West of Scotland Cancer Network

Skin Cancer
Managed Clinical Network

Audit Report

Cutaneous Melanoma
Quality Performance Indicators

Clinical Audit Data: 1st July 2020 to 30th June 2021

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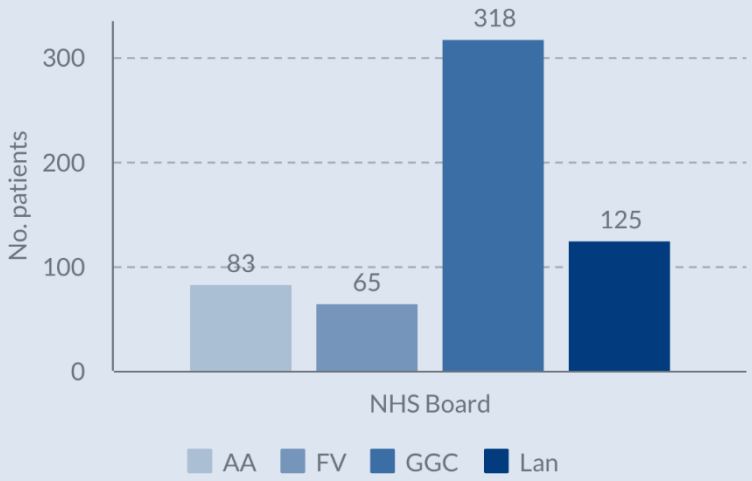
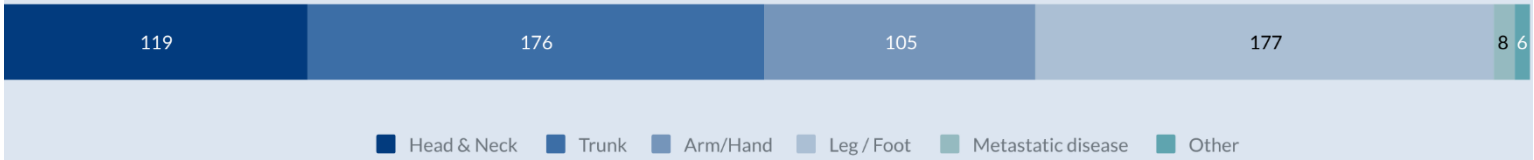
Cutaneous Melanoma QPI Overview

Patients diagnosed July 2020 - June 2021

Number of patients	591
Median Age of Patients:	
Male	68
Female	60
5 year survival:	
Male	92%
Female	96%

Where are patients diagnosed





Site of Cutaneous Melanoma

Performance (%)

	Target	(i)	(ii)
QPI 1: Diagnostic Biopsy	90%	99%	99%
QPI 2: Pathology Reporting	90%	97%	
QPI 3: MDT Meeting	95%	95%	
QPI 4: Clinical Examination of Draining Lymph Node Basins	95%	88%	
QPI 5: Sentinel Node Biopsy Pathology	90%	98%	
QPI 6: Wide Local Excisions	95%	94%	
QPI 7: Time to Wide Local Excision	95%	79%	80%
QPI 8: BRAF Status	75%	100%	
QPI 9: Imaging for Patients with Advanced Melanoma	95%	38%	
QPI 10: Systemic Therapy	60%	67%	
QPI 12: Surgical Margins	85%	57%	
QPI 13: Clinical Trials and Research Study Access	15%	4%	

Target Performance 2020-21 Change from 2019-20

Key Achievements:

- QPI consistently met for unresectable Stage III and IV patients having BRAF testing (QPI 8) and receiving SACT (QPI 10).
- Improvements in recording of disease stage and clinical margins at the time of excision biopsy.

Areas for Improvement:

- Improving time from diagnostic biopsy to WLE (QPI 7).
- Ensuring that CT imaging requests are appropriately prioritised and reported in a timely manner (QPI 9).

Executive Summary

Introduction

This report presents an assessment of the performance of West of Scotland (WoS) Skin Cancer Services using clinical audit data relating to patients diagnosed with cutaneous melanoma between 1st July 2020 and 30th June 2021.

In order to ensure the success of the Cancer QPIs in driving quality improvement in cancer care, QPIs will continue to be assessed for clinical effectiveness and relevance. Clinically led review aims to identify potential refinements to the current QPIs and involves key clinicians from each of the Regional Cancer Networks. The initial formal review of cutaneous melanoma QPIs took place in 2018; a second cycle of review has just been completed however QPI amendments from this second review were not finalised in time to be used for the analysis presented within this report and will be reported for patients diagnosed from July 2021.

Results

A summary of the Cutaneous Melanoma QPI performance for the 2020/21 audit data is presented below, with a more detailed analysis of the results set out in the main report. Data are analysed by location of diagnosis and illustrate NHS Board performance against each target and overall regional performance for each performance indicator.

Summary of QPI Performance

Key	
	Above Target Result
	Below Target Result
-	Data based on < 5 patients

* denoted results based on small numbers of patients - comparisons for these should be viewed with caution.

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%	2020-21	98.7%	98.2%	99.6%	98.1%	99.0%
		2019-20	-	100.0%	99.2%	97.6%	98.8%
		2018-19	97.2%	100.0%	99.6%	98.3%	99.0%
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%	2020-21	100.0%	83.3%	100.0%	100.0%	98.9%
		2019-20	-	100.0%	100.0%	100.0%	100.0%
		2018-19	80.0%	100.0%	100.0%	100.0%	98.9%
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%	2020-21	98.7%	94.7%	96.8%	99.1%	97.4%
		2019-20	-	98.6%	99.6%	89.8%	96.6%
		2018-19	94.4%	100.0%	98.4%	96.9%	97.6%
QPI 3: Multi-Disciplinary Team Meeting (MDT) Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.	95%	2020-21	92.7%	96.9%	93.4%	97.6%	94.6%
		2019-20	-	91.6%	89.1%	93.6%	90.7%
		2018-19	87.8%	95.6%	90.2%	95.4%	91.7%
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%	2020-21	91.6%	66.2%	87.7%	96.8%	87.8%
		2019-20	-	62.7%	89.5%	94.3%	86.6%
		2018-19	91.5%	71.8%	89.2%	97.4%	90.0%
QPI 5: Sentinel Node Biopsy Pathology* Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	90%	2020-21	100.0%	100.0%	97.8%	93.1%	97.8%
		2019-20	-	100.0%	98.5%	97.0%	98.5%
		2018-19	80%	100.0%	100.0%	100.0%	98.1%

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 6: Wide Local Excisions Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	95%	2020-21	96.3%	90.3%	95.5%	91.5%	94.2%
		2019-20	-	96.3%	96.9%	90.7%	95.1%
		2018-19	88.0%	94.0%	93.3%	95.1%	93.2%
QPI 7 (i): Time to Wide Local Excision Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic excision biopsy.	95%	2020-21	26.3%	82.1%	92.1%	84.0%	78.7%
		2019-20	-	84.1%	82.2%	73.6%	80.0%
		2018-19	41.4%	74.1%	78.8%	75.6%	72.2%
QPI 7 (ii): Time to Wide Local Excision* Proportion of patients with cutaneous melanoma who undergo wide local excision within 84 days of their partial biopsy.	95%	2020-21	83.3%	66.7%	85.9%	50.0%	80.0%
		2019-20	-	72.7%	87.0%	66.7%	81.3%
		2018-19	80.0%	45.5%	90.9%	45.0%	74.7%
QPI 8: BRAF Status* Proportion of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.	75%	2020-21	-	-	-	100.0%	100.0%
		2019-20	-	-	-	100.0%	100.0%
		2018-19	-	-	-	100.0%	100.0%
QPI 9: Imaging for Patients with Advanced Melanoma 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.	95%	2020-21	20.0%	43.8%	41.7%	33.3%	37.9%
		2019-20	-	25.0%	42.2%	37.9%	39.0%
		2018-19	13.6%	7.7%	34.6%	23.1%	21.8%
QPI 10: Systemic Therapy* Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.	60%	2020-21	-	-	-	75.0%	66.7%
		2019-20	-	-	-	60.0%	77.8%
		2018-19	-	-	-	85.7%	77.8%
QPI 12: Surgical Margins Proportion of patients with cutaneous melanoma where complete excision is undertaken with documented clinical margins of 2mm prior to definitive treatment (wide local excision).	85%	2020-21	34.2%	60.7%	57.3%	73.3%	57.4%
		2019-20	-	19.5%	48.6%	59.7%	46.9%
		2018-19	15.9%	4.8%	43.8%	60.3%	40%
QPI 13: Clinical Trials & Research Study Access Proportion of patients diagnosed with cutaneous melanoma who are consented for a clinical trial / research study.	15%	2020	4.2%	2.6%	2.6%	6.4%	3.6%
		2019	4.5%	1.4%	1.3%	8.5%	3.3%
		2018	1.1%	6.1%	3.2%	3.9%	4.5%

Conclusions

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 improve the quality and completeness of clinical audit data to ensure continued robust performance assessment and the identification of areas for service improvement.

The Skin Cancer MCN is encouraged by the results presented in this report which demonstrate that patients with cutaneous melanoma in the WoS continued to receive a high standard of care in spite of the pressures due to the COVID-19 pandemic.

The results presented within this report illustrate that some of the QPI targets set have been challenging for NHS Boards to achieve and there remains room for further service improvement, specifically around documentation of the examination of lymph node basins, time to wide local excision and time to CT/PET CT. However it is encouraging that targets relating to diagnostic biopsy, BRAF status and systemic therapy were consistently met by all Boards in Year 7.

Some variance in performance does exist across the regions and, as per the agreed Regional governance process, each NHS Board was asked to complete a Performance Summary Report, providing a documented response where performance was below the QPI target. NHS Boards have provided detailed comments indicating valid clinical reasons or that, in some cases, patient choice or co-morbidities have influenced patient management. Amendments to the QPI definitions have now been agreed following the second Formal Review of Cutaneous Melanoma QPIs and these revised definitions will be reported from the next reporting period.

The MCN will actively take forward 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 within the Action Plan templates in Appendix 3.

Action Required:

- NHSGGC to re-consider the frequency of Glasgow North /South & Glasgow West Local Skin Cancer MDTs.

- MCN to consider the addition of information on examination of draining lymph nodes to the skin cancer MDT dataset which is being developed as part of a regional MDT improvement programme.

- All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting).

- MCN to work with NHS Ayrshire & Arran and the plastic surgery team in NHSGGC to identify any sources of delay in patients having WLE and actions to enable improvements in this area.

- All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging.

NHS Boards are asked to develop local Action/Improvement Plans in response to the findings presented in the report. **Completed Action Plans should be returned to WoSCAN within two months of publication of this report.** Please note actions have been categorised into groupings (for example surgery, oncology, pathology or data capture) for internal management purposes to allow regional trends to be identified and co-ordinate regional actions across multiple tumour groups where appropriate.

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 annually to the Regional Cancer Advisory Group (RCAG) by NHS Board Territorial Lead Cancer Clinicians and MCN Clinical Leads, and nationally on a three-yearly basis to Healthcare Improvement Scotland as part of the governance processes set out in CEL 06 (2012).

Introduction

This report contains an assessment of the performance of West of Scotland (WoS) Skin Cancer Services using clinical audit data relating to patients diagnosed with cutaneous melanoma in the twelve months between 1st July 2020 and 30th June 2021. These audit data underpin much of the regional development/service improvement work of the Managed Clinical Network (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.

Twelve months of data were measured against the Cutaneous Melanoma Quality Performance Indicators (QPIs)[1] for the seventh consecutive year following the initial Healthcare Improvement Scotland (HIS) publication of cutaneous melanoma QPIs in 2014.

In order to ensure the success of the Cancer QPIs in driving quality improvement in cancer care, QPIs will continue to be assessed for clinical effectiveness and relevance. The initial formal review of cutaneous melanoma QPIs took place in 2018. A second cycle of review has just been completed. Amendments to the QPIs identified in the recent review will start to be implemented during the next audit period; for patients diagnosed from July 2021.

1. Background

Four NHS Boards serve the 2.5 million population of the WoS[2]. In 2020-21, 591 cases of cutaneous melanoma were reported through audit as diagnosed in the region. The multi-disciplinary team (MDT) configuration for services in the region is detailed below.

MDT	Constituent Hospital(s)
Ayrshire & Arran	University Hospital Crosshouse, University Hospital Ayr
Clyde	Royal Alexandra Hospital, Inverclyde Royal Hospital
WACH	West Glasgow Ambulatory Care Hospital, Vale of Leven Hospital
North-South Glasgow	Glasgow Royal Infirmary, Stobhill Hospital, Queen Elizabeth University Hospital, New Victoria Hospital
Forth Valley	Forth Valley Royal Hospital
Lanarkshire	University Hospital Wishaw, University Hospital Monklands
Beatson West of Scotland Cancer Centre (Regional MDT)	Takes referrals from all units in the West of Scotland

The regional skin cancer MDT is co-ordinated from the Beatson West of Scotland Cancer Centre (BWoSCC). It receives referrals from all units in the WoS; it discusses all stage III or IV cutaneous melanomas and high risk squamous cell carcinomas.

1.1 National Context

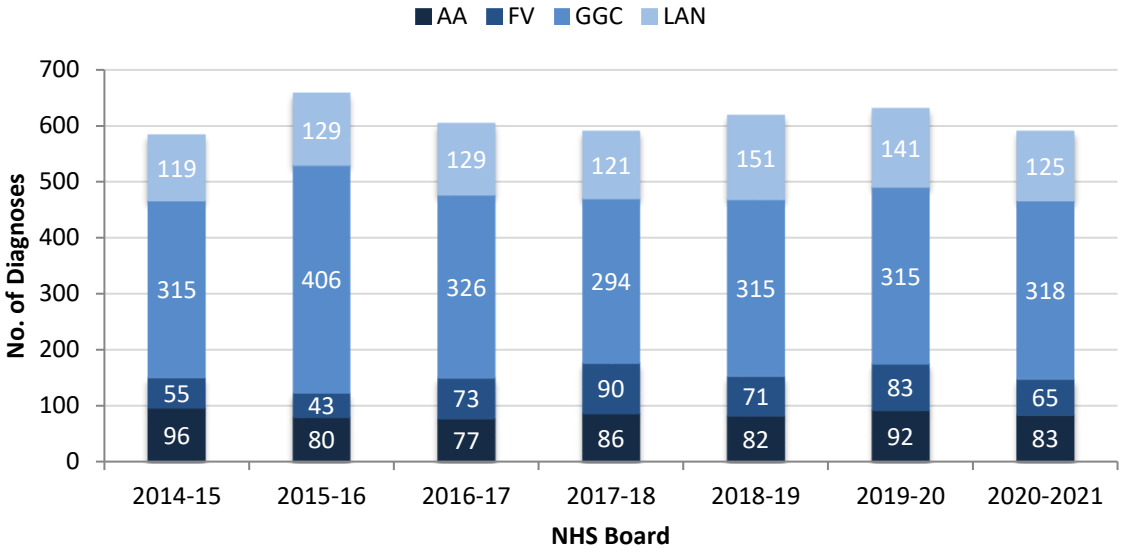
In the ten years from 2009 to 2019, the incidence of malignant melanoma of the skin has increased by 14.5% in all persons[3]. This reflects an increase incidence of 20.7% in males and of 7.8% in females[3]. Overall, malignant melanoma was the fifth most common cancer in Scotland in 2019 with 1,530 new cases diagnosed in this year[3]. This increase is, in the main, attributed to increased exposure to sunlight, both natural and artificial, with the trend in increased sun bed use and more people tending to holiday abroad[4].

Whilst the incidence of malignant melanoma is increasing, survival from the disease is also improving with an increase in the five-year age-standardised relative survival for malignant melanoma from 80.3% in 1993-97 to 91.8% in 2013-17 in males, and 88.9% to 95.5% in females for the same period[5].

1.2 West of Scotland Context

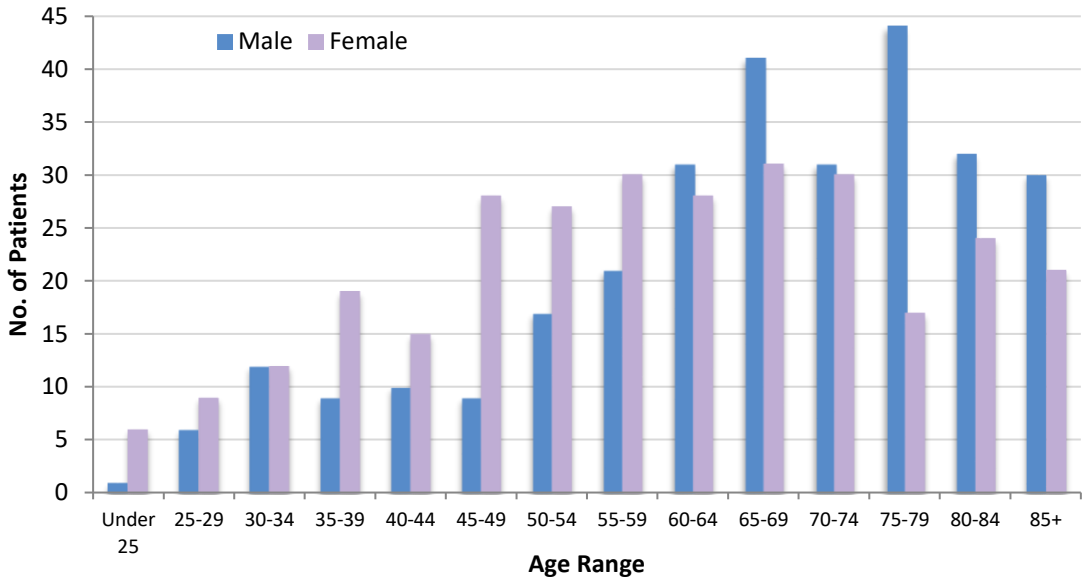
In the WoS, a total of 591 new cases of cutaneous melanoma were recorded through audit between 1st July 2020 and 30th June 2021. The number of patients diagnosed within each NHS Board is presented below. As the largest WoS Board, approximately 50% of all new cases of cutaneous melanoma were

diagnosed in NHS Greater Glasgow and Clyde (NHSGGC) which is in line with population estimates for this Board.



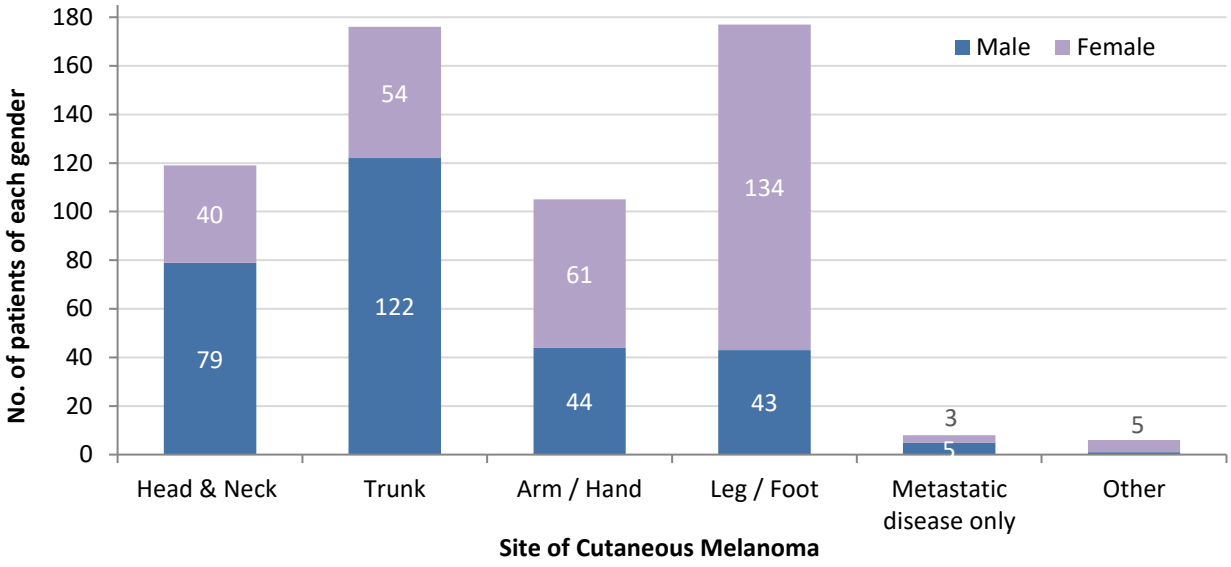
Age and Gender

The number of patients diagnosed in 2019-20 is shown below by age and gender. Of the 591 patients diagnosed with cutaneous melanoma, 50% of patients were male and 50% female. Incidence of cutaneous melanoma was higher in males for those over the age of 60, whereas the incidence was higher in females in patients below this age.



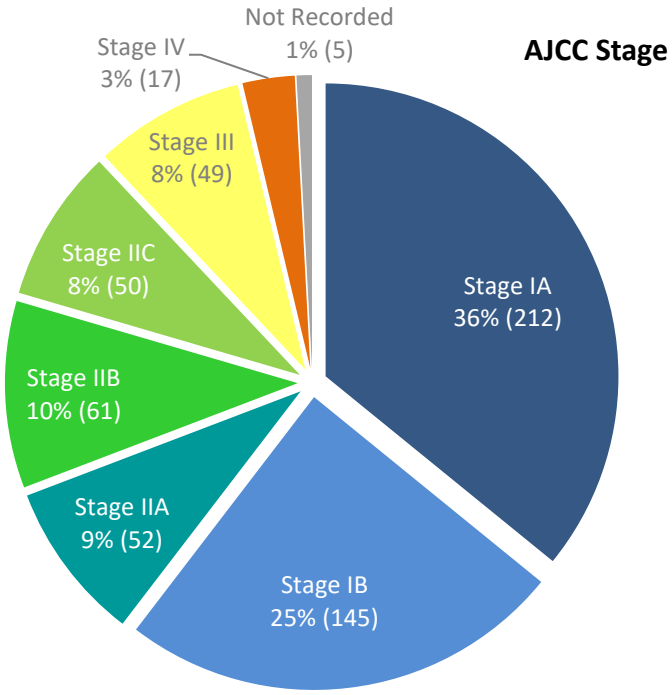
Site of Cutaneous Melanoma

The clinical site of melanomas diagnosed in the WoS in 2020-21 is presented by gender in the figure below. Differences in gender can be seen with males more likely to have melanomas located on the head & neck and trunk, whereas females are more likely to have melanomas located on the upper and lower limbs.



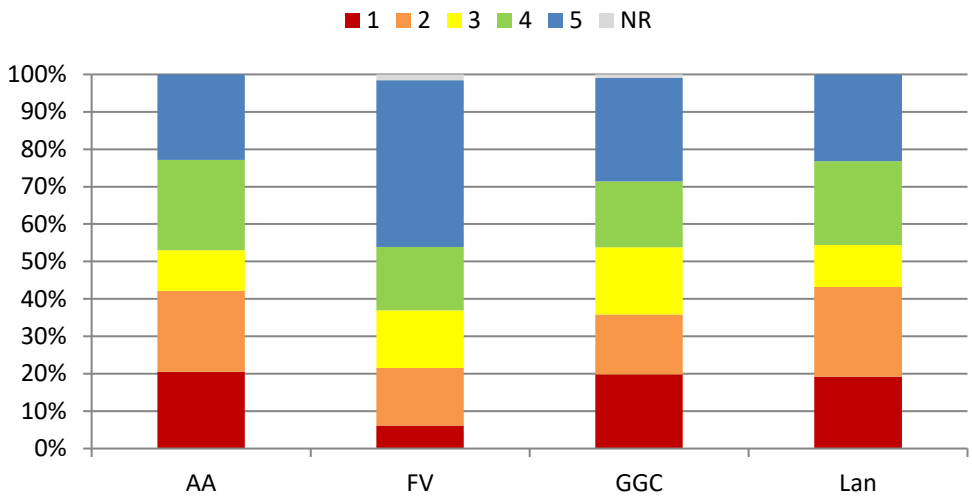
Stage

The AJCC stage of patients diagnosed in the WoS in 2020-21 is presented below, indicating that the majority of patients (60%) present with Stage 1 disease and numbers with advanced disease were relatively small. Stage was not recorded for 5 patients (0.8%), a considerable improvement on 2019-20 where 22 patients (3%) did not have stage recorded.



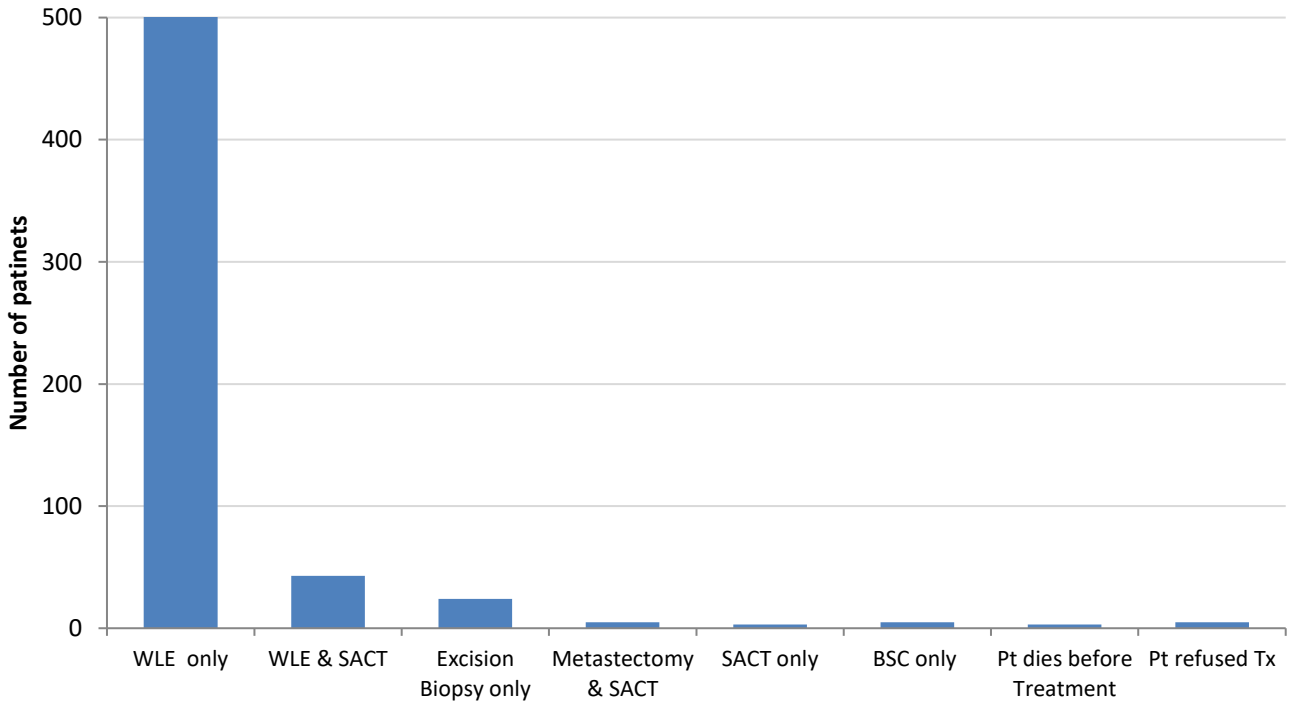
Deprivation Index

The Scottish Index of Multiple Deprivation (SIMD) 2020 quintiles for patients diagnosed with cutaneous melanoma during 2020-21 are shown below; with 1 equating to the most deprived postcodes and 5 equating to the least deprived.



Treatment

The figure below shows the treatment received by patients diagnosed in the WoS in 2020-21. Wide local excision (WLE) without Systemic Anti Cancer Therapy (SACT) was the most common treatment (85% of patients). Much smaller numbers of patients had a WLE with SACT or only had an excision biopsy with no WLE.



2. Methodology

Further detail on the audit and analysis methodology and data quality is available in the meta data within appendix 1.

3. Results and Action Required

Results of the analysis of Cutaneous Melanoma QPIs are set out in the following sections. Data are presented by location of diagnosis and illustrate NHS Board performance against each target and overall regional performance for each performance indicator.

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the percentage calculation has not been shown on any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables impacted by this restricted data are denoted with a dash (-). An asterisk (*) is used to specify a denominator of zero. Any commentary provided by NHS Boards relating to the impacted indicators will however be included as a record of continuous improvement.

Specific regional and NHS Board actions have been identified to address issues highlighted through the data analysis.

QPI 1: Excision Biopsy

The initial biopsy is important for both diagnosis and pathological staging. Evidence has shown an excision biopsy to be the most appropriate procedure as it allows accurate evaluation of tumour thickness and other prognostic factors[1].

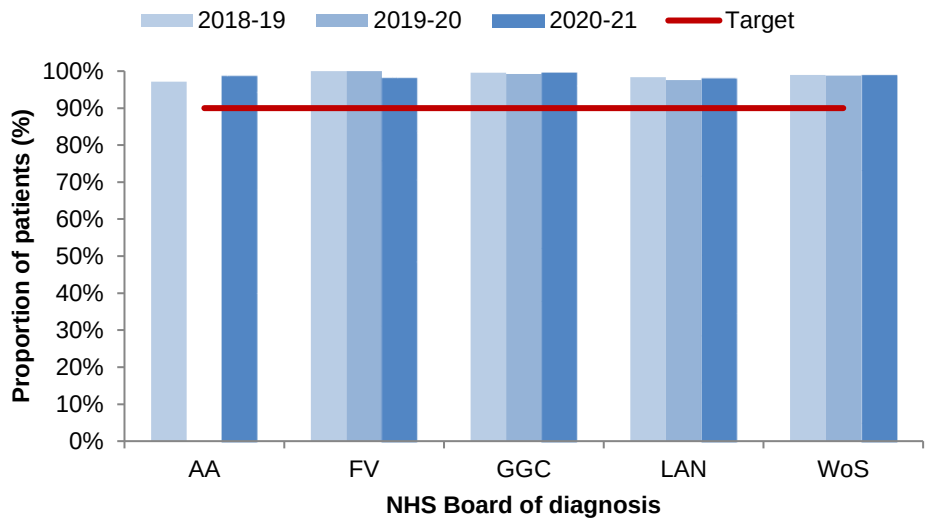
If melanoma is suspected, an excision biopsy should be carried out to ensure the melanoma is completely removed, except in rare circumstances where an incision or shave biopsy may be a more appropriate initial procedure due to location or size of lesion. Patients suspected of having melanoma should be referred to secondary care to have their excision biopsy carried out by someone with specialist experience in melanoma[1].

Description:	Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician*.	
Numerator:	(i)	Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure who had this carried out by a skin cancer clinician*.
	(ii)	Number of patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure who had this carried out by a skin cancer clinician*.
Denominator:	(i)	All patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure.
	(ii)	All patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure.
Exclusions:	No exclusions.	
Target:	**90%**	

***Please note: a skin cancer clinician can be defined as a:**

- Dermatologist;
- Plastic Surgeon;
- Oral and Maxillofacial Surgeon, or
- A locally designated clinician with a special interest in skin cancer, who is also a member (or under the supervision of a member) of the melanoma MDT.

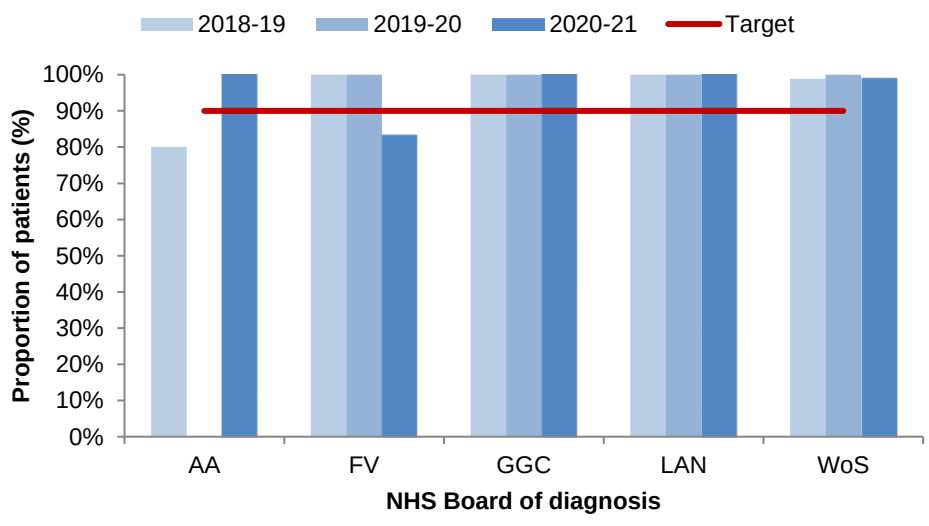
Specification (i)



Board / Area	Performance (%)	Numerator	Denominator
AA	98.7%	76	77
FV	98.2%	55	56
GGC	99.6%	240	241
Lan	98.1%	104	106
WoS	**99.0%**	**475**	**480**

For specification (i) the QPI target of 90% has been comfortably met by all NHS Boards over the last three years. The overall regional performance for the WoS was 99.0%.

Specification (ii)



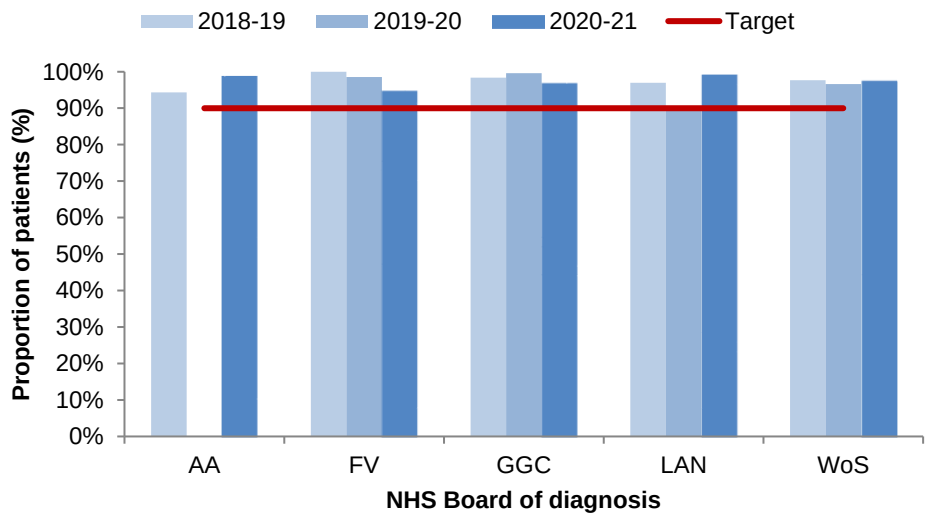
Board / Area	Performance (%)	Numerator	Denominator
AA	100%	5	5
FV	83.3%	5	6
GGC	100%	71	71
Lan	100%	12	12
WoS	**98.9%**	**93**	**94**

For specification (ii) the QPI target of 90% has also been comfortably met by all NHS Boards except NHS Forth Valley in 2020-21, with an overall regional performance for WoSCAN of 98.9%. NHS Forth Valley did not meet the target as 1 out of 6 patients had a biopsy performed by a non-skin cancer clinician but this was clinically appropriate.

QPI 2: Pathology Reporting

To allow treatment planning to take place for patients diagnosed with cutaneous melanoma, prognostic information from the primary excision biopsy is needed. The use of datasets improves the completeness of data in pathology reports[1].

Description:	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).
Numerator:	Number of patients with cutaneous melanoma undergoing 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).
Denominator:	All patients with cutaneous melanoma undergoing diagnostic excision biopsy.
Exclusions:	No exclusions.
Target:	**90%**



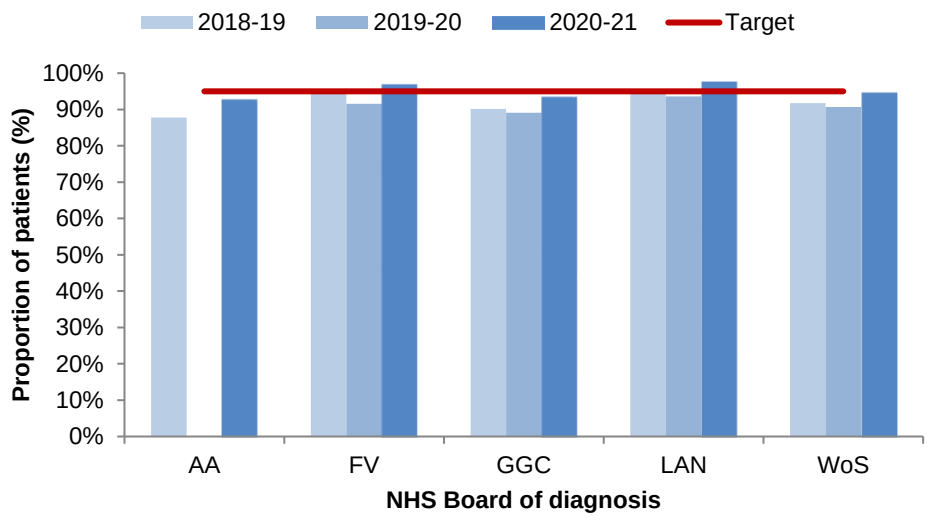
Board / Area	Performance (%)	Numerator	Denominator
AA	98.7%	76	77
FV	94.7%	54	57
GGC	96.8%	244	252
Lan	99.1%	110	111
WoS	**97.4%**	**484**	**497**

The QPI target of 90% was met by all NHS Boards and at a regional level with performance of 97.4%. Performance within NHS Lanarkshire has improved since technical issues with the pathology proforma have been resolved.

QPI 3: Multi-Disciplinary Team Meeting (MDT)

Evidence suggests that patients with cancer managed by a multi-disciplinary team have a better outcome. There is also evidence that the multi-disciplinary management of patients increases their overall satisfaction with their care. Discussion prior to definitive treatment decisions provides reassurances that patients are being managed appropriately[1].

Description:	Proportion of patients with cutaneous melanoma who are discussed at MDT meeting before definitive treatment.
Numerator:	Number of patients with cutaneous melanoma discussed at the MDT before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy).
Denominator:	All patients with cutaneous melanoma.
Exclusions:	Patients who died before first treatment.
Target:	**95%**



Board / Area	Performance (%)	Numerator	Denominator
AA	92.7%	76	82
FV	96.9%	63	65
GGC	93.4%	296	317
Lan	97.6%	121	124
WoS	**94.6%**	**556**	**588**

While the 95% target for this QPI was narrowly missed at a regional level in 2020/21, with performance at 94.6%, improvements in performance can be seen across all NHS Boards since the previous year; NHS Forth Valley and NHS Lanarkshire did meet the QPI.

Additional analysis of this QPI by stage of disease indicates that the failure of some patients to be discussed at MDT before definitive treatment is not restricted to very early stage disease. 95.8% of patients with stage 1A disease were discussed at MDT while 93.8% of patients with Stage 1B disease and above were discussed.

Boards have reviewed cases where patients were not discussed before definitive treatment; the vast majority of these patients were discussed promptly at MDT after treatment. Some patients did not meet the QPI as they did not progress to WLE (a number of these patients refused WLE while some had metastatic disease), while for many WLE was undertaken prior to MDT discussion.

NHSGGC review of results indicated that in around half the cases reviewed, patients had very early stage lesions where there is little debate around management and all proceeded to appropriate re-excision. The remaining cases were all managed appropriately, but in a way that falls outside the definitions of this QPI, for example some went directly to wide excision based on clinical diagnosis without an initial biopsy, which is considered clinically appropriate in certain situations. No cases were identified where management was inappropriate or compromised.

The Glasgow North / South and Glasgow West MDT meetings both occur every 2 weeks rather than weekly. Discussions have been initiated around increasing the frequency to weekly, which should improve performance against this QPI. However, at present the pathology service is under significant staff pressure and unable to support the additional time required for this change.

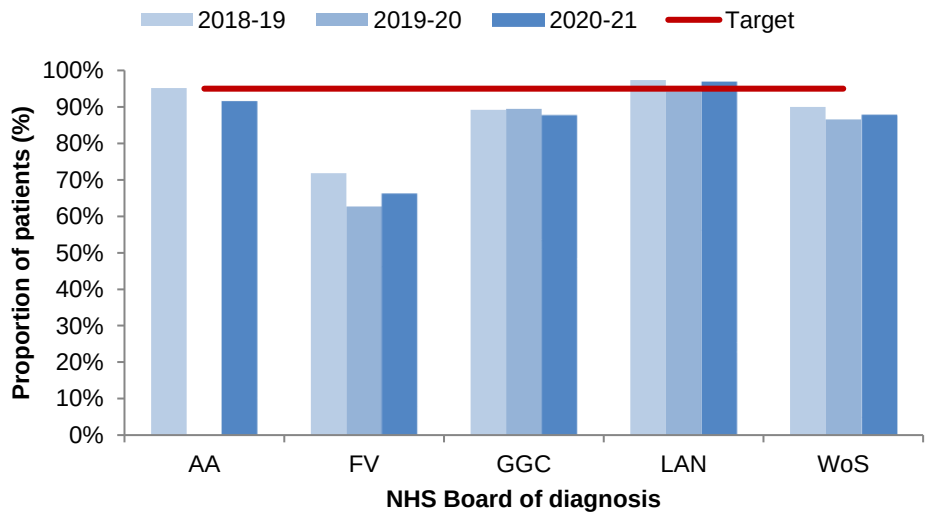
Action:

- **NHSGGC to re-consider the frequency of Glasgow North /South & Glasgow West Local Skin Cancer MDTs.**

QPI 4: Clinical Examination of Draining Lymph Node Basins

Scottish Intercollegiate Guidelines Network reports the examination of regional lymph node basins as an important aspect of the clinical evaluation of patients with cutaneous melanoma as the presence of nodal metastasis is an important predictor of outcome and prognosis[1].

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%**



Board / Area	Performance (%)	Numerator	Denominator
AA	91.6%	76	83
FV	66.2%	43	65
GGC	87.7%	279	318
Lan	96.8%	121	125
WoS	**87.8%**	**519**	**591**

NHS Lanarkshire was the only NHS Board to meet the 95% target for 2020/21 with regional performance of 87.8%. As in previous years, performance in NHS Forth Valley was lower than in other NHS Boards.

Examination of regional lymph nodes is universally agreed to be a key part of the assessment of patients with melanoma. Review of cases where clinical examination of lymph nodes is not recorded indicates that examinations are being undertaken, however there are issues with the recording of the examination at the correct point of the patient pathway (between biopsy and WLE).

In NHS Forth Valley, the requirement for lymph node examinations to be recorded between biopsy and WLE will be highlighted to the clinical team at the next MDT. The Board is awaiting recruitment of an MDT co-ordinator to assist in improving the visibility and recording of lymph node examinations at MDT.

Within NHSGGC, Glasgow & Clyde Skin MDT members have been reminded of the importance of performing and recording lymph node examinations at the appropriate point in the patient pathway. A template letter was implemented in parts of NHSGGC but this has not resolved the issue. Following clinical review of cases not meeting the target, discussions have taken place with a number of clinicians whose recording was less complete; it is anticipated that this will improve performance going forward. In addition, an audit of the recording of lymph node examination is underway in the plastic surgery unit.

The MCN is considering adding a new data item for the examination of lymph node basins into the skin cancer MDT dataset which is currently being developed as part of a regional MDT improvement programme. This should improve performance against this QPI across the region.

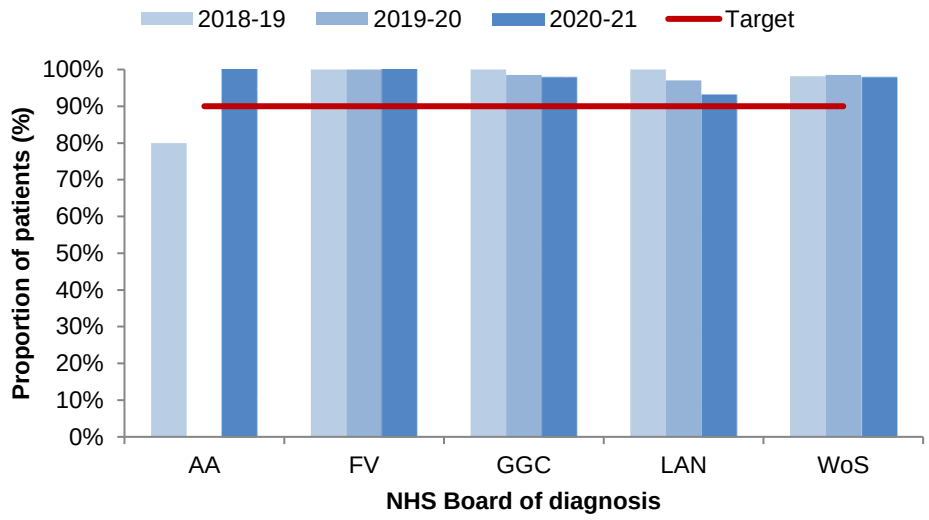
Action:

- **MCN to consider the addition of information on examination of draining lymph nodes to the skin cancer MDT dataset which is being developed as part of a regional MDT improvement programme.**

QPI 5: Sentinel Node Biopsy Pathology

Evidence suggests Sentinal Node Biopsy (SNB) reports should be carried out in a standardised way so that findings between centres are comparable. The importance of meticulous diagnosis and reporting has been outlined by Royal College of Pathologists; histological parameters play a major role in defining patient treatment[1].

Description:	Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
Numerator:	Number of patients with cutaneous melanoma undergoing SNB, where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
Denominator:	All patients with cutaneous melanoma undergoing SNB.
Exclusions:	No exclusions.
Target:	**90%**



Board / Area	Performance (%)	Numerator	Denominator
AA	100%	25	25
FV	100%	37	37
GGC	97.8%	88	90
Lan	93.1%	27	29
WoS	**97.8%**	**177**	**181**

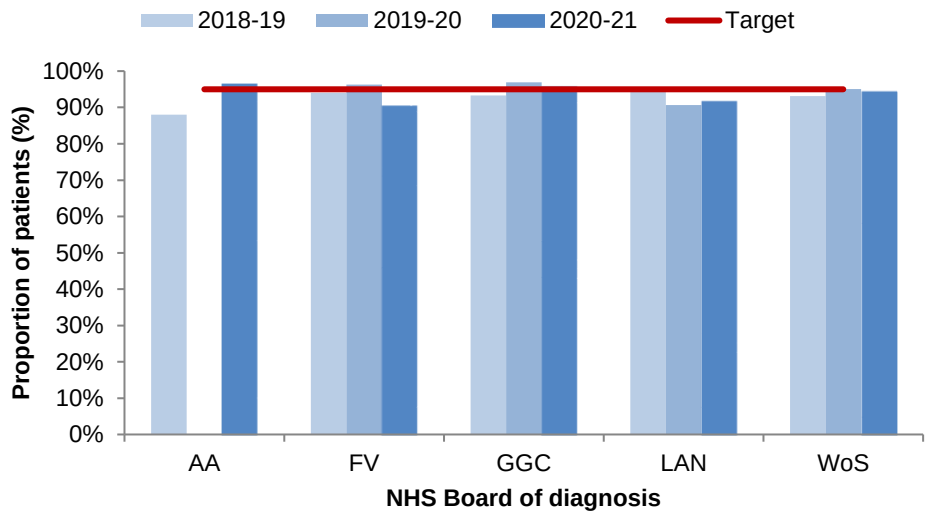
For QPI, 5 the target of 90% has been met by all NHS Boards in 2020-21. The overall regional performance for the WoS was 97.8%.

QPI 6: Wide Local Excisions

Surgical excision is an effective cure for primary cutaneous melanoma. The lesion is initially removed for histological diagnosis and assessment of tumour depth. A further excision is carried out to minimise the risk of local recurrence. Studies have shown the importance of removing the tumour and a margin of healthy skin[1].

The standard treatment for primary cutaneous melanoma is wide local excision of the skin and subcutaneous tissues around the melanoma. Treatment for melanoma aims to achieve histological free margins with low likelihood of local recurrence or persistent disease[1].

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 died before treatment.
Target:	**95%**



Board / Area	Performance (%)	Numerator	Denominator
AA	96.3%	79	82
FV	90.3%	56	62
GGC	95.5%	297	311
Lan	91.5%	107	117
WoS	**94.2%**	**539**	**572**

QPI 6 was met by NHS Ayrshire & Arran and NHSGGC in 2020-21 however performance in NHS Lanarkshire and NHS Forth Valley fell below the 95% target within this audit period. The overall performance for the WoS was 94.2%.

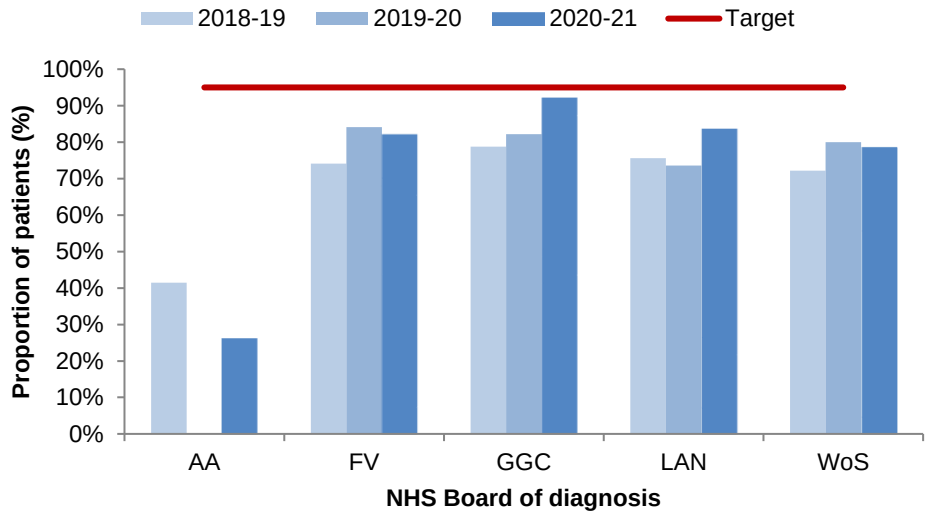
NHS Lanarkshire and NHS Forth Valley have reviewed patients not progressing to WLE and in all cases treatment was considered to be appropriate. Across the two NHS Boards, 16 patients did not progress to WLE following their diagnostic biopsy; 10 patients declined WLE while WLE was considered clinically inappropriate for 6 patients (5 presenting with metastatic disease and 1 elderly patient). The definition of the QPI has now been amended so that in future patients will be excluded where the MDT consider that no WLE is required; this amendment is anticipated to result in an improvement in performance against the QPI.

QPI 7: Time to Wide Local Excision

It is important that patients with cutaneous melanoma undergo surgical excision as soon as possible. There is no clear consensus from clinical literature on the most appropriate timeframe for wide local excision however studies have found that delays in receiving definitive treatment can have an unfavourable impact within a number of cancer types. The Cutaneous Melanoma QPI Development Group has therefore agreed that 84 days is the most appropriate timeframe based on clinical consensus and current best practice[1].

Description:	Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.	
Numerator:	(i)	Number of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic excision biopsy.
	(ii)	Number of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their partial biopsy.
Denominator:	(i)	All patients with cutaneous melanoma undergoing diagnostic excision biopsy.
	(ii)	All patients with cutaneous melanoma undergoing partial biopsy.
Exclusions:	(i)	Patients who have also undergone partial biopsy.
	(ii)	No exclusions.
Target:	**95%**	

Specification (i)



Board / Area	Performance (%)	Numerator	Denominator
AA	26.3%	20	76
FV	82.1%	46	56
GGC	92.1%	222	241
Lan	84.0%	89	106
WoS	**78.7%**	**377**	**479**

For specification (i) no Board in the WoS met the 95% target. The overall performance for the WoS was 78.7%.

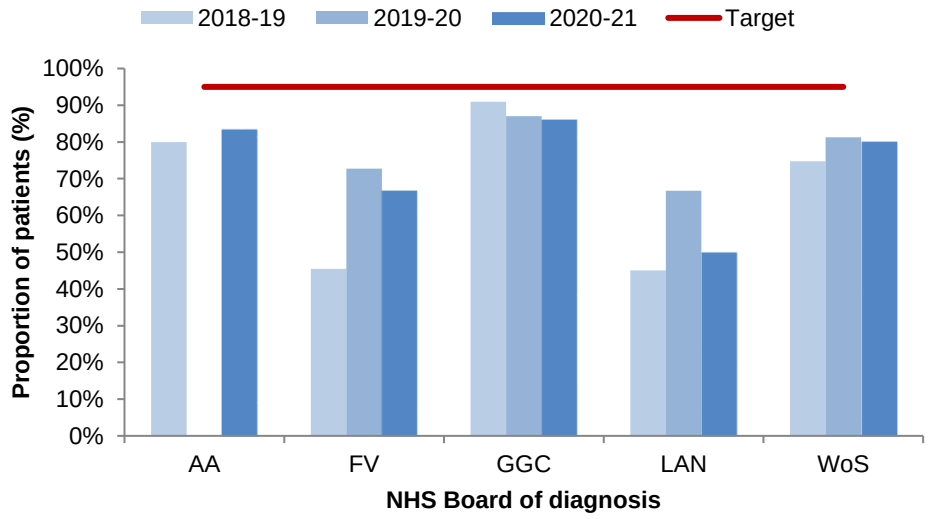
It should be noted that this QPI includes patients that do not have a WLE; this was the reason that 3 patients in NHS Ayrshire & Arran, 5 patients in NHS Forth Valley, 6 patients in NHSGGC and 8 in NHS Lanarkshire did not meet the QPI and has had a considerable impact on performance for most NHS Boards. Many of these patients refused further treatment, while for others it was not clinically appropriate. Looking at patients who had WLE, 90% or more had their WLE within 84 days of their excision biopsy in all NHS Boards except NHS Ayrshire & Arran.

NHSGGC undertook a clinical review of patients not having a WLE within 84 days of their excision biopsy; this review indicated that, of those patients having a WLE, delays to surgery were often due to wound complications or patient induced delays. NHS Forth Valley and NHS Lanarkshire also noted that patient induced delays had impacted on performance; within NHS Lanarkshire it was noted that some patients declined the offer of sooner treatment within a different hospital within the Board.

Within NHSGCC, NHS Ayrshire & Arran and NHS Lanarkshire, the 84 day date is now being included within the MDT information or flagged by the MDT coordinator to help ensure timely WLE while NHS Forth Valley has also agreed to implement this change. It is anticipated that these changes should help drive reductions in the numbers of patients waiting more than 84 days for WLE.

NHS Ayrshire & Arran do not have a plastic surgery team within the Board and their service is delivered by clinicians from NHSGGC. The MCN will work with NHS Ayrshire & Arran and the plastic surgery team within NHSGGC to help identify sources of delay in patients having WLE and actions to enable improvements in this area.

Specification (ii)



Board / Area	Performance (%)	Numerator	Denominator
AA	83.3%	5	6
FV	66.7%	4	6
GGC	85.9%	61	71
Lan	50.0%	6	12
WoS	**80.0%**	**76**	**95**

For Part (ii), no Board in the WoS met the 95% target and overall performance for the WoS was below this target at 80.0%. Clinical review of the reasons patients did not meet this specification was very similar to specification (i) with 11 patients not progressing to WLE.

This QPI definition has been amended in the recently published QPI definitions to split the pathway to WLE into two stages. The first specification will measure the proportion of patients having pathology reported within 21 days of the diagnostic biopsy and the second specification will measure the proportion of patients having a WLE who have the procedure within 63 days of pathology reporting of the diagnostic biopsy.

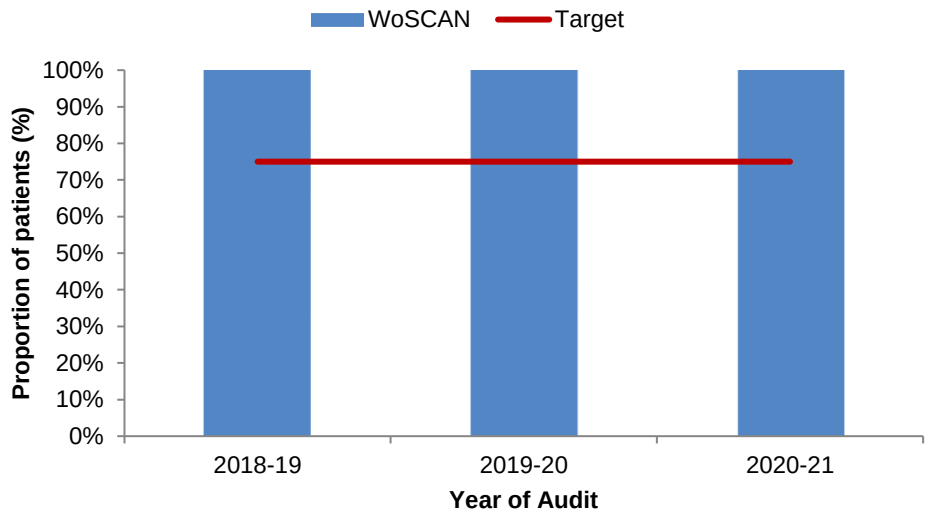
Actions:

- **All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting).**
- **MCN to work with NHS Ayrshire & Arran and the plastic surgery team in NHSGGC to identify any sources of delay in patients having WLE and actions to enable improvements in this area.**

QPI 8: BRAF Status

Patients with unresectable stage IIIC and IV melanoma should undergo a BRAF status check to assess suitability for vemurafenib (BRAF inhibitor). Many patients with stage IIIC disease will not have undergone surgery, making pathological staging impossible. The Cutaneous Melanoma QPI Development Group therefore agreed to measure all stage III patients within this QPI[1].

Description:	Proportion of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.
Numerator:	Number of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.
Denominator:	All patients with unresectable stage III or IV cutaneous melanoma.
Exclusions:	No exclusions.
Target:	**75%**



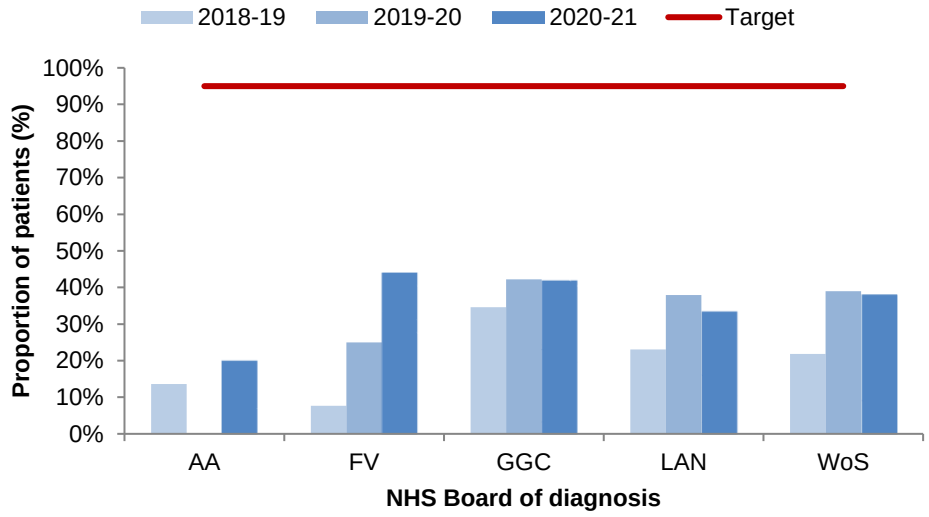
Board / Area	Performance (%)	Numerator	Denominator
AA	*	0	0
FV	-	-	-
GGC	-	-	-
Lan	100%	8	8
WoS	**100%**	**12**	**12**

Due to small numbers, the data is presented at a regional level in the chart above. The 75% target has been consistently met over the three years with 100% performance across the WoS in 2020-21.

QPI 9: Imaging for Patients with Advanced Melanoma

Guidelines recommend that patients with stage IIC and above disease should be offered initial staging imaging. Patients with high grade cutaneous melanoma should undergo imaging of the head, chest, abdomen and pelvis to exclude metastases. It has been reported that patients with low grade disease do not benefit from imaging due to a high incidence of false positives[1].

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 stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.
Denominator:	All patients with stage IIC and above cutaneous melanoma.
Exclusions:	No exclusions.
Target:	**95%**



Board / Area	Performance (%)	Numerator	Denominator
AA	20.0%	2	10
FV	43.8%	7	16
GGC	41.7%	25	60
Lan	33.3%	10	30
WoS	**37.9%**	**44**	**116**

None of the WoSCAN Boards met the 95% target in 2020-21. This QPI definition has been amended in the recently updated QPI definitions with two changes, the first is to measure the time to imaging from the time the pathology report diagnosing melanoma was reported, rather than the time the biopsy was undertaken. Using this revised start point, performance increases to 65.5% of patients having imaging within 35 days of the pathology report, a considerable improvement. A further amendment to the definition will be made to take account of patients that were not initially identified as requiring imaging but were upstaged subsequent to their initial diagnosis. The data is not currently available to report this second change but it is anticipated that performance will improve further with this amendment.

All NHS Boards reviewed cases where patients did not have CT imaging within 35 days of diagnosis. Some of these patients had no CT scan, for example patients who refused further investigation or where imaging was clinically inappropriate. However, the majority of patients not meeting this QPI did have CT imaging outwith the required timescale. Some patients had imaging shortly before their diagnosis of melanoma was confirmed; these patients do not currently meet the QPI but will meet it within the revised QPI definition to be reported in future. Most had CT imaging more than 35 days after diagnosis. Regional discussion of the results from this QPI has identified that improvements could be made in communications between skin cancer clinicians and radiology services to ensure appropriate prioritisation of melanoma patients, for example by including the use of the word ‘cancer’ within radiology requests and encouraging closer communication between the MDT and radiology services. NHSGGC has undertaken further work to review cases not meeting the target but the Board has not been able to reach a satisfactory conclusion within the time constraints available. Anecdotally, NHSGGC has noted

interface issues between Trak and RIS and radiology management is seeking to resolve these to ensure urgent patients are prioritised through the diagnostic pathway. This has now been highlighted to members of the skin MDT with an appropriate recommendation for raising the urgency of a request. NHS Forth Valley also noted that radiological capacity was impacted by the COVID-19 pandemic during the period reported.

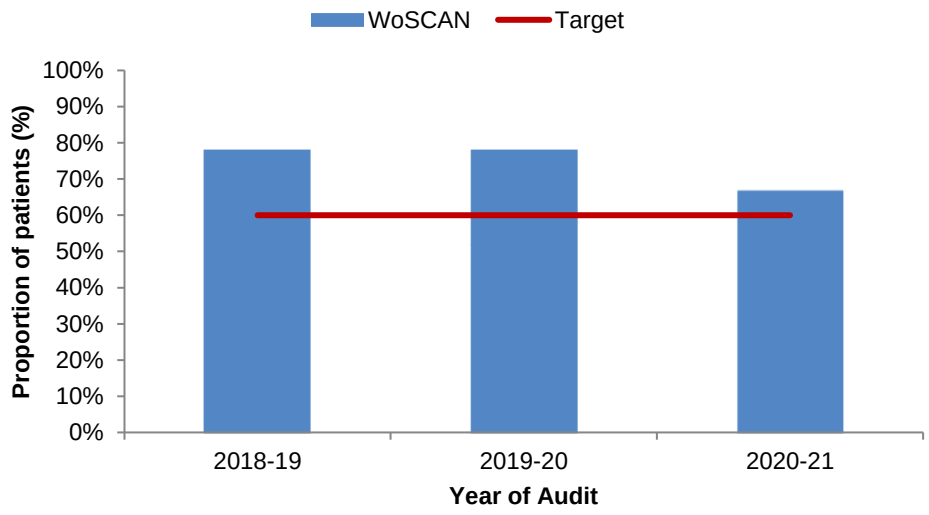
Action:

- **All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging.**

QPI 10: Systemic Therapy

As the majority of metastatic melanomas are not amenable to surgery, it is often found that systemic therapy is the best option. Systemic Anti Cancer Therapy (SACT) should be available for the management of patients with cutaneous melanoma where appropriate[1].

Description:	Proportion of patients with unresectable stage III or IV cutaneous melanoma undergoing Systemic Anti Cancer Therapy (SACT).
Numerator:	Number of patients with unresectable stage III or IV cutaneous melanoma who undergo SACT.
Denominator:	All patients with unresectable stage III or IV cutaneous melanoma.
Exclusions:	Patients who died before treatment.
Target:	**60%**



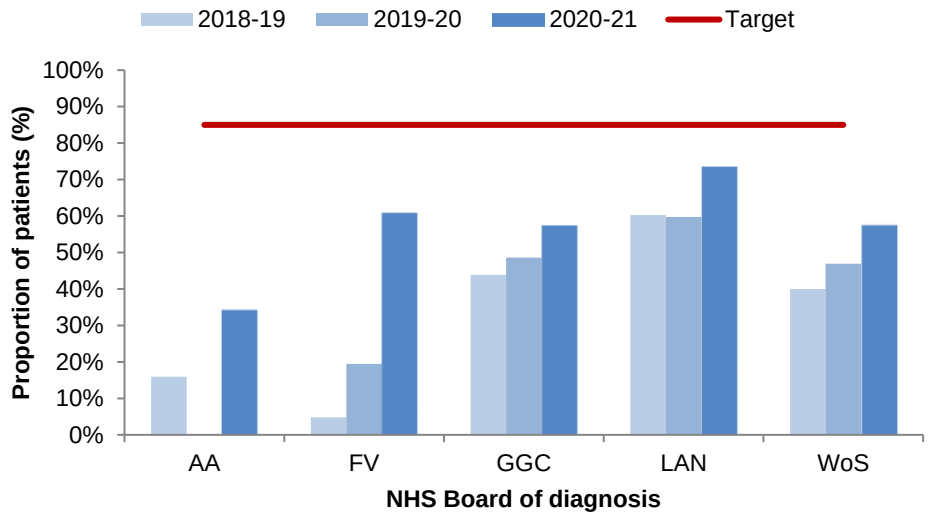
Board / Area	Performance (%)	Numerator	Denominator
AA	*	0	0
FV	-	-	-
GGC	-	-	-
Lan	75.0%	6	8
WoS	**66.7%**	**8**	**12**

Due to small numbers, the data is presented at a regional level in the chart above. The 60.0% target has been met for three consecutive years. The regional performance for 2020-21 was 66.7%.

QPI 12: Surgical Margins

Accurate clinical and histological diagnosis is essential for the appropriate management of patients[1]. Suspicious lesions should be excised with narrow margins including subcutaneous fat[1]. Guidelines report that in order to carry out full histological evaluation and assessment of a suspected melanoma, the optimal specimen is a complete excision with a 2mm surround of normal skin and a cuff of fat[1].

Description:	Proportion of patients with cutaneous melanoma where complete excision is undertaken with documented clinical margins of 2mm prior to definitive treatment (wide local excision).
Numerator:	Number of patients with cutaneous melanoma where complete excision is undertaken with documented clinical margins of 2mm prior to wide local excision.
Denominator:	All patients with cutaneous melanoma who undergo wide local excision.
Exclusions:	No exclusions.
Target:	**85%**



Board / Area	Performance (%)	Numerator	Denominator
AA	34.2%	27	79
FV	60.7%	34	56
GGC	57.3%	172	300
Lan	73.3%	77	105
WoS	**57.4%**	**310**	**540**

No Boards in the WoS met the QPI target of 85% in 2020-21. As in the previous year, performance was highest in NHS Lanarkshire. Performance across WoSCAN was 57.4%, an increase on performance in the previous years.

The results of this QPI are considered to reflect the lack of recording of clinical margins and issues with the way the QPI is defined rather than concerns with clinical practice. This is supported by clinical review of patients not meeting the QPI in 2020-21, who were considered to have been treated appropriately.

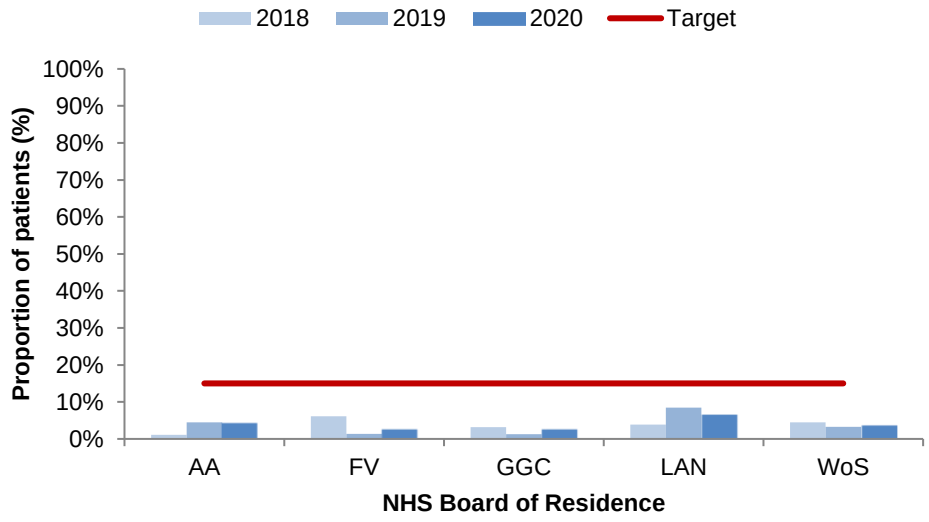
There was no information recorded on the clinical margins in 64 (11.9%) of the patients included within this indicator and as such these patients did not meet the QPI. This is likely to have resulted in an underestimate of performance, as some of these patients will have had an excision biopsy with a 2mm margin. However, there has been a considerable improvement in recording of margins in the last year, most notably in NHS Forth Valley.

Of the 166 patients recorded as not having a 2mm margin, 70 (42.2%) failed the QPI as they did not have an excision biopsy at all before WLE while 96 patients (57.8%) failed as they had an excision biopsy prior to WLE but the margin for this biopsy was not 2mm. There is a range of clinical situations where it is clinically appropriate for patients not to have an excision biopsy prior to WLE, or where a 2mm margin may not be possible or desirable at the time of excision biopsy. These situations are difficult to incorporate within a QPI measure; consequently it has been agreed that this QPI will be archived going forward.

QPI 13: Clinical Trials and Research Study Access

Clinical trials are necessary to demonstrate the efficacy of new therapies and other interventions. Evidence suggests improved patient outcomes when hospitals are actively recruiting patients into clinical trials[1]. Clinicians are therefore encouraged to enter patients into well designed trials and to collect longer-term follow-up data. High accrual activity into clinical trials is used as a goal of an exemplary clinical research site[1].

Description:	Proportion of patients diagnosed with cutaneous melanoma who are consented for a clinical trial/research study.
Numerator:	Number of patients diagnosed with cutaneous melanoma consented for a clinical trial/research study.
Denominator:	All patients diagnosed with cutaneous melanoma.
Exclusions:	No exclusions.
Target:	**15%**



Board / Area	Performance (%)	Numerator	Denominator
AA	4.2%	4	95
FV	2.6%	2	76
GGC	2.6%	9	349
Lan	6.4%	9	140
WoS	**3.6%**	**24**	**660**

The target is to consent a minimum of 15% of patients diagnosed with cutaneous melanoma for a clinical trial/research study. Overall in the WoS this was not achieved, with 3.6% of patients in 2020 consented for a clinical trial/research study.

A list of active melanoma clinical trials in 2020 is shown below:

- AGI-134
- A Phase I/IIa trial of BT1718 in patients with advanced solid tumours
- Phase 1/2 Study of RP1 +/- other therapies in solid tumours
- CA224-047 Nivolumab and Relatlimab in melanoma
- DANTE (Duration of Anti-PD1 therapy for melanoma)
- EBIN (EORTC 1612-MG)
- ENDOTOX
- ECMC EXPLOR BIOMARKER
- IMAGINE
- IMCgp 100-201
- IMCgp100-202
- INTERIM
- IOA-244 alone and in combination with pemetrexed/cisplatin
- KX-ORAX-012

- Study of DTX-SPL8783 in Combination with Anti-Cancer
- Study of IMC-C103C as monotherapy and in combination with Atezolizumab

The majority of patients diagnosed have early stage disease with no lymph node involvement and are managed in the surgical setting; hence the number of patients that are eligible for systemic therapy trials is much smaller than the denominator. Consequently the generic target of 15% is especially challenging for cutaneous melanoma and performance against this QPI is consistently low across Scotland.

Performance against this QPI was also affected by the COVID-19 pandemic in 2020. Individual trial sponsors advised that recruitment should be suspended due to the COVID-19 pandemic and all trial activity was stopped on the 13th March 2020. As the year progressed, Principal Investigators of the trials worked with the senior trials management group to undertake a risk assessment for each individual trial and get updated approval before being able to re-open to recruitment; many suspended clinical trials were re-opened between June and October 2020. However, some patients were reluctant to attend hospital during the lockdown period, further impacting on recruitment once trials were reopened. Additionally, no new clinical trials were considered at the Clinical Trial Executive Committee during the lockdown period in 2020.

5. Next Steps

The MCN will actively take forward 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 within the Action Plan templates in Appendix 3.

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.

Abbreviations

AA	NHS Ayrshire & Arran
ACaDMe	Acute Cancer Deaths and Mental Health
eCASE	Electronic Cancer Audit Support Environment
FV	NHS Forth Valley
GGC	NHS Greater Glasgow and Clyde
HIS	Healthcare Improvement Scotland
ISD	Information Services Division
LAN	NHS Lanarkshire
MCN	Managed Clinical Network
MDT(s)	Multi-disciplinary Team(s)
NCQSG	National Cancer Quality Steering Group
NHSGGC	NHS Greater Glasgow and Clyde
QPI(s)	Quality Performance Indicator(s)
R&D	Research and Development
RCAG	Regional Cancer Advisory Group
RCP	Royal College of Pathologists
RMDT	Regional Multi Disciplinary Meeting
SACT	Systemic Anti-Cancer Therapy
SMR01	Scottish Morbidity Records
WLE	Wide local excision
WoS	West of Scotland
WoSCAN	West of Scotland Cancer Network

References

1. Healthcare Improvement Scotland. Melanoma Quality Performance Indicators, v3.0; August 2018. http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/cancer_qpis/quality_performance_indicators.aspx

2. National Records of Scotland. Mid-2020 Population Estimates Scolfna, June 2021. https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/infographics-and-visualisations

3. Cancer Incidence and Prevalence in Scotland (to December 2019) (publichealthscotland.scot)

4. Cancer Research UK Skin Cancer Mortality Statistics. http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/skin-cancer

1. Cancer survival statistics - People diagnosed with cancer between 2013 and 2017 - Cancer survival statistics - Publications - Public Health Scotland

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Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Cutaneous Melanoma Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 July 2020 to 30 June 2021</td></tr>
<tr><td>Data Source</td><td>Electronic Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.</td></tr>
<tr><td>Data extraction date</td><td>2200 hrs on 1 December 2021</td></tr>
<tr><td>Methodology</td><td>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.

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.

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.</td></tr>
<tr><td>Data Quality</td><td>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.

<table>
<tr><th>Health Board of diagnosis</th><th>2020-21 Audit Data</th><th>Cases from Cancer registry (2015-2019)</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>83</td><td>95</td><td>87.4%</td></tr>
<tr><td>Forth Valley</td><td>65</td><td>76</td><td>85.5%</td></tr>
<tr><td>GGC</td><td>318</td><td>349</td><td>91.1%</td></tr>
<tr><td>Lanarkshire</td><td>125</td><td>140</td><td>89.3%</td></tr>
<tr><td>WoS Total</td><td>591</td><td>660</td><td>89.5%</td></tr>
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</td></tr>
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Appendix 2: **WoSCAN QPI Reporting Process**

DIAGNOSIS

Patient is diagnosed, treatment pathway initiated.

DATA COLLECTED

NHS board cancer audit staff collect, verify & input relevant cancer audit information into eCase*.

**eCase - electronic Cancer Audit Support Environment , a dynamic secure centralised web-based database.*

FINAL SSRS DOWNLOAD

Final data download by **WoScan information team.**

***SSRS - SQL Server Reporting Services. reporting tool to analyse clinical cancer audit data..*

DATA SIGN OFF

Final data reports sent to **NHS board cancer audit staff** & **clinical effectiveness leads** to review with **clinicians** to populate performance summary report with clincal comments & sign data off.

Boards have 4 weeks to complete performance summary reports providing reasons for why QPI targets not met..

AUDIT REPORT PUBLISHED

Includes regional analysis, board comments & action plan template for **NHS boards** to complete.

ACTION PLANS DEVELOPED

Regional/NHS Board action plans for the year ahead completed by **NHS boards**, reviewed by **MCN Manager/lead clinicians** to identify priority areas.

Boards have 2 months to generate action plans from when audit report published.

PROGRESS MONITORED

Progress monitored through **NHS board leads** at MCN advisory boards and regular updates are provided to RCAG.

NHS Board responsibility WoScan information team responsibility

Appendix 3: NHS Board Action Plans

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.

Action / Improvement Plan

Area:	NHS Ayrshire and Arran
Action Plan Lead:	
Date:	

KEY (Status)	
1	**Action fully implemented**
2	**Action agreed but not yet implemented**
3	**No action taken (please state reason)**

QPI No.	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	Ensure actions mirror those detailed in Audit Report.	*Detail specific actions that will be taken by the NHS Board.*	*Insert date*	*Insert date*	*Insert name of responsible lead for each specific action.*	*Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.*	*Insert No. from key above*.
7	All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting) (category: MDT)						
9	All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging (category: radiology)						

Action / Improvement Plan

Area:	NHS Forth Valley
Action Plan Lead:	
Date:	

KEY (Status)	
1	**Action fully implemented**
2	**Action agreed but not yet implemented**
3	**No action taken (please state reason)**

QPI No.	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	Ensure actions mirror those detailed in Audit Report.	*Detail specific actions that will be taken by the NHS Board.*	*Insert date*	*Insert date*	*Insert name of responsible lead for each specific action.*	*Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.*	*Insert No. from key above*.
7	All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting) (category: MDT)						
9	All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging (category: radiology)						

Action / Improvement Plan

Area:	NHS Greater Glasgow and Clyde
Action Plan Lead:	
Date:	

KEY (Status)	
1	**Action fully implemented**
2	**Action agreed but not yet implemented**
3	**No action taken (please state reason)**

QPI No.	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	Ensure actions mirror those detailed in Audit Report.	*Detail specific actions that will be taken by the NHS Board.*	*Insert date*	*Insert date*	*Insert name of responsible lead for each specific action.*	*Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.*	*Insert No. from key above*.
3	NHSGGC to re-consider the frequency of Glasgow North /South & Glasgow West Local Skin Cancer MDTs (category: MDT)						
7	All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting) (category: MDT)						
9	All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging (category: radiology)						

Action / Improvement Plan

Area:	NHS Lanarkshire
Action Plan Lead:	
Date:	

KEY (Status)	
1	**Action fully implemented**
2	**Action agreed but not yet implemented**
3	**No action taken (please state reason)**

QPI No.	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	Ensure actions mirror those detailed in Audit Report.	*Detail specific actions that will be taken by the NHS Board.*	*Insert date*	*Insert date*	*Insert name of responsible lead for each specific action.*	*Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.*	*Insert No. from key above*.
7	All MDTs to amend dates on the MDT forms within which WLE is required to reflect the revised QPI definition (to 63 days from diagnostic biopsy reporting) (category: MDT)						
9	All MDTs to work with radiology services to ensure that processes are in place so that patients with melanoma are appropriately prioritised for CT imaging (category: radiology)						

Action / Improvement Plan

Area:	MCN
Action Plan Lead:	
Date:	

KEY (Status)	
1	**Action fully implemented**
2	**Action agreed but not yet implemented**
3	**No action taken (please state reason)**

QPI No.	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	Ensure actions mirror those detailed in Audit Report.	*Detail specific actions that will be taken by the NHS Board.*	*Insert date*	*Insert date*	*Insert name of responsible lead for each specific action.*	*Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.*	*Insert No. from key above*.
4	MCN to consider the addition of information on examination of draining lymph nodes to the skin cancer MDT dataset which is being developed as part of a regional MDT improvement programme (category: MDT)						
7	MCN to work with NHS Ayrshire & Arran and the plastic surgery team in NHSGGC to identify any sources of delay in patients having WLE and actions to enable improvements in this area (category: time to treatment)						