

West of Scotland Cancer Network

**Skin Cancer
Managed Clinical Network**



Audit Report

Cutaneous Melanoma Quality Performance Indicators

Clinical Audit Data: 1st July 2024 to 30th June 2025

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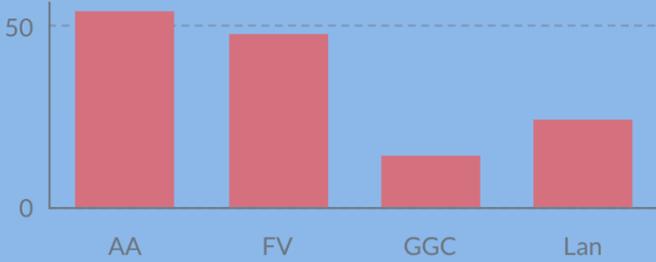
Cutaneous Melanoma Quality Performance Indicators: Data Overview

Patients diagnosed July 2024 - June 2025

Number of patients **802**

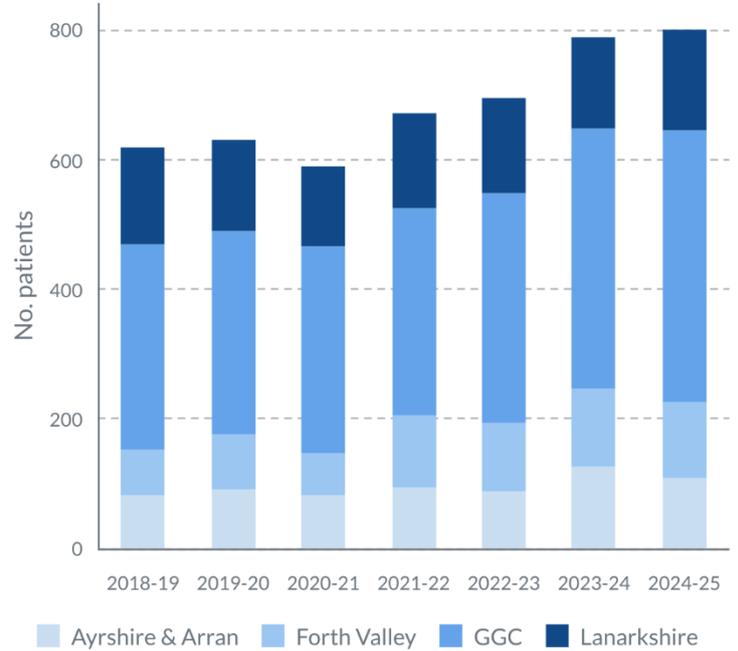
Median age of patients **66**

Median days from referral to diagnostic biopsy

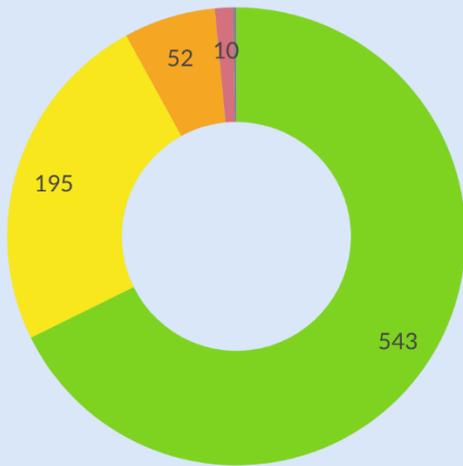


Action: NHS Ayrshire & Arran and NHS Forth Valley to review the pathway from referral to diagnosis, provide feedback to the MCN and take steps to improve the timeliness of diagnosis in light of the findings.

Where are patients diagnosed

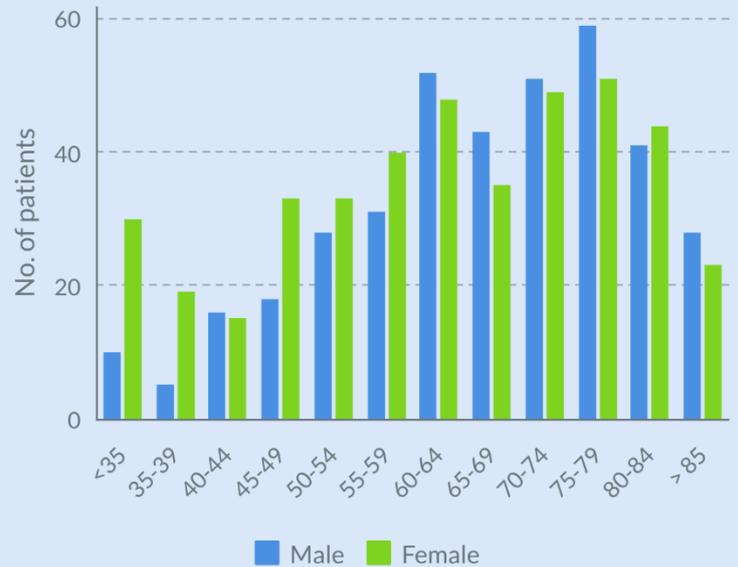


Stage at Presentation



Stage I Stage II Stage III Stage IV missing

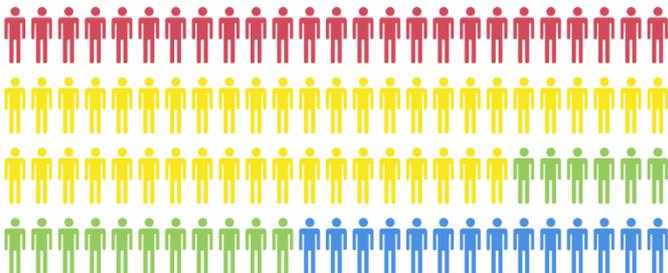
Age of patients



Male Female

Site of Tumour - Men

Face Trunk Arms Legs



Site of Tumour - Women

Face Trunk Arms Legs other



Executive Summary

This report presents an assessment of the performance of West of Scotland (WoS) Skin Cancer Services relating to patients diagnosed with cutaneous melanoma between 1st July 2024 and 30th June 2025. Cancer audit data underpins much of the 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. The Skin Cancer MCN remains committed to improving the quality and completeness of clinical audit data to ensure continued robust performance assessment and the identification of areas for service improvement.

This year's results illustrate persistent challenges around diagnostics (QPI 7(i)), timely surgery (QPI 7(ii)) and timely imaging (QPI 9). Ongoing review of pathology reporting (QPI 7(i)) is required to ensure that the encouraging signs of improvement this year continue to be realised.

The main area of clinical concern is the continued poorer performance in NHS Ayrshire & Arran across a number of key points in the patient pathway; including significant delays in both time from referral to diagnosis and time to WLE (QPI 7(ii)). The results show overall a much longer median referral to treatment completion pathway for those patients in NHS Ayrshire & Arran.

In previous years the MCN has engaged with NHS Ayrshire & Arran around these concerns with some improvement seen in the time to pathology reporting (QPI 7(i)). Delays in the pathway in NHS Ayrshire & Arran will be the key point of discussion for the Melanoma Exception Report being presented to RCOG in March.

Note that QPI measures that have been met by all NHS Boards and all sectors within NHSGGC are included in the summary results table but not within the body of the report.

Action Required:

- NHS Ayrshire & Arran and NHS Forth Valley to review the pathway from referral to diagnosis, provide feedback to the MCN and take steps to improve the timeliness of diagnosis in light of the findings.
- NHS Ayrshire & Arran to review patients not meeting QPI 3(i), identify the reasons for delays and take action to improve the timeliness of MDT discussion.
- NHS Lanarkshire to consider discussion of incisional biopsies at MDT as currently patients are only discussed once they have had their excisional biopsy.
- NHS Lanarkshire to ensure patients are referred to MDT by cancer trackers, or at the time of dictating results letters, rather than waiting for a patient to be seen in clinic.
- NHSGGC to highlight the need to record the examination of draining lymph node basins to those clinicians who had patients for which it had not been recorded.
- NHS Ayrshire & Arran to review the reasons for their lower performance against QPI 6 and report to the MCN whether this is the result of delays in WLE or WLE not being performed.
- MCN to collate outcomes of steps undertaken within individual Boards to improve triaging information for pathology service, assess the effectiveness of these approaches and identify whether WoSCAN should agree a standard practice.
- All NHS Boards to report to MCN on whether improvements in timeliness of pathology reporting are a consequence of temporary measures, such as outsourcing, or substantive staffing.
- MCN Clinical Lead to escalate the considerable delays to both diagnosis and WLE in NHS Ayrshire & Arran to the Regional Cancer Overview Group.
- NHS Ayrshire & Arran to undertake a deep dive into the patient pathway from pathology reporting to WLE to identify the points in the pathway at which delays occurred and develop a plan for

improvement. This should include an action plan to address how the waiting lists will be reduced and a projected timeline for improvements to be realised.

- NHSGGC to provide feedback to the MCN on outcomes of the upcoming planned care improvement work.
- NHS Lanarkshire to report to MCN whether adequate theatre time for GA procedures has been identified.
- All NHS Boards to work with clinicians to ensure that CT imaging is requested as soon as possible after patients have been identified as having Stage IIB or above cutaneous melanoma.
- MCN & Board audit teams to discuss accurate recording of the date clinicians request imaging for patients diagnosed from July 2025 for analysis in the next audit period.
- MDTs to clearly document any agreement at the MDT meeting that staging imaging would be inappropriate; the MCN will report these data annually in future years.

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 maintain an oversight of actions at a regional level and to allow co-ordinated regional action where appropriate.**

Performance Summary Report

Key	
	Above Target Result
	Below Target Result
	No comparable data
-	Less than 5 patients in denominator

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1(i): Diagnostic Biopsy Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patient with diagnostic excision biopsy as their initial procedure	90%	2024-25	100% (105/105)	100% (92/92)	99% (354/356)	100% (145/145)	100% (696/698)
		2023-24	100%	100%	100%	100%	100%
		2022-23	100%	99%	98%	99%	99%
QPI 1(ii): Diagnostic Biopsy* Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patients with diagnostic partial biopsy as their initial procedure	90%	2024-25	-	100% (24/24)	98% (55/56)	100% (11/11)	99% (91/92)
		2023-24	-	100%	98%	100%	99%
		2022-23	-	100%	97%	100%	98%
QPI 2: Pathology Reporting Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset)	90%	2024-25	98% (104/106)	100% (95/95)	100% (361/362)	100% (148/148)	100% (708/711)
		2023-24	100%	99%	100%	100%	100%
		2022-23	100%	92%	98%	99%	98%
QPI 3(i): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IA cutaneous melanoma who are discussed at a MDT meeting within 4 weeks of initial pathology report being issued	95%	2024-25	51% (27/53)	100% (47/47)	96% (205/214)	92% (56/61)	89% (335/375)
		2023-24					
		2022-23					
QPI 3(ii): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment	95%	2024-25	94% (48/51)	99% (67/68)	96% (192/199)	95% (80/84)	96% (387/402)
		2023-24					
		2022-23					

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 4: Clinical Examination of Draining Lymph Nodes Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	95%	2024-25	95% (102/107)	95% (113/119)	92% (386/419)	92% (144/156)	93% (745/801)
		2023-24	100%	96%	91%	96%	94%
		2022-23	100%	89%	93%	90%	93%
QPI 6: Wide Local Excisions Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	95%	2024-25	87% (88/101)	99% (111/112)	96% (390/406)	97% (138/143)	95% (727/762)
		2023-24	92%	100%	96%	94%	95%
		2022-23	98%	99%	98%	91%	97%
QPI 7 (i): Time to Wide Local Excision Proportion of patients with cutaneous melanoma where diagnostic biopsy is reported within 21 days	90%	2024-25	66% (70/106)	88% (103/117)	85% (351/413)	70% (109/156)	80% (633/792)
		2023-24	33%	75%	81%	55%	68%
		2022-23	24%	58%	73%	82%	67%
QPI 7 (ii): Time to Wide Local Excision (v4) Proportion of patients with cutaneous melanoma where wide local excision is undertaken within 63 days of diagnostic biopsy reporting	90%	2024-25	28% (25/88)	96% (107/111)	66% (257/391)	70% (97/138)	67% (486/728)
		2023-24	29%	98%	73%	48%	66%
		2022-23	29%	89%	82%	52%	70%
QPI 8: BRAF Status* (v4) Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked	90%	2024-25	-	91% (10/11)	100% (28/28)	100% (21/21)	98% (61/62)
		2023-24	100%	100%	98%	75%	95%
		2022-23	100%	100%	100%	100%	100%
QPI 9: Imaging for Patients with Advanced Melanoma (v4) Proportion of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo CT or PET CT within 35 days of pathology report being issued	95%	2024-25	64% (7/11)	83% (15/18)	70% (38/54)	37% (18/49)	59% (78/132)
		2023-24	80%	63%	70%	43%	65%
		2022-23	67%	71%	68%	62%	67%

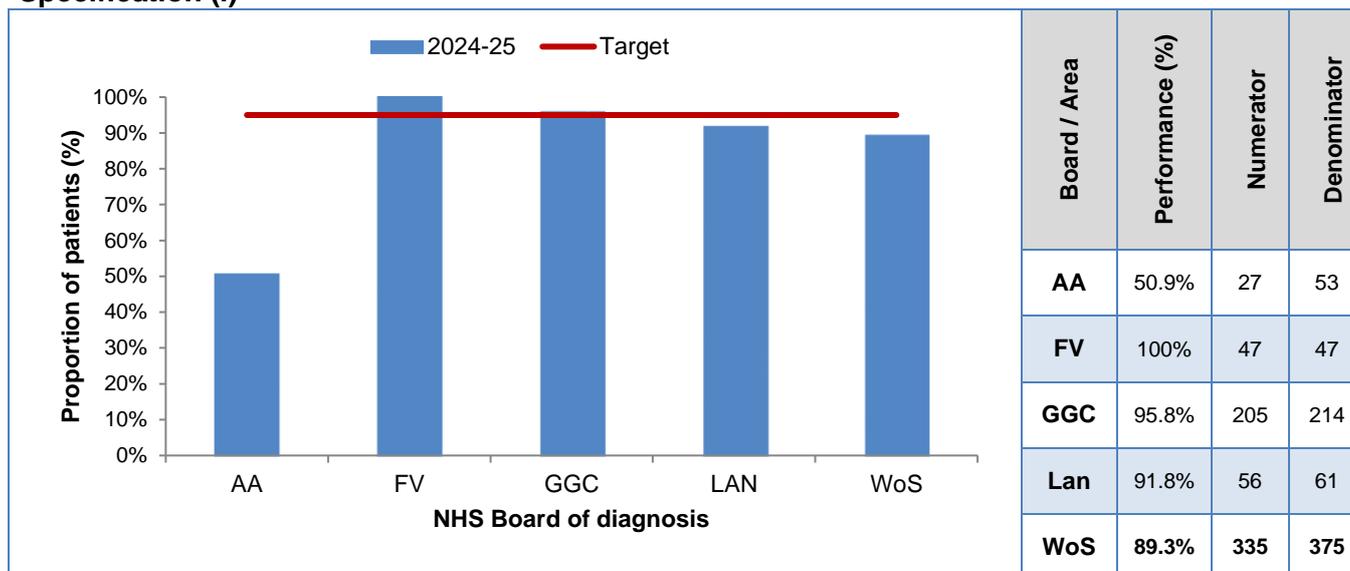
QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 14: Sentinel Lymph Node Biopsy (v4) Proportion of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB	45%	2024-25	53% (26/49)	47% (29/62)	58% (106/184)	46% (46/100)	52% (207/395)
		2023-24	55%	59%	58%	47%	55%
		2022-23	55%	83%	58%	50%	59%
QPI 16: Adjuvant Systemic Anti-Cancer Therapy (SACT) Proportion of patients with resected stage IIB or IIC cutaneous melanoma who undergo adjuvant SACT	25%	2024-25	33% (3/9)	31% (5/16)	40% (21/52)	33% (13/40)	36% (42/117)
		2023-24					
		2022-23					

**Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

QPI 3: Multi-Disciplinary Team Meeting (MDT)

Description:	Proportion of patients with cutaneous melanoma who are discussed at MDT. The specifications of this QPI are separated to ensure clear measurement of both: (i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting within 4 weeks of initial pathology report being issued; and (ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.
Numerator:	(i) Number of patients with stage IA cutaneous melanoma discussed at the MDT meeting within 4 weeks of initial pathology report being issued. (ii) Number of patients with stage IB and above cutaneous melanoma who are discussed at the MDT meeting before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy)
Denominator:	(i) All patients with stage IA cutaneous melanoma. (ii) All patients with stage IB and above cutaneous melanoma.
Exclusions:	(i) No exclusions (ii) Patients who died before first treatment and patients who require no wide local excision as agreed by MDT
Target:	95%

Specification (i)



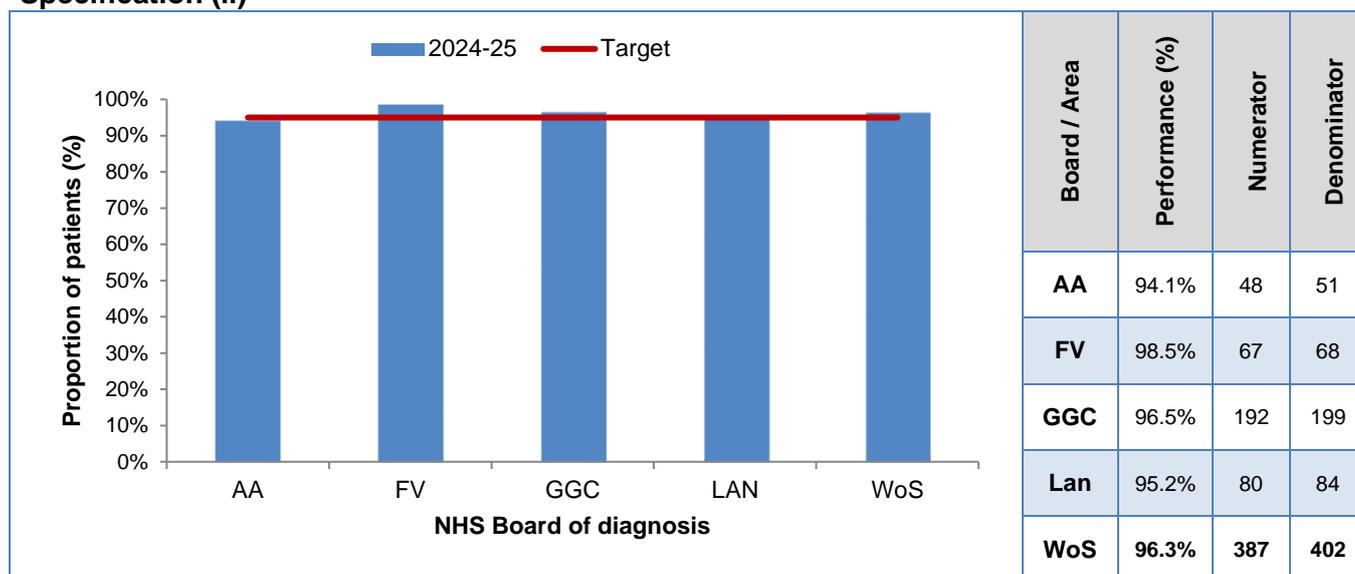
This is the first year of reporting of the revised definition for this specification following the recent Formal Review of Cutaneous Melanoma QPIs. The measure now requires MDT discussion to be within 4 weeks of the initial pathology report. All patients not meeting this QPI were ultimately discussed at the MDT. For some of these patients delays in MDT discussion were due to valid reasons such as pathology seeking specialist opinion, delays to clinic appointments due to patient availability or patients awaiting excision biopsy after incision biopsy before MDT discussion. Performance was considerably lower in NHS Ayrshire & Arran compared to the other NHS Boards.

Boards have identified actions to improve timeliness of MDT discussion for early stage melanomas:

- NHS Ayrshire & Arran will highlight to all MDT members the need for prompt listing of patients for MDT once pathology results are reported.
- NHSGGC will review the process of listing patients for MDT discussion with the MDT administrators.
- NHS Lanarkshire will consider discussion of incisional biopsies at MDT as currently patients are only discussed once they have had their excisional biopsy.

- NHS Lanarkshire will highlight the need for referral to MDT by cancer trackers, or at the time of dictating results letters, rather than waiting for a patient to be seen in clinic.

Specification (ii)



The definition for this specification was amended at the recent Formal Review of Cutaneous Melanoma QPIs to exclude patients where the MDT agree that no WLE is required; in such cases the excision biopsy will be the definitive treatment so it is not possible for patients to be discussed at MDT prior to this biopsy and diagnosis.

The WoSCAN information team's review of the QPI data for three patients in NHS Ayrshire & Arran who were not discussed at the MDT prior to definitive treatment highlights that all were discussed at MDT, but after treatment.

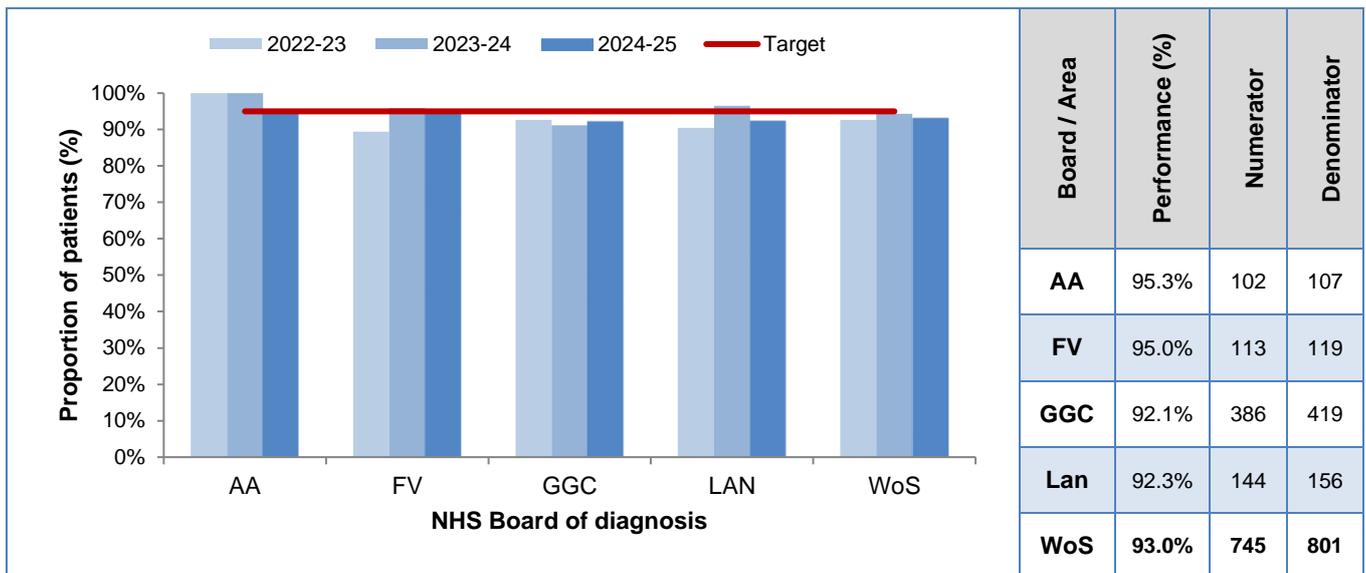
Additional information is now recorded on the number of patients for which the MDT agreed that no WLE was required. Numbers of patients are small for individual NHS Boards so it is hard to draw conclusions from a single year's data.

Action required:

- NHS Ayrshire & Arran to review patients not meeting QPI 3(i), identify the reasons for delays and take action to improve the timeliness of MDT discussion.**
- NHS Lanarkshire to consider discussion of incisional biopsies at MDT as currently patients are only discussed once they have had their excisional biopsy.**
- NHS Lanarkshire to ensure patients are referred to MDT by cancer trackers, or at the time of dictating results letters, rather than waiting for a patient to be seen in clinic.**

QPI 4: Clinical Examination of Draining Lymph Node Basins

Description:	Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.
Numerator:	Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.
Denominator:	All patients with cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%



Examination of regional lymph nodes is universally agreed to be a key part of the assessment of patients with melanoma. While there has been historic improvement in performance against this QPI, performance has been steadily just under the 95% target in recent years.

Review of cases where clinical examination of lymph nodes was not recorded in NHSGGC indicates that there were a number of clinicians with just one patient not having the examination recorded, suggesting that this was likely to be a recording omission. Eight patients declined or were too unwell to attend their follow-up appointment or died before nodes could be examined. Four patients were given diagnosis by telephone, highlighting the need for examination of nodes at the first physical review. Clinicians who did not record the examination of lymph nodes will be reminded to do so. Within NHS Lanarkshire, all clinicians have been reminded about the importance of examining draining lymph node basins and accurate documentation of these checks being performed.

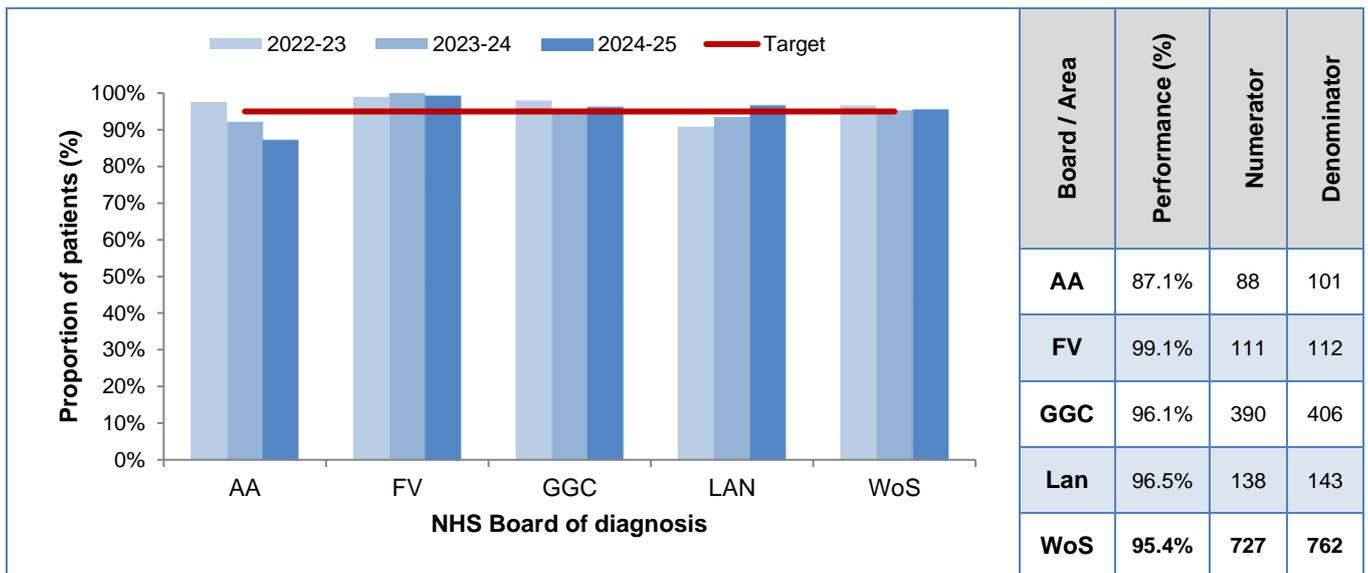
Skin cancer is one of the next tumour groups to be transferred to the new regional electronic MDT system. A tumour-specific dataset has been developed which includes the recording of lymph node examination. It is hoped that the regional roll-out of this system will improve performance against this QPI.

Action Required:

- **NHSGGC to highlight the need to record the examination of draining lymph node basins to those clinicians who had patients for which it had not been recorded.**

QPI 6: Wide Local Excisions

Description:	Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.
Numerator:	Number of patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who undergo a wide local excision.
Denominator:	All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.
Exclusions:	Patients who require no wide local excision as agreed by MDT.
Target:	95%



The WoSCAN information team reviewed QPI data for the patients where WLE had not been performed within NHS Ayrshire & Arran and concluded that the majority were awaiting WLE at the time of reporting and are likely to have WLE at a later date. Issues with delays to WLE are discussed under QPI 7(ii) below.

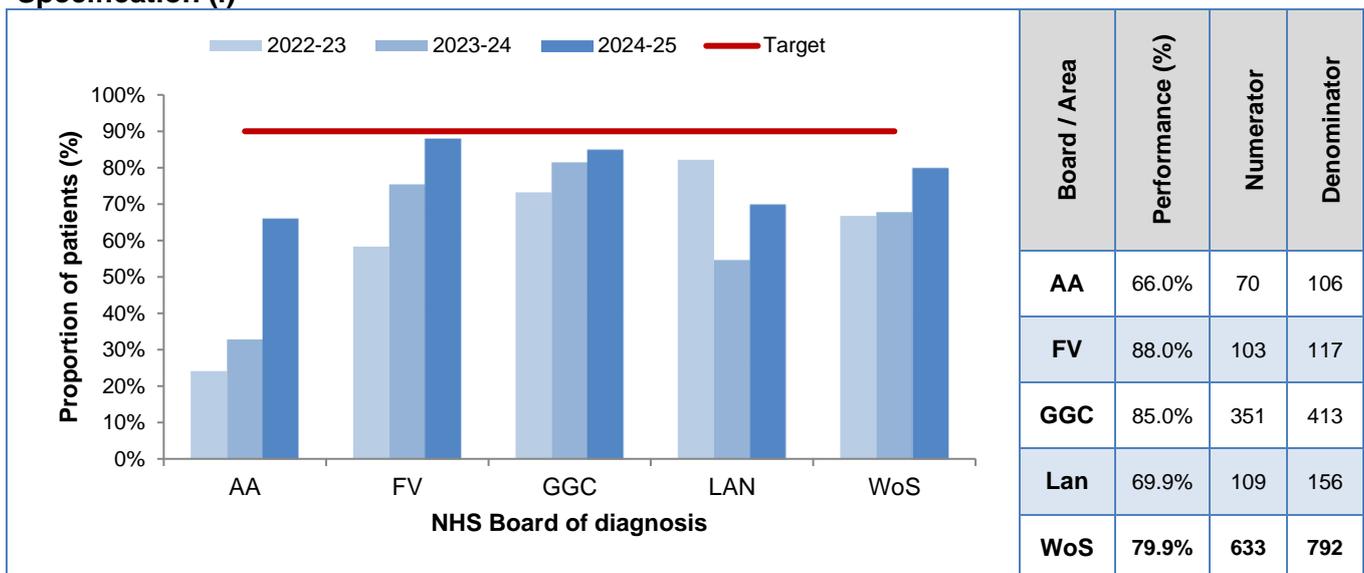
Action required:

- **NHS Ayrshire & Arran to review the reasons for their lower performance against QPI 6 and report to the MCN whether this is the result of delays in WLE or WLE not being performed.**

QPI 7: Time to Wide Local Excision

Description:	Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.
	Please note: Rather than an overall timeframe, this QPI measures two distinct elements of the pathway: (i) Diagnostic biopsy reported within 21 days; and (ii) Wide local excision undertaken within 63 days of diagnostic biopsy reporting.
Numerator:	(i) Number of patients with cutaneous melanoma undergoing diagnostic biopsy where this is reported within 21 days. (ii) Number of patients with cutaneous melanoma undergoing diagnostic biopsy where wide local excision is undertaken within 63 days of diagnostic biopsy reporting.
Denominator:	(i) All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy. (ii) All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who proceed to wide local excision.
Exclusions:	No exclusions.
Target:	90%

Specification (i)



Results identify issues with the timeliness of pathology reporting across WoSCAN. However, there has been significant improvement in the most recent year of reporting across all NHS Boards. This is most notable in NHS Ayrshire & Arran, where an additional pathologist has been in post since July 2024. Within NHS Lanarkshire, improvements in performance are considered to be due to the addition of a score of the level of suspicion of melanoma to pathology request forms for excision biopsies. This was introduced in March 2024 and allows pathology services to prioritise the most suspicious specimens. Further, within NHSGGC the time to pathology reporting for patients failing this QPI has reduced by 10 days in the last year of reporting, showing further evidence of improvements in timeliness of pathology reporting within the Board.

The median time to pathology reporting over the last three years is shown below. As well as improvements to the QPI measure there has been substantial improvement in NHS Ayrshire & Arran median time to pathology reporting, which is very reassuring.

Median time from biopsy to pathology reporting (plus interquartile range)

Year	Median (days) Q1 - Q3 (days)				
	Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
2022-23	34 21-62	16.5 12-26	15 11-22	15 11-19	16 12-26
2023-24	29 20 - 41	16 11 - 21	14 11 - 20	21 15 - 24	16 12 - 25
2024-25	18 14 - 25	14 9 - 16	13 9 - 18	16 9 - 22	14 9 - 20

Nevertheless, there continue to be significant resource pressures on pathology services across the region. Individual NHS Boards are taking steps to improve clinical information to assist with triaging by pathology services:

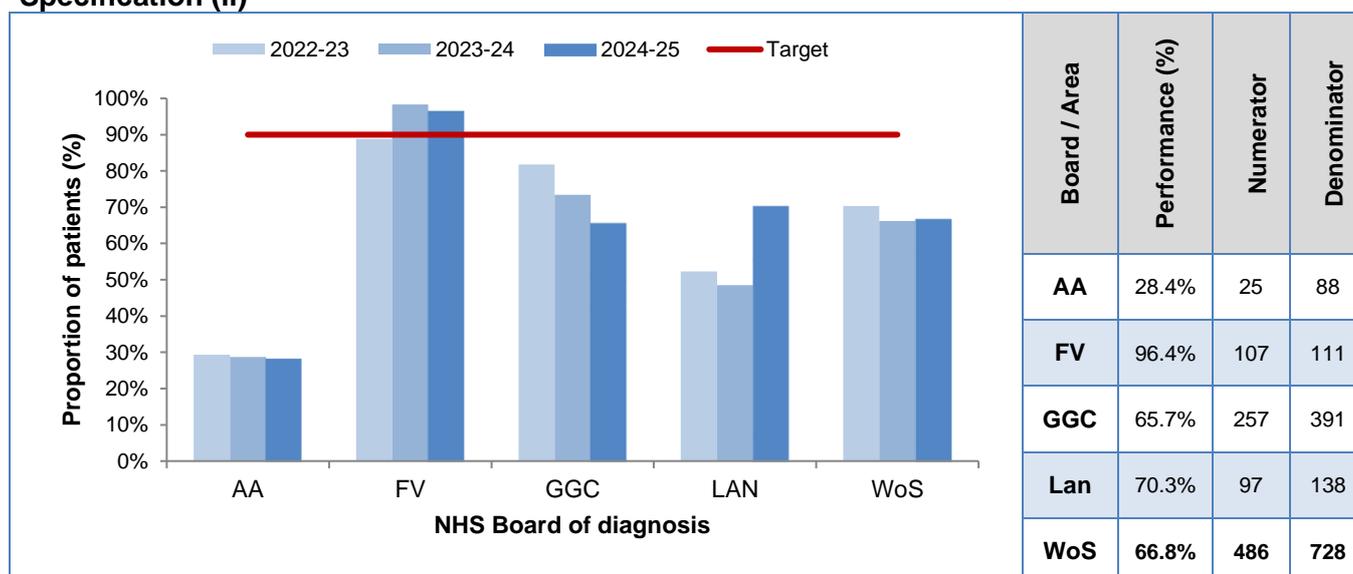
- NHS Forth Valley continue to encourage clinicians to highlight suspected skin cancer diagnoses clearly on biopsy forms.
- NHS Lanarkshire continue to use melanoma risk score to enable pathology colleagues to prioritise cases as audit results show a clear benefit of this.
- The pathology team in the Clyde sector of NHSGGC are piloting a similar pigmented lesion triage score.

In addition, NHSGGC has approved the outsourcing of pathology reporting to assist with the current backlog.

Actions required:

- **MCN to collate outcomes of steps undertaken within individual Boards to improve triaging information for pathology service, assess the effectiveness of these approaches and identify whether WoSCAN should agree a standard practice.**
- **All NHS Boards to report to MCN on whether improvements in timeliness of pathology reporting are a consequence of temporary measures, such as outsourcing, or substantive staffing.**

Specification (ii)



Timing of WLE is key as delays can result in patients being unable to progress to adjuvant treatment. Further information on the time to WLE across WoSCAN can be seen below.

Median time from pathology reporting report to WLE (plus interquartile range)

Year	Median (days) Q1 - Q3 (days)				
	Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
2022-23	85 58-109	41 28-57	44 27-59	56 32-81	51 34-70
2023-24	78 38 - 107	44 33 - 54	45 27 - 63	63 40 - 98	54 36 - 77
2024-25	89 61 - 129	35 29 - 49	55 37 - 72	54 40 - 67	53 37 - 72

Within NHS Ayrshire & Arran, significant issues remained with the pathway to WLE during 2024-25 with one in four patients waiting over 129 days for WLE. As NHS Ayrshire & Arran have a substantially longer time from referral to diagnosis than other WoSCAN boards, the median time from referral to the completion of surgical treatment is significantly longer within the Board. On review of the clinical data more than 91% of the cases which failed to meet the QPI had been referred onto the plastic surgery services for WLE. Plastic surgery services were historically supplied by NHSGGC through a service level agreement. NHS Ayrshire & Arran employed a full time Plastic Surgery Consultant in autumn 2025 which is anticipated to improve performance for the 2025-26 reporting period.

NHS Lanarkshire performance against this measure improved considerably in this year of reporting. The Board started to record the target date for WLE at MDT during this audit period, with information being passed to staff responsible for booking WLEs and SLNBs at the end of each MDT meeting. As a result, performance is anticipated to improve further in 2025-26, although there are ongoing challenges within the Board in securing theatre access for patients requiring a general anaesthetic for their procedure.

Review of NHSGGC patients not meeting this measure concluded that the most common delay in the pathway is for surgical treatment in plastic surgery, especially for procedures requiring a general anaesthetic. The cases with the longest delay tended to be multi-factorial including a longer delay to referral or patient induced delay during the pathway. Some delays were clinically appropriate; such as unrelated health issues or starting immunotherapy. NHSGGC has identified the skin cancer pathway as a key priority for planned care improvements for 2026; this will include a review of surgical waiting times and consider whether internal referral processes can be made more efficient.

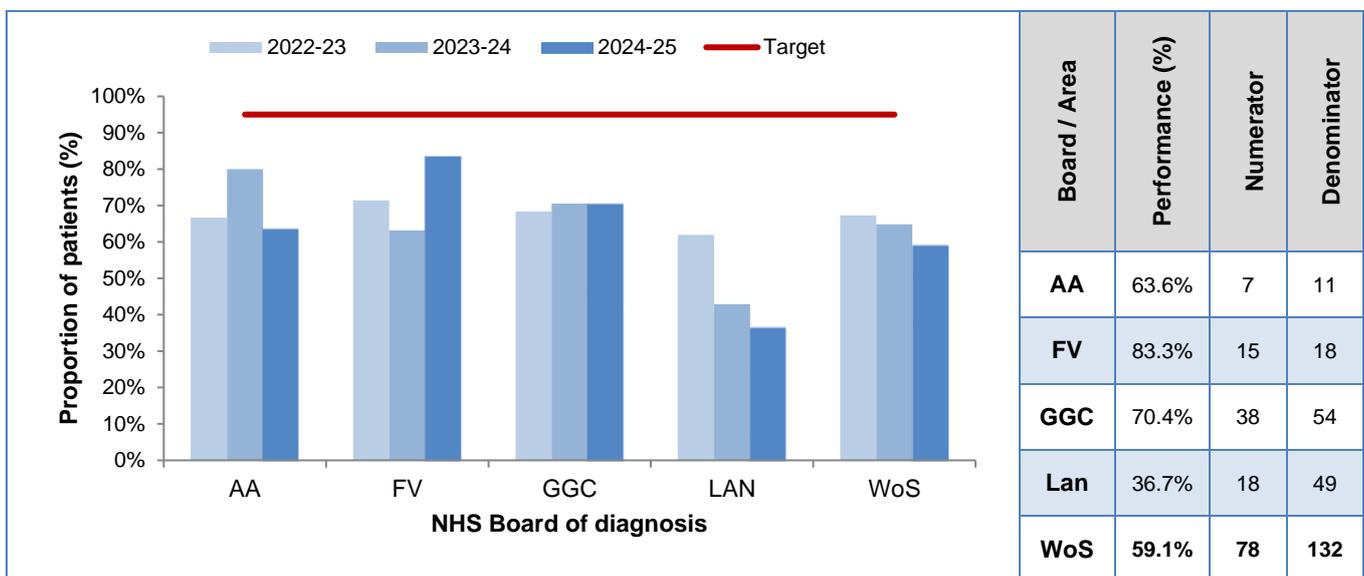
At the recent Formal Review of Cutaneous Melanoma QPIs, amendments were made to this measure so that in future years patients having WLE by general anaesthetic and local anaesthetic will be reported separately. These results will be reported for the first time for patients diagnosed in 2025-26 and will help identify where delays in WLE occur.

Actions Required:

- **MCN Clinical Lead to escalate the considerable delays to both diagnosis and WLE in NHS Ayrshire & Arran to the Regional Cancer Overview Group.**
- **NHS Ayrshire & Arran to undertake a deep dive into the patient pathway from pathology reporting to WLE to identify the points in the pathway at which delays occurred and develop a plan for improvement. This should include an action plan to address how the waiting lists will be reduced and a projected timeline for improvements to be realised.**
- **NHSGGC to provide feedback to the MCN on outcomes of the upcoming planned care improvement work.**
- **NHS Lanarkshire to report to MCN whether adequate theatre time for GA procedures has been identified.**

QPI 9: Imaging for Patients with Advanced Melanoma

Description:	Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.
Numerator:	Number of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of pathology report being issued.
Denominator:	All patients with pathologically confirmed stage IIC and above cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%



The majority of patients not meeting this QPI (42 of 54 patients) did have complete CT imaging, but more than 35 days after diagnosis. An NHSGGC review of patients having delayed imaging noted that this was due to a combination of delays in both requesting and undertaking imaging. As such, the Board will work with clinicians to ensure CT imaging is requested as soon as possible. For some of the patients with the longest waits, the MDT concluded that treatment options were limited due to patient comorbidities; in these cases the time to imaging was considered clinically appropriate.

While the date of radiology request is recorded within audit, request dates in TRAKCARE may not be accurate as radiology employs a specific alternative system (Computed Radiology Information System (CRIS)) and therefore these data cannot be interpreted for 2024-25. Further work is required to ensure data are clinically meaningful to enable analysis for patients diagnosed in 2025-26. This will help to assess whether there is a need to improve timeliness of radiology requests across NHS Boards.

Across WoSCAN, work was undertaken to improve communication between cancer clinicians and Radiology Services to ensure appropriate prioritisation of melanoma patients; radiologists are now active participants in the Skin Cancer MCN Advisory Board. However provision of timely radiology services continues to be challenging.

Twelve patients across WoS (9%) were recorded as having no CT scan or incomplete imaging. Many of these patients were not considered fit for further treatment and therefore imaging was not considered to be clinically appropriate; only one progressed to WLE, three died within 4 months of diagnosis, two were considered not to have capacity for imaging to be performed and a further two declined imaging.

At the recent Formal Review of Cutaneous Melanoma QPIs amendments were made to:

- Include patients in this measure with Stage IIB disease in light of advances in treatment options for these patients.
- Exclude patients where the MDT agree that radiological staging is inappropriate.
- Add an additional specification to measure the proportion of patients where imaging is reported within 14 days of the imaging procedure.

These results will be reported for the first time for patients diagnosed in 2025-26 and will provide a more accurate measure of completeness and timeliness of imaging for melanoma patients.

Action required:

- **All NHS Boards to work with clinicians to ensure that CT imaging is requested as soon as possible after patients have been identified as having Stage IIB or above cutaneous melanoma.**
- **MCN & Board audit teams to discuss accurate recording of the date clinicians request imaging for patients diagnosed from July 2025 for analysis in the next audit period.**
- **MDTs to clearly document any agreement at the MDT meeting that staging imaging would be inappropriate; the MCN will report these data annually in future years.**

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Cutaneous Melanoma Quality Performance Indicators																										
Time Period	Patients diagnosed between 01 July 2024 to 30 June 2025																										
Measurability version	Melanoma QPI Measurability v5.0 where possible. For QPIs 7, 8, 9 & 14 Melanoma QPI Measurability v4.1 was used.																										
Data extraction date	20 November 2025 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.																										
Data Quality	<table border="1"> <thead> <tr> <th>Health Board of diagnosis</th> <th>2024-25 Audit Data</th> <th>Cases from Cancer registry (2019-2023)</th> <th>Case Ascertainment</th> </tr> </thead> <tbody> <tr> <td>Ayrshire & Arran</td> <td>108</td> <td>118</td> <td>91.5%</td> </tr> <tr> <td>Forth Valley</td> <td>119</td> <td>93</td> <td>128.0%</td> </tr> <tr> <td>GGC</td> <td>419</td> <td>385</td> <td>108.8%</td> </tr> <tr> <td>Lanarkshire</td> <td>156</td> <td>141</td> <td>110.6%</td> </tr> <tr> <td>WoS Total</td> <td>802</td> <td>737</td> <td>108.8%</td> </tr> </tbody> </table>			Health Board of diagnosis	2024-25 Audit Data	Cases from Cancer registry (2019-2023)	Case Ascertainment	Ayrshire & Arran	108	118	91.5%	Forth Valley	119	93	128.0%	GGC	419	385	108.8%	Lanarkshire	156	141	110.6%	WoS Total	802	737	108.8%
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