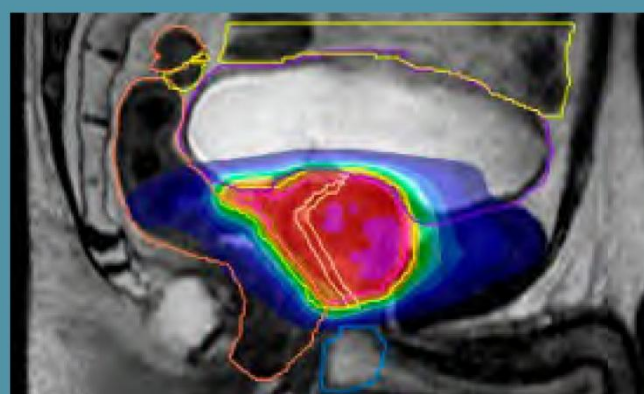
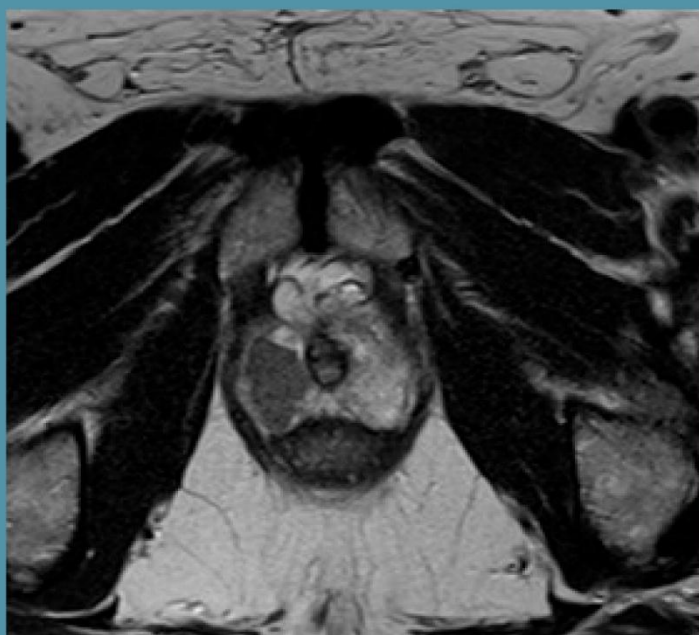
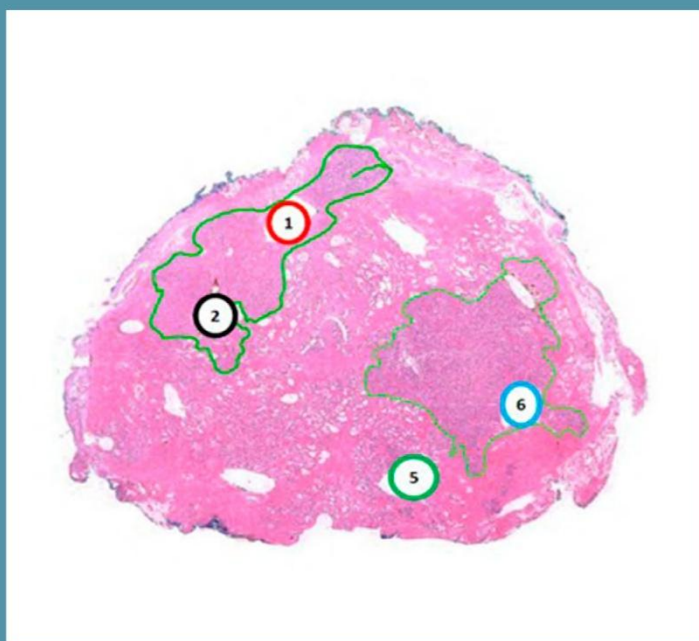


National Prostate Cancer Audit State of the Nation Report 2026

Outlier Communications

Published October 2026



Contents

Introduction to the NPCA Outlier Process 3

Responses from Trusts to the Potential ‘outlier’ alarm ‘case to answer’ during the NPCA Outlier Policy 4

Responses from Trusts to the Potential ‘outlier’ alert ‘case to answer’ during the NPCA Outlier Policy 20

Introduction to the NPCA Outlier Process

The National Prostate Cancer Audit (NPCA) publishes risk-adjusted performance indicators of the quality of care received by men diagnosed with prostate cancer.

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).

Alarm Outlier

An estimate for a performance indicator more than three standard deviations from the national average is deemed an 'alarm'. Trusts and health boards in the current report cycle (State of the Nation 2026) were considered potential outlier 'alarm' Trusts according to the [NPCA Outlier Policy 2026](#). The outlier approach was adapted from the 'NCAPOP Outlier Guidance: Identification and management of outliers'¹.

The potential outlier 'alarms' relate to three adjusted treatment-related outcomes:

- **Performance indicator 6:** *Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy (presented at the level of the surgical centre).*
- **Performance indicator 7:** *Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy (presented at the level of the radiotherapy centre).*
- **Performance indicator 8:** *Percentage of men experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy (presented at the level of the radiotherapy centre).*

Alert Outlier

An estimate for a performance indicator more than two but below three standard deviations from the national average for two consecutive years is deemed to be an 'alert'. The condition that an estimate should be within the defined range for for two of three consecutive years of reporting before it is considered an 'alert' was added to reduce the chance that a trust/health board is erroneously identified as a potential outlier.

The potential outlier 'alerts' relate to two adjusted treatment-related outcomes:

- **Performance indicator 6:** *Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.*
- **Performance indicator 7:** *Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) within 2 years of radical prostate radiotherapy.*
- **Performance indicator 8:** *Percentage of men experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy.*

Following notification of potential 'alert' and 'alarm' outlier status, each trust was given the opportunity to review their individual data and check this against the NPCA data. The provider was then invited to respond by letter to the NPCA team about the possible underlying causes, and any relevant quality improvement interventions adopted or planned. The CQC was notified if a trust is confirmed as an alarm outlier after the process, as per the [NPCA Outlier Policy 2026](#).

This document publishes the trust responses following this process, to support learnings from hospitals who are embarking upon an improvement journey.

Professor Noel Clarke, Urological Clinical Lead representing the British Association of Urological Surgeons

Dr Alison Tree, Oncological Clinical Lead representing the British Uro-oncology Group

¹ [HQIP NCAPOP Outlier Guidance: Identification and management of outliers, updated October 2025](#)

Responses from Trusts to the Potential ‘outlier’ alarm ‘case to answer’ during the NPCA Outlier Policy²

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. Their final outlier status is also indicated, where “not confirmed” means the review process highlighted inaccuracies in the data held by the NPCA, so the provider is found not to be an outlier, and “confirmed” means the provider’s outlier status was confirmed following the review process.

Surgical centres

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy (presented at the level of the surgical centre).

For men who underwent a radical prostatectomy between 1 September 2022 and 31 August 2023.

- [Bradford Teaching Hospitals NHS Foundation Trust](#) – confirmed
- [Wirral University Teaching Hospital NHS Foundation Trust](#) – confirmed

Radiotherapy centres

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy (presented at the level of the radiotherapy centre).

For men who underwent radical prostate radiotherapy between 1 September 2022 and 31 August 2023.

- [Gloucestershire Hospitals NHS Foundation Trust](#) – investigation ongoing
- [East Suffolk and North Essex NHS Foundation Trust](#) – confirmed
- [Hull University Teaching Hospitals NHS Trust](#) – investigation ongoing
- [East and North Hertfordshire NHS Trust](#) – not confirmed

Performance indicator 8: Percentage of men experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy (presented at the level of the radiotherapy centre).

For men who underwent radical prostate radiotherapy between 1 September 2022 and 31 August 2023.

- [Worcestershire Acute Hospitals NHS Trust](#) – not confirmed
- [South Tees Hospitals NHS Foundation Trust](#) – not confirmed

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

² [NPCA Outlier Policy 2026 - National Cancer Audit Collaborating Centre](#)

Response from Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy)



Date: 22nd September 2026

Professor Noel Clarke and Dr Alison Tree
National Prostate Cancer Audit
National Cancer Audit Collaborating Centre
The Royal College of Surgeons of England
38-43 Lincoln's Inn Fields
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WC2A 3PE

John Bolton
Trust Headquarters
Bradford Royal Infirmary
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Dear Professor Clarke and Dr Tree

National Prostate Cancer Audit (NPCA)

Thank you for the outlier notification and accompanying documents. We are grateful for the opportunity to examine our practice and outcomes and compare with national data, the relevant performance indicator being "Proportion of patients experiencing at least one GU complication requiring a procedural/surgical intervention within two years of radical prostatectomy" performed between 1st September 2022 to 31st August 2023. We have discussed the findings and reviewed the patient level data.

As you are aware, we were identified as outliers in the previous reporting cycle (1st September 2021 to 31st August 2022). As a team, we noted that we had a low threshold for requesting flexible cystoscopy in men after radical prostatectomy (RALP). We have since changed our approach to using uroflowmetry, rather than invasive cystoscopy, as a first line to investigate these patients in acknowledgement that our threshold for undertaking a flexible cystoscopy was possibly too low. These changes were made in August 2025, so the effect of the changes would not be apparent in the current cohort being analysed.

To determine whether the themes identified in the 2021/2022 cohort were similar to the 2022/2023 cohort, we used the patient-level data kindly provided by NPCA, which fell under the parameters below:

Performance Indicator:	Proportion of patients experiencing at least one GU complication requiring a procedural/surgical intervention within two years of radical prostatectomy
Potential Alarm Outlier Criteria:	>3SDs from national average
Trust Result:	17.04%
National Result (E&W):	5.88%
Inclusion Criteria	Men undergoing a radical prostatectomy between 1st September 2022 and 31st August 2023. Derived using a coding-framework based on OPCS-4 procedure codes to capture genitourinary complications that required an intervention. These included complications of the urinary tract as opposed to those related to sexual dysfunction. Additional details can be found in our Methodology Supplement.

Response from Bradford Teaching Hospitals NHS Foundation Trust

Exclusion Criteria	Men with an associated diagnosis of bladder cancer (ICD-10 "C67" code) or who received post-operative radiotherapy.
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The men included for the period came to a total of 171. Of these, 29 men (17%) were annotated as having had an intervention. We would like to mention that our theatre records for the period had 196 men undergoing RALP during the study period, so 25 men were not included in our report.

Interventions Performed

Flexible Cystoscopy	21
Image-Guided Drainage	1
Urethral Catheterisation	1
EUA	1
Cystogram	1
No Record of Intervention	1

Flexible Cystoscopy

We performed patient-level analysis into the indications and findings of flexible cystoscopy procedures.

S/No	Indication	Findings	Further Intervention
1	Storage LUTS	NAD	-
2	Pulled catheter	Displaced catheter	Catheter replacement with flexible cystoscope and guide wire
3	Visible Haematuria	Surgical clip	Clip removal
4	Voiding LUTS	NAD	-
5	UTI	NAD	-
6	Non-Visible Haematuria	NAD	-
7	Storage LUTS	NAD	-
8	Visible Haematuria	Surgical clip	Clip removal
9	Visible Haematuria	NAD	-
10	Visible Haematuria	Surgical clip	Clip removal
11	Visible Haematuria	NAD	-
12	Visible Haematuria	NAD	-
13	Voiding LUTS	Surgical clip /BN Stricture	BN Dilatation and clip removal
14	Mixed LUTS	NAD	-
15	Voiding LUTS	BN Stricture	BN Dilatation
16	Voiding LUTS	Surgical clip /BN Stricture	BN Dilatation and clip removal
17	Dysuria	NAD	-
18	Pulled catheter	Displaced catheter	Catheter replacement with flexible cystoscope and guide wire
19	Voiding LUTS	Surgical clip /BN Stricture	BN Dilatation and clip removal
20	Voiding LUTS	Surgical clip /BN Stricture	BN Dilatation and clip removal
21	Voiding LUTS	Surgical clip /BN Stricture	BN Dilatation and clip removal

Other Interventions

One patient presented with a left side lymphocele following RALP and bilateral pelvic lymph node dissection. He was pyrexial and the lymphocele was large enough to cause a mass effect on the bladder. He had US-guided drainage and made a good recovery.

Response from Bradford Teaching Hospitals NHS Foundation Trust

One patient went into urinary retention five weeks after RALP and had a successful trial without catheter with no further interventions needed.

One patient underwent an examination under Anaesthesia (EUA) as part of assessment of a recto-urethral fistula. Definitive repair is pending due to cardiac fitness.

One patient had a cystogram as the only procedure recorded. We presume this is a coding error. Four patients had no record of relevant interventions for the period of interest. Each of these patients were from outside our locality, and we presume they had interventions locally but we did not have access to their medical records as at the time of submitting this response.

Discussion

Our findings for the 2022/2023 reporting cycle show that again, flexible cystoscopy is the most common intervention recorded. In 10 out of 21 patients having flexible cystoscopy, the findings were negative and no interventions were required. We are now performing flow studies for men with LUTS after RALP first, before deciding whether flexible cystoscopy is indicated. The men who needed intervention by way of bladder neck dilatation and/or clip removal had associated bladder neck strictures, which we think will be picked up on a flow study.

Clip migration is associated with visible haematuria, so a flexible cystoscopy in men with visible haematuria seems warranted. To reduce the incidence of clip migration, we have changed surgical technique by avoiding placement of surgical clips towards the apical prostatic pedicles. This should reduce the risk of surgical clips migrating into the bladder neck anastomosis.

For patients with displaced catheters, we observed that this happens when patients do not keep their catheters well strapped. We provide two thigh straps and written and pictorial instructions on how to keep the catheter secured at all times until removal. Unfortunately, the message occasionally is not adhered to. We will continue to ensure that our discharge teams do not omit this vital component of patient education.

The other interventions appear to be rare occurrences and possible coding errors. We also have a small number where the records were not available for review.

Conclusion

In conclusion, we would answer the questions posed by the NPCA team as follows:

1. Does the trust consider the NPCA data to be accurate in comparison to your hospital records?

The NPCA data was short by 25 men. There was at least one coding error, with a cystogram recorded as an intervention.

2. Subject to the data being accurate, are there justifiable reasons for the variation that mean the trust should not be considered an outlier for this performance indicator?

Assuming none of the 25 additional men that had RALP had no interventions and were included, our percentage of men having intervention would stand at 15%. This would presumably still leave us as outliers for this performance indicator.

3. Have quality improvement measures been put in place in order to correct potential problems in the future?

Following the previous reporting cycle (2021/2022), we have put measures in place to reduce the number of men having interventions after RALP. We are using non-invasive tests first for men with LUTS, and we have modified our technique for applying surgical clips near the bladder neck anastomosis. We are confident that these changes will become manifest in the 2025/2026 reporting cycle and onwards.

With kind regards.

Response from Bradford Teaching Hospitals NHS Foundation Trust

Yours sincerely



John Bolton MD FRCS
Chief Medical Officer &
Consultant Urological Surgeon

On behalf of:

R Chahal, Consultant Urological Surgeon
C Gkikas, Consultant Urological Surgeon
C Molokwu, Consultant Urological Surgeon
R Singh, Consultant Urological Surgeon

Response from Wirral University Teaching Hospital NHS Foundation Trust

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

Dear Prof Clarke and Dr Tree

Thank you for your correspondence regarding the potential outlier performance at Wirral University Teaching hospitals in relation to the proportion of patients experiencing at least one genitourinary complication requiring a procedural/ surgical intervention within two years of radical prostatectomy between 1st September 2022 and 31st August 2023.

As last year, we do appreciate the feedback and the opportunity to improve our procedures and pathways and reflect on the outcomes to improve patient care.

Following the review last year one area where we found the rates were higher than expected was in patients with clip migration into the bladder which was found in 2.8% of patients. Following that review we had already made changes to reduce the use of Hem-o-lok clips. Having made the changes in 2025 they would unfortunately not reflect in the outcomes of this audit as it is for patients operated during 2022-23 but should reflect in the outcomes over the coming years.

Looking at the patient dataset that your team kindly sent to us on 1/09/2026 there were 96 patients with 21 recorded events. However, four patients had not undergone radical prostatectomy (2 patients had cryotherapy and two had Millins prostatectomy) thus there are 92 patients on this NPCA database of which 21 (22.8%) had triggered an alert.

Analysing our own data there were 151 patients that had undergone a radical prostatectomy over this period and thus we have operated on 40% more patients than that recoded on the NPCA dataset. Of these 29 (19.2%) have had some intervention over two years. We do appreciate that these are a similar proportion of patients in the two datasets and have looked at each of these patients. The table below lists the interventions and their frequency.

Table 1

Intervention	Number of patients (%)
Re-Catheterisation after TWOC	7 (4.6)
Flexible cystoscopy NAD	6 (3.9)
Flexible cystoscopy incontinence	1 (0.6)
Flexible cystoscopy bladder cancer	1 (0.6)
Flexible cystoscopy penile stricture	1 (0.6)
Clip removal	5 (3.3)
Isolated Bladder neck dilatation	4 (2.6)
Re-catheterization for Anastomotic leak	4 (2.6)

There were 9 (5.9%) patients that had a Clavien Dindo 3 complication requiring a procedure under GA.

Post operatively we leave a urethral catheter in for one week and do not routinely do a cystogram prior to catheter removal. When we had previously audited our outcomes the re-catheterisation rate for retention was 3% at one week and 0% if the catheter was left for two weeks. At present unless there is any concern at surgery we routinely arrange trial without catheter (TWOC) at one week. We plan to increase the catheter dwell time to 2 weeks to help reduce need for re- catheterisation. In future for patients we remove the catheter at one week we plan to undertake a cystogram prior to catheter removal.

Our trial without catheter (TWOC) service has moved away from a urology nurse delivered service to a generic hospital service in the hospital day case/ elective admissions lounge since 2020 when the department lost the use of a dedicated urology ward. Since then the service has staffing and logistical constraints beyond our control, it has made prompt recognition of any problems more difficult. We plan to revisit this and look at our

Response from Wirral University Teaching Hospital NHS Foundation Trust

outcomes before and after this change. We will audit our results over the three years prior to this alert and for the following year. This will give us five-year data which we will share with your NPCA team. We are now planning to change and have the TWOC service moved to our new urology investigation unit.

Bladder neck contracture and urinary leak rates were 2.6% each. These are slightly higher than expected and higher than last year's data. As part of the five-year audit we also plan to audit our individual surgical outcomes and look at variation in practice and if necessary arrange an external review. As already mentioned, we have significantly reduced the use of hem-o-lok clips since 2025 and expect the clip migration rate to reduce significantly.

As part of the review initiated by this alert, we will look at a full service review to identify all areas of improvement and look forward to working with you to improve patient outcomes and ensure that we are not outliers in the provision of this vital service.

Kind regards,

Manal Kumar
Consultant Urologist and
Urology Cancer Lead for WUTH

Thiagarajan Nambirajan
Consultant Urologist

Nina Patrick
Consultant Urologist

Kunal Dholakia
Consultant Urologist

Snehal Patel
Consultant Urologist
Clinical Service Lead

Response from Gloucestershire Hospitals NHS Foundation Trust

Performance indicator 6: Percentage of men receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) within 2 years of radical prostate radiotherapy

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.

Response from East Suffolk and North Essex NHS Foundation Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.



**East Suffolk and
North Essex
NHS Foundation Trust**

Dr Liz Sherwin,
Clinical Director
Oncology and Haematology
East Suffolk and North Essex NHSFT
Ipswich Hospital
Heath Road
Ipswich
IP4 5PD

National Prostate Cancer Audit

4th September 2026

Dear Dr Tree, Mr Clarke and NPCA team

National Prostate Cancer Audit (NPCA) Potential Alarm Outlier Notification

Thank you for your letter dated 27th July 2026 to Mr Sam Datta notifying us that NPCA results for the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) continue to be further from the national average than expected and the trust has been identified as a potential 'alarm' outlier for the following Performance Indicator:

Proportion of patients receiving a procedure of the large bowel and diagnosis indicating radiation toxicity (GI complication) up to 2 years following radical prostate radiotherapy

We understand that the data demonstrates that ESNEFT is >3SDs from the national average for men undergoing radical radiotherapy between 1st September 2022 and 31st August 2023.

Thank you for providing us with the patient-level data items for the year that this notification relates to. Members of the multi-disciplinary team have collated information from our own hospital systems in respect of overall patient numbers and cases of proven radiation toxicity.

In response to your specific questions:

1. Does the trust consider the NPCA data to be accurate in comparison to your hospital records?

Our own records suggest 416 men were treated with radical prostate radiotherapy between 1st September 2022 and 31st August 2023 in our radiotherapy departments in Colchester and Ipswich. This is slightly higher than the 397 reported in the NPCA. A total of 49 cases of proven radiation toxicity have been identified, lower than the number reported in the NPCA. Whilst there is some discrepancy in the data we do acknowledge our trust remains above the national average for radiation toxicity (GI complications) up to 2 years following radical radiotherapy to the prostate.

2. Subject to the data being accurate, are there justifiable reasons for the variation that mean the trust should not be considered an outlier for this performance indicator?

Response from East Suffolk and North Essex NHS Foundation Trust

No, we believe the trust should be considered an outlier.

Our review following last years audit focused on the clinical protocols and applied PTV margins, radiotherapy treatment plan quality, adherence to protocolised margins and dose constraints, daily CBCT image guidance and the position of rectum and bowel in relation to high dose volumes following image matching.

Findings from the review indicated that the higher than average levels of GI toxicity were likely due in part to the documented procedures for daily CBCT image guidance and adherence to these protocols. A review of the patients with confirmed toxicity included in this years audit identifies similar issues. Whilst changes were made as a result of last years NPCA (detailed below) we do acknowledge that they will not be reflected in this years data.

We anticipate that toxicity events for patients receiving radical radiotherapy to the prostate at ESNEFT are likely to remain higher than the national average for a further 2 data collection periods.

3. Have quality improvement measures been put in place in order to correct potential problems in future?

Yes.

- Following a review of the clinical protocols for prostate radiotherapy an inconsistency in CTV to PTV margins between hospital sites was rectified. Margins were aligned informed by guidance from clinical trials and the East of England ODN Prostate Clinical Protocol. The revised margins were implemented in October 2025.
- The image guidance protocols for daily localisation with cone beam CT and their interpretation allowed for higher volumes of rectum and bowel in the treated volumes than indicated within the planning CT scan. The protocols have been updated to provide clearer guidance on the management of variations in rectal volume during treatment with specific actions documented for situations where the rectum within the treatment volume is greater than planned.
- The introduction of auto-segmentation in March 2024 has resulted in consistent voluming of normal tissues and organs at risk

Additionally our analysis of this year's patients demonstrates a possible link with difficulties in obtaining consistent bowel filling requiring a number of attempts to obtain the planning CT scan. Patient selection criteria will be reviewed accordingly however we anticipate that the introduction in 2025 of rectal spacers for patients meeting pre-defined criteria and the more recent introduction of daily adaptation of treatment volumes for patients identified as potentially struggling with maintaining consistency in internal anatomy throughout their course of treatment may improve things further.

The multi-disciplinary teams are continuing to review the identified patients and the potential for further improvements with planned internal audits will help to determine the effectiveness of the changes.

Please let us know whether you would like us to provide any further information at this time and thank you again for giving us the opportunity to comment on the findings in the audit.

Yours sincerely



Dr Liz Sherwin
Clinical Director
Oncology and Haematology
ESNEFT

Response from Hull University Teaching Hospitals NHS Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.

Response from East and North Hertfordshire NHS Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.

Response from Worcestershire Acute Hospitals NHS Trust

Performance indicator 8: Percentage of men experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy.



Response to NPCA Potential Alarm Outlier Notification

Genitourinary complications requiring procedural or surgical intervention within two years of radical prostate radiotherapy

National Prostate Cancer Audit
National Cancer Audit Collaborating Centre
The Royal College of Surgeons
38-43 Lincolns's Inn Fields
London
WC21 3PE

Worcestershire Acute Hospitals NHS Trust
Charles Hastings Way
Worcester
WR5 1DD

Dear Alison Tree, Clinical Lead Oncology, British Uro-oncology Group,

Noel Clarke, Clinical Lead Urology, British Association of Urological Surgeons

Re : Potential Outlier Alarm Notification

Thank you for your letter dated 27 July 2026 notifying Worcestershire Acute Hospitals NHS Trust that it had been identified as a potential alarm outlier for the proportion of men experiencing at least one genitourinary complication requiring a procedural or surgical intervention within two years of radical prostate radiotherapy. Following clarification from NPCA on 10 August 2026 that the indicator related specifically to GU toxicity, the Trust reviewed the patient-level dataset and returned its findings on 28 August 2026. NPCA subsequently confirmed on 17 September 2026 that the records identified by the Trust as miscoded or unrelated to radiotherapy could be removed and that the Trust falls within the normal expected range. This letter records the completed review and final outcome against the three questions in the original notification.

Question 1 — Does the trust consider the NPCA data to be accurate in comparison to your hospital records?

Trust conclusion on accuracy: The extract identified 29 coded events among 239 radiotherapy patients. Clinical review showed that 8 of these events arose from incorrect coding or interventions unrelated to radiotherapy and should not be classified as radiotherapy-related GU complications.

Review undertaken: The Trust reviewed the supplied patient-level data against local clinical records and returned narrative classifications to NPCA on 28 August 2026.

Reasons for reclassification: The excluded records included interventions planned or initiated before radiotherapy, procedures relating to pre-existing urinary or bladder pathology, unrelated hepatobiliary and orthopaedic procedures, postoperative retention following non-urological surgery, and surveillance unrelated to prostate radiotherapy toxicity.

NPCA confirmation: On 17 September 2026, NPCA confirmed that all records identified by the Trust for exclusion related either to incorrect coding or to interventions unrelated to radiotherapy and could be removed from the analysis.

Final numerator: 21 complications among 239 radiotherapy patients.

Question 2 — Subject to the data being accurate, are there justifiable reasons for the variation that mean the trust should not be considered an outlier for this performance indicator?

The Trust undertook a clinical review of all 29 records supplied by NPCA, comparing the coded event with the underlying indication, chronology, and available cystoscopic or operative findings. The review considered whether each intervention represented a complication attributable to prostate radiotherapy rather than simply an event recorded after treatment.

Clinically unrelated or incorrectly coded events: Eight records were identified for removal.

Remaining events: For many of the remaining patients, investigations had been undertaken for lower urinary tract symptoms or haematuria. Findings were frequently negative, normal, non-specific, or not clinically concerning; a smaller number documented changes consistent with previous radiotherapy. The Trust considers the active investigation of such symptoms appropriate clinical practice and notes that a procedure-based indicator does not distinguish severity or establish causation without clinical review.

Service context: There were no significant changes to the prostate radiotherapy service during 2022–2023 other than participation in the PACE trial.

Evidence of avoidable harm or care below expected standards: The review and NPCA's subsequent recalculation did not identify evidence that the Trust's result represented care outside the normal expected range.

Trust conclusion on outlier status

NPCA confirmed the following final position on 17 September 2026:

Measure	Original analysis	Updated analysis
Complications/radiotherapy patients	29/239	21/239
Unadjusted result	12.13%	8.79%
Adjusted result	11.18%	likely 7.84%
Alarm threshold	10.25%	
Alert threshold	8.30%	

On the basis of these updated figures Worcestershire Acute Hospitals NHS Trust falls within the normal expected range.

Question 3 — Have quality improvement measures been put in place in order to correct potential problems in the future?

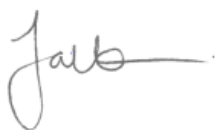
Action	Purpose	Outcome
Clinical reconciliation of all NPCA-flagged records	Distinguish clinically attributable toxicity from unrelated or incorrectly coded events	Completed: 29 records reviewed; 8 exclusions accepted by NPCA
Return detailed clinical classifications to NPCA	Enable correction of the national analysis	Completed on 28 August 2026
Confirm revised outlier position	Obtain external assurance following recalculation	Completed: NPCA confirmed normal expected range on 17 September 2026
Retain learning from the review in local audit and coding processes	Support accurate interpretation of future procedure-based toxicity indicators	While procedure coding falls outside the control of the radiotherapy service, a patient-level data review would be undertaken if the service were identified as an outlier in the future

Governance, oversight and assurance

The potential outlier notification was reviewed by the Radiotherapy Clinical Lead. The completed patient-level review was submitted to NPCA within the requested timescale. NPCA independently reviewed the Trust's classifications, accepted the exclusions, recalculated the result, and confirmed that the toxicity rates fall within the normal expected range. No specific remedial programme has been identified in response to an outlier status review.

Worcestershire Acute Hospitals NHS Trust welcomes NPCA's confirmation that the revised result falls within the normal expected range and that the Trust will be removed as a potential negative outlier. We appreciate NPCA's review of the locally supplied clinical context. The Trust remains committed to transparent review, accurate data interpretation, and continuous improvement wherever a need is identified.

Yours sincerely,

A handwritten signature in grey ink, appearing to read 'Jules', followed by a horizontal line.

Dr Jules Walton

Chief Medical Officer

Response from South Tees Hospitals NHS Foundation Trust

Performance indicator 8: Percentage of men experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy.

South Tees Hospitals 
NHS Trust

The James Cook University Hospital
Marton Road
Middlesbrough
TS4 3BW

Date: 29 Sep 2026

To: Whom it may concern,

On review of a proportion of the identified patients with genitourinary (GU) complications within 2 years from radical prostate radiotherapy treated at University Hospital Tees requiring intervention, it became apparent that a significant number of episodes were incorrectly attributable to toxicity from radiotherapy; such cases included patients admitted for treatment of ureteric kidney stones, patients requiring catheterisation for unrelated surgical procedures and admissions for unrelated medical causes. The NPCA team accepted these findings, putting us within the national expected range. Learnings from this process suggests that it would be prudent for us to internally look at how our coding of GU events leads to NPCA database acquisition - ideally each event should be "sense checked" and explained at the time as we are artificially inflating treatment attributable GU toxicity rates.

Yours faithfully



Dr D Leaning

Clinical Director, CSU 6 (Oncology and Radiotherapy)

Consultant Clinical Oncologist

South Tees Hospitals NHS Foundation Trust

The James Cook University Hospital, Marton Road, Middlesbrough, TS4 3BW

Email: d.leaning@nhs.net

Tel: 01642 837991

Responses from Trusts to the Potential 'outlier' alert 'case to answer' during the NPCA Outlier Policy³

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. Their final outlier status is also indicated.

Surgical centres

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy (presented at the level of the surgical centre).

For men who underwent a radical prostatectomy between 1 September 2022 and 31 August 2023.

- [East Lancashire Hospitals NHS Trust](#) – **not confirmed**
- [Mid Yorkshire Teaching NHS Trust](#) – **Investigation ongoing**

Radiotherapy centres

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy (presented at the level of the radiotherapy centre).

For men who underwent radical prostate radiotherapy between 1 September 2022 and 31 August 2023.

- [Royal Free London NHS Foundation Trust](#) – **Investigation ongoing**
- [Royal Surrey County Hospitals NHS Foundation Trust](#) – **Confirmed**
- [Barking, Havering and Redbridge University Hospitals NHS Trust](#) – **Investigation ongoing**

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

³ [NPCA Outlier Policy 2026 - National Cancer Audit Collaborating Centre](#)

Response from East Lancashire Hospitals NHS Trust

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

East Lancashire Hospitals NHS Trust

Division of Surgery & Anaesthetic Services
Tower View Offices
Royal Blackburn Hospital
Haslingden Road
Blackburn, Lancashire
BB2 3HH

Telephone: 01254 733566
E-mail: Dominic.Sebastian@elht.nhs.uk

Date 25.08.2026

Dear NPCA,

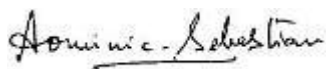
Thank you for informing us that ELHT is an outlier in the NPCA with respect to patients experiencing at least one severe genitourinary tract complication within 2 years of radical prostatectomy. This was clearly very disappointing for us to discover as a trust and consequently we have investigated our data in detail.

At the time of this Audit the trust was introducing an electronic patient record and consequently we are aware that there are some errors in data from the trust at the time. According to our records we have performed 101 radical prostatectomies during this period not 94 as described in the audit. It is likely that if the full number was used we would not have been an outlier.

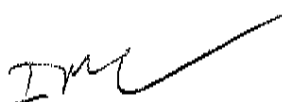
When we reviewed our data we are aware that there is a slightly higher than expected urinary tract complication rate. During this time, we were also training a new consultant to perform the procedure which may have had a slight effect on urinary tract complications. Changes to practice have already been made in terms of the use and positioning of clips, suture choice for bladder neck anastomosis and catheter size/make.

We also note that we have double the rate of socio-economic deprivation compared to national data. We are however confident that our rate of complications will improve for future audits and we will continue to monitor this locally.

Yours sincerely,



Dr Dominic Sebastian
Divisional Medical Director
Surgical & Anaesthetics Division



Mr I Campbell
Clinical Director
Urology Directorate

Response from East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust

Cc:

Dr Julian Hobbs

Executive Medical Director

East Lancashire Hospitals NHS Trust

Mr Martin Hodgson

Chief Executive

East Lancashire Hospitals NHS Trust

Response from Mid Yorkshire Teaching NHS Trust

Performance indicator 6: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.

Response from Royal Free London NHS Foundation Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.

Response from Royal Surrey County Hospitals NHS Foundation Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

Re: NPCA Potential Outlier Notification

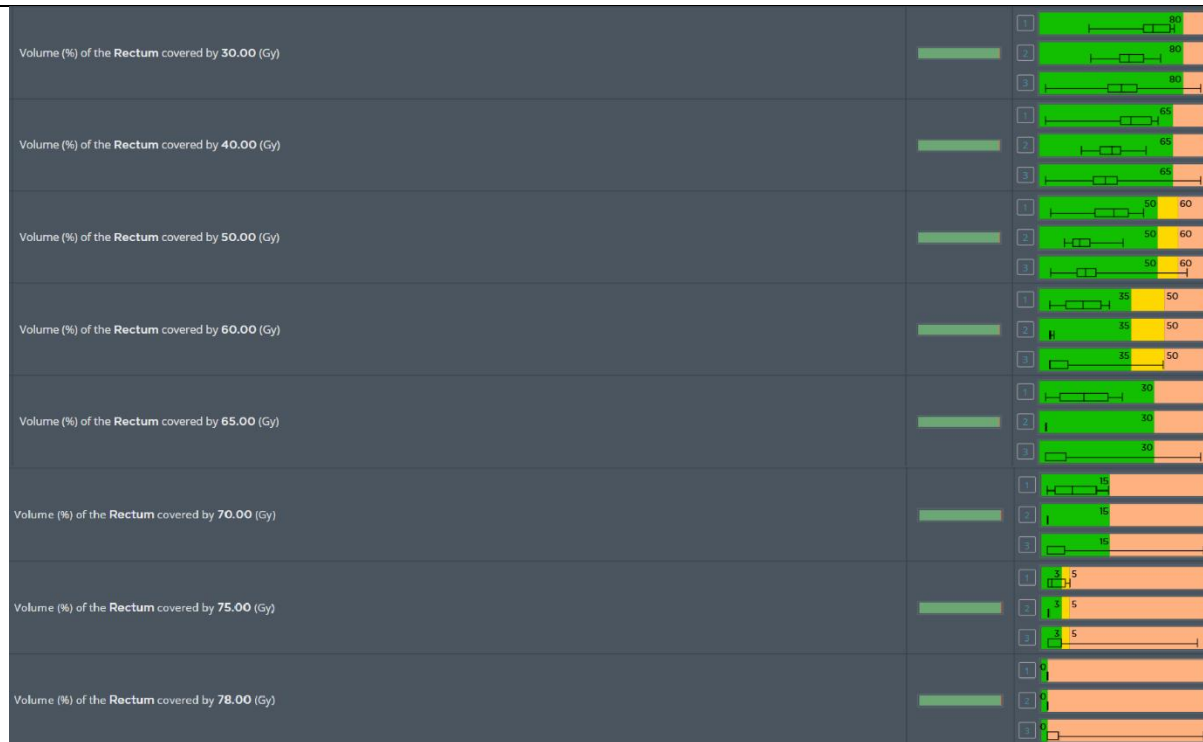
Thank you for your letter dated 28th July 2026 informing us of the information recorded in relation to radical radiotherapy, which set our Trust as outside the expected 'alarm' limits for the national mean rate for gastrointestinal (GI) complications. Many thanks for providing us the source data, which we have conducted a local review.

The adjusted percentage of men receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity within two years after radical radiotherapy (GI complication) for RSFT remains above the National figure by 3.85%. This data applies to patients having undergone radiotherapy in 2022/2023. 51 patients were identified in the NPCA data who experienced radiation proctitis from the total of 395 patients in the audit.

On closer analysis of the 51 affected patients remaining, 14 patients were found to have a radiation proctitis on colonoscopy, but they did not present with rectal bleeding. They had colonoscopies for other indications and radiation proctitis was recorded as a finding. The indications for colonoscopies include regular colonoscopies for polyp surveillance, investigations of weight loss, haemorrhoids, and diverticulitis. Patients who have pre-existing GI issues cannot be excluded from the NPCA so would still be included in the data. As a trust, we are using patient report outcomes in our follow-ups including the use of the male health inventory, which allows early identification of any problems. Our patients are then being referred for investigations, including colonoscopies, more promptly. We have also begun using this tool in our diagnosis clinics to aid patients when recalling history and symptoms. We hope this will help to identify patients who may need a more specific treatment plan including accepting optimal tolerances over mandatory.

As part of our ongoing Proknow data entry we added the 51 patients flagged by the NPCA onto the Proknow database. None of these patients were previously included in our depository. Of the 51 patients, 15 had received 78Gy/37# prostate and nodes treatments, and 36 had received 60Gy/20# prostate treatments. Within Proknow, we compared the dose statistics of the flagged patients against those in the clinical protocols used at planning.

For the rectum, the tolerances were largely the same for the 78Gy/37# and 60Gy/20# clinical protocols. Therefore, the screenshot below compares (1) the 15 flagged PPN patients, (2) the 36 flagged prostate patients, and (3) the 488 60Gy/20# prostate patients included in the national audit. While the rectum doses are understandably typically higher for the PPN patients, they are well within tolerance for most of the statistics. The only exception to this is the V75Gy which saw 4 PPN patients exceed optimal tolerance; however, these patients were still within the mandatory tolerance. The rectum doses for the 36 flagged prostate patients were all well within tolerance, and the means were comparable with the wider 60Gy/20# prostate collection. There is no indication from this data that the patients flagged by the NPCA had atypically high or out of tolerance rectal doses.



Prior to the NPCA audit findings, we have already implemented changes to improve practice and specifically reduce bowel and rectal radiation doses. This is unlikely to reflect an improvement in results (of reducing the proportion of GI complications) until data for patients having undergone radiotherapy from 2022/23 onwards are made available.

The changes that have been implemented since 2022/23 include:

- Switching to VMAT technique radiotherapy treatment for all patients so the dose distribution is more conformal
- MRI fusion planning is available, which allows more accurate delineation of the prostate
- Margin for the treated high dose radiation volume is reduced (CHIIP trial margins)
- Daily CBCT image guidance is done for radiotherapy treatment
- Identifying cohorts of patients to have a Space OAR to reduce rectal radiation dose
- Appropriate reduction in number of patients receiving pelvic lymph node radiotherapy
- Automated contouring as standard prior to clinician checks during planning.
- Peer review.
- For the future, we are looking at newer technologies including MRI planning and embarking on more SABR prostate trials to improve our expertise.

In addition to the above we have

- Removed 78Gy in 37# from our protocol which will mean it is no longer used. There was a slightly higher proportion of patients identified with radiation proctitis treated in the 37# group compared to the 20# group. This could potentially reduce the proportion further
- Started to develop a protocol for when to refer for colonoscopy post radiotherapy after clear guidance from our colorectal and gastroenterology colleagues.
- Uploaded 488 plans to the National Proknow database to ensure our dosimetry is benchmarked against evidence-based practice.

The on-going national data collection should hopefully demonstrate further improvements. I hope this is acceptable, but please let me know if anything further is required at this stage.

Yours sincerely

Chee Goh, Clare Williamson, Christos Mickropoulos, Dualta McQuaid, & Sophie Urch.

Royal Surrey Cancer Centre

Royal Surrey NHS Foundation Trust

Response from Barking, Havering and Redbridge University Hospitals NHS Trust

Performance indicator 7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

Outlier investigation is still ongoing. Updated responses will be published on Thursday, 12 November.