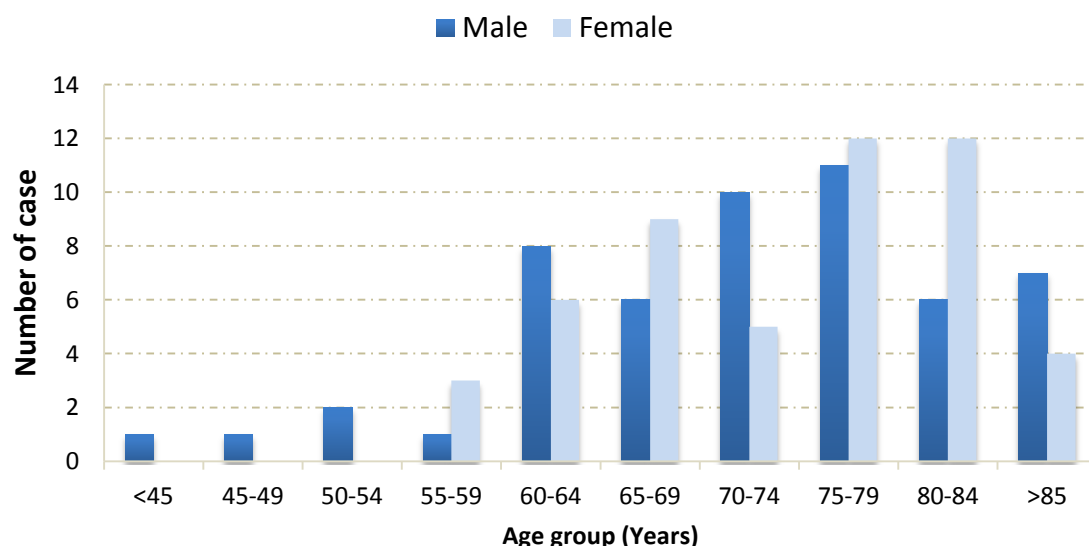
**Fig 2: Trend in number of patients in WoS diagnosed with RPU cancer: 2014 - 2018**



|               | 2014      | 2015      | 2016      | 2017      | 2018       |
|---------------|-----------|-----------|-----------|-----------|------------|
| A & A         | 11        | 6         | 11        | 10        | 16         |
| FV            | 9         | 10        | 14        | 17        | 13         |
| GG&C          | 36        | 33        | 41        | 58        | 51         |
| Lan           | 22        | 19        | 13        | 14        | 24         |
| <b>WoSCAN</b> | <b>78</b> | <b>68</b> | <b>79</b> | <b>99</b> | <b>104</b> |

The overall number of cases diagnosed in WoSCAN has increased by 25% since 2014 to 2018.

**Fig 3: Number of patients diagnosed with RPU cancer in 2018 in WoS by age group, sex.**



|   | <45 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | >85 | All ages |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-----|----------|
| M | 1   | 1     | 2     | 1     | 8     | 6     | 10    | 11    | 6     | 7   | 53       |
| F | -   | -     | -     | 3     | 6     | 9     | 5     | 12    | 12    | 4   | 51       |

In 2018, nearly two thirds (64.4%) of cases of RPU cancers are in the aged 70 and over age categories. The greatest frequency of new diagnoses occurs between the ages of 75 - 79 years for men and in both 5-year age groups between 75 – 84 years for women

## 4. Key Outcome Measures

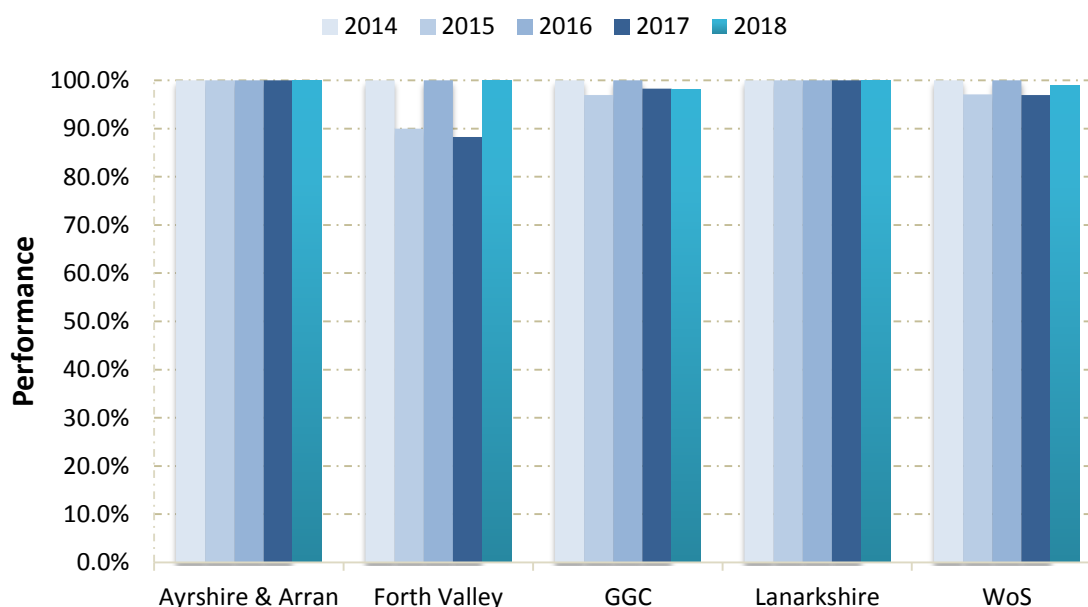
### Patients Discussed at Multidisciplinary Team (MDT) Meeting (RPU 2)

|              |  |
|--------------|--|
| RPU 2:       | Proportion of patients discussed at Multidisciplinary Team (MDT) Meeting |
| Numerator:   | Number of patients discussed by a multidisciplinary team                 |
| Denominator: | All renal pelvis/ ureter cancer patients diagnosed in year               |
| Exclusions:  | None   |

As with all other urological cancers, patients diagnosed with RPU cancers are discussed and managed by multidisciplinary teams (MDTs). The configuration of weekly urological cancer MDTs in the region during the reporting period (2018) is set out below. It should be noted that a regional renal MDT was established in February 2019 and it is anticipated that this will result in an improvement in the number of cases discussed at MDT going forward.

| MDT                   | Constituent Hospitals  |
|-----------------------|--|
| Ayrshire & Arran (AA) | Crosshouse Hospital, Ayr Hospital  |
| Pan Glasgow           | (i) Glasgow Royal Infirmary, Stobhill Hospital   |
|                       | (ii) Queen Elizabeth University Hospital, Victoria Infirmary, Gartnavel General Hospital |
| Clyde                 | Royal Alexandria Hospital, Inverclyde Royal Hospital, Vale of Leven                      |
| Forth Valley (FV)     | Forth Valley Royal Hospital  |
| Lanarkshire (Lan)     | Monklands District General, Wishaw General Hospital, Hairmyres Hospital                  |

**Fig/table 4: Proportion of patients diagnosed with RPU cancer discussed at MDT by NHS Board, 2014 - 2018**



|      | Ayrshire & Arran |        | Forth Valley |        | GGC |        | Lanarkshire |        | WoS |        |
|------|------------------|--------|--------------|--------|-----|--------|-------------|--------|-----|--------|
|      | N                | %      | N            | %      | N   | %      | N           | %      | N   | %      |
| 2014 | 11               | 100.0% | 9            | 100.0% | 36  | 100.0% | 21          | 100.0% | 77  | 100.0% |
| 2015 | 6                | 100.0% | 9            | 90.0%  | 32  | 97.0%  | 19          | 100.0% | 66  | 97.1%  |
| 2016 | 11               | 100.0% | 14           | 100.0% | 41  | 100.0% | 13          | 100.0% | 79  | 100.0% |
| 2017 | 10               | 100.0% | 15           | 88.2%  | 57  | 98.3%  | 14          | 100.0% | 96  | 97.0%  |
| 2018 | 16               | 100.0% | 13           | 100.0% | 50  | 98.0%  | 24          | 100.0% | 103 | 99.0%  |

Source: RPU 2

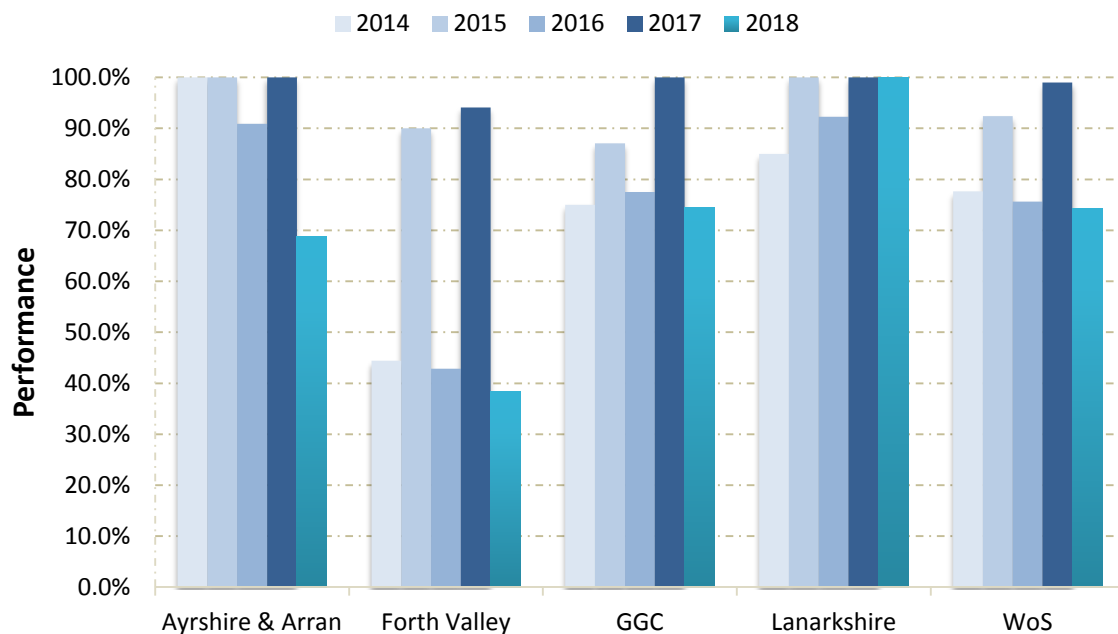
Of the 104 cases of RPU cancer in the WoS in 2018, 103 were discussed at MDT giving a performance of 99.0%. Board performance ranged from 98.0% for NHS Greater Glasgow & Clyde to 100.0% for the remaining NHS Boards in WoS. The single case in NHSGGC which was not discussed at MDT has been audited by the board and detailed sufficient commentary provided. The performance of this KOM has remained consistently high over the 5 years.

## Clinical TNM recorded (RPU 3)

|              |   |
|--------------|---|
| RPU 3:       | Proportion of patients clinically staged using TNM        |
| Numerator:   | Number of patients clinically staged using TNM            |
| Denominator: | All renal pelvis/ureter cancer patients diagnosed in year |
| Exclusions:  | Patients who have died before first treatment             |

Staging of patients at diagnosis aids treatment decision making and can be an indicator of prognosis.

**Fig/table 5: Proportion of patients diagnosed with RPU cancer with TNM recorded by NHS Board, 2014 – 2018**



|      | Ayrshire & Arran |        | Forth Valley |       | GGC |        | Lanarkshire |        | WoS |       |
|------|------------------|--------|--------------|-------|-----|--------|-------------|--------|-----|-------|
|      | N                | %      | N            | %     | N   | %      | N           | %      | N   | %     |
| 2014 | 11               | 100.0% | 4            | 44.4% | 27  | 75.0%  | 17          | 85.0%  | 59  | 77.6% |
| 2015 | 6                | 100.0% | 9            | 90.0% | 27  | 87.1%  | 19          | 100.0% | 61  | 92.4% |
| 2016 | 10               | 90.9%  | 6            | 42.9% | 31  | 77.5%  | 12          | 92.3%  | 59  | 75.6% |
| 2017 | 10               | 100.0% | 16           | 94.1% | 58  | 100.0% | 14          | 100.0% | 98  | 99.0% |
| 2018 | 11               | 68.8%  | 5            | 38.5% | 38  | 74.5%  | 21          | 100.0% | 75  | 74.3% |

N – No. Cases with TNM recorded

Source: RPU 3

Clinical TNM staging information was recorded for 74.3% of RPU diagnoses in 2018. This shows a drop of 25 percentage points when compared to 2017 (99.0%). In 2018, all Boards showed a drop over the past year excluding NHS Lanarkshire, which remained at 100%.

In NHSGGC 13 cases had TNM missing or not fully recorded. It should be noted that a number of RPU patients will not be deemed fit for investigation or treatment and therefore may not be staged. Stage is routinely recorded at the regional MDT therefore improvements are anticipated going forward.

### Actions:

- NHS Ayrshire & Arran, NHS GGC and NHSFV to ensure all relevant patients have clinical stage recorded.

## Surgeons Performing Nephroureterectomy (RPU 6 & 7)

|              |   |
|--------------|---|
| RPU 6:       | Type surgical procedures performed  |
| Numerator:   | Number of patients receiving each type of procedure as their main surgery                               |
| Denominator: | Patients having surgery   |
| Exclusions:  | Patients who refused all treatment, patients who refused surgery and patients who died before treatment |

There is a relationship between improved surgical outcomes and volume of cases performed. The number of nephroureterectomies performed by surgeons in the WoS for patients diagnosed in 2018 is shown below.

**Table 6: Trend in nephroureterectomies performed in the WoS by NHS Board of diagnosis and diagnosis year, 2014 – 2018.**

|               | 2014      |              | 2015      |              | 2016      |              | 2017      |              | 2018      |              |
|---------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|
|               | N         | %            | N         | %            | N         | %            | N         | %            | N         | %            |
| A&A           | 7         | 100.0%       | 3         | 60.0%        | 7         | 100.0%       | 5         |              | 11        | 100.0%       |
| FV            | 7         | 100.0%       | 4         | 50.0%        | 6         | 66.7%        | 6         | 85.7%        | 4         | 66.7%        |
| GG&C          | 17        | 77.3%        | 13        | 81.3%        | 16        | 84.2%        | 27        | 77.1%        | 28        | 84.8%        |
| LAN           | 11        | 100.0%       | 7         | 100.0%       | 6         | 100.0%       | 8         | 100.0%       | 11        | 91.7%        |
| <b>WoScan</b> | <b>31</b> | <b>89.4%</b> | <b>27</b> | <b>75.0%</b> | <b>35</b> | <b>85.4%</b> | <b>46</b> | <b>83.6%</b> | <b>54</b> | <b>87.1%</b> |

Source: RPU 6

For those diagnosed in 2018, 62 surgical procedures were carried out with 54 (87.1%) of these procedures being nephroureterectomies (Table 6).

|              |   |
|--------------|---|
| RPU 7:       | Surgeons performing nephroureterectomy  |
| Numerator:   | Number of nephroureterectomies performed by each surgeon                              |
| Denominator: | Patients having nephroureterectomy as main type surgery and surgery performed in year |
| Exclusions:  | None  |

Table 7 shows the number of procedures performed by each NHS Board within the WoS by the year in which they were performed. A patient can be diagnosed in a previous year from when they receive their surgery. 43 nephroureterectomy procedures were performed in 2018 regardless of year of diagnosis. Of these 43, 58.1% (25) were performed in NHSGGC.

**Table 7: Trend in nephroureterectomies performed in the WoS by NHS Board of diagnosis and year performed, 2014 – 2018.**

|               | 2014      |          | 2015      |          | 2016      |          | 2017      |          | 2018      |          |
|---------------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|
|               | N         | %        | N         | %        | N         | %        | N         | %        | N         | %        |
| A&A           | 7         | 22.6%    | 1         | 3.3%     | 8         | 21.1%    | 4         | 9.1%     | 8         | 18.6%    |
| FV            | 6         | 19.5%    | 4         | 13.3%    | 6         | 15.8%    | 7         | 15.9%    | 3         | 7.0%     |
| GG&C          | 14        | 45.2%    | 13        | 43.3%    | 17        | 44.7%    | 20        | 45.5%    | 25        | 58.1%    |
| LAN           | 4         | 12.9%    | 12        | 40.0%    | 7         | 18.4%    | 8         | 18.2%    | 7         | 16.3%    |
| <b>WoScan</b> | <b>31</b> | <b>-</b> | <b>30</b> | <b>-</b> | <b>38</b> | <b>-</b> | <b>44</b> | <b>-</b> | <b>43</b> | <b>-</b> |

Source: RPU 7

Table 8 shows the number of procedures performed by individual surgeons within each NHS Board in the WoS.



**Table 8: Number of nephroureterectomies performed by surgeons in the WoS in 2018, by NHS Board of diagnosis.**

| NHS Board    | A & A   |   | FV | GG&C |   |   |   |   |    | Lan |   |   | WoS |
|--------------|---------|---|----|------|---|---|---|---|----|-----|---|---|-----|
|              | Surgeon | A | B  | C    | D | E | F | G | H  | I   | J | K | L   |
| No. of cases | 3       | 5 | 3  | 1    | 1 | 2 | 3 | 2 | 16 | 1   | 2 | 4 | 43  |

Source: RPU7

**Actions:**

- NHS Greater Glasgow & Clyde and Lanarkshire to provide feedback where a surgeon has performed a single surgical case.

## Thirty-day mortality following nephroureterectomy (RPU 8)

|              |   |
|--------------|---|
| RPU 8:       | 30 day mortality for nephroureterectomy patients  |
| Numerator:   | Number of patients who died within 30 days of undergoing nephroureterectomy                         |
| Denominator: | All renal pelvis/ureter cancer patients diagnosed in year and undergoing radical nephroureterectomy |
| Exclusions:  | None  |

Treatment related mortality is a marker of the quality and safety of the whole service provided by the Multi Disciplinary Team (MDT). This KOM is intended to ensure treatment is given appropriately.

There were 54 nephroureterectomy procedures carried out across WoS NHS Boards for patients diagnosed in 2018. Of all patients diagnosed with RPU cancer in 2018, 51.9% (54/104) had a nephroureterectomy performed. There was one death (1.9%) within 30 days of nephroureterectomy.

**Fig 8: Number of patients who died within 30 days of nephroureterectomy performed in WoS, by NHS Board & year of diagnosis.**

|            | 2014 |           |   | 2015     |           |             | 2016 |           |   | 2017     |           |             | 2018     |           |             |
|------------|------|-----------|---|----------|-----------|-------------|------|-----------|---|----------|-----------|-------------|----------|-----------|-------------|
|            | N    | D         | % | N        | D         | %           | N    | D         | % | N        | D         | %           | N        | D         | %           |
| A&A        | -    | 7         | - | -        | 3         | -           | -    | 7         | - | -        | 5         | -           | -        | 11        | -           |
| FV         | -    | 7         | - | -        | 4         | -           | -    | 6         | - | -        | 6         | -           | -        | 4         | -           |
| GGC        | -    | 17        | - | -        | 13        | -           | -    | 16        | - | 1        | 27        | 3.7%        | 1        | 28        | 3.6%        |
| Lan        | -    | 11        | - | 1        | 7         | 14.3%       | -    | 6         | - | -        | 8         | -           | -        | 11        | -           |
| <b>WoS</b> | -    | <b>42</b> | - | <b>1</b> | <b>27</b> | <b>3.7%</b> | -    | <b>35</b> | - | <b>1</b> | <b>46</b> | <b>2.2%</b> | <b>1</b> | <b>54</b> | <b>1.9%</b> |

Source: RPU 8

N – No. of deaths 30 days after nephroureterectomy

D – Total no. of cases

## Conclusions and actions required

Cancer audit data underpins much of the regional development and service improvement work of the MCN and regular reporting of activity and performance is a fundamental requirement of an MCN to assure the quality of care delivered across the region.

The recording of TNM data is fundamental in aiding treatment decision making for patients diagnosed with RPU cancers. In 2018, every board within WoSCAN excluding NHS Lanarkshire, saw a drop in the recording of the TNM stage. Boards have identified improvement actions for the forthcoming year to work towards.

Performance with regards to MDT discussion and 30-day mortality following nephroureterectomy continues to be of a high standard for all boards.

It should be noted that a regional renal MDT was established in February 2019 and it is anticipated that this will result in an improvement number of cases discussed at MDT and the data collected for QPI reporting going forward.

The Urological Cancers MCN Advisory Board will actively take forward any regional actions identified and NHS Boards are asked to develop local Action/Improvement Plans in response to the findings presented in the report. A summary of actions for each NHS Board has been included in [Appendix 3](#).

### Actions:

#### TNM recording (RPU 3)

- NHS Ayrshire & Arran, NHS GGC and NHSFV to ensure all relevant patients have clinical stage recorded. Cases will now be presented at the regional MDT by NHS GGC which should improve clinical stage recording.

#### Surgeons Performing Nephroureterectomy (RPU 7)

- NHS Forth Valley, Greater Glasgow & Clyde and Lanarkshire to provide feedback where a surgeon has performed a single surgical case.

**Completed Action Plans should be returned to WoSCAN within two months of publication of this report.**

Progress against these plans will be monitored by the MCN Advisory Board and any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the NHS Board Territorial Lead Cancer Clinician and Regional Lead Cancer Clinician.

Additionally, progress will be reported to the Regional Cancer Advisory Group (RCAG) annually by NHS Board Territorial Lead Cancer Clinicians and MCN Clinical Leads, as part of the regional audit governance process to enable RCAG to review and monitor regional improvement.

## **Acknowledgement**

This report has been prepared using clinical audit data provided by the following NHS Boards in the WoSCAN area:

NHS Ayrshire & Arran

NHS Forth Valley

NHS Greater Glasgow and Clyde

NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the MCN, and the many hospitals that are committed to making the audit succeed. We also acknowledge the efforts of the clinical effectiveness staff, nurses, and other service users for their work in ensuring the data are available to enable analysis to take place each year. Without their considerable efforts this level of progress would not be possible.

## Glossary

|                           |  |
|---------------------------|--|
| <b>AA</b>                 | NHS Ayrshire & Arran   |
| <b>e-CASE</b>             | Electronic Cancer Audit Support Environment  |
| <b>FV</b>                 | NHS Forth Valley   |
| <b>GGC</b>                | NHS Greater Glasgow and Clyde  |
| <b>KOM(s)</b>             | Key Outcome Measure(s)   |
| <b>Lan</b>                | NHS Lanarkshire  |
| <b>MCN</b>                | Managed Clinical Networks. Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and NHS Board boundaries, to ensure equitable provision of high quality clinically effective services.*                                     |
| <b>MDT</b>                | A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.**   |
| <b>Nephroureterectomy</b> | The most commonly used operation to treat cancer of the ureter or renal pelvis. The surgeon removes: the kidney, a layer of fat around the kidney, the ureter and an area of tissue where the ureter enters the bladder (bladder cuff). The surgeon may also remove some lymph nodes close to the kidney to check if they contain cancer cells.*** |
| <b>NHSGGC</b>             | NHS Greater Glasgow and Clyde  |
| <b>RCAG</b>               | Regional Cancer Advisory Group   |
| <b>RPU</b>                | Renal pelvis & ureter  |
| <b>TNM</b>                | Tumour, Nodes, Metastases (staging system)   |
| <b>WoS</b>                | West of Scotland   |
| <b>WoSCAN</b>             | West of Scotland Cancer Network  |

### Sources:

\* [www.woscan.scot.nhs.uk](http://www.woscan.scot.nhs.uk)

\*\* [www.datadictionary.nhs.uk](http://www.datadictionary.nhs.uk)

\*\*\* [www.macmillan.org.uk](http://www.macmillan.org.uk)

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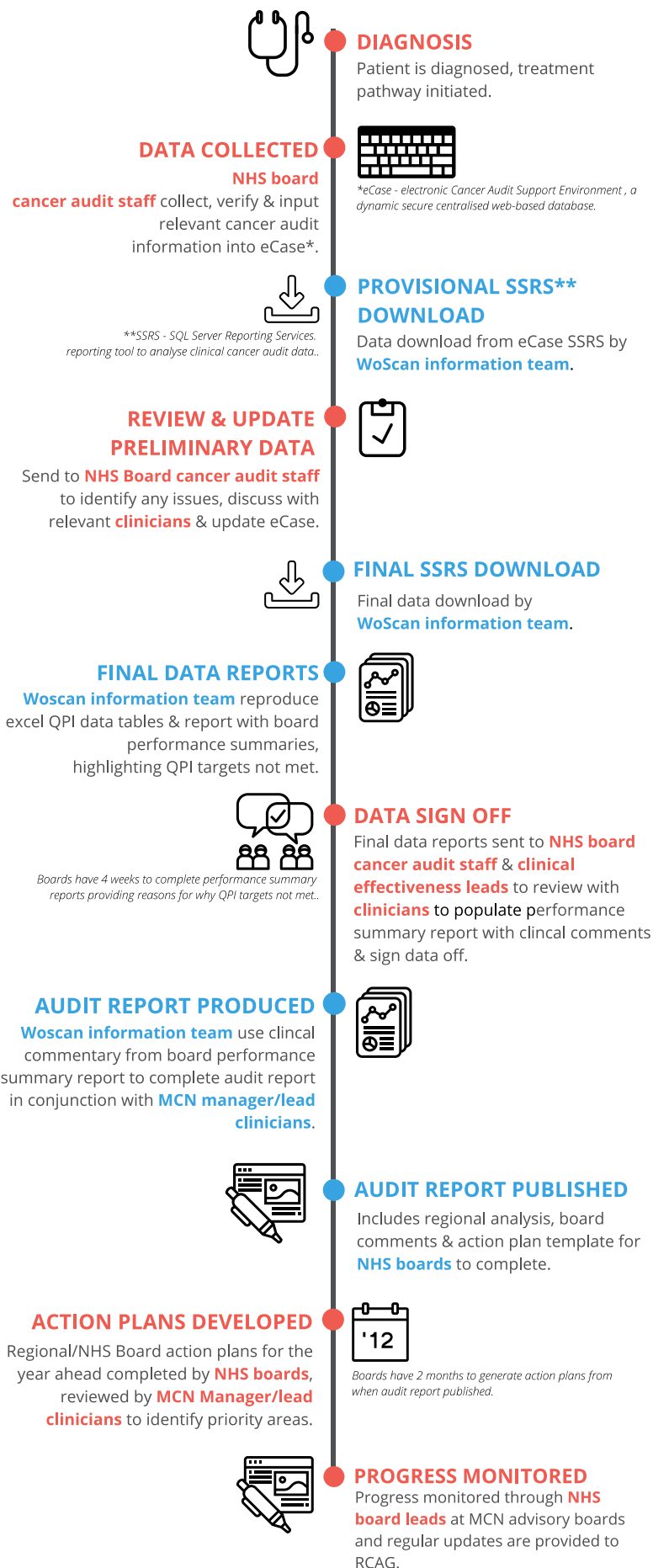
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## Appendix 1: Metadata

| Report Title              | Cancer Audit Report: Renal Pelvis and Ureter Cancers<br>Key Outcome Measures  |              |        |             |        |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
|---------------------------|---|--------------|--------|-------------|--------|--|------------------|--------------|-----|-------------|-----|------------------|----|----|----|----|-----|---------------------------|----|---|----|----|----|--------------------|--------|--------|--------|--------|--------|
| Time Period               | Patients diagnosed between 1st January 2018 - 31st December 2018  |              |        |             |        |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Data Source               | Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.   |              |        |             |        |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Data extraction date      | 15th January 2020   |              |        |             |        |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Methodology               | <p>Analysis was performed centrally for the region by the WoSCAN Information Team. The timescales agreed took into account the patient pathway to ensure that a complete treatment record was available for the majority of patients.</p> <p>Initial results were provided to Boards to check for inaccuracies, inconsistencies or obvious gaps and a subsequent download taken upon which final analysis was carried out.</p> <p>The final data analysis was disseminated for NHS Board verification in line with the regional audit governance process to ensure that the data was an accurate representation of service in each area. Please see info graphic in appendix 2 for a more detailed look at the reporting process.</p>   |              |        |             |        |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Data Quality              | <p>Audit data completeness can be assessed by estimating the proportion of expected patients that have been identified through audit compared to the number reported by the National Cancer registry (provided by ISD, National Services Division), this is known as case ascertainment. Figures should only be used as a guide as it is not possible to compare the same exact cohort from each data source. Note that a 5 year average is taken for cancer registry cases to take account of annual fluctuations in incidence within NHS Boards.</p> <table border="1" data-bbox="373 1173 1350 1469"> <thead> <tr> <th></th> <th>Ayrshire &amp; Arran</th> <th>Forth Valley</th> <th>GGC</th> <th>Lanarkshire</th> <th>WoS</th> </tr> </thead> <tbody> <tr> <td>Cases from audit</td> <td>16</td> <td>13</td> <td>51</td> <td>24</td> <td>104</td> </tr> <tr> <td>Cases from ISD (2012-16)*</td> <td>11</td> <td>6</td> <td>36</td> <td>13</td> <td>66</td> </tr> <tr> <td>Case ascertainment</td> <td>145.5%</td> <td>216.7%</td> <td>141.7%</td> <td>184.6%</td> <td>157.6%</td> </tr> </tbody> </table> |              |        |             |        |  | Ayrshire & Arran | Forth Valley | GGC | Lanarkshire | WoS | Cases from audit | 16 | 13 | 51 | 24 | 104 | Cases from ISD (2012-16)* | 11 | 6 | 36 | 13 | 66 | Case ascertainment | 145.5% | 216.7% | 141.7% | 184.6% | 157.6% |
|                           | Ayrshire & Arran  | Forth Valley | GGC    | Lanarkshire | WoS    |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Cases from audit          | 16  | 13           | 51     | 24          | 104    |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Cases from ISD (2012-16)* | 11  | 6            | 36     | 13          | 66     |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |
| Case ascertainment        | 145.5%  | 216.7%       | 141.7% | 184.6%      | 157.6% |  |                  |              |     |             |     |                  |    |    |    |    |     |                           |    |   |    |    |    |                    |        |        |        |        |        |

# Appendix 2: Cancer clinical audit reporting timeline



● NHS Board responsibility ● WoScan information team responsibility



### Appendix 3: NHS Board Action Plans RPU KOMs

A summary of actions for each NHS Board has been included within the following Action Plan templates. Completed Action Plans should be returned to WoSCAN within two months of publication of this report.

#### RPU Action / Improvement Plan

|                          |                        |
|--------------------------|------------------------|
| <b>Area:</b>             | NHS Ayrshire and Arran |
| <b>Action Plan Lead:</b> |                        |
| <b>Date:</b>             |                        |

| KEY (Status) |                                       |
|--------------|---------------------------------------|
| <b>1</b>     | Action fully implemented              |
| <b>2</b>     | Action agreed but not yet implemented |
| <b>3</b>     | No action taken (please state reason) |

| KOM                          | Action Required  | Health Board Action Taken   | Timescales         |                    | Lead   | Progress/Action Status   | Status (see Key)                  |
|------------------------------|--|---|--------------------|--------------------|--|--|-----------------------------------|
|                              |  |   | Start              | End                |  |  |                                   |
|                              | <i>Ensure actions mirror those detailed in Audit Report.</i> | <i>Detail specific actions that will be taken by the NHS Board.</i> | <i>Insert date</i> | <i>Insert date</i> | <i>Insert name of responsible lead for each specific action.</i> | <i>Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.</i> | <i>Insert No. from key above.</i> |
| <b>TNM recording (RPU 3)</b> | To ensure that TNM to be recorded in future.                 |   |                    |                    |  |  |                                   |
|                              |  |   |                    |                    |  |  |                                   |

## RPU Action / Improvement Plan

|                          |                  |
|--------------------------|------------------|
| <b>Area:</b>             | NHS Forth Valley |
| <b>Action Plan Lead:</b> |                  |
| <b>Date:</b>             |                  |

| KEY (Status) |                                       |
|--------------|---------------------------------------|
| <b>1</b>     | Action fully implemented              |
| <b>2</b>     | Action agreed but not yet implemented |
| <b>3</b>     | No action taken (please state reason) |

| KOM                          | Action Required  | Health Board Action Taken   | Timescales         |                    | Lead   | Progress/Action Status   | Status (see Key)                  |
|------------------------------|--|---|--------------------|--------------------|--|--|-----------------------------------|
|                              |  |   | Start              | End                |  |  |                                   |
|                              | <i>Ensure actions mirror those detailed in Audit Report.</i> | <i>Detail specific actions that will be taken by the NHS Board.</i> | <i>Insert date</i> | <i>Insert date</i> | <i>Insert name of responsible lead for each specific action.</i> | <i>Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.</i> | <i>Insert No. from key above.</i> |
| <b>TNM recording (RPU 3)</b> | To ensure that TNM to be recorded in future.                 |   |                    |                    |  |  |                                   |
|                              |  |   |                    |                    |  |  |                                   |

## RPU Action / Improvement Plan

|                          |                               |
|--------------------------|-------------------------------|
| <b>Area:</b>             | NHS Greater Glasgow and Clyde |
| <b>Action Plan Lead:</b> |                               |
| <b>Date:</b>             |                               |

| KEY (Status) |                                       |
|--------------|---------------------------------------|
| <b>1</b>     | Action fully implemented              |
| <b>2</b>     | Action agreed but not yet implemented |
| <b>3</b>     | No action taken (please state reason) |

| KOM  | Action Required  | Health Board Action Taken   | Timescales         |                    | Lead   | Progress/Action Status   | Status (see Key)                  |
|--|--|---|--------------------|--------------------|--|--|-----------------------------------|
|  |  |   | Start              | End                |  |  |                                   |
|  | <i>Ensure actions mirror those detailed in Audit Report.</i>           | <i>Detail specific actions that will be taken by the NHS Board.</i> | <i>Insert date</i> | <i>Insert date</i> | <i>Insert name of responsible lead for each specific action.</i> | <i>Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.</i> | <i>Insert No. from key above.</i> |
| <b>TNM recording (RPU 3)</b>                         | To ensure that TNM to be recorded in future.                           |   |                    |                    |  |  |                                   |
| <b>Surgeons Performing Nephroureterectomy (RPU7)</b> | Provide feedback where a surgeon has performed a single surgical case. |   |                    |                    |  |  |                                   |

## RPU Action / Improvement Plan

|                          |                 |
|--------------------------|-----------------|
| <b>Area:</b>             | NHS Lanarkshire |
| <b>Action Plan Lead:</b> |                 |
| <b>Date:</b>             |                 |

| KEY (Status) |                                       |
|--------------|---------------------------------------|
| <b>1</b>     | Action fully implemented              |
| <b>2</b>     | Action agreed but not yet implemented |
| <b>3</b>     | No action taken (please state reason) |

| KOM  | Action Required  | Health Board Action Taken   | Timescales         |                    | Lead   | Progress/Action Status   | Status (see Key)                  |
|--|--|---|--------------------|--------------------|--|--|-----------------------------------|
|  |  |   | Start              | End                |  |  |                                   |
|  | <i>Ensure actions mirror those detailed in Audit Report.</i>           | <i>Detail specific actions that will be taken by the NHS Board.</i> | <i>Insert date</i> | <i>Insert date</i> | <i>Insert name of responsible lead for each specific action.</i> | <i>Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.</i> | <i>Insert No. from key above.</i> |
| <b>Surgeons Performing Nephroureterectomy (RPU7)</b> | Provide feedback where a surgeon has performed a single surgical case. |   |                    |                    |  |  |                                   |