HepatoPancreatoBiliary Cancers – Clinical Audit Report

Quality Performance Indicators: 01 January – 31 December 2024

Contents

Introduction

This report presents an assessment of the performance of HepatoPancreatoBiliary (HPB) Cancer services using clinical audit data relating to patients diagnosed with HPB cancers across Scotland from 01 January 2024 to 31 December 2024.

These results are measured against version 5 of the HPB Cancer Quality Performance Indicators (QPIs), which were updated in January 2023[1].

In December 2025, the NHS Scotland Cancer Collaborative (NSCC) initiated a review of the National Network QPI reporting process. This review aimed to standardise and simplify the report content, focusing on identifying areas of concern or where QPIs are unable to be met.

This work aligns with the wider National Cancer Quality Improvement Board (NCQIB) review of the National QPI processes, and will continue to evolve and standardise over the coming years.

Methodology

Detail on the audit and analysis methodology and data quality is available in the meta data within Appendix 1.

Results

A summary of the HPB Cancer QPIs 2024 clinical audit data is presented in the table below, with more detailed analysis presented for each QPI thereafter.

Where a QPI has not been met either nationally or regionally, a table has been included which outlines any relevant commentary from Boards/Regions and any actions the Boards/Regions have identified for themselves.

Information is also included where actions have been identified for the national network and any additional comments regarding the results.

Next steps

The national networks will build any actions identified below into their workplans, as well as consider how best to present QPIs in future, particularly where small patient numbers can be challenging to both present and interpret.

NSCC and the national networks will continue to work closely with the NCQIB to agree standardised reporting outputs and pathways for escalation where required

Performance Summary

QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 1: Proportion of patients with HPB cancer who are discussed at MDT meeting before definitive treatment	95%	2024	96.3%	94.5%	91.3%	93.5%
		2023	95.8%	95.9%	87.7%	92.6%
		2022	96.1%	93.5%	92.7%	93.8%
QPI 2(i) Proportion of patients with HCC who have undergone computerised tomography (CT) or Magnetic Resonance Imaging (MRI).	90%	2024	96.6%	96.0%	98.4%	97.3%
		2023	95.2%	98.4%	97.8%	97.4%
		2022	97.1%	96.5%	99.5%	98.2%
QPI 2 (ii) Proportion of patients with HCC who have undergone computerised tomography (CT) or Magnetic Resonance Imaging (MRI) with full information recorded.	90%	2024	78.8%	72.6%	93.2%	83.8%
		2023	88.3%	76.0%	93.3%	86.6%
		2022	94.1%	63.5%	87.9%	81.7%
QPI 2 (iii) Proportion of patients with HCC who have undergone computerised tomography (CT) or Magnetic Resonance Imaging (MRI) who are assigned a BCLC Score.	90%	2024	83.5%	47.6%	92.2%	76.6%
		2023	72.7%	37.6%	88.2%	68.4%
		2022	97.1%	41.7%	87.4%	75.4%
QPI 3: Proportion of patients with HCC who meet the current UK listing criteria for orthotopic liver transplantation referred to the SLTU for consideration of liver transplantation.	90%	2024	50.0%	100.0%	89.3%	91.5%
		2023	80.0%	97.7%	90.3%	92.2%
		2022	60.0%	100.0%	85.5%	89.4%
QPI 4: Proportion of patients with HCC not suitable for treatment with curative intent that undergo specific treatment with palliative intent (TACE, SACT or radiotherapy).	40%	2024	30.8%	45.5%	50.4%	45.1%
		2023	42.6%	42.2%	43.7%	43.0%
		2022	40.4%	37.0%	50.8%	44.4%

QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 5a: Proportion of patients with HCC undergoing disease specific treatment who die within 30 days of liver transplant.	< 5%	2024	-	16.7%	-	16.7%
		2023	-	0.0%	-	0.0%
		2022	-	0.0%	-	0.0%
QPI 5a: Proportion of patients with HCC undergoing disease specific treatment who die within 90 days of liver transplant.	< 7.5%	2024	-	16.7%	-	16.7%
		2023	-	0.0%	-	0.0%
		2022	-	0.0%	-	0.0%
QPI 5b: Proportion of patients with HCC undergoing disease specific treatment who die within 30 days of resection.	< 5%	2024	0.0%	0.0%	-	0.0%
		2023	-	0.0%	-	0.0%
		2022	0.0%	0.0%	-	0.0%
QPI 5b: Proportion of patients with HCC undergoing disease specific treatment who die within 90 days of resection.	< 7.5%	2024	0.0%	9.1%	-	7.7%
		2023	-	0.0%	-	0.0%
		2022	0.0%	0.0%	-	0.0%
QPI 5c: Proportion of patients with HCC undergoing disease specific treatment who die within 30 days of ablation.	< 5%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	0.0%	0.0%	0.0%
		2022	-	0.0%	0.0%	0.0%
QPI 5c: Proportion of patients with HCC undergoing disease specific treatment who die within 90 days of definitive treatment ablation.	< 7.5%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	3.7%	0.0%	1.7%
		2022	-	0.0%	0.0%	0.0%
QPI 5d: Proportion of patients with HCC undergoing disease specific treatment who die within 30 days of TACE.	< 10%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	0.0%	0.0%	0.0%
		2022	0.0%	0.0%	0.0%	0.0%

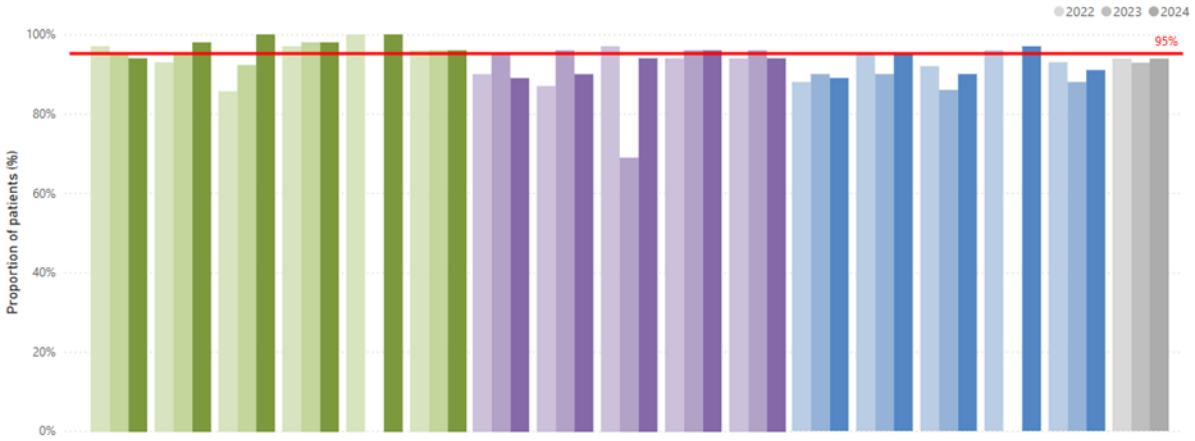
QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 6: Proportion of patients with pancreatic, duodenal or biliary tract cancer who undergo CT of the abdomen prior to first treatment.	95%	2024	98.4%	95.0%	96.5%	96.5%
		2023	97.6%	95.2%	95.7%	96.1%
		2022	97.3%	94.4%	98.2%	96.9%
QPI 7: Proportion of patients with pancreatic, duodenal or biliary tract cancers undergoing non-surgical treatment who have a cytological or histological diagnosis	90%	2024	83.3%	93.6%	92.2%	90.2%
		2023	89.2%	95.1%	93.3%	92.8%
		2022	90.7%	94.0%	87.7%	90.4%
QPI 10: Average number of lymph nodes resected and pathologically examined per patient with pancreatic, duodenal or distal biliary tract cancer who undergo pancreatoduodenectomy performed by a specialist centre over a 1 year period.	Average of 15 nodes per patient	2024	16.8	19.3	25.2	20.8
		2023	23.8	20.8	21.8	21.7
		2022	20.0	20.5	24.8	21.9
QPI 11(i): 30-day mortality after surgical resection for pancreatic, duodenal or distal biliary tract cancer.	< 5%	2024	7.1%	4.3%	0.0%	3.3%
		2023	0.0%	2.6%	0.0%	1.4%
		2022	4.5%	0.0%	0.0%	1.4%
QPI 11(i): 90-day mortality after surgical resection for pancreatic, duodenal or distal biliary tract cancer.	< 7.5%	2024	7.1%	4.3%	0.0%	3.4%
		2023	8.3%	2.7%	0.0%	2.8%
		2022	4.5%	0.0%	0.0%	1.4%
QPI 12a: Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by a specialist centre over a 1 year period.	11 per centre per year	2024	3 not met	25	23	2 met 3 not met
		2023	3 not met	38	23	2 met, 3 not met
		2022	3 not met	27	24	2 met, 3 not met

QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 12b: Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by each surgeon over a 1 year period.	4 per surgeon per year	2024	3 met 4 not met	5 Met 3 Not Met	3 met 2 not met	11 met 9 not met
		2023	3 met, 4 not met	6 met, 3 not met	3 met, 2 not met	12 met, 9 not met
		2022	5 met, 3 not met	4 met, 6 not met	5 met	14 met, 9 not met
QPI 15: Proportion of patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery who are seen by an oncologist (or offered an oncology clinic appointment) within 6 weeks of initial diagnostic CT scan.	50%	2024	21.5%	37.7%	10.9%	21.4%
		2023	14.7%	37.3%	13.9%	21.5%
		2022	16.7%	36.4%	14.4%	20.8%
QPI 16: Proportion of patients with HCC who have an identified key worker at the time of referral to the MDT.	95%	2024	94.3%	55.2%	37.0%	55.1%
		2023	96.4%	42.4%	25.0%	46.0%
		2022	92.9%	33.0%	33.2%	44.0%
QPI 17a: Proportion of patients with CRLM undergoing curative treatment (resection) who die within 30 days of treatment	< 5%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	0.0%	3.6%	0.9%
		2022	0.0%	0.0%	0.0%	0.0%
QPI 17b: Proportion of patients with CRLM undergoing curative treatment (resection) who die within 90 days of treatment	< 7.5%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	0.0%	3.6%	0.9%
		2022	0.0%	0.0%	0.0%	0.0%
QPI 17a: Proportion of patients with CRLM undergoing curative treatment (ablation) who die within 30 days of treatment	< 5%	2024	0.0%	0.0%	0.0%	0.0%
		2023	0.0%	0.0%	0.0%	0.0%
		2022	0.0%	0.0%	0.0%	0.0%
QPI 17b: Proportion of patients with CRLM undergoing curative treatment (ablation) who die within 90 days of treatment	< 7.5%	2024	0.0%	0.0%	6.7%	2.0%
		2023	0.0%	0.0%	2.7%	1.4%
		2022	0.0%	0.0%	4.8%	2.4%

QPI 1: Multi-Disciplinary Team (MDT) Meeting

QPI Title:	Patients with HPB cancer should be discussed by an MDT prior to definitive treatment.
Description:	Proportion of patients with HPB cancer who are discussed at MDT meeting before definitive treatment.
Numerator:	Number of patients with HPB cancer discussed at the MDT before definitive treatment.
Denominator:	All patients with HPB cancer.
Exclusions:	Patients who died before first treatment.
Target:	95%

Figure 1: The proportion of patients with HPB cancer who are discussed at MDT meeting before definitive treatment.



2024 Data	GRAM	HIGH	N Isles	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	157	85	7	124	13	386	24	45	102	306	477	101	70	363	110	644	1507
Denominator	167	87	7	127	13	401	27	50	108	320	505	114	74	404	113	705	1611
Performance (%)	94.0%	97.7%	100.0%	97.6%	100.0%	96.3%	88.9%	90.0%	94.4%	95.6%	94.5%	88.6%	94.6%	89.9%	97.3%	91.3%	93.5%

The performance target of 95% was not met nationally, although it was only narrowly missed with 93.5%. Regionally, WoSCAN and SCAN were below the target achieving 91.3% and 94.5% respectively.

Board	Description	Action Identified by Board	Network Action	Comments
ALL	The majority of patients not discussed at MDT were considered clinically appropriate e.g. required intervention prior to MDT (e.g. stent), for BSC and therefore no definitive treatment or died prior to MDT	No specific improvement actions identified	Network to support QPI review at formal review to ensure appropriate target set	Appropriate/no concerns identified

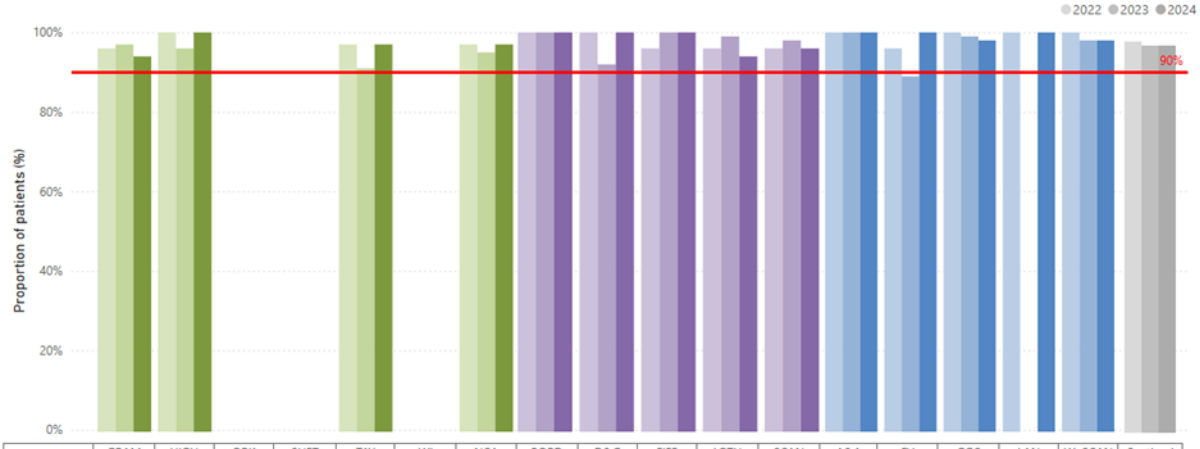
QPI 2: Diagnosis and Staging of HCC

QPI Title:	Patients with Hepatocellular Carcinoma (HCC) should be appropriately diagnosed and staged.
Description:	Proportion of patients with HCC who have undergone computerised tomography (CT) or Magnetic Resonance Imaging (MRI) and with full information recorded.
Numerator:	(i) Number of patients with HCC undergoing either CT or MRI prior to first treatment. Number of patients with HCC undergoing either CT or MRI prior to first treatment, and with full information recorded* (ii) Number of patients with HCC undergoing either CT or MRI prior to first treatment who are assigned a BCLC Score.
Denominator:	All patients with HCC.
Exclusions:	No exclusions.
Target:	90%

* Full information requires the following to be recorded: No. of liver lesions Size of largest liver lesion Presence or absence of vascular invasion Presence or absence of chronic liver disease Cause of chronic liver disease Childs Pugh severity of chronic liver disease Alpha-Fetoprotein Quantification (AFP)

QPI 2(i) Number of patients with HCC undergoing either CT or MRI

Figure 2: The proportion of patients with HCC undergoing either CT or MRI prior to first treatment

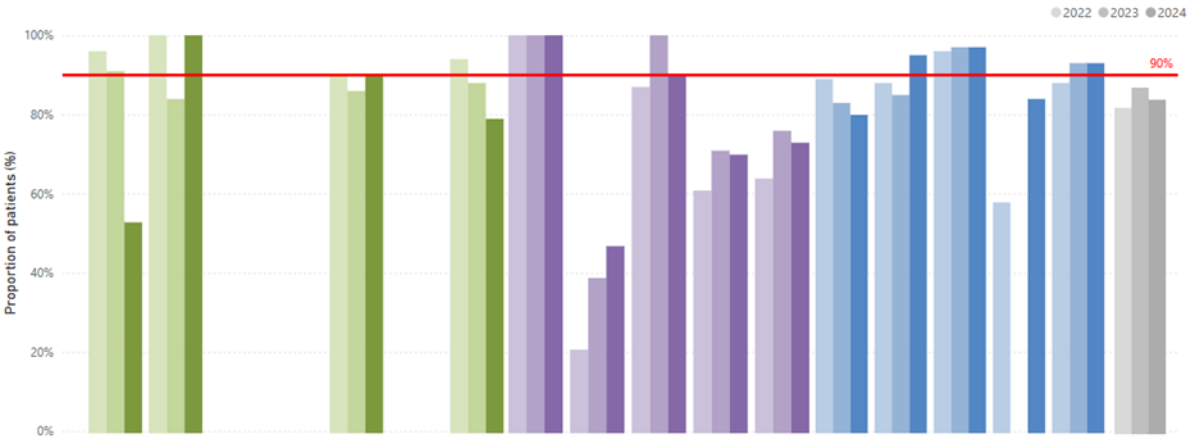


2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	30	20	-	-	32	0	84	8	15	20	77	120	15	22	120	32	189	393
Denominator	32	20	-	-	33	0	87	8	15	20	82	125	15	22	123	32	192	404
Performance (%)	93.80%	100%	-	-	97%	*	96.6%	100%	100%	100%	93.9%	96%	100%	100%	97.6%	100%	98.4%	97.3%

The performance target of 90% was met nationally and by all regions.

QPI 2(ii) Number of patients with HCC undergoing either CT or MRI with full information

Figure 3: The proportion of patients with HCC undergoing either CT or MRI prior to first treatment, and with full information recorded



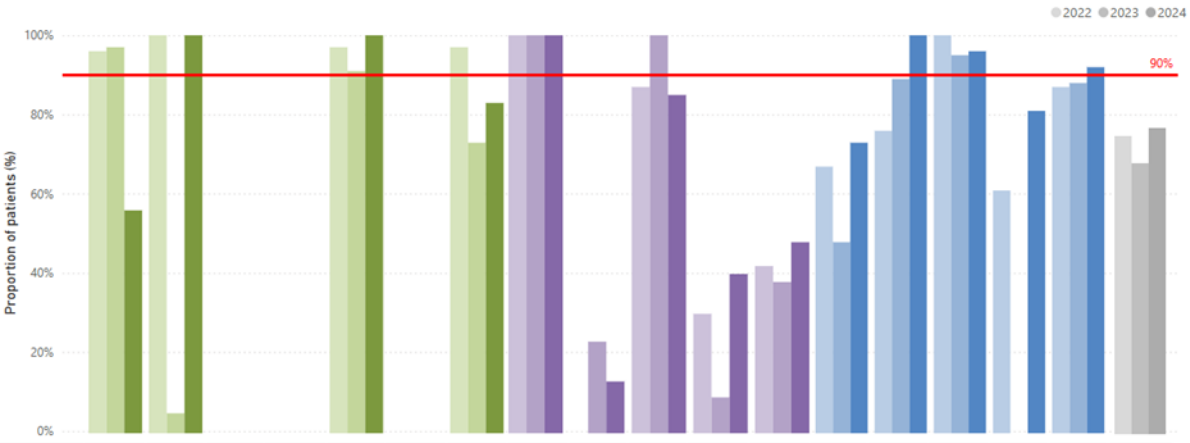
2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	17	20	-	-	28	0	67	8	7	18	57	90	12	21	119	27	179	336
Denominator	32	20	-	-	31	0	85	8	15	20	81	124	15	22	123	32	192	401
Performance (%)	53.1%	100%	-	-	90.3%	*	78.8%	100%	46.7%	90%	70.4%	72.6%	80%	95.5%	96.7%	84.4%	93.2%	83.8%

The performance target of 90% was not met nationally at 83.8%. Regionally NCA and SCAN were below the target achieving 78.8% and 72.6% respectively.

Board	Description	Actions Identified by Board	Network Action	Comment
GRAM	Missing staging info	Working with hepatology colleagues to ensure BCLC and Child-Pugh scores are recorded prior to MDT, maintaining required radiology criteria in outcome documentation	Consider/support next steps in updating National MDT referral pro-forma	Recommendations made in HPB pathway report to include diagnosis and staging information as a required field for National MDT referral pro forma
D&G	Missing Child-Pugh	No action suggested		
LOTH	Missing Child-Pugh, AFP, vascular invasion, tumour size	No action suggested		
A&A	Missing Child-Pugh or tumour size	No action suggested		
LAN	Missing Child-Pugh. Improvement seen since 2022	HCC CNS business case submitted		

QPI 2(iii) Number of patients with HCC undergoing either CT or MRI prior to first treatment who are assigned a BCLC Score

Figure 4: The proportion of patients with HCC undergoing either CT or MRI prior to first treatment who are assigned a BCLC Score



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	18	20	-	-	31	0	71	8	2	17	32	59	11	22	118	26	177	307
Denominator	32	20	-	-	31	0	85	8	15	20	81	124	15	22	123	32	192	401
Performance (%)	56.20%	100%	-	-	100%	*	83.5%	100%	13.3%	85%	39.5%	47.6%	73.3%	100%	95.9%	81.20%	92.2%	76.6%

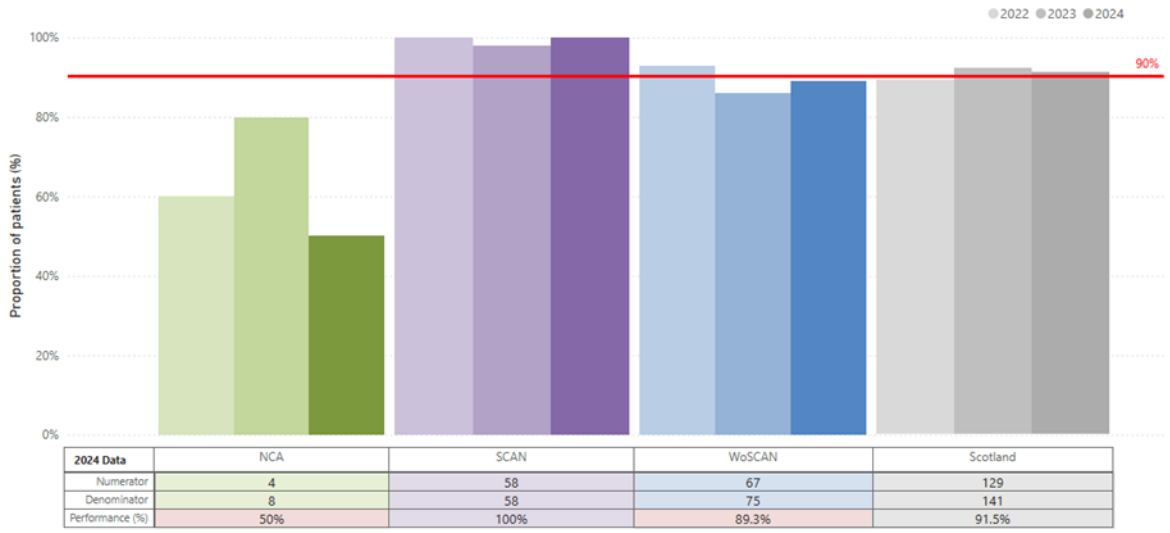
The performance target of 90% was not met nationally at 76.6%. Regionally SCAN and NCA were below the target achieving 47.6% and 83.5% respectively.

Board	Description	Action identified by Board	Network Action	Comment
GRAM	Missing BCLC	Working with hepatology colleagues to ensure BCLC and Child-Pugh scores are recorded prior to MDT, maintaining required radiology criteria in outcome documentation.	Consider/support next steps in updating National MDT referral pro forma	Recommendations made in HPB pathway report to include diagnosis and staging information as a required field for National MDT referral pro forma
D&G	Missing BCLC	No action suggested		
FIFE	Missing BCLC	Continued monitoring		
LOT	Missing BCLC	No action suggested		
A&A	Missing BCLC	No action suggested		
LAN	Missing BCLC, improvement seen since 2022	HCC CNS business case submitted		

QPI 3: Referral to Scottish Liver Transplant Unit

QPI Title:	Patients with early HCC should be referred for consideration of liver transplantation.
Description:	Proportion of patients with HCC who meet the current UK listing criteria for orthotopic liver transplantation referred to the Scottish Liver Transplant Unit (SLTU) for consideration of liver transplantation.
Numerator:	Number of patients with HCC meeting the UK listing criteria that are referred to SLTU.
Denominator:	All patients with HCC meeting UK listing criteria[1] (as defined by NHS Blood and Transplant).
Exclusions:	• Patients who refuse treatment. • Patients with evidence of vascular invasion. • Patients with extrahepatic disease.
Target:	90%

Figure 5: The proportion of patients with HCC meeting the UK listing criteria that are referred to SLTU



2024 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	4	58	67	129
Denominator	8	58	75	141
Performance (%)	50%	100%	89.3%	91.5%

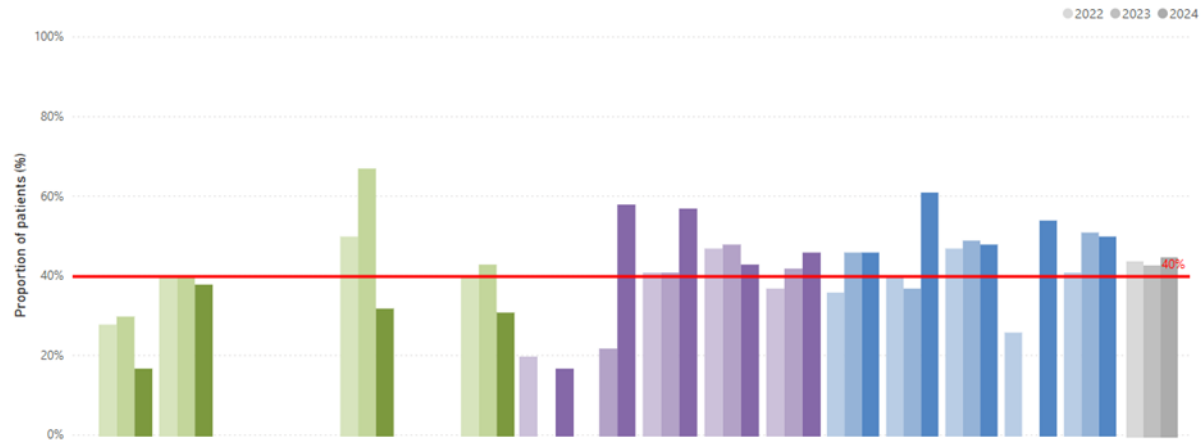
The performance target of 90% was met nationally with 91.5%. Regionally, NCA and WoSCAN were below the target achieving 50% and 89.3% respectively.

Board	Description	Action identified by Board	Network Action	Comments
GRAM	Data capture error, patient was referred and discussed	Ensure timely clinical review of QPI data, consider all HCC patients and record suitability of transplant and monitor referral	Ensure exclusion criteria for QPI considered at formal review	Appropriate/ no concerns identified
HIGH	Cases reviewed, received local liver resection	Continue to monitor and refer appropriate cases		Appropriate
A&A	Patient not suitable for transplant (age, significant co-morbidity or ongoing alcohol/ substance use)	No action suggested		Appropriate
GGC	Patients not suitable for transplant (age, significant co-morbidity or ongoing alcohol/ substance use). Many discussed with specialist centre informally	Ensure all discussions (formal and informal) with specialist centre are documented. Consider QPI eligibility criteria to ensure exclusion of patients who would not be transplant candidates		Appropriate

QPI 4: Palliative Treatment for HCC

QPI 4:	Patients with Hepatocellular Carcinoma (HCC) who are not suitable for curative treatment should receive palliative treatment.
Description:	Proportion of patients with HCC not suitable for treatment with curative intent (liver transplantation, resection or ablative therapies) that undergo specific treatment with palliative intent (Trans-arterial chemoembolisation (TACE), Systemic Anti Cancer Therapy (SACT) or radiotherapy).
Numerator:	Number of patients with HCC not undergoing treatment with curative intent who receive TACE, SACT or radiotherapy.
Denominator:	All patients with HCC not undergoing treatment with curative intent (liver transplantation, resection or ablative therapies).
Exclusions:	• Patients who refuse treatment. • Patients with decompensated chronic liver disease (Child-Pugh Grade C).
Target:	40%

Figure 6: The proportion of patients with HCC not undergoing treatment with curative intent who receive TACE, SACT or radiotherapy.



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	3	5	-	-	6	0	16	1	7	8	24	40	5	8	41	13	67	123
Denominator	18	13	-	-	19	0	52	6	12	14	56	88	11	13	85	24	133	273
Performance (%)	16.7%	38.5%	-	-	31.6%	*	30.8%	16.7%	58.3%	57.1%	42.9%	45.5%	45.5%	61.5%	48.2%	54.2%	50.4%	45.1%

The performance target of 40% was met nationally with 45.1%. Regionally, NCA were below the target achieving 30.8%.

Board	Description	Action Identified by Board	Network Action	Comments
GRAM	Advanced disease – most considered for palliative care, TACE offered where appropriate, one patient received SABR	Continue considering patients who are suitable for palliative intent treatment.	Network to support review of target level at next formal review	HepatoPancreatoBiliary Cancer Clinical Quality Performance Indicators (Version 5)[1] notes that "to ensure that the chosen target level is the most appropriate and drives continuous quality improvement as intended it will be kept under review and revised as necessary"
HIGH	One patient should have been excluded, the others had extensive co-morbidities	Continue to monitor trends		
TAY	Thirteen patients did not have SACT or TACE	No action suggested		
BORD	TACE attempted but not completed, other patients had extensive co-morbidities or opted for BSC	Continue to monitor and ensure all patients are treated appropriately		

QPI 5: 30- and 90-day Mortality after Curative or Palliative Treatment for HCC

QPI 5:	30-day and 90-day mortality following treatment for Hepatocellular Carcinoma (HCC) with curative or palliative intent.
Description:	Proportion of patients with HCC undergoing disease specific treatment, either curative (liver transplantation, resection or ablation) or palliative (Trans-arterial chemoembolisation (TACE)), who die within 30 or 90 days of definitive treatment. Please note: The specifications of this QPI are separated to ensure clear measurement of both: (i) Patients who die within 30 days of definitive treatment (with curative or palliative intent); and (ii) Patients who die within 90 days of treatment with curative intent.
Numerator:	(i) Number of patients with HCC undergoing disease specific treatment (liver transplant, resection, ablation, or TACE) that die within 30 days of definitive treatment. (ii) Number of patients with HCC undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation) that die within 90 days of definitive treatment
Denominator:	(i) All patients with HCC undergoing disease specific treatment (liver transplant, resection, ablation, or TACE). (ii) All patients with HCC undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation).
Exclusions:	No exclusions
Target:	Curative: 30 days <5% 90 days <7.5% Palliative: 30 days <10%

Table 1: (QPI 5a) 30 and 90 Day Mortality after Curative Treatment for HCC – Liver Transplant

Liver Transplant		Aberdeen, Inverness and Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	0	1	0	1	0	0
	Denominator	0	6	0	6	10	11
	Performance (%)	*	16.7%	*	16.7%	0.00%	0.00%
90 day Mortality Target < 7.5%	Numerator	0	1	0	1	0	0
	Denominator	0	6	0	6	10	11
	Performance (%)	*	16.7%	*	16.7%	0.00%	0.00%

Performance targets for 30 day mortality (<5%) and 90 day mortality (<7.5%) were not met nationally at 16.7%.

Table 2: (QPI 5b) 30 and 90 Day Mortality after Curative Treatment for HCC – Resection

Resection		Aberdeen, Inverness and Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	-	0	0	0	0	0
	Denominator	-	11	0	13	10	9
	Performance (%)	-	0%	*	0%	0.00%	0.00%
90 day Mortality Target < 7.5%	Numerator	-	1	0	1	0	0
	Denominator	-	11	0	13	10	9
	Performance (%)	-	9.1%	*	7.7%	0.00%	0.00%

30 day mortality performance target (<5%) was met nationally and regionally. Performance target for 90 day mortality at <7.5% not met nationally at 7.7%. Only one centre, Edinburgh, did not meet this target with 9.1%.

Table 3: (QPI 5c) 30 and 90 Day Mortality after Curative Treatment for HCC – Ablation

Ablation		Aberdeen, Inverness and Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	-	0	0	0	0	0
	Denominator	-	30	36	70	61	53
	Performance (%)	-	0%	0%	0%	0.00%	0.00%
90 day Mortality Target < 7.5%	Numerator	-	0	0	0	1	0
	Denominator	-	28	36	68	59	50
	Performance (%)	-	0%	0%	0%	1.70%	0.00%

Table 4: (QPI 5d) 30 Day Mortality after Palliative Treatment for HCC - TACE

Tace		Aberdeen, Inverness and Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 10%	Numerator	0	0	0	0	0	0
	Denominator	11	46	23	80	88	82
	Performance (%)	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%

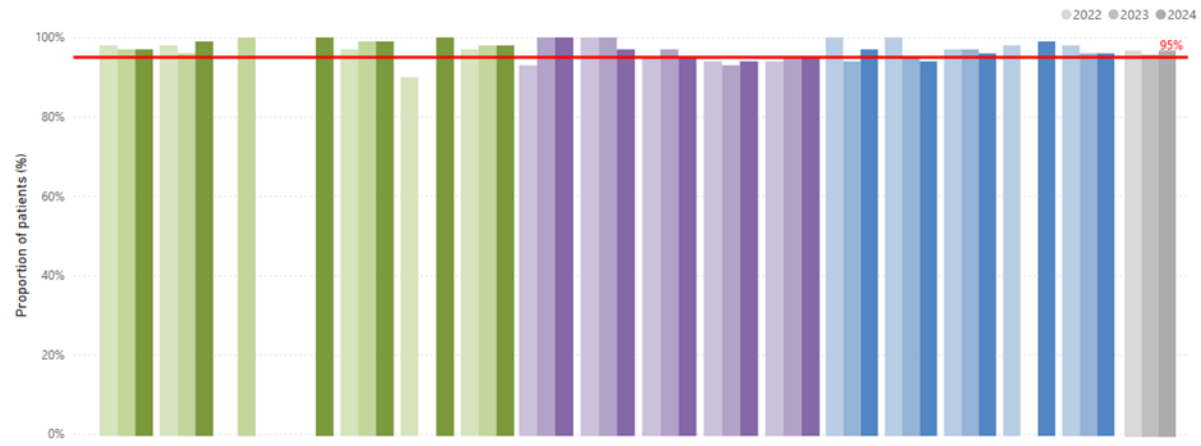
Performance targets were achieved nationally and regionally for QPIs 5c and 5d.

Board	Description	Action Identified by Board	Network Action	Comment
LOTH	LIVER TRANSPLANT **30-DAYS**: complex clinical case	No action required	No action required	Appropriate – low volume impact, continue to monitor for trends
LOTH	LIVER RESECTION **90-DAYS**: complex clinical case	No action required		

QPI 6: Radiological Diagnosis of Pancreatic, Duodenal or Biliary Tract Cancer

QPI Title:	Patients with pancreatic, duodenal or biliary tract cancers should undergo computerised tomography (CT) of the abdomen to evaluate the extent of disease.
Description:	Proportion of patients with pancreatic, duodenal or biliary tract cancer who undergo CT of the abdomen prior to first treatment.
Numerator:	Number of patients with pancreatic, duodenal or biliary tract cancer who undergo CT of the abdomen prior to first treatment.
Denominator:	All patients with pancreatic, duodenal or biliary tract cancer.
Exclusions:	No exclusions
Target:	95%

Figure 7: The proportion of patients with pancreatic, duodenal or biliary tract cancer who undergo CT of the abdomen prior to first treatment.



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	118	71	0	5	94	14	302	18	35	74	199	326	79	51	252	81	463	1091
Denominator	121	72	0	5	95	14	307	18	36	78	211	343	81	54	263	82	480	1130
Performance (%)	97.5%	98.6%	*	100%	98.9%	100%	98.4%	100%	97.2%	94.9%	94.3%	95%	97.5%	94.4%	95.8%	98.8%	96.5%	96.5%

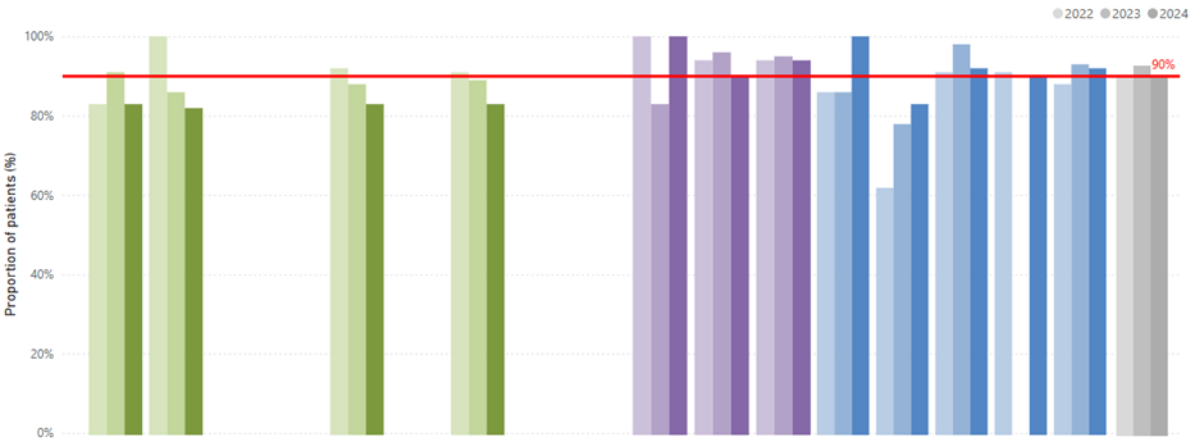
The performance target of 95% was met nationally and regionally. Three boards, Fife, Lothian and Forth Valley narrowly missed reaching the target.

Board	Description	Actions Identified by Board	Network Action	Comment
FIFE	Stent required prior to CT, MRCP instead of CT, incidental finding	Continue to closely monitor	No action required	Appropriate –only narrowly missed target and majority of exceptions clinically appropriate or incidental finding
LOTH	Six cases received a CT scan post first treatment date. Others had CT Colonography/ CT Thorax and x-ray/ PET scan instead of CT abdomen	No action suggested		
FV	MRI instead of CT abdomen	Continue with working practice		

QPI 7: Pathological Diagnosis of Pancreatic, Duodenal or Biliary Tract Cancer

QPI Title:	Patients with pancreatic, duodenal or biliary tract cancers having non-surgical treatment should have a cytological or histological diagnosis
Description:	Proportion of patients with pancreatic, duodenal or biliary tract cancer undergoing non-surgical treatment who have a cytological or histological diagnosis
Numerator:	Number of patients with pancreatic, duodenal or distal biliary tract cancer undergoing non-surgical treatment who have a histological or cytological diagnosis (e.g. brush cytology, endoscopic or image guided biopsy)
Denominator:	All patients with pancreatic, duodenal or distal biliary tract undergoing non-surgical treatment
Exclusions:	No exclusions
Target:	90%

Figure 8: The proportion of patients with pancreatic, duodenal or biliary tract cancer undergoing non-surgical treatment who have a cytological or histological diagnosis



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	10	9	0	0	15	-	35	-	-	14	26	44	9	5	36	9	59	138
Denominator	12	11	0	0	18	-	42	-	-	14	29	47	9	6	39	10	64	153
Performance (%)	83.3%	81.8%	*	*	83.3%	-	83.3%	-	-	100%	89.7%	93.6%	100%	83.3%	92.3%	90%	92.2%	90.2%

The performance target of 90% was met nationally with 90%. Regionally, NCA were below the target achieving 83.3%.

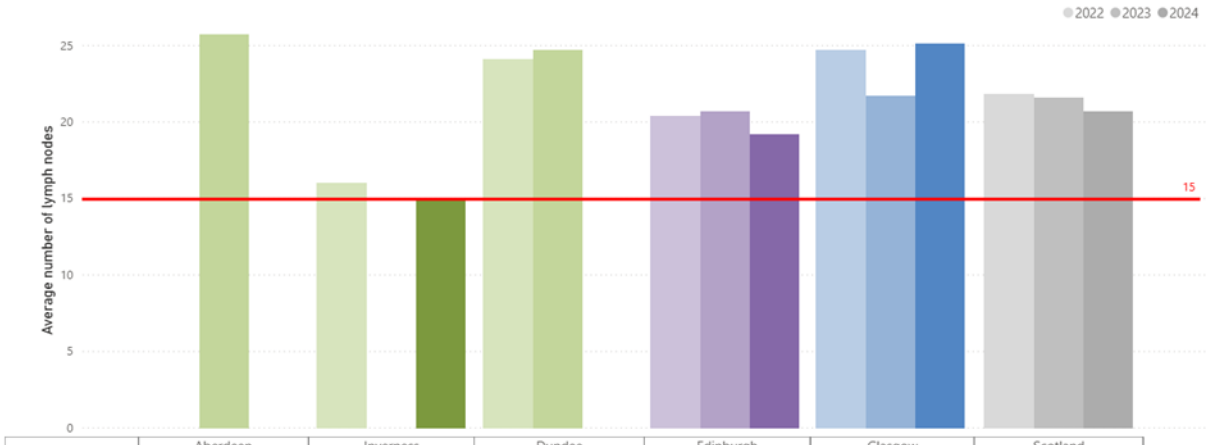
Board	Description	Action Identified by Board	Network Action	Comment
GRAM	Two biopsy attempts made – non-diagnostic	Endeavour to continue two attempts to facilitate opportunity for oncological treatment	No action required	Appropriate/ no concerns
HIGH	One proceeded to surgery/ two biopsy attempts made – non-diagnostic	Continue to attempt biopsies in all cases		

Board	Description	Action Identified by Board	Network Action	Comment
TAY	Radiological diagnosis/ non-diagnostic biopsies	No action suggested		
LOTH	Pathological suspicion used in proxy of diagnostic biopsy	No action suggested		
FV	MDT deemed cytology sufficient	Continue with working practice		

QPI 10: Lymph Node Yield

QPI Title:	In patients undergoing surgery for pancreatic, duodenal or distal biliary tract cancer the number of lymph nodes examined should be maximised.
Description:	Average number of lymph nodes resected and pathologically examined for patients with pancreatic, duodenal or biliary tract cancer who undergo pancreatoduodenectomy performed by a specialist centre, over a 1-year period.
Numerator:	Total number of lymph nodes resected and pathologically examined for all patients with pancreatic, duodenal or distal biliary tract cancer who undergo pancreatoduodenectomy.
Denominator:	All patients with pancreatic, duodenal or distal biliary tract cancer who undergo pancreatoduodenectomy.
Exclusions:	No exclusions.
Target:	Average of 15 nodes per patient per centre.

Figure 9: Average number of lymph nodes resected and pathologically examined for patients with pancreatic, duodenal or biliary tract cancer who undergo pancreatoduodenectomy performed by a specialist centre, over a 1-year period.



2024 Data	Aberdeen	Inverness	Dundee	Edinburgh	Glasgow	Scotland
No. nodes examined	-	135	-	367	478	1063
No. surgeries	-	9	-	19	19	51
Average no. nodes	-	15	-	19.3	25.2	20.8

The performance target was met nationally and across all centres.

QPI 11: 30- and 90-day Mortality following Surgical Resection for Pancreatic, Duodenal or Distal Biliary Tract Cancer

QPI Title:	30-day and 90-day mortality surgical resection for pancreatic, duodenal or distal biliary tract cancer.
Description:	Proportion of patients with pancreatic, duodenal or distal biliary tract cancer who die within 30/90 days of surgical resection.
Numerator:	Number of patients with pancreatic, duodenal or distal biliary tract cancer who undergo surgical resection that die within 30/90 days of treatment.
Denominator:	All patients with pancreatic, duodenal or distal biliary tract cancer who undergo surgical resection.
Exclusions:	No exclusions.
Target:	30 days <5% 90 days <7.5%

Table 5: The proportion of patients with pancreatic, duodenal or distal biliary tract cancer who die within 30/90 days of surgical resection

Resection		Aberdeen, Inverness and Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	1	1	0	2	1	1
	Denominator	14	23	23	60	73	73
	Performance (%)	7.1%	4.3%	0.0%	3.3%	1.4%	1.4%
90 day Mortality Target < 7.5%	Numerator	1	1	0	2	2	1
	Denominator	14	23	22	59	72	71
	Performance (%)	7.1%	4.3%	0.0%	3.4%	2.8%	1.4%

The performance target for both 30 and 90 day mortality was met nationally. Regionally, NCA did not meet the 30-day mortality target achieving 7.1%.

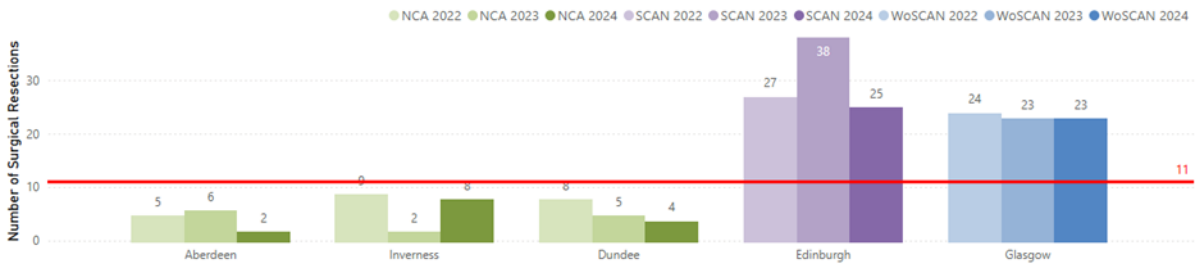
Board	Description	Action Identified by Board	Network Action	Comment
GRAM	Discussed locally and nationally with external advisor	Agreed to suspend Whipple's surgery and transfer care to Edinburgh	HPB Network to work with NSCC and NCQIB to map out escalation pathway for QPIs that remain challenging HPB Network to do a deep dive to understand the impact of QPI exclusion criteria on numbers presented in QPI 12a and 12b HPB Network to provide support and expertise in any review of HPB surgical services in relation to QPIs 11, 12a and 12b	Mortality outcomes are satisfactory in remaining centres still delivering low volume per surgeon. This QPI is linked to ongoing concerns highlighted with low volume surgery and QPI 12a and 12b.

QPI 12: Volume of Cases per Centre/Surgeon

QPI Title:	HPB resectional surgery should be performed in hospitals where there is an appropriate annual volume of such cases.
Description:	Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by a specialist centre (a), and surgeon (b), over a one-year period.
Target:	a) Minimum of 11 cases per centre in a one-year period. b) Minimum of 4 procedures per surgeon in a one-year period.

QPI 12(a): Volume of Cases per Centre

Figure 10: Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by a specialist centre over a one-year period.

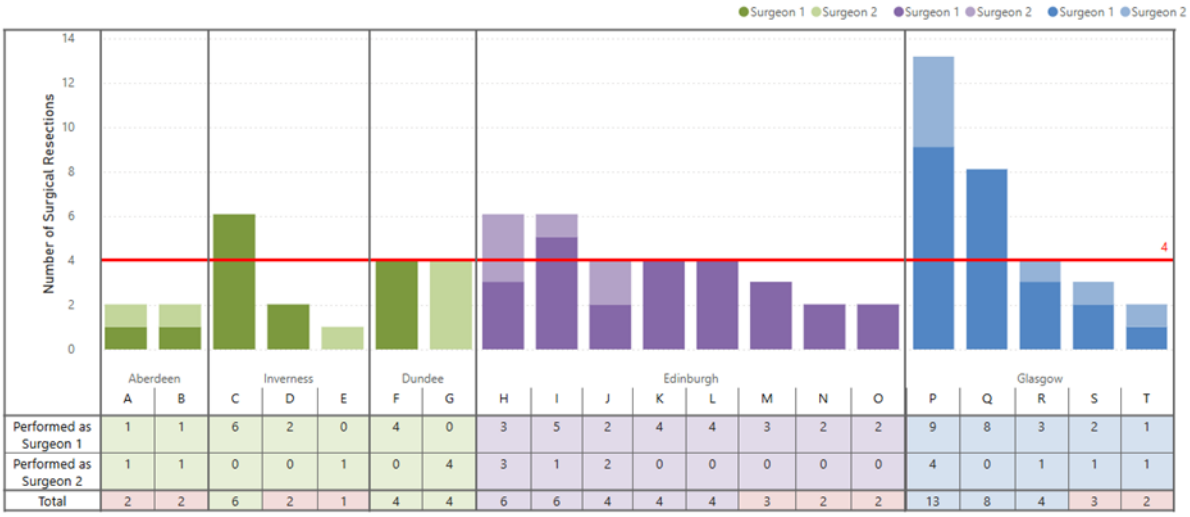


The performance target was met in two of the five surgical centres.

Board	Description	Action identified by Board	Network Action	Comment
GRAM	Low surgical volume per Centre	Service transferred to Edinburgh	HPB Network to work with NSCC and NCQIB to map out escalation pathway for QPIs that remain challenging HPB Network to do a deep dive to understand the impact of QPI exclusion criteria on numbers presented in QPI 12a and 12b HPB Network to provide support and expertise in any review of HPB surgical services in relation to QPIs 11, 12a and 12b	Mortality outcomes are satisfactory in remaining centres still delivering low volume per surgeon. Some questions remain around exclusion criteria presenting a falsely low number per surgeon in some cases that needs to be better understood. Resilience of services where there are small volumes remains an ongoing concern
HIGH	Low surgical volume per Centre	Ongoing work within NCA regarding case volume and location		
TAY	12 pancreatic surgeries in 2024 – 5 of which were cancer	NCA has recommended consolidation of pancreatic surgery to a single site. Progress to date has been limited.		

QPI 12(b): Volume of Cases per Surgeon

Figure 11: Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by surgeon over a one-year period.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Performed as Surgeon 1	1	1	6	2	0	4	0	3	5	2	4	4	3	2	2	9	8	3	2	1
Performed as Surgeon 2	1	1	0	0	1	0	4	3	1	2	0	0	0	0	0	4	0	1	1	1
Total	2	2	6	2	1	4	4	6	6	4	4	4	3	2	2	13	8	4	3	2

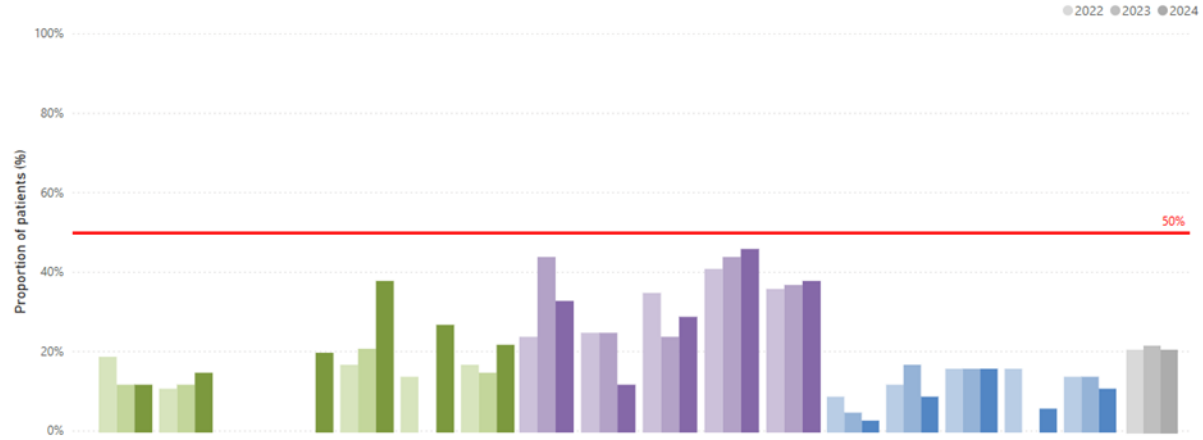
The performance target was met by 11 of the 20 surgeons undertaking surgical resection in 2024.

Board	Description	Action Identified by Board	Network Action	Comment
GRAM	Low surgical volume per surgeon	Service suspended	As per 12(a) above	As per 12(a) above
HIGH	Low surgical volume per surgeon	Ongoing work within NCA regarding case volume and location		
LOTH	Inclusion criteria / Low surgical volume per surgeon Not all resection pathology is included in reporting of QPIs, and this does not reflect the number of surgeries undertaken by all surgeons	No Action Suggested		
GG&C	Low surgical volume per surgeon	One surgeon has stopped doing pancreatic resections. Second surgeon to increase volume of pancreatic cases		

QPI 15: Access to Oncology Services for Inoperable Pancreatic, Duodenal or Biliary Tract Cancer

QPI Title:	Patients with inoperable pancreatic, duodenal or biliary tract cancer should be seen by an oncologist to assess suitability for systemic treatment
Description:	Proportion of patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery who are seen by an oncologist (or offered an oncology clinic appointment) within 6 weeks of initial diagnostic CT scan
Numerator:	Number of patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery who are seen by an oncologist (or offered an oncology clinic appointment) within 6 weeks of initial diagnostic CT scan
Denominator:	All patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery.
Exclusions:	No exclusions
Target:	50%

Figure 12: The proportion of patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery who are seen by an oncologist (or offered an oncology clinic appointment) within 6 weeks of initial diagnostic CT scan



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	11	8	0	1	26	3	49	4	3	17	68	92	2	4	31	4	41	182
Denominator	90	53	0	5	69	11	228	12	26	59	147	244	62	46	199	70	377	849
Performance (%)	12.2%	15.1%	*	20%	37.7%	27.3%	21.5%	33.3%	11.5%	28.8%	46.3%	37.7%	3.2%	8.7%	15.6%	5.7%	10.9%	21.4%
Additional Information																		
% patients discussed at any time	27%	38%		20%	61%	55%	41%	50%	27%	46%	62%	54%	26%	33%	42%	37%	37%	43%
% of appointments within 6 weeks	46%	40%		100%	62%	50%	53%	67%	43%	63%	75%	70%	13%	27%	37%	15%	29%	50%

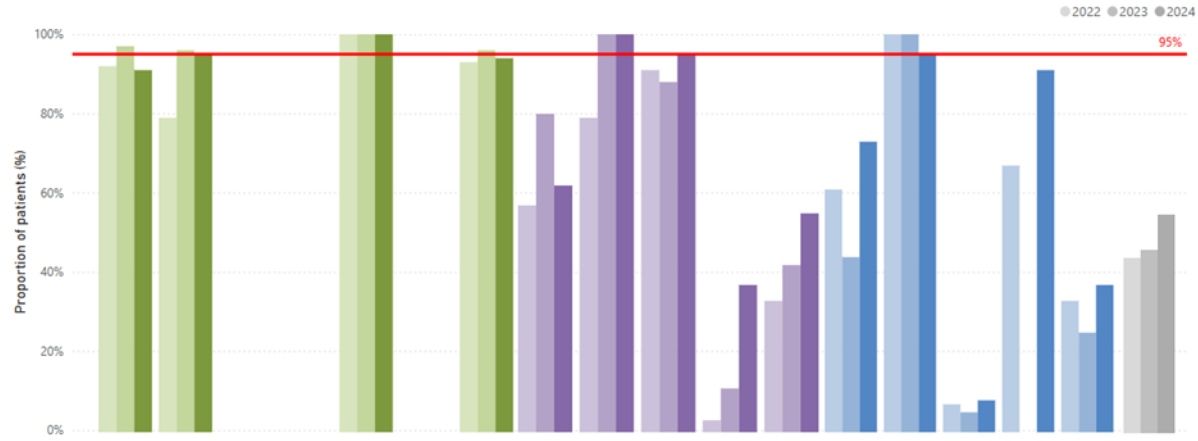
The performance target of 50% was not met nationally with 21.4%. Regionally NCA, SCAN and WoSCAN were below the target achieving 21.5%, 37.7% and 10.9% respectively.

Board	Description	Action Identified by Board	Network Action	Comment
All	QPI failed across Scotland at board level, reasons include: Lack of exclusion criteria/ Pressured Oncology clinics/ Delays in (i) Initial resectability assessment & (ii) awaiting outcome of repeated imaging. Noted that within QPI the measurability is taken from date of CT scan and not date of diagnosis	Grampian: New oncologist appointed will facilitate increasing access to oncology clinic. Fastrack pathway for patients referred outwith [Board} Borders: Further education for local on-call team… Local team will engage with national HPB MDTs regarding timing of PET scans to prevent unnecessary delays	Network to support consideration of exclusion criteria at formal review	We plan to review the denominator for this QPI at the forthcoming formal review as the target of 50% may not be appropriate.

QPI 16: Key Worker

QPI Title:	Patients with hepatocellular cancer (HCC) should have an identified key worker to co-ordinate care across the patient pathway
Description:	Proportion of patients with HCC who have an identified key worker at the time of referral to the MDT
Numerator:	Number of patients with HCC who have an identified key worker at the time of referral to the MDT
Denominator:	All patients with HCC
Exclusions:	No exclusions
Target:	95%

Figure 13: The proportion of patients with HCC who have an identified key worker at the time of referral to the MDT



2024 Data	GRAM	HIGH	ORK	SHET	TAY	WI	NCA	BORD	D&G	FIFE	LOTH	SCAN	A&A	FV	GGC	LAN	WoSCAN	Scotland
Numerator	30	19	-	-	33	0	83	5	15	19	30	69	11	21	10	29	71	223
Denominator	33	20	-	-	33	0	88	8	15	20	82	125	15	22	123	32	192	405
Performance (%)	90.9%	95%	-	-	100%	*	94.3%	62.5%	100%	95%	36.6%	55.2%	73.3%	95.5%	8.1%	90.6%	37%	55.1%

The performance target of 95% was not met nationally. Regionally NCA, SCAN and WoSCAN were below the target achieving 94.3%, 55.2% and 37% respectively.

Board	Description	Action Identified by Board	Network Action	Comment
GRAM	Narrowly missed	Maintain standard	Continue to monitor QPI to determine whether updated referral form improves results HPB Network to work with NSCC and NCQIB to map out escalation pathway for QPIs that remain challenging	Some notable improvements in some areas. The National referral Proforma has since been updated to include the Key Worker which will hopefully result in further improvement. Ongoing CNS gap in GGC remains concerning and Network would support escalating this issue further.
BORD	Low numbers with few not assigned key worker on referral	National HPB MDT referral forms have recently been updated and these are available to all NHS Borders clinicians on our local Intranet. Continue to educate on the importance of identifying key worker on MDT referral form.		
LOTH	No key worker assigned at referral	No action identified		
A&A	Low numbers with few not assigned key worker on referral	No action identified		
GG&C	No HCC CNS; governance failures	This issue needs to be raised at Health Board Executive management level as there is no prospect that this QPI will be met until there is a GGC-wide HCC CNS service created.		

Board	Description	Action Identified by Board	Network Action	Comment
LAN	No HCC CNS	An application for an HCC CNS has been submitted, and it is hopeful this will be approved. We would then hope that performance against the 3 failed HCC QPIs will improve.		

QPI 17: 30- and 90-day Mortality following Treatment for Colorectal Liver Metastases

QPI Title:	30- and 90-day mortality following treatment for Colorectal liver metastases (CRLM) with curative intent.
Description:	Proportion of patients with CRLM undergoing curative treatment (resection / ablation) who die within 30 or 90 days of treatment.
Numerator:	All patients with CRLM undergoing curative treatment (resection / ablation) who die within 30/90 days of treatment.
Denominator:	All patients with CRLM undergoing curative treatment (resection / ablation).
Exclusions:	No exclusions.
Target:	30 days <5% 90 days <7.5%

QPI 17(a): 30- and 90-day Mortality following Treatment for Colorectal Liver Metastases – Resection

Table 6: The proportion of patients with CRLM undergoing curative treatment (resection) who die within 30 or 90 days of treatment

Resection		Aberdeen 2024	Inverness 2024	Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	0	0	-	0	0	0	1	0
	Denominator	7	5	-	70	34	118	108	93
	Performance (%)	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.9%	0.0%
90 day Mortality Target < 7.5%	Numerator	0	0	-	0	0	0	1	0
	Denominator	7	5	-	70	34	118	108	93
	Performance (%)	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.9%	0.0%

The performance target was passed nationally and regionally.

QPI 17(b): 30- and 90-day Mortality following Treatment for Colorectal Liver Metastases – Ablation

Table 7: The proportion of patients with CRLM undergoing curative treatment (ablation) who die within 30 or 90 days of treatment

Ablation		Aberdeen 2024	Inverness 2024	Dundee 2024	Edinburgh 2024	Glasgow 2024	Scotland 2024	Scotland 2023	Scotland 2022
30 day Mortality Target < 5%	Numerator	0	0	0	0	0	0	0	0
	Denominator	0	0	9	26	15	50	74	41
	Performance (%)	*	*	0%	0%	0%	0%	0.0%	0.0%
90 day Mortality Target < 7.5%	Numerator	0	0	0	0	1	1	1	1
	Denominator	0	0	9	26	15	50	74	41
	Performance (%)	*	*	0%	0%	6.7%	2%	1.4%	2.4%

The performance target was passed nationally and regionally.

References

1. Healthcare Improvement Scotland. HepatoPancreatoBiliary Cancer Quality Performance Indicators, August 2012 (updated January 2023 v5.0). https://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/cancer_qpis/quality_performance_indicators.aspx

Methodology

Report Title	Cancer Audit Report: HepatoPancreatoBiliary Quality Performance Indicators
Time Period	Patients diagnosed between 1 January 2024 and 31 December 2024
Data Source	Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.
Data Extraction Date	The data contained within this report was extracted from eCASE on 7/8/2025
Methodology	Analysis was performed centrally by NSS Information Management Service. The timescales agreed considered the patient pathway to ensure that a complete treatment record was available for the majority of patients. Initial results were provided to Health 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 & Region verification in line with the regional audit governance process to ensure that the data was an accurate representation of service in each area.

Document Control Sheet

Title	Cancer Audit Report: HepatoPancreatoBiliary Quality Performance Indicators
Version Number	V1.0
Document Type	Clinical Audit Report
Author/Owner	Marie Gallagher, Programme Manager, NSCC
Approval	Mr. Euan Dickson, Scottish HepatoPancreatoBiliary Network Clinical Lead
Date Published	25/05/2026