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# **National Kidney Cancer Audit State of the Nation Report 2025**

## **Outlier Communications**

# National Kidney Cancer Audit

## NKCA State of the Nation Report 2025 Outlier Communications

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Royal College  
of Surgeons  
of England

The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808



Healthcare Quality  
Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the [Healthcare Quality Improvement Partnership \(HQIP\)](#) and funded by NHS England and the Welsh Government as part of the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.



The British Association of Urological Surgeons (BAUS) was founded in 1945 and exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. BAUS is a registered charity and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership. Registered Charity no: 1127044



The British Uro-oncology Group (BUG) was formed in 2004 to meet the needs of clinical and medical oncologists specialising in the field of urology. As the only dedicated professional association for uro-oncologists, its overriding aim is to provide a networking and support forum for discussion and exchange of research and policy ideas. Registered Charity no: 1116828



NATIONAL DISEASE REGISTRATION SERVICE

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith  
Cancer Cymru  
Wales Cancer  
Network

NHS Wales is implementing a new cancer informatics system. As a result, the quality and completeness of data from Wales is likely to have been impacted due to implementation of this new system across multiple NHS organisations (health boards), which has resulted in data being supplied by both old and new systems. Additionally, and reflecting the uncertainty of data quality, the data submitted to the audit may not have undergone routine clinical validation prior to submission to the Wales Cancer Network (WCN), Public Health Wales.

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# Outlier Communications

## Introduction to the NKCA Outlier Process

The National Kidney Cancer Audit (NKCA) is running an outlier process alongside the State of the Nation Report 2025.

Using funnel plots to compare individual provider results with the national average, we can identify 'potential negative outliers' whose performance is outside normal limits (further from the national average than would usually occur by chance alone).

An estimate for a performance indicator more than three standard deviations from the national average is deemed to be an 'alarm'. Trusts/ health boards in the current report cycle (State of the Nation 2025) were considered potential 'alarm' outlier trusts according to the NKCA Outlier Policy 2025, developed in collaboration with other NATCAN audits. The NATCAN Outlier Process Policy approach is adapted from the 'NCAPOP Outlier Guidance: Identification and management of outliers'<sup>1</sup>.

The potential 'alarm' outlier trusts relate to two adjusted treatment-related outcomes.

**Performance indicator 7:** *Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.*

**Performance indicator 8:** *Percentage of people with kidney cancer who die within 30 days of starting SACT treatment.*

Following notification of potential 'alarm' outlier status, each trust was given the opportunity to review their individual data and check this against the NKCA data for that trust. The trust was then invited to respond by letter to the NKCA team, about the possible underlying causes, and any

relevant improvements interventions adopted or planned.

Where a trust's outlier status was found to be a result of inaccurate data held by the NKCA, supplied by the trust to the National Disease Registration Service, trusts were invited to provide a response for publication, and where received, they are published here to support learning.

**Dr Amit Bahl**, Clinical Lead Oncology, representing the British Uro-oncology Group

**Professor Grant Stewart**, Clinical Lead Urology, representing the British Association of Urological Surgeons

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<sup>1</sup> [HQIP-NCAPOP-Outlier-Guidance\\_21022024.pdf](#)

## Responses from Trusts to the potential 'alarm' outlier notification during the NKCA Outlier Process (2025)<sup>2</sup>

Each Trust was contacted by means of a letter to the Clinical Lead. The letter contained an aggregate table explaining the distribution of certain patient characteristics of the patients of interest from their trust compared to national demographics. Trusts were also provided, on request, with a password protected spreadsheet which contained patient-level data to support the review.

The following trusts were contacted in relation to the following specific performance indicators:

### NHS trusts

**Performance indicator 7:** Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.

*For people with kidney cancer diagnosed between 1 January 2018 and 31 December 2022.*

- University Hospitals Birmingham NHS Foundation Trust
- Wye Valley NHS Trust
- Sandwell And West Birmingham Hospitals NHS Trust

**Performance indicator 8:** Percentage of people with kidney cancer who die within 30 days of starting SACT treatment.

*For people with kidney cancer diagnosed between 1 January 2018 and 31 December 2022.*

No trusts.

The responses received from individual outlier trusts in relation to their potential 'alarm' outlier status are as follows:

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<sup>2</sup> <https://www.natcan.org.uk/library/natcan-outlier-policy-nkca/>

## Response from University Hospitals Birmingham NHS Foundation Trust

**Performance indicator 7:** Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.

**Performance indicator 7:** Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.



**DEPARTMENT OF UROLOGY**

The County Hospital

Secretary to Mr Akhtar: 01432 364124

Union Walk

Secretary to Mr Mahmalji: 01432 355444 ext 5659

Hereford

Secretary to Mr Nayar: 01432 364133

HR1 2ER

Secretary to Mr Bhat: 01432 364439

**To The Chair  
National Kidney Cancer Audit**

**Date Typed: 09/09/2025**

**Subject: Response to the Identified Data Anomaly (2018–2022)**

**Dear Team**

**In response to the anomaly identified in cancer data for the period 2018–2022, the following actions, clarifications, and improvements have been undertaken:**

- **Clarification of SACT Data Responsibility:**  
The Cancer Data Validation Coordinator at Wye Valley NHS Trust (WVT) has discussed the data concerns with Gemma Feeney. It has been confirmed that Gloucestershire Hospitals NHS Foundation Trust (GHFT) holds responsibility for uploading all SACT data on behalf of WVT, as this activity is delivered locally by GHFT at Hereford.
- **Cancer Data Oversight and Improvements:**  
The Cancer Data Validation Coordinator commenced post in March 2024, following the recognition that cancer data performance at WVT required significant improvement. Since then, substantial work has been undertaken to address data quality issues, with positive improvements now reflected in current performance metrics.
- **Engagement with GHFT:**  
WVT continues to seek regular engagement with GHFT to establish a process of monthly data validation, similar to the current arrangement in place with Worcestershire Acute Hospitals NHS Trust (WAHT). This would provide both organisations with greater assurance regarding data accuracy and oversight.
- **Review of Kidney Cancer Data:**  
An internal clinical review was conducted in response to concerns raised about kidney

## Response from Wye Valley NHS Trust

**Performance indicator 7:** Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.

cancer data showing a 17% performance rate for SACT given within 12 months after diagnosis M1 RCC. The review identified that, of the 53 patients diagnosed at WVT between 2018 and 2022, 31 received SACT treatment - equating to a corrected rate of 58.5%. Our data confirm we are not outlier for this KPI.

- **Data Quality Improvements (Post-April 2024):**  
Several key improvements have been implemented:
  - Identification and collation of key data metrics to support real-time validation by MDT coordinators. These data quality reports are aligned with NKCA requirements.
  - Initiation of monthly validation of key metrics, led by the Cancer Data Validation Coordinator.
  - Inclusion of cancer data performance as a standing item on the WVT Cancer Board agenda, enhancing visibility and accountability.
- **Next Steps:**
  - In line with recommendations from Gemma Feeney, WVT will review NKCA records from 2024 onwards to assess and improve data quality.
  - Where issues are identified, appropriate updates will be made and the dataset refreshed accordingly.
  - All learnings will be reviewed collaboratively with clinical teams and MDT coordinators to support a GIRFT (Getting It Right First Time) approach.

***M Akhtar***

**Mr Mehmood Akhtar FRCS (UROL) FEBU  
Consultant Urological Surgeon  
Associate Medical Director(Surgery)**

## Response from Sandwell and West Birmingham Hospitals NHS Trust

**Performance indicator 7:** Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis.