SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)
PROSPECTIVE CANCER AUDIT

Bladder Cancer 2024-25
Comparative Audit Report

Patients diagnosed 1st April 2024 to 31st March 2025

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Report number: **SA U06/26W**

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Document History

Version	Circulation	Date	Comments
1	SCAN Regional sign off meeting	17/04/26	Agree actions and comments
2	SCAN Lead and regional sign off group	17/04/26	For confirmation of actions and comments. For insertion of clinical Lead's commentary
3	SCAN Urology Group	18/6/26	For final approval / comments
4	SCAN Clinical Governance Framework, Action Plan Leads and SCAN Urology Group	29/07/26	Checked for disclosive data for website version
4w	Report assessed for disclosive data, completed action plans to be added and report to be added to SCAN Website	September 2026	

Cancer audit is an ongoing process, with patient information continually reviewed and updated as new details become available.

Because of this, reports covering the same time period and cancer site may show different figures if data is extracted at different points in time. These variations do not indicate errors but reflect the dynamic nature of cancer data collection and validation.

When comparing reports, it is important to consider the extraction date and understand that figures represent the most accurate information available at that specific point in time.

Lead clinician summary

This is year 11 of the Scottish national Bladder Cancer QPIs and I am pleased to note the audit findings from SCAN – we have now completed 3 formal reviews (2018, 2021 and 2024), with several changes to the QPIs. It is important to recognise that we continue to push the envelope to improve patient outcomes by driving standards.

SCAN data and clinicians have been vital to the ***Scot BC Quality OPS*** clinical project [https://pubmed.ncbi.nlm.nih.gov/34419380/]. We are extremely proud of the attention the Scottish QPI programme is getting from the global bladder cancer community, and particularly proud to note that Quality Indicators have now been included in the European Association of Urology NMIBC guidelines, since 2024, citing Scotland's programme [https://uroweb.org/guidelines/non-muscle-invasive-bladder-cancer]. We are currently working on publishing the outcomes from intermediate and high risk NMIBC patients, comparing the outcomes between cycles 1 and 2 of the QPIs and have produced a novel Scottish Risk Calculator based on incorporating the QPIs into routine patient care. The Bladder Cancer QPIs are indeed informing wider practice.

The case attainment for the Bladder Cancer QPIs continues to be extremely good with high quality and diligence practiced by the audit personnel within the region. Regular, necessary dialogue between audit and clinical staff ensures data accuracy. The regional discussions we've had suggest that the audit data reflect real world clinical experience across the SCAN region and will continue to influence patient care and reduce regional variability.

The action points and recommendations following the 2023-24 audit and comparative report have also been explored in my comments below, along with the SCAN group's suggested changes to be considered at the next formal review (or its equivalent).

QPI 2(i) – Good Quality and comprehensive documentation of tumour characteristics at the time of the initial TURBT are essential to the management of bladder cancer. The target was increased to 95%.

SCAN has achieved this target! We continue to emphasise the utilisation of the standard operation proforma - the electronic TRAKcare version (developed by and currently being used in Lothian) is expected to facilitate improved compliance across SCAN and Scotland. The technical programming elements of this electronic operation note/ audit tool has been passed on to InterSystems and **we await funding confirmation** to allow for the rollout across Scotland. It is hoped that the work NCQIB can help facilitate this ask. We have noted that D&G do not use TRAKcare and therefore will continue to use the paper proforma – but more work needs to be done to ensure compliance, especially as D&G, despite the significant improvement over previous years, have a shortfall of 9%.

QPI 2(ii) – The 95% target has been met by SCAN and all the heath boards within.

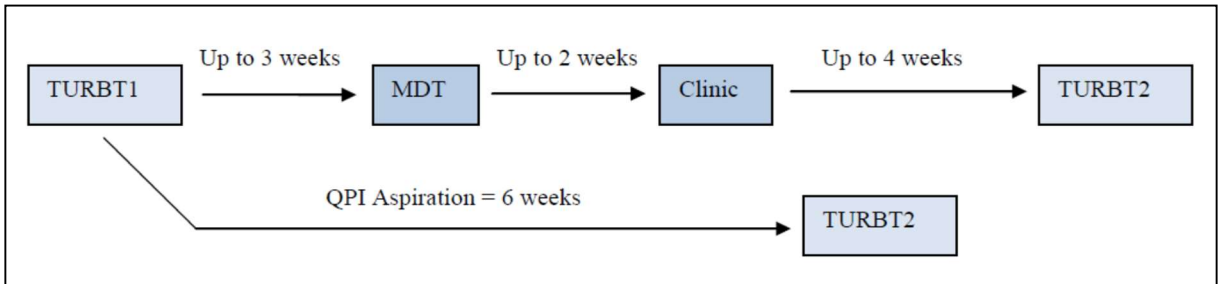
QPI 2(iii) – This QPI now measures sampling detrusor muscle in patients with **high grade cancer** with a target of 90%. SCAN have missed the target by 10.2% (**improvement from last year**), while Lothian and Fife had shortfalls of 14.5% and 31.9%, respectively. As it is critical to achieve this benchmark, training in performing TURBT effectively and to a high standard is vital to ensuring excellent outcomes as well as reducing the requirement for re-TURBT. As in previous years, I continue to emphasise this at the annual Scottish Bladder Cancer Symposium. Whilst there is a possibility that this higher target is too ambitious, we should still try to raise the awareness of meeting this target. Lothian continue to emphasise the need to protect capacity in dedicated bladder cancer surgeons' lists to carry out TURBTs, especially when a higher grade/stage tumour is clinically suspected – there are still competing demands for the limited theatre capacity. The pre-TURBT triage process in Lothian can sometimes be impeded by lack of timely information from the diagnostic cystoscopy – this will continue to be emphasised locally. A new coding system for the triage in NHS Lothian has been introduced since Feb 2026, which is expected to help – a QI project to evaluate this is already underway. I will also share presented and published data with

colleagues to highlight the importance of achieving this QPI and improving the overall clinical pathway. This is work in progress.

QPI 3 - SCAN had a shortfall of 13.7%, a deterioration from last year. Only NHS Lothian met this target that relies on the clinical prediction of what is likely to be low grade non-invasive cancer. Training and raising awareness among the clinicians are paramount to achieving this important QPI. The recent publication in the European Urology Oncology Journal [https://pubmed.ncbi.nlm.nih.gov/38296735/] will hopefully encourage and inform compliance to this very important QPI.

QPI 4 (i), (ii), (iii) – **This QPI has undergone significant modifications at the past 3 formal reviews.** SCAN and each constituent health board have failed to meet the target of carrying out re-TURBT (in selected patients) within 42 days of the initial TURBT. It must be noted that the significant shortfall is mainly the result of patients not being deemed appropriate for re-TURBT by the MDT and not meeting the timing, as opposed to actually performing the re-TURBT when indicated.
Despite best intention and attempting to ring-fence spaces on theatre lists (as in NHS Lothian) for the early re-TURBT (or GA cystoscopy) within 42 days of the initial TURBT, there has been a significant shortfall in being able to meet this target in the SCAN region for a variety of reasons (some have been described in my summaries over the previous 3 years):
(a) Capacity - There was a shortfall in capacity, despite taking up extra lists to accommodate patients with bladder cancer. In NHS Lothian, the main reason for the capacity shortfall is the specific loss of lists to support bladder cancer service. Some health boards in SCAN, BGH for example, do not have regular lists and therefore cannot ringfence.
(b) Some of the patients with high grade cancer were deemed un-fit to undergo re-TURBT – consideration should be made to include such patients in the 'tolerance' to the QPI target.
(c) MDM recommendation for BCG instead of re-TURBT in these patients. This also reflects the overall need to be more nuanced in performing re-TURBT.
(d) Delays in pathology reporting and MDM, especially for D&G and BGH, have resulted in delays in the pathway to re-TURBT.
(e) Timing - based on the timeline below it is close to impossible to achieve this QPI in SCAN, given the current capacity and processes. Ring fenced theatre capacity (Lothian have now planned for a specific monthly dedicated list for re-TURBT) and innovative approaches to efficiently secure this capacity is much needed and should help:

2022/23 Re-TURBT (QPI 4) practice in Lothian v QPI aspiration:



However, reassuringly, from our clinical study in 92% of Scotland's patients (where SCAN centres and clinicians have contributed data), the risk of under-staging with the initial TURBT (the main reason for performing re-TURBT) in high risk NMIBC is very low (2.9%) [https://pubmed.ncbi.nlm.nih.gov/32690321/]. Clinicians are therefore reassured that consequent to a better quality TURBT at the outset, the need for repeat TURBT within 42 days has reduced and that we can be even more selective. However, the first TURBT has to be performed to a high standard and therefore meeting QPI 2(iii) has a direct consequence to the requirement for QPI 4. Selection of patients for re-TURBT must therefore be more nuanced and the yet to be published data supports this. Additionally, we have demonstrated (presented at BAUS 2022 and EAU 2023) that within the QPI 'environment' there doesn't seem to be a disadvantage if the re-TURBT is performed beyond 42 days – the QPI has therefore been modified at the 3rd formal review to reflect this. We should also consider

altering the starting point of the timeline for this QPI to pathology or MDT date, akin to the modification of QPI 11.

QPI 6 – SCAN had a shortfall of 24.1%, with Lothian and Fife meeting the 95% target in 75% and 45.5% patients, respectively. Some patients who were included in the denominator were not surgically suitable to undergo extended pelvic lymphadenectomy (for example scarring and fibrosis in the pelvis from previous surgery). The SWOG S1011 Phase III trial showed that there does not appear to be a survival advantage in patients undergoing extended pelvic lymph node clearance compared with standard lymph node clearance ([https://ascopubs.org/doi/10.1200/JCO.2023.41.16_suppl.4508]) – as a result **this QPI has been modified and the data may not necessarily reflect this change yet.** The target has not been met largely due to the number of LNs sampled being inadequate.

QPI 7(i) – This is the 3nd report incorporating the new target of 42 days (halved from the previous target of 90 days) for radical treatment. SCAN had a shortfall of 66% (an improvement of 10%) for this highly ambitious target. Small denominator numbers contribute to large apparent shortfalls. This is a vital QPI, however, perhaps the target is too ambitious. Additionally, perhaps the starting point of the timeline should change from the current date of MIBC pathological diagnosis to the MDT date. It must also be noted that time is required to counsel and prepare patients for radical treatment and this cannot be rushed. Oncologists feel there is a shortage of capacity to see patients in time to commence treatment. Reassuringly, local survival data from Lothian's surgical service has not shown deterioration in survival following radical surgery over the years.

QPI 7(ii) – SCAN had a shortfall of only 6.7% (improved from last year). These are small denominators that cause big shifts in compliance with small numbers failing. The data review suggests that the shortfall between time from NAC to radical treatment is felt to be contributed by side effects following chemotherapy and need for specialist staging scans (PET scan).

QPI 8 – This is the 7th year using the new target for the hospital of 20 cystectomies per year. All surgical teams have met this target in SCAN.

QPI 9 – **This QPI has undergone significant modification** at the last formal review to include only patients deemed suitable for all radical treatment options in the denominator. SCAN have had a shortfall of only 0.5%, with NHS Lothian and Fife meeting the target. The modification to this QPI certainly better reflects the quality metric we want to measure.

Param Mariappan, Bladder Cancer Lead Clinician
July 2026

Clinical Recommendation Summary from 2024-25

QPI	Action required	Lead	Date for update
2i	Discuss improved IT systems for correct bladder diagram documentation within the Cancer Quality program bladder deep dive exercise.	P. Mariappan	26/08/2026
2ii	Increased theatre capacity and dedicated lists to be explored in Fife. Increase awareness of operation procedure requirements in Lothian.	I Mitchell P. Mariappan	26/08/2026
3	There is some concern with deep resections in Fife, Fife Lead to raise awareness.	I Mitchell	26/08/2026
7i	Target dates to be added to the MDM outcome for radical treatment to highlight patient pathway requirements	R. Bajis	26/08/2026
11	Present mortality figures over 10 years.	L Bruce	12/02/2027

Clinical Recommendation Summary from 2023-24

QPI	Action required	Progress
3	Issue in D&G is largely down to deep resections, and work is already underway to understand this, update required from D&G.	Agreed but not yet actioned
4	This QPI has been changed at FR, so we will await next year results and no action required at this point.	N/A
7	No issues with radiotherapy capacity were identified, so issues lie more with the pathway and MDM timing issues. This is an ambitious target which we will monitor going forward.	Ongoing
13	Raise awareness of the requirement for early cystoscopy/resection	Completed

Bladder Cancer QPI Attainment Summary 2024-25		Target%	Borders		D&G		Fife		Lothian		SCAN	
QPI 2: Quality of TURBT at initial resection	Detailed description with tumour location, size, number, appearance	95	N 31 D 31	100%	N 30 D 35	85.7%	N 83 D 85	97.6%	N 141 D 147	95.9%	N 285 D 298	95.6%
	Resection is documented as complete or not	95	N 31 D 31	100%	N 27 D 27	100%	N 77 D 81	95.1%	N 139 D 145	95.9%	N 274 D 284	95.5%
	High Grade NMIBC with detrusor muscle included at initial TURBT	90	N 8 D 8	100%	N 7 D 7	100%	N 18 D 31	58.1%	N 47 D 55	85.5%	N 80 D 101	79.8%
QPI 3: Low Grade Ta NMIBC - Mitomycin C following TURBT		80	N 9 D 12	75.0%	N 8 D 13	61.5%	N 18 D 39	46.2%	N 32 D 37	86.5%	N 67 D 101	66.3%
QPI 4: Early TURBT Re-TURBT within 42 days of initial TURBT	Early Re-TURBT	80	N 0 D 2	0.0%	N 4 D 5	80.0%	N 7 D 12	58. 3%	N 8 D 25	32.0%	N 19 D 44	43.2%
	NMIBC - incomplete resection at TURBT1	80	N 0 D 1	0.0%	N 1 D 2	50.0%	N 2 D 10	20.0%	N 0 D 6	0.0%	N 3 D 19	15.8%
QPI 6: Lymph Node Yield. Pelvic lymph node dissection to at least level 2 undertaken and ≥10 lymph nodes taken at radical cystectomy		95	Presented by board of treatment				N 5 D 11	45.5%	N 30 D 40	75.0%	N 39 D 55	70.9%
QPI 7: Time to Treatment (MIBC)	Radical treatment within 6 weeks of diagnosis of MIBC	90	N 0 D 4	0.0%	N 1 D 5	20.0%	N 0 D 3	0.0%	N 5 D 13	38.5%	N 6 D 25	24.0%
	Cystectomy or radiotherapy within 8 weeks from neoadjuvant chemo	90	N 1 D 1	100%	N 0 D 0	N/A	N 1 D 2	50.0%	N 3 D 3	100%	N 5 D 6	83.3%
QPI 8: Volume of Cases / Surgeon: Radical surgery ≥10 per surgeon and ≥20 per centre over a 1-year period		≥20	3 Surgeons met the QPI criteria. All Health Boards met the QPI criteria.									
QPI 9: Oncological Discussion: MIBC patients who met with an oncologist prior to radical treatment		60	N 1 D 2	50.0%	N 1 D 4	25.0%	N 2 D 3	66.7%	N 18 D 20	64.3%	N 22 D 37	59.5%
QPI 10 Patients with stageT2-T4 undergoing radical radiotherapy who receive concomitant radiosensitiser		50	N 0 D 0	N/A	N 0 D 1	0.0%	N 0 D 2	0.0%	N 1 D 5	20.0%	N 1 D 8	12.5%
QPI 11: 30 Day Mortality	Radical Surgery	<3	Presented by board of treatment				N 0 D 11	0.0%	N 1 D 37	2.7%	N 1 D 52	1.9%
	Radiotherapy	<3	N 0 D 3	0.0%	N 0 D 1	0.0%	N 0 D 3	0.0%	N 0 D 5	0.0%	N 0 D 14	0.0%
QPI 11: 90 Day Mortality	Radical Surgery	<5	Presented by board of treatment				N 0 D 11	0.0%	N 1 D 37	2.7%	N 1 D 52	3.8%
	Radiotherapy	<5	N 0 D 3	0.0%	N 0 D 1	0.0%	N 1 D 3	33.3%	N 0 D 5	0.0%	N 1 D 12	8.3%
QPI 13: Early Recurrence for NMIBC	Recurrence first follow-up cystoscopy for low grade pTa	<10	N 1 D 11	9.1%	N 0 D 13	0.0%	N 5 D 36	13.9%	N 3 D 35	6.8%	N 9 D 95	9.5%
	Residual cancer at re-TURBT in patients with pT1	<20	N 1 D 1	100%	N 0 D 3	0.0%	N 2 D 7	28.6%	N 3 D 7	32.0%	N 6 D 18	33.3%
	Pathological MIBC (pT2) at re-TURBT in patients with pT1	<1	N 0 D 1	0.0%	N 0 D 4	0.0%	N 0 D 9	0.0%	N 0 D 10	0.0%	N 0 D 24	0%

INTRODUCTION AND METHODS

Cohort

This report covers patients newly diagnosed with bladder cancer in SCAN between 01/04/2024 and 31/03/2025.The results contained within this report have been presented by NHS board of diagnosis. Where the QPI relates to surgical outcomes the results are presented by hospital of surgery.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland (PHS), and Healthcare Improvement Scotland (HIS). It is intended that QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

The overarching aim of the cancer quality work programme is to ensure that activity at NHS board level is focused on areas most important in terms of improving survival and patient experience, whilst reducing variance and ensuring safe, effective and person-centred cancer care.

Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland.

Accompanying datasets and measurability criteria for QPIs are published on the PHS website link. NHS boards are required to report against QPIs as part of a mandatory, publicly reported, programme at a national level.

The QPI dataset for bladder cancer was implemented from 01/04/2014, and this is the eleventh publication of QPI results for bladder cancer within SCAN.

The Bladder QPIs were subject to a third formal review and the revised QPI documents for were published by HIS in November 2024. The supporting documents for data collection have already been published by PHS and are available.

QPI	SUMARY OF CHANGES	Year of reporting
QPI 1	MDT discussion now embedded into practice and all cases managed appropriately on review.	Archived
QPI 2	No change to QPI or measurability – existing report	Ongoing
QPI 3	No change to QPI or measurability – existing report	Ongoing
QPI 4	Changes to QPI – amendments to reports Specification (ii): Archived – no longer required to be measured as high grade T1 NMIBC cases will undergo a second TURBT irrespective if detrusor muscle is present or not from the specimen.	24-25
QPI 6	Changes to QPI – amendments to report – revised data item.	25-26
QPI 7	No change to QPI – minor wording change to report	Ongoing
QPI 7 Additional Info	New reports required – 2 separate specifications plus median and range statistics. No new data items.	24-25
QPI 8	No change to QPI – SMR01 data used (coding change to measurability – don't think this requires amending in the report)	Ongoing
QPI 9	Changes to QPI, new data item – new report	25-26
QPI 10	No change to QPI – minor coding change to report	Ongoing
QPI 11	No change to QPI or measurability – existing report	Ongoing
QPI 13	No change to QPI or measurability – existing report	Ongoing

QPI documents are available at www.healthcareimprovementscotland.org
Datasets and measurability documents are available at https://publichealthscotland.scot/

Audit Processes

Data was analysed by the audit facilitators in each NHS board according to the measurability document provided by PHS. SCAN data was collated by Juan Yanez Casal, SCAN Cancer Information Analyst.

Data capture focuses round the process for the weekly multidisciplinary meetings (MDM), ensuring that information is collected through routine processes. Data is recorded in eCase for Borders, Dumfries & Galloway, Fife and Lothian.

Clinical Sign-Off: This report compares analysed data from Borders, D&G, Fife and Lothian and was signed off as accurate following review by the lead clinicians from each board. The collated SCAN results were reviewed jointly by the lead clinicians, including oncologists, to assess variances and provide comments on results.

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Ben Thomas	Leanne Robinson
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Mr Roland Donat	Jennifer Bruce
NHS Fife	Queen Margaret Hospital	Mr I Mitchell	Julie Whyte
SCAN & NHS Lothian	Western General Hospital and St John's Hospital	Prof P Mariappan Dr M Doak	Juan Yanez Casal

Data Quality

Estimate of Case Ascertainment

An estimate of case ascertainment (the percentage of the population with bladder cancer recorded in the audit) is made through comparison with the Scottish Cancer Registry five-year average. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

Number of cases recorded in audit: Patients diagnosed between 01/04/2024 and 31/03/2025.

	Borders	D&G	Fife	Lothian	SCAN
Bladder Cancer	36	39	111	185	371

Estimate of Case Ascertainment: Calculated using the average of the most recent available five years of Cancer Registry Data 2020 – 2024.

	Borders	D&G	Fife	Lothian	SCAN
Cases from Audit	36	39	111	185	371
Cancer Registry 5 Year Average	19	30	59	130	237
Case Ascertainment %	189	130	189	143	156

Note: Extract of data provided by PHS from the Cancer Registry data ACaDMe on 08/04/2026

Clinical Sign-Off

This report compares data from reports prepared for individual hospitals and was signed off as accurate following review by the lead clinicians from each service. The collated SCAN results are reviewed jointly by the lead clinicians, to assess variances and provide comments on results:

Individual health board results were reviewed and signed-off locally.
Regional sign off meeting achieved remotely on 17 April 2026

Present at regional sign off meeting.

Borders: Ben Thomas

D&G: Roland Donat, Jenny Bruce, Michael Charles

Fife: Ian Mitchell

Lothian: Param Mariappan, Rami Bajis, Lorna Bruce, Juan Yanez Casal

Actions for Improvement

After final sign off, the process is for the report to be sent to the Clinical Governance groups with action plans for completion at Health Board level which are returned to SCAN Audit and subsequently reported to the Regional Cancer Planning Group.

The final report is placed on the SCAN website, with completed action plans, once it has been fully signed-off and checked for any disclosive information.

QPI 2i - Quality of Transurethral Resection of Bladder Tumour – Target = 95%

Title: Transurethral resection of bladder tumour (TURBT) procedures undertaken should be of good quality.

Numerator = Number of patients with bladder cancer who undergo TURBT where a bladder diagram or detailed description with documentation of tumour location, size, number and appearance has been used at initial resection.

Denominator = All patients with bladder cancer who undergo TURBT.

Exclusions = Patients undergoing palliative resection.

The tolerance within this target level accounts for the fact that it is not always possible to include detrusor muscle within the specimen.

Presented by Board of surgery

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	5	2	19	38	64
Excluded from analysis	0	2	7	0	9
Numerator	31	30	83	141	285
Not recorded for numerator	0	0	0	0	0
Denominator	31	35	85	147	298
Not recorded for exclusion	0	0	0	8	8
Not recorded for denominator	0	0	0	1	1
% Performance	100.0	85.7	97.6	95.9	95.6

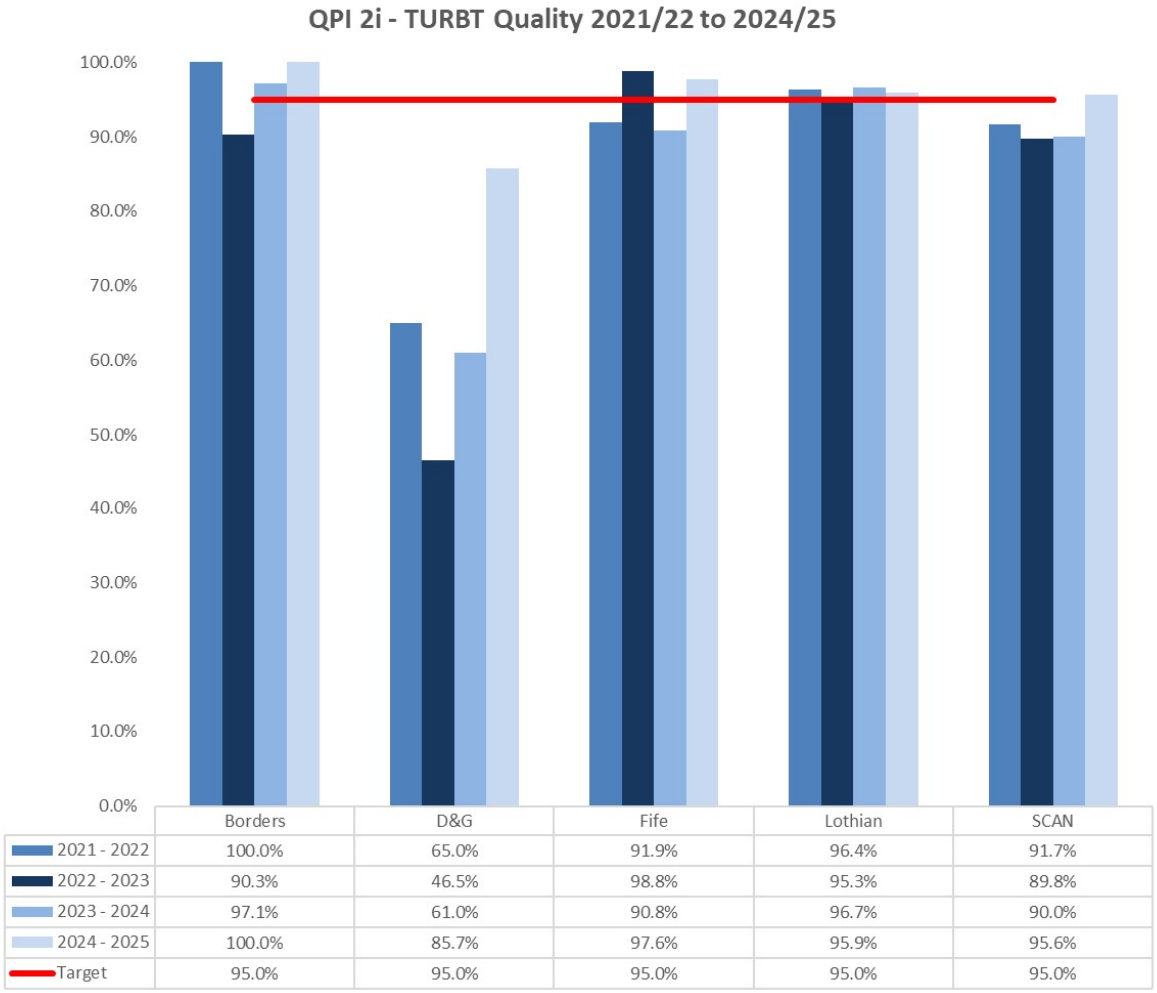
Comment:

D&G: There were 5 cases that did not meet the criteria for the numerator. In 4 cases the bladder proforma was completed but the tumour size was not recorded and in 1 case the number of tumours was missing.

Fife: It is significant that the target has been achieved this year as, since the QPIs were introduced in 2014, Fife has only met this QPI once before so it should be noted that it has again met the QPI target this cohort with only 2 outliers. The increased use of the TURBT pro-forma to correctly document procedures, coupled with the introduction of a more straightforward pro-forma, has achieved good results and it is hoped that this will continue going forward.

Comment: D&G documentation is better, Lothian TRAK forms are not yet in use in other Health Boards. Documentation would improve with the correct IT system in place so this needs to be addressed at a nationwide level. This should be discussed at the QPI deep dive exercise within the National Cancer Quality Program.

Action: Discuss improved IT systems for correct bladder diagram documentation within the Cancer Quality program bladder deep dive exercise.



	Borders	D&G	Fife	Lothian	SCAN
2021 - 2022	100.0%	65.0%	91.9%	96.4%	91.7%
2022 - 2023	90.3%	46.5%	98.8%	95.3%	89.8%
2023 - 2024	97.1%	61.0%	90.8%	96.7%	90.0%
2024 - 2025	100.0%	85.7%	97.6%	95.9%	95.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

QPI 2ii - Quality of Transurethral Resection of Bladder Tumour – Target = 95%

Title: Transurethral resection of bladder tumour (TURBT) procedures undertaken should be of good quality.

Numerator = Number of patients with bladder cancer who undergo TURBT where it is documented whether the resection was complete or not at initial resection.

Denominator = All patients with bladder cancer who undergo TURBT.

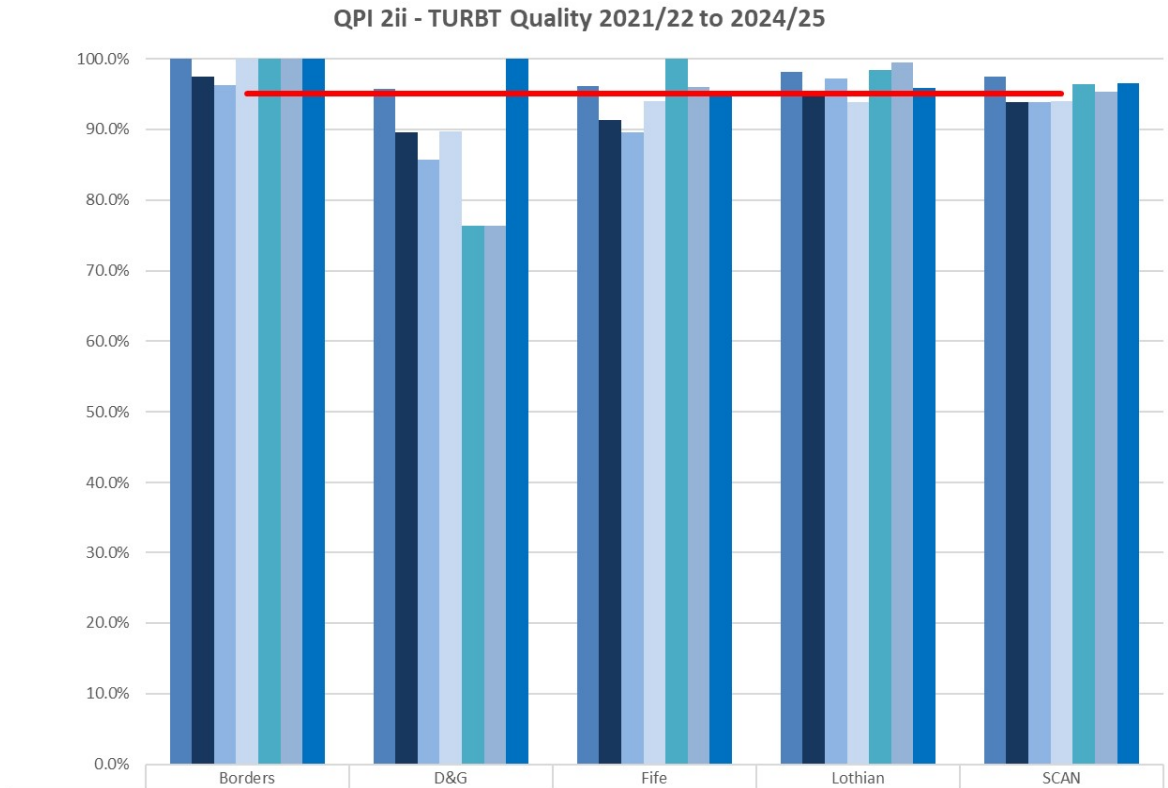
Exclusions = Patients undergoing palliative resection or with very small tumours (≤5mm).

The tolerance within this target level accounts for the fact that it is not always possible to include detrusor muscle within the specimen.

Presented by Board of surgery

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	4	2	19	40	65
Excluded from analysis	1	10	11	0	22
Numerator	31	27	77	139	274
Not recorded for numerator	0	0	0	0	0
Denominator	31	27	81	145	284
Not recorded for exclusion	0	4	1	9	14
Not recorded for denominator	0	0	0	1	1
%Performance	100.0	100.0	95.1	95.9	96.5

Action: Good result



	Borders	D&G	Fife	Lothian	SCAN
2018 - 2019	100.0%	95.7%	96.1%	98.2%	97.5%
2019 - 2020	97.4%	89.6%	91.3%	95.4%	93.8%
2020 - 2021	96.3%	85.7%	89.6%	97.2%	93.8%
2021 - 2022	100.0%	89.7%	94.0%	93.9%	94.0%
2022 - 2023	100.0%	76.3%	100.0%	98.4%	96.4%
2023 - 2024	100.0%	76.4%	95.9%	99.5%	95.4%
2024 - 2025	100.0%	100.0%	95.1%	95.9%	96.5%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

QPI 2iii - Quality of Transurethral Resection of Bladder Tumour – Target = 90%

Title: Transurethral resection of bladder tumour (TURBT) procedures undertaken should be of good quality.

Numerator = Number of patients with high grade NMIBC who undergo TURBT where detrusor muscle is included in the specimen at initial resection.

Denominator = All patients with high grade NMIBC who undergo TURBT.

Exclusions = Patients undergoing palliative resection, with very small tumours (≤5mm) or patients with bladder diverticular tumours.

The tolerance within this target level accounts for the fact that it is not always possible to include detrusor muscle within the specimen.

Presented by Board of surgery

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	24	25	75	130	254
Excluded from analysis	4	7	5	0	16
Numerator	8	7	18	47	80
Not recorded for numerator	0	0	0	0	0
Denominator	8	7	31	55	101
Not recorded for exclusion	0	4	1	2	7
Not recorded for denominator	0	0	1	2	3
%Performance	100.0	100.0	58.1	85.5	79.2

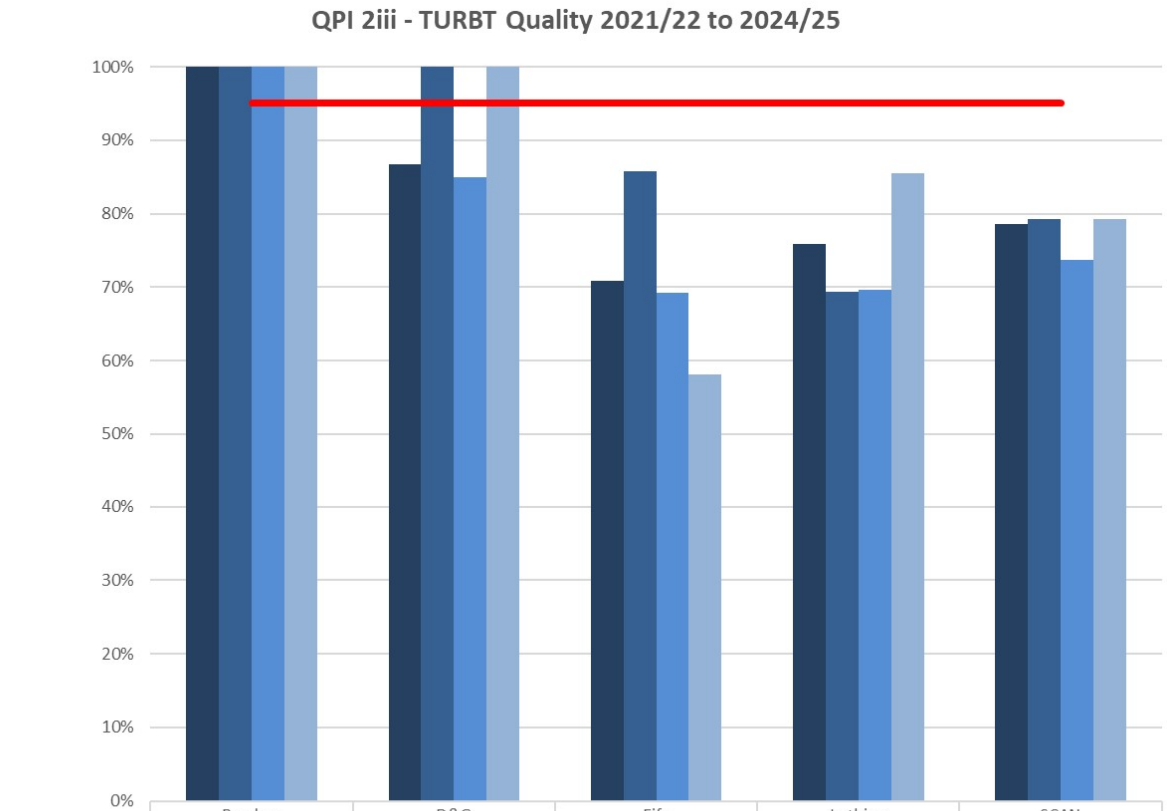
Comment:

Fife: There were 13 cases that did not meet the criteria for the numerator. With one exception, TURBTs were performed by either a consultant or a registrar under supervision; the other was performed by an ST6 registrar which was unsupervised. 3 cases were recorded as having clinically MIBC by the MDT and 2 cases were extremely frail so sampling detrusor muscle at initial TURBT would not have altered their management. In all remaining cases, reassuringly repeat procedures confirmed no residual disease.

Lothian: There were 8 cases that did not meet the criteria for the numerator, with a range of contributing factors identified. Patients with small tumours are often scheduled on any surgeon's list, and these may not be resected deeply enough when performed by non-specialist urologists, highlighting a training issue. These challenges are difficult to fully resolve, but we continue to raise awareness among clinicians.
There is a 15.9% improvement on last year in Lothian, this reflects better awareness of operation requirements

SCAN Comment:. It was agreed that aspirational targets such as this are helpful.

Action:. Increased theatre capacity and dedicated lists to be explored in Fife.
Increase awareness of operation procedure requirements in Lothian.



	Borders	D&G	Fife	Lothian	SCAN
2021 - 2022	100.0%	86.7%	70.8%	75.9%	78.6%
2022 - 2023	100.0%	100.0%	85.7%	69.4%	79.3%
2023 - 2024	100.0%	85.0%	69.2%	69.6%	73.7%
2024 - 2025	100.0%	100.0%	58.1%	85.5%	79.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

QPI 2 (I, II, III) - TURBT complete / incomplete resection (count and %)

Additional information for surgical recording of resections for QPI 2.

Presented by Board of surgery

Additional info for TURBT QPI 2 from surgical proforma	Resection recorded as	Borders		D&G		Fife		Lothian		SCAN	
		n	total	n	total	n	total	n	total	n	total
QPI2 i) TURBT excluding palliative resection	Complete	21	67.7	30	85.7	60	70.6	91	61.9	172	65.4
	Incomplete	7	22.6	5	14.3	18	21.2	44	29.9	69	26.2
	Unsure	2	6.5	0	0.0	3	3.5	6	4.1	11	4.2
	Not recorded	1	3.2	0	0.0	4	4.7	5	3.4	10	3.8
	Totals	31	100.0	35	100.0	85	100.0	147	100.0	263	100.0
QPI 2 ii) TURBT excluding palliative resection and <5mm tumours	Complete	21	67.7	23	85.2	56	69.1	90	62.1	167	65.0
	Incomplete	7	22.6	4	14.8	18	22.2	43	29.7	68	26.5
	Unsure	2	6.5	0	0.0	3	3.7	6	4.1	11	4.3
	Not recorded	1	3.2	0	0.0	4	4.9	5	3.4	10	3.9
	Totals	31	100.0	27	100.0	81	100.0	145	100.0	257	100.0
QPI 2 iii) TURBT excluding palliative resection, <5mm tumours and bladder diverticular tumours	Complete	6	75.0	5	71.4	20	64.5	42	76.4	68	72.3
	Incomplete	2	25.0	2	28.6	9	29.0	9	16.4	20	21.3
	Unsure		0.0	0	0.0	1	3.2	2	3.6	3	3.2
	Not recorded	0	0.0	0	0.0	1	3.2	1	1.8	2	2.1
	Totals	8	100.0	7	100.0	31	100.0	55	100.0	94	100.0

QPI 3 – Mitomycin C following TURBT – Target = 80%

Title: Patients with low grade Ta non muscle invasive bladder cancer (NMIBC) who undergo TURBT should receive a single instillation of mitomycin C (or other alternative chemotherapy agent) within 24 hours of resection, unless contraindicated.

Numerator = Number of patients with low grade Ta NMIBC who undergo TURBT who receive a single instillation of mitomycin C (or other alternative chemotherapy agent) within one day of initial TURBT.

Denominator = All patients with low grade Ta NMIBC who undergo initial TURBT.

Exclusion = None.

The tolerance within this target is designed to account for situations where patients have severe haematuria, which requires continuous irrigation or surgical intervention. It also accounts for those patients where there has been intra or extraperitoneal perforation, and those with high risk of extravasation. Additionally, at time of TURBT it is often difficult to identify if disease is superficial, invasive or high/low grade therefore in order to minimise over-treatment some patients with suspected muscle invasive bladder cancer may not receive mitomycin C (or another alternative chemotherapy agent).

Presented by Board of surgery

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	24	26	72	148	270
Excluded from analysis	0	0	0	0	0
Numerator	9	8	18	32	67
Not recorded for numerator	0	0	0	2	2
Denominator	12	13	39	37	101
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	1	2	3	6
% Performance	75.0	61.5	46.2	86.5	66.3

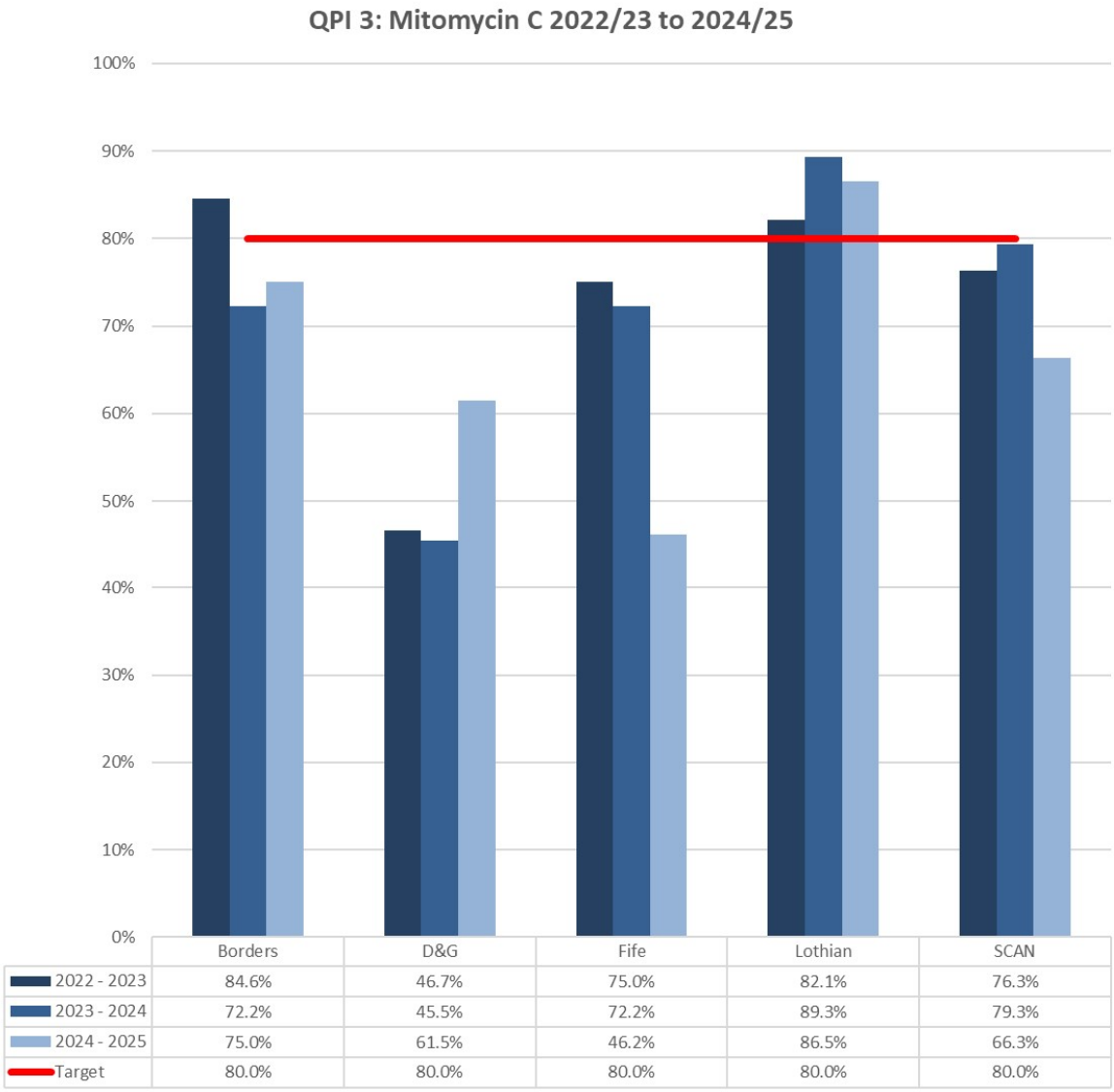
Comment:

Borders: There were 3 cases that did not meet the criteria for the numerator. In 1 case, MMC was not administered due to a deep resection. In another, the reason was incomplete resection. The third patient did not receive MMC because of diagnostic uncertainty.

DGRI: There were 5 cases that did not meet the criteria for the numerator. All cases were due to an active decision to withhold mitomycin because of deep resection, visible fat, and/or suspected perforation.

Fife: There were 21 cases that did not meet the criteria for the numerator. Fife's performance against this target has shown a significant drop since previous years. However, on further investigation, there does appear to be clinical reasons documented for most cases including deep resection (in an attempt to obtain muscle), bladder perforation, incomplete resection and suspected MIBC.

Action: Small numbers in Borders result in a large percentage change.
There is some concern with deep resections in Fife, Fife Lead to raise awareness.



	Borders	D&G	Fife	Lothian	SCAN
2022 - 2023	84.6%	46.7%	75.0%	82.1%	76.3%
2023 - 2024	72.2%	45.5%	72.2%	89.3%	79.3%
2024 - 2025	75.0%	61.5%	46.2%	86.5%	66.3%
Target	80.0%	80.0%	80.0%	80.0%	80.0%

QPI 4i - Early Re-TURBT – Target = 80%

Title: Patients with T1 (all grades) NMIBC where initial resection is complete who have a second TURBT or early cystoscopy (± biopsy) within 3 months (90 days) of initial resection.

Numerator = Number of patients with T1 (all grades) NMIBC who have undergone TURBT where initial resection is complete who have a second TURBT or early cystoscopy (± biopsy) within 3 months (90 days) of initial resection.

Denominator = All patients with T1 (all grades) NMIBC who have undergone TURBT where initial resection is complete.

Exclusion = Patients where TURBT has been carried out for palliation, Patients who have undergone early cystectomy and Patients with confirmed metastatic disease.

The tolerance within this target is designed to account for situations where patients are not fit enough for a further operation, where patients are frail and a thin bladder wall is suspected and where there is imaging which suggests re-TURBT is not required or where PDD (photodynamic diagnosis) TURBT has been carried out. It also accounts for those patients where there has been intra or extraperitoneal perforation.

Presented by Board of surgery

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	26	33	98	160	317
Excluded from analysis	8	1	1	0	10
Numerator	0	4	7	8	19
Not recorded for numerator	0	0	0	0	0
Denominator	2	5	12	25	44
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	1	2	3
% Performance	0.0	80.0	58.3	32.0	43.2

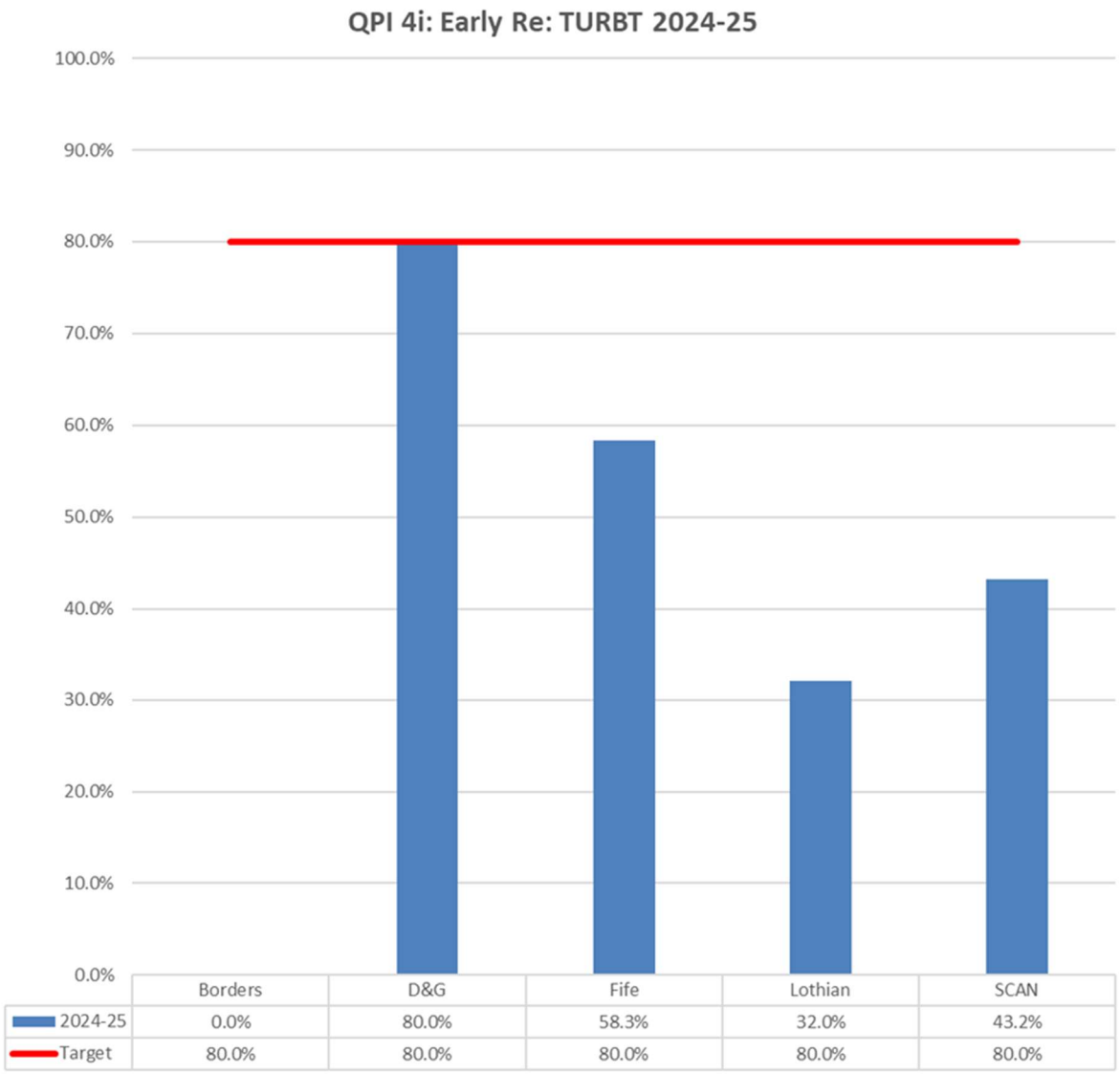
Comment:

Borders: There were 2 cases that did not meet the criteria for the numerator. Neither patient had re-TURBT for valid clinical reasons.

Fife: There were 5 cases that did not meet the criteria for the numerator. All were reviewed and did not meet the criteria for valid clinical reasons

Lothian: There were 17 cases that did not meet the criteria for the numerator. Of these, 15 patients did not undergo a re-TURBT, and 2 had delayed TURBTs.

Action: This QPI is difficult to meet due to lack of capacity, and various valid clinical reasons. Patient outcomes have not been compromised and clear decisions have been made to not re-resect at MDM.
No further actions identified. Consider changing this measure in future.



	Borders	D&G	Fife	Lothian	SCAN
2024-25	0.0%	80.0%	58.3%	32.0%	43.2%
Target	80.0%	80.0%	80.0%	80.0%	80.0%

QPI 4iii - Early Re-TURBT (incomplete resection) – Target = 80%

Title: Patients with NMIBC where initial resection is incomplete who have a second TURBT or early cystoscopy (± biopsy) within 6 weeks (42 days) of initial resection.

Numerator = Patients with NMIBC who have undergone TURBT where initial resection is incomplete who have a second TURBT or early cystoscopy (± biopsy) within 6 weeks (42 days) of initial resection.

Denominator = All patients with NMIBC who have undergone TURBT where initial resection is incomplete.

Exclusion = Where TURBT has been carried out for palliation, undergone early cystectomy or where metastatic disease is confirmed.

The tolerance within this target is designed to account for situations where patients are not fit enough for a further operation, where patients are frail and a thin bladder wall is suspected and where there is imaging which suggests re-TURBT is not required or where PDD (photodynamic diagnosis) TURBT has been carried out. It also accounts for those patients where there has been intra or extraperitoneal perforation.

Presented by Board of surgery

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	27	37	99	179	342
Excluded from analysis	8	0	2	0	10
Numerator	0	1	2	0	3
Not recorded for numerator	0	0	0	0	0
Denominator	1	2	10	6	19
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	3	4	7
% Performance	0.0	50.0	20.0	0.0	15.8

Comment:

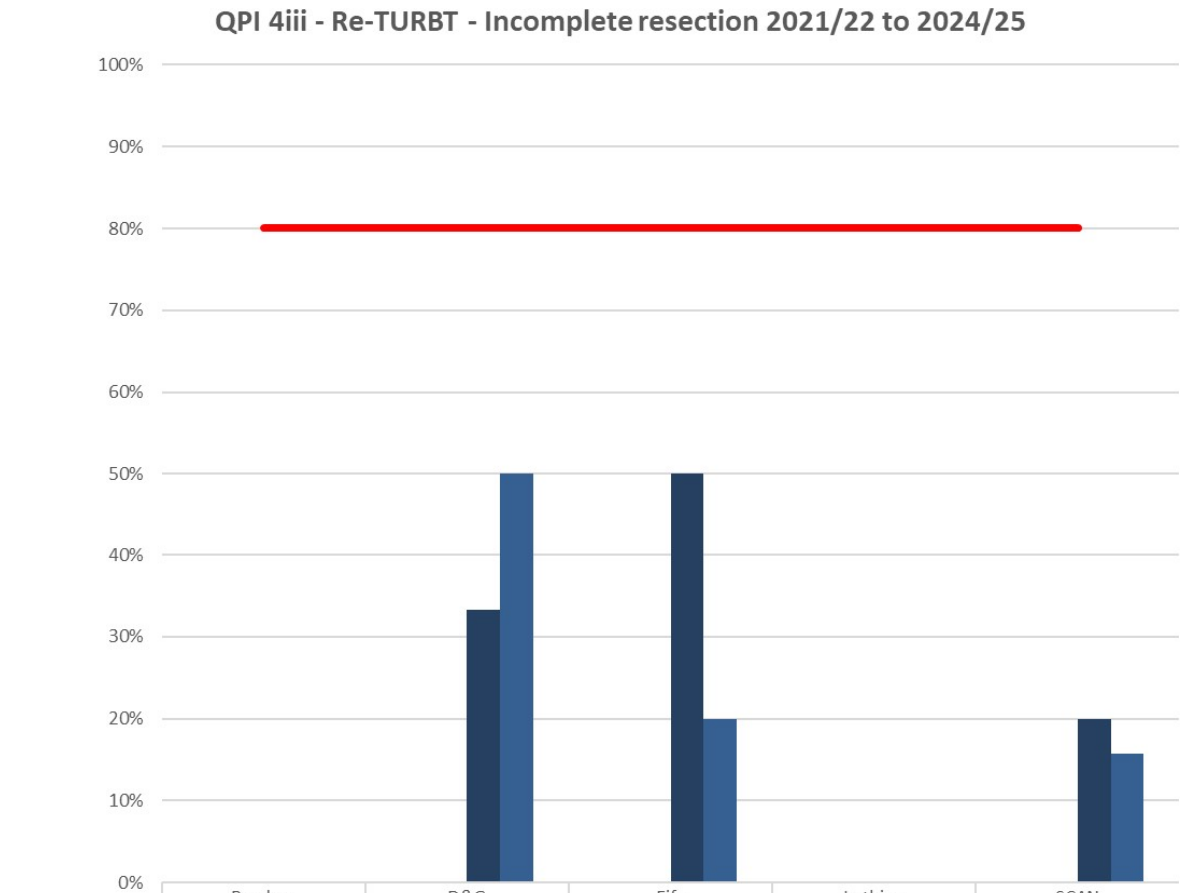
Borders: There was 1 case that did not meet the criteria for the numerator. The patient was very frail, and the MDT decision was to proceed with best supportive care.

DGRI: There was 1 case that did not meet the criteria for the numerator. The Re-TURBT was performed within 6 weeks of the MDT recommendation to proceed with TURBT.

Fife: There were 8 cases that did not meet the criteria for the numerator. Meeting this QPI remains a challenge within Fife. All cases were reviewed with various reasons for delays.

Lothian: There were 6 cases that did not meet the criteria for the numerator. Of these 6 patients, 5 did not undergo a Re-TURBT and 1 patient had a Re-TURBT at 45 days. Among the 5 patients who did not have a Re-TURBT, 2 were on the low-risk pathway, 2 were receiving supportive care/symptomatic management and 1 patient was considered high anaesthetic risk and was therefore for BCG.

Action:. Small numbers are noted with high percentage swings. No actions identified.



	Borders	D&G	Fife	Lothian	SCAN
2021 - 2022	0.0%	0.0%	0.0%	0.0%	0.0%
2022 - 2023	0.0%	0.0%	0.0%	0.0%	0.0%
2023 - 2024	0.0%	33.3%	50.0%	0.0%	20.0%
2024 - 2025	0.0%	50.0%	20.0%	0.0%	15.8%
Target	80.0%	80.0%	80.0%	80.0%	80.0%

QPI 6 – Lymph Node Yield – Target = 95%

Title: Patients with bladder cancer that undergo primary radical cystectomy where ≥ 10 lymph nodes are resected and pathologically examined and at least level 2 pelvic lymph node dissection (to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken.

Numerator = Patients with bladder cancer who undergo primary radical cystectomy where ≥ 10 lymph nodes are resected and pathologically examined, and at least level 2 pelvic lymph node dissection (i.e. to the middle of the common iliac artery or level of the crossing of the ureter) has been undertaken.

Denominator = All patients with bladder cancer who undergo primary radical cystectomy.

Exclusions = Patients undergoing salvage cystectomy.

The tolerance within this target accounts for situations where patients are not fit enough to undergo extensive lymphadenectomy.

Presented by Board of surgery

Target 95%	Fife	Lothian	SCAN
2024-25 cohort	111	185	332
Ineligible for analysis	100	145	275
Excluded from analysis	0	0	0
Numerator	5	30	39
Not recorded for numerator	1	0	1
Denominator	11	40	55
Not recorded for exclusion	0	0	0
Not recorded for denominator	0	0	0
% Performance	45.5	75.0	70.9

Comment:

Fife: There were 6 cases that did not meet the criteria for the numerator. 2 cases did have the correct level of lymph node dissection performed and documented on the op note, but the procedure did not yield the required number of nodes so did not meet the QPI. Level II node dissection was attempted in 3 cases but could not be completed due to intraoperative decision(s). Unfortunately, despite the correct number of lymph nodes being examined pathologically, the Not Recorded for Numerator case had no reference to the level of node dissection contained within the op note hence the corresponding field was 'Not Recorded'.

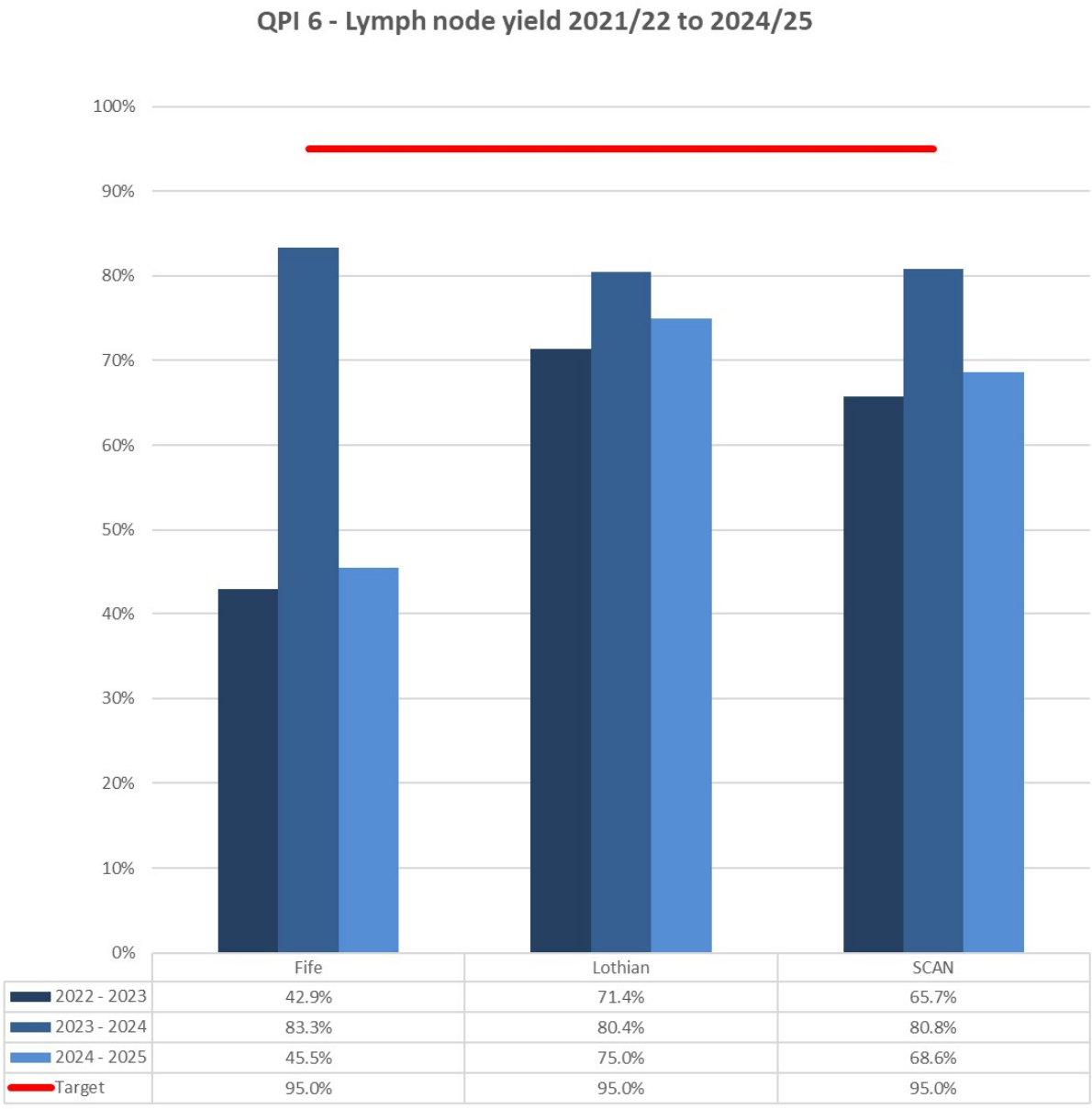
It is noted that this QPI has been amended following Formal Review to measure primary cystectomy cases where at least Level I pelvic lymph node dissection has been undertaken. However, as the number of lymph nodes resected / pathologically examined remains at ≥ 10, Fife's outliers would remain 'as is' irrespective of the changes.

Lothian: There were 10 cases that did not meet the criteria for the numerator. For 9 patients the lymph node dissection was done to at least level 1 but less than 10 lymph nodes were identified by pathology. One patient had no pelvic node dissection done due to bleeding and other issues during cystectomy.

Comment: This QPI has been amended following Formal Review to measure primary cystectomy cases where at least Level I pelvic lymph node dissection has been undertaken and is not officially reported till next year.

This QPI is based on trials evidence where the level of dissection is more important than LN count. Where it’s not been achieved there are good clinical reasons for this. No further action is required.

Path comment: There is significant variation within tissue samples, some have large lozenge-shaped and fused nodes and some have very small nodes. Pathologically, 10 is an ambitious number to identify so there will always be variability.



	Fife	Lothian	SCAN
2022 - 2023	42.9%	71.4%	65.7%
2023 - 2024	83.3%	80.4%	80.8%
2024 - 2025	45.5%	75.0%	68.6%
Target	95.0%	95.0%	95.0%

Note: QPI has been changed from Level 2 pelvic lymph node dissection to Level 1 pelvic lymph node dissection which will take effect with next year's cohort.

QPI 7i – Time to Treatment – Target = 90%

Title: Patients with muscle invasive bladder cancer (MIBC) undergoing treatment with radical intent should commence treatment as soon as possible.

Numerator = Number of patients with MIBC who undergo radical cystectomy or radiotherapy without neoadjuvant chemotherapy within 6 weeks of diagnosis of MIBC.

Denominator = All patients with MIBC undergoing radical cystectomy or radiotherapy without neoadjuvant chemotherapy.

Exclusion = None.

The tolerance within this target accounts for situations where patients are not fit enough to undergo treatment within the required timescales due to other medical conditions.

Presented by Board of diagnosis

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	32	33	108	172	345
Excluded from analysis	0	1	0	0	1
Numerator	0	1	0	5	6
Not recorded for numerator	0	0	0	0	0
Denominator	4	5	3	13	25
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	20.0	0.0	38.5	24.0

Comment:

Borders: There were 4 cases that did not meet the criteria for the numerator. 2 had cystectomy and 2 radiotherapy all outwith 42 days.

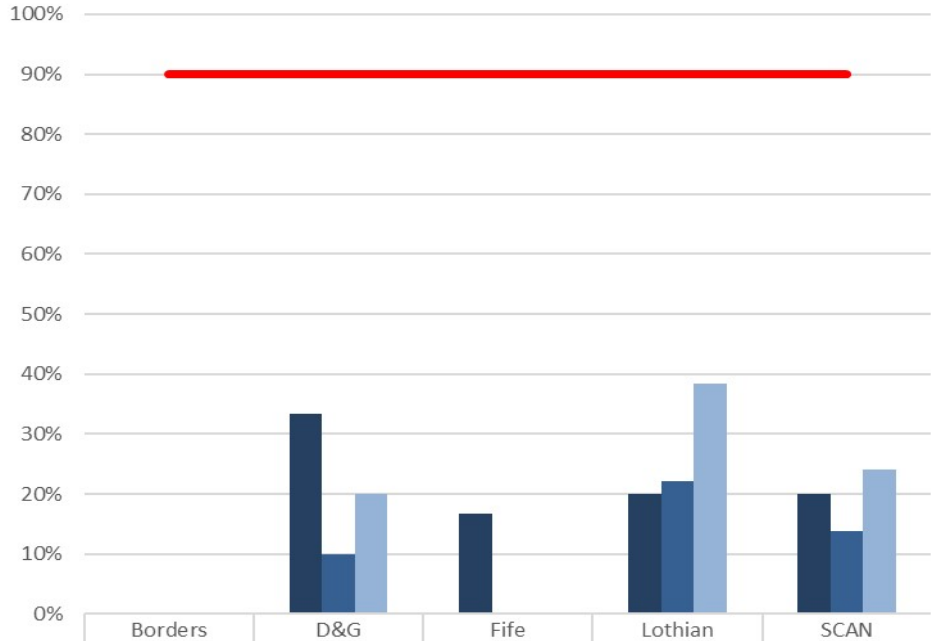
DGRI: There were 4 cases that did not meet the criteria for the numerator. 3 patients underwent cystectomy outside the recommended timeframe (range 45–62 days), and 1 patient received radiotherapy outside the timeframe (81 days).

Fife: There were 3 cases that did not meet the criteria for the numerator. In all 3 cases, staging CT was required prior to definitive treatment.

Lothian: There were 8 cases that did not meet the criteria for the numerator. Seven patients experienced delayed cystectomy (within 90 days), and one patient experienced delayed radiotherapy.

Action: This is an aspirational QPI. NHS capacity will not achieve this target this within the current capacity limits. Lothian MDT – target date to be added to the MDM outcome for radical treatment to highlight patient pathway requirements

QPI 7i: Time to treatment 2022/23 to 2024/25



	Borders	D&G	Fife	Lothian	SCAN
2022 - 2023	0.0%	33.3%	16.7%	20.0%	20.0%
2023 - 2024	0.0%	10.0%	0.0%	22.2%	13.9%
2024 - 2025	0.0%	20.0%	0.0%	38.5%	24.0%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

QPI 7ii – Time to Treatment – Target = 90%

Title: Patients with muscle invasive bladder cancer (MIBC) undergoing treatment with radical intent should commence treatment as soon as possible.

Numerator = Number of patients with MIBC who have neoadjuvant chemotherapy who undergo cystectomy or radiotherapy within 8 weeks of completing treatment.

Denominator = All patients with MIBC undergoing neo-adjuvant chemotherapy.

Exclusion = None.

The tolerance within this target accounts for situations where patients are not fit enough to undergo treatment within the required timescales due to other medical conditions.

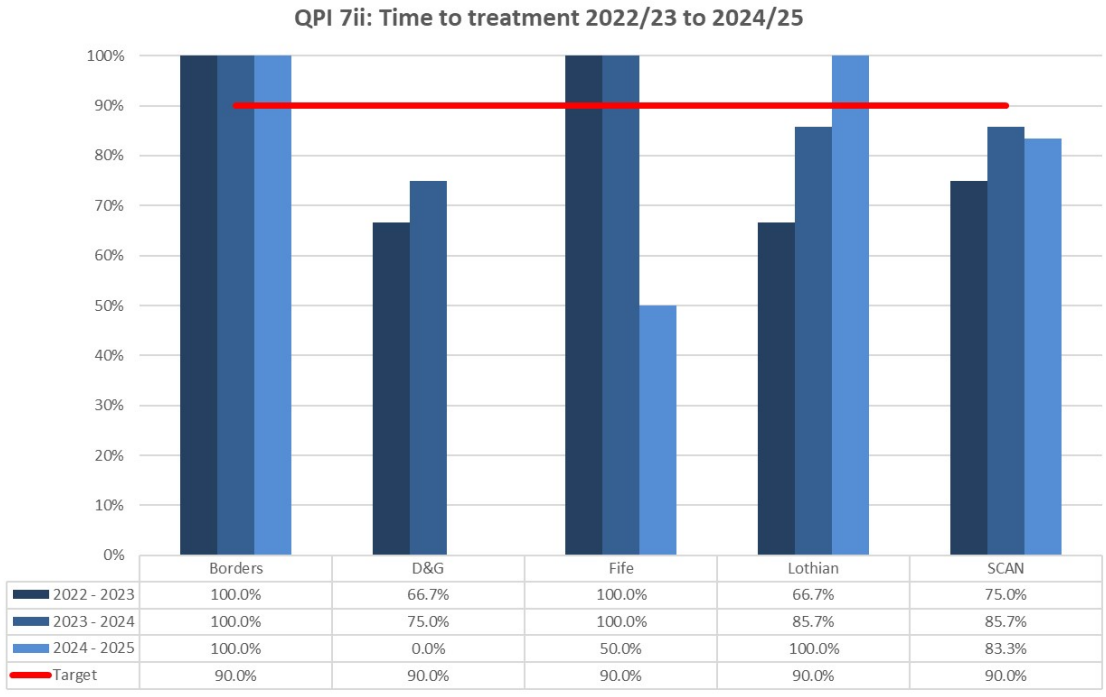
Presented by Board of diagnosis

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	0	111	185	332
Ineligible for analysis	35	0	109	182	326
Excluded from analysis	0	0	0	0	0
Numerator	1	0	1	3	5
Not recorded for numerator	0	0	0	0	0
Denominator	1	0	2	3	6
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	N/A	50.0	100.0	83.3

Comment:

Fife: There was 1 case that did not meet the criteria for the numerator. The target was missed by 11 days as the final cycle of chemotherapy was initially delayed

Action: No actions identified



QPI 8 – Volume of Cases per Centre/Surgeon – Target = ≥ 20 cases per year.

Title: Radical cystectomy should be performed by surgeons who perform the procedure routinely in hospitals where there is an appropriate volume of such cases.

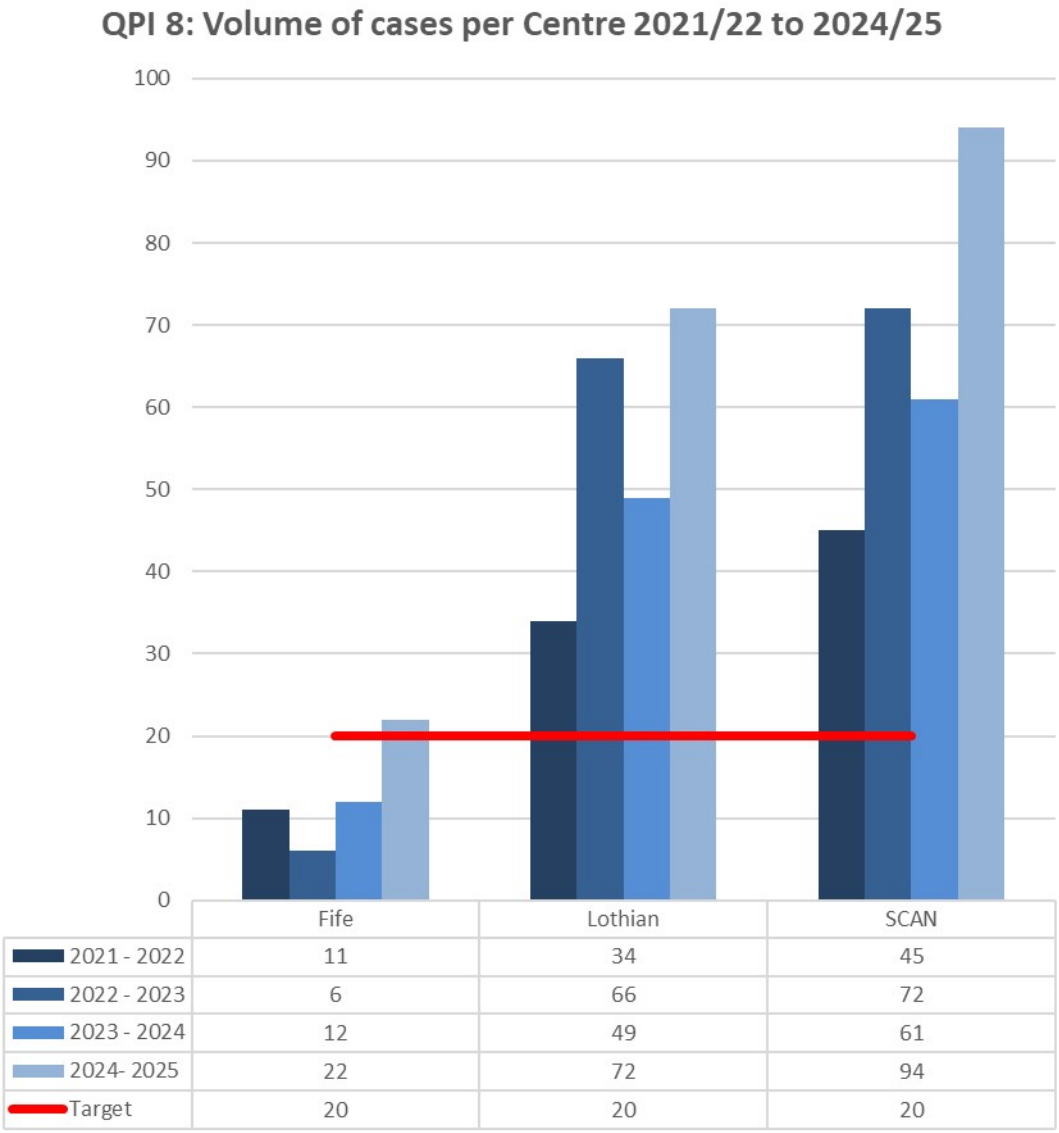
The criteria for this QPI are defined by a minimum of 10 operations per surgeon and overall 20 operations per Centre.

Numerator = Number of radical cystectomy procedures performed by each surgeon in a given year (no exclusions).

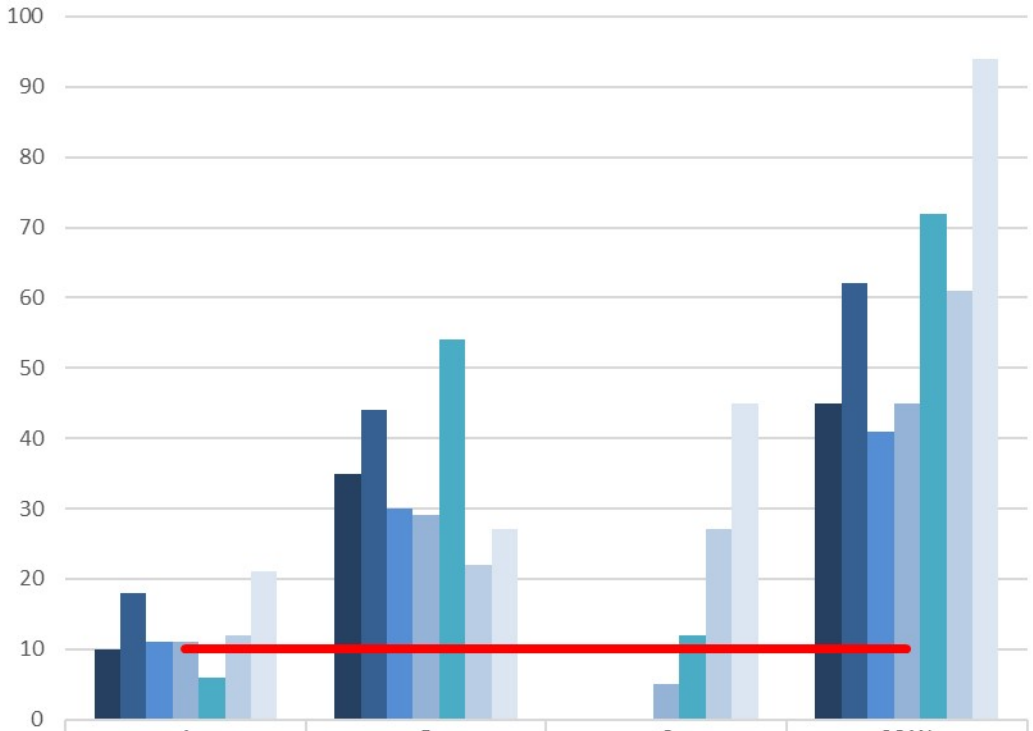
All cystectomies are carried out in Fife and Lothian.

Board of Surgery*	Surgeon	Number of radical cystectomies
NHS Fife	A	21
NHS Lothian	B	27
NHS Lothian	C	45

*Data supplied by PHS SMR01 returns.



QPI 8: Volume of cases per Surgeon 2018/19 to 2024/25



	A	B	C	SCAN
2018 - 2019	10	35	0	45
2019 - 2020	18	44	0	62
2020 - 2021	11	30	0	41
2021 - 2022	11	29	5	45
2022 - 2023	6	54	12	72
2023 - 2024	12	22	27	61
2024- 2025	21	27	45	94
TARGET	10	10	10	10

QPI 9 – Oncological Discussion – Target = 60%

Title: Patients with muscle invasive bladder cancer should have all treatment options discussed with them prior to radical cystectomy.

Numerator = Number of patients with muscle invasive bladder cancer who undergo cystectomy who met with an oncologist prior to radical cystectomy.

Denominator = All patients with muscle invasive bladder cancer who undergo radical cystectomy (no exclusions)

The tolerance accounts for the fact that patients might decline to see an oncologist, are deemed at multi-disciplinary team meeting to not be suitable for radical radiotherapy or neo-adjuvant chemotherapy, due to co-morbidities and for patients who undergo emergency cystectomy.

Presented by Board of diagnosis

Target 60%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	32	35	108	157	332
Excluded from analysis	0	0	0	0	0
Numerator	1	1	2	18	22
Not recorded for numerator	0	0	0	4	4
Denominator	2	4	3	28	37
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	1	1
% Performance	50.0	25.0	66.7	64.3	59.5

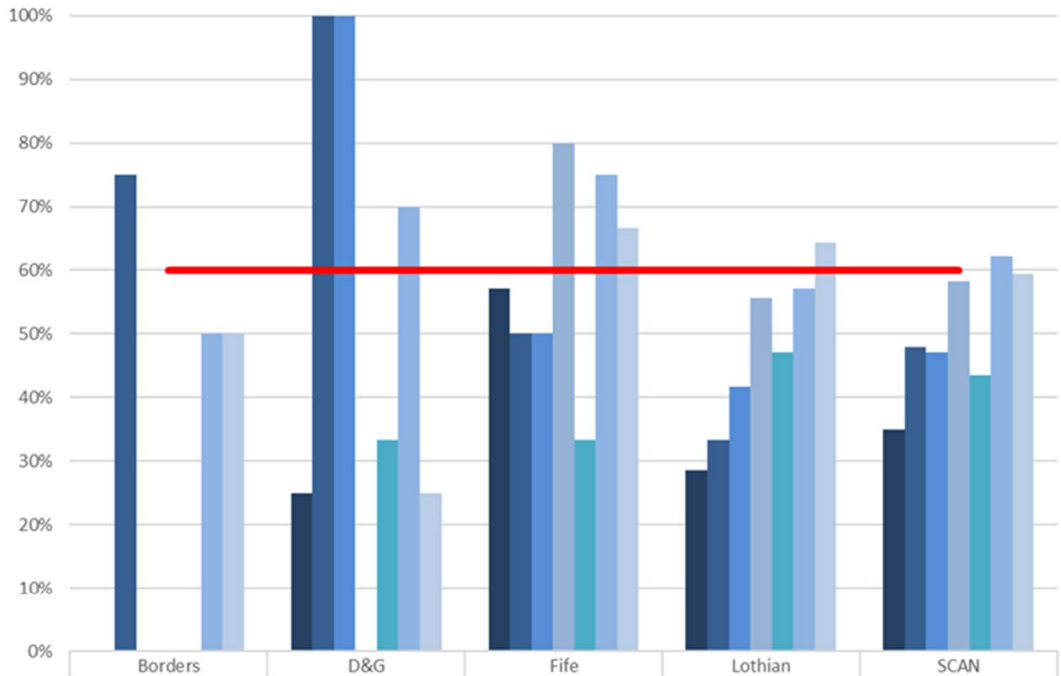
Comment:

Borders: There was 1 case that did not meet the criteria for the numerator. It was an MDT decision to refer the patient directly for surgery.

D&G: There were 3 cases that did not meet the criteria for the numerator where the MDT recommended primary surgery: 1 patient was not suitable for chemotherapy or radiotherapy, 1 was not suitable for adjuvant chemotherapy, and 1 was not suitable for radiotherapy.

Action: This QPI remains a difficult one to achieve. Monitor with QPI revisions which will be implemented in the next year's cohort.

QPI 9 - Oncology discussion 2018/19 to 2024/25



	Borders	D&G	Fife	Lothian	SCAN
2018 - 2019	0.0%	25.0%	57.1%	28.6%	35.0%
2019 - 2020	75.0%	100.0%	50.0%	33.3%	48.0%
2020 - 2021	0.0%	100.0%	50.0%	41.7%	47.1%
2021 - 2022	0.0%	0.0%	80.0%	55.6%	58.3%
2022 - 2023	0.0%	33.3%	33.3%	47.1%	43.5%
2023 - 2024	50.0%	70.0%	75.0%	57.1%	62.2%
2024 - 2025	50.0%	25.0%	66.7%	64.3%	59.5%
Target	60.0%	60.0%	60.0%	60.0%	60.0%

QPI 10 – Radical Radiotherapy with Concomitant Radiosensitiser – Target = 50%

Title: Patients undergoing radical radiotherapy for transitional cell carcinoma of bladder should be considered for treatment with a concomitant radiosensitiser.

Numerator = Number of patients with transitional cell carcinoma of the bladder (T2-T4) receiving radical radiotherapy treated with a concomitant radiosensitiser.

Denominator = All patients with transitional cell carcinoma of the bladder (T2–T4) receiving radical radiotherapy.

Exclusions = Patients enrolled in a clinical trial.

The target accounts for the fact that patients with cardiac disease may not be suitable to receive this type of treatment. It also accounts for the fact that due to co-morbidities and fitness not all patients will require or be suitable for radical radiotherapy with a radiosensitiser.

Target 50%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	36	38	109	180	363
Excluded from analysis	0	0	0	0	0
Numerator	0	0	0	1	1
Not recorded for numerator	0	0	0	0	0
Denominator	0	1	2	5	8
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	N/A	0.0	0.0	20.0	12.5

Comment:

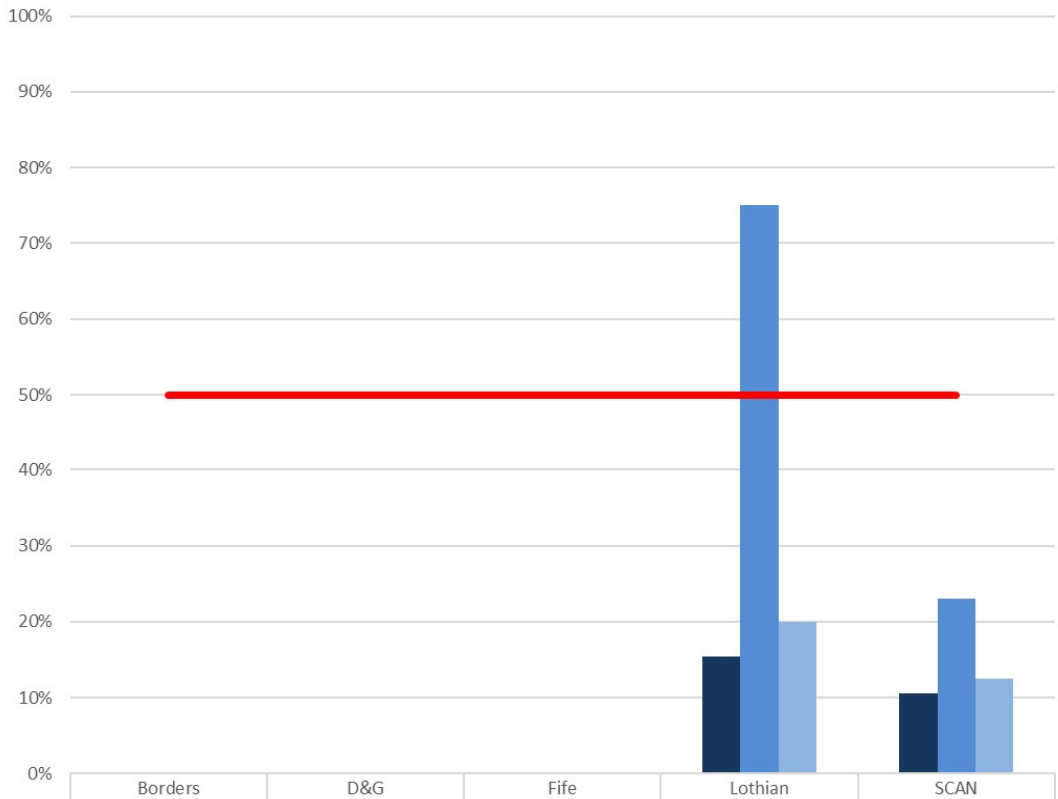
DGRI: There was 1 case that did not meet the criteria for the numerator. The patient was not treated with a concomitant radiosensitiser.

Fife: There were 2 cases that did not meet the criteria for the numerator. Both were seen in the Oncology clinic and deemed unsuitable for concomitant radiosensitiser due to comorbidities.

Lothian: There were 4 cases that did not meet the criteria for the numerator. 3 patients were not suitable due to co-morbidities and for 1 patient the concurrent treatment was not offered due to frailty.

Action: No action identified

QPI 10: Radical radiotherapy with Chemotherapy 2022/24 to 2024/25



	Borders	D&G	Fife	Lothian	SCAN
2022 - 2023	0.0%	0.0%	0.0%	15.4%	10.5%
2023 - 2024	0.0%	0.0%	0.0%	75.0%	23.1%
2024 - 2025	0.0%	0.0%	0.0%	20.0%	12.5%
Target	50.0%	50.0%	50.0%	50.0%	50.0%

QPI 11 – 30-day Mortality after radical cancer treatment –Target ≤ 3%

Title: 30-day mortality following treatment with curative intent for bladder cancer.

Numerator: Number of patients with bladder cancer who receive treatment with curative intent (radical cystectomy or radiotherapy) that die within 30 days of treatment.

Denominator: All patients with bladder cancer who receive treatment with curative intent (radical cystectomy, radiotherapy).

Exclusion: No exclusions.

Surgery – Presented by Board of surgery.

Target <3%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	0	111	188	335
Ineligible for analysis	32	0	100	151	283
Excluded from analysis	0	0	0	0	0
Numerator	0	0	0	1	1
Denominator	0	0	11	37	52
% Performance	N/A	N/A	0.0	2.7	1.9

Comment: All surgical deaths are discussed at M&M meetings.

Radiotherapy – Presented by Board of diagnosis.

Target <3%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	332
Ineligible for analysis	33	38	108	180	321
Excluded from analysis	0	0	0	0	0
Numerator	0	0	0	0	0
Denominator	3	1	3	5	12
% Performance	0.0	0.0	0.0	0.0	0.0

Comment: There were no deaths 30d post radiotherapy

QPI 11 – 90-day Mortality after radical cancer treatment –Target ≤ 5%

Title: 90-day mortality following treatment with curative intent for bladder cancer.

Numerator: Number of patients with bladder cancer who receive treatment with curative intent (radical cystectomy or radiotherapy) that die within 90 days of treatment.

Denominator: All patients with bladder cancer who receive treatment with curative intent (radical cystectomy or radiotherapy).

Exclusion: No exclusions.

Surgery – Presented by Board of surgery

Target <5%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	332
Ineligible for analysis	32	39	100	148	280
Excluded from analysis	0	0	0	0	0
Numerator	0	0	0	1	1
Denominator	0	0	11	37	52
% Performance	N/A	N/A	0.0	2.7	1.9

Comment: All surgical deaths are discussed at M&M meetings.

Radiotherapy – Presented by Board of diagnosis.

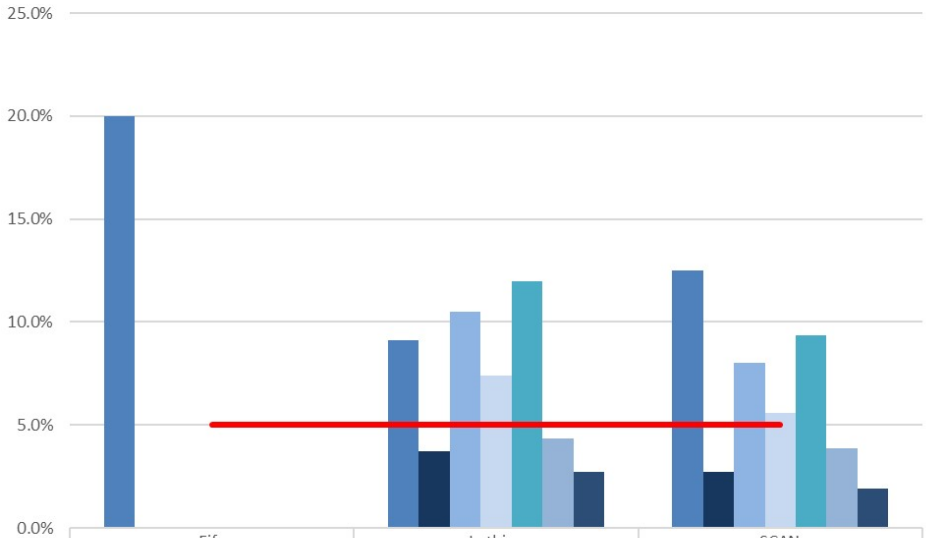
Target <5%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	332
Ineligible for analysis	33	38	108	180	320
Excluded from analysis	0	0	0	0	0
Numerator	0	0	1	0	1
Denominator	3	1	3	5	12
% Performance	0.0	0.0	33.3	0.0	8.3

Comment:

Fife: There was one case where a patient died. Staging CT revealed no nodal or metastatic disease at diagnosis; however, there was rapid progression of high grade MIBC and despite completing radical radiotherapy with curative intent, the patient died within 90 days.

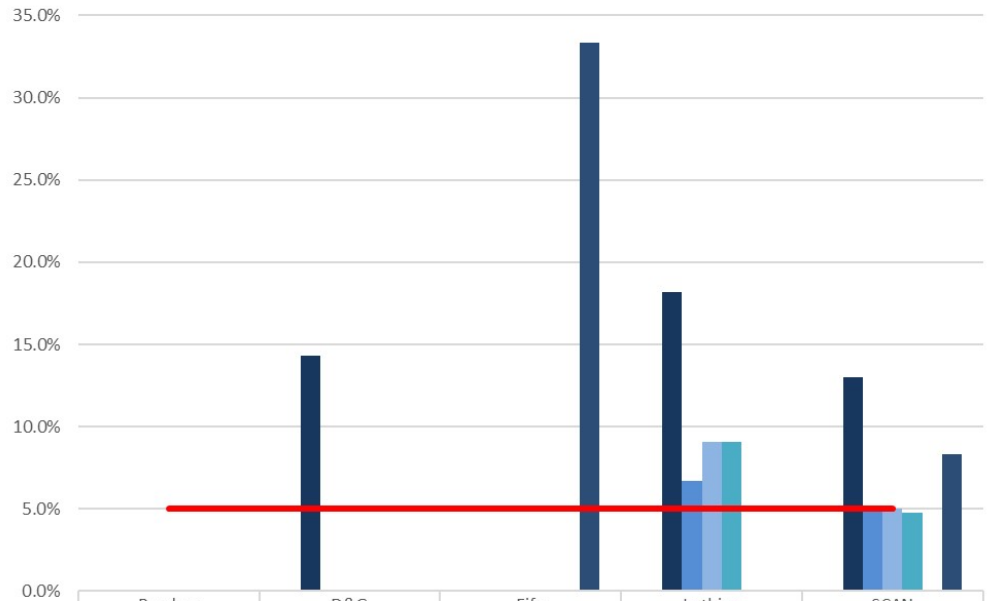
Action Present mortality figures over 10 years.

QPI 11: 90 Day Mortality after Radical Surgery for Bladder Cancer 2018/20-2024/25



	Fife	Lothian	SCAN
2018 - 2019	20.0%	9.1%	12.5%
2019 - 2020	0.0%	3.7%	2.7%
2020 - 2021	0.0%	10.5%	8.0%
2021 - 2022	0.0%	7.4%	5.6%
2022 - 2023	0.0%	12.0%	9.4%
2023 - 2024	0.0%	4.3%	3.8%
2024- 2025	0.0%	2.7%	1.9%
Target	5.0%	5.0%	5.0%

QPI 11: 90 Day Mortality after Radical Radiotherapy for Bladder Cancer 2018/19-2024/25



	Borders	D&G	Fife	Lothian	SCAN
2018 - 2019	0.0%	0.0%	0.0%	0.0%	0.0%
2019 - 2020	0.0%	14.3%	0.0%	18.2%	13.0%
2020 - 2021	0.0%	0.0%	0.0%	6.7%	5.0%
2021 - 2022	0.0%	0.0%	0.0%	9.1%	5.0%
2022 - 2023	0.0%	0.0%	0.0%	9.1%	4.8%
2023 - 2024	0.0%	0.0%	0.0%	0.0%	0.0%
2024 - 2025	0.0%	0.0%	33.3%	0.0%	8.3%
Target	5.0%	5.0%	5.0%	5.0%	5.0%

QPI 13i - Early Recurrence NMIBC – Target ≤ 10%

Title: The risk of early recurrence in patients with non-muscle invasive bladder cancer (NMIBC) should be minimised.

Numerator = Number of patients with low grade pTa NMIBC who have undergone initial TURBT where recurrence is found at first follow-up cystoscopy.

Denominator = All patients with low grade pTa NMIBC who have undergone initial TURBT.

Exclusion = Patients with incomplete resection at initial TURBT.

Presented by Board of surgery

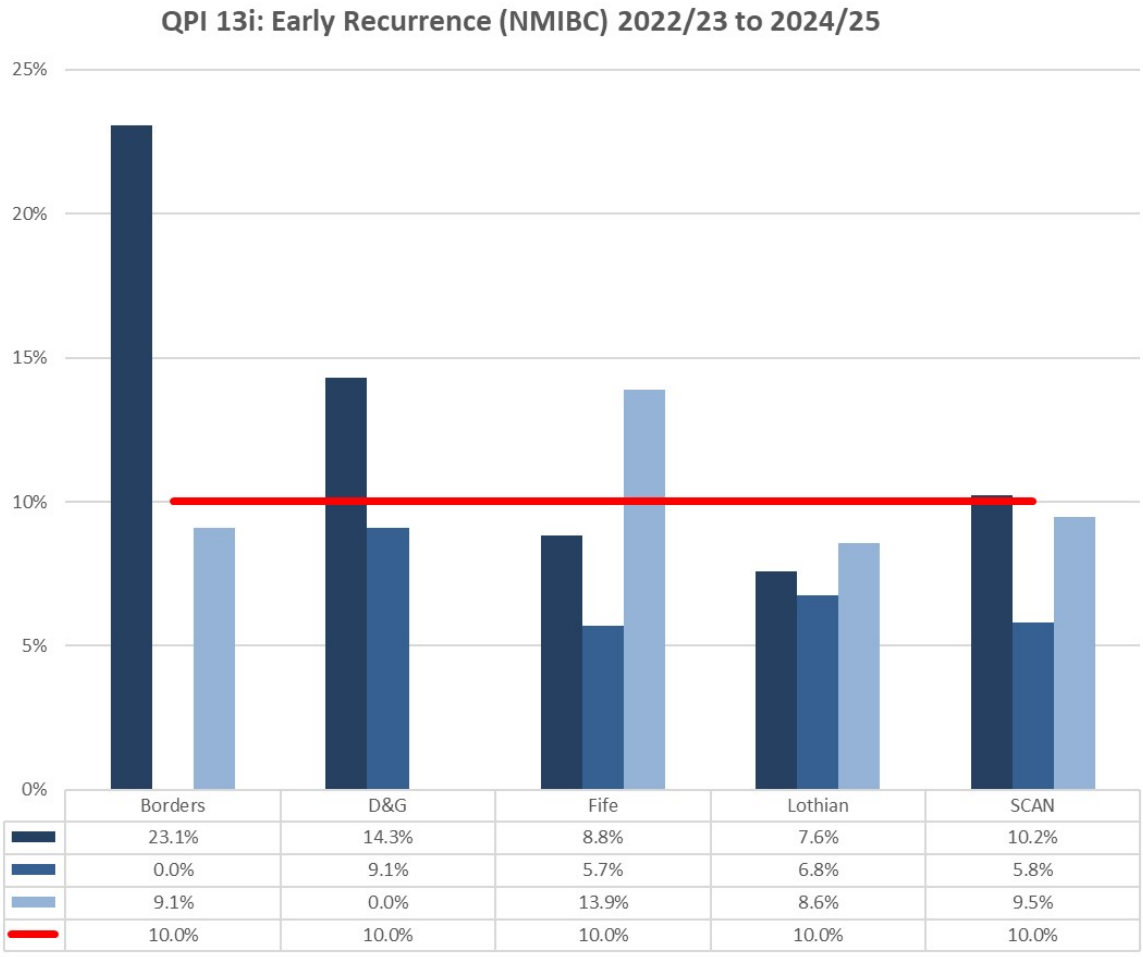
Target ≤ 10%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	25	26	72	150	273
Excluded from analysis	0	0	3	0	3
Numerator	1	0	5	3	9
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	36	35	95
Not recorded for exclusion	0	0	3	1	4
Not recorded for denominator	0	0	2	2	4
% Performance	9.1	0.0	13.9	8.6	9.5

Comment:

Fife: The rate of recurrence (for low grade pTa disease) following initial TURBT was exceeded in Fife. The importance of a single instillation of intravesical chemotherapy is again highlighted, although it should be noted that 2 of Fife's outliers were given Mitomycin at TURBT but their tumours were arising within a diverticulum. 1 of these cases did not have any record of whether or not the initial resection was complete, and the other was marked as complete on the operation note but MDT advised an early re-resection, where residual disease was found.
No Mitomycin was given in the remaining 3 cases:- 1 due to extraperitoneal perforation, 1 initially indicated to be for Mitomycin but the patient was unwell following TURBT, and there was no mention of Mitomycin for the other (the TURBT pro-forma was not used in this final case so again, there is no record of whether or not the initial resection was complete).

QPI was met in SCAN.

Action: Fife patients were reviewed and no actions identified.



	Borders	D&G	Fife	Lothian	SCAN
	23.1%	14.3%	8.8%	7.6%	10.2%
	0.0%	9.1%	5.7%	6.8%	5.8%
	9.1%	0.0%	13.9%	8.6%	9.5%
	10.0%	10.0%	10.0%	10.0%	10.0%

QPI 13ii - Early Recurrence NMIBC – Target ≤ 20

Title: The risk of early recurrence in patients with non-muscle invasive bladder cancer (NMIBC) should be minimised.

Numerator = Number of patients with pT1 NMIBC who have undergone a second TURBT or early cystoscopy (± biopsy) and have residual cancer at re-TURBT.

Denominator = All patients with pT1 NMIBC who have undergone a second TURBT or early cystoscopy (± biopsy).

Exclusion = Patients in whom concomitant cis is present in the tumour specimen. Patients with incomplete resection at initial TURBT.

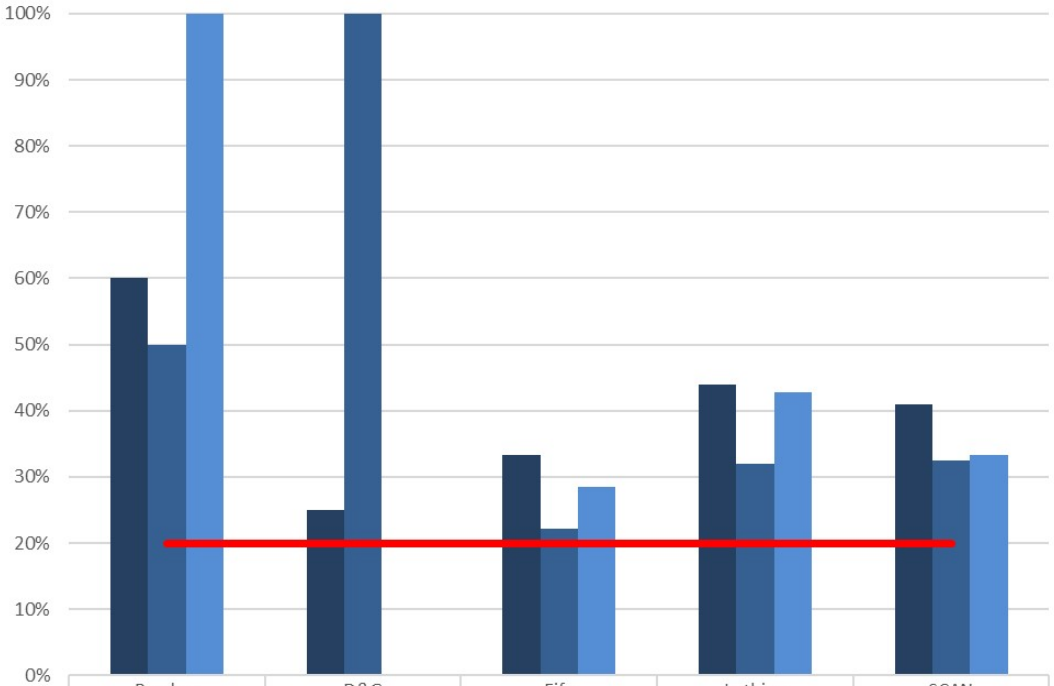
Presented by Board of surgery

Target ≤ 20%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	35	32	95	178	340
Excluded from analysis	0	4	9	0	13
Numerator	1	0	2	3	6
Not recorded for numerator	0	0	0	0	0
Denominator	1	3	7	7	18
Not recorded for exclusion	0	2	0	0	2
Not recorded for denominator	0	0	0	1	1
% Performance	100.0	0.0	28.6	42.9	33.3

Comment:

All cases were reviewed and results reflect good selection for resections in SCAN. With such small numbers the target may be too aspirational. No action identified.

QPI 13ii: Recurrence post pT1 disease at TURBT1 2022/23 to 2024/25



	Borders	D&G	Fife	Lothian	SCAN
2022 - 2023	60.0%	25.0%	33.3%	44.0%	40.9%
2023 - 2024	50.0%	100.0%	22.2%	32.0%	32.4%
2024 - 2025	100.0%	0.0%	28.6%	42.9%	33.3%
Target	20.0%	20.0%	20.0%	20.0%	20.0%

QPI 13iii - Early Recurrence NMIBC – Target ≤ 1%

Title: The risk of early recurrence in patients with non-muscle invasive bladder cancer (NMIBC) should be minimised.

Numerator = Number of patients with pT1 NMIBC who have undergone a second TURBT or early cystoscopy (± biopsy) and have Pathological MIBC (pT2) at re-TURBT.

Denominator = All patients with pT1 NMIBC who have undergone a second TURBT or early cystoscopy (± biopsy).

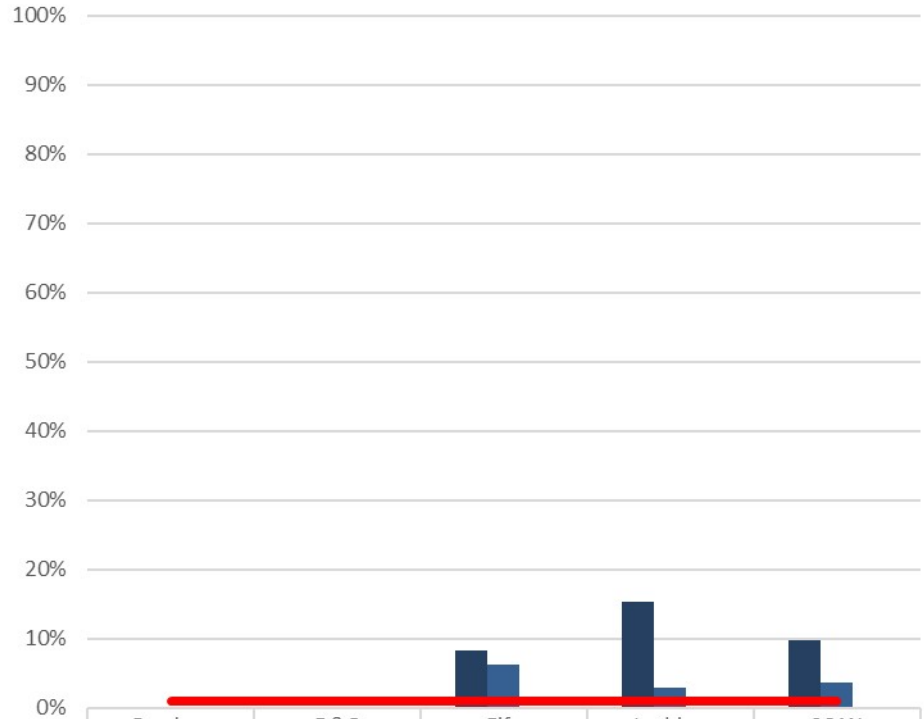
Exclusion = Patients with incomplete resection at initial TURBT.

Presented by Board of surgery

Target ≤ 1%	Borders	D&G	Fife	Lothian	SCAN
2024-25 cohort	36	39	111	185	371
Ineligible for analysis	35	34	95	175	339
Excluded from analysis	0	1	7	0	8
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	1	4	9	10	24
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	1	1
% Performance	0.0	0.0	0.0	0.0	0.0

Comment: Good result, shows correct selection of patients

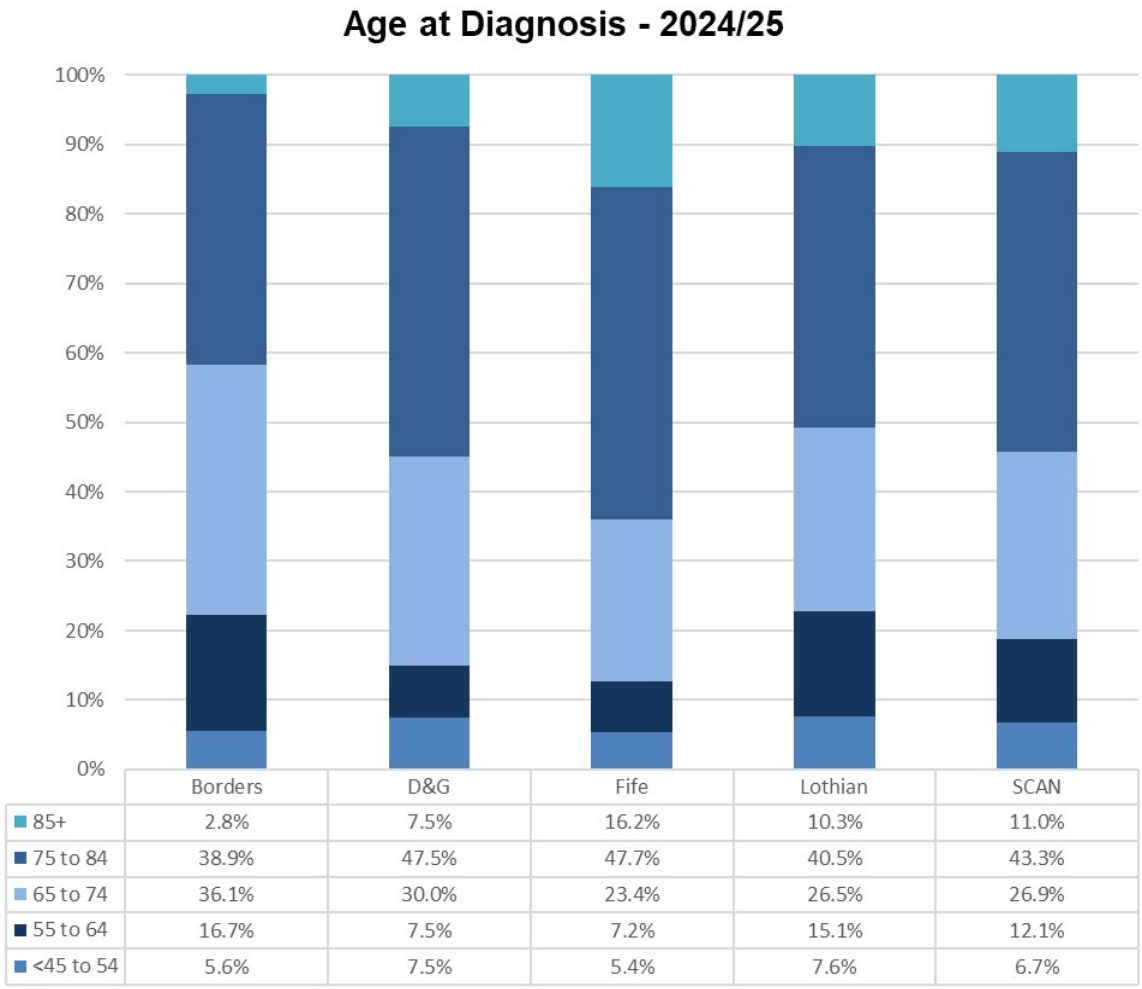
QPI 13iii: MIBC at recurrence post TURBT1 2022/23 to 2024/25



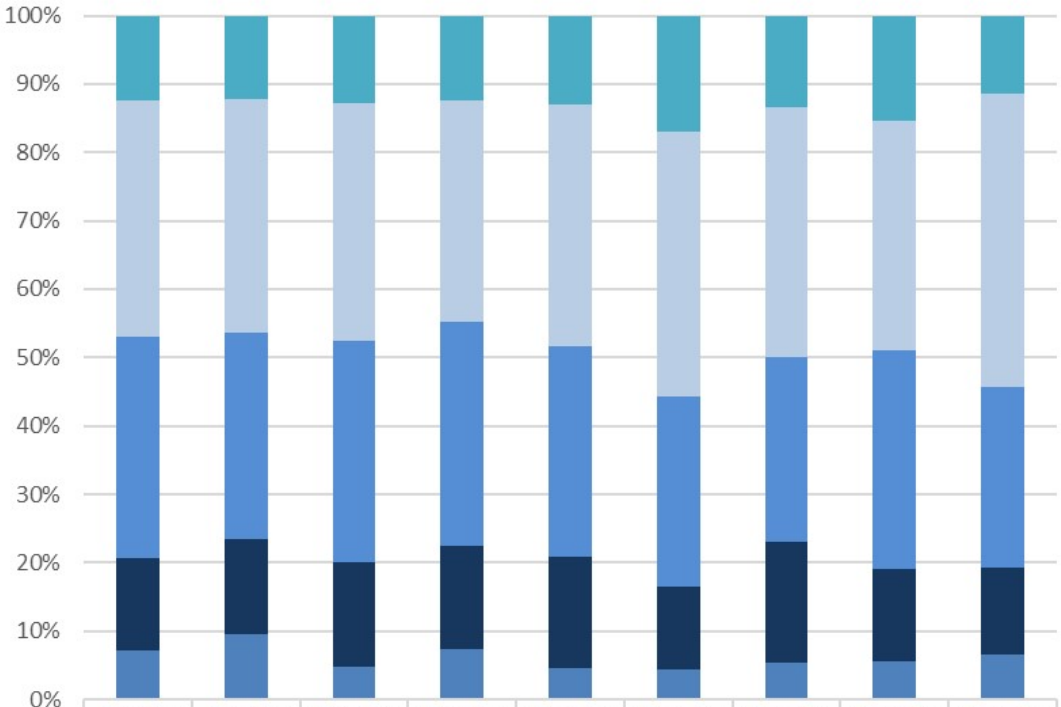
	Borders	D&G	Fife	Lothian	SCAN
2022 - 2023	0.0%	0.0%	8.3%	15.4%	9.8%
2023 - 2024	0.0%	0.0%	6.3%	2.9%	3.6%
2024 - 2025	0.0%	0.0%	0.0%	0.0%	0.0%
Target	1.0%	1.0%	1.0%	1.0%	1.0%

Age and Gender Analysis

Age and Gender Analysis											
	Borders		D&G		Fife		Lothian		SCAN		SCAN Total
	M	F	M	F	M	F	M	F	M	F	
Under 45	0	1	0	0	0	1	2	1	2	3	**5**
45 - 49	0	1	0	0	0	0	1	1	1	2	**3**
50 - 54	0	0	3	0	3	2	6	4	12	6	**18**
55 - 59	1	1	0	0	4	0	6	8	11	9	**20**
60 - 64	4	0	1	1	3	1	10	5	18	7	**25**
65 - 69	3	3	3	2	6	5	13	5	25	15	**40**
70 - 74	4	3	5	3	9	6	24	10	42	22	**64**
75 - 79	6	2	6	1	22	10	34	6	68	19	**87**
80 - 84	4	2	8	4	16	5	25	7	53	18	**71**
85+	1	0	2	1	14	4	11	6	28	11	**39**
Total	**23**	**13**	**27**	**12**	**77**	**34**	**132**	**53**	260	112	**371**

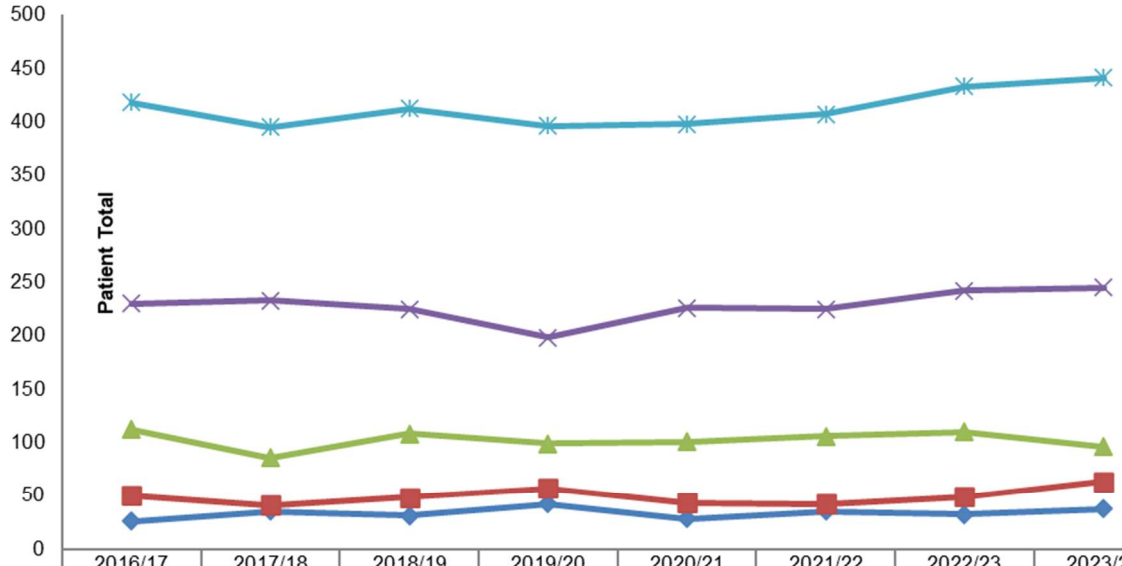


Age at Diagnosis - SCAN Total over 9 years



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
85+	12.4%	12.2%	12.9%	12.4%	13.1%	16.9%	13.4%	15.4%	11.4%
75 to 84	34.4%	34.2%	34.7%	32.3%	35.2%	38.7%	36.5%	33.6%	42.8%
65 to 74	32.5%	30.1%	32.3%	32.8%	30.9%	27.9%	27.0%	32.0%	26.5%
55 to 64	13.4%	13.9%	15.3%	15.2%	16.3%	12.0%	17.8%	13.4%	12.7%
<45 to 54	7.2%	9.6%	4.9%	7.3%	4.5%	4.4%	5.3%	5.7%	6.6%

New Bladder Cancer totals by Year of Diagnosis



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Borders	26	35	31	42	28	35	32	37
D&G	50	41	48	57	43	42	49	63
Fife	112	86	108	99	101	106	110	96
Lothian	230	233	225	198	226	225	242	245
SCAN	418	395	412	396	398	407	433	441

Bladder Cancer QPI Attainment Summary 2023-24		Target	Borders		D&G		Fife		Lothian		SCAN	
QPI 2: Quality of TURBT at initial resection	Detailed description with tumour location, size, number, appearance	95	N 34 D 35	97.1%	N 36 D 59	61.0%	N 69 D 76	90.8%	N 203 D 210	96.7%	N 342 D 380	90.0%
	Resection is documented as complete or not	95	N 33 D 33	100%	N 42 D 55	76.4%	N 71 D 74	95.9%	N 206 D 207	99.5%	N 352 D 369	95.4%
	High Grade NMIBC with detrusor muscle included at initial TURBT	90	N 8 D 8	100%	N 17 D 20	85.0%	N 18 D 26	69.2%	N 55 D 79	69.6%	N 98 D 133	73.7%
QPI 3: Low Grade Ta NMIBC - Mitomycin C following TURBT		80	N 13 D 18	72.2%	N 5 D 11	45.5%	N 26 D 36	72.2%	N 67 D 75	89.3%	N 111 D 140	79.3%
QPI 4: Early TURBT Re-TURBT within 42 days of initial TURBT	T1 or select Ta NMIBC	80	N 0 D 7	0.0%	N 1 D 16	6.3%	N 2 D 24	8. 3%	N 3 D 75	4.0%	N 6 D 122	4.9%
	HG NMIBC - no detrusor muscle at TURBT1	80	N 0 D 0	N/A	N 0 D 2	0.0%	N 0 D 9	0.0%	N 1 D 25	4.0%	N 1 D 36	2.8%
	NMIBC - incomplete resection at TURBT1	80	N 0 D 0	N/A	N 1 D 3	33.3%	N 2 D 4	50.0%	N 0 D 8	0.0%	N 3 D 15	20.0%
QPI 6: Lymph Node Yield. Pelvic lymph node dissection to at least level 2 undertaken and ≥10 lymph nodes taken at radical cystectomy		95	Presented by board of treatment				N 5 D 6	83.3%	N 37 D 46	80.4%	N 42 D 52	80.8%
QPI 7: Time to Treatment (MIBC)	Radical treatment within 6 weeks of diagnosis of MIBC	90	N 0 D 5	0.0%	N 1 D 10	10.0%	N 0 D 3	0.0%	N 4 D 18	22.2%	N 5 D 36	13.9%
	Cystectomy or radiotherapy within 8 weeks from neoadjuvant chemo	90	N 1 D 1	100%	N 3 D 4	75.0%	N 2 D 2	100%	N 6 D 7	85.7%	N 12 D 14	85.7%
QPI 8: Volume of Cases / Surgeon: Radical surgery ≥10 per surgeon and ≥20 per centre over a 1-year period		≥20	3 Surgeons met the QPI criteria. 1 Health Board met the QPI criteria.									
QPI 9: Oncological Discussion: MIBC patients who met with an oncologist prior to radical surgery		60	N 1 D 2	50.0%	N 7 D 10	70.0%	N 3 D 4	75.0%	N 12 D 21	57.1%	N 23 D 37	62.2%
QPI 10 Patients with stageT2-T4 undergoing radical radiotherapy who receive concomitant radiosensitiser		50	N 0 D 3	0.0%	N 0 D 5	0.0%	N 0 D 1	0.0%	N 3 D 4	75.0%	N 3 D 13	23.1%
QPI 11: 30 Day Mortality	Radical Surgery	<3	Presented by board of treatment				N 0 D 6	0.0%	N 1 D 46	2.2%	N 1 D 52	1.9%
	Radiotherapy	<3	N 0 D 4	0.0%	N 0 D 6	0.0%	N 0 D 1	0.0%	N 0 D 4	0.0%	N 0 D 15	0.0%
QPI 11: 90 Day Mortality	Radical Surgery	<5	Presented by board of treatment				N 0 D 6	0.0%	N 2 D 46	4.3%	N 2 D 52	3.8%
	Radiotherapy	<5	N 0 D 4	0.0%	N 0 D 6	0.0%	N 0 D 1	0.0%	N 0 D 4	0.0%	N 0 D 15	0.0%

Bladder Cancer QPI Attainment Summary 2023-24		Target	Borders		D&G		Fife		Lothian		SCAN	
QPI 13: Early Recurrence for NMIBC	Recurrence first follow-up cystoscopy for low grade pTa	<10	N 0 D 18	0.0%	N 1 D 11	9.1%	N 2 D 35	5.7%	N 5 D 74	6.8%	N 8 D 138	5.8%
	Residual cancer at re-TURBT in patients with pT1	<20	N 1 D 2	50.0%	N 1 D 1	100%	N 2 D 9	22.2%	N 8 D 25	32.0%	N 12 D 37	32.4%
	Pathological MIBC (pT2) at re-TURBT in patients with pT1	<1	N 0 D 3	0.0%	N 0 D 2	0.0%	N 1 D 16	6.3%	N 1 D 35	2.9%	N 2 D 56	3.6%