



Cancer Performance Dashboard Report March 2018

CANCER PERFORMANCE SUMMARY REPORT – March 2018**TRU-83040**

	% Breast 2WW	% 31D Performance	% 62D Performance
January 18	98%	87%	69%
February18	99%	88%	78%
March18		98%	87%

Inter-Trust Transfer Breaches – 62 Day

	Mar -17	Apr -17	May 17	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	Total
Breast	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Colorectal	0	1	0	1	2	1	0	1	1	1	1	0	0	9
Head & Neck	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	2	0	1	2	0	0	1	0	2	1	0	9
Lung	2	1	1	3	2	2	2	2	2	0	1	3	1	22
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	1	0	0	1	1	0	1	0	0	0	5
UGI	5	2	2	1	0	1	3	2	1	0	2	2	1	22
Urology	4	1	4	6	5	4	6	2	1	1	3	4	5	46
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	6	9	12	10	10	12	8	7	3	9	10	7	114

Internal Breaches – 62 Day

	Mar-17	Apr-17	May-17	Jun-17	July-17	Aug -17	Sept 17	Oct -17	Nov -17	Dec- 17	Jan -18	Feb- 18	Mar- 18	Total
Breast	0	0	0	2	3	1	0	5	6	4	8	2	0	31
Colorectal	1	1	1	1	1	2	2	1	3	1	0	0	1	15
ENT	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Gynae	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	1	1	2	0	1	0	0	0	0	0	1	6
Skin	0	0	0	0	0	0	0	1	0	0	0	0	0	1
UGI	0	2	0	1	2	0	0	0	1	0	0	0	0	6
Urology	4	2	9	7	6	4	5	7	5	6	2	2	2	61
Total	5	5	11	12	14	7	9	14	15	11	10	5	4	122

Day 31 Breaches

	Mar-17	Apr-17	May-17	Jun-17	July -17	Aug -17	Sept-17	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	Total
Breast	0	0	0	1	0	0	0	3	2	2	14	4	1	27
Colorectal	0	0	0	0	0	0	0	0	0	0	1	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	1	0	0	0	0	0	0	0	0	1
UGI	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Urology	0	0	2	0	0	0	0	1	0	0	0	0	0	3
Total	0	0	2	1	2	0	0	4	2	2	15	4	1	33

Modality	Internal/External	Reason
Urology	Internal Personal info	Treatment completed Day 72 - Hormones - Reason for delay -12 Day wait for review with Consultant to request Bone scan & further 7 day wait for further review with Consultant. Pathway - 1st OPD D8, TRUSB D21, MDM D30, MRI D30, Bone Scan D55, MDM D65 & review Day 72 - Hormones commenced.
Lung	Internal Personal info	ITT Day 28 - Treatment completed Day 69 - Chemotherapy. Pathway - 1st OPD D5, USS Guided BX D11, bronchoscopy Day 14, MDM D20, CT Guided BX D21, MDM D27.
Lower GI	Internal Personal info	Treatment completed Day 69 – Surgery. Reason for delay - 15 Day wait for CT scanning & surgery could not be scheduled within target due to reduced staffing in theatres. Pathway - 1st OPD D17, CT D32, MDM D41, DTT D42, Colonoscopy D48 & Surgery performed D69.
Urology	Internal Personal info	ITT Day 66 - Treatment completed Day 102 - Active Monitoring. Reason for delay - 25 day wait from TRUSB to MRI being performed & 15 day wait for review with Consultant. Pathway - 1st OPD & USS Day 8, MRI D18. TRUSB D43, path reported D49, MDM D51, review D66
Breast	31D Internal Personal info	Treatment completed Day 37/31 from DTT - Surgery. Reason for delay - not enough capacity to perform surgery within target from DTT. Pathway - 1st OPD D7, MDM D15, DTT D15, surgery performed on Day 37/31 from DTT.
Urology	External Personal info	ITT Day 118 - Treatment completed Day 144 - Hormones. Reason for delay - 16 day wait for MRI scan, then 40 day wait for TRUSB (MRI was performed & results awaited prior to TRUSB being performed) & then 20 day wait for review with Consultant. Pathway - 1st OPD D7, MRI D23, TRUSB D63, MDM D73, review with Consultant D79, Bone Scan D88, MDM D94, review with Consultant D114 - ITT D118.
Urology	External Personal info	ITT Day 110 - Treatment completed Day 147- Hormones. Reason for delay - 1st OPD D26, 12 Day wait for TRUSB to be performed, 15 day wait for CT to be performed, then 14 day delay for MDM discussion followed by 13 day wait for review with Consultant (26 + 15+ 14+ 13+ = 67 days) Pathway - MRI D18, 1st OPD D26, TRUSB D46, MDM D56, review D61, Bone Scan D75, CT D76, MDM D84 (deferred from 21.12.17 as results not available & 28.12.18 only for path patients), review Day 104, ITD D109.
Urology	External Personal info	ITT Day 98 - Treatment completed D134 - Hormones. Reason for delay - 7 day delay for MRI being reported, 9 day delay for management plan from Consultant (TRUSB), 14 day wait for MDM with pathology (TRUSB), 18 day delay for bone scanning due to Christmas, and then 11 day delay with Consultant to discuss treatment options. Pathway - MRI D14, 1st OPD D21, MRI reported D28, response from Consultant D37, TRUSB D44, MDM deferral D51 (pathology), MDM D58, review with Consultant D62, Bone Scan D80, MDM D86, review

		D97.
Urology	External [Personal information]	• ITT Day D81 - Treatment completed D111 - Hormones. Reason for delay - MRI D23 & then 1st OPD D36, 14 day delay for bone scan, then 10 day delay for MDM discussion due to delay with bone scan being reported. Pathway - MRI D23, MRI reported D29, 1st OPD D36, TRUSB D39, path reported D45, MDM D47, review D51, Bone Scan D65, MDM D75.
UGI	External [Personal information]	• ITT D37 - Treatment completed D108 - Chemotherapy. Reason for delay - 1st OPD D24. Pathway - USS D10, CT D15, 1ST OPD D24, MRCP D27, ERCP D30, ITD D35, ITT D37.
Lung	External [Personal information]	• ITT Day 48 - Treatment completed D71 - Chemotherapy. Reason for delay - 1st OPD D20 & complex pathway requiring multiple diagnostic procedures. Pathway - 1st OPD D20, EUS D22, CT Guided BX D23, path reported D27, MDM D29, PET D31, MDM D36, CPEX D44.
Urology	External [Personal information]	• ITT Day 56 - Treatment completed Day 190 - Active Monitoring. Reason for delay - 1st OPD D36 & 11 day wait for review with Consultant. Pathway - 1st OPD D35 (upgraded referral), MRI & TRUSB D36, MDM D45, review with Consultant D56.

Risk Areas for April/May 2018**Internal**

- Breast Surgery
- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies – Waiting time in March – 3 weeks due to cancelled clinics (Bank Holiday's- additional lists added in April to pull back waiting times)
- Capacity for 1st RF appointment for Urology, Lung, General Surgery & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography's – There has been a request for 4 additional slots per weeks. Demand continues to increase. From 1st April 2018 CTC's cannot be booked until the prescription has been received from the referring Doctor for the prep, and the patient has collected this from the department, and then is to be collected by the patient at the hospital pharmacy.
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. NICAN's Guidance awaited as there has been discussion that a further MRI scan will be required to be performed during patient's pathway. Response awaited from Davinia regarding this.
- Oncology Cover – Regional agreement awaited – to be signed off at CRG. There currently is a locum Oncologist on-board and this service will continue to be provided locally. This is due to vacant posts within the service.
- Regional OG MDM

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER Feb 2017 – March 2018

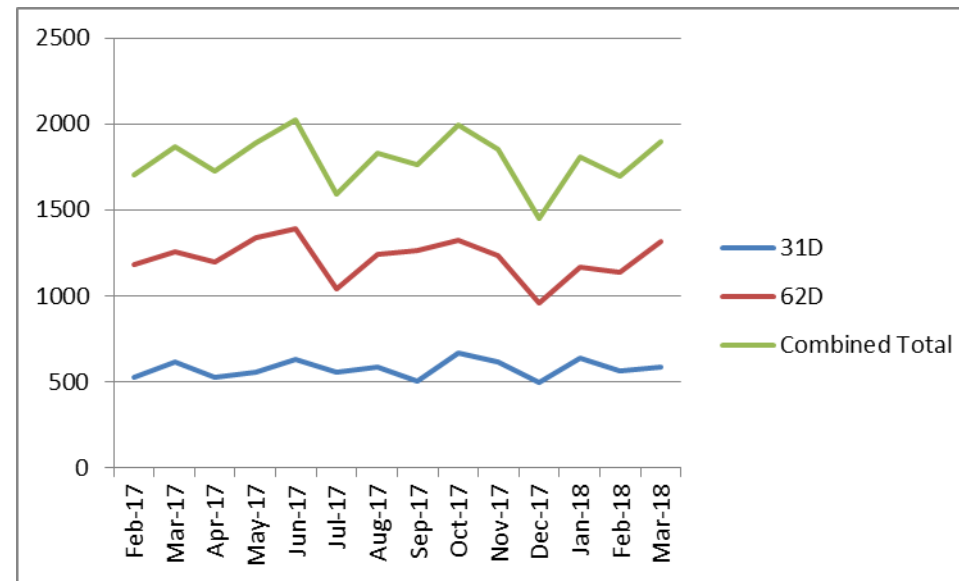
62 DAY REFERRALS

62 DAY REFERRALS	Feb 17	Mar 17	Apr 17	May 17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute Leukaemia	0	0	0	0	1	0	0	2	0	0	0	3	0	0
Brain/Central Tumour	5	13	10	13	17	8	11	14	5	6	5	11	11	13
Breast Cancer	227	223	215	260	250	213	219	234	289	235	168	233	216	271
Children's Cancer	0	0	0	1	0	0	2	0	0	0	0	0	0	3
Gynae Cancers	127	118	100	140	110	89	123	120	125	113	101	118	126	102
Haematological Cancers	14	22	17	18	13	13	14	12	17	18	9	17	12	16
Head/Neck Cancer	84	98	99	116	115	99	101	120	83	78	58	94	91	94
Lower Gastrointestinal Cancer	217	229	215	238	268	218	250	219	240	231	184	209	187	239
Lung Cancer	47	52	54	56	57	41	25	21	31	24	22	39	36	35
Other Suspected Cancer	7	28	14	17	14	18	23	24	19	23	13	17	20	20
Sarcomas	3	1	0	0	0	0	1	0	2	3	0	1	3	1
Skin Cancers	162	178	180	209	220	205	195	199	178	170	122	134	145	182
Testicular Cancer	7	3	6	5	8	8	6	6	2	9	10	9	7	8
Upper Gastrointestinal Cancer	141	160	143	124	169	9	142	152	174	163	118	146	127	158
Urological Cancer	142	129	143	138	147	119	132	138	161	163	145	135	155	175
62D Total	1183	1254	1196	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317

31 DAY REFERRALS

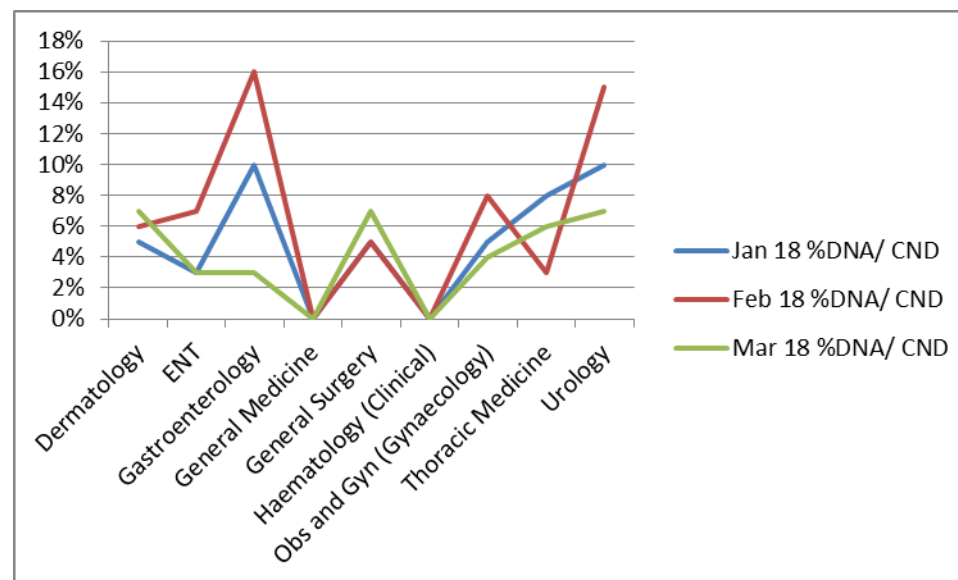
31 DAY REFERRALS	Feb 17	Mar 17	Apr-17	May 17	Jun 17	July 17	Aug 17	Sept17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Acute Leukaemia	2	6	10	6	5	11	7	17	3	6	0	6	9	7
Brain/Central Tumour	7	17	17	16	16	10	22	13	14	6	10	16	13	11
Breast Cancer	51	46	58	37	65	53	60	52	69	64	39	70	63	60
Children's Cancer	6	2	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancers	31	50	36	44	41	37	44	41	65	57	50	52	47	33
Haematological Cancers	19	29	32	31	26	34	26	18	29	23	35	40	26	31
Head/Neck Cancer	26	47	20	32	39	26	31	22	29	36	26	23	16	25
Lower Gastrointestinal Cancer	101	127	68	106	135	92	103	86	113	98	81	106	103	119
Lung Cancer	51	56	68	65	72	60	71	62	82	61	39	64	53	54
Other Suspected Cancer	3	5	1	5	3	4	4	4	5	4	6	0	7	4
Sarcomas	0	0	1	0	2	4	3	7	1	1	2	0	0	4
Skin Cancers	54	50	49	47	66	69	60	42	82	78	63	70	49	67
Testicular Cancer	0	2	0	0	1	0	0	0	0	3	0	0	1	2
Upper Gastrointestinal Cancer	84	99	102	94	87	79	86	81	94	103	92	99	89	100
Urological Cancer	87	81	66	73	75	73	70	58	73	77	73	92	82	61
31DTotal	522	617	528	556	633	552	587	503	681	617	493	640	560	582

	Feb 17	Mar 17	Apr17	May17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
31DTotal	522	617	528	556	633	552	587	503	670	617	493	640	560	582
62D Total	1183	1254	1196	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317
Combined Total	1705	1871	1724	1891	2022	1592	1831	1764	1996	1853	1448	1806	1696	1899

**Red Flag Outpatient DNA**

Speciality	Jan - 18			Feb - 18			Mar - 18		
	Attendances	DNA& CND	Jan 18 %DNA/ CND	Attendances	DNA& CND	Feb 18 %DNA/ CND	Attendances	DNA& CND	Mar 18 %DNA/ CND
Dermatology	108	6	5%	75	5	6%	85	6	7%
ENT	100	3	3%	89	7	7%	69	2	3%
Gastroenterology	65	7	10%	57	11	16%	64	2	3%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	528	25	5%	483	26	5%	390	28	7%
Haematology (Clinical)	13	0	0%	15	0	0%	11	0	0%
Obs and Gyn (Gynaecology)	132	7	5%	119	10	8%	92	4	4%
Thoracic Medicine	37	3	8%	36	1	3%	34	2	6%
Urology	159	17	10%	123	22	15%	140	10	7%
	1142	68	6%	997	82	8%	885	54	6%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

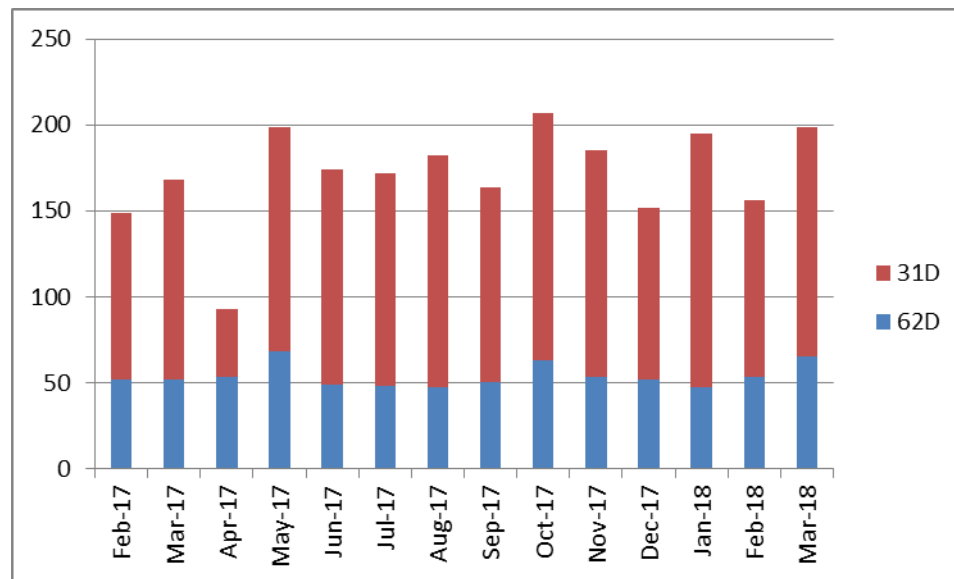
Tumour Site	Feb - 17	Mar-17	Apr-17	May-17	Jun -17	July -17	Aug -17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Acute Leukaemia	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Brain	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Breast	2	4	5	4	1	5	6	4	3	5	5	7	11	12	74
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	6	4	8	6	8	3	6	5	5	7	5	6	3	74
Haem	1	1	3	1	0	1	2	1	2	2	2	1	3	1	21
Head & Neck	1	8	3	7	3	5	6	1	7	4	5	2	4	5	61
LGI	2	5	5	4	6	1	4	2	3	2	0	3	1	3	41
Lung	6	10	4	8	6	5	3	5	8	5	1	4	3	9	77
Other	0	0	1	0	0	0	2	0	0	0	0	0	0	0	3
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	11	5	13	13	5	4	5	5	22	15	16	7	1	10	132
Testicular	3	0	0	0	3	0	0	0	1	1	0	0	2	0	10
UGI	10	5	5	7	5	8	10	6	5	5	5	1	8	6	86
Urology	14	8	10	14	14	11	6	18	7	9	11	17	14	13	166
62D Total	52	52	53	68	49	48	47	50	63	53	52	47	53	65	752
%62D confirmed	35%	33%	57%	34%	28%	28%	25%	30%	30%	29%	34%	24%	36%	33%	

31 Day Confirmed Cancers

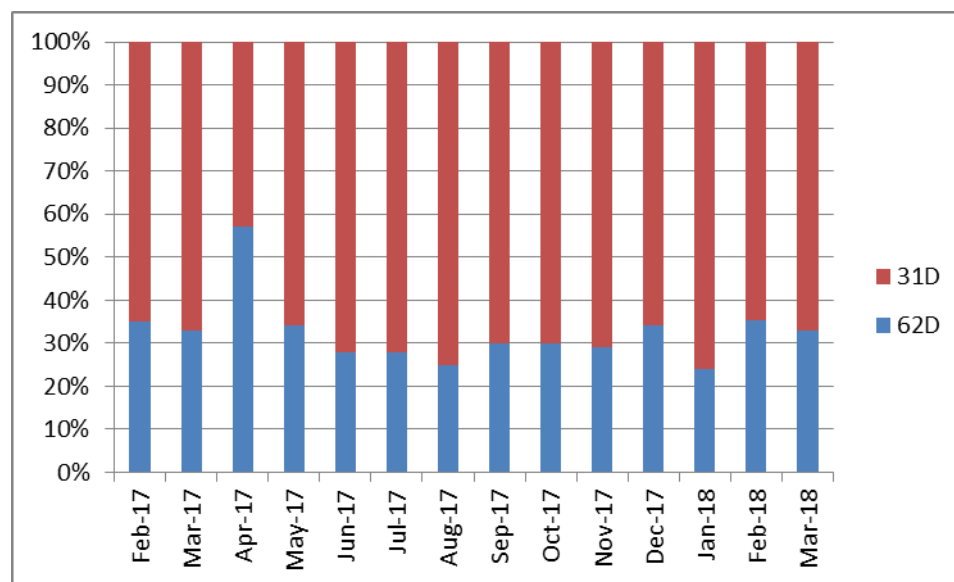
Tumour Site	Feb 17	Mar 17	Apr 17	May 17	Jun 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Acute Leukaemia	0	2	0	2	0	5	2	13	5	0	0	2	4	3	38
Brain	1	9	0	6	5	0	3	2	2	3	0	2	5	5	43
Breast	6	10	0	12	11	9	20	13	11	7	6	14	6	14	139
Children's	2	1	6	0	0	0	0	0	0	0	0	0	0	0	9
Gynae	2	11	3	5	11	11	3	6	13	19	6	14	7	5	116
Haem	13	16	6	26	19	17	19	10	19	15	21	25	20	21	247
Head & Neck	4	2	3	10	10	4	4	1	4	7	2	3	0	8	62
LGI	6	7	5	11	11	10	8	5	5	7	4	7	5	10	101
Lung	15	11	3	11	17	16	32	14	28	20	8	12	10	13	210
Other	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13
Sarcomas	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Skin	16	13	2	16	15	21	18	19	31	27	32	27	23	30	290
UGI	18	7	4	16	10	14	8	14	9	12	14	17	15	12	170
Urology	14	14	8	16	16	17	18	17	16	15	7	25	8	13	204
31D Total	97	116	40	131	125	124	135	114	144	132	100	148	103	134	1643
%31D confirmed	65%	67%	43%	66%	72%	72%	75%	70%	70%	71%	66%	76%	66%	67%	

Tumour Site	Feb - 17	Mar-17	Apr -17	May -17	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
62D Total	52	52	53	68	49	48	47	50	63	53	52	47	53	65	752
31D Total	97	116	40	131	125	124	135	114	144	132	100	148	103	134	1643
TOTAL 31D +62D	149	168	93	199	174	172	182	164	207	185	152	195	156	199	2395

Number of confirmed cancers Feb 17– March 18



% of Confirmed cancers split between 31/62 Days
Feb 17 – March 18



62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%

62D % cancer conversion July – Sept 17

Tumour Site	No. of referrals	No. of confirmed cancers	%conversion
Acute Leukaemia	2	2	100%
Brain	33	0	0%
Breast	666	15	2%
Children's Cancer	2	0	0%
Gynae	332	17	5%
Haem	39	4	10%
Head & Neck	320	12	3%
LGI	687	7	1%
Lung	87	13	15%
Other	65	2	3%
Sarcoma	1	0	0%
Skin	599	14	2%
Testicular	20	0	0%
UGI	303	24	8%
Urology	389	35	9%

62D % cancer conversion April – June 17

Tumour Site	No. of referrals	No. of confirmed cancers	%conversion
Acute Leukaemia	1	0	0%
Brain	40	2	5%
Breast	725	10	1%
Children's Cancer	1	0	0%
Gynae	350	18	5%
Haem	48	4	8%
Head & Neck	330	13	4%
LGI	721	15	2%
Lung	167	18	11%
Other	45	1	2%
Sarcoma	0	0	0%
Skin	609	31	5%
Testicular	19	3	16%
UGI	436	17	4%
Urology	428	38	9%



Cancer Performance Dashboard Report May 2018

CANCER PERFORMANCE SUMMARY REPORT – April 2018

TRU-83055

	% Breast 2WW	% 31D Performance	% 62D Performance
March18	100%	98%	87%
April18	99.6%	96%	69.5%
May18	98.8%	99%	75%

Inter-Trust Transfer Breaches – 62 Day

	May 17	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May- 18	Total
Breast	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Colorectal	0	1	2	1	0	1	1	1	1	0	0	2	2	12
Head & Neck	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	0	1	2	0	0	1	0	2	1	0	0	1	10
Lung	1	3	2	2	2	2	2	0	1	3	1	5	3	27
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	0	1	1	0	1	0	0	0	1	1	6
UGI	2	1	0	1	3	2	1	0	2	2	1	4	1	20
Urology	4	6	5	4	6	2	1	1	3	4	6	0	5	47
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9	12	10	10	12	8	7	3	9	10	8	12	14	124

Internal Breaches – 62 Day

	May-17	Jun-17	July-17	Aug -17	Sept 17	Oct -17	Nov -17	Dec- 17	Jan -18	Feb- 18	Mar- 18	April-18	May- 18	Total
Breast	0	2	3	1	0	5	6	4	8	2	0	2	1	34
Colorectal	1	1	1	2	2	1	3	1	0	0	1	3	0	16
ENT	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Gynae	0	0	0	0	1	0	0	0	0	0	0	2	0	3
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	1	2	0	1	0	0	0	0	0	1	0	0	6
Skin	0	0	0	0	0	1	0	0	0	0	0	1	1	3
UGI	0	1	2	0	0	0	1	0	0	0	0	0	0	4
Urology	9	7	6	4	5	7	5	6	2	2	2	2	7	64
Total	11	12	14	7	9	14	15	11	10	5	4	10	9	131

Day 31 Breaches

	May-17	Jun-17	July -17	Aug -17	Sept-17	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	April-18	May-18	Total
Breast	0	1	0	0	0	3	2	2	14	4	1	1	0	28
Colorectal	0	0	0	0	0	0	0	0	1	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	0	0	0	0	0	0	0	0	2	0	3
UGI	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Urology	2	0	0	0	0	1	0	0	0	0	0	0	6	9
Total	2	1	2	0	0	4	2	2	15	4	1	3	0	36

Modality	Internal/External	Reason
Lower GI	External 	ITT Day 52 - Treatment completed on D105 – Chemo-radiotherapy. Delays in Pathway - 15 day delay for CT, 15 day delay for Consultant review due to bad weather conditions, 20 day delay for Oncology appointment & 15 day delay for treatment. Pathway - 1st OPD D16, Colonoscopy D22, MRI D23, CT D31, MDM D37, Consultant review D52, ITT D52, Oncology Appointment D72, Oncology review D84, XRT planning appointment D90, Treatment D105.
Urology	External 	ITT Day 106 -Treatment completed on D203 - Surgery. Delays in Pathway - 20 day delay for 1st OPD, 17 day delay for TRUSB, 13 day delay for Consultant review, 15 day delay for bone scan, 28 day delay for CT, 8 day delay for MDM due to awaiting report, 12 day delay for Consultant review, 13 day delay for Consultant appointment in BCH, 26 day delay for Oncology appointment, 61 day delay for Treatment. Pathway - 1st OPD D20, MRI D27, TRUSB D37, MDM D44, Consultant review D57, Bone scan D72, MDM D79, CT D85, MDM D93, Consultant review D105, ITT'd D106, Consultant appointment D119, Oncologist appointment D142, Pre-Op assessment D161, Treatment D203.
Lung	External 	ITT'd on D47 - Treatment completed on D79- Surgery. Delays in Pathway - 19 day delay for 1st OPD, 15 day delay for Bronch, 28 day delay for PET, 14 day delay for Consultant appointment, 18 day delay for treatment. Pathway - 1st OPD D19, Bronch D34, PET D42, MDM D47, ITT'd D47, Consultant clinic D61, Treatment D79.
Urology	External 	ITT'd Day 52. Treatment completed on D73 - Hormone Therapy. Delays in Pathway - 19 day delay for TRUSB, 9 day delay for MDM, 10 day delay for consultant reviews for Urology and Oncology, 11 day delay for treatment. Pathway - 1st OPD D15, MRI D23, TRUSB D42, MDM D51, ITT'd D52, Consultant review D52, MDM D52, Consultant Oncologist review D62, Consultant Urologist review D62, Treatment D73.
Urology	External 	ITT'd on D49. Treatment completed on D74 - Radiotherapy. Delays in Pathway - 21 day delay for Colonoscopy, 8 day delay for MDM, 8 day delay for CT, 12 day delay for Oncology appointment, 13 day delay for Treatment. Pathway - 1st OPD D13, Colonoscopy D34, MDM D42, CT D42, MRI Rectum D48, MDM D49, ITT'd D49, Consultant Oncology appointment D61, Treatment D74, MDM D91.
Urology	External 	ITT'd on Day 75. Treatment completed on D212- Surgery @ Addenbrookes. Delays in Pathway - 27 day delay for 1st OPD, 13 day delay for MRI, 15 day delay for TRUSB, 8 day delay for MDM, 11 day delay for Consultant review, 42 day delay for Consultant Oncology appointment, 12 day delay for Consultant review, 77 day delay for treatment. Pathway - 1st OPD D27, MRI 40, TRUSB 55, MDM D63, Consultant review D74, ITT'd D75, MDM D75, Consultant Oncology appointment D117, MDM D123, Consultant review D135, Treatment

		D212, Consultant results clinic D247.
Urology	External Personal information	ITT Day 101 - Treatment completed on D211 - Surgery. Delays in Pathway - 20 day delay for 1st OPD, 11 day delay for MRI, 38 day delay for TRUSB, 21 day delay for Bone scan, 14 day delay for Consultant appointment, 18 day delay for Urologist review, 88 day delay for treatment. Pathway - 1st OPD D20, MRI D31, TRUSB D58, MDM D65, Bone scan D86, MDM D93, Consultant review D99, ITT'd D101, Consultant appointment D115, Consultant Urologist review D133, Treatment D211.
Urology	External Personal information	ITT D88 -Treatment completed Day 157 - Surgery - Addenbrookes. Reason for delay - 11 day delay with MRI being reported, 6 day wait for review with Consultant, 13 day wait for Bone Scan, 8 day wait for MDM with results of bone scan, 13 day wait for review with Consultant. Pathway - 1st OPD D14, MRI D16, MRI Reported D27, TRUSB D29, MDM D39, review D45, Bone Scan D59, MDM D67, ITD D81.
Gynae	External Personal information	ITT Day 48 - Treatment completed Day 75 - Surgery. Reason for delay - Delay due to Easter Bank holidays (no MDM) & delay with diagnostic tests (CT guided biopsy). Pathway - 1st OPD D13, CT D20, CT reported, MDM D33, CT Guided BX D41, MDM D47, ITD D47, ITT D48.
Skin	External Personal information	ITT Day 20 - Treatment completed Day 84 - Chemoradiotherapy. Pathway - 1st OPD D19, ITT D20, punch biopsy D35, DTT 35, MDM D56.
Lung	External Personal information	Treatment completed Day 63 - Radiotherapy. Reason for delay - 1st OPD D24. Pathway - 1st OPD D24, bronchoscopy D28, MDM D30, ITT D32, DTT D42, PET scan Day 50, treatment day 63.
H&N	External Personal information	ITT Day 49 -Treatment completed Day 64 - radiotherapy. Reason for delay - Delay with staging CT scan being performed. Pathway - 1st OPD D10, CT D32, ITD D38, MDM D42, MRI D43, review with Consultant D49, DTT D51 radiotherapy D64.
Lung	External Personal information	ITT Day 58 -Treatment completed Day 71 - Chemotherapy. Reason for delay - 1st OPD D27, 10 day wait for Bronchoscopy & 3 week delay for PET scan. Pathway - CT D15, 1st OPD D27, bronchoscopy D37, MDM D43, CT Guided BX D44, MDM D44, MDM D50, PET D51, MDM D57, ITT D58.
UGI	External Personal information	ITT Day 46 - Treatment completed Day 63 - Chemotherapy. Reason for delay - 14 day wait for PET scanning. Pathway - 1st OPD D15, OGD D15, CT D20, MDM D21, PET D35, Regional OG D42.
Urology	Internal Personal information	Treatment completed on D70 - Hormone Therapy. Delays in Pathway - 19 day delay for 1st OPD, 8 day delay for MRI, 19 day delay for TRUSB, 9 day delay for MDM, 14 day delay for Consultant review. Pathway - 1st OPD D19, MRI D27, TRUSB D47, MDM D56, Consultant review D70, Treatment D70.

Urology	Internal Personal information	• Treatment completed Day 100 – Hormones. Reason for delay - 1st OPD D20, 13 day wait for TRUSB, 9 day delay for pathology to be reported, 21 day wait for review with Consultant, 9 day wait for bone scanning & then further 14 day delay for review with Consultant. Pathway - 1st OPD D20, MRI D23, TRUSB D35, pathology reported D43, MDM D44, review D65, CT D70, Bone Scan D79, MDM D86, review Day 100.
Urology	Internal Personal information	• Treatment completed Day 70- Hormones. Reason for delay - 1st OPD D19, 11 day wait for MRI & 19 day wait for TRUSB (delay with MRI reporting - report was changed) & 13 day wait for review with Consultant. Pathway - 1st OPD D19, MRI D30, TRUSB D49, MDM D57, review D70.
Urology	Internal Personal information	• Treatment completed Day 82 - Active Monitoring. Reason for delay - 1st OPD D27, 15 day delay for MRI scanning to be requested, and then 14 day delay for TRUSB to be performed. Pathway - 1st OPD D27, MRI 53, TRUSB D69, MDM D79, review Day 82.
Breast	Internal Personal information	• Treatment completed on D66 - Surgery. Delays in Pathway - 9 day delay for CT CAP, 12 day delay for CT, 19 day delay for MRI, 8 day delay for MDM. Pathway - Breast USS D11, Mammogram/US/USS Core Bx D11, 1st OPD D11, MDM D16, CT CAP D25, CT D28, MRI D35, MDM D37, Bone scan D39, FNA/Core tissue D42, MDM D44, Consultant review D50, MDM D58, Consultant review D64, Treatment D66, MDM D72.
Urology	Internal Personal information	• Treatment completed on D91 - Hormone Therapy. Delays in Pathway - 27 day delay for 1st OPD, 13 day delay for MRI, 10 day delay for TRUSB, 13 day delay for Bone scan, 8 day delay for MDM. Pathway - 1st OPD D27, MRI D40, TRUSB D50, MDM D56, Consultant review D63, Bone scan D76, MDM D84, Treatment D91.
Skin	Internal Personal information	• Treatment completed on D76 - Surgery. Delays in Pathway - 25 day delay for 1st OPD, 10 day delay for MDM, 11 day delay for Consultant review, 30 day delay for treatment. Pathway - 1st OPD D25, Punch Biopsy D25, MDM D35, Consultant review D46, Treatment D76.
Urology	Internal Personal information	• Treatment completed on D70 - Active monitoring. Delays in Pathway - 33 day delay for 1st OPD, 8 day delay for MRI, 14 day delay for TRUSB, 9 day delay for MDM. Pathway - 1st OPD D33, MRI D41, TRUSB D55, MDM D64, Consultant review D70.
Urology	Internal Personal information	• Treatment completed on D76 - Hormone Therapy. Delays in Pathway - 12 day delay for MRI, 22 day delay for Consultant review - awaiting MRI to be reported on, 8 day delay for MDM, 21 day delay for Consultant review and treatment. Pathway - 1st OPD D13, MRI D25, TRUSB 46, MDM D55, Consultant review D76, Treatment D76.

Risk Areas for June/July 2018**Internal**

- Breast Surgery
- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies – Waiting time in May – 3 weeks – O/P Hysteroscopies to be facilitated at DHH to pull back waiting times.
- Capacity for 1st RF appointment for Urology, Lung, General Surgery & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonographys - Demand continues to increase & change of process for requesting these (Prescription)
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. Response from Davinia is that she was not aware of further staging MRI needing to be performed.
- Oncology Cover – Regional agreement awaited – to be signed off at CRG. There currently is a locum Oncologist on-board and this service will continue to be provided locally. This is due to vacant posts within the service.
- Regional OG MDM

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

62 DAY REFERRALS

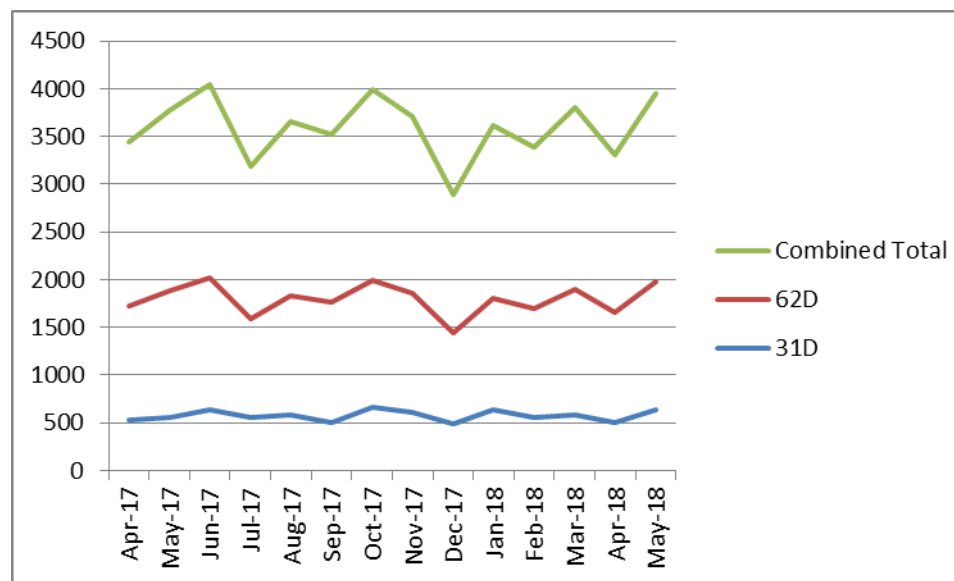
62 DAY REFERRALS	Apr 17	May 17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	April-18	May-18
Acute Leukaemia	0	0	1	0	0	2	0	0	0	3	0	0	0	0
Brain/Central Tumour	10	13	17	8	11	14	5	6	5	11	11	13	10	9
Breast Cancer	215	260	250	213	219	234	289	235	168	233	216	271	225	225
Children's Cancer	0	1	0	0	2	0	0	0	0	0	0	3	2	0
Gynae Cancers	100	140	110	89	123	120	125	113	101	118	126	102	110	110
Haematological Cancers	17	18	13	13	14	12	17	18	9	17	12	16	16	14
Head/Neck Cancer	99	116	115	99	101	120	83	78	58	94	91	94	75	88
Lower Gastrointestinal Cancer	215	238	268	218	250	219	240	231	184	209	187	239	221	266
Lung Cancer	54	56	57	41	25	21	31	24	22	39	36	35	29	45
Other Suspected Cancer	14	17	14	18	23	24	19	23	13	17	20	20	14	28
Sarcomas	0	0	0	0	1	0	2	3	0	1	3	1	1	5
Skin Cancers	180	209	220	205	195	199	178	170	122	134	145	182	165	243
Testicular Cancer	6	5	8	8	6	6	2	9	10	9	7	8	3	3
Upper Gastrointestinal Cancer	143	124	169	9	142	152	174	163	118	146	127	158	135	144
Urological Cancer	143	138	147	119	132	138	161	163	145	135	155	175	148	158
62D Total	1196	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317	1154	1338

31 DAY REFERRALS

TRU-83062

31 DAY REFERRALS	Apr-17	May 17	Jun 17	July 17	Aug 17	Sept17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18
Acute Leukaemia	10	6	5	11	7	17	3	6	0	6	9	7	1	8
Brain/Central Tumour	17	16	16	10	22	13	14	6	10	16	13	11	11	19
Breast Cancer	58	37	65	53	60	52	69	64	39	70	63	60	69	71
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Gynae Cancers	36	44	41	37	44	41	65	57	50	52	47	33	41	51
Haematological Cancers	32	31	26	34	26	18	29	23	35	40	26	31	25	29
Head/Neck Cancer	20	32	39	26	31	22	29	36	26	23	16	25	16	27
Lower Gastrointestinal Cancer	68	106	135	92	103	86	113	98	81	106	103	119	88	121
Lung Cancer	68	65	72	60	71	62	82	61	39	64	53	54	45	54
Other Suspected Cancer	1	5	3	4	4	4	5	4	6	0	7	4	2	10
Sarcomas	1	0	2	4	3	7	1	1	2	0	0	4	0	0
Skin Cancers	49	47	66	69	60	42	82	78	63	70	49	67	67	66
Testicular Cancer	0	0	1	0	0	0	0	3	0	0	1	2	1	1
Upper Gastrointestinal Cancer	102	94	87	79	86	81	94	103	92	99	89	100	86	110
Urological Cancer	66	73	75	73	70	58	73	77	73	92	82	61	56	64
31DTotal	528	556	633	552	587	503	681	617	493	640	560	582	501	636

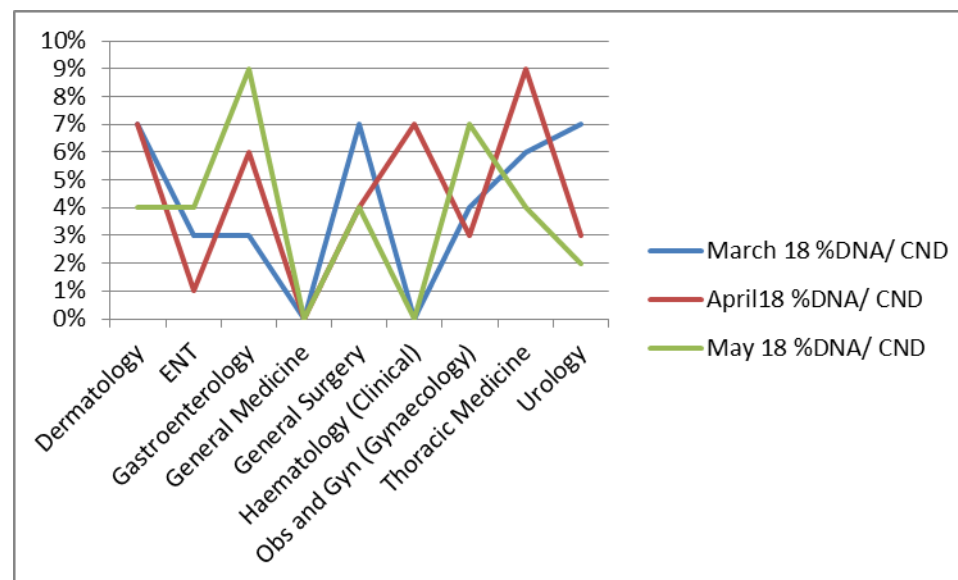
	Apr17	May17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18
31DTotal	528	556	633	552	587	503	670	617	493	640	560	582	501	636
62D Total	1196	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317	1154	1338
Combined Total	1724	1891	2022	1592	1831	1764	1996	1853	1448	1806	1696	1899	1655	1974



Red Flag Outpatient DNA

Speciality	March - 18			April - 18			May - 18		
	Attendances	DNA& CND	March 18 %DNA/ CND	Attendances	DNA& CND	April18 %DNA/ CND	Attendances	DNA& CND	May 18 %DNA/ CND
Dermatology	85	6	7%	145	10	7%	173	7	4%
ENT	69	2	3%	104	1	1%	9	4	4%
Gastroenterology	64	2	3%	51	3	6%	68	6	9%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	390	28	7%	576	22	4%	545	21	4%
Haematology (Clinical)	11	0	0%	13	1	7%	16	0	0%
Obs and Gyn (Gynaecology)	92	4	4%	116	4	3%	122	9	7%
Thoracic Medicine	34	2	6%	40	4	9%	48	2	4%
Urology	140	10	7%	126	4	3%	151	3	2%
	885	54	6%	1171	49	4%	1132	52	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

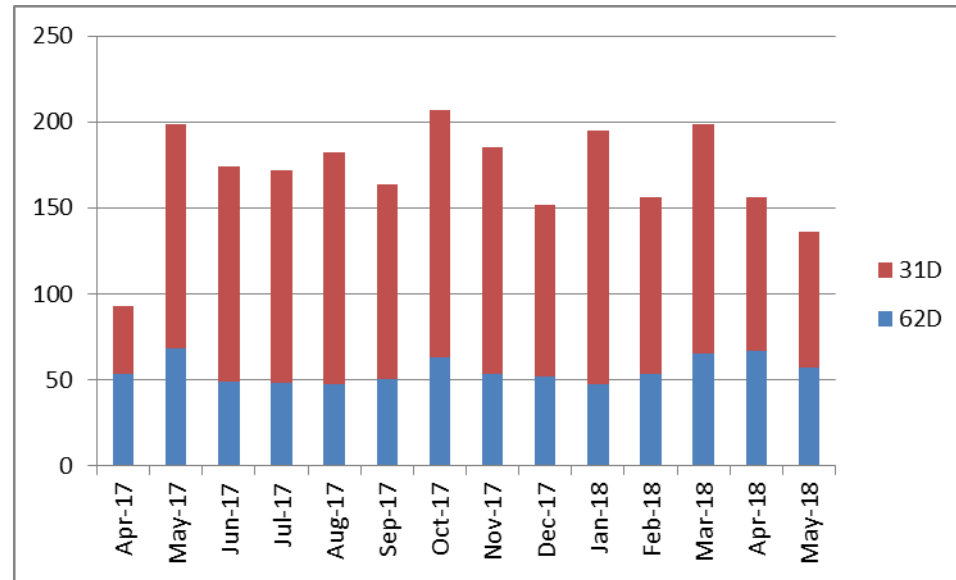
Tumour Site	Apr-17	May-17	Jun -17	July -17	Aug -17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Total
Acute Leukaemia	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Brain	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Breast	5	4	1	5	6	4	3	5	5	7	11	12	12	8	88
Children's	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Gynae	4	8	6	8	3	6	5	5	7	5	6	3	7	6	79
Haem	3	1	0	1	2	1	2	2	2	1	3	1	2	4	25
Head & Neck	3	7	3	5	6	1	7	4	5	2	4	5	1	1	54
LGI	5	4	6	1	4	2	3	2	0	3	1	3	7	6	47
Lung	4	8	6	5	3	5	8	5	1	4	3	9	7	4	72
Other	1	0	0	0	2	0	0	0	0	0	0	0	0	1	4
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	13	13	5	4	5	5	22	15	16	7	1	10	13	12	141
Testicular	0	0	3	0	0	0	1	1	0	0	2	0	0	0	7
UGI	5	7	5	8	10	6	5	5	5	1	8	6	5	1	77
Urology	10	14	14	11	6	18	7	9	11	17	14	13	11	13	168
62D Total	53	68	49	48	47	50	63	53	52	47	53	65	67	57	772
%62D confirmed	57%	34%	28%	28%	25%	30%	30%	29%	34%	24%	36%	33%	43%	42%	

31 Day Confirmed Cancers

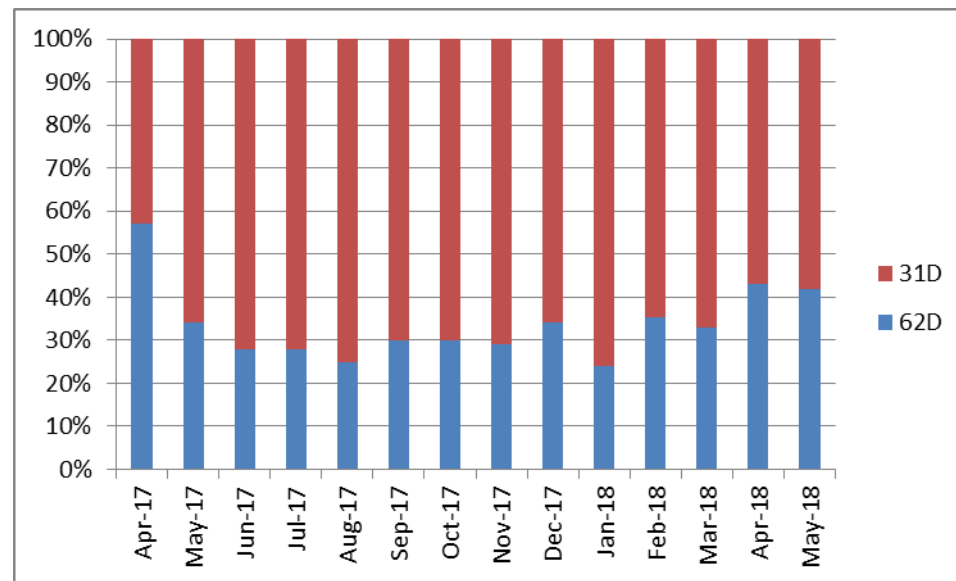
Tumour Site	Apr 17	May 17	Jun 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Total
Acute Leukaemia	0	2	0	5	2	13	5	0	0	2	4	3	0	0	36
Brain	0	6	5	0	3	2	2	3	0	2	5	5	0	1	34
Breast	0	12	11	9	20	13	11	7	6	14	6	14	14	7	144
Children's	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Gynae	3	5	11	11	3	6	13	19	6	14	7	5	1	4	108
Haem	6	26	19	17	19	10	19	15	21	25	20	21	12	9	239
Head & Neck	3	10	10	4	4	1	4	7	2	3	0	8	3	0	59
LGI	5	11	11	10	8	5	5	7	4	7	5	10	9	15	112
Lung	3	11	17	16	32	14	28	20	8	12	10	13	10	7	201
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Sarcomas	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Skin	2	16	15	21	18	19	31	27	32	27	23	30	20	16	297
UGI	4	16	10	14	8	14	9	12	14	17	15	12	9	8	162
Urology	8	16	16	17	18	17	16	15	7	25	8	13	11	9	196
31D Total	40	131	125	124	135	114	144	132	100	148	103	134	89	79	1598
%31D confirmed	43%	66%	72%	72%	75%	70%	70%	71%	66%	76%	66%	67%	57%	58%	

Tumour Site	Apr -17	May -17	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May 18	Total
62D Total	53	68	49	48	47	50	63	53	52	47	53	65	67	57	772
31D Total	40	131	125	124	135	114	144	132	100	148	103	134	89	79	1598
TOTAL 31D +62D	93	199	174	172	182	164	207	185	152	195	156	199	156	136	2370

Number of confirmed cancers April 17– May 18



% of Confirmed cancers split between 31/62 Days
April 17 – May18



62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%

62D % cancer conversion July – Sept 17

Tumour Site	No. of referrals	No. of confirmed cancers	%conversion
Acute Leukaemia	2	2	100%
Brain	33	0	0%
Breast	666	15	2%
Children's Cancer	2	0	0%
Gynae	332	17	5%
Haem	39	4	10%
Head & Neck	320	12	3%
LGI	687	7	1%
Lung	87	13	15%
Other	65	2	3%
Sarcoma	1	0	0%
Skin	599	14	2%
Testicular	20	0	0%
UGI	303	24	8%
Urology	389	35	9%

62D % cancer conversion April – June 17

Tumour Site	No. of referrals	No. of confirmed cancers	%conversion
Acute Leukaemia	1	0	0%
Brain	40	2	5%
Breast	725	10	1%
Children's Cancer	1	0	0%
Gynae	350	18	5%
Haem	48	4	8%
Head & Neck	330	13	4%
LGI	721	15	2%
Lung	167	18	11%
Other	45	1	2%
Sarcoma	0	0	0%
Skin	609	31	5%
Testicular	19	3	16%
UGI	436	17	4%
Urology	428	38	9%



Cancer Performance Dashboard Report June 2018

CANCER PERFORMANCE SUMMARY REPORT – June 2018

TRU-83071

	% Breast 2WW	% 31D Performance	% 62D Performance
April18	99.6%	96%	69.5%
May18	98.8%	99%	75%
June18		100%	80%

Inter-Trust Transfer Breaches – 62 Day

	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	June- 18	Total
Breast	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Colorectal	1	2	1	0	1	1	1	1	0	0	2	2	1	13
Head & Neck	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	1	2	0	0	1	0	2	1	0	0	1	1	9
Lung	3	2	2	2	2	2	0	1	3	1	5	3	1	27
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	0	1	1	0	1	0	0	0	1	1	0	6
UGI	1	0	1	3	2	1	0	2	2	1	4	1	0	18
Urology	6	5	4	6	2	1	1	3	4	6	0	5	5	48
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	10	10	12	8	7	3	9	10	8	12	14	8	123

Internal Breaches – 62 Day

	Jun-17	July-17	Aug -17	Sept 17	Oct -17	Nov -17	Dec- 17	Jan -18	Feb- 18	Mar- 18	April- 18	May-18	June- 18	Total
Breast	2	3	1	0	5	6	4	8	2	0	2	1	0	34
Colorectal	1	1	2	2	1	3	1	0	0	1	3	0	0	15
ENT	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Gynae	0	0	0	1	0	0	0	0	0	0	2	0	1	4
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	2	0	1	0	0	0	0	0	1	0	0	0	5
Skin	0	0	0	0	1	0	0	0	0	0	1	1	0	3
UGI	1	2	0	0	0	1	0	0	0	0	0	0	0	4
Urology	7	6	4	5	7	5	6	2	2	2	2	7	4	59
Total	12	14	7	9	14	15	11	10	5	4	10	9	5	125

Day 31 Breaches

	Jun-17	July -17	Aug -17	Sept-17	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	April-18	May-18	June-18	Total
Breast	1	0	0	0	3	2	2	14	4	1	1	0	0	28
Colorectal	0	0	0	0	0	0	0	1	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	0	0	0	0	0	0	0	2	0	0	3
UGI	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Urology	0	0	0	0	1	0	0	0	0	0	0	6	0	7
Total	1	2	0	0	4	2	2	15	4	1	3	6	0	40

Modality	Internal/External	Reason
Urology	Internal Personal info	Treatment completed Day 92 – Hormones. Reason for delay - 1st OPD D20, delay with Reg requesting MRI scan, 30 day wait for MRI scanning. Pathway - 1st OPD D20, MRI D35, MDM D46, PET D68, TRUSB D73, Bone Scan D82, MDM D88.
Gynae	Internal Personal info	Treatment completed Day 73 - Surgery. Reason for delay - 1st OPD D24, 15 day wait for hysteroscopy (this was brought forward), delay with getting MRI appointed, missed cut off for the following weeks MDM. Pathway - 1st OPD D24, OP Hysteroscopy D39, MDM D46, review with Consultant D47, MRI D55, MDM D60, review with Consultant D61.
Urology	Internal Personal info	Treatment completed Day 67 - Hormones. Reason for delay 1st OPD D32. Pathway - 1st OPD D32, MRI D36, TRUSB D54, MDM D63.
Urology	Internal Personal info	Treatment completed Day 69 - Active Monitoring. Reason for delay - 1st OPD D33. Pathway - 1st OPD D33, MRI D40, TRUSB D53, MDM D62, review D69.
Urology	Internal Personal info	Treatment completed Day 92 - Hormones. Reason for delay - 1st OPD D34, 17 DAY wait on TRUSB being performed after MRI, then 29 day wait for review with Consultant following MDM due to no capacity. Pathway - 1st OPD D34, MRI D37, TRUSB D54, MDM D63, review with Consultant following MDM D92.
Urology	External Personal info	ITT Day 103 - Treatment completed Day 116 - Hormone Therapy. Reason for delay - 1st OPD D33 - Complex case in that repeat targeted biopsies had to be performed. Pathway 1st OPD D33, MRI D46, USS D46, TRUSB D69, MDM D78, review with Consultant and repeat targeted biopsies D86, MDM D95.
Urology	External Personal information	ITT D90 -Treatment completed Day 154 - Surgery. Reason for delay - 14 day wait for TRUSB, 2 week delay for MDM discussion due to Bank Holidays & then delay 16 day delay getting clinic outcome which was referral to Belfast. Pathway - MRI D6, 1ST OPD D13, TRUSB D27, no MDM due to Xmas, MDM D43, review D55, Bone Scan D65, MDM D71, review D74.
Urology	External Personal info	ITT Day 63 - Treatment completed Day 150 - Surgery. Reason for delay - 18 day wait for TRUSB following MRI, 11 day wait for review with Consultant following MDM. Pathway - 1st D14, MRI D23, TRUSB D41, MDM D50, review with Consultant D61.

Urology	External Personal information	• ITT Day 82 - Treatment completed Day 116 - Hormones. Reason for delay - 15 day wait for MRI, followed by 12 day wait for TRUSB & then 20 day wait for review with Consultant following MDM. Pathway - 1st OPD D13, MRI D28, TRUSB D40, MDM D49, Bone Scan D55, MDM D61, review with Consultant D81.
Urology	External Personal information	• ITT Day 91 - Treatment completed Day 149 - Brachytherapy. Reason for delay - 13 day wait for TRUSB, followed by 21 day wait for TRUSB & then further 14 day delay for review with Consultant following MDM. Pathway - 1st OPD D13, USS D21, MRI D26, TRUSB D47, MDM D50, review with Consultant following MDM D54, Bone Scan D63, MDM D70, review with Consultant D84.
Gynae	External Personal information	• ITT Day 51 - Treatment completed Day 77 - Surgery. Reason for delay - Complex case requiring multiple staging investigations and MDM discussions, prior to being ITT'd. Pathway - 1st OPD D16, Hysteroscopy Day 25, MDM D36, CT D39, ,D, D43, MRI D49, ITD D50, MDM D50, Regional MDM D51.
Lung	External Personal information	• ITT Day 35 - Treatment completed Day 64 - Surgery. Reason for delay - complex case - 22 day wait for PET scanning. Pathway - CT D5, PET requested D8, CT Guided BX D16, MDM D21, path reported D21, PET D30, MDM D35.
Lower GI	External Personal information	• ITT Day 50 - Treatment completed Day 83 – Chemo-radiotherapy. Reason for delay - 1st OPD D31. Pathway - 1st OPD D31, Colonoscopy D39, MRI D43, CT D45, MDM D48.

Risk Areas for July/August 2018**Internal**

- Breast Surgery
- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology, Skin, Lung, & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonographys - Demand continues to increase & change of process for requesting these (Prescription) New Process regarding prescriptions is almost completed which should speed up process and waiting times for procedure.
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. Response from Davinia is that she was not aware of further staging MRI needing to be performed.
- Oncology Cover – Regional agreement awaited – to be signed off at CRG. There currently is a locum Oncologist on-board and this service will continue to be provided locally. This is due to vacant posts within the service.
- Regional OG MDM

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER May 2017 – June 2018

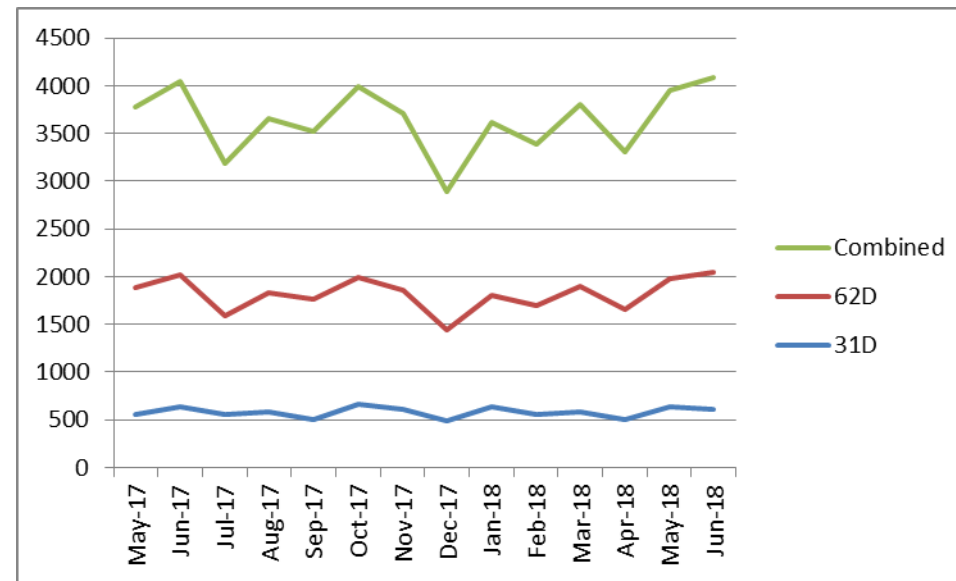
62 DAY REFERRALS

62 DAY REFERRALS	May 17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April 18	May 18	Jun 18
Acute Leukaemia	0	1	0	0	2	0	0	0	3	0	0	0	0	0
Brain/Central Tumour	13	17	8	11	14	5	6	5	11	11	13	10	9	9
Breast Cancer	260	250	213	219	234	289	235	168	233	216	271	225	225	236
Children's Cancer	1	0	0	2	0	0	0	0	0	0	3	2	0	0
Gynae Cancers	140	110	89	123	120	125	113	101	118	126	102	110	110	0
Haematological Cancers	18	13	13	14	12	17	18	9	17	12	16	16	14	11
Head/Neck Cancer	116	115	99	101	120	83	78	58	94	91	94	75	88	121
Lower Gastrointestinal Cancer	238	268	218	250	219	240	231	184	209	187	239	221	266	255
Lung Cancer	56	57	41	25	21	31	24	22	39	36	35	29	45	46
Other Suspected Cancer	17	14	18	23	24	19	23	13	17	20	20	14	28	27
Sarcomas	0	0	0	1	0	2	3	0	1	3	1	1	5	0
Skin Cancers	209	220	205	195	199	178	170	122	134	145	182	165	243	268
Testicular Cancer	5	8	8	6	6	2	9	10	9	7	8	3	3	4
Upper Gastrointestinal Cancer	124	169	9	142	152	174	163	118	146	127	158	135	144	161
Urological Cancer	138	147	119	132	138	161	163	145	135	155	175	148	158	183
62D Total	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434

31 DAY REFERRALS

31 DAY REFERRALS	May 17	Jun 17	July 17	Aug 17	Sept17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
Acute Leukaemia	6	5	11	7	17	3	6	0	6	9	7	1	8	7
Brain/Central Tumour	16	16	10	22	13	14	6	10	16	13	11	11	19	17
Breast Cancer	37	65	53	60	52	69	64	39	70	63	60	69	71	61
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Gynae Cancers	44	41	37	44	41	65	57	50	52	47	33	41	51	53
Haematological Cancers	31	26	34	26	18	29	23	35	40	26	31	25	29	18
Head/Neck Cancer	32	39	26	31	22	29	36	26	23	16	25	16	27	33
Lower Gastrointestinal Cancer	106	135	92	103	86	113	98	81	106	103	119	88	121	110
Lung Cancer	65	72	60	71	62	82	61	39	64	53	54	45	54	62
Other Suspected Cancer	5	3	4	4	4	5	4	6	0	7	4	2	10	6
Sarcomas	0	2	4	3	7	1	1	2	0	0	4	0	0	1
Skin Cancers	47	66	69	60	42	82	78	63	70	49	67	67	66	71
Testicular Cancer	0	1	0	0	0	0	3	0	0	1	2	1	1	1
Upper Gastrointestinal Cancer	94	87	79	86	81	94	103	92	99	89	100	86	110	96
Urological Cancer	73	75	73	70	58	73	77	73	92	82	61	56	64	55
31DTotal	556	633	552	587	503	681	617	493	640	560	582	501	636	607

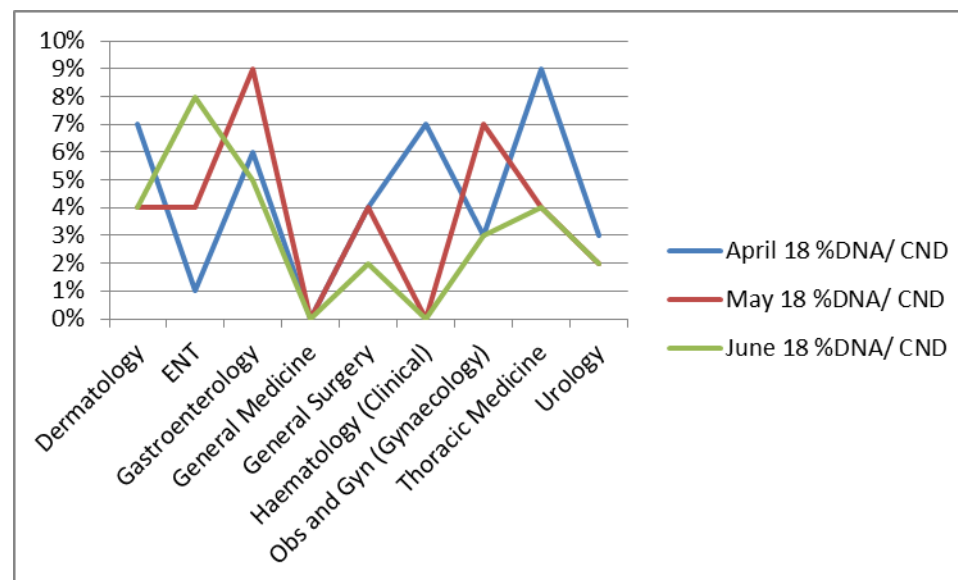
	May 17	Jun 17	July 17	Aug17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun18
31DTotal	556	633	552	587	503	670	617	493	640	560	582	501	636	607
62D Total	1335	1389	1040	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434
Combined Total	1891	2022	1592	1831	1764	1996	1853	1448	1806	1696	1899	1655	1974	2041



Red Flag Outpatient DNA

Speciality	April - 18			May - 18			June - 18		
	Attendances	DNA& CND	April 18 %DNA/ CND	Attendances	DNA& CND	May 18 %DNA/ CND	Attendances	DNA& CND	June 18 %DNA/ CND
Dermatology	145	10	7%	173	7	4%	185	7	4%
ENT	104	1	1%	9	4	4%	123	11	8%
Gastroenterology	51	3	6%	68	6	9%	63	3	5%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	576	22	4%	545	21	4%	459	9	2%
Haematology (Clinical)	13	1	7%	16	0	0%	18	0	0%
Obs and Gyn (Gynaecology)	116	4	3%	122	9	7%	116	4	3%
Thoracic Medicine	40	4	9%	48	2	4%	50	2	4%
Urology	126	4	3%	151	3	2%	161	4	2%
	1171	49	4%	1132	52	5%	1175	40	3%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

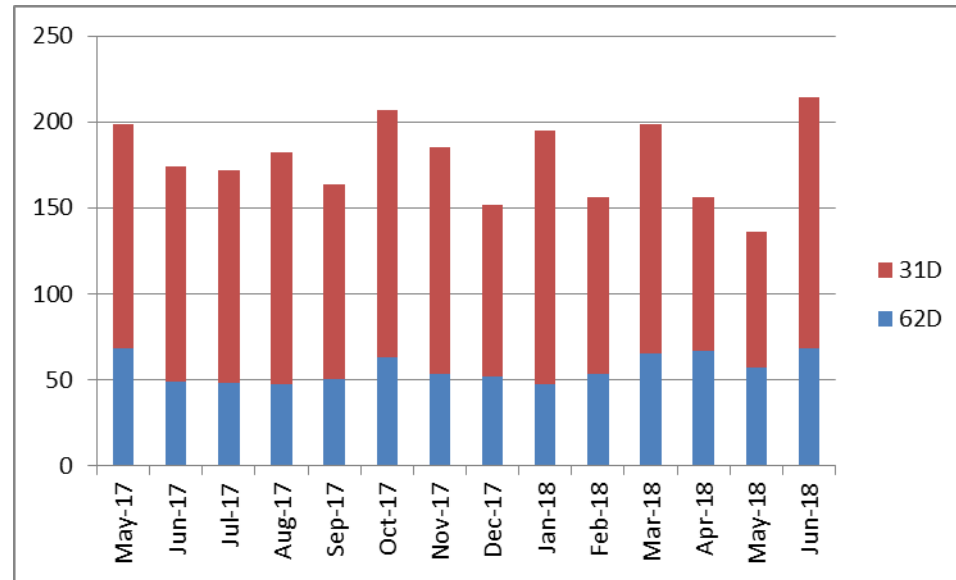
Tumour Site	May-17	Jun -17	July -17	Aug -17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Total
Acute Leukaemia	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Brain	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Breast	4	1	5	6	4	3	5	5	7	11	12	12	8	12	95
Children's	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Gynae	8	6	8	3	6	5	5	7	5	6	3	7	6	8	83
Haem	1	0	1	2	1	2	2	2	1	3	1	2	4	3	25
Head & Neck	7	3	5	6	1	7	4	5	2	4	5	1	1	1	52
LGI	4	6	1	4	2	3	2	0	3	1	3	7	6	2	44
Lung	8	6	5	3	5	8	5	1	4	3	9	7	4	11	79
Other	0	0	0	2	0	0	0	0	0	0	0	0	1	0	3
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	13	5	4	5	5	22	15	16	7	1	10	13	12	5	133
Testicular	0	3	0	0	0	1	1	0	0	2	0	0	0	0	7
UGI	7	5	8	10	6	5	5	5	1	8	6	5	1	8	80
Urology	14	14	11	6	18	7	9	11	17	14	13	11	13	18	176
62D Total	68	49	48	47	50	63	53	52	47	53	65	67	57	68	787
%62D confirmed	34%	28%	28%	25%	30%	30%	29%	34%	24%	36%	33%	43%	42%	32%	

31 Day Confirmed Cancers

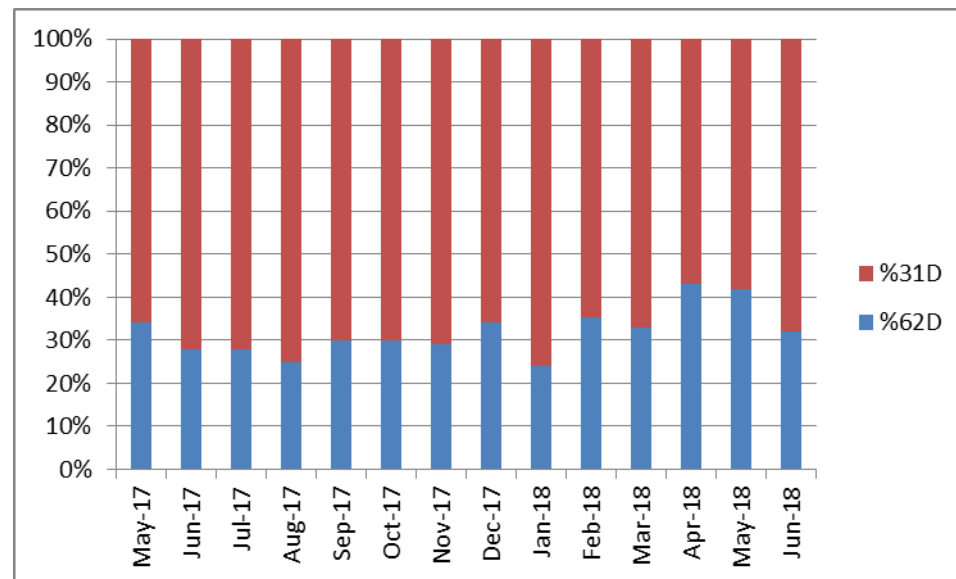
Tumour Site	May 17	Jun 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Total
Acute Leukaemia	2	0	5	2	13	5	0	0	2	4	3	0	0	7	43
Brain	6	5	0	3	2	2	3	0	2	5	5	0	1	0	34
Breast	12	11	9	20	13	11	7	6	14	6	14	14	7	17	161
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	5	11	11	3	6	13	19	6	14	7	5	1	4	18	123
Haem	26	19	17	19	10	19	15	21	25	20	21	12	9	15	248
Head & Neck	10	10	4	4	1	4	7	2	3	0	8	3	0	7	63
LGI	11	11	10	8	5	5	7	4	7	5	10	9	15	7	114
Lung	11	17	16	32	14	28	20	8	12	10	13	10	7	13	211
Other	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Sarcomas	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Skin	16	15	21	18	19	31	27	32	27	23	30	20	16	26	321
UGI	16	10	14	8	14	9	12	14	17	15	12	9	8	14	172
Urology	16	16	17	18	17	16	15	7	25	8	13	11	9	9	197
31D Total	131	125	124	135	114	144	132	100	148	103	134	89	79	146	1704
%31D confirmed	66%	72%	72%	75%	70%	70%	71%	66%	76%	66%	67%	57%	58%	68%	

Tumour Site	May -17	Jun -17	July -17	Aug -17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May 18	Jun 18	Total
62D Total	68	49	48	47	50	63	53	52	47	53	65	67	57	68	787
31D Total	131	125	124	135	114	144	132	100	148	103	134	89	79	146	1704
TOTAL 31D +62D	199	174	172	182	164	207	185	152	195	156	199	156	136	214	2491

Number of confirmed cancers May 17– June 18



% of Confirmed cancers split between 31/62 Days
May 17 – June 18



62D % cancer conversion Apr 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%

62D % cancer conversion July – Sept 17

Tumour Site	No. of referrals	No. of confirmed cancers	%conversion
Acute Leukaemia	2	2	100%
Brain	33	0	0%
Breast	666	15	2%
Children's Cancer	2	0	0%
Gynae	332	17	5%
Haem	39	4	10%
Head & Neck	320	12	3%
LGI	687	7	1%
Lung	87	13	15%
Other	65	2	3%
Sarcoma	1	0	0%
Skin	599	14	2%
Testicular	20	0	0%
UGI	303	24	8%
Urology	389	35	9%



Cancer Performance Dashboard Report September 2018

CANCER PERFORMANCE SUMMARY REPORT – September 2018

TRU-83086

	% Breast 2WW	% 31D Performance	% 62D Performance
July 18	98%	100%	80%
Aug 18	100%	100%	73%
Sept18		100%	82%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	86%	82%	79%	67%	73%	78%	78%
<i>Actual 62 day Performance</i>	69%	75%	80%	78%	73%	82%	76%
Variance on Trajectory	-17%	-7%	1%	11%	0%	4%	-2%

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day

	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug 18	Sep 18	Total
Breast	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Colorectal	0	1	1	1	1	0	0	2	2	1	1	0	1	11
Head & Neck	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	1	0	2	1	0	0	1	1	1	2	1	10
Lung	2	2	2	0	1	3	1	5	4	2	4	2	1	29
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	1	0	1	0	0	0	1	1	0	0	0	1	6
UGI	3	2	1	0	2	2	1	4	1	0	0	4	2	22
Urology	6	2	1	1	3	4	6	0	5	5	7	2	1	43
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	8	7	3	9	10	8	12	15	9	13	10	8	124

Internal Breaches – 62 Day

	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug -18	Sept-18	Total
Breast	0	5	6	4	8	2	0	2	1	0	0	0	0	28
Colorectal	2	1	3	1	0	0	1	3	0	0	1	1	0	13
ENT	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Gynae	1	0	0	0	0	0	0	2	0	1	0	0	0	4
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	0	0	0	0	0	1	0	0	0	0	1	0	3
Skin	0	1	0	0	0	0	0	1	1	0	0	3	4	10
UGI	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Urology	5	7	5	6	2	2	2	2	7	4	4	7	2	55
Total	9	14	15	11	10	5	4	10	9	5	5	12	6	115

Day 31 Breaches

	Sept-17	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	April-18	May-18	Jun 18	July-18	Aug 18	Sept 18	Total
Breast	0	3	2	2	14	4	1	1	0	0	0	0	0	27
Colorectal	0	0	0	0	1	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	2	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	0	4	2	2	15	4	1	3	0	0	0	0	0	31

Modality	Internal/External	Reason
Urology	Internal Personal info	Treatment completed Day 126 - Surgery. Reason for delay - 1st OPD D26, 19 day wait for review with Consultant (transferred from MY care to AG for renal surgery)& then 57 day wait for surgery due to no capacity (Over summer period). Pathway - 1st OPD CT D9, 1st OPD D26, MRI D27, Bone Scan 35, MDM D43, review with Consultant D68, Surgery D126.
Urology	Internal Personal info	Treatment completed Day 72 - Surgery. Reason for delay - 1st OPD D24, then 48 day wait for surgery to be performed due to no sooner capacity. Pathway - CT D8, 1st OPD D24, DTT D59, surgery D72.
Skin	Internal Personal info	Treatment completed Day 112 - Surgery - Complex Case. Reason for delay - 1st OPD not until D35, case was also referred to England for consideration of Sentinel Lymph Node Biopsy. Outcome was then to proceed to surgery locally. Pathway - Telederm images taken D5, triaged D6, 1st OPD D35, punch taken, path reported D44, MDM D50, review with Consultant D55, surgery D112.
Skin	Internal Personal info	Treatment completed Day 64 - Surgery. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, DTT D64, Surgery D64.
Skin	Internal Personal info	Treatment completed Day 68 - Surgery. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, surgery D68.
Skin	Internal Personal info	Treatment completed Day 74 - Surgery. Reason for delay - 1st OPD D47, target date not emailed to secretary until D62 (Tracker on leave), surgery D74.
Lower GI	External Personal info	ITT Day 111. Treatment completed Day 155 - Radiotherapy. Reason for delay - 26 day wait for CTC, 51 day wait for flexi sig (both investigations requested at same time), 10 day wait for pathology to be reported on, despite being RF'd, 7 day wait for review with Consultant following MDM to generate oncology referral. Pathway - 1st OPD D16, CTC D42, Flex Sig D67, path reported D79, MDM D86, review with Consultant D93, MRI D98, CT D99, MDM D100, review with Consultant D107.
UGI	External Personal info	ITT Day 84 - Treatment completed Day 145 - Surgery. Reason for delay - 25 Day delay for pathology to be reported as it was not red flagged. Complex case also that it has reported GIST, which was not initially tracked. Pathway - 1st OPD D6, OGD D9, MRI D17, path reported D34, MDM 37, EUS D47, path reported Day 49, MDM D69, ITD D73, Regional MDM D77.

Urology	External Personal information	• ITT Day 109. Treatment completed Day 187 - Brachytherapy. Reason for delay - 1st OPD D19, 13 day wait for TRUSB, 7 day delay for MDM discussion with pathology, 14 day wait for review with Consultant, 13 day wait for bone scanning. Pathway - 1st OPD 19, MRI D30, TRUSB D46, path reported D48, MDM D55, review Cons D69, Bone Scan D82, MDM D90, review with Consultant D108.
Head & Neck	External Personal information	• ITT Day 78 - Treatment completed Day 99 - Radiotherapy. Reason for delay - complex pathway - MDM deferrals due to results not being available. Pathway - 1st OPD D9, CT D12, Panendoscopy & Biopsy D19, path reported D22, RVD29, ITD D32, MDM D36 (deferred), MRI D39, D43 MDM deferral, MDM D50, review with Consultant D57, PET D71, Regional MDM D78.
Lung	External Personal information	• ITT Day 45 - Treatment completed D113 - Surgery. Reason for delay - delay with PET scanning. Pathway - CT D12, 1st OPD D 15, Bronchoscopy D21, path reported D26, MDM D28, PET D38, MDM D42, ITT D45.
Gynae	External Personal information	• ITT Day 14- Treatment completed Day 75 - Chemoradiotherapy.
UGI	External Personal information	• ITT Day 55 - Treatment completed Day 82. Reason for delay - 25 Day wait for PET scan. Pathway - 1st OPD D4 (OGD), CT D6, path reported D7, ITD D12, Regional OG D14, PET D39, Regional OG D42, staging lap D48.
Skin	External Personal information	• ITT Day 49- Treatment completed Day 77 - Radiotherapy. Reason for delay = 1st OPD D48.

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology, Skin, Lung, Gastro & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. Response from Davinia is that she was not aware of further staging MRI needing to be performed.
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

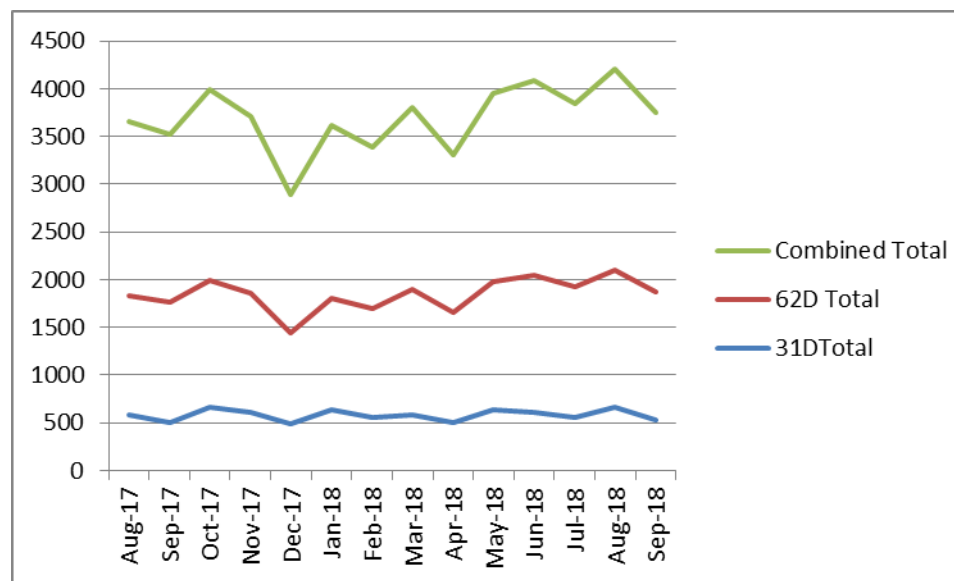
62 DAY REFERRALS

62 DAY REFERRALS	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18
Acute Leukaemia	0	2	0	0	0	3	0	0	0	0	0	2	0	0
Brain/Central Tumour	11	14	5	6	5	11	11	13	10	9	9	11	10	18
Breast Cancer	219	234	289	235	168	233	216	271	225	225	236	230	237	230
Children's Cancer	2	0	0	0	0	0	0	3	2	0	0	0	1	1
Gynae Cancers	123	120	125	113	101	118	126	102	110	110	113	144	114	127
Haematological Cancers	14	12	17	18	9	17	12	16	16	14	11	19	18	18
Head/Neck Cancer	101	120	83	78	58	94	91	94	75	88	121	82	108	89
Lower Gastrointestinal Cancer	250	219	240	231	184	209	187	239	221	266	255	258	267	261
Lung Cancer	25	21	31	24	22	39	36	35	29	45	46	22	29	22
Other Suspected Cancer	23	24	19	23	13	17	20	20	14	28	27	17	33	27
Sarcomas	1	0	2	3	0	1	3	1	1	5	0	1	1	0
Skin Cancers	195	199	178	170	122	134	145	182	165	243	268	266	258	237
Testicular Cancer	6	6	2	9	10	9	7	8	3	3	4	7	10	6
Upper Gastrointestinal Cancer	142	152	174	163	118	146	127	158	135	144	161	174	163	146
Urological Cancer	132	138	161	163	145	135	155	175	148	158	183	138	191	165
62D Total	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347

31 DAY REFERRALS

31 DAY REFERRALS	Aug 17	Sept17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18
Acute Leukaemia	7	17	3	6	0	6	9	7	1	8	7	5	5	13
Brain/Central Tumour	22	13	14	6	10	16	13	11	11	19	17	16	15	4
Breast Cancer	60	52	69	64	39	70	63	60	69	71	61	66	59	58
Children's Cancer	0	0	0	0	0	0	0	0	0	1	0	1	0	3
Gynae Cancers	44	41	65	57	50	52	47	33	41	51	53	45	51	48
Haematological Cancers	26	18	29	23	35	40	26	31	25	29	18	17	41	40
Head/Neck Cancer	31	22	29	36	26	23	16	25	16	27	33	24	37	29
Lower Gastrointestinal Cancer	103	86	113	98	81	106	103	119	88	121	110	100	98	95
Lung Cancer	71	62	82	61	39	64	53	54	45	54	62	71	79	48
Other Suspected Cancer	4	4	5	4	6	0	7	4	2	10	6	3	4	4
Sarcomas	3	7	1	1	2	0	0	4	0	0	1	0	2	2
Skin Cancers	60	42	82	78	63	70	49	67	67	66	71	63	86	71
Testicular Cancer	0	0	0	3	0	0	1	2	1	1	1	1	3	0
Upper Gastrointestinal Cancer	86	81	94	103	92	99	89	100	86	110	96	82	90	63
Urological Cancer	70	58	73	77	73	92	82	61	56	64	55	60	93	50
31DTotal	587	503	681	617	493	640	560	582	501	636	607	554	663	528

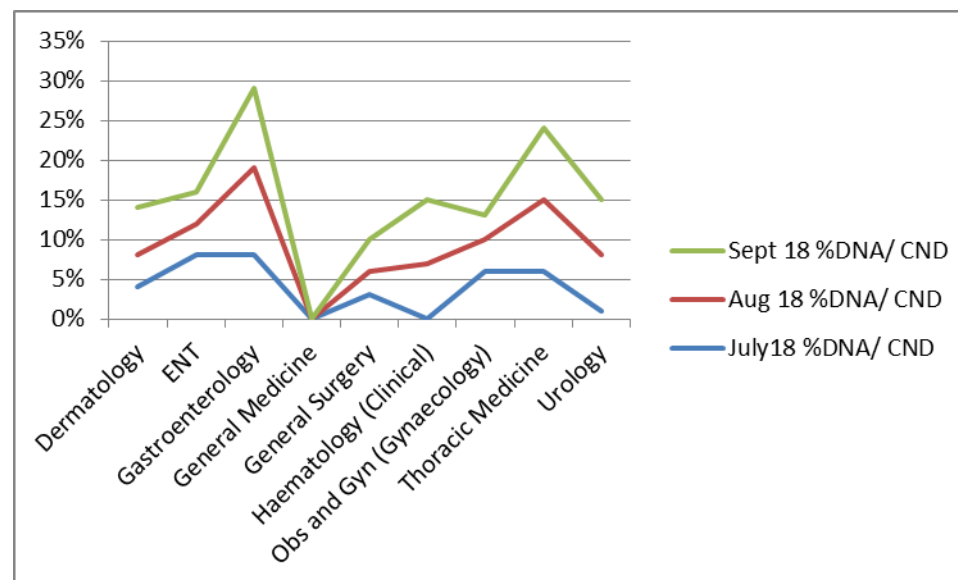
	Aug17	Sep17	Oct 17	Nov17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18
31DTotal	587	503	670	617	493	640	560	582	501	636	607	554	663	528
62D Total	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347
Combined Total	1831	1764	1996	1853	1448	1806	1696	1899	1655	1974	2041	1925	2103	1875



Red Flag Outpatient DNA

Speciality	July - 18			Aug - 18			Sept - 18		
	Attendances	DNA& CND	July18 %DNA/ CND	Attendances	DNA& CND	Aug 18 %DNA/ CND	Attendances	DNA& CND	Sept 18 %DNA/ CND
Dermatology	164	6	4%	207	9	4%	187	12	6%
ENT	94	8	8%	90	4	4%	126	5	4%
Gastroenterology	86	7	8%	32	4	11%	65	7	10%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	475	16	3%	520	18	3%	470	19	4%
Haematology (Clinical)	12	0	0%	13	1	7%	11	1	8%
Obs and Gyn (Gynaecology)	116	7	6%	120	5	4%	114	3	3%
Thoracic Medicine	45	3	6%	43	4	9%	43	4	9%
Urology	94	1	1%	132	10	7%	128	10	7%
	1086	48	4%	1157	55	5%	1144	61	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

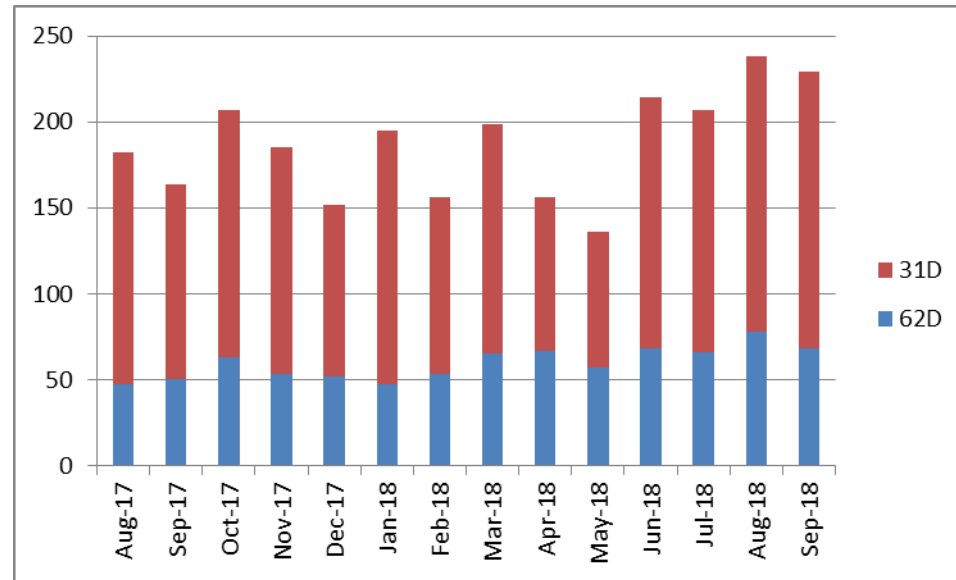
Tumour Site	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
Acute Leukaemia	0	2	0	0	0	0	0	0	0	0	0	2	0	0	4
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	6	4	3	5	5	7	11	12	12	8	12	9	15	12	121
Children's	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Gynae	3	6	5	5	7	5	6	3	7	6	8	13	7	10	91
Haem	2	1	2	2	2	1	3	1	2	4	3	2	6	4	35
Head & Neck	6	1	7	4	5	2	4	5	1	1	1	1	8	4	50
LGI	4	2	3	2	0	3	1	3	7	6	2	0	2	3	38
Lung	3	5	8	5	1	4	3	9	7	4	11	12	6	1	79
Other	2	0	0	0	0	0	0	0	0	1	0	0	0	1	4
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	5	5	22	15	16	7	1	10	13	12	5	7	12	8	138
Testicular	0	0	1	1	0	0	2	0	0	0	0	3	1	0	8
UGI	10	6	5	5	5	1	8	6	5	1	8	9	8	7	84
Urology	6	18	7	9	11	17	14	13	11	13	18	8	13	17	175
62D Total	47	50	63	53	52	47	53	65	67	57	68	66	78	68	834
%62D confirmed	25%	30%	30%	29%	34%	24%	36%	33%	43%	42%	32%	32%	33%	30%	

31 Day Confirmed Cancers

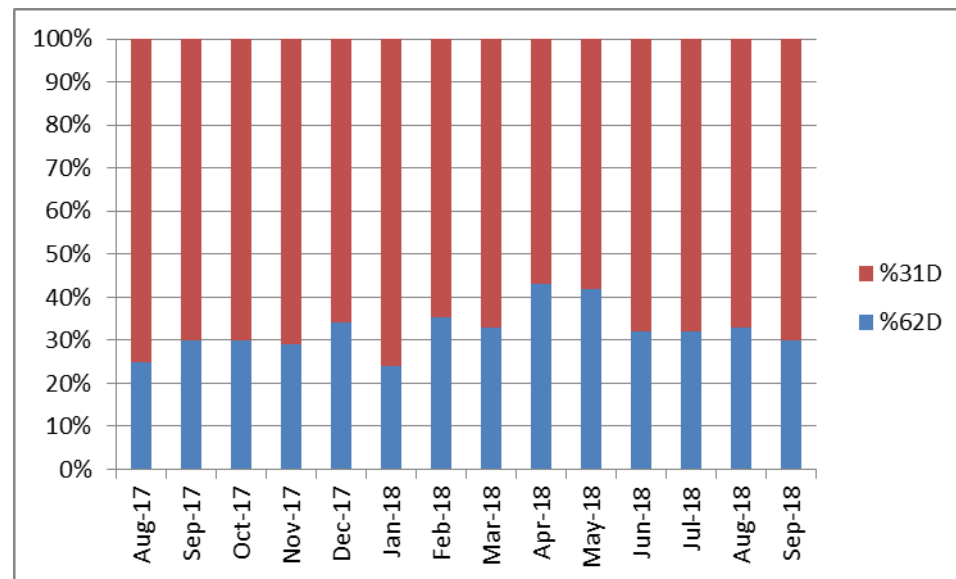
Tumour Site	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
Acute Leukaemia	2	13	5	0	0	2	4	3	0	0	7	4	1	9	50
Brain	3	2	2	3	0	2	5	5	0	1	0	3	3	0	29
Breast	20	13	11	7	6	14	6	14	14	7	17	21	16	20	186
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Gynae	3	6	13	19	6	14	7	5	1	4	18	16	12	12	136
Haem	19	10	19	15	21	25	20	21	12	9	15	15	36	26	263
Head & Neck	4	1	4	7	2	3	0	8	3	0	7	6	5	6	56
LGI	8	5	5	7	4	7	5	10	9	15	7	8	4	6	100
Lung	32	14	28	20	8	12	10	13	10	7	13	23	26	19	235
Other	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3
Sarcomas	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Skin	18	19	31	27	32	27	23	30	20	16	26	25	29	31	354
UGI	8	14	9	12	14	17	15	12	9	8	14	8	7	7	154
Urology	18	17	16	15	7	25	8	13	11	9	9	7	21	10	186
31D Total	135	114	144	132	100	148	103	134	89	79	146	141	160	161	1786
%31D confirmed	75%	70%	70%	71%	66%	76%	66%	67%	57%	58%	68%	68%	67%	70%	

Tumour Site	Aug -17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
62D Total	47	50	63	53	52	47	53	65	67	57	68	66	78	68	834
31D Total	135	114	144	132	100	148	103	134	89	79	146	141	160	161	1786
TOTAL 31D +62D	182	164	207	185	152	195	156	199	156	136	214	207	238	229	2620

Number of confirmed cancers Aug 17– Sept 18



% of Confirmed cancers split between 31/62 Days
Aug 17 – Sept 18



62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%



Cancer Performance Dashboard Report October 2018

CANCER PERFORMANCE SUMMARY REPORT – October 2018

TRU-83101

	% Breast 2WW	% 31D Performance	% 62D Performance
Aug 18	100%	100%	73%
Sept 18	100%	100%	82%
Oct 18	99%	100%	69%

	May18	Jun-18	Jul-18	Aug18	Sep-18	Oct-18	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory	82%	79%	67%	73%	78%	82%	78%
Actual 62 day Performance	75%	80%	78%	73%	82%	69%	75%
Variance on Trajectory	-7%	1%	11%	0%	4%	-13%	-3%

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day

	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug 18	Sep 18	Oct 18	Total
Breast	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Colorectal	1	1	1	1	0	0	2	2	1	1	0	1	0	11
Head & Neck	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	1	0	2	1	0	0	1	1	1	2	1	2	12
Lung	2	2	0	1	3	1	5	4	2	4	2	3	1	30
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	1	0	0	0	1	1	0	0	0	1	1	6
UGI	2	1	0	2	2	1	4	1	0	0	4	2	2	21
Urology	2	1	1	3	4	6	0	5	5	7	2	1	5	42
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8	7	3	9	10	8	12	15	9	13	10	10	11	125

Internal Breaches – 62 Day

	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug -18	Sept-18	Oct-18	Total
Breast	5	6	4	8	2	0	2	1	0	0	0	0	0	28
Colorectal	1	3	1	0	0	1	3	0	0	1	1	0	3	14
ENT	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Gynae	0	0	0	0	0	0	2	0	1	0	0	0	0	3
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	1	0	0	0	0	1	0	0	2
Skin	1	0	0	0	0	0	1	1	0	0	3	4	1	11
UGI	0	1	0	0	0	0	0	0	0	0	0	0	1	2
Urology	7	5	6	2	2	2	2	7	4	4	7	2	5	55
Total	14	15	11	10	5	4	10	9	5	5	12	6	10	116

Day 31 Breaches

	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	April-18	May-18	Jun 18	July-18	Aug 18	Sept 18	Oct 18	Total
Breast	3	2	2	14	4	1	1	0	0	0	0	0	0	27
Colorectal	0	0	0	1	0	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	2	0	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	4	2	2	15	4	1	3	0	0	0	0	0	0	31

Modality	Internal/External	Reason
Lower GI	Internal (Personal information redacted)	Treatment completed D195 - No treatment - Surgery deemed a considerable risk. Reason for delay - 26 day wait for CTC, 21 day wait for review with Consultant, repeat flexi required which had to wait 38 days to be performed (had to be reviewed by Consultant to arrange)the could not be discussed @ MDM for 2 weeks as (Personal information redacted) was on annual leave. Pathway - 1st OPD D20, CTC D46, CTC reported D59, review with Consultant D73, CT D80, flexi sig D92 (not possible), repeat flexi D130, MDM D160 (loss of 2 weeks as case could not be discussed due to (Personal information redacted) being on annual leave), anaesthetic review D185 & review with Consultant D195- Episode closed.
Urology	Internal (Personal information redacted)	Treatment completed Day 132 - Active Monitoring. Reason for delay - 1st OPD D28, 9 day wait for TRUSB once MRI report was available (9 days for reporting), 7 day wait for review with Consultant to request Bone Scan, followed by further 21 day wait for review the Consultant post MDM to discuss treatment options. Once patient had decided on treatment option there was a further 37 day delay to access Consultant clinic. (A total of 65 days waiting to access Consultant's clinic during this pathway). Pathway - 1st OPD D28, MRI D32 (brought forward), TRUSB D52, path reported D57, MDM D58, review with Consultant D65, Bone scan D67, MDM D74, review D95, further review D132.
Lower GI	Internal (Personal information redacted)	Treatment completed Day 84 - Surgery. Reason for delay - 19 day wait for OGD & Colonoscopy (combined procedures) & 35 day wait for CTC. Pathway - 1st OPD D7, Colonoscopy & OGD D26, and prescription approved D33, path reported D47, CTC D61, sigmoidoscopy D68, CT Chest, MDM D70, and path reported D71, DTT D81, surgery D84.
Urology	Internal (Personal information redacted)	Treatment completed Day 76 - Hormones. Reason for delay - 1st OPD D35. Pathway - 1st OPD D35, MRI D45, TRUSB D47, MDM D56, Bone Scan D68, MDM D70, review with Consultant D76.
Upper GI	Internal (Personal information redacted)	Treatment completed Day 89 - Specialist Palliative Treatment. Reason for delay - Complex case, 13 day wait for OGD & delay with getting PET scanning requested & then wait for appointment. Pathway - 1st OPD D25, OGD D38, CT D47, path reported D47, Regional OG D49, PET D62, Regional OG D70, ITT D70, ITT'd back D81 due to patients decision on treatment.
Urology	Internal (Personal information redacted)	Treatment completed Day 82 - Hormones. Reason for delay - 1st OPD D53. Pathway - 1st OPD D53, Bone Scan D67, MDM D75, review D82.
Lower GI	Internal (Personal information redacted)	Treatment completed Day 65 - Surgery. Reason for delay - delay with deciding on patients management - path was initially high grade dysplasia. Pathway - 1st OPD D16, colonoscopy D23, path reported D25, MDM D59, DTT D62.

Urology	Internal (Personal info)	Treatment completed Day 91 - Hormones. Reason for delay - 1st OPD D47. Pathway - USS D14, 1st OPD D47, MRI D55, TRUSB D75, MDM D84, review D91.
Urology	Internal (Personal info)	Treatment completed Day 78 - Hormones. Reason for delay - 1st OPD D41. Pathway - 1st OPD D41, MRI D49, MRI reported D51, TRUSB D71, path reported D77, MDM D78, review D78.
Skin	Internal (Personal info)	Treatment completed Day 87 - Surgery. Reason for delay - 1st OPD clinic D63. Pathway - Telederm D17, telederm images triaged D24, 1st OPD clinic D63, surgery D87.
Urology	External (Personal info)	ITT Day 101 - Treatment completed Day 186 - Brachytherapy. Reason for delay - 1st OP appointment day 34 delayed due to capacity. 18 day delay in TRUSB, 19 day delay in Bone scan, 10 day delay in 2nd review apt. Pathway - 1st OPD D34, MRI D46, TRUSB D52, MDM D61, Consultant review D67, Bone scan D80, Consultant review D94, ITT D101.
Urology	External (Personal info)	ITT Day 43 - Treatment completed Day 119 - Surgery. Reason for delay - 1st OP D20 & change to bladder pathway that TURBT is not first definitive for muscle invasive bladder cancer. Pathway - CT D15, 1st OPD D20, TURBT D27, MDM D29, CT D30, Bone scan D42, Regional MDM D43, ITT D43
Upper GI	External (Personal information)	ITT Day 52 - Treatment completed Day D73 - Chemotherapy. Delay in pathway - 29 day wait for PET scanning. Pathway - 1st OPD D9, OGD D9, CT D20, MDM D24, PET D39, REGIONAL MDM D45, Review D49, REGIONAL MDM D52, ITT D52
Urology	External (Personal info)	ITT Day 140 - Treatment completed Day 213 - Ablation. Reason for delay - MDM on day 21 outcome was NM Parathyroid MIBI scan was to be requested - 17 day delay in Consultant being notified for technical reasons the MIBI scan is not available in CAH, which delayed further MDM discussion. 28 day delay from biopsy cancelled to new biopsy date. 14 day delay in SRM MDM as meeting deferred 1 week. Pathway - CT D1, 1st OP D11, MRI D14, MDM D14, MDM D42 - discussion deferred, MDM D49, biopsy D63 - cancelled patient request, biopsy D91, MDM D100, Review D111, DMSA D112, Regional MDM D135, ITT D140
Urology	External (Personal information)	ITT Day 118- Treatment completed Day 146 - Hormone treatment. Reason for delay - 1st available OP apt D26 due to capacity, 7 days for TRUSB path to be reported, review delayed due to annual leave and limited slots, 21 day wait for Bone scan, 12 day wait for 2nd review apt, 17 day wait for MRI. Pathway - 1st OP D26, MRI D34, TRUSB D38, MDM D47, review D65, Bone scan D68, MDM D82, Review D94, MRI D99, MDM D110, review D116, ITT D118
Skin	External (Personal info)	ITT Day 49 - Treatment completed Day 79 - Surgery. Reason for delay - 1st OP apt day 47 due to capacity. Pathway - 1st OP D47, BIOPSY D47, ITT 49

Gynae	External 	• ITT Day 66 - Treatment completed D102 - Surgery. Complex pathway - First seen D8, Biopsy D9, Diagnosis D23 -investigated by Dermatology D26 to rule out Skin primary ITT. Staging MRI D45, PET D61, ITT'd D66.
Gynae	External 	• ITT Day 44 - Treatment completed Day 72 - Surgery - Delay due to complex case/investigations. First Seen D9, EUA, Hysteroscopy and Biopsy D17, Diagnosis D22, CT at CAH D37, MRI at BCH D38, MDM D43, Regional MDM D44, ITT'd D44
Lung	External 	• ITT Day 30 - Treatment completed Day 72 - Chemotherapy. Reason for delay - 1st OPD D15, then proceeding to PET scanning in Blackrock - was not discussed @ MDM until D30. Pathway - CT D11, 1st OPD D15, bronchoscopy D16, path reported D18, MDM D23, PET D28, and MDM D30.
Urology	External 	• ITT Day 47 - Treatment completed Day 98 - Surgery @ Addenbrookes. Reason for delay - 1st OPD D20 and then proceeding to MRI scanning in first instance, then needing TRUSB once results became available. Pathway - 1st OPD D20, MRI D25, TRUSB D32, diagnosis D34, MDM D41, review with Consultant D47.
UGI	External 	• ITT Day 48 - Treatment completed Day 69 - Reason for delay - OGD 05/09/18 - Day 19. Email sent on same day to Hilda & Mr Hewitt to advise of suspicious lesion. CT & PET requested on same day. Email not picked up by tracker due to sick leave until day 35. Pathway - 1st OPD D16, OGD D20, path reported D25, CT D32, Regional MDM D36, PET D36, Regional OG D43, appointment with Consultant D47

Risk Areas for December/January 2019**Internal**

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology & Skin (improving due to change to clinic templates and 2 x additional slots during October) & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers.
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER September 2017 – October 2018

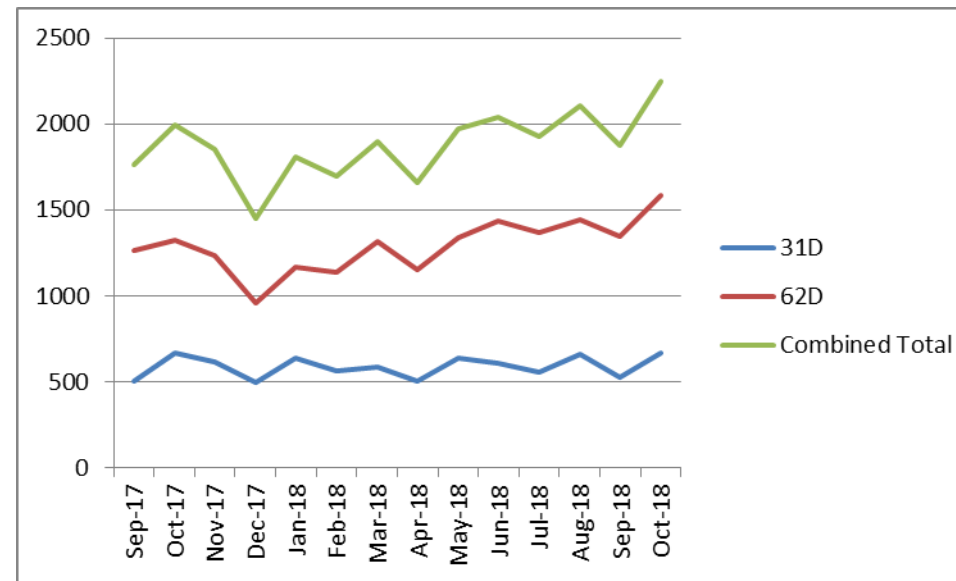
62 DAY REFERRALS

62 DAY REFERRALS	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18
Acute Leukaemia	2	0	0	0	3	0	0	0	0	0	2	0	0	0
Brain/Central Tumour	14	5	6	5	11	11	13	10	9	9	11	10	18	12
Breast Cancer	234	289	235	168	233	216	271	225	225	236	230	237	230	328
Children's Cancer	0	0	0	0	0	0	3	2	0	0	0	1	1	1
Gynae Cancers	120	125	113	101	118	126	102	110	110	113	144	114	127	158
Haematological Cancers	12	17	18	9	17	12	16	16	14	11	19	18	18	30
Head/Neck Cancer	120	83	78	58	94	91	94	75	88	121	82	108	89	115
Lower Gastrointestinal Cancer	219	240	231	184	209	187	239	221	266	255	258	267	261	242
Lung Cancer	21	31	24	22	39	36	35	29	45	46	22	29	22	30
Other Suspected Cancer	24	19	23	13	17	20	20	14	28	27	17	33	27	37
Sarcomas	0	2	3	0	1	3	1	1	5	0	1	1	0	4
Skin Cancers	199	178	170	122	134	145	182	165	243	268	266	258	237	246
Testicular Cancer	6	2	9	10	9	7	8	3	3	4	7	10	6	11
Upper Gastrointestinal Cancer	152	174	163	118	146	127	158	135	144	161	174	163	146	176
Urological Cancer	138	161	163	145	135	155	175	148	158	183	138	191	165	191
62D Total	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347	1581

31 DAY REFERRALS

31 DAY REFERRALS	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18
Acute Leukaemia	17	3	6	0	6	9	7	1	8	7	5	5	13	13
Brain/Central Tumour	13	14	6	10	16	13	11	11	19	17	16	15	4	3
Breast Cancer	52	69	64	39	70	63	60	69	71	61	66	59	58	52
Children's Cancer	0	0	0	0	0	0	0	0	1	0	1	0	3	0
Gynae Cancers	41	65	57	50	52	47	33	41	51	53	45	51	48	60
Haematological Cancers	18	29	23	35	40	26	31	25	29	18	17	41	40	36
Head/Neck Cancer	22	29	36	26	23	16	25	16	27	33	24	37	29	43
Lower Gastrointestinal Cancer	86	113	98	81	106	103	119	88	121	110	100	98	95	117
Lung Cancer	62	82	61	39	64	53	54	45	54	62	71	79	48	65
Other Suspected Cancer	4	5	4	6	0	7	4	2	10	6	3	4	4	3
Sarcomas	7	1	1	2	0	0	4	0	0	1	0	2	2	2
Skin Cancers	42	82	78	63	70	49	67	67	66	71	63	86	71	81
Testicular Cancer	0	0	3	0	0	1	2	1	1	1	1	3	0	4
Upper Gastrointestinal Cancer	81	94	103	92	99	89	100	86	110	96	82	90	63	89
Urological Cancer	58	73	77	73	92	82	61	56	64	55	60	93	50	101
31DTotal	503	681	617	493	640	560	582	501	636	607	554	663	528	669

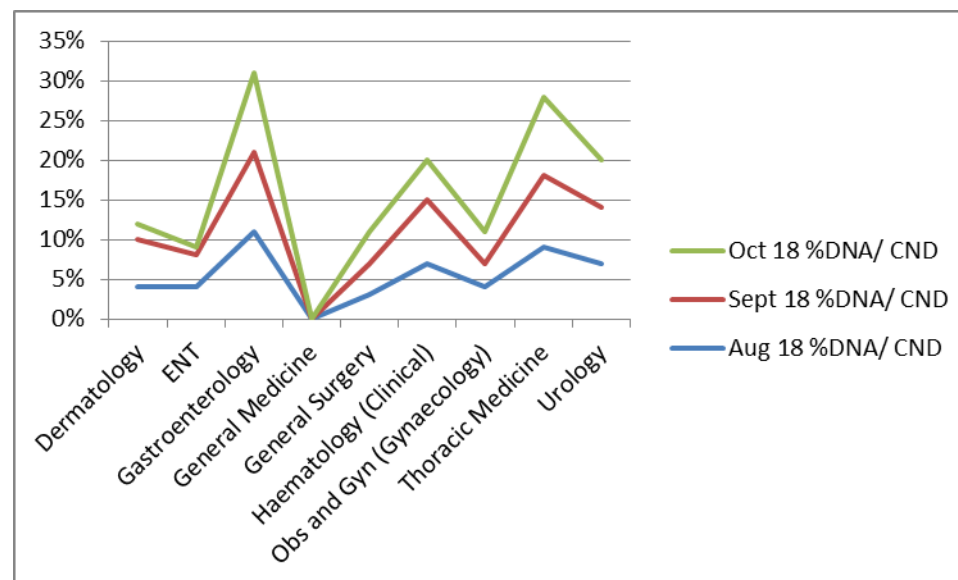
	Sep17	Oct 17	Nov17	Dec17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18	Oct 18
31DTotal	503	670	617	493	640	560	582	501	636	607	554	663	528	669
62D Total	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347	1581
Combined Total	1764	1996	1853	1448	1806	1696	1899	1655	1974	2041	1925	2103	1875	2250



Red Flag Outpatient DNA

Speciality	Aug - 18			Sept - 18			Oct- 18		
	Attendances	DNA& CND	Aug 18 %DNA/ CND	Attendances	DNA& CND	Sept 18 %DNA/ CND	Attendances	DNA& CND	Oct 18 %DNA/ CND
Dermatology	207	9	4%	187	12	6%	272	5	2%
ENT	90	4	4%	126	5	4%	107	1	1%
Gastroenterology	32	4	11%	65	7	10%	107	12	10%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	520	18	3%	470	19	4%	630	23	4%
Haematology (Clinical)	13	1	7%	11	1	8%	18	1	5%
Obs and Gyn (Gynaecology)	120	5	4%	114	3	3%	151	7	4%
Thoracic Medicine	43	4	9%	43	4	9%	35	4	10%
Urology	132	10	7%	128	10	7%	193	12	6%
	1157	55	5%	1144	61	5%	1513	65	4%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

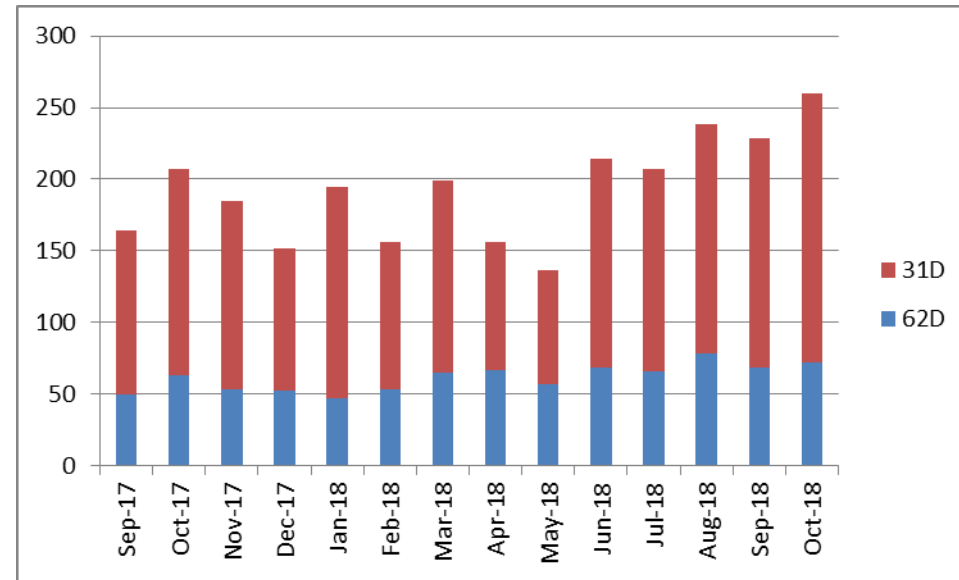
Tumour Site	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Total
Acute Leukaemia	2	0	0	0	0	0	0	0	0	0	2	0	0	0	4
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	4	3	5	5	7	11	12	12	8	12	9	15	12	9	124
Children's	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Gynae	6	5	5	7	5	6	3	7	6	8	13	7	10	4	92
Haem	1	2	2	2	1	3	1	2	4	3	2	6	4	6	39
Head & Neck	1	7	4	5	2	4	5	1	1	1	1	8	4	6	50
LGI	2	3	2	0	3	1	3	7	6	2	0	2	3	2	36
Lung	5	8	5	1	4	3	9	7	4	11	12	6	1	5	81
Other	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	5	22	15	16	7	1	10	13	12	5	7	12	8	8	141
Testicular	0	1	1	0	0	2	0	0	0	0	3	1	0	0	8
UGI	6	5	5	5	1	8	6	5	1	8	9	8	7	7	81
Urology	18	7	9	11	17	14	13	11	13	18	8	13	17	25	194
62D Total	50	63	53	52	47	53	65	67	57	68	66	78	68	72	859
%62D confirmed	30%	30%	29%	34%	24%	36%	33%	43%	42%	32%	32%	33%	30%	28%	

31 Day Confirmed Cancers

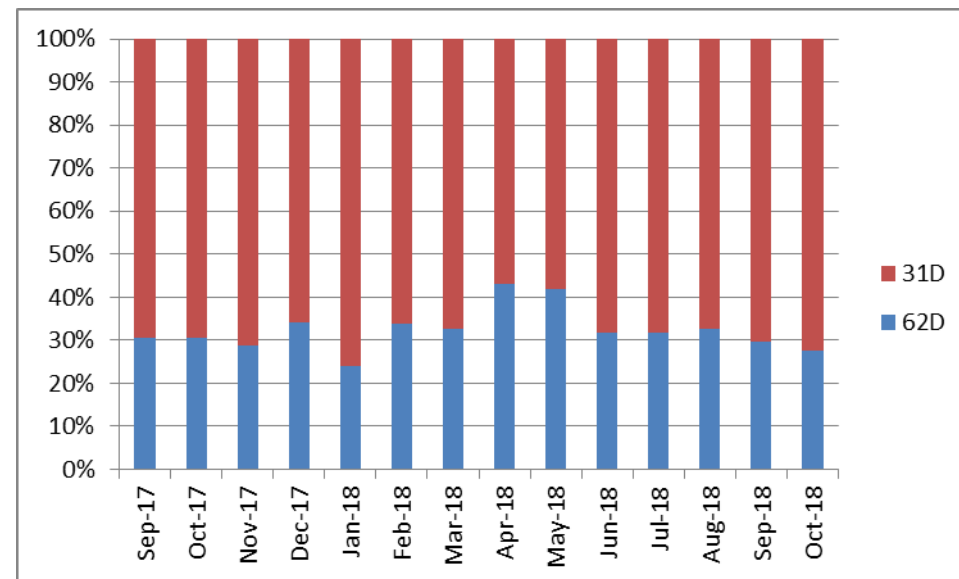
Tumour Site	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Total
Acute Leukaemia	13	5	0	0	2	4	3	0	0	7	4	1	9	11	59
Brain	2	2	3	0	2	5	5	0	1	0	3	3	0	3	29
Breast	13	11	7	6	14	6	14	14	7	17	21	16	20	10	176
Children's	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Gynae	6	13	19	6	14	7	5	1	4	18	16	12	12	23	156
Haem	10	19	15	21	25	20	21	12	9	15	15	36	26	23	267
Head & Neck	1	4	7	2	3	0	8	3	0	7	6	5	6	2	54
LGI	5	5	7	4	7	5	10	9	15	7	8	4	6	8	100
Lung	14	28	20	8	12	10	13	10	7	13	23	26	19	20	223
Other	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Sarcomas	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Skin	19	31	27	32	27	23	30	20	16	26	25	29	31	40	376
UGI	14	9	12	14	17	15	12	9	8	14	8	7	7	13	159
Urology	17	16	15	7	25	8	13	11	9	9	7	21	10	22	190
31D Total	114	144	132	100	148	103	134	89	79	146	141	160	161	188	1839
%31D confirmed	70%	70%	71%	66%	76%	66%	67%	57%	58%	68%	68%	67%	70%	72%	

Tumour Site	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Total
62D Total	50	63	53	52	47	53	65	67	57	68	66	78	68	72	859
31D Total	114	144	132	100	148	103	134	89	79	146	141	160	161	188	1839
TOTAL 31D +62D	164	207	185	152	195	156	199	156	136	214	207	238	229	260	2698

Number of confirmed cancers Sept 17– Oct 18



% of Confirmed cancers split between 31/62 Days
Sept 17 – Oct 18



62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%



Cancer Performance Dashboard Report December 2018

	% Breast 2WW	% 31D Performance	% 62D Performance
Oct 18	99%	100%	69%
Nov 18	99%	100%	76%
Dec 18	98%	99%	72%

	Jul-18	Aug18	Sep18	Oct18	Nov-18	Dec-18	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory	67%	73%	78%	82%	84%	78%	79%
<i>Actual 62 day Performance</i>	<i>78%</i>	<i>73%</i>	<i>82%</i>	<i>69%</i>	<i>77%</i>	<i>72%</i>	<i>75%</i>
Variance on Trajectory	11%	0%	4%	-13%	-7%	-6%	-4%

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Dec 17	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	1	0	0	0	2	1	1	0	1	0	0	0	7
Head & Neck	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	2	1	0	2	1	1	1	2	1	2	2	3	18
Lung	0	1	3	1	2	4	3	4	2	3	1	0	0	24
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	0	0	0	1	0	0	0	1	1	1	0	5
UGI	0	2	2	1	4	1	0	0	4	2	2	1	2	21
Urology	1	5	5	6	2	5	6	8	2	1	5	6	1	53
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3	11	11	8	10	15	11	14	10	10	11	10	6	130

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Dec 17	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Total
Breast	4	8	2	0	2	1	0	0	0	0	0	0	0	17
Colorectal	1	0	0	1	3	0	0	1	1	0	3	1	0	11
ENT	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Gynae	0	0	0	0	2	0	1	0	0	0	0	0	0	3
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	1	0	0	0	0	1	0	0	0	1	3
Skin	0	0	0	0	1	1	0	0	3	4	1	1	1	12
UGI	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Urology	6	2	2	2	2	7	4	4	7	2	7	8	8	61
Total	11	10	5	4	10	9	5	5	12	6	12	10	10	109

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Dec 17	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Total
Breast	2	15	10	2	2	0	0	0	0	0	0	0	0	31
Colorectal	0	1	0	0	0	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	0	2	0	0	0	0	0	0	0	0	3
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	2	16	11	2	4	0	0	0	0	0	0	0	1	36

Summary of Breach Reports – December 2018

Modality	Internal/External	Reason
UGI	External Personal information	ITT Day 56- Treatment completed Day 79- Chemotherapy. Reason for delay - Pet requested D19 -22 day wait for PET apt (D41). Pathway - 1st OPD D14, OGD D14, CT D21, MDM D22, Regional MDM D23, PET D41, Regional MDM D44, SOPD BCH D48, Laparoscopy D49, Regional MDM D51, ITT D56
UGI	External Personal information	ITT Day 60 - Treatment completed Day - 88 - Chemotherapy. Reason for delay - PET requested D17 - 34 day wait on PET scan (D51). Pathway 1st OPD D11, OGD D 11, CT D18, MDM D24, Regional MDM D25, PET D51, Regional MDM D53, Review BCH D57, Laparoscopy D58, Regional MDM D60
URO	External Personal information	ITT Day 94 - Treatment completed Day 113 - Hormones. Reason for delay - 1st OP appointment D49 due to capacity issues. Pathway - MRI D13, 1st OPD D49, Bone scan D59, TRUSB D63, MDM D72, CT D73, MDM D79, Review D86, Regional MDM D93,
GYNAE	External Personal information	ITT Day D49 - Treatment completed Day - D85 – Chemo-radiotherapy. Reason for delay - Complicated pathway, patients MRI was booked via BCH, CAH unable to ITT until all imaging has taken place. Pathway - 1st OPD D13, Biopsy D13, MDM D20, Review D22, MDM D27, Regional MDM D28, CT D29, MDM D34, MRI D36, Regional MDM D42, MDM D48, Review D49
GYNAE	External Personal information	ITT Day D44 - Treatment completed Day - D70 - Chemotherapy. Reason for delay - Complex pathway as patient has Mitral Valve replacement, and required multiple diagnostic procedures. 7 day wait for diagnosis due to complex pathology. Pathway 1st OPD D13, MDM D13, MRI Liver D24, MDM D28, US Guided Liver biopsy D32, MDM D36, Diagnosis D39, MDM D43, Regional MDM D44,
Gynae	External Personal information	ITT Day - D33. Treatment completed Day - D68 - Surgery. Reason for delay - 14 day wait for Red flag MRI. Pathway - 1st OPD D8, CT D8, MDM D12, Regional MDM D13, MDM D19, MRI D27, MDM D33.
Lung	Internal Personal information	Treatment completed Day 63 - Chemotherapy. Reason for delay - Complex pathway requiring EUS & PET scanning (27 Day wait) Pathway - 1st OPD D6, EUS D21, MDM D28, and pathology reported D29, PET CT D34, MDM D35, ITT D42, Review D50, and Chemotherapy D63.
URO	Internal Personal information	Treatment completed Day D126 - Active Monitoring. Reason for delay - 1st OPD D46 due to capacity, Consultant reviews delayed due to no available slots (21 day wait). Pathway - 1st OPD D46, MRI D53, MDM D63, Review D69, TRUSB D99, MDM 105, Review D126

URO	Internal Personal information	• Treatment completed Day D84 - Hormone Therapy. Reasons for delay - 1st OPD D53 due to capacity, 11 day wait for Red flag MRI to be reported, 10 day wait for TRUS biopsy. Pathway - 1st OPD D53, MRI D56, TRUSB D77, MDM D84
URO	Internal Personal information	• Treatment completed Day D92 - Surgery. Reason for delay - 1st OPD D49 due to capacity, MDM 25/10/18 (D53) deferred as CTU not reported. Pathway - 1st OPD D49, CT D50, MDM D60, Review D85, Surgery D92
URO	Internal Personal information	• Treatment completed Day D93 - Active Monitoring. Reason for delay - 1st OPD D26 due to capacity, MDM deferred due to Bone scan not being reported, 12 day wait for review slot following MDM, 20 day wait for review slot following MDM. Pathway - 1st OPD D26, MRI D37, TRUSB D41, MDM D49, Review D61, Bone scan D62, MDM D72, Review D93
URO	Internal Personal information	• Treatment completed Day D95 - Surgery. Reason for delay - 1st OPD D28 due to capacity, MDM discussion deferred for Bone scan to be reported, MDM D45 deferred 1 week for discussion with Radiology present, 14 day wait for SRM MDM (bi- monthly regional MDM). Pathway - 1st OPD D28, Bone scan D32, Virtual MDM D45, MDM D52, SRM MDM D66, Review D70, Decision to treat D75, Surgery D95
URO	Internal Personal information & 31 Day breach.	• Treatment completed Day 125 - Surgery. Reason for delay - 1st OPD D41 due to capacity, 26 day wait for review appointment following MDM discussion due to capacity & then 41 day wait for surgery. Pathway - MRI D10, 1st OPD D41, Bone scan D50, CT D52, Renal DMSA D55, MDM D58, Review D84, Surgery D125
URO	Internal Personal information	• Pathway completed Day 93 - Surgery. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, MDM D55, review with Consultant D61, DTT D79, Surgery D93.
URO	Internal Personal information	• Pathway completed D87 - Surgery. Reason for delay - 1st OPD D43. Pathway - CT scan D20, 1st D43, surgery performed D87 - No sooner availability.
Skin	Internal Personal information	• Treatment completed Day D63 - Surgery. Reason for delay - 1st OPD D31 due to capacity. Pathway - 1st OPD D31, Punch biopsy D31, MDM D45, Review D52, Excision D63

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology
- Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers.
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER OCTOBER 2017 – DECEMBER 2018

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 62 Day pathway by suspect tumour site)

62 DAY REFERRALS

62 DAY REFERRALS	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Acute Leukaemia	1	0	3	0	0	0	0	0	2	0	0	0	0	0
Brain/Central Tumour	7	5	12	11	13	10	8	9	10	10	18	12	12	5
Breast Cancer	250	172	235	228	271	230	228	236	230	239	232	330	270	187
Children's Cancer	0	1	0	0	3	2	0	0	0	1	1	0	3	1
Gynae Cancers	118	102	118	129	102	117	112	111	144	114	128	159	142	111
Haematological Cancers	15	9	17	10	12	10	12	10	17	15	16	30	20	13
Head/Neck Cancer	84	57	95	86	98	85	87	121	82	101	89	116	114	69
Lower Gastrointestinal Cancer	251	183	211	194	240	235	275	254	260	268	263	243	275	249
Lung Cancer	251	183	42	35	36	30	46	46	22	30	22	29	31	21
Other Suspected Cancer	26	22	12	18	18	15	26	27	15	31	25	36	17	10
Sarcomas	13	10	2	3	1	2	6	0	1	1	0	4	1	0
Skin Cancers	165	120	119	124	163	165	221	256	203	232	201	228	179	151
Testicular Cancer	9	10	9	7	8	3	4	4	7	10	5	11	11	9
Upper Gastrointestinal Cancer	179	118	149	124	162	140	145	161	174	161	149	177	183	129
Urological Cancer	179	118	138	161	182	157	160	183	147	193	175	197	193	180
62D Total	1548	1110	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135

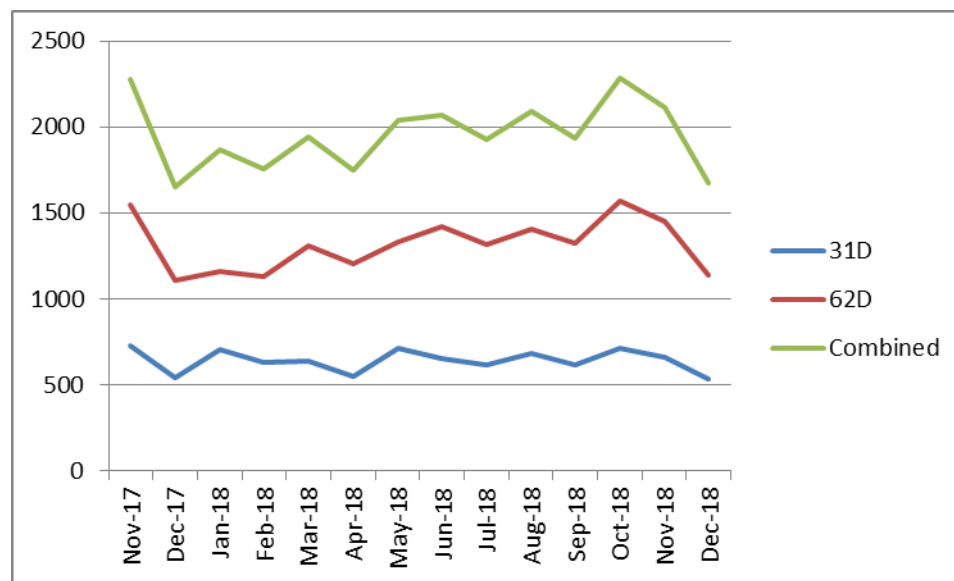
31 DAY REFERRALS

TRU-83123

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 31 Day pathway by suspect tumour site)

31 DAY REFERRALS	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Acute Leukaemia	6	0	8	9	7	1	8	7	5	5	13	14	13	2
Brain/Central Tumour	6	10	16	14	11	11	19	17	17	15	4	3	18	6
Breast Cancer	66	40	71	66	62	73	71	62	65	59	60	52	58	70
Children's Cancer	1	0	0	0	0	0	2	0	1	0	3	0	0	0
Gynae Cancers	59	52	52	49	36	45	55	55	47	53	50	61	46	30
Haematological Cancers	24	36	38	27	31	25	30	19	18	43	42	34	45	37
Head/Neck Cancer	41	28	23	18	24	21	26	36	28	39	32	45	35	21
Lower Gastrointestinal Cancer	127	87	113	108	125	97	140	114	105	104	110	123	138	108
Lung Cancer	73	42	76	63	60	51	65	69	76	80	59	70	69	66
Other Suspected Cancer	4	4	3	9	4	2	9	6	1	3	5	2	2	1
Sarcomas	2	2	0	0	4	0	0	1	0	2	2	3	3	4
Skin Cancers	109	88	99	79	83	73	83	88	84	87	100	96	88	59
Testicular Cancer	4	0	0	1	2	1	1	1	1	3	0	4	0	1
Upper Gastrointestinal Cancer	120	99	105	99	109	84	119	100	89	91	77	99	81	74
Urological Cancer	84	52	99	86	76	64	82	77	75	101	56	104	66	57
31DTotal	726	540	703	628	634	548	710	652	612	685	613	710	662	536

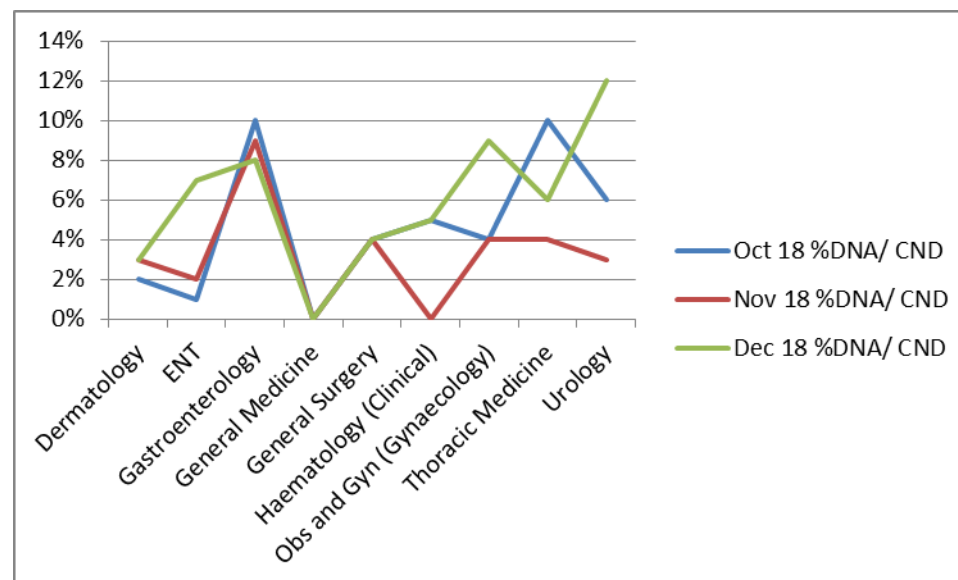
	Nov17	Dec17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18
31DTotal	726	540	703	628	634	548	710	652	612	685	613	710	662	536
62D Total	1548	1110	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135
Combined Total	2274	1650	1865	1758	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671



Red Flag Outpatient DNA

Speciality	Oct- 18			Nov - 18			Dec- 18		
	Attendances	DNA& CND	Oct 18 %DNA/ CND	Attendances	DNA& CND	Nov 18 %DNA/ CND	Attendances	DNA& CND	Dec 18 %DNA/ CND
Dermatology	272	5	2%	275	7	3%	186	5	3%
ENT	107	1	1%	120	3	2%	96	7	7%
Gastroenterology	107	12	10%	63	6	9%	58	5	8%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	630	23	4%	521	23	4%	453	19	4%
Haematology (Clinical)	18	1	5%	20	0	0%	18	1	5%
Obs and Gyn (Gynaecology)	151	7	4%	132	5	4%	97	9	9%
Thoracic Medicine	35	4	10%	45	2	4%	45	3	6%
Urology	193	12	6%	190	6	3%	102	14	12%
	1513	65	4%	1366	52	4%	1055	63	6%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 62 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Total
Acute Leukaemia	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	24	9	20	24	21	11	15	20	15	19	13	18	15	14	238
Children's	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3
Gynae	9	8	13	14	13	19	21	15	19	10	10	6	9	6	172
Haem	5	5	4	5	5	5	3	3	7	10	7	10	3	4	76
Head & Neck	11	7	7	7	10	9	5	7	5	5	7	9	5	6	100
LGI	9	5	10	10	13	10	13	7	13	6	8	10	4	7	125
Lung	5	7	15	10	16	10	22	16	12	8	3	4	2	1	131
Other	1	0	0	0	0	0	1	0	1	0	1	1	0	5	10
Sarcomas	0	0	0	0	1	0	2	0	0	0	0	0	0	0	3
Skin	34	25	17	24	30	17	22	30	25	31	30	30	13	8	336
Testicular	1	0	2	2	0	0	0	0	3	1	0	3	2	0	14
UGI	10	9	5	9	11	5	10	9	14	11	13	11	11	7	135
Urology	35	33	35	37	34	38	39	57	32	39	28	29	26	25	487
62D Total	144	108	129	142	157	124	153	164	148	140	120	131	90	83	1833
%62D confirmed	40%	40%	34%	39%	42%	40%	42%	42%	41%	38%	37%	36%	44%	38%	

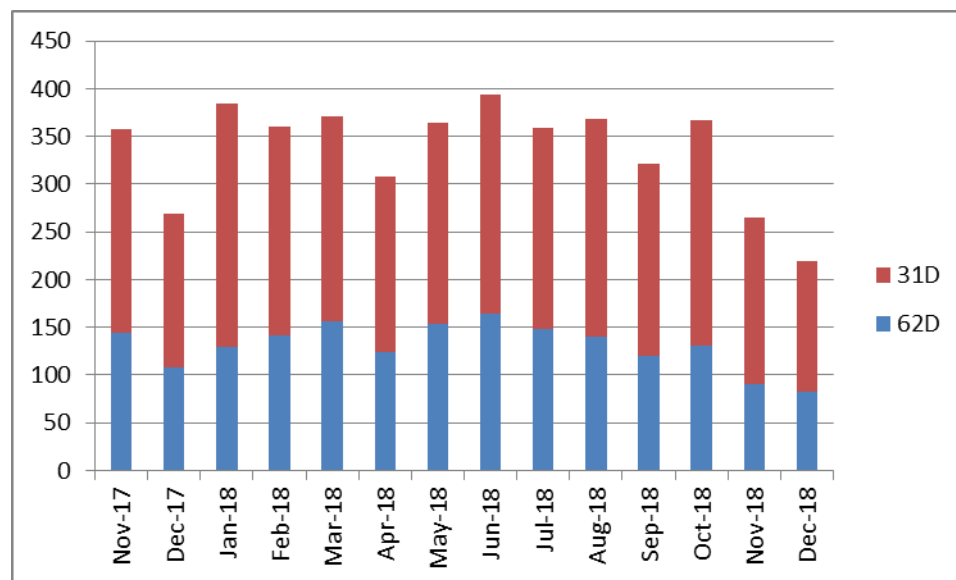
31 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 31 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

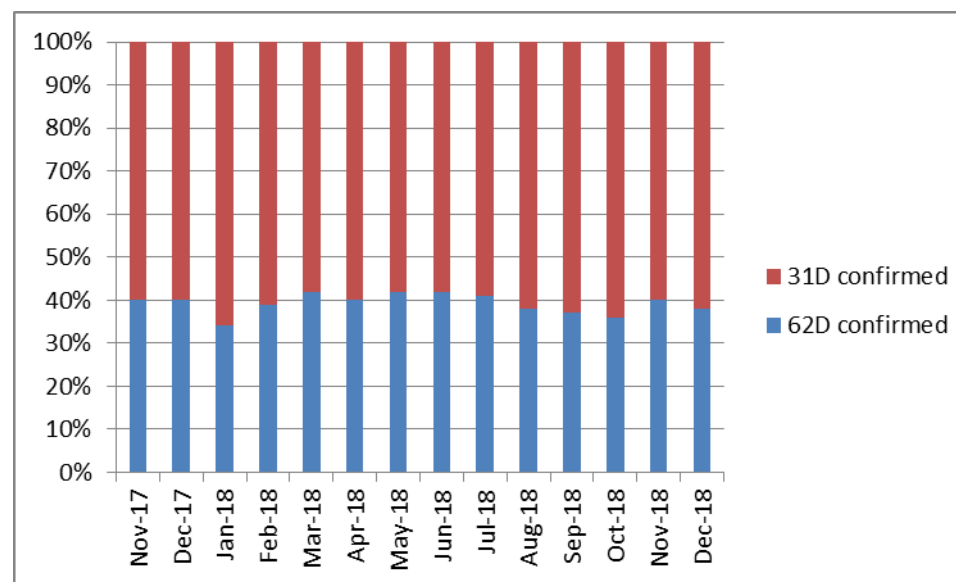
Tumour Site	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Total
Acute Leukaemia	2	0	4	5	3	1	2	7	4	1	11	12	1	0	53
Brain	3	4	10	8	5	11	11	9	6	7	0	3	0	4	81
Breast	18	11	19	22	20	12	20	23	25	18	20	13	13	18	252
Children's	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3
Gynae	22	9	20	15	7	19	16	21	18	12	17	25	13	7	221
Haem	18	28	31	23	27	23	24	19	17	39	31	25	34	21	360
Head & Neck	12	5	6	2	9	3	6	14	10	9	10	5	7	3	101
LGI	21	14	18	11	21	19	15	13	16	11	12	17	10	6	204
Lung	33	16	34	40	24	24	32	35	36	47	27	32	23	19	422
Other	1	0	0	0	2	0	1	0	0	1	1	0	0	8	14
Sarcomas	1	0	0	0	0	0	0	0	0	0	0	0	2	2	5
Skin	57	49	43	41	46	34	36	40	39	34	46	60	47	32	604
UGI	0	0	24	23	23	21	23	15	12	15	13	16	9	7	201
Urology	26	25	46	28	27	17	25	34	28	35	11	28	16	10	356
31D Total	214	161	255	218	214	184	211	230	211	229	202	236	175	137	2877
%31D confirmed	60%	60%	66%	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	62%	

Tumour Site	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Total
62D Total	144	108	129	142	157	124	153	164	148	140	120	131	90	83	1833
31D Total	214	161	255	218	214	184	211	230	211	229	202	236	175	137	2877
TOTAL 31D +62D	358	269	384	360	371	308	364	394	359	369	322	367	265	220	4710

Number of confirmed cancers Nov 17– Nov 18



% of Confirmed cancers split between 31/62 Days
Nov 17 – Dec 18



62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%



Cancer Performance Dashboard Report January 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Nov 18	99%	100%	76%
Dec 18	98%	99%	72%
Jan 19	99%	100%	71%

	Aug18	Sep18	Oct18	Nov18	Dec-18	Jan-19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory	73%	78%	82%	84%	78%		
<i>Actual 62 day Performance</i>	<i>73%</i>	<i>82%</i>	<i>69%</i>	<i>77%</i>	<i>72%</i>	<i>71%</i>	
Variance on Trajectory	0%	4%	-13%	-7%	-6%		

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	0	0	0	2	1	1	0	1	0	0	0	4	10
Head & Neck	0	0	0	0	1	0	0	0	1	0	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	1	0	2	1	1	1	2	1	2	2	3	0	18
Lung	1	3	1	2	4	3	4	2	3	1	0	0	1	25
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	1	0	0	0	1	1	1	0	1	5
UGI	2	2	1	4	1	0	0	4	2	2	1	2	0	21
Urology	5	5	6	2	5	6	8	2	1	5	6	1	9	61
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	11	8	10	15	11	14	10	10	11	10	6	15	142

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
Breast	8	2	0	2	1	0	0	0	0	0	0	0	0	13
Colorectal	0	0	1	3	0	0	1	1	0	3	1	0	1	11
ENT	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Gynae	0	0	0	2	0	1	0	0	0	0	0	0	0	3
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	1	0	0	0	0	1	0	0	0	1	0	3
Skin	0	0	0	1	1	0	0	3	4	1	1	1	0	12
UGI	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Urology	2	2	2	2	7	4	4	7	2	7	8	8	9	64
Total	10	5	4	10	9	5	5	12	6	12	10	10	10	108

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
Breast	15	10	2	2	0	0	0	0	0	0	0	0	0	29
Colorectal	1	0	0	0	0	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	2	0	0	0	0	0	0	0	0	0	3
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	16	11	2	4	0	0	0	0	0	0	0	0	0	33

Summary of Breach Reports – January 2019

Modality	Internal/External	Reason
Urology	External Personal info	ITT Day 120 - Treatment completed Day 196 - Radiotherapy. Reason for delay - 1st OPD D25, delay with TRUSB - awaiting response from Consultant following MRI results being emailed, 18 day wait for review with Consultant following MDM, followed by further 13 day wait with Consultant post MDM. Pathway - 1st OPD D25, MRI D26, MRI reported D27, TRUSB D47, path reported D54, MDM D56, review with Consultant D74 - bone scan requested, Bone scan D82, MDM D91, review D104, Regional MDM D119.
Urology	External Personal info	ITT Day 90 - Treatment completed D187 -Surgery. Reason for delay -1st OPD D33, delay with TRUSB bring performed as had MRI scanning in first instance & then 23 day delay for review with Consultant post MDM. Pathway - 1st OPD D33, MRI D42, TRUSB D67, path reported D74, MDM D76, review with Consultant D89 post MDM,
Urology	External Personal info	ITT Day 115 - Treatment completed Day 185 - Surgery. Reason for delay - 1st OPD D51, 21 Day delay for TRUSB (MRI was performed & TRUSB was dependent on results). Pathway - 1st OPD D51, MRI D58, TRUSB D79 & pathology reported D84, MDM D87, and ITD D105 & Regional MDM D115.
Lower GI	External Personal information	ITT Day 67 - treatment completed Day 104 - Chemoradiotherapy. Reason for delay - Going to virtual clinic in first instance. Virtual clinic OPD D8 - then 26 day wait for OGD & Colonoscopy (relevant adjustment added to show patient wanted to wait to end of September) & then 10 day delay with Oncology referral. Pathway - Virtual clinic - D8, OGD & Colonoscopy D36, Staging CT C/A/P, path reported D42, MDM D43, review with Mr McKay 43, MDM D44, MRI D52, MDM D57.
Skin	External Personal info	ITT Day 20 - Treatment completed D74.
LGI	External Personal info (31D breach as well)	ITT Day 49 - Treatment completed Day 98 - Chemo-radiotherapy. Reason for delay - Complex pathway requiring flexible sig, staging CT, MRI scan and x 2 MDM discussions. Pathway - 1st OPD D3, flexi sig D16, CT D22, MDM D31, MRI D42, MDM D45, & review with Consultant Day 47 & ITT Day 49.
Urology	External Personal info	ITT to ST on Day 290 from South Eastern - Treatment completed on Day 350. Reason for delay - Patient 1st OPD in ST was D290, and then had a 60 day wait for surgery to be performed in Belfast due to capacity.

Urology	External Personal info	• ITT Day 72 - Treatment completed Day 155 - Brachytherapy. Reason for delay - 1st OPD D29 & loss of 7 days with not being added to MDM on 20.09.18 (no comment in diary for reason with delay) Pathway - MRI D4, TRUSB D29, path reported D37, MDM D51, ITD D64, ITT Day 72.
Urology	External Personal info	• ITT Day D104 - Treatment completed Day 151 - Hormones. Reason for delay - 1st OPD D47, 14 day wait for Bone Scanning, then 7 day wait for MDM discussion with results & then 14 day wait for review with Consultant following MDM. Pathway - MRI D18, 1ST OPD D47, TRUSB D52, MDM D61, review D68, Bone Scan D75, MDM D82, review with Consultant D96 - listed for Regional MDM & then Regional discussion D103.
Urology	External Personal info	• ITT Day 106 - Treatment completed Day 171 - Surgery. Reason for delay - 1st OPD D42 & then 33 day wait from MRI scanning was performed until TRUSB could be performed due to capacity. Pathway - 1st OPD D42, MRI D52, TRUSB D85, MDM D94.
Urology	External Personal info	• ITT Day 120 - Treatment completed Day 150 - Hormones. Reason for delay - 1st OPD D43 & 44 day wait from MRI scanning to TRUSB performed (No feedback from Consultant regarding need for TRUSB to Tracker). Pathway - 1st OPD D43, MRI D48, TRUSB D92, MDM D101, review with Consultant D114 & ITT D120.
LGI	External Personal info	• ITT Day 41 - Treatment completed Day 74 - Chemoradiotherapy. Reason for delay - complex case requiring multiple diagnostic and staging investigations & 1 week wait from MDM discussion to ITT'd. Pathway - 1st OPD D12, OGD & Colonoscopy D22, staging CT scan D26, MRI D29 & MDM D34.
LGI	External Personal info	• ITT Day 80 - Treatment completed Day 102 - Radiotherapy. Reason for delay - 41 Day wait for CTC to be performed & then 14 day wait for review with Consultant post MDM to be referred to Oncology (Over Xmas period). Pathway - 1st OPD D6, CTC D47, MDM D55, MRI D61, MDM D62, review with Consultant Day 76.
Urology	External Personal info	• ITT Day 46 - Treatment completed Day 94 - Chemotherapy. Reason for delay - Due to path being reported as muscle invasive TURBT not counted as first definitive treatment. Pathway - CT Urogram D10, 1st OPD D14, TURBT D29, and pathology reported Day 35, CT Chest D37, MDM D38, ITD D39 & DTT D44.
Lung	External Personal info	• ITT Day 65 - Treatment completed Day 90 - Surgery. Reason for delay - 16 day wait for PET scanning & then 15 day wait for CT Guided biopsy. Pathway - 1st OPD D7, CT D10, Bronchoscopy Day 13, MDM D15, PET requested D15, PET D31, MDM with PET D36, CT Guided BX 51, path reported D59, MDM D64, ITT D65.
Lower GI	External Personal info	• ITT Day 26 - Treatment completed Day 69 - Radiotherapy. Pathway - Straight to test - Day 11, CT D20, MRI D21, MDM D22.

Urology	Internal (Personal info)	• Treatment completed - D115 - Hormones. Reason for delay - 1st OPD D76 (was previously booked to attend clinic on D34, but Consultant was off sick so this had to be rebooked to the next available clinic). Pathway - 1st OPD D76, MRI D88, TRUSB D93, MDM 101, review with Consultant D115.
Urology	Internal (Personal info)	• Treatment completed Day 94 - Active monitoring. Reason for delay - 1st OPD D42, then 30 day wait from 1st OPD to TRUSB as MRI scanning was performed in the first instance, reported then proceeded to TRUSB & then 14 day wait for review with Consultant post MDM. Pathway - 1st OPD D42, MRI D50, TRUSB D72, MDM D80 & then review with Consultant Day 94.
Urology	Internal (Personal information)	• Treatment completed Day 81 - Hormones. Reason for delay - 1st OPD D49. Pathway - 1st OPD D49, MRI D52, TRUSB D70, and pathology reported D74, MDM D77, review with Consultant D81.
Urology	Internal (Personal info)	• Treatment completed Day 89 - Hormones. Reason for delay. 1st OPD D46 (Upgraded referral received on Day 27), 17 day wait for TRUSB to be reported. Pathway - 1st OPD D46, MRI D51, TRUSB D60, MDM deferral D76, path reported D77, MDM D83, review D89 (Head of Service asked if anyone could accommodate patient so that they are seen soon).
Urology	Internal (Personal info)	• Treatment completed Day 91 - Hormones. Reason for delay - 1st OPD D50, then 12 day wait for MRI scanning due to delay with MRI approval, 12 day wait for TRUSB. Pathway - USS Day 11, 1st OPD D50, MRI D62, and MRI reported D65, TRUSB D79, MDM D87 & review Day 91.
Urology	Internal (Personal info)	• Treatment completed Day 91 - Hormones. Reason for delay - 1st OPD D44 & then 15 day wait for MRI scan & then 22 day wait for TRUSB (over X-mas period). Pathway - CTU D9, 1st OPD D44, MRI D55, TRUSB D77, MDM D86, review with Consultant D91.
LGI	Internal (Personal info)	• Treatment completed Day 86 - Surgery. Reason for delay - 14 day wait for MDM discussion, followed by further 7 day delay for MDM discussion so that Mr Hewitt was present & then 7 day wait for review with Consultant to discuss management plan. Pathway - 1st OPD D3, colonoscopy Day 14, path reported Day 17, MDM D31, CT D43, CTC Day 43, MDM D66, review Day 73.
Urology	Internal (Personal information)	• Treatment completed Day 82 - Hormones. Reason for delay - Upgraded referral - 1st OPD D40. Pathway - 1st OPD D40, MRI D51, MRI reported D52, TRUSB D66, MDM D76, review with Consultant post MDM D82.

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology
- Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography – 40 CTC's are being outsourced a week to pull back waiting times.
- Urology Pathway
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 1-2 weeks (Scanner was broken last week)
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 62 Day pathway by suspect tumour site)

62 DAY REFERRALS

62 DAY REFERRALS	Dec 17	Jan 18	Feb 18	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Acute Leukaemia	0	3	0	0	0	0	0	2	0	0	0	0	0	3
Brain/Central Tumour	5	12	11	13	10	8	9	10	10	18	12	12	5	7
Breast Cancer	172	235	228	271	230	228	236	230	239	232	330	270	187	268
Children's Cancer	1	0	0	3	2	0	0	0	1	1	0	3	1	0
Gynae Cancers	102	118	129	102	117	112	111	144	114	128	159	142	111	120
Haematological Cancers	9	17	10	12	10	12	10	17	15	16	30	20	13	26
Head/Neck Cancer	57	95	86	98	85	87	121	82	101	89	116	114	69	118
Lower Gastrointestinal Cancer	183	211	194	240	235	275	254	260	268	263	243	275	249	309
Lung Cancer	183	42	35	36	30	46	46	22	30	22	29	31	21	49
Other Suspected Cancer	22	12	18	18	15	26	27	15	31	25	36	17	10	28
Sarcomas	10	2	3	1	2	6	0	1	1	0	4	1	0	0
Skin Cancers	120	119	124	163	165	221	256	203	232	201	228	179	151	237
Testicular Cancer	10	9	7	8	3	4	4	7	10	5	11	11	9	11
Upper Gastrointestinal Cancer	118	149	124	162	140	145	161	174	161	149	177	183	129	165
Urological Cancer	118	138	161	182	157	160	183	147	193	175	197	193	180	173
62D Total	1110	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518

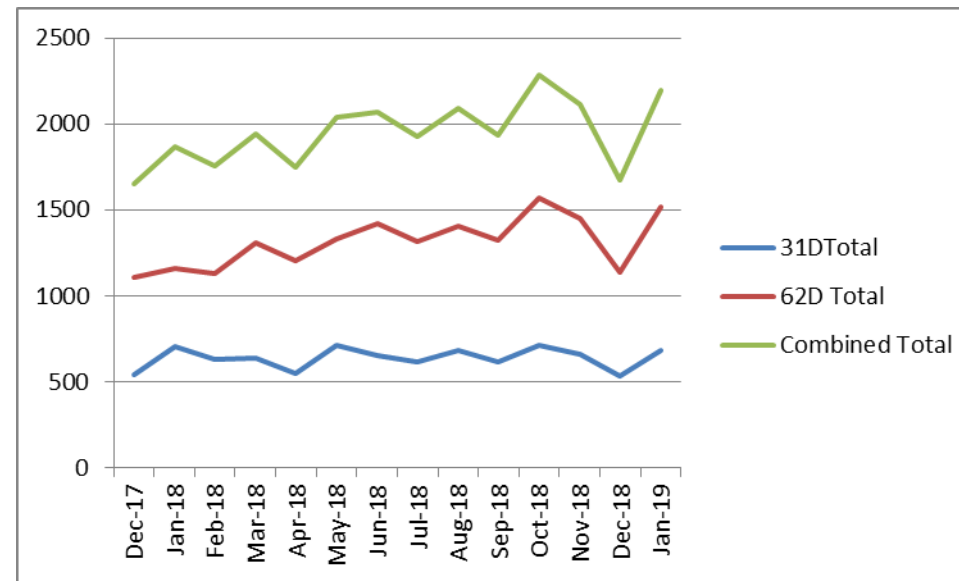
31 DAY REFERRALS

TRU-83140

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 31 Day pathway by suspect tumour site)

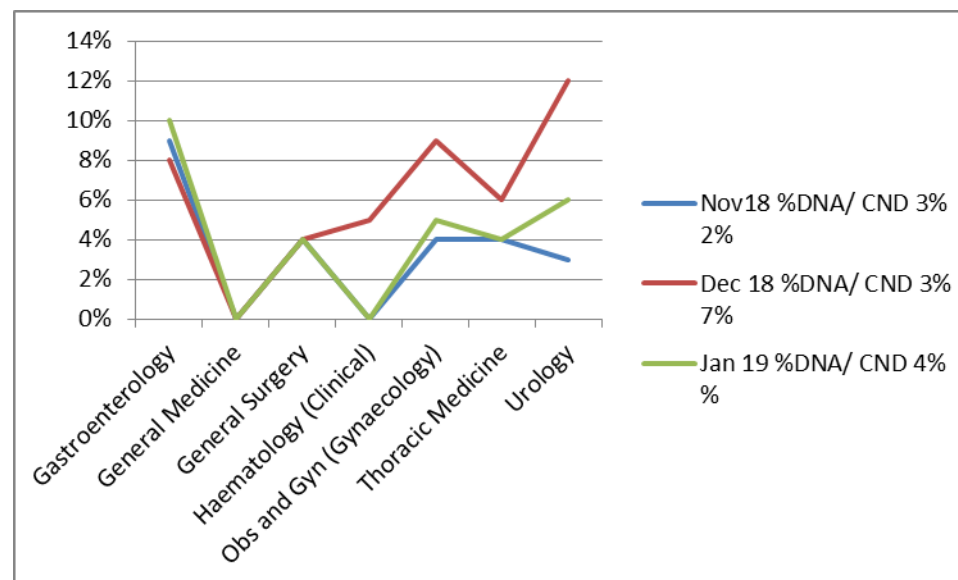
31 DAY REFERRALS	Jan 18	Feb 18	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Dec 18	Jan 19
Acute Leukaemia	8	9	7	1	8	7	5	5	13	14	13	2	2	15
Brain/Central Tumour	16	14	11	11	19	17	17	15	4	3	18	6	6	15
Breast Cancer	71	66	62	73	71	62	65	59	60	52	58	70	70	84
Children's Cancer	0	0	0	0	2	0	1	0	3	0	0	0	0	0
Gynae Cancers	52	49	36	45	55	55	47	53	50	61	46	30	30	58
Haematological Cancers	38	27	31	25	30	19	18	43	42	34	45	37	37	34
Head/Neck Cancer	23	18	24	21	26	36	28	39	32	45	35	21	21	31
Lower Gastrointestinal Cancer	113	108	125	97	140	114	105	104	110	123	138	108	108	118
Lung Cancer	76	63	60	51	65	69	76	80	59	70	69	66	66	65
Other Suspected Cancer	3	9	4	2	9	6	1	3	5	2	2	1	1	4
Sarcomas	0	0	4	0	0	1	0	2	2	3	3	4	4	2
Skin Cancers	99	79	83	73	83	88	84	87	100	96	88	59	59	55
Testicular Cancer	0	1	2	1	1	1	1	3	0	4	0	1	1	2
Upper Gastrointestinal Cancer	105	99	109	84	119	100	89	91	77	99	81	74	74	95
Urological Cancer	99	86	76	64	82	77	75	101	56	104	66	57	57	73
31DTotal	703	628	634	548	710	652	612	685	613	710	662	536	536	681

	Dec17	Jan 18	Feb 18	Mar18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19
31DTotal	540	703	628	634	548	710	652	612	685	613	710	662	536	681
62D Total	1110	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518
Combined Total	1650	1865	1758	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199

**Red Flag Outpatient DNA**

Speciality	Nov- 18			Dec - 18			Jan- 19		
	Attendances	DNA& CND	Nov18 %DNA/ CND	Attendances	DNA& CND	Dec 18 %DNA/ CND	Attendances	DNA& CND	Jan 19 %DNA/ CND
Dermatology	275	7	3%	186	5	3%	202	9	4%
ENT	120	3	2%	96	7	7%	113	2	%
Gastroenterology	63	6	9%	58	5	8%	69	8	10%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	521	23	4%	453	19	4%	604	22	4%
Haematology (Clinical)	20	0	0%	18	1	5%	19	0	0%
Obs and Gyn (Gynaecology)	132	5	4%	97	9	9%	154	8	5%
Thoracic Medicine	45	2	4%	45	3	6%	48	2	4%
Urology	190	6	3%	102	14	12%	154	10	6%
	1366	52	4%	1055	63	6%	1363	61	4%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 62 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
Acute Leukaemia	0	1	0	0	0	0	0	2	0	0	0	0	0	0	3
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	9	20	24	21	11	15	20	15	19	13	18	15	14	16	230
Children's	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
Gynae	8	13	14	13	19	21	15	19	10	10	6	9	8	11	176
Haem	5	4	5	5	5	3	3	7	10	7	10	3	4	2	73
Head & Neck	7	7	7	10	9	5	7	5	5	7	9	5	9	7	99
LGI	5	10	10	13	10	13	7	13	6	8	10	4	0	9	118
Lung	7	15	10	16	10	22	16	12	8	3	4	2	1	9	135
Other	0	0	0	0	0	1	0	1	0	1	1	0	0	0	4
Sarcomas	0	0	0	1	0	2	0	0	0	0	0	0	0	0	3
Skin	25	17	24	30	17	22	30	25	31	30	30	13	14	17	325
Testicular	0	2	2	0	0	0	0	3	1	0	3	2	0	1	14
UGI	9	5	9	11	5	10	9	14	11	13	11	11	13	4	135
Urology	33	35	37	34	38	39	57	32	39	28	29	26	32	23	482
62D Total	108	129	142	157	124	153	164	148	140	120	131	90	105	99	1810
%62D confirmed	40%	34%	39%	42%	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	

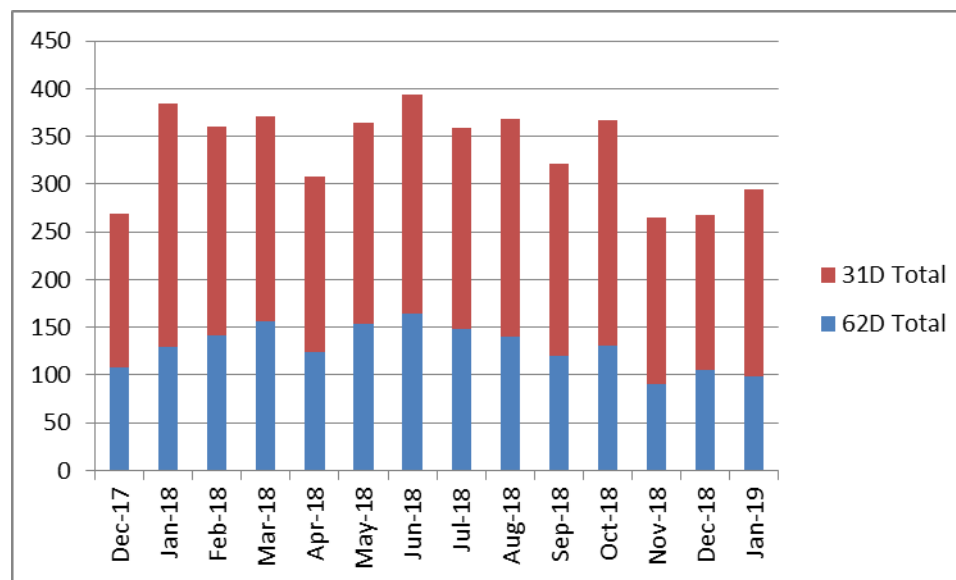
31 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 31 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

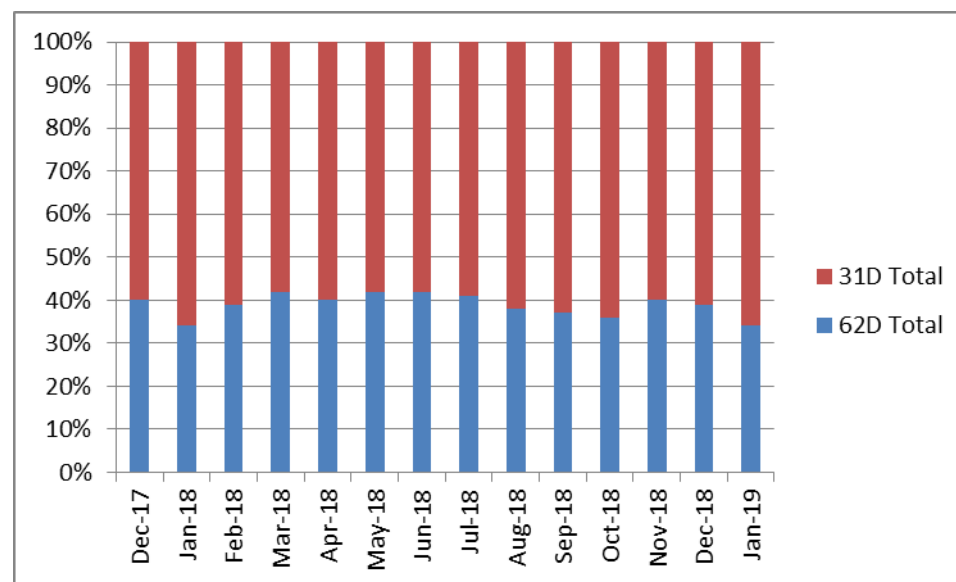
Tumour Site	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
Acute Leukaemia	0	4	5	3	1	2	7	4	1	11	12	1	0	0	51
Brain	4	10	8	5	11	11	9	6	7	0	3	0	5	9	88
Breast	11	19	22	20	12	20	23	25	18	20	13	13	18	31	265
Children's	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3
Gynae	9	20	15	7	19	16	21	18	12	17	25	13	9	11	212
Haem	28	31	23	27	23	24	19	17	39	31	25	34	26	14	361
Head & Neck	5	6	2	9	3	6	14	10	9	10	5	7	3	6	95
LGI	14	18	11	21	19	15	13	16	11	12	17	10	6	7	190
Lung	16	34	40	24	24	32	35	36	47	27	32	23	23	25	418
Other	0	0	0	2	0	1	0	0	1	1	0	0	2	0	7
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	2	2	0	4
Skin	49	43	41	46	34	36	40	39	34	46	60	47	37	29	581
UGI	0	24	23	23	21	23	15	12	15	13	16	9	1	34	229
Urology	25	46	28	27	17	25	34	28	35	11	28	16	12	27	359
31D Total	161	255	218	214	184	211	230	211	229	202	236	175	163	195	2884
%31D confirmed	60%	66%	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	

Tumour Site	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Total
62D Total	108	129	142	157	124	153	164	148	140	120	131	90	105	99	1810
31D Total	161	255	218	214	184	211	230	211	229	202	236	175	163	195	2884
TOTAL 31D +62D	269	384	360	371	308	364	394	359	369	322	367	265	268	294	4694

Number of confirmed cancers Dec 17– Jan 19



% of Confirmed cancers split between 31/62 Days
Dec 17 – Jan 19



62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%



Cancer Performance Dashboard Report February 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Dec 18	98%	99%	72%
Jan 19	99%	100%	71%
Feb 19	100%	98%	72%

	Sep18	Oct18	Nov18	Dec18	Jan 19	Feb 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory	78%	82%	84%	78%			
<i>Actual 62 day Performance</i>	<i>82%</i>	<i>69%</i>	<i>77%</i>	<i>72%</i>	<i>71%</i>	<i>71%</i>	
Variance on Trajectory	4%	-13%	-7%	-6%			

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	2	1	1	0	1	0	0	0	5	2	12
Head & Neck	0	0	0	1	0	0	0	1	0	0	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	0	2	1	1	1	2	1	2	2	3	0	1	17
Lung	3	1	2	4	3	4	2	3	1	0	0	1	4	28
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	1	0	0	0	1	1	1	0	1	0	5
UGI	2	1	4	1	0	0	4	2	2	1	2	0	1	20
HPB	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Urology	5	6	2	5	6	8	2	1	5	6	1	9	5	61
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	8	10	15	11	14	10	10	11	10	6	17	14	147

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
Breast	2	0	2	1	0	0	0	0	0	0	0	0	0	5
Colorectal	0	1	3	0	0	1	1	0	3	1	0	1	4	15
ENT	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Gynae	0	0	2	0	1	0	0	0	0	0	0	0	2	5
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	1	0	0	0	0	1	0	0	0	1	0	0	3
Skin	0	0	1	1	0	0	3	4	1	1	1	0	0	12
UGI	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Urology	2	2	2	7	4	4	7	2	7	8	8	8	2	63
Total	5	4	10	9	5	5	12	6	12	10	10	9	8	105

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
Breast	10	2	2	0	0	0	0	0	0	0	0	0	0	14
Colorectal	0	0	0	0	0	0	0	0	0	0	0	0	1	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	2	0	0	0	0	0	0	0	0	0	0	3
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	11	2	4	0	0	0	0	0	0	0	0	0	2	19

Summary of Breach Reports – February 2019

Modality	Internal/External	Reason
Urology	External Personal info	• ITT Day 49 - Treatment completed Day 101 - Chemotherapy. Reason for delay - TURBT no longer counts as first definitive treatment. Pathway - 1st OPD D1, flexi performed D1, MRI D9, TURBT D20, staging CT scan D27, MDM D30, review with Consultant post MDM D44.
Urology	External Personal info	• ITT Day 93 - Treatment completed Day 156 - Hormones. Reason for delay - 1st OPD D40, and then a 20 day wait for TRUSB. Pathway - MRI D40, MRI D48, TRUSB D68, MDM D71, Bone Scan D78, review with Consultant D85, ITD D86, ITT Day 93.
Urology	External Personal info	• ITT Day 87 - Treatment completed Day 133 - Hormones. Reason for delay - 1st OPD D52 and then 15 day wait for review with Consultant post MDM. Pathway - MRI D26, TRUSB D52, review with Consultant D77.
Gynae	External Personal info	• ITT Day 40 - Treatment completed Day 74 - Surgery. Reason for delay - Delays due to no Gynae MDM 25.12.18 or 01.01.19 due to Christmas Bank Holidays. Pathway - 1st OPD D11, Pipelle biopsy D11, path reported D18, staging CT scan D19, ITD D19, MDM D39.
LUNG	External Personal info	• ITT Day 20- Treatment completed Day 111 - Chemotherapy.
UGI	External Personal information	• ITT Day 97 - Treatment completed Day 112 – chemo-radiotherapy. Reason for delay -Delay due to PET being requested and appointed. First seen D9, OGD D9 showed probable tumour, repeat OGD D25 - diagnosis D28. Local MDM D28. Regional MDM D29. Delay with PET being requested and appointed (D75). Delay with tracker ITT'ing due to sick and annual leave within the department and changes to tracking processes.
Lung	External Personal information	• ITT Day 45 - Treatment completed Day 85 - Radiotherapy. Reason for delay - 15 day wait for PET scanning. Pathway - 1st OPD D8, MDM D16, and path reported D16, PET scanning 31, and MDM D44 & ITT D45.

LGI	External Personal info	ITT Day 63 - Treatment completed Day 95 - Radiotherapy. Reason for delay - Complex case - requiring multiple investigations & 29 day wait for CTC. Pathway - 1st OPD D13, Colonoscopy D21, MDM D28, CTC D50, MDM D56, MRI D57, MDM D63.
Lung	External Personal info	ITT Day 65 - Treatment completed Day 91 - Surgery. Reason for delay - Complex pathway, requiring CT-guided Bx, PET CT and EUS. Delay of 4/52 for PET CT. Pathway - 1st OPD D10, CT Guided BX D15, and path reported D17, MDM D24, PET scan D44, MDM D51, EBUS D58, path D61.
HPB	External Personal info	ITT Day 36 - Treatment completed Day 98 - Surgery. Reason for delay - Patient was to be discussed @ MDM in first instance, then OPD as per Consultant. OPD not until Day 36.
LGI	External Personal info	ITT Day 35 - Treatment completed Day 75 - Chemoradiotherapy. Reason for delay - Delay with CT scanning due to Christmas period. Pathway - 1st OPD D13, MRI D18, MDM deferral D28, CT D29, ITD D35 & ITT D35.
Lung	External Personal info	ITT Day 61 - Treatment completed Day 82 - Chemoradiotherapy. Reason for delay - Delay with MDM discussion over Christmas period & then 32 Day delay with PET scanning. Pathway - 1st OPD D6, bronchoscopy D10, CT D12, MDM D26, and pathology reported D26, MDM D27, PET D60.
Urology	External Personal info	ITT Day 110 - Treatment completed Day 127 - Hormones. Reason for delay - 1st OPD 53 & then 9 day delay with MRI being requested, then 10 day delay with pathology being reported & then 11 day wait for review with Consultant post MDM. Pathway - 1st OPD D53, MRI requested D61, MRI D70, TRUSB D82, MDM deferral D91, path reported D92, MDM D98, review D109.
Urology	External Personal info	ITT to Southern Trust D93 - Treatment completed D124 - Surgery. Reason for delay - not received in ST until D93, even though patient seen @ CAH on Day 77 & then 31 day delay with surgery being scheduled.
Gynae	Internal Personal info	Treatment completed Day 70 - Surgery - Delay with diagnostics and complex pathway. First biopsy D5 - pathology was sent to Belfast for second opinion? low grade endometrioid adenocarcinoma, more tissue required. O/P Hysteroscopy D42 (soonest available) confirmed GI Endometrioid Adenocarcinoma. Staging MRI D55 unusual appearance of cervix. MRI report wasn't ready for MDM D61, discussed at MDM D68 and Regional MDM D69

Urology	Internal (Personal information)	• Treatment completed Day 116 - Hormones. Reason for delay -1st OPD D51 & then 9 day delay with getting Bone Scan requested. Pathway - 1st OPD D51, MRI D59, MRI reported D61, TRUSB D72, MDM D80, review with Consultant post MDM D88, Bone scan requested D97, Bone scan performed D101, MDM D108, review D116.
Gynae	Internal (Personal information)	• Treatment completed Day 83 - Surgery. Reason for delay - 29 day delay for O/P Hysteroscopy. Pathway - 1st OPD D11, Hysteroscopy D40, & pathology reported D45, MDM D46, review D52, MRI D55, MDM D60, and DTT D61 & Surgery D83.
LGI	Internal (Personal information)	• Treatment completed Day 67 - Surgery. Reason for delay - 21 Day wait for colonoscopy. Pathway - 1st OPD D13, colonoscopy D34, path reported D39, MDM D41, MRI D43, CTC D53, MDM D55, and DTT on D56 & Surgery 67.
URO	Internal (Personal information)	• Treatment completed Day 65 - Active Monitoring. Reason for delay - 1st OPD D65.
LGI	Internal (Personal information)	• Treatment completed Day 71 - Surgery. Reason for delay - 19 day wait for colonoscopy & then delay with tracking due to sick leave, which meant patient was not escalated (29 day wait for CTC to be performed). Pathway - 1st OPD D12, colonoscopy D31, path reported D36, CTC D64, MDM D66 & surgery D71.
LGI	Internal (Personal information)	• Treatment completed Day 68 - Surgery. Reason for delay - 1st OPD D19 & then 15 day wait for colonoscopy. Pathway - 1st OPD D19, colonoscopy D34, staging CT C/A/P D37, path reported D37, MRI D42, MDM D50, DTT D56 & surgery D68.
LGI	Internal (Personal information) (31D & 62D)	• Treatment complete D166 (D37 of 31D) - 62D & 31D BREACH - Delay - 69 day wait for CTC & 37 day wait for Surgery. Pathway: 1st appt D10, Endoscopy D18, CTC D87, MDM D96, Review D97, CT Chest D106, MDM D124, Review D129, DDTT D129, Surgery D166

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology
- Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography – 40 CTC's are being outsourced a week to pull back waiting times.
- Urology Pathway
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 1-2 weeks (Scanner was broken last week)
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 62 Day pathway by suspect tumour site)

62 DAY REFERRALS

62 DAY REFERRALS	Jan 18	Feb 18	Mar 18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Acute Leukaemia	3	0	0	0	0	0	2	0	0	0	0	0	3	0
Brain/Central Tumour	12	11	13	10	8	9	10	10	18	12	12	5	7	9
Breast Cancer	235	228	271	230	228	236	230	239	232	330	270	187	268	258
Children's Cancer	0	0	3	2	0	0	0	1	1	0	3	1	0	0
Gynae Cancers	118	129	102	117	112	111	144	114	128	159	142	111	120	142
Haematological Cancers	17	10	12	10	12	10	17	15	16	30	20	13	26	18
Head/Neck Cancer	95	86	98	85	87	121	82	101	89	116	114	69	118	89
Lower Gastrointestinal Cancer	211	194	240	235	275	254	260	268	263	243	275	249	309	293
Lung Cancer	42	35	36	30	46	46	22	30	22	29	31	21	49	35
Other Suspected Cancer	12	18	18	15	26	27	15	31	25	36	17	10	28	19
Sarcomas	2	3	1	2	6	0	1	1	0	4	1	0	0	0
Skin Cancers	119	124	163	165	221	256	203	232	201	228	179	151	237	243
Testicular Cancer	9	7	8	3	4	4	7	10	5	11	11	9	11	14
Upper Gastrointestinal Cancer	149	124	162	140	145	161	174	161	149	177	183	129	165	136
Urological Cancer	138	161	182	157	160	183	147	193	175	197	193	180	173	167
62D Total	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423

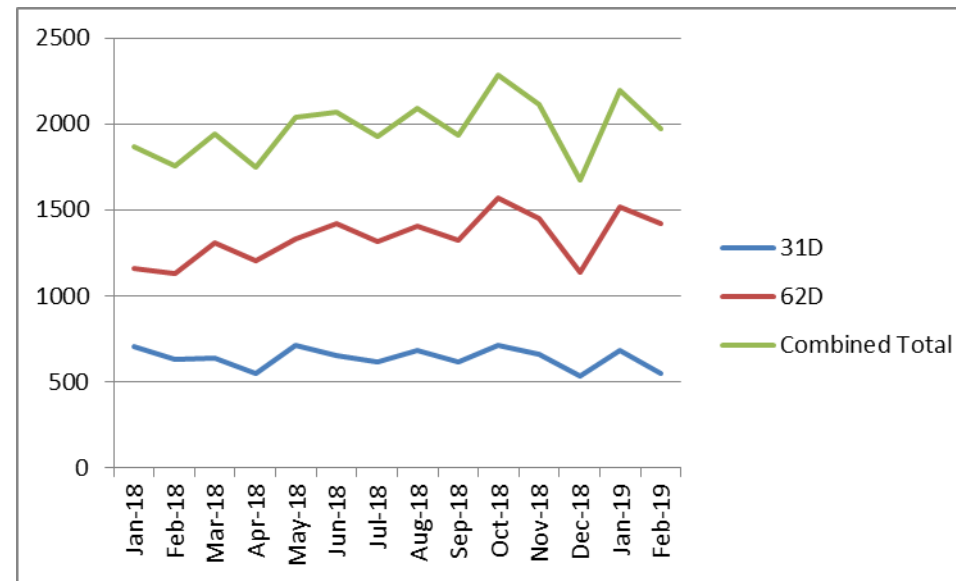
31 DAY REFERRALS

TRU-83157

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 31 Day pathway by suspect tumour site)

31 DAY REFERRALS	Feb 18	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Dec 18	Jan 19	Feb 19
Acute Leukaemia	9	7	1	8	7	5	5	13	14	13	2	2	15	6
Brain/Central Tumour	14	11	11	19	17	17	15	4	3	18	6	6	15	18
Breast Cancer	66	62	73	71	62	65	59	60	52	58	70	70	84	57
Children's Cancer	0	0	0	2	0	1	0	3	0	0	0	0	0	0
Gynae Cancers	49	36	45	55	55	47	53	50	61	46	30	30	58	49
Haematological Cancers	27	31	25	30	19	18	43	42	34	45	37	37	34	19
Head/Neck Cancer	18	24	21	26	36	28	39	32	45	35	21	21	31	17
Lower Gastrointestinal Cancer	108	125	97	140	114	105	104	110	123	138	108	108	118	127
Lung Cancer	63	60	51	65	69	76	80	59	70	69	66	66	65	35
Other Suspected Cancer	9	4	2	9	6	1	3	5	2	2	1	1	4	9
Sarcomas	0	4	0	0	1	0	2	2	3	3	4	4	2	6
Skin Cancers	79	83	73	83	88	84	87	100	96	88	59	59	55	62
Testicular Cancer	1	2	1	1	1	1	3	0	4	0	1	1	2	0
Upper Gastrointestinal Cancer	99	109	84	119	100	89	91	77	99	81	74	74	95	91
Urological Cancer	86	76	64	82	77	75	101	56	104	66	57	57	73	54
31DTotal	628	634	548	710	652	612	685	613	710	662	536	536	681	550

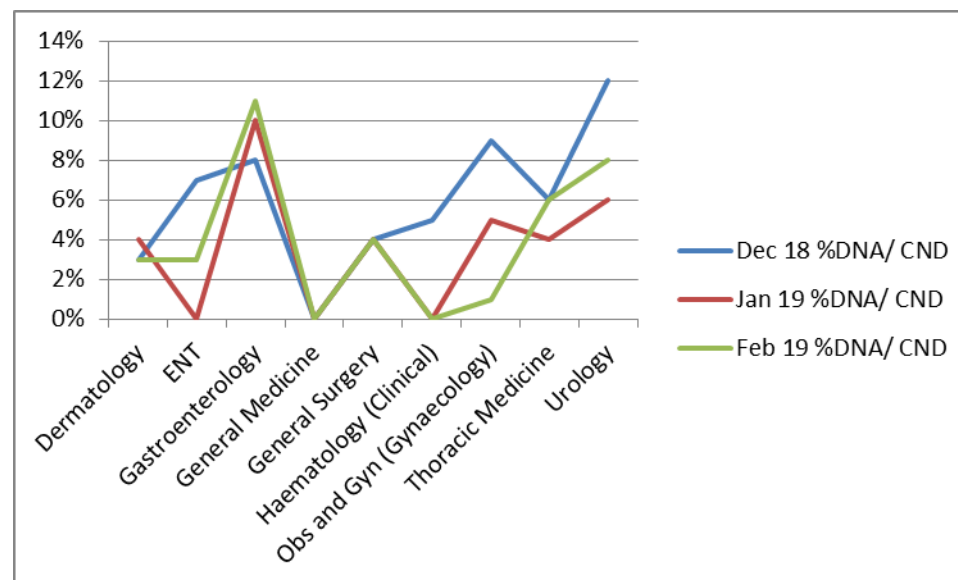
	Jan 18	Feb 18	Mar18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
31DTotal	703	628	634	548	710	652	612	685	613	710	662	536	681	550
62D Total	1162	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423
Combined Total	1865	1758	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973



Red Flag Outpatient DNA

Speciality	Dec- 18			Jan - 19			Feb- 19		
	Attendances	DNA& CND	Dec 18 %DNA/ CND	Attendances	DNA& CND	Jan 19 %DNA/ CND	Attendances	DNA& CND	Feb 19 %DNA/ CND
Dermatology	186	5	3%	202	9	4%	224	7	3%
ENT	96	7	7%	113	2	%	97	3	3%
Gastroenterology	58	5	8%	69	8	10%	49	6	11%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	453	19	4%	604	22	4%	509	21	4%
Haematology (Clinical)	18	1	5%	19	0	0%	15	0	0%
Obs and Gyn (Gynaecology)	97	9	9%	154	8	5%	114	1	1%
Thoracic Medicine	45	3	6%	48	2	4%	51	3	6%
Urology	102	14	12%	154	10	6%	126	11	8%
	1055	63	6%	1363	61	4%	1185	52	4%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 62 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
Acute Leukaemia	1	0	0	0	0	0	2	0	0	0	0	0	0	0	3
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	20	24	21	11	15	20	15	19	13	18	15	14	16	15	236
Children's	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	13	14	13	19	21	15	19	10	10	6	9	8	11	8	176
Haem	4	5	5	5	3	3	7	10	7	10	3	4	2	3	71
Head & Neck	7	7	10	9	5	7	5	5	7	9	5	9	7	6	98
LGI	10	10	13	10	13	7	13	6	8	10	4	0	9	1	114
Lung	15	10	16	10	22	16	12	8	3	4	2	1	9	6	134
Other	0	0	0	0	1	0	1	0	1	1	0	0	0	0	4
Sarcomas	0	0	1	0	2	0	0	0	0	0	0	0	0	0	3
Skin	17	24	30	17	22	30	25	31	30	30	13	14	17	23	323
Testicular	2	2	0	0	0	0	3	1	0	3	2	0	1	3	17
UGI	5	9	11	5	10	9	14	11	13	11	11	13	4	6	132
Urology	35	37	34	38	39	57	32	39	28	29	26	32	23	19	468
62D Total	129	142	157	124	153	164	148	140	120	131	90	105	99	90	1792
%62D confirmed	34%	39%	42%	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	

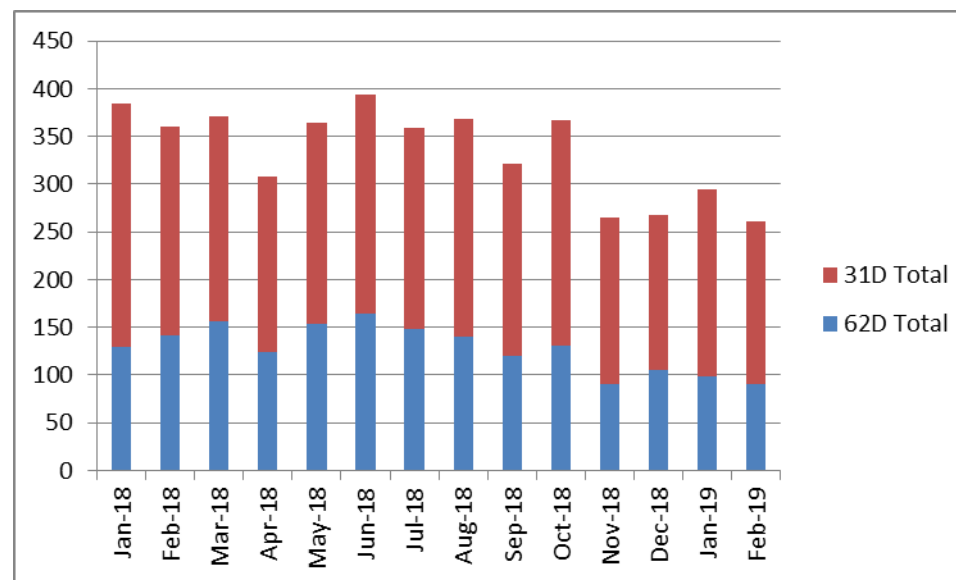
31 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 31 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

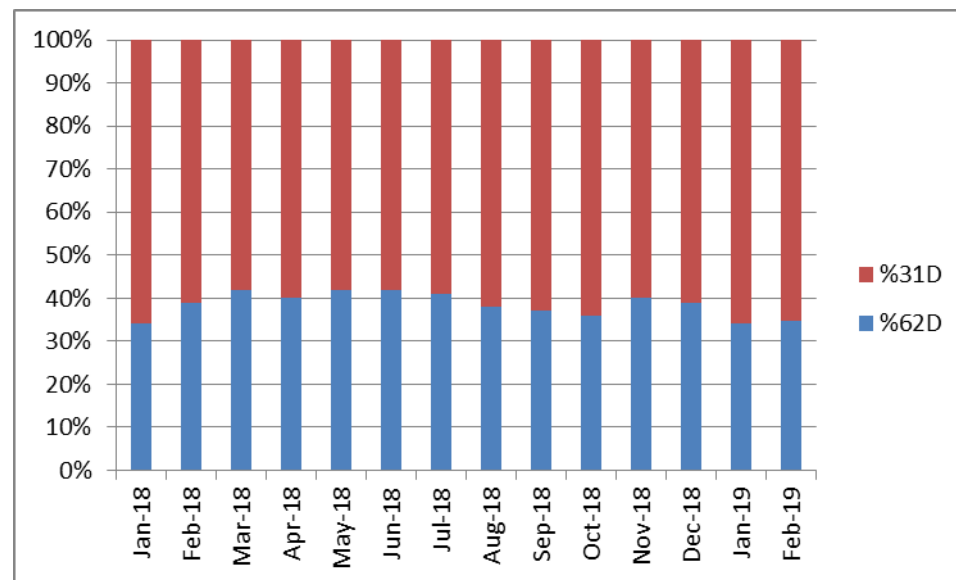
Tumour Site	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
Acute Leukaemia	4	5	3	1	2	7	4	1	11	12	1	0	0	5	56
Brain	10	8	5	11	11	9	6	7	0	3	0	5	9	5	89
Breast	19	22	20	12	20	23	25	18	20	13	13	18	31	15	269
Children's	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Gynae	20	15	7	19	16	21	18	12	17	25	13	9	11	16	219
Haem	31	23	27	23	24	19	17	39	31	25	34	26	14	10	343
Head & Neck	6	2	9	3	6	14	10	9	10	5	7	3	6	7	97
LGI	18	11	21	19	15	13	16	11	12	17	10	6	7	13	189
HPB	0	0	0	0	0	0	0	0	0	0	0	0	0	18	18
Lung	34	40	24	24	32	35	36	47	27	32	23	23	25	15	417
Other	0	0	2	0	1	0	0	1	1	0	0	2	0	1	8
Sarcomas	0	0	0	0	0	0	0	0	0	0	2	2	0	0	4
Skin	43	41	46	34	36	40	39	34	46	60	47	37	29	42	574
UGI	24	23	23	21	23	15	12	15	13	16	9	1	34	9	238
Urology	46	28	27	17	25	34	28	35	11	28	16	12	27	15	349
31D Total	255	218	214	184	211	230	211	229	202	236	175	163	195	171	2894
%31D confirmed	66%	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	

Tumour Site	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
62D Total	129	142	157	124	153	164	148	140	120	131	90	105	99	90	1792
31D Total	255	218	214	184	211	230	211	229	202	236	175	163	195	171	2894
TOTAL 31D +62D	384	360	371	308	364	394	359	369	322	367	265	268	294	261	4686

Number of confirmed cancers Jan 18– Feb 19



% of Confirmed cancers split between 31/62 Days
Jan 18 – Feb 19



62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%



Cancer Performance Dashboard Report March 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Jan 19	99%	100%	71%
Feb 19	100%	98%	71%
Mar 19		100%	78%

	Oct18	Nov18	Dec 18	Jan 19	Feb 19	Mar 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	82%	84%	78%	80%	87%	88%	80%
<i>Actual 62 day Performance</i>	<i>69%</i>	<i>77%</i>	<i>72%</i>	<i>71%</i>	<i>71%</i>	<i>78%</i>	<i>75%</i>

Breast 2WW = 99% and 31 Day Performance = 99.5% at end March 2019

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	2	1	1	0	1	0	0	0	5	2	1	13
Head & Neck	0	0	1	0	0	0	1	0	0	0	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	2	1	1	1	2	1	2	2	3	0	1	1	17
Lung	1	2	4	3	4	2	3	1	0	0	1	4	0	25
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	0	0	0	1	1	1	0	1	0	0	5
UGI	1	4	1	0	0	4	2	2	1	2	0	1	1	19
HPB	0	0	0	0	0	0	0	0	0	0	1	2	0	3
Urology	6	2	5	6	8	2	1	5	6	1	9	7	4	62
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8	10	15	11	14	10	10	11	10	6	17	17	7	146

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Colorectal	1	3	0	0	1	1	0	3	1	0	1	4	1	16
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	2	0	1	0	0	0	0	0	0	0	2	0	5
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	0	0	0	0	1	0	0	0	1	0	0	0	3
Skin	0	1	1	0	0	3	4	1	1	1	0	0	0	12
UGI	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Urology	2	2	7	4	4	7	2	7	8	8	8	2	5	66
Total	4	10	9	5	5	12	6	12	10	10	9	8	6	106

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	2	2	0	0	0	0	0	0	0	0	0	0	0	4
Colorectal	0	0	0	0	0	0	0	0	0	0	0	1	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	2	0	0	0	0	0	0	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	2	4	0	0	0	0	0	0	0	0	0	2	0	8

Summary of Breach Reports – March 2019

Modality	Internal/External	Reason
Urology	Internal (Personal information)	Treatment completed Day 90 - Active monitoring. Reason for delay - 1st OPD D44 and then a delay for review with Consultant. Pathway - CTU D13, CTU reported D18, 1st OPD D44, TURP D56, MRI (post adjustment to allow healing time from surgery) D57, review with Consultant D88.
Urology	Internal (Personal information)	Treatment completed Day 100 - Active Monitoring. Reason for delay - 1st OPD D52, 15 day wait for TRUSB & then 12 day wait for review with Consultant post MDM. Pathway - 1st OPD D52, TRUSB D77, MDM D86, review with Consultant D98, DTT D100.
Urology	Internal (Personal information)	Treatment completed D97 -Active Monitoring. Reason for delays: 62 day wait for 1st appointment. Pathway: 1st appointment on D62, MRI D7, TRUSB D85, MDM D93, Treatment complete D97
LGI	Internal (Personal information)	Treatment completed D64 - Surgery. Reason - Theatre list cancelled (Mr McElvanna) and was rescheduled outside of target. Pathway - 1st OPD D18, CT D24, MRI D30, MDM D31, DTT D36, Surgery D64.
Urology	Internal (Personal information)	Treatment completed Day 111 - Hormone Therapy. Reason for delay - 1st OPD D43, 11 day delay for Bone Scan & 11 day delay with referral to Oncology services. Pathway - 1st OPD D43, TRUSB D45, path reported D48, MDM D54, review with Consultant Day 60, Bone scan D73, MDM D82, review with Consultant D86, ITT D86.
Urology	External (Personal information)	ITT Day 102 - Treatment completed Day 151 - Hormones. Reason for delay - 1st OPD D51 & then 11 day delay for review with Consultant following MDM. Pathway - 1st OPD D51, MRI D59, TRUSB D72, MDM D80, review by Consultant D84, ITD D91, MDM D101 & then ITT Day 102.
Lower GI	External (Personal information)	ITT Day 77 - Treatment completed Day 89 - Radiotherapy. Reason for delay - 27 day delay for flexible sigmoidoscopy & then MDM deferral due to consultant being on leave (Mr McArdle) - MDT chair advised following escalation that patient was to be listed for MDM discussion and could not wait until Consultant returned from leave (patient was deferred). Pathway - 1st OPD D14, CT D29, flexi sig D41, MDM D57, ITT D77, DTT D78 & radiotherapy D89.

Upper GI	External [Personal information]	ITT Day 50 - Treatment completed Day 72 - Chemotherapy. Reason for delay - Complex case to get pathological diagnosis. OGD D10, CT D13, First appointment D14, Local MDM D17, Regional MDM D18, PET D21, MRI D30, Local MDM D31, Regional MDM D32, Staging Laparoscopy D37, Diagnosis D42, ITT'd D50
Urology	External [Personal information]	ITT Day 109 - Treatment completed Day 182 - Surgery. Reason for delay - 1st OPD D41 & then delay with proceeding to TRUSB following result of MRI scanning & then 14 day delay for review with Consultant following MDM. Pathway - 1st OPD D41, MRI D43, TRUSB D68, path reported D75, MDM D76, review with Consultant Day 90, ITD D99, MDM D105 & ITT Day 109.
Urology	External [Personal information]	ITT Day 92 - Treatment completed Day 115 - Hormones. Reason for delay - 1st OPD D55 & 14 day with pathology being reported. Pathway - 1st OPD D55, MRI D62, TRUSB D65, MDM D79, review with Consultant Day 79, ITD D84, regional MDM D86, ITT Day 92.
Gynae	Internal [Personal information]	ITT Day 55 - Treatment completed Day 74 - Chemotherapy. Reason for delay - 1st OPD D24, 10 day wait for USS. Pathway - 1st OPD D24, USS pelvis performed, MDM D39, MRI D41, MDM D46, and MDM D53.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse, before they get better. This is due to all the recent Bank Holidays (Easter and May Day)
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery.
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. These are now being outsourced to the IS. New firms are being used from Monday 22nd April so waiting times should start to improve. Within the Trust the new process for prescriptions has been introduced and has been widely shared across all of the teams. It will take roughly a month or so before improvement is felt.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy – Colonography waiting times have slightly improved.
- Red Flag Appointment Team – 3 out of the 4 staff members are new and are currently undergoing training. The staff members have been struggling to fill all of the allocated RF slots, in time, and even more so when additional clinics have been added on. It is hoped over the next few week this will improve.
- Red Flag Tracking Team – Due to increased workloads across both teams, delays have been noted on occasion over the last couple of months and it has not been possible for patients to be tracked as often as they should be, this has been evident with some breaches . Additional funding has been approved, to expand on current staffing levels, just final amount to be confirmed. These additional resources will focus on tracking various tumour sites, which should help performance as more patients will be tracked.
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER JANUARY 2018 – FEBRUARY 2019

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 62 Day pathway by suspect tumour site)

62 DAY REFERRALS

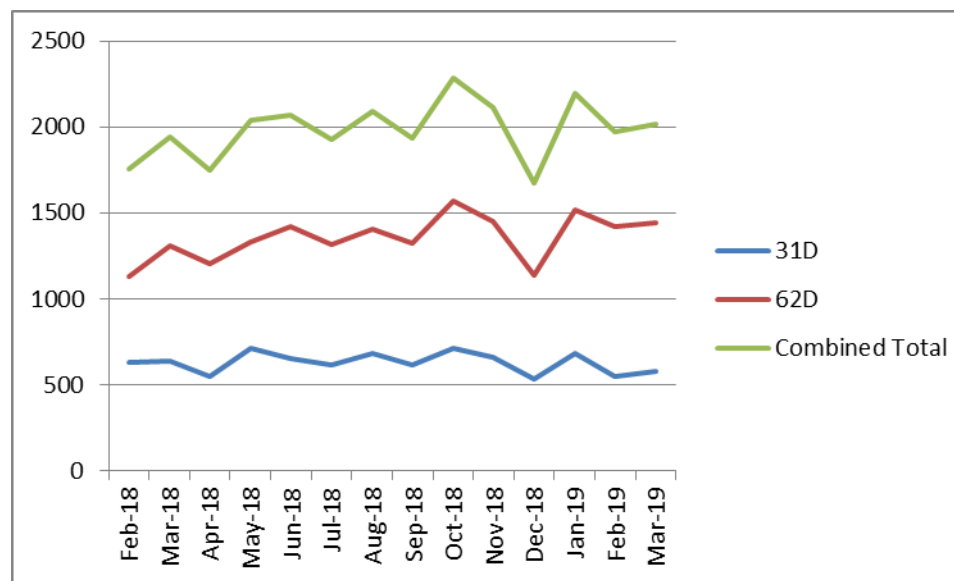
62 DAY REFERRALS	Feb 18	Mar 18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Acute Leukaemia	0	0	0	0	0	2	0	0	0	0	0	3	0	0
Brain/Central Tumour	11	13	10	8	9	10	10	18	12	12	5	7	9	10
Breast Cancer	228	271	230	228	236	230	239	232	330	270	187	268	258	270
Children's Cancer	0	3	2	0	0	0	1	1	0	3	1	0	0	0
Gynae Cancers	129	102	117	112	111	144	114	128	159	142	111	120	142	145
Haematological Cancers	10	12	10	12	10	17	15	16	30	20	13	26	18	19
Head/Neck Cancer	86	98	85	87	121	82	101	89	116	114	69	118	89	102
Lower Gastrointestinal Cancer	194	240	235	275	254	260	268	263	243	275	249	309	293	269
Lung Cancer	35	36	30	46	46	22	30	22	29	31	21	49	35	39
Other Suspected Cancer	18	18	15	26	27	15	31	25	36	17	10	28	19	13
Sarcomas	3	1	2	6	0	1	1	0	4	1	0	0	0	0
Skin Cancers	124	163	165	221	256	203	232	201	228	179	151	237	243	238
Testicular Cancer	7	8	3	4	4	7	10	5	11	11	9	11	14	8
Upper Gastrointestinal Cancer	124	162	140	145	161	174	161	149	177	183	129	165	136	167
Urological Cancer	161	182	157	160	183	147	193	175	197	193	180	173	167	157
62D Total	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439

31 DAY REFERRALS

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 31 Day pathway by suspect tumour site)

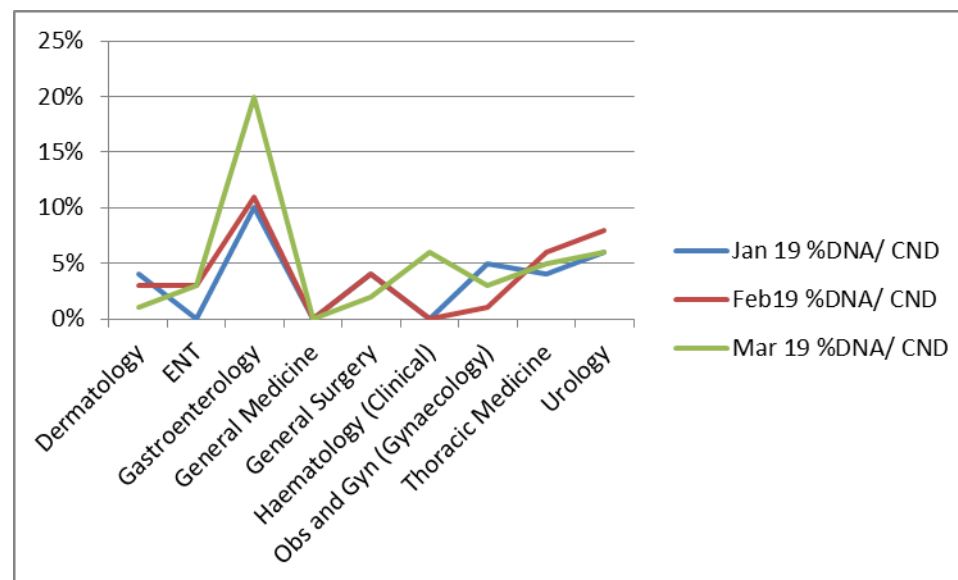
31 DAY REFERRALS	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Dec 18	Jan 19	Feb 19	Mar 19
Acute Leukaemia	7	1	8	7	5	5	13	14	13	2	2	15	6	11
Brain/Central Tumour	11	11	19	17	17	15	4	3	18	6	6	15	18	11
Breast Cancer	62	73	71	62	65	59	60	52	58	70	70	84	57	80
Children's Cancer	0	0	2	0	1	0	3	0	0	0	0	0	0	2
Gynae Cancers	36	45	55	55	47	53	50	61	46	30	30	58	49	49
Haematological Cancers	31	25	30	19	18	43	42	34	45	37	37	34	19	20
Head/Neck Cancer	24	21	26	36	28	39	32	45	35	21	21	31	17	25
Lower Gastrointestinal Cancer	125	97	140	114	105	104	110	123	138	108	108	118	127	109
Lung Cancer	60	51	65	69	76	80	59	70	69	66	66	65	35	41
Other Suspected Cancer	4	2	9	6	1	3	5	2	2	1	1	4	9	4
Sarcomas	4	0	0	1	0	2	2	3	3	4	4	2	6	4
Skin Cancers	83	73	83	88	84	87	100	96	88	59	59	55	62	46
Testicular Cancer	2	1	1	1	1	3	0	4	0	1	1	2	0	0
Upper Gastrointestinal Cancer	109	84	119	100	89	91	77	99	81	74	74	95	91	108
Urological Cancer	76	64	82	77	75	101	56	104	66	57	57	73	54	58
31DTotal	634	548	710	652	612	685	613	710	662	536	536	681	550	581

	Feb 18	Mar18	Apr 18	May18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
31DTotal	628	634	548	710	652	612	685	613	710	662	536	681	550	581
62D Total	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439
Combined Total	1758	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020

**Red Flag Outpatient DNA**

Speciality	Jan - 19			Feb - 19			Mar -19		
	Attendances	DNA& CND	Jan 19 %DNA/ CND	Attendances	DNA& CND	Feb19 %DNA/ CND	Attendances	DNA& CND	Mar 19 %DNA/ CND
Dermatology	202	9	4%	224	7	3%	230	3	1%
ENT	113	2	%	97	3	3%	86	3	3%
Gastroenterology	69	8	10%	49	6	11%	37	9	20%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	604	22	4%	509	21	4%	484	9	2%
Haematology (Clinical)	19	0	0%	15	0	0%	17	1	6%
Obs and Gyn (Gynaecology)	154	8	5%	114	1	1%	130	4	3%
Thoracic Medicine	48	2	4%	51	3	6%	35	2	5%
Urology	154	10	6%	126	11	8%	157	10	6%
	1363	61	4%	1185	52	4%	1176	41	3%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 62 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Acute Leukaemia	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	24	21	11	15	20	15	19	13	18	15	14	16	15	19	235
Children's	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	14	13	19	21	15	19	10	10	6	9	8	11	8	1	164
Haem	5	5	5	3	3	7	10	7	10	3	4	2	3	4	71
Head & Neck	7	10	9	5	7	5	5	7	9	5	9	7	6	0	91
LGI	10	13	10	13	7	13	6	8	10	4	0	9	1	1	105
Lung	10	16	10	22	16	12	8	3	4	2	1	9	6	5	124
Other	0	0	0	1	0	1	0	1	1	0	0	0	0	0	4
Sarcomas	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3
Skin	24	30	17	22	30	25	31	30	30	13	14	17	23	13	319
Testicular	2	0	0	0	0	3	1	0	3	2	0	1	3	0	15
UGI	9	11	5	10	9	14	11	13	11	11	13	4	6	2	129
Urology	37	34	38	39	57	32	39	28	29	26	32	23	19	17	450
62D Total	142	157	124	153	164	148	140	120	131	90	105	99	90	62	1725
%62D confirmed	39%	42%	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	

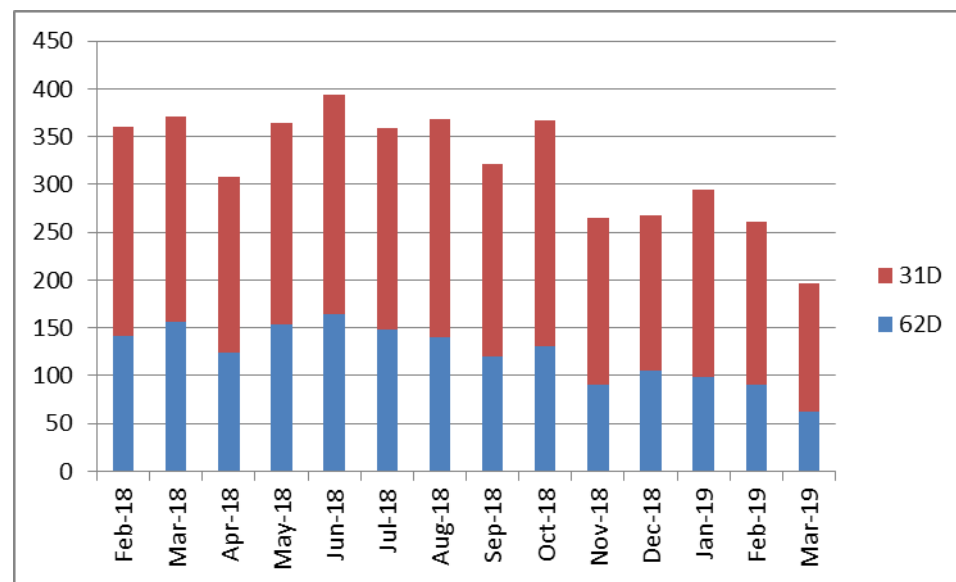
31 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 31 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Acute Leukaemia	5	3	1	2	7	4	1	11	12	1	0	0	5	6	58
Brain	8	5	11	11	9	6	7	0	3	0	5	9	5	1	80
Breast	22	20	12	20	23	25	18	20	13	13	18	31	15	20	270
Children's	0	0	0	0	0	0	0	3	0	0	0	0	0	0	3
Gynae	15	7	19	16	21	18	12	17	25	13	9	11	16	23	222
Haem	23	27	23	24	19	17	39	31	25	34	26	14	10	7	319
Head & Neck	2	9	3	6	14	10	9	10	5	7	3	6	7	6	97
LGI	11	21	19	15	13	16	11	12	17	10	6	7	13	11	182
HPB	0	0	0	0	0	0	0	0	0	0	0	0	18	3	21
Lung	40	24	24	32	35	36	47	27	32	23	23	25	15	14	397
Other	0	2	0	1	0	0	1	1	0	0	2	0	1	0	8
Sarcomas	0	0	0	0	0	0	0	0	0	2	2	0	0	0	4
Skin	41	46	34	36	40	39	34	46	60	47	37	29	42	17	548
UGI	23	23	21	23	15	12	15	13	16	9	1	34	9	11	225
Urology	28	27	17	25	34	28	35	11	28	16	12	27	15	15	318
31D Total	218	214	184	211	230	211	229	202	236	175	163	195	171	134	2773
%31D confirmed	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	68%	

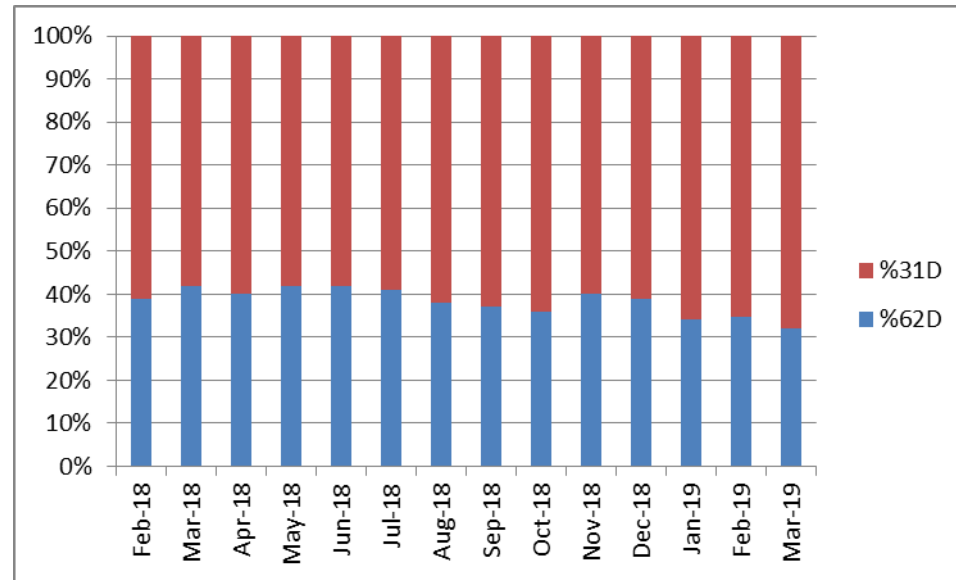
Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
62D Total	142	157	124	153	164	148	140	120	131	90	105	99	90	62	1725
31D Total	218	214	184	211	230	211	229	202	236	175	163	195	171	134	2773
TOTAL 31D +62D	360	371	308	364	394	359	369	322	367	265	268	294	261	196	4498

Number of confirmed cancers Feb 18– Mar 19



% of Confirmed cancers split between 31/62 Days
Feb 18 – Mar 19

TRU-83179



62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%



Cancer Performance Dashboard Report April 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Feb 19	100%	98%	71%
Mar 19	100%	100%	78%
April 19	99%	100%	80%

	Nov18	Dec 18	Jan 19	Feb19	Mar 19	Apr 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	84%	78%	80%	87%	88%		80%
<i>Actual 62 day Performance</i>	<i>77%</i>	<i>72%</i>	<i>71%</i>	<i>71%</i>	<i>78%</i>	<i>80%</i>	<i>75%</i>

Breast 2WW = 99% and 31 Day Performance = 99.5% at end March 2019

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	2	1	1	0	1	0	0	0	5	2	1	0	13
Head & Neck	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	1	1	1	2	1	2	2	3	0	1	1	1	18
Lung	2	4	3	4	2	3	1	0	0	1	4	0	2	26
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	0	0	1	1	1	0	1	0	0	0	5
UGI	4	1	0	0	4	2	2	1	2	0	1	1	1	19
HPB	0	0	0	0	0	0	0	0	0	1	2	0	0	3
Urology	2	5	6	8	2	1	5	6	1	9	7	4	2	58
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	10	15	11	14	10	10	11	10	6	17	17	7	6	144

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	Total
Breast	2	1	0	0	0	0	0	0	0	0	0	0	0	3
Colorectal	3	0	0	1	1	0	3	1	0	1	4	1	2	17
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	0	1	0	0	0	0	0	0	0	2	0	0	5
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	1	0	0	0	1	0	0	0	0	2
Skin	1	1	0	0	3	4	1	1	1	0	0	0	0	12
UGI	0	0	0	0	0	0	1	0	0	0	0	0	1	2
Urology	2	7	4	4	7	2	7	8	8	8	2	5	2	66
HPB	2	0	0	0	0	0	0	0	0	1	2	0	2	7
Total	12	9	5	5	12	6	12	10	10	10	10	6	7	114

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	Total
Breast	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Colorectal	0	0	0	0	0	0	0	0	0	0	1	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	2	0	0	0	0	0	0	0	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Total	4	0	0	0	0	0	0	0	0	0	2	0	0	6

Summary of Breach Reports – April 2019

Modality	Internal/External	Reason
Urology	External [Personal information redacted]	ITT Day 94 - Treatment completed Day 178 - Surgery. Reason for delay - 1st OPD D49, then PSA had to be repeated in first instance, then 11 day wait for review with Consultant following MDM & then 10 day delay with patient being referred to Belfast (Tracking behind). Pathway - MRI D10, 1st OPD D49, TRUSB D64, MDM D73, review with Consultant D84, ITT D94.
Lung	External [Personal information redacted]	ITT Day 84 - Treatment completed Day 147 - Radiotherapy. Reason for delay - Complex pathway requiring multiple diagnostics (EBUS & PET scanning - 31D wait). Pathway - 1st OPD D11, CT D15, Bronchoscopy D21, path reported Day 26, MDM D27, EBUS D39, MDM D55 (No MDM 26.12.18 due to Bank Holiday), PET D72, MDM D83.
Urology	External [Personal information redacted]	ITT Day 128 - Treatment completed D151 - Hormones. Reason for delay - 1st OPD D51, 13 day delay with TRUSB following MRI report, then 12 day wait for review with Consultant post MDM, then 13 day wait for bone scanning, followed by further 12 day wait for further review with Consultant post MDM. Pathway - 1st OPD D51, MRI requested D53, MRI performed and reported D65, TRUSB D78, path reported D85, MDM D87, review with Consultant D99, Bone scan D112, MDM D115, review D127.
Gynae	External [Personal information redacted]	ITT Day 50 - Treatment completed Day 98 Radiotherapy. Reason for delay - First seen D22, Hysteroscopy D27, Diagnosis D30, MDM D35, CT D36, MDM D42, Regional MDM D43, MRI D48, MDM D49, Regional MDM D50, Review & referral to BCH for treatment on D50, ITT'd on CaPP's on D51.
UGI	External [Personal information redacted]	ITT Day 74 - Treatment completed Day 120 - Chemoradiotherapy. Reason for delay - First seen D23, OGD D23, Diagnosis D28, CT D29 (reported D34), EUS was also requested but cancelled by Radiologist awaiting CT first, Local MDM D42 - delay awaiting consultant to confirm, PET D65, Regional MDM D71. ITT'd D74.
Urology	External [Personal information redacted]	ITT Completed Day 45 - Treatment completed Day 79 - Surgery. Reason for delay - 1st OPD D18 & complex case which required Vascular Surgeon's opinion and surgery had to be a joint procedure (nephrectomy/IVC thrombectomy). Pathway - CT D15, 1st OPD D18, CT D26, MRI V D31, MDM D38, DTT D45, ITT D45.

Urology	Internal (Personal information)	Treatment completed Day 124 -Hormones. Reason for delay - 1st OPD D96 (earlier appointment was cancelled due to Dr Evans being unwell). Pathway - MRI D50, OPD D96, TRUSB reported D98, MDM D104, review with Consultant D124 - Hormones commenced.
HPB	Internal (Personal information)	Treatment completed Day 92 - Specialist Palliative Treatment (stent). Reason for delay - <u>1st OPD D25 & complex case requiring multiple diagnostic and staging investigations.</u> Pathway - 1st OPD D25, OGD D27, CT D43, review D55, MDM D57, EUS requested D62, MRCP D66, EUS D70, ITD D70, MDM D71, MDM D78, HPB MDM D79, DTT D83.
HPB	Internal (Personal information)	Treatment completed Day 86 - Chemotherapy. Reason for delay - <u>complex case - multiple diagnostic procedures.</u> Pathway - 1st OPD D4, USS D6, CT D7, MDM D9, MRCP D9, ITD D9, ERCP D10, path reported D15, HPB D17, ITT D27, PET D39, HPB D45, review with Mr Kirk D45, DTT D79 & Chemotherapy commenced D86.
LGI	Internal (Personal information)	Treatment completed Day 63 - Specialist Palliative Treatment. Reason for delay - <u>25 day wait for colonoscopy & then 1 week with patient being ITT'd due to tracking being behind.</u> Pathway - 1st OPD D1, Colonoscopy D26, MRI D32, path reported D32, MDM D35, review with Consultant D43, ITT D50.
LGI	Internal (Personal information)	Treatment completed Day 80 - Surgery. Reason for delay - <u>24 day wait for OGD & Colonoscopy & then 11 day wait for review with Consultant, delay with surgery was not escalated.</u> Pathway - 1st OPD D11, OGD & Colonoscopy D35, CT D44, MDM D45, DTT D56 & Surgery performed D80.
UGI	Internal (Personal information)	Treatment completed Day 68 - Surgery. Reason for delay - <u>24 day wait for OGD & 13 day wait for pathology to be reported.</u> Pathway - 1st OPD D15, OGD D39, MDM D45, review D50, MDM D59, DTT D63 - Surgery D68.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse, before they get better. This is due to all the recent Bank Holidays (Easter and May Day)
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery.
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. These are now being outsourced to the IS. New firms are being used from Monday 22nd April so waiting times should start to improve. Within the Trust the new process for prescriptions has been introduced and has been widely shared across all of the teams. It will take roughly a month or so before improvement is felt.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy – Colonography waiting times have slightly improved.
- Red Flag Appointment Team – 3 out of the 4 staff members are new and are currently undergoing training. The staff members have been struggling to fill all of the allocated RF slots, in time, and even more so when additional clinics have been added on. It is hoped over the next few week this will improve.
- Red Flag Tracking Team – Due to increased workloads across both teams, delays have been noted on occasion over the last couple of months and it has not been possible for patients to be tracked as often as they should be, this has been evident with some breaches . Additional funding has been approved, to expand on current staffing levels, just final amount to be confirmed. These additional resources will focus on tracking various tumour sites, which should help performance as more patients will be tracked.
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER MARCH 2018 – APRIL 2019
62 DAY REFERRALS

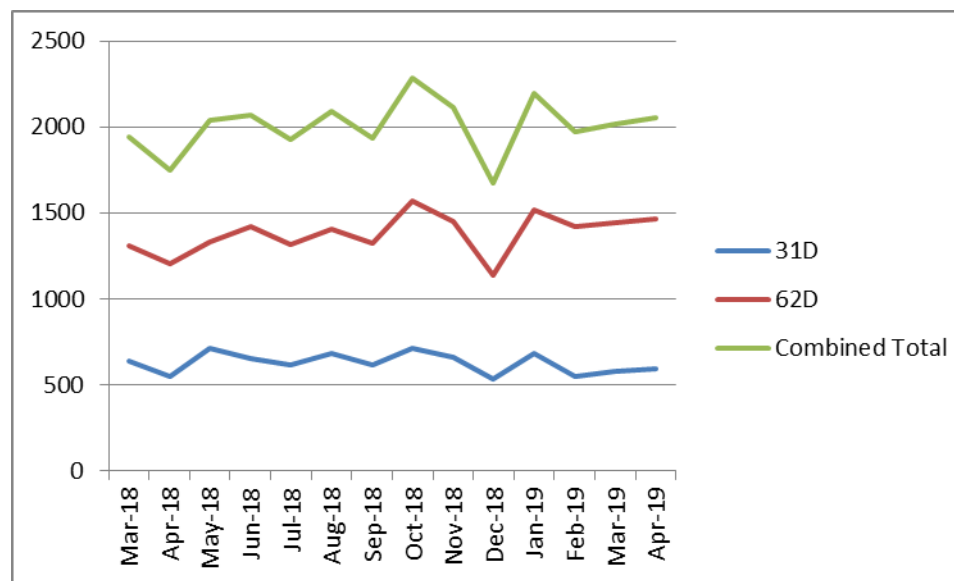
62 DAY REFERRALS	Mar 18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19
Acute Leukaemia	0	0	0	0	2	0	0	0	0	0	3	0	0	1
Brain/Central Tumour	13	10	8	9	10	10	18	12	12	5	7	9	10	5
Breast Cancer	271	230	228	236	230	239	232	330	270	187	268	258	270	281
Children's Cancer	3	2	0	0	0	1	1	0	3	1	0	0	0	0
Gynae Cancers	102	117	112	111	144	114	128	159	142	111	120	142	145	136
Haematological Cancers	12	10	12	10	17	15	16	30	20	13	26	18	19	14
Head/Neck Cancer	98	85	87	121	82	101	89	116	114	69	118	89	102	103
Lower Gastrointestinal Cancer	240	235	275	254	260	268	263	243	275	249	309	293	269	298
Lung Cancer	36	30	46	46	22	30	22	29	31	21	49	35	39	53
Other Suspected Cancer	18	15	26	27	15	31	25	36	17	10	28	19	13	4
Sarcomas	1	2	6	0	1	1	0	4	1	0	0	0	0	0
Skin Cancers	163	165	221	256	203	232	201	228	179	151	237	243	238	218
Testicular Cancer	8	3	4	4	7	10	5	11	11	9	11	14	8	5
Upper Gastrointestinal Cancer	162	140	145	161	174	161	149	177	183	129	165	136	167	191
Urological Cancer	182	157	160	183	147	193	175	197	193	180	173	167	157	155
62D Total	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464

31 DAY REFERRALS

TRU-83189

31 DAY REFERRALS	Mar 18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19
Acute Leukaemia	7	1	8	7	5	5	13	14	13	2	15	6	11	6
Brain/Central Tumour	11	11	19	17	17	15	4	3	18	6	15	18	11	14
Breast Cancer	62	73	71	62	65	59	60	52	58	70	84	57	80	56
Children's Cancer	0	0	2	0	1	0	3	0	0	0	0	0	2	3
Gynae Cancers	36	45	55	55	47	53	50	61	46	30	58	49	49	49
Haematological Cancers	31	25	30	19	18	43	42	34	45	37	34	19	20	19
Head/Neck Cancer	24	21	26	36	28	39	32	45	35	21	31	17	25	24
Lower Gastrointestinal Cancer	125	97	140	114	105	104	110	123	138	108	118	127	109	138
Lung Cancer	60	51	65	69	76	80	59	70	69	66	65	35	41	65
Other Suspected Cancer	4	2	9	6	1	3	5	2	2	1	4	9	4	5
Sarcomas	4	0	0	1	0	2	2	3	3	4	2	6	4	0
Skin Cancers	83	73	83	88	84	87	100	96	88	59	55	62	46	58
Testicular Cancer	2	1	1	1	1	3	0	4	0	1	2	0	0	0
Upper Gastrointestinal Cancer	109	84	119	100	89	91	77	99	81	74	95	91	108	91
Urological Cancer	76	64	82	77	75	101	56	104	66	57	73	54	58	63
31DTotal	634	548	710	652	612	685	613	710	662	536	681	550	581	591

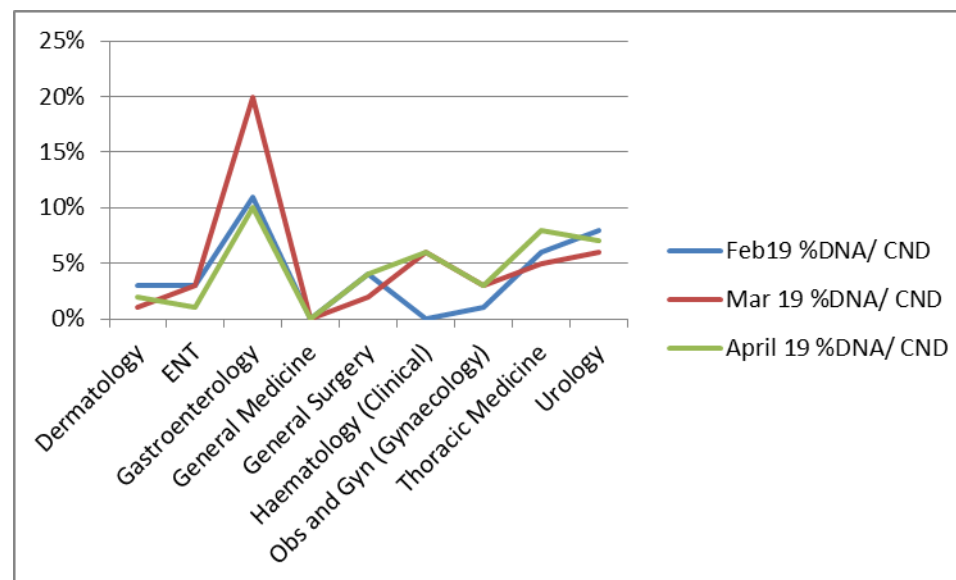
	Mar18	Apr 18	May18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19
31DTotal	634	548	710	652	612	685	613	710	662	536	681	550	581	591
62D Total	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464
Combined Total	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020	2055



Red Flag Outpatient DNA

Speciality	Feb -19			Mar-19			April-19		
	Attendances	DNA& CND	Feb19 %DNA/ CND	Attendances	DNA& CND	Mar 19 %DNA/ CND	Attendances	DNA& CND	April 19 %DNA/ CND
Dermatology	224	7	3%	230	3	1%	203	4	2%
ENT	97	3	3%	86	3	3%	79	1	1%
Gastroenterology	49	6	11%	37	9	20%	48	5	10%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	509	21	4%	484	9	2%	539	25	4%
Haematology (Clinical)	15	0	0%	17	1	6%	16	1	6%
Obs and Gyn (Gynaecology)	114	1	1%	130	4	3%	119	3	3%
Thoracic Medicine	51	3	6%	35	2	5%	37	3	8%
Urology	126	11	8%	157	10	6%	209	16	7%
	1185	52	4%	1176	41	3%	1250	58	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	Total
Acute Leukaemia	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	21	11	15	20	15	19	13	18	15	14	16	15	19	15	226
Children's	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	13	19	21	15	19	10	10	6	9	8	11	8	1	7	157
Haem	5	5	3	3	7	10	7	10	3	4	2	3	4	1	67
Head & Neck	10	9	5	7	5	5	7	9	5	9	7	6	0	1	85
LGI	13	10	13	7	13	6	8	10	4	0	9	1	1	8	103
Lung	16	10	22	16	12	8	3	4	2	1	9	6	5	6	120
Other	0	0	1	0	1	0	1	1	0	0	0	0	0	0	4
Sarcomas	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Skin	30	17	22	30	25	31	30	30	13	14	17	23	13	12	307
Testicular	0	0	0	0	3	1	0	3	2	0	1	3	0	0	13
UGI	11	5	10	9	14	11	13	11	11	13	4	6	2	1	121
Urology	34	38	39	57	32	39	28	29	26	32	23	19	17	25	438
62D Total	157	124	153	164	148	140	120	131	90	105	99	90	62	79	1662
%62D confirmed	42%	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	39%	

31 Day Confirmed Cancers

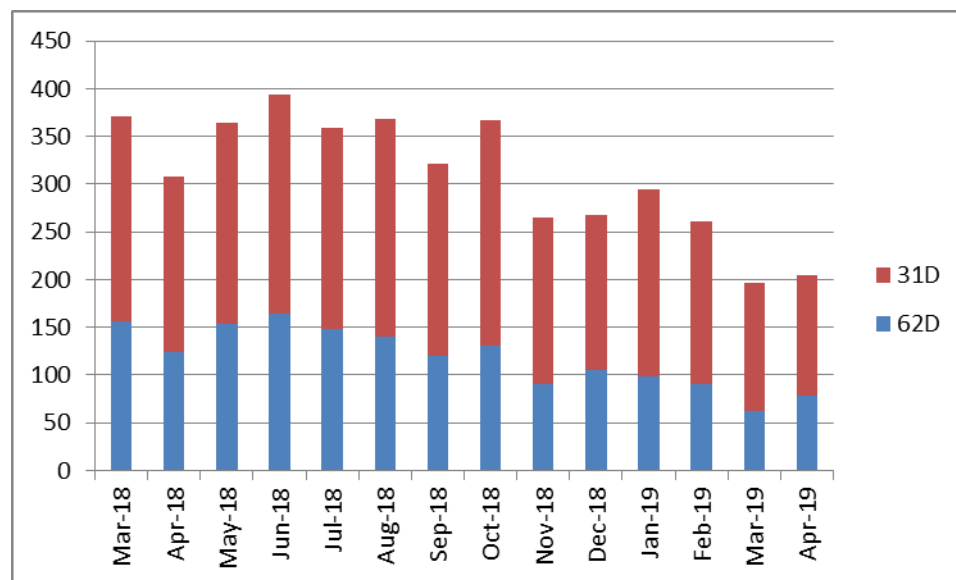
TRU-83193

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

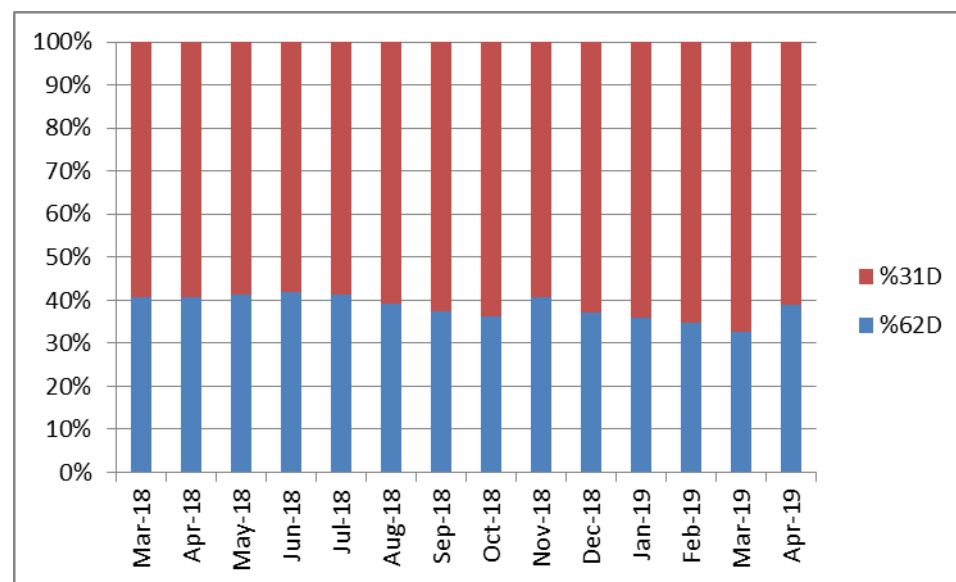
Tumour Site	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	Total
Acute Leukaemia	3	1	2	7	4	1	11	12	1	0	0	5	6	2	55
Brain	5	11	11	9	6	7	0	3	0	5	9	5	1	3	75
Breast	20	12	20	23	25	18	20	13	13	18	31	15	20	17	265
Children's	0	0	0	0	0	0	3	0	0	0	0	0	0	0	3
Gynae	7	19	16	21	18	12	17	25	13	9	11	16	23	17	224
Haem	27	23	24	19	17	39	31	25	34	26	14	10	7	4	300
Head & Neck	9	3	6	14	10	9	10	5	7	3	6	7	6	1	96
LGI	21	19	15	13	16	11	12	17	10	6	7	13	11	13	184
HPB	0	0	0	0	0	0	0	0	0	0	0	18	3	2	23
Lung	24	24	32	35	36	47	27	32	23	23	25	15	14	16	373
Other	2	0	1	0	0	1	1	0	0	2	0	1	0	2	10
Sarcomas	0	0	0	0	0	0	0	0	2	2	0	0	0	0	4
Skin	46	34	36	40	39	34	46	60	47	37	29	42	17	31	538
UGI	23	21	23	15	12	15	13	16	9	1	34	9	11	11	213
Urology	27	17	25	34	28	35	11	28	16	12	27	15	15	7	297
31D Total	214	184	211	230	211	229	202	236	175	163	195	171	134	126	2681
%31D confirmed	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	61%	

Tumour Site	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	Total
62D Total	157	124	153	164	148	140	120	131	90	105	99	90	62	79	1662
31D Total	214	184	211	230	211	229	202	236	175	163	195	171	134	126	2681
TOTAL 31D +62D	371	308	364	394	359	369	322	367	265	268	294	261	196	205	4343

Number of confirmed cancers Mar 18– Apr 19



% of Confirmed cancers split between 31/62 Days
Mar 18 – Apr 19



62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%



Cancer Performance Dashboard Report May 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Mar 19	100%	100%	78%
April 19	99%	100%	80%
May 19	100%	100%	65%

	Dec 18	Jan 19	Feb19	Mar19	Apr 19	May 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	78%	80%	87%	88%			
<i>Actual 62 day Performance</i>	<i>72%</i>	<i>71%</i>	<i>71%</i>	<i>78%</i>	<i>80%</i>	<i>65%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	2	1	1	0	1	0	0	0	5	2	1	0	1	14
Head & Neck	1	0	0	0	1	0	0	0	0	0	0	0	1	3
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	1	1	2	1	2	2	3	0	1	1	1	1	17
Lung	4	3	4	2	3	1	0	0	1	4	0	2	1	25
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	0	0	1	1	1	0	1	0	0	0	0	5
UGI	1	0	0	4	2	2	1	2	0	1	1	1	2	17
HPB	0	0	0	0	0	0	0	0	1	2	0	0	0	3
Urology	5	6	8	2	1	5	6	1	9	7	4	2	4	60
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	11	14	10	10	11	10	6	17	17	7	6	10	144

Internal Breaches – 62 Day

TRU-83200

(Figures taken from 62 & 31 Day completed waits)

	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Total
Breast	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Colorectal	0	0	1	1	0	3	1	0	1	4	1	2	5	19
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	1	0	0	0	0	0	0	0	2	0	0	2	5
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	1	0	0	0	1	0	0	0	0	1	3
Skin	1	0	0	3	4	1	1	1	0	0	0	0	0	11
UGI	0	0	0	0	0	1	0	0	0	0	0	1	1	3
Urology	7	4	4	7	2	7	8	8	8	2	5	2	3	67
HPB	0	0	0	0	0	0	0	0	1	2	0	2	2	7
Total	9	5	5	12	6	12	10	10	10	10	6	7	14	116

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	0	0	0	0	0	1	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	0	0	0	0	0	0	0	0	0	2	0	0	0	2

Summary of Breach Reports – May 2019

Modality	Internal/External	Reason
UGI	Internal Personal info	Treatment completed Day 91 - Specialist Palliative Treatment. <u>Reason for delay - 1st OPD D21, 18 day wait for PET scan and then 18 day wait for USS Guided Bx to be performed.</u> Pathway - Date first seen, OGD - D21, staging CT scan requested, escalated, Staging CT D23, path reported D23, MDM D24, Ward Attendance D25 -PET requested, PET scan D43, ITD D58, MDM D60, USS Biopsy of neck requested D63, RF USS Guided Bx D81, Stent D91.
Gynae	Internal Personal info	Treatment completed Day 86 - Surgery. <u>Reason for delay -OPH performed on Day 27 and then 19 day wait for MRI scanning & then 23D wait for surgery.</u> Pathway - 1st OPD D12, path reported D16, OPH Hysteroscopy D27, MDM D34, review with Consultant D37- MRI requested, MRI D56, MDM D62, DTT D63 and surgery performed on D86.
Lower GI	Internal Personal info	Treatment completed Day 116 - Specialist Palliative Care. <u>Reason for delay - Diagnostic delays (33 Day for CTC), and then patient requiring anaesthetic assessment due to frailty.</u> Pathway - 1st OPD D14, CT D16,CT Chest & CT Colonography requested D24, CT Colonography D57, MDM review D66, anaesthetic review D106, review with Consultant D116.
HPB	Internal Personal info	Treatment completed Day 89 - Specialist Palliative Care. <u>Reason for delay - 21 day wait for OGD & Colonoscopy, first CT Guided Core BX was cancelled due to being unsafe to proceed, following MDM discussion was re-requested and performed.</u> Pathway - First seen D15, CT D23, USS D30, OGD & Colonoscopy D36, MDM D49, CT Guided core biopsy D56 - unsafe to proceed, MDM D57, CT Guided core biopsy repeated D70, diagnosis D76, MDM D78, ITT'd D89
LGI	Internal Personal info	Treatment completed Day 79 - Surgery. <u>Reason for delay - 1st OPD not until D42, due to change with Hospital Rota.</u> Pathway - 1st OPD D42, Colonoscopy D42, CT D45, MDM D52, review Dr Murphy D57, review Mr Hewitt D66, surgery performed D79.
LGI	Internal Personal info	Treatment completed Day 76 - Surgery. <u>Reason for delay - 1st OPD D21 & then 19 day delay for OGD & Colonoscopy, then 19 day wait for review with Consultant.</u> Pathway - 1st OPD D21. OGD & Colonoscopy D40, CT D47, path reported D47, MDM D49, review D68, Surgery D76.
Gynae	Internal Personal info	Treatment completed Day 76 - Surgery. <u>Reason for delay -21 day wait for OP Hysteroscopy, then 26 day wait for surgery to be performed(no capacity to perform any sooner).</u> Pathway - 1st OPD D8, endometrial biopsy performed D8, path reported D10, OP Hysteroscopy D29, path reported D31, MDM D35, MRI requested D36, MRI D43, DTT D50, Surgery D76.

Urology	Internal (Personal info)	Treatment completed Day 73 - Surgery. Reason for delay - <u>1st OPD D47 & then 19 day wait for surgery.</u> Pathway - CT scan D14, 1ST OPD D47, DTT D54, Surgery D73.
HPB	Internal (Personal info)	Treatment completed Day 66 - Specialist Palliative Treatment. Reason for delay - <u>1st OPD D17, 14 day wait for repeat OGD, 6 days for CT scan to be reported, then patient had to be discussed @ HPB MDM.</u> Pathway - 1st OPD D17, 1ST OGD D23, repeat OGD D37, CT D45, path reported D45, CT reported D51, ITD D52, HPB MDM D60.
Urology	Internal (Personal info)	Treatment completed D112 - Active Surveillance. Reason for delay - <u>1st OPD D73.</u> Pathway - 1st OPD D73, MRI requested D82, MRI D84, TRUSB D103, path reported D106, MDM D112.
Urology	Internal (Personal info)	Treatment completed Day 126 - Active Surveillance. Reason for delay - <u>1st OPD D47, 20 day wait for MRI scanning, 23 day wait for TP biopsies to be performed.</u> Pathway - 1st OPD D47, MRI requested D50, MRI performed D70, MRI reported D71, added to W/L for TP biopsies D72, TP performed D95, Path reported D99, MDM D105 and review with Consultant following MDM D126.
Lung	Internal (Personal info)	Treatment completed Day 75 - Radiotherapy. Reason for delay - <u>Complex case.</u> Pathway - 1st OPD 13, CT D14, bronchoscopy D22, MDM D28, and pathology reported D28, PET D38, MDM D42, and MDM D51.
Lower GI	Internal (Personal info)	Treatment completed Day 97 - Surgery. Reason for delay - <u>1st OPD on D20 & then 38 day delay for CTC.</u> Pathway - 1st OPD D20, colonoscopy D46, path reported D50, CTC D84, MDM D86, DTT D91 & surgery D97.
Lower GI	Internal (Personal info)	Treatment completed Day 76 - Surgery. Reason for delay - <u>45 Day wait for CTC.</u> Pathway - 1st OPD D17, colonoscopy D25, path reported D41, MDM D48, MRI D54, CTC D60, DTT D62, MDM D62 & surgery D76.
Urology	External (Personal info)	ITT Day 101- Treatment completed Day 197 - Surgery. Reason for delay - <u>1st OPD D50 & then 18 day wait for TRUSB.</u> Pathway - 1st OPD D50, MRI D52, TRUSB D70, path reported D76, MDM D79, review with Consultant D86 (Over Christmas), ITD D90, MDM D100.
Urology	External (Personal info)	ITT Day 102 - Treatment completed Day 190 - Radiotherapy. Reason for delay - <u>1st OPD D53, 7 day wait for TRUSB to be performed, then 12 day wait for review with Consultant following MDM.</u> Pathway - 1st OPD D53, MRI D64, TRUBS D72, path reported D79, MDM D80, review with Consultant D92, Regional MDM D101.
Lung	External (Personal info)	ITT Day 46 - Treatment completed Day 79 - Radiotherapy. Reason for delay - <u>3 week wait for PET scan.</u> Pathway - 1st OPD D8, bronchoscopy D10, MDM D16, PET D38, MDM D45.
Urology	External (Personal info)	ITT Day 64 - Treatment completed Day 115 - Hormones. Reason for delay - <u>1st OPD D41 & then 12 day wait for review with Consultant following MDM.</u> Pathway - MRI D28, TRUSB &

		1st OPD D41, path reported D49, MDM D51, review with Consultant D63.
UGI	External Personal info	• ITT Day 58 - Treatment completed Day 104- Chemoradiotherapy. Reason for delay - 25 day wait for PET scanning. Pathway - 1st OPD D5, CT D14, OGD D24, ITD D28, path reported D28, MDM D29, Regional OG deferral (PET scan awaited), PET D49, Regional OG D51, review with Consultant D58.
URO	External Personal info	• ITT Day 64 - Treatment completed Day 95 - Hormones. Reason for delay - 1st OPD D22, 11 day wait for Bone Scan, 5 day wait for review with Consultant to discuss referral to Belfast. Pathway - 1st OPD D22, TRUSB D22, path reported D25, MDM D31, review with Consultant D35, Bone Scan D46, review with Consultant D58, ITT D64.
Gynae	External Personal info	• ITT Day 72 - Treatment completed Day 105 - Surgery. Reason for delay - 29 day wait for OP Hysteroscopy, then patient could not be ITT'd to Belfast until fully worked up. Pathway - 1st OPD D6. OP Hysteroscopy D35, path reported D40, MDM D41, CT D56, MDM D62,
Lower GI	External Personal info	• ITT Day 63 - Treatment completed Day 102 - Chemoradiotherapy. Reason for delay - 28 day delay for colonoscopy. Pathway - 1st OPD D17, colonoscopy D45, path reported D46, MRI D52, MDM D55, ITT d63.
UGI	External Personal info	• ITT Day 56 - Treatment completed Day 79 - Chemotherapy. Reason for delay - complex case - Pathway - First seen D1, CT D1, OGD D6 – pathology reported D8, Local MDM D8, Regional OG MDM D9 was deferred to D16, there was a 21 day wait for PET (D29), Regional OG MDM D30 was deferred to D37 awaiting PET report. Staging Laparoscopy D44 – pathology awaited. Regional OG MDM D51 – decision for patient to be reviewed at Oncology clinic for consideration of neo-adjuvant chemotherapy. ITT'd D56.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse, before they get better. Additional clinic have been recently set up for June/July.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck & Gynae
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy – Colonography waiting times have slightly improved.
- Red Flag Appointment Team
- Red Flag Tracking Team
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER MARCH 2018 – MAY 2019

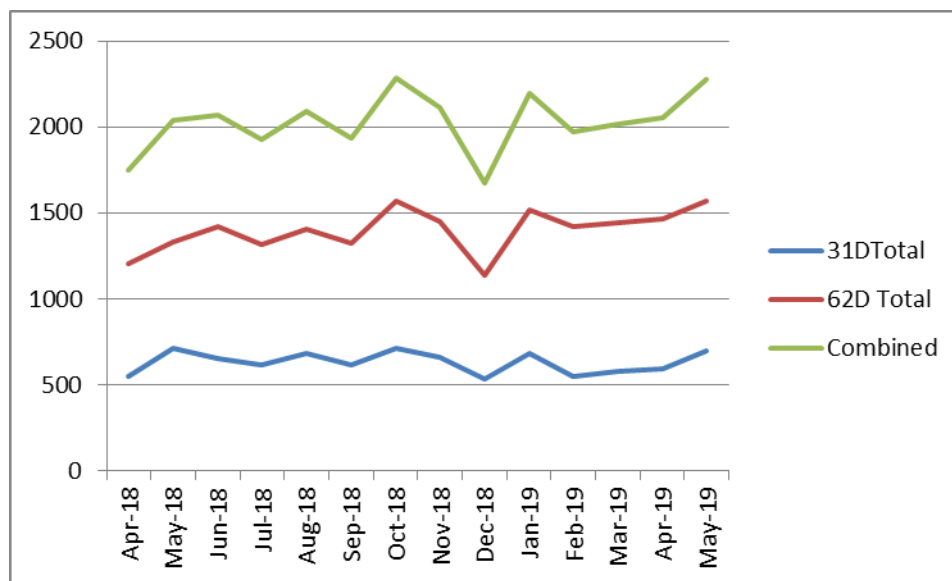
62 DAY REFERRALS

62 DAY REFERRALS	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19
Acute Leukaemia	0	0	0	2	0	0	0	0	0	3	0	0	1	0
Brain/Central Tumour	10	8	9	10	10	18	12	12	5	7	9	10	5	7
Breast Cancer	230	228	236	230	239	232	330	270	187	268	258	270	281	290
Children's Cancer	2	0	0	0	1	1	0	3	1	0	0	0	0	0
Gynae Cancers	117	112	111	144	114	128	159	142	111	120	142	145	136	143
Haematological Cancers	10	12	10	17	15	16	30	20	13	26	18	19	14	23
Head/Neck Cancer	85	87	121	82	101	89	116	114	69	118	89	102	103	98
Lower Gastrointestinal Cancer	235	275	254	260	268	263	243	275	249	309	293	269	298	301
Lung Cancer	30	46	46	22	30	22	29	31	21	49	35	39	53	44
Other Suspected Cancer	15	26	27	15	31	25	36	17	10	28	19	13	4	16
Sarcomas	2	6	0	1	1	0	4	1	0	0	0	0	0	2
Skin Cancers	165	221	256	203	232	201	228	179	151	237	243	238	218	258
Testicular Cancer	3	4	4	7	10	5	11	11	9	11	14	8	5	7
Upper Gastrointestinal Cancer	140	145	161	174	161	149	177	183	129	165	136	167	191	203
Urological Cancer	157	160	183	147	193	175	197	193	180	173	167	157	155	175
62D Total	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567

31 DAY REFERRALS

31 DAY REFERRALS	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19
Acute Leukaemia	1	8	7	5	5	13	14	13	2	15	6	11	6	27
Brain/Central Tumour	11	19	17	17	15	4	3	18	6	15	18	11	14	20
Breast Cancer	73	71	62	65	59	60	52	58	70	84	57	80	56	92
Children's Cancer	0	2	0	1	0	3	0	0	0	0	0	2	3	0
Gynae Cancers	45	55	55	47	53	50	61	46	30	58	49	49	49	60
Haematological Cancers	25	30	19	18	43	42	34	45	37	34	19	20	19	47
Head/Neck Cancer	21	26	36	28	39	32	45	35	21	31	17	25	24	44
Lower Gastrointestinal Cancer	97	140	114	105	104	110	123	138	108	118	127	109	138	119
Lung Cancer	51	65	69	76	80	59	70	69	66	65	35	41	65	64
Other Suspected Cancer	2	9	6	1	3	5	2	2	1	4	9	4	5	5
Sarcomas	0	0	1	0	2	2	3	3	4	2	6	4	0	7
Skin Cancers	73	83	88	84	87	100	96	88	59	55	62	46	58	43
Testicular Cancer	1	1	1	1	3	0	4	0	1	2	0	0	0	0
Upper Gastrointestinal Cancer	84	119	100	89	91	77	99	81	74	95	91	108	91	105
Urological Cancer	64	82	77	75	101	56	104	66	57	73	54	58	63	67
31DTotal	548	710	652	612	685	613	710	662	536	681	550	581	591	700

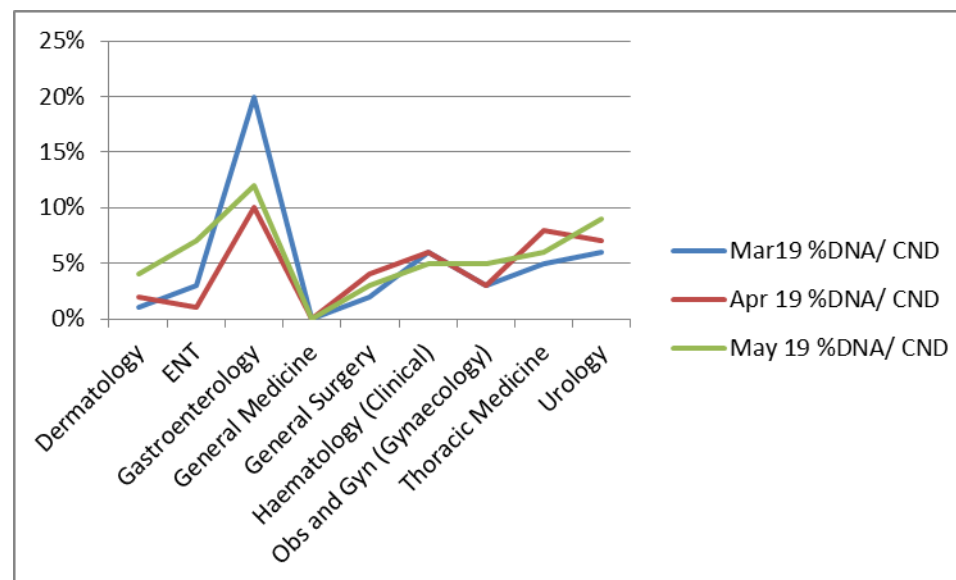
	Apr 18	May18	Jun18	July18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19
31DTotal	548	710	652	612	685	613	710	662	536	681	550	581	591	700
62D Total	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567
Combined Total	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020	2055	2275



Red Flag Outpatient DNA

Speciality	Mar -19			Apr-19			May-19		
	Attendances	DNA& CND	Mar19 %DNA/ CND	Attendances	DNA& CND	Apr 19 %DNA/ CND	Attendances	DNA& CND	May 19 %DNA/ CND
Dermatology	230	3	1%	203	4	2%	197	9	4%
ENT	86	3	3%	79	1	1%	64	5	7%
Gastroenterology	37	9	20%	48	5	10%	66	9	12%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	484	9	2%	539	25	4%	599	17	3%
Haematology (Clinical)	17	1	6%	16	1	6%	19	1	5%
Obs and Gyn (Gynaecology)	130	4	3%	119	3	3%	132	7	5%
Thoracic Medicine	35	2	5%	37	3	8%	66	4	6%
Urology	157	10	6%	209	16	7%	180	17	9%
	1176	41	3%	1250	58	5%	1323	69	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Total
Acute Leukaemia	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	11	15	20	15	19	13	18	15	14	16	15	19	15	33	238
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	19	21	15	19	10	10	6	9	8	11	8	1	7	4	148
Haem	5	3	3	7	10	7	10	3	4	2	3	4	1	0	62
Head & Neck	9	5	7	5	5	7	9	5	9	7	6	0	1	0	75
LGI	10	13	7	13	6	8	10	4	0	9	1	1	8	1	91
Lung	10	22	16	12	8	3	4	2	1	9	6	5	6	9	113
Other	0	1	0	1	0	1	1	0	0	0	0	0	0	0	4
Sarcomas	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Skin	17	22	30	25	31	30	30	13	14	17	23	13	12	10	287
Testicular	0	0	0	3	1	0	3	2	0	1	3	0	0	0	13
UGI	5	10	9	14	11	13	11	11	13	4	6	2	1	11	121
Urology	38	39	57	32	39	28	29	26	32	23	19	17	25	27	431
62D Total	124	153	164	148	140	120	131	90	105	99	90	62	79	98	1603
%62D confirmed	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	39%	41%	

31 Day Confirmed Cancers

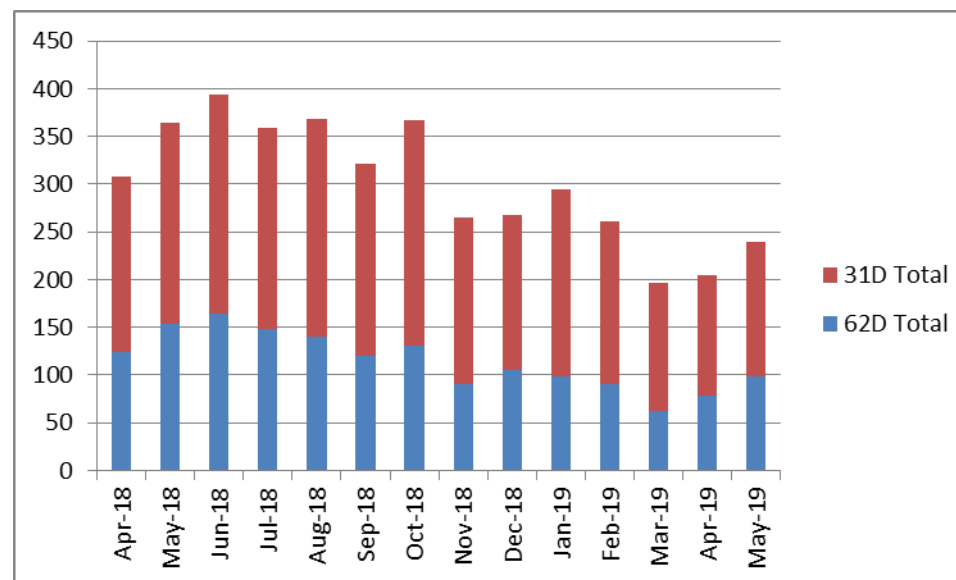
TRU-83210

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

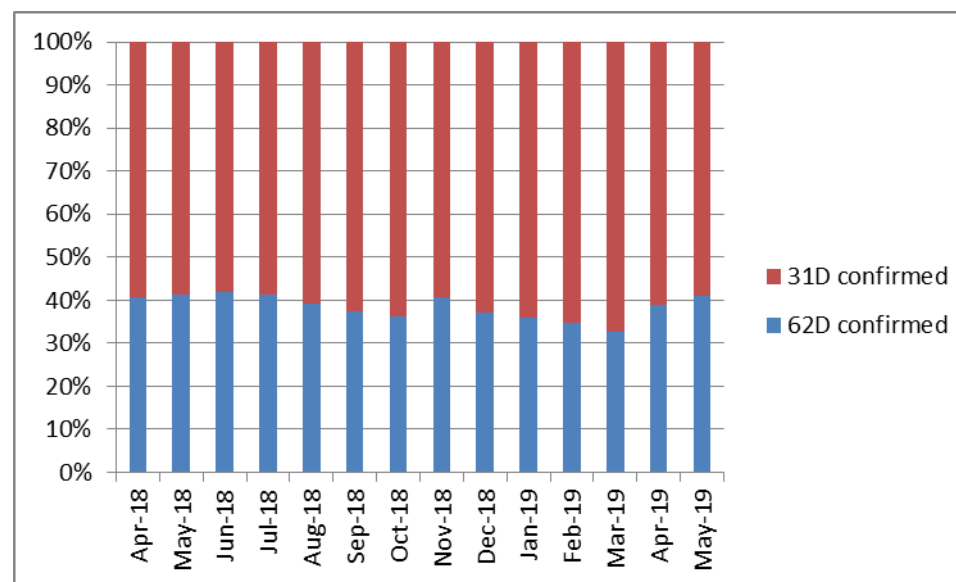
Tumour Site	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Total
Acute Leukaemia	1	2	7	4	1	11	12	1	0	0	5	6	2	4	56
Brain	11	11	9	6	7	0	3	0	5	9	5	1	3	4	74
Breast	12	20	23	25	18	20	13	13	18	31	15	20	17	23	268
Children's	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
Gynae	19	16	21	18	12	17	25	13	9	11	16	23	17	15	232
Haem	23	24	19	17	39	31	25	34	26	14	10	7	4	11	284
Head & Neck	3	6	14	10	9	10	5	7	3	6	7	6	1	2	89
LGI	19	15	13	16	11	12	17	10	6	7	13	11	13	12	175
HPB	0	0	0	0	0	0	0	0	0	0	18	3	2	5	28
Lung	24	32	35	36	47	27	32	23	23	25	15	14	16	10	359
Other	0	1	0	0	1	1	0	0	2	0	1	0	2	0	8
Sarcomas	0	0	0	0	0	0	0	2	2	0	0	0	0	0	4
Skin	34	36	40	39	34	46	60	47	37	29	42	17	31	18	510
UGI	21	23	15	12	15	13	16	9	1	34	9	11	11	17	207
Urology	17	25	34	28	35	11	28	16	12	27	15	15	7	19	289
31D Total	184	211	230	211	229	202	236	175	163	195	171	134	126	142	2609
%31D confirmed	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	61%	59%	

Tumour Site	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Total
62D Total	124	153	164	148	140	120	131	90	105	99	90	62	79	98	1603
31D Total	184	211	230	211	229	202	236	175	163	195	171	134	126	142	2609
TOTAL 31D +62D	308	364	394	359	369	322	367	265	268	294	261	196	205	240	4212

Number of confirmed cancers April 18– May 19



% of Confirmed cancers split between 31/62 Days
April 18 – May 19



62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%



Cancer Performance Dashboard Report June 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
April 19	99%	100%	80%
May 19	100%	100%	60%
June 19	100%	99%	77%

	Jan 19	Feb19	Mar19	Apr19	May 19	June 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	80%	87%	88%				
<i>Actual 62 day Performance</i>	<i>71%</i>	<i>71%</i>	<i>78%</i>	<i>80%</i>	<i>65%</i>	<i>77</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	June 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	1	0	1	0	0	0	5	2	1	0	3	2	16
Head & Neck	0	0	0	1	0	0	0	0	0	0	0	1	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	1	2	1	2	2	3	0	1	1	1	1	0	16
Lung	3	4	2	3	1	0	0	1	4	0	2	1	3	24
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	1	1	1	0	1	0	0	0	0	0	4
UGI	0	0	4	2	2	1	2	0	1	1	1	2	2	18
HPB	0	0	0	0	0	0	0	1	2	0	0	2	0	5
Urology	6	8	2	1	5	6	1	9	7	4	2	7	1	59
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	14	10	10	11	10	6	17	17	7	6	17	8	144

Internal Breaches – 62 Day

TRU-83217

(Figures taken from 62 & 31 Day completed waits)

	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	June 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	1	1	0	3	1	0	1	4	1	2	5	2	21
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	0	0	0	0	0	0	0	2	0	0	3	1	7
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	1	0	0	0	1	0	0	0	0	1	0	3
Skin	0	0	3	4	1	1	1	0	0	0	0	0	1	11
UGI	0	0	0	0	1	0	0	0	0	0	1	1	1	4
Urology	4	4	7	2	7	8	8	8	2	5	2	5	5	67
HPB	0	0	0	0	0	0	0	1	2	0	2	2	0	7
Total	5	5	12	6	12	10	10	10	10	6	7	17	10	120

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	June 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	0	0	0	0	1	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	0	0	0	0	0	2	0	0	0	1	3

Summary of Breach Reports – June 2019

Modality	Internal/External	Reason
Lung	External (Personal information)	ITT Day 76 - Treatment completed Day 102 - Radiotherapy. Reason for delay - Complex case - 27 Day wait for PET scan & then x 2 CT Guided biopsies required following bronchoscopy for tissue diagnosis. Pathway - 1st OPD D7, CT D13, Bronchoscopy D15, path reported D15, MDM D22, PET D49M MDM D50, CT Guided FNA D51, path reported D52, MDM D58, repeat CT Guided Core D68, MDM D69, EGFR Mutation reported D70, MDM D76.
Lower GI	External (Personal information)	ITT Day 49 - Treatment completed Day 85 – Chemo-radiotherapy. Reason for delay - 1st OPD D18, 9-11 day wait for CT & MRI scanning, the deferral at MDM with results. Pathway - 1st OPD D18, colonoscopy D26, CT D35, MRI D37 - deferral with radiology results, MDM D49.
Lung	External (Personal information)	ITT Day 64 - Treatment completed Day 103 - Surgery. Reason for delay -Complex pathway requiring CT, bronc, PET (20 day wait), CT Guided biopsy. Pathway - 1st OPD D13, Bronchoscopy D22, PET D36, MDM D42, CT Guided BX D49, surgical review D63, MDM D63
Lung	External (Personal information)	ITT Day 53 - Pathway completed Day 79 - Radiotherapy. Reason for delay - 28 day delay for PET scanning (Requested D18 & performed on D46) Pathway 1st OPD D5, Bronchoscopy, path reported D17, MDM D18, PET D46, MDM D46 (Deferral due to PET not being reported as performed on same day), MDM D53.
UGI	External (Personal information)	ITT Day 55 - Treatment completed Day 84 - Chemotherapy. Reason for delay - 1st OPD D27 & then 13 day wait for OGD. Pathway - First seen D27, CT D35 & OGD D40 - diagnosis D43. Local MDM D43, Regional MDM D44.
LGI	External (Personal information)	ITT Day 49 - Treatment completed Day 63 - Radiotherapy. Reason for delay - 1st OPD D30. Pathway - 1st OPD D30, colonoscopy D35, path reported D37, MRI D43, CT D44 & MDM D45.
UGI	External (Personal information)	ITT D65 - Treatment completed Day 90 - Palliative Treatment. Reason for delay - 1st OPD D26, 16 day wait for colonoscopy, 9 days for staging CT scan. Pathway - 1st OPD D26, colonoscopy D42, CT D51, ITD D56, local MDM D57, Regional OG D58, ITT D65, review with Consultant D90.
Urology	Internal (Personal information)	Treatment completed Day 148 - Surgery. Reason for delay - 22D wait with Cons to discuss CT results, 14D delay due to being virtual MDM, 9 day wait for review with Consultant following MDM, 23 day delay for MRI scan, then further 7D delay for MDM discussion due to audit, then following discussion 14D wait for review with Consultant & then 19D wait for surgery. Pathway - 1st OPD D9, CT D17, review with Mr Haynes D39, MDM deferral (2 weeks due to 2 previous weeks being virtual and Radiological opinion was needed), MDM

		D59, review with Consultant D68, CT D71, urine cytology reported D72, MRI D91, further loss of 1 week for MDM discussion due to audit, MDM D115, review with Consultant D117, surgery D148.
Urology	Internal Personal info	Treatment completed D118 - Hormones. Reason for delay - 1st OPD D47, 16 day wait for MRI & then 39D delay for MRI to TRUSB. Pathway - 1st OPD D47 - MRI requested, MRI D63, MRI reported D64, TRUSB D103, path reported D107, MDM D112, review D118.
Lower GI	Internal Personal info	Treatment completed Day 92 - Surgery. Reason for delay - 1st OPD D37 & then 21D wait for scopes to be performed as an inpatient & then 22D wait for surgery to be performed. Pathway - 1st OPD D37, colonoscopy D58, CT D59, path reported D60, MDM D66, DTT 70, surgery D92.
LGI	Internal Personal info	Treatment completed Day 71 - Surgery. Reason for delay - 1st OPD D23, 16D wait for Colonoscopy. Pathway - 1st OPD D23, colonoscopy D39, path reported D45, CT 50, MDM D52, review with Consultant D59- DTT, Surgery D71.
UGI	Internal Personal info	Treatment completed Day 83 - Specialist Palliative Treatment - Stent. Reason for delay - 1st OPD D20, 16D wait for OGD & Colonoscopy, 9D wait for CT scan & then 15D wait for PET scan. Pathway 1st OPD D20, OGD & Colonoscopy D36, CT D47, ITD D48, MDM D49, Regional OG D50, review by Consultant on the ward D57, PET D65, Regional OG D78, DTT D83.
UGI	Internal Personal info	Treatment completed Day 72 - Active Monitoring. Reason for delay - 1st OPD D30. Pathway - 1st OPD D30, MRI D40, TRUSB D55 and pathology reported D58, MDM D64, review D72.
Urology	Internal Personal info	Treatment completed Day 78 - Active Monitoring. Reason for delay - 1st OPD D30 & during this time there was a 33D wait for MRI scan to be performed & then 12D wait for review with Consultant following MDM. Pathway - MRI requested D12, 1st OPD D30, MRI D45, TRUSB D59, reported D65, MDM D66, review D78.
Skin	Internal Personal info	Treatment completed Day 63 - Surgery. Reason for delay - Surgery had to be performed by Personal information redacted by - soonest date available (Bank Holidays and Personal information redacted by getting married). Pathway - 1st OPD D9, Surgery performed D63.
Skin	Internal 31D Personal info	Treatment completed D47/31D Pathway. Reason for delay - no sooner surgery slot available to have surgery performed on target. Tracker unfortunately had not escalated patient once DTT had been completed.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse, before they get better. Additional clinic have been recently set up for June/July.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck & Gynae
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy – Colonography waiting times have slightly improved.
- Red Flag Appointment Team
- Red Flag Tracking Team
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

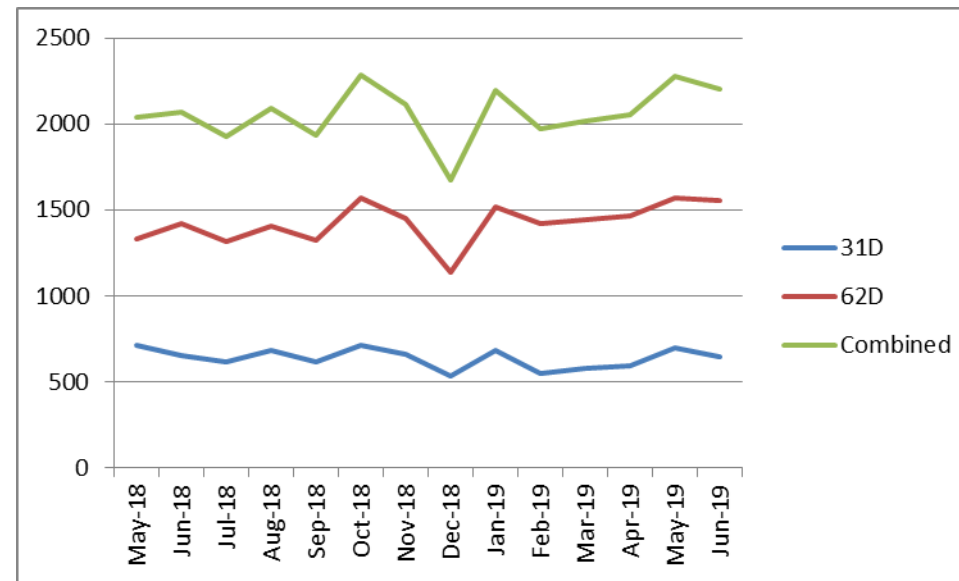
REFERRAL – SUSPECT CANCER MAY 2018 – JUNE 2019
62 DAY REFERRALS

62 DAY REFERRALS	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19
Acute Leukaemia	0	0	2	0	0	0	0	0	3	0	0	1	0	0
Brain/Central Tumour	8	9	10	10	18	12	12	5	7	9	10	5	7	10
Breast Cancer	228	236	230	239	232	330	270	187	268	258	270	281	290	256
Children's Cancer	0	0	0	1	1	0	3	1	0	0	0	0	0	0
Gynae Cancers	112	111	144	114	128	159	142	111	120	142	145	136	143	143
Haematological Cancers	12	10	17	15	16	30	20	13	26	18	19	14	23	20
Head/Neck Cancer	87	121	82	101	89	116	114	69	118	89	102	103	98	94
Lower Gastrointestinal Cancer	275	254	260	268	263	243	275	249	309	293	269	298	301	328
Lung Cancer	46	46	22	30	22	29	31	21	49	35	39	53	44	43
Other Suspected Cancer	26	27	15	31	25	36	17	10	28	19	13	4	16	9
Sarcomas	6	0	1	1	0	4	1	0	0	0	0	0	2	1
Skin Cancers	221	256	203	232	201	228	179	151	237	243	238	218	258	275
Testicular Cancer	4	4	7	10	5	11	11	9	11	14	8	5	7	10
Upper Gastrointestinal Cancer	145	161	174	161	149	177	183	129	165	136	167	191	203	174
Urological Cancer	160	183	147	193	175	197	193	180	173	167	157	155	175	194
62D Total	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558

31 DAY REFERRALS

31 DAY REFERRALS	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19
Acute Leukaemia	8	7	5	5	13	14	13	2	15	6	11	6	27	5
Brain/Central Tumour	19	17	17	15	4	3	18	6	15	18	11	14	20	8
Breast Cancer	71	62	65	59	60	52	58	70	84	57	80	56	92	58
Children's Cancer	2	0	1	0	3	0	0	0	0	0	2	3	0	0
Gynae Cancers	55	55	47	53	50	61	46	30	58	49	49	49	60	59
Haematological Cancers	30	19	18	43	42	34	45	37	34	19	20	19	47	34
Head/Neck Cancer	26	36	28	39	32	45	35	21	31	17	25	24	44	22
Lower Gastrointestinal Cancer	140	114	105	104	110	123	138	108	118	127	109	138	119	122
Lung Cancer	65	69	76	80	59	70	69	66	65	35	41	65	64	69
Other Suspected Cancer	9	6	1	3	5	2	2	1	4	9	4	05	5	3
Sarcomas	0	1	0	2	2	3	3	4	2	6	4	0	7	3
Skin Cancers	83	88	84	87	100	96	88	59	55	62	46	58	43	57
Testicular Cancer	1	1	1	3	0	4	0	1	2	0	0	0	0	2
Upper Gastrointestinal Cancer	119	100	89	91	77	99	81	74	95	91	108	91	105	98
Urological Cancer	82	77	75	101	56	104	66	57	73	54	58	63	67	82
31DTotal	710	652	612	685	613	710	662	536	681	550	581	591	700	648

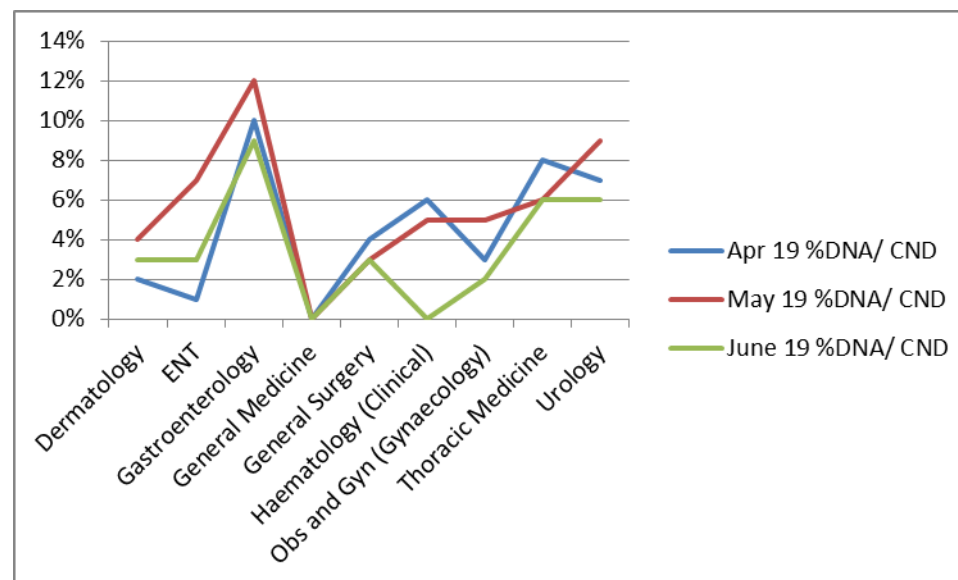
	May18	Jun18	July18	Aug18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19
31DTotal	710	652	612	685	613	710	662	536	681	550	581	591	700	648
62D Total	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558
Combined Total	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020	2055	2275	2206



Red Flag Outpatient DNA

Speciality	Apr -19			May-19			June-19		
	Attendances	DNA& CND	Apr 19 %DNA/ CND	Attendances	DNA& CND	May 19 %DNA/ CND	Attendances	DNA& CND	June 19 %DNA/ CND
Dermatology	203	4	2%	197	9	4%	250	7	3%
ENT	79	1	1%	64	5	7%	105	3	3%
Gastroenterology	48	5	10%	66	9	12%	63	6	9%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	539	25	4%	599	17	3%	490	15	3%
Haematology (Clinical)	16	1	6%	19	1	5%	11	0	0%
Obs and Gyn (Gynaecology)	119	3	3%	132	7	5%	133	3	2%
Thoracic Medicine	37	3	8%	66	4	6%	48	3	6%
Urology	209	16	7%	180	17	9%	103	6	6%
	1250	58	5%	1323	69	5%	1203	43	4%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Total
Acute Leukaemia	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	15	20	15	19	13	18	15	14	16	15	19	15	33	14	241
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	21	15	19	10	10	6	9	8	11	8	1	7	4	7	136
Haem	3	3	7	10	7	10	3	4	2	3	4	1	0	4	61
Head & Neck	5	7	5	5	7	9	5	9	7	6	0	1	0	1	67
LGI	13	7	13	6	8	10	4	0	9	1	1	8	1	5	86
Lung	22	16	12	8	3	4	2	1	9	6	5	6	9	7	110
Other	1	0	1	0	1	1	0	0	0	0	0	0	0	0	4
Sarcomas	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Skin	22	30	25	31	30	30	13	14	17	23	13	12	10	0	270
Testicular	0	0	3	1	0	3	2	0	1	3	0	0	0	0	13
UGI	10	9	14	11	13	11	11	13	4	6	2	1	11	12	128
Urology	39	57	32	39	28	29	26	32	23	19	17	25	27	33	426
62D Total	153	164	148	140	120	131	90	105	99	90	62	79	98	83	1562
%62D confirmed	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	39%	41%	36%	

31 Day Confirmed Cancers

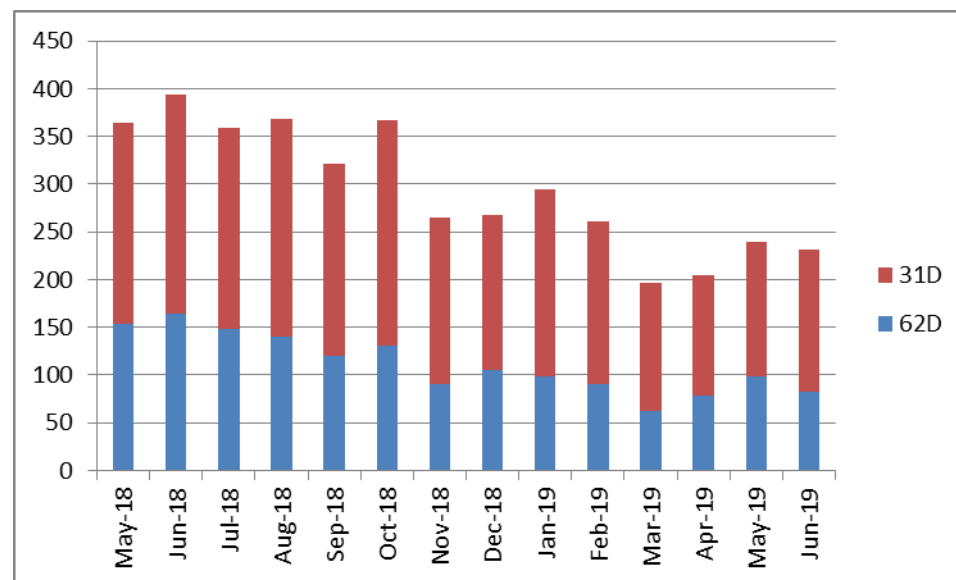
TRU-83226

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

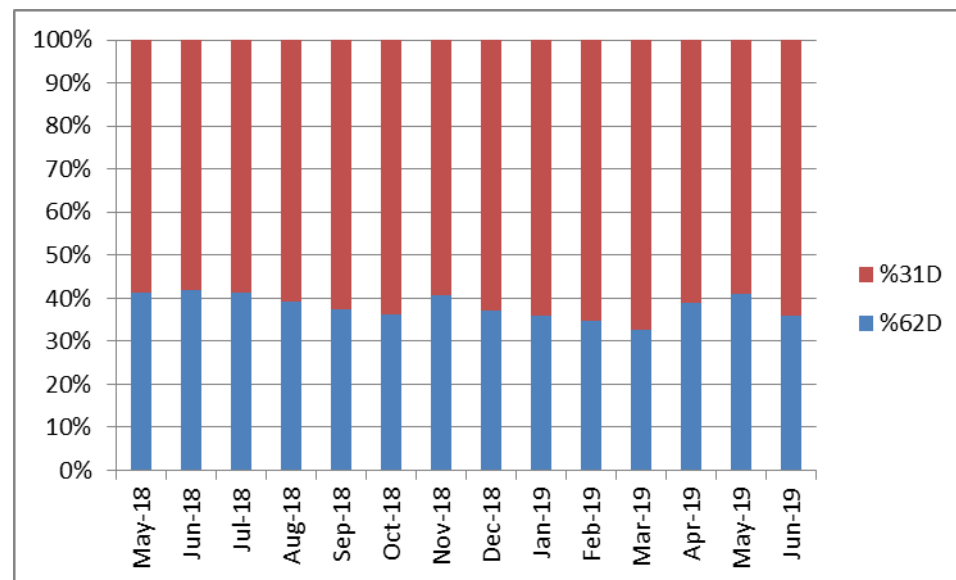
Tumour Site	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Total
Acute Leukaemia	2	7	4	1	11	12	1	0	0	5	6	2	4	0	55
Brain	11	9	6	7	0	3	0	5	9	5	1	3	4	0	63
Breast	20	23	25	18	20	13	13	18	31	15	20	17	23	16	272
Children's	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3
Gynae	16	21	18	12	17	25	13	9	11	16	23	17	15	21	234
Haem	24	19	17	39	31	25	34	26	14	10	7	4	11	10	271
Head & Neck	6	14	10	9	10	5	7	3	6	7	6	1	2	6	92
LGI	15	13	16	11	12	17	10	6	7	13	11	13	12	8	164
HPB	0	0	0	0	0	0	0	0	0	18	3	2	5	3	31
Lung	32	35	36	47	27	32	23	23	25	15	14	16	10	21	356
Other	1	0	0	1	1	0	0	2	0	1	0	2	0	2	10
Sarcomas	0	0	0	0	0	0	2	2	0	0	0	0	0	2	6
Skin	36	40	39	34	46	60	47	37	29	42	17	31	18	27	503
UGI	23	15	12	15	13	16	9	1	34	9	11	11	17	13	199
Urology	25	34	28	35	11	28	16	12	27	15	15	7	19	19	291
31D Total	211	230	211	229	202	236	175	163	195	171	134	126	142	148	2573
%31D confirmed	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	61%	59%	64%	

Tumour Site	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Total
62D Total	153	164	148	140	120	131	90	105	99	90	62	79	98	83	1562
31D Total	211	230	211	229	202	236	175	163	195	171	134	126	142	148	2573
TOTAL 31D +62D	364	394	359	369	322	367	265	268	294	261	196	205	240	231	4135

Number of confirmed cancers May 18– June 19



% of Confirmed cancers split between 31/62 Days
May 18 – June 19



62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%



Cancer Performance Dashboard Report July 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
May 19	100%	100%	60%
June 19	100%	99%	77%
July 19		100%	74%

	Feb19	Mar19	Apr19	May19	June 19	July 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	87%	88%					
<i>Actual 62 day Performance</i>	<i>71%</i>	<i>78%</i>	<i>80%</i>	<i>60%</i>	<i>77%</i>	<i>74%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	0	1	0	0	0	5	2	1	0	3	2	1	16
Head & Neck	0	0	1	0	0	0	0	0	0	0	1	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	2	1	2	2	3	0	1	1	1	1	0	2	17
Lung	4	2	3	1	0	0	1	4	0	2	1	3	2	23
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	1	1	0	1	0	0	0	0	0	0	4
UGI	0	4	2	2	1	2	0	1	1	1	2	2	2	20
HPB	0	0	0	0	0	0	1	2	0	0	2	0	0	5
Urology	8	2	1	5	6	1	9	7	4	2	7	1	9	62
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14	10	10	11	10	6	17	17	7	6	17	8	16	149

Internal Breaches – 62 Day

TRU-83233

(Figures taken from 62 & 31 Day completed waits)

	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	1	0	3	1	0	1	4	1	2	5	2	3	24
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	2	0	0	3	1	1	7
Haem	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Lung	0	1	0	0	0	1	0	0	0	0	1	0	0	3
Skin	0	3	4	1	1	1	0	0	0	0	0	1	0	11
UGI	0	0	0	1	0	0	0	0	0	1	1	1	0	4
Urology	4	7	2	7	8	8	8	2	5	2	5	5	5	68
HPB	0	0	0	0	0	0	1	2	0	2	2	0	0	7
Total	5	12	6	12	10	10	10	10	6	7	17	10	10	125

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	0	0	0	1	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Total	0	0	0	0	0	0	0	2	0	0	0	1	0	3

Summary of Breach Reports – July 2019

Modality	Internal/External	Reason
Gynae	External 	ITT Day 50 - Treatment completed Day 85 - Surgery. Reason for delay - <u>Change in pathway that all staging has to be completed prior to being ITT'd (some performed here & some in Belfast before can be ITT'd)</u> Pathway - First seen D20, Biopsy D21 - diagnosis D24. Local MDM D28. CT D35. Local MDM D42. MRI in BCH D43. Local MDM D49, Regional MDM D50. ITT'd D50.
Urology	External 	ITT Day 168 - Treatment completed Day 246 - Chemotherapy. <u>Delays in pathway 1st OP seen on D48, TURBT performed on D105. Discussed at MDM on D115, reviewed on D122. Relook TURBT performed on D123. Discussed at MDM on D132. Staging scans booked, this man was listed for regional discussion for D160 but was deferred due to a virtual MDM. Discussed at MDM on D167. ITT to BCH on D168.</u>
Urology	External 	Treatment completed Day 139 - Hormones. Reason for delay - <u>1st OPD D41, 26 day wait for TP biopsies, 1 week wait for MDM discussion due to when pathology was reported (missed MDM)</u> Pathway - MRI requested on Sectra, 1st OPD D41, MRI D44, MRI reported D46, Consultant advised of management plan D49, escalated D49, HoS escalated D53, TRUSB D75, path reported D78, MDM D85, review D92, ITT D97.
Urology	External 	ITT Day 110 - Treatment completed Day 152 - Hormones. Reason for delay - <u>1st OPD D47, 23 day wait for MRI scanning & then 13 day wait for review with Consultant following MDM.</u> Pathway - 1st OPD D47, MRI D70, MRI reported D70, tracker advised Consultant of MRI results D75, TRUSB arranged D76, TRUSB D77, path reported D82, MDM D84, review with Consultant D95, ITD D104, ITT.
LGI	External 	ITT Day 80 - Treatment completed D106 - Chemoradiotherapy. Reason for delay - <u>1st OPD D31, 19 day wait for colonoscopy, 11 day wait for MRI to be reported.</u> Pathway - 1st OPD D31, colonoscopy D50, path reported D52, MRI requested D57, MRI D59, CT C/A/P requested D65, MRI reported D70, MDM D73, CT D77, ITD D80, ITT D80.
Lung	External 	ITT Day 28 - Treatment completed Day 68 - Radiotherapy. Pathway - CT D6, 1ST OPD D18, CT Guided Biopsy D22.
Urology	Internal 	Treatment completed Day 129 - Active Monitoring. Reason for delay - <u>1st OPD D42, 26D wait for MRI to be performed followed by 35D delay for review with Consultant to discuss TP Biopsies & now waiting on review with Consultant.</u> Pathway - 1st OPD D42, MRI Prostate performed and reported D68, Tracker advised Consultant of MRI results, review with Consultant to discuss MRI results D103 - Added to W/L for TP biopsies, TP biopsies performed on Day 111, Path reported D115, MDM D117, attended for review with Consultant D129 - Active Monitoring.

Lung	External (Personal information)	Treatment completed Day 109 - Chemoradiotherapy. Reason for delay - Long waiting times for PET & CT Guided BX's - both requested at same time (23 day wait for CT Guided BX & 28 day wait for PET scan). Pathway - 1st OPD D18, bronchoscopy D20, MDM D27 (with CT & Bronc results), CT Guided BX requested, CT Guided BX D50, PET D55, path from CT Guided Bx reported D55, MDM D62.
Upper GI	External (Personal information)	ITT Day 56 - Treatment completed Day 91 - Chemoradiotherapy. Reason for delay - <u>Complex pathway & then 1st OPD D21, 13 day wait for CT scan, & then staging Lap to be performed in Belfast.</u> Pathway - Scope D21, path reported D26, CT D34, PET D40, MDM D42, Surgical review D46 @ BCH, Staging Lap D54, ITT D56.
Gynae	External (Personal information)	ITT Day 42 - Treatment completed Day 76 - Surgery. Reason for delay - <u>1st OPD D22 & then 12 day delay for CT scanning.</u> Pathway - 1st OPD D22, CT D34, CT reported D38, ITD D40, MDM D40, review D41.
LGI	Internal (Personal information)	Treatment completed D104 - Surgery. Reason for delay - <u>1st OPD D35, 20 day wait for OGD & Colonoscopy and then 20 day wait for review with Consultant to discuss surgery.</u> Pathway - 1st OPD D35, OGD & Colonoscopy D55, path reported D58, Staging CT C/A/P D64, CT reported D67, MDM D71, review with Consultant D75 - Flexi Sig requested, Flexi Sig performed D78, DTT D98, Surgery D104.
Urology	Internal (Personal information)	Treatment completed Day 96 - Active Monitoring. Reason for delay - <u>1st OPD D40, 20D wait for MRI scan & then 13D wait for review with Consultant following MDM.</u> Pathway - 1st OPD D40, MRI prostate requested D41, patient escalated D47, MRI D61, TRUSB D68, path reported D76, MDM D77 & review with Consultant D90.
Urology	Internal (Personal information)	Treatment completed Day 121 - Active Monitoring. Reason for delay - <u>1st OPD D47, 13 day wait for TP biopsies (GA) & then 32D wait for review with Consultant post MDM.</u> Pathway - 1st OPD D47, MRI D55, MRI reported D55, added to W/L for TP biopsies, D60, TP biopsies performed D73, path reported D81, MDM D83, review with Consultant D115 (no sooner appointments due to capacity), patient made decision about treatment D121.
Gynae	Internal (Personal information)	Treatment completed Day 65 - Surgery. Delay with diagnostics & with admission for treatment. First seen D12, O/P Hysteroscopy D20, GA Hysteroscopy D33, pathology reported atypical hyperplasia on D39, MDM D45, SURGERY D65
Lower GI	Internal (Personal information)	Treatment completed on Day 74 - Surgery. Reason for delay - <u>1st OPD D23, 24D wait for CTC (was outsourced) & then 18D wait for surgery due to capacity.</u> Pathway - 1st OPD D23, OGD D28, path reported D46, CTC D48, MDM D55, review D56, surgery 74.
Haematology	Internal (Personal information)	Treatment completed Day 67 - Watchful waiting. Reason for delay - <u>Tracker did not escalate delays early enough in pathway & 16 day wait for MRI scanning.</u> Pathway - 1st OPD D16, MRI D27, Bone Marrow D28, review with Consultant D37, path reported D38, MRI reported D43, review with Consultant D56.
Urology	Internal (Personal information)	Treatment completed Day - Hormones. Reason for delay - <u>1st OPD D25 and then a delay obtaining patients further management and review appointment with Consultant (52 day wait from 1st OPD to review with Consultant following MRI results).</u> Pathway - 1st OPD

		D25, MRI D41, MRI reported D42, review D77 & Hormones were commenced.
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TRU-83236

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse. Additional clinics had been set up for June/July (as of end of July – next dates available is round start of September)
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck, Gynae & Haematology
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography.
- DHH Replacement scanner is scheduled to be installed on 26.08.19 – Scanner will not be available until roughly 16.09.19, to there will be a minimum of 2 weeks downtime. This will impact on roughly 15/20 patients a day (inpatients) Alternative solutions are being sourced.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

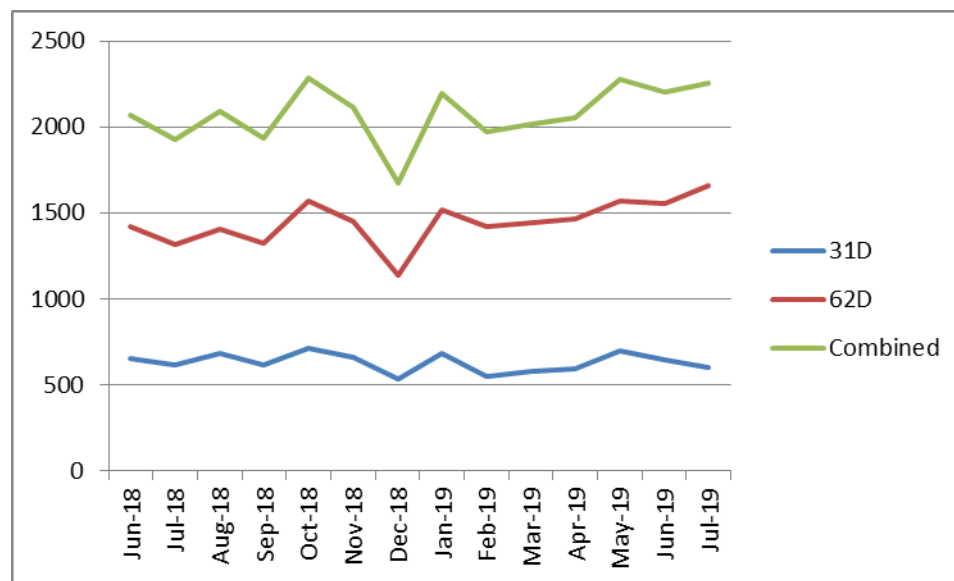
REFERRAL – SUSPECT CANCER JUNE 2018 – JULY 2019
62 DAY REFERRALS

62 DAY REFERRALS	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19
Acute Leukaemia	0	2	0	0	0	0	0	3	0	0	1	0	0	0
Brain/Central Tumour	9	10	10	18	12	12	5	7	9	10	5	7	10	10
Breast Cancer	236	230	239	232	330	270	187	268	258	270	281	290	256	266
Children's Cancer	0	0	1	1	0	3	1	0	0	0	0	0	0	0
Gynae Cancers	111	144	114	128	159	142	111	120	142	145	136	143	143	136
Haematological Cancers	10	17	15	16	30	20	13	26	18	19	14	23	20	25
Head/Neck Cancer	121	82	101	89	116	114	69	118	89	102	103	98	94	114
Lower Gastrointestinal Cancer	254	260	268	263	243	275	249	309	293	269	298	301	328	328
Lung Cancer	46	22	30	22	29	31	21	49	35	39	53	44	43	52
Other Suspected Cancer	27	15	31	25	36	17	10	28	19	13	4	16	9	32
Sarcomas	0	1	1	0	4	1	0	0	0	0	0	2	1	4
Skin Cancers	256	203	232	201	228	179	151	237	243	238	218	258	275	347
Testicular Cancer	4	7	10	5	11	11	9	11	14	8	5	7	10	4
Upper Gastrointestinal Cancer	161	174	161	149	177	183	129	165	136	167	191	203	174	174
Urological Cancer	183	147	193	175	197	193	180	173	167	157	155	175	194	165
62D Total	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657

31 DAY REFERRALS

31 DAY REFERRALS	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19
Acute Leukaemia	7	5	5	13	14	13	2	15	6	11	6	27	5	6
Brain/Central Tumour	17	17	15	4	3	18	6	15	18	11	14	20	8	12
Breast Cancer	62	65	59	60	52	58	70	84	57	80	56	92	58	56
Children's Cancer	0	1	0	3	0	0	0	0	0	2	3	0	0	0
Gynae Cancers	55	47	53	50	61	46	30	58	49	49	49	60	59	56
Haematological Cancers	19	18	43	42	34	45	37	34	19	20	19	47	34	35
Head/Neck Cancer	36	28	39	32	45	35	21	31	17	25	24	44	22	18
Lower Gastrointestinal Cancer	114	105	104	110	123	138	108	118	127	109	138	119	122	116
Lung Cancer	69	76	80	59	70	69	66	65	35	41	65	64	69	74
Other Suspected Cancer	6	1	3	5	2	2	1	4	9	4	05	5	3	0
Sarcomas	1	0	2	2	3	3	4	2	6	4	0	7	3	7
Skin Cancers	88	84	87	100	96	88	59	55	62	46	58	43	57	56
Testicular Cancer	1	1	3	0	4	0	1	2	0	0	0	0	2	0
Upper Gastrointestinal Cancer	100	89	91	77	99	81	74	95	91	108	91	105	98	89
Urological Cancer	77	75	101	56	104	66	57	73	54	58	63	67	82	73
31DTotal	652	612	685	613	710	662	536	681	550	581	591	700	648	598

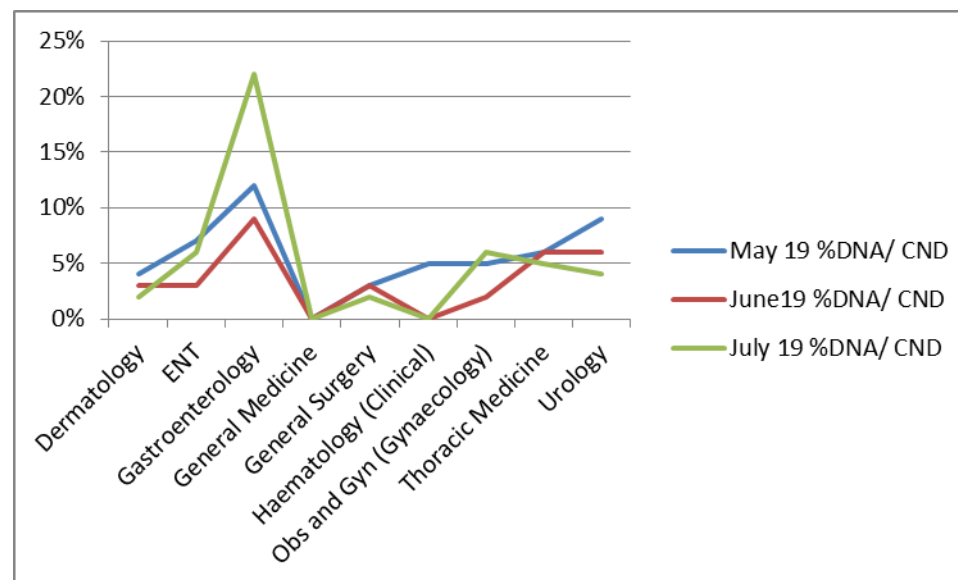
	Jun18	July18	Aug18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19
31DTotal	652	612	685	613	710	662	536	681	550	581	591	700	648	598
62D Total	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657
Combined Total	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020	2055	2275	2206	2255



Red Flag Outpatient DNA

Speciality	May -19			June-19			July-19		
	Attendances	DNA& CND	May 19 %DNA/ CND	Attendances	DNA& CND	June19 %DNA/ CND	Attendances	DNA& CND	July 19 %DNA/ CND
Dermatology	197	9	4%	250	7	3%	264	6	2%
ENT	64	5	7%	105	3	3%	78	5	6%
Gastroenterology	66	9	12%	63	6	9%	51	14	22%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	599	17	3%	490	15	3%	492	12	2%
Haematology (Clinical)	19	1	5%	11	0	0%	16	0	0%
Obs and Gyn (Gynaecology)	132	7	5%	133	3	2%	173	10	6%
Thoracic Medicine	66	4	6%	48	3	6%	42	2	5%
Urology	180	17	9%	103	6	6%	101	4	4%
	1323	69	5%	1203	43	4%	1217	53	4%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Total
Acute Leukaemia	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	20	15	19	13	18	15	14	16	15	19	15	33	14	13	239
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	15	19	10	10	6	9	8	11	8	1	7	4	7	8	123
Haem	3	7	10	7	10	3	4	2	3	4	1	0	4	9	67
Head & Neck	7	5	5	7	9	5	9	7	6	0	1	0	1	4	66
LGI	7	13	6	8	10	4	0	9	1	1	8	1	5	4	77
Lung	16	12	8	3	4	2	1	9	6	5	6	9	7	9	97
Other	0	1	0	1	1	0	0	0	0	0	0	0	0	0	3
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	30	25	31	30	30	13	14	17	23	13	12	10	0	15	263
Testicular	0	3	1	0	3	2	0	1	3	0	0	0	0	1	14
UGI	9	14	11	13	11	11	13	4	6	2	1	11	12	4	122
Urology	57	32	39	28	29	26	32	23	19	17	25	27	33	18	405
62D Total	164	148	140	120	131	90	105	99	90	62	79	98	83	85	1494
%62D confirmed	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	39%	41%	36%	35%	

31 Day Confirmed Cancers

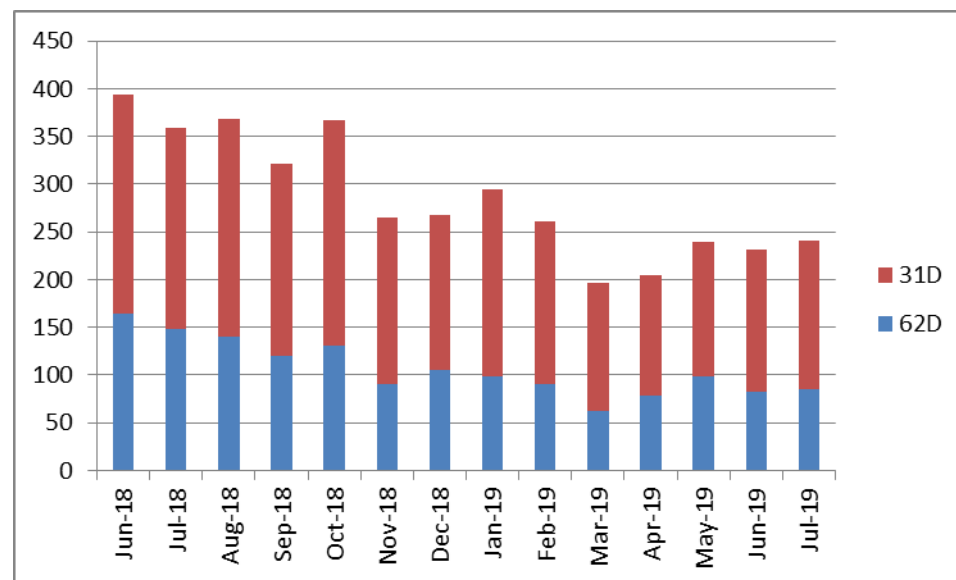
TRU-83243

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

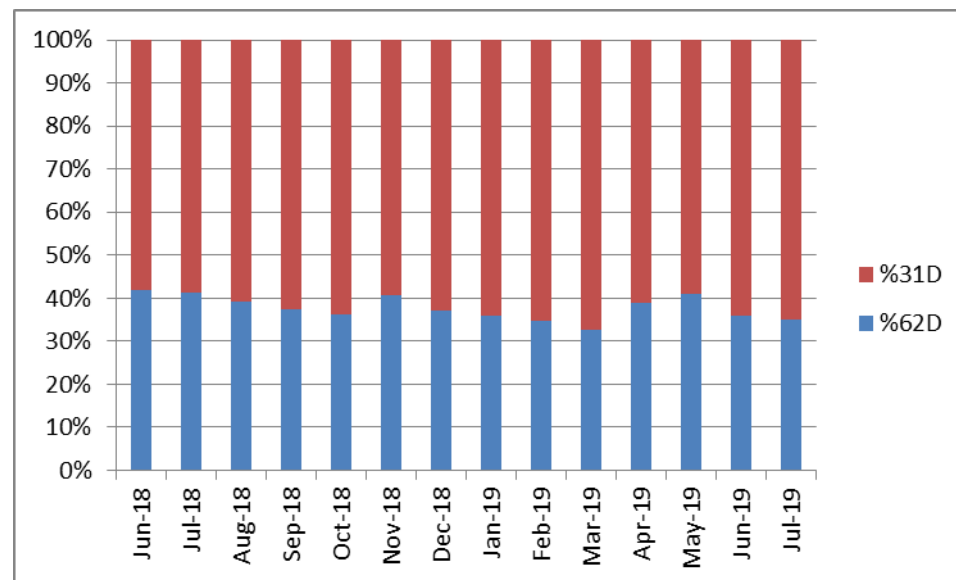
Tumour Site	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Total
Acute Leukaemia	7	4	1	11	12	1	0	0	5	6	2	4	0	4	57
Brain	9	6	7	0	3	0	5	9	5	1	3	4	0	0	52
Breast	23	25	18	20	13	13	18	31	15	20	17	23	16	14	266
Children's	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
Gynae	21	18	12	17	25	13	9	11	16	23	17	15	21	13	231
Haem	19	17	39	31	25	34	26	14	10	7	4	11	10	22	269
Head & Neck	14	10	9	10	5	7	3	6	7	6	1	2	6	3	89
LGI	13	16	11	12	17	10	6	7	13	11	13	12	8	2	151
HPB	0	0	0	0	0	0	0	0	18	3	2	5	3	3	34
Lung	35	36	47	27	32	23	23	25	15	14	16	10	21	28	352
Other	0	0	1	1	0	0	2	0	1	0	2	0	2	0	9
Sarcomas	0	0	0	0	0	2	2	0	0	0	0	0	2	0	6
Skin	40	39	34	46	60	47	37	29	42	17	31	18	27	33	500
UGI	15	12	15	13	16	9	1	34	9	11	11	17	13	9	185
Urology	34	28	35	11	28	16	12	27	15	15	7	19	19	24	290
31D Total	230	211	229	202	236	175	163	195	171	134	126	142	148	156	2518
%31D confirmed	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	61%	59%	64%	65%	

Tumour Site	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Total
62D Total	164	148	140	120	131	90	105	99	90	62	79	98	83	85	1494
31D Total	230	211	229	202	236	175	163	195	171	134	126	142	148	156	2518
TOTAL 31D +62D	394	359	369	322	367	265	268	294	261	196	205	240	231	241	4012

Number of confirmed cancers June 18– July 19



% of Confirmed cancers split between 31/62 Days
June 18 – July 19



62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%



Cancer Performance Dashboard Report August 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
June 19	100%	99%	77%
July 19	99%	100%	73%
Aug 19	100%	97%	77%

	Mar19	Apr19	May19	Jun 19	July 19	Aug 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory	88%						
<i>Actual 62 day Performance</i>	<i>78%</i>	<i>80%</i>	<i>60%</i>	<i>77%</i>	<i>73%</i>	<i>77%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	1	0	0	0	5	2	1	0	3	2	1	2	17
Head & Neck	0	1	0	0	0	0	0	0	0	1	0	0	2	4
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	1	2	2	3	0	1	1	1	1	0	2	1	17
Lung	2	3	1	0	0	1	4	0	2	1	3	2	1	20
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	1	1	0	1	0	0	0	0	0	0	0	4
UGI	4	2	2	1	2	0	1	1	1	2	2	2	1	21
HPB	0	0	0	0	0	1	2	0	0	2	0	0	0	5
Urology	2	1	5	6	1	9	7	4	2	7	1	9	2	56
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	10	10	11	10	6	17	17	7	6	17	8	16	9	144

Internal Breaches – 62 Day

TRU-83250

(Figures taken from 62 & 31 Day completed waits)

	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	0	3	1	0	1	4	1	2	5	2	3	2	25
ENT	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Gynae	0	0	0	0	0	0	2	0	0	3	1	1	0	7
Haem	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Lung	1	0	0	0	1	0	0	0	0	1	0	0	0	3
Skin	3	4	1	1	1	0	0	0	0	0	1	0	1	12
UGI	0	0	1	0	0	0	0	0	1	1	1	0	0	4
Urology	7	2	7	8	8	8	2	5	2	5	5	5	4	68
HPB	0	0	0	0	0	1	2	0	2	2	0	0	0	7
Total	12	6	12	10	10	10	10	6	7	17	10	10	8	128

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	0	0	1	0	0	0	0	0	2	3
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Total	0	0	0	0	0	0	2	0	0	0	1	0	3	6

Summary of Breach Reports – August 2019

Modality	Internal/External	Reason
Urology`	Internal (Personal info)	• Treatment completed D102 - Hormones. Reason for delay -26 day delay for MRI scan to be performed, followed by 18 day wait for MRI to be reported, 24 day wait for TRUSB & then 7 days wait for review with Consultant post MDM. Pathway - 1st OPD D15, MRI requested D18, MRI D44, MRI reported D62, TRUSB D86, path reported D94, MDM D95, review with Consultant D102.
LGI	Internal (Personal info) 62D & 31D Breach	• Treatment completed Day 114 - Surgery. Reason for delay- 1st OPD D27 & then 20 day wait for OGD & Colonoscopy & then 55 day wait for surgery. Pathway - 1st OPD D27, CT D36, OGD D47, Colonoscopy D47, escalated D49, path reported D50, MDM D52, review with Consultant D59, surgery performed on Day 114 (no sooner surgery slots available)
LGI	Internal (Personal info)	• Treatment completed Day 55/31D target - Surgery. Reason for delay - Surgery was scheduled on target but theatre list over ran and there was no time - could not be rescheduled on target due to no capacity.
LGI	Internal (Personal info)	• Treatment completed Day 85 - Palliative Treatment. Reason for delay - 1st OPD D27 & then 20 day wait for MRI scanning. Pathway - 1st OPD D27, CT scan D36, CT reported D37, MDM D43, MRI D63, Flexi Sig D77; path reported D82, MDM D85.
Skin	Internal (Personal info) 62D & 31D Breach	• Treatment completed Day 86 - Surgery. Reason for delay - 1st OPD D21 & then 49 day wait for surgery as it had to be performed by Dr McIntyre and there were no sooner slots available. Pathway - 1st OPD D21 & had punch biopsy, path reported D25, MDM D31, review with Consultant D37 & surgery D86 due to no sooner capacity as had to be performed by Dr McIntyre.
Urology	Internal (Personal info)	• Treatment completed Day 106 - Active Monitoring. Reason for delay - 1st OPD D27, 14 day wait for MRI scan to be appointed, followed by 13 day wait for this to be reported & then further 14 day wait for TRUSB, then 20 day wait for review with Consultant. Pathway = 1st D27, MRI requested D38, MRI performed D52, MRI reported D65, TRUS Biopsy D79, path reported D84, MDM D86 & review with Consultant following MDM D106.
Urology	Internal (Personal info)	• Treatment completed D97 - Hormones. Reason for delay - 1st OPD D67. Pathway - 1st OPD D67, MRI D76, TRUSB D83, MDM D90 & review with Consultant D96.
Urology	Internal (Personal info)	• Treatment completed Day 106 - Active Monitoring. Reason for delay - 1st OPD D69 & then further delay for review with Consultant to discuss treatment option. Pathway - 1st OPD 69, MRI D79, MRI reported D79, review D106.

Head & Neck	Internal (Personal information)	Treatment completed Day 75 - Laser. Reason for delay - 1st OPD D46. Pathway - 1st OPD D46, micro laryngoscopy & biopsy D48, path reported D53, review with Consultant to discuss management D55 & laser D75.
Gynae	External (Personal information)	ITT Day 30 - Treatment completed Day 65. Reason for delay - Due to MRI scanning being performed on a Wednesday, could not be discussed @ MDM until the following Tuesday. Pathway - First seen D8, Biopsy D8 - Diagnosis D14, MDM D14, CT D20, MRI in BCH D22, Regional MDM D29
Lung	External (Personal information)	ITT Day 85 - Treatment completed Day 152. Reason for delay - Complex pathway - patient required CT scan, bronchoscopy, PET scan, CT guided bx (15 day wait) & then repeat CT Guided bx (21 day wait) Pathway - CT scan D7, 1st OPD D14, bronchoscopy D16, path reported D21, MDM D22, MDM D36, PET D48, CT Guided bx D51, pathology D55, MDM D56, path reported D79, MDM D85.
Urology	External (Personal information)	ITT Day 60 - Treatment completed Day 104 - Hormones. Reason for delay - 14 day wait for MRI, 13 day wait for TRUSB, followed by 8 day wait for review with Consultant. Pathway - 1st OPD D11 - MRI requested, MRI performed D25, MRI reported D26, TRUSB D39, escalated D41, and path reported D42, MDM D48, review with Consultant following MDM D56.
LGI	External (Personal information)	ITT Day 91 - Treatment completed Day 98 Radiotherapy. Reason for delay - complex case requiring multiple diagnostic and staging investigations. 51 day wait for CT Colonography. Pathway - Virtual Clinic D18, CT requested D20, CTC outsourced to IS D22, escalated D30, re-escalated D51, email sent to IS D52. CTC D71, MRI requested D78, Flexi Sig D80, CT Chest requested D81, CT Chest D84, MRI D85, path reported D85, MDM D87.
UGI	External (Personal information)	ITT Day 45 - Treatment completed Day 70 - Chemoradiotherapy. Reason for delay - 1st OPD D20 (scope) & 9 day wait for PET scanning & further 5 days to have PET reported. Pathway - Colonoscopy D20 & biopsies taken, PET requested D24, CT D26, ITD D26, path reported D26, MDM D27, Regional MDM D28, PET D33, PET reported D38, MDM D42.
LGI	External (Personal information)	Treatment completed Day 126 - Chemoradiotherapy. Reason for delay - 1st OPD D31, 19 day wait for colonoscopy, 14 day wait for review with Consultant & 13 day wait for MRI. Pathway - 1st D31, colonoscopy D50, path reported D53, CT D59, MDM D66; review with Consultant D80, MRI requested D81, MRI Rectum D93, and MDM D94.
H&N	External (Personal information)	ITT D80 - Treatment completed D90 - Radiotherapy- Reason for delay - Complex history with a lot of adjustments due to ill health) 1st OPD D35 & then 14 day delay with ITT due to tracking being behind. Pathway - 1st OPD D35, FNA D35, CT requested D37, FNA reported D42, escalated D44, CT D47, ITD, MDM D52, review with Consultant D52, escalated D55, MDM D66.
H&N	External (Personal information)	ITT Day 62 - Treatment completed Day 95 - Chemoradiotherapy. Reason for delay - 1st OPD D31 & then delay with PET scanning being performed. Pathway - 1st OPD D31, Laryngoscopy & Biopsy D40, path reported D42, CT D45, PET D60, MDM D62.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse. Additional clinics had been set up for June/July (as of end of July – next dates available is round start of September)
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck, Gynae & Haematology
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. Still being outsourced to 352 but contract due to terminate end of September.
- DHH Replacement scanner is scheduled to be installed on 26.08.19 – Scanner will not be available until roughly 16.09.19, to there will be a minimum of 2 weeks downtime. This will impact on roughly 15/20 patients a day (inpatients) Alternative solutions are being sourced.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – First appointment 2-3 weeks. Surgery is approx. 3-4 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER JULY 2018 – AUG 2019

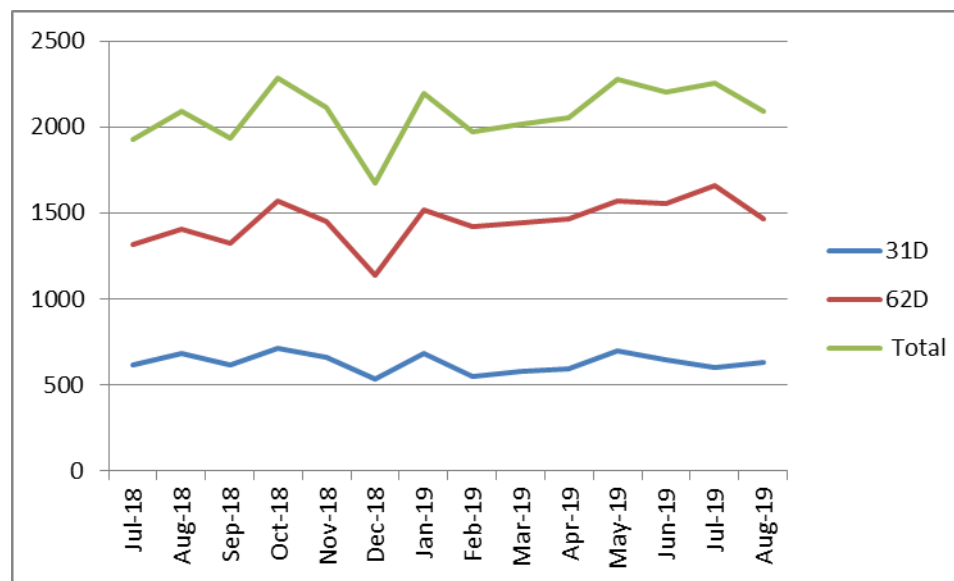
62 DAY REFERRALS

62 DAY REFERRALS	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19
Acute Leukaemia	2	0	0	0	0	0	3	0	0	1	0	0	0	0
Brain/Central Tumour	10	10	18	12	12	5	7	9	10	5	7	10	10	3
Breast Cancer	230	239	232	330	270	187	268	258	270	281	290	256	266	234
Children's Cancer	0	1	1	0	3	1	0	0	0	0	0	0	0	0
Gynae Cancers	144	114	128	159	142	111	120	142	145	136	143	143	136	121
Haematological Cancers	17	15	16	30	20	13	26	18	19	14	23	20	25	22
Head/Neck Cancer	82	101	89	116	114	69	118	89	102	103	98	94	114	93
Lower Gastrointestinal Cancer	260	268	263	243	275	249	309	293	269	298	301	328	328	308
Lung Cancer	22	30	22	29	31	21	49	35	39	53	44	43	52	29
Other Suspected Cancer	15	31	25	36	17	10	28	19	13	4	16	9	32	20
Sarcomas	1	1	0	4	1	0	0	0	0	0	2	1	4	0
Skin Cancers	203	232	201	228	179	151	237	243	238	218	258	275	347	325
Testicular Cancer	7	10	5	11	11	9	11	14	8	5	7	10	4	4
Upper Gastrointestinal Cancer	174	161	149	177	183	129	165	136	167	191	203	174	174	156
Urological Cancer	147	193	175	197	193	180	173	167	157	155	175	194	165	151
62D Total	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466

31 DAY REFERRALS

31 DAY REFERRALS	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19
Acute Leukaemia	5	5	13	14	13	2	15	6	11	6	27	5	6	5
Brain/Central Tumour	17	15	4	3	18	6	15	18	11	14	20	8	12	7
Breast Cancer	65	59	60	52	58	70	84	57	80	56	92	58	56	76
Children's Cancer	1	0	3	0	0	0	0	0	2	3	0	0	0	0
Gynae Cancers	47	53	50	61	46	30	58	49	49	49	60	59	56	68
Haematological Cancers	18	43	42	34	45	37	34	19	20	19	47	34	35	24
Head/Neck Cancer	28	39	32	45	35	21	31	17	25	24	44	22	18	31
Lower Gastrointestinal Cancer	105	104	110	123	138	108	118	127	109	138	119	122	116	125
Lung Cancer	76	80	59	70	69	66	65	35	41	65	64	69	74	77
Other Suspected Cancer	1	3	5	2	2	1	4	9	4	05	5	3	0	7
Sarcomas	0	2	2	3	3	4	2	6	4	0	7	3	7	3
Skin Cancers	84	87	100	96	88	59	55	62	46	58	43	57	56	54
Testicular Cancer	1	3	0	4	0	1	2	0	0	0	0	2	0	0
Upper Gastrointestinal Cancer	89	91	77	99	81	74	95	91	108	91	105	98	89	74
Urological Cancer	75	101	56	104	66	57	73	54	58	63	67	82	73	57
31DTotal	612	685	613	710	662	536	681	550	581	591	700	648	598	627

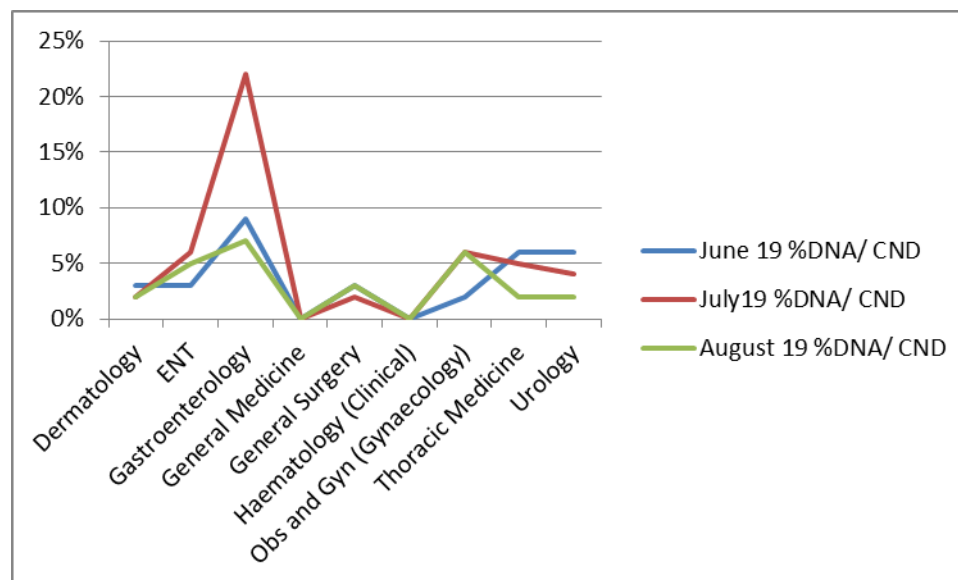
	July 18	Aug18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19
31DTotal	612	685	613	710	662	536	681	550	581	591	700	648	598	627
62D Total	1314	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466
Combined Total	1926	2091	1937	2282	2113	1671	2199	1973	2020	2055	2275	2206	2255	2093



Red Flag Outpatient DNA

Speciality	June- 19			July- 19			Aug- 19		
	Attendances	DNA& CND	June 19 %DNA/ CND	Attendances	DNA& CND	July19 %DNA/ CND	Attendances	DNA& CND	August 19 %DNA/ CND
Dermatology	250	7	3%	264	6	2%	223	4	2%
ENT	105	3	3%	78	5	6%	85	4	5%
Gastroenterology	63	6	9%	51	14	22%	52	4	7%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	490	15	3%	492	12	2%	469	16	3%
Haematology (Clinical)	11	0	0%	16	0	0%	13	0	0%
Obs and Gyn (Gynaecology)	133	3	2%	173	10	6%	99	6	6%
Thoracic Medicine	48	3	6%	42	2	5%	54	1	2%
Urology	103	6	6%	101	4	4%	130	2	2%
	1203	43	4%	1217	53	4%	1125	37	3%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Total
Acute Leukaemia	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	15	19	13	18	15	14	16	15	19	15	33	14	13	14	233
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	19	10	10	6	9	8	11	8	1	7	4	7	8	8	116
Haem	7	10	7	10	3	4	2	3	4	1	0	4	9	1	65
Head & Neck	5	5	7	9	5	9	7	6	0	1	0	1	4	5	64
LGI	13	6	8	10	4	0	9	1	1	8	1	5	4	0	70
Lung	12	8	3	4	2	1	9	6	5	6	9	7	9	6	87
Other	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	25	31	30	30	13	14	17	23	13	12	10	0	15	10	243
Testicular	3	1	0	3	2	0	1	3	0	0	0	0	1	0	14
UGI	14	11	13	11	11	13	4	6	2	1	11	12	4	5	118
Urology	32	39	28	29	26	32	23	19	17	25	27	33	18	23	371
62D Total	148	140	120	131	90	105	99	90	62	79	98	83	85	76	1406
%62D confirmed	41%	38%	37%	36%	44%	39%	34%	35%	32%	39%	41%	36%	35%	36%	

31 Day Confirmed Cancers

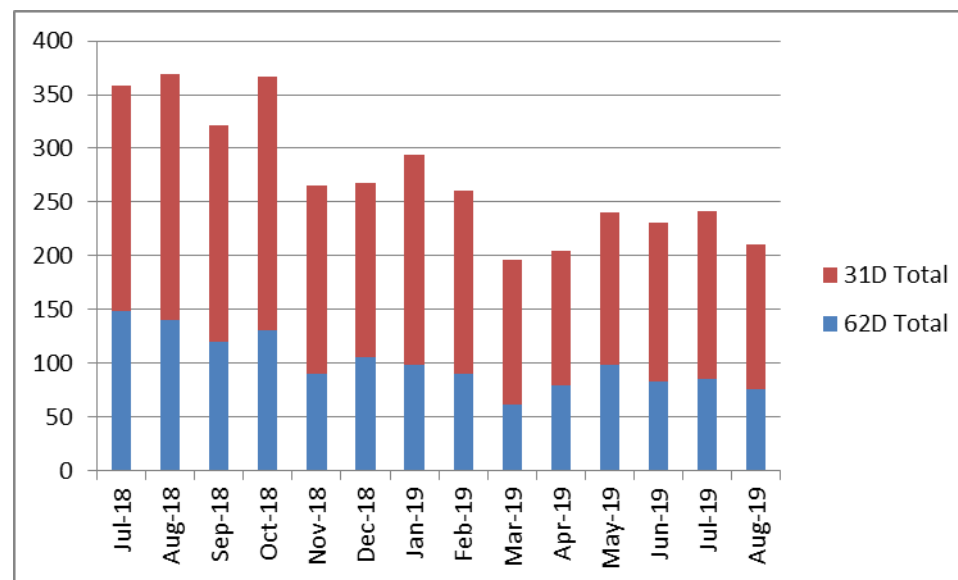
TRU-83259

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

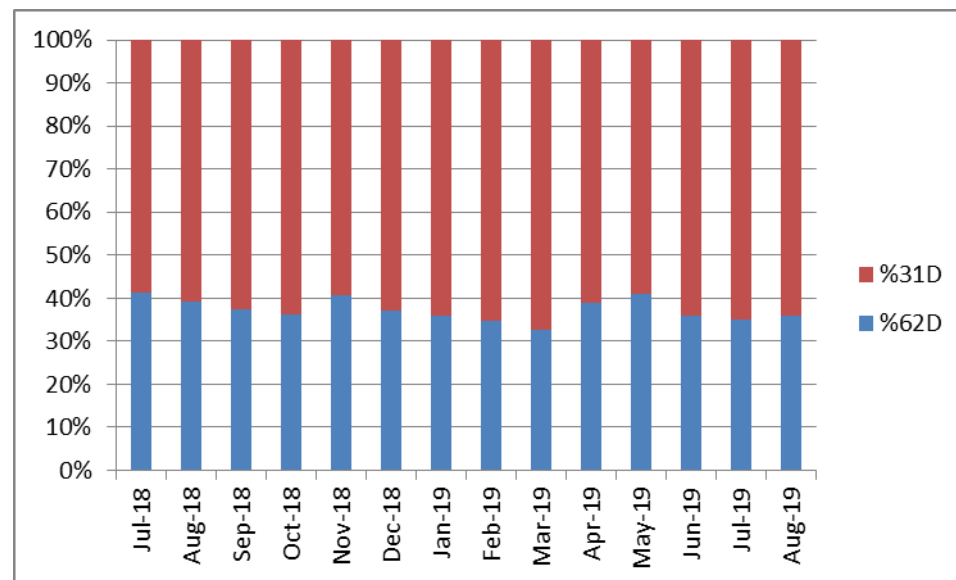
Tumour Site	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Total
Acute Leukaemia	4	1	11	12	1	0	0	5	6	2	4	0	4	5	55
Brain	6	7	0	3	0	5	9	5	1	3	4	0	0	4	47
Breast	25	18	20	13	13	18	31	15	20	17	23	16	14	18	261
Children's	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	18	12	17	25	13	9	11	16	23	17	15	21	13	15	225
Haem	17	39	31	25	34	26	14	10	7	4	11	10	22	11	261
Head & Neck	10	9	10	5	7	3	6	7	6	1	2	6	3	4	79
LGI	16	11	12	17	10	6	7	13	11	13	12	8	2	5	143
HPB	0	0	0	0	0	0	0	18	3	2	5	3	3	5	39
Lung	36	47	27	32	23	23	25	15	14	16	10	21	28	19	336
Other	0	1	1	0	0	2	0	1	0	2	0	2	0	0	9
Sarcomas	0	0	0	0	2	2	0	0	0	0	0	2	0	0	6
Skin	39	34	46	60	47	37	29	42	17	31	18	27	33	26	486
UGI	12	15	13	16	9	1	34	9	11	11	17	13	9	13	183
Urology	28	35	11	28	16	12	27	15	15	7	19	19	24	9	265
31D Total	211	229	202	236	175	163	195	171	134	126	142	148	156	134	2422
%31D confirmed	58%	59%	62%	63%	64%	66%	61%	66%	66%	61%	59%	64%	65%	64%	

Tumour Site	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Total
62D Total	148	140	120	131	90	105	99	90	62	79	98	83	85	76	1406
31D Total	211	229	202	236	175	163	195	171	134	126	142	148	156	134	2422
TOTAL 31D +62D	359	369	322	367	265	268	294	261	196	205	240	231	241	210	3828

Number of confirmed cancers July 18– Aug 19



% of Confirmed cancers split between 31/62 Days
July 18 – Aug 19



62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%



Cancer Performance Dashboard Report September 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
July 19	99%	100%	73%
Aug 19	100%	97%	77%
Sept 19	100%	98%	64%

	Apr19	May19	Jun 19	July 19	Aug 19	Sept 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory							
<i>Actual 62 day Performance</i>	<i>80%</i>	<i>60%</i>	<i>77%</i>	<i>73%</i>	<i>77%</i>	<i>64%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Sept 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	1	0	0	0	5	2	1	0	3	2	1	2	0	17
Head & Neck	1	0	0	0	0	0	0	0	1	0	0	2	2	6
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	1	2	2	3	0	1	1	1	1	0	2	1	1	16
Lung	3	1	0	0	1	4	0	2	1	3	2	1	3	21
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	1	1	0	1	0	0	0	0	0	0	0	0	4
UGI	2	2	1	2	0	1	1	1	2	2	2	1	1	18
HPB	0	0	0	0	1	2	0	0	2	0	0	0	0	5
Urology	1	5	6	1	9	7	4	2	7	1	9	2	2	56
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	10	11	10	6	17	17	7	6	17	8	16	9	9	143

Internal Breaches – 62 Day

TRU-83266

(Figures taken from 62 & 31 Day completed waits)

	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Colorectal	0	3	1	0	1	4	1	2	5	2	3	2	4	28
ENT	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Gynae	0	0	0	0	0	2	0	0	3	1	1	0	2	9
Haem	0	0	0	0	0	0	0	0	0	0	1	0	4	5
Lung	0	0	0	1	0	0	0	0	1	0	0	0	0	2
Skin	4	1	1	1	0	0	0	0	0	1	0	1	0	9
UGI	0	1	0	0	0	0	0	1	1	1	0	0	0	4
Urology	2	7	8	8	8	2	5	2	5	5	5	4	11	72
HPB	0	0	0	0	1	2	0	2	2	0	0	0	0	7
Total	6	12	10	10	10	10	6	7	17	10	10	8	22	138

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	0	1	0	0	0	0	0	2	1	4
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	1	0	1	1	3
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	0	0	0	0	0	2	0	0	0	1	0	3	2	8

Summary of Breach Reports – September 2019

Modality	Internal/External	Reason
Urology	Internal (Personal info)	Treatment completed Day 90- Hormones. Reason for delay - 17 day wait for MRI scanning, followed by 11 day wait to be added to W/L for TP as management plan was unsure, then 27 day wait for TP to be performed, followed by 13 day wait for review with Consultant. Pathway - 1st OPD D12, MRI D29, TP biopsies performed D67, path reported D74, MDM D77 & then review with Consultant following MDM D90.
LGI	Internal (Personal info) 62D & 31D)	Treatment completed on Day 116 - Surgery. Reason for delay - 1st OPD D38, 17 day wait for OGD & Colonoscopy, 12 day wait for CT scanning & then 45 day wait for surgery to be performed due to Consultant being on leave and no sooner capacity. Pathway - 1st OPD D38, OGD & Colonoscopy D55, path reported during period of suspension - D55, MDM D56 (deferral as CT scan was not performed), CT D67, MDM D70, DTT D71, surgery D116.
Urology	Internal (Personal info)	Treatment completed Day 93 - Surgery. Reason for delay - 1st OPD D34 & then delay with patient being listed for Small Renal Mass MDM from Belfast. Pathway - MRI D30, 1st OPD D34, MRI reported D41, CT scanning D44, CT scan reported D47, CT D49, review D63, ITD D64, SMR MDM D83, Surgery 93.
LGI	Internal (Personal info)	Treatment completed Day 99 - Surgery. Reason for delay - 1st OPD (virtual clinic) D59 & then 14 day wait for CTC. Pathway - Virtual Clinic D59, CT Colon D75, flexible sigmoidoscopy D80, MRI D85 and pathology reported D86, MDM D88, DTT D89 surgery D99.
Haematology	Internal (Personal info)	Treatment completed Day 93 - Watchful Waiting. Reason for delay - 1st OPD not until D93 due to capacity.
LGI	Internal (Personal info)	Treatment completed D73 - Specialist Palliative Treatment. Reason for delay - 1st OPD <u>D53.</u> Pathway - 1st OPD D53, CT D64, MDM D72 & review with Consultant D73.
Urology	Internal (Personal info)	Treatment completed Day 81 - Watchful Waiting. Reason for delay - 1st OPD D81 - Clinical diagnosis of prostate cancer.
Urology	Internal (Personal info)	Treatment completed Day 82 - Hormones. Reason for delay - 1st OPD D53 & then 12 day wait for review with Consultant post MDM. Pathway- 1st OPD & TRUSB D53, CT D60, Bone Scan D64, MDM D70, review with Consultant Day 82
Urology	Internal (Personal info)	Treatment completed Day 84 - Hormones. Reason for delay - 1st OPD D84.
Urology	Internal (Personal info)	Treatment completed Day 80 - Surgery. Reason for delay - 1st OPD D52. Pathway - USS Abdomen D3, CT Abdomen D18, CT Chest D31, 1st OPD D52, review in clinic D62, MDM D62, Surgery D80.

LGI	Internal 	• Treatment completed Day 81 - Surgery. <u>Reason for delay - 1st OPD D53.</u> Pathway - 1st OPD D53, OGD & Colonoscopy D57, CT D61 and pathology reported D66, MDM D67, review with Consultant D68, Surgery D81.
Gynae	Internal 	• Treatment completed Day 81 - Surgery. <u>Reason for delay - 16 day wait for OP Hysteroscopy, 12 day wait for MRI scanning and then 30 day wait for surgery due to capacity.</u> Pathway - 1st OPD D15, OP Hysteroscopy Day 31 and path reported D35, MDM D36, review with Consultant D37, MRI D49, MDM D50, and DTT D51.
Haematology	Internal 	• Treatment completed Day 66 - Chemotherapy. <u>Reason for delay - 1st OPD D41.</u> Pathway - 1st OPD D41, bone marrow biopsy D44, path reported D52, ITD D64, MDM D64 & Chemo commenced D66.
Skin	Internal 	• Treatment completed D39/31 target - Surgery. <u>Reason for delay - Surgery date scheduled was not within 31 day target. Tracker was off no long-term sick leave and no escalation was sent to try and bring patient forward.</u>
Urology	Internal 	• Treatment completed Day 74 - Surgery. <u>Reason for delay - 1st OPD D35.</u> Pathway - CT Scanning D17, 1st OPD D35, MDM D45, review D51, Surgery D74.
Breast	Internal 	• Treatment completed Day 67/62 day pathway - Surgery. <u>Reason for delay - complex pathway which required multiple diagnostic investigations due to results being inconclusive. Staging had also to be performed.</u> Pathway - 1st OPD D6, USS, Mammogram & Core performed, MDM D13, CT & MRI D15, MDM D20, USS & Mammogram D34, USS Guided BX of breast, path reported D36, MDM D41, Tomo VAB D47, path reported D54, MDM D55, review D61 & Date Decision to Treat & surgery D67.
Urology	Internal 	• Treatment completed Day 131 - Hormones. <u>Reason for delay - 1st OPD D70 & then 22 day before being listed for MDM discussion to decide on further management. (Outcome was not available & then secretary advised to be discussed at MDT) & then 18 day wait for TP Biopsies.</u> Pathway - MRI D49, MRI reported D52, 1st OPD D70, MDM D92, review with Consultant D103, TP Biopsies D121, MDM D127.
LGI	Internal 	• Pathway closed as treatment completed on Day 116 - Surgery. <u>Reason for delay - 1st OPD D38, 17 day wait for OGD & Colonoscopy, 12 day wait for CT scanning & then 45 day wait for surgery to be performed due to Consultant being on leave and no sooner capacity.</u> Pathway - 1st OPD D38, OGD & Colonoscopy D55, path reported during period of suspension - D55, MDM D56 (deferral as CT scan was not performed), CT D67, MDM D70, DTT D71, surgery D116.
Haematology	Internal 	• Treatment completed Day 147 - Chemotherapy. <u>Reason for delay - 22 day wait for PET scan, 55 day wait from MDM when patient was advised whole body MRI scan to be performed - Belfast to request this.</u> Pathway - 1st OPD D17, Bone Marrow D27, PET D39, Bone Marrow path reported D39, escalated D48, review with Consultant D68, ITD D75, MDM D77, review D80, whole body MRI scan D132 (Performed @ Belfast), DTT D140 - Chemo commenced D147.
Urology	Internal 	• Treatment completed Day 82 - Hormones. <u>Reason for delay - 1st OPD D48.</u> Pathway - 1st

		OPD D48, MRI D50, Bone Scan D54, TRUSB D69, path reported D71, MDM D78 & review D82 - Hormones commenced.
Urology	Internal (Personal information redacted)	Treatment completed Day 85 - Hormones. Reason for delay - 1st OPD D34 & then 19 day wait for review with Consultant post MDM to request staging. Pathway - CT D13, 1st OPD D34, TRUSB D35, path reported D43, MDM D44, review with Consultant D63, Bone Scan D69, MRI D70, MDM D79, review with Consultant D85.
Urology	Internal (Personal information redacted)	Treatment completed Day 87 - Surgery. Reason for delay - 1st OPD D34 & no sooner capacity available to perform surgery. Pathway - CT Urogram D13, 1st OPD & Flexible cystoscopy D34, surgery performed D87.
Haematology	Internal (Personal information redacted)	Treatment completed Day 112- Watchful Waiting. Reason for delay - 1st OPD D105. Pathway - 1st OPD D105, MDM D112 & review D112.
Gynae	Internal (Personal information redacted)	Treatment completed Day 90 - Surgery. Reason for delay - No capacity to perform surgery on target (55 day wait) Pathway - 1st OPD D14, CT D23, MDM D28, review with Consultant D35 to discuss surgery, surgery performed D90.
Urology	External (Personal information redacted)	ITT Day 51 - Treatment completed Day 97 - Surgery. Reason for delay - 1st OPD D29 & then 7 day delay with tracker picking up referral letter to Oncology. Pathway - MRI D17, TRUSB D29, MDM D37, path reported D37, review with Consultant D43, referral letter to Oncology typed D44, ITT Day 51.
Lung	External (Personal information redacted)	ITT Day 63 - Treatment completed Day 88 - Chemotherapy. Reason for delay - 1st OPD D19, 20 day wait for CT Guided BX's. Pathway - CT Chest D11, 1st OPD D19, CT Guided BX D39, path reported D41, MDM D48, EUS requested D49, EUS D55 (Brought forward following escalation), path reported D61 & MDM D62.
Head & Neck	External (Personal information redacted)	ITT Day 50 - Treatment completed Day 78 radiotherapy. Reason for delay - 1st OPD D35. Pathway - 1st OPD D35, CT D36 & MRI D36, ITT D50.
Head & Neck	External (Personal information redacted)	ITT Day 60 - Treatment completed Day 81 - Radiotherapy. Reason for delay - Further deeper biopsies needed to confirm an invasive cancer in the first instance. Pathway - 1st OPD D11, Microlaryngoscopy & Biopsy D21, path reported D28, review D39, ITD D42, review with Consultant D46, Staging CT scan D53, MDM D53, repeat biopsy D55.
Urology	External (Personal information redacted)	ITT Day 129 - Treatment completed Day 264 Surgery. Reason for delay - 1st OPD D56, 17 day delay with PSA being requested, 13 day wait for TRUSB.
UGI	External (Personal information redacted)	ITT Day 77 - Treatment completed Day 100 - Surgery. Reason for delay - First seen D36, OGD D50, repeat OGD D64. Pathway - 1st OPD D36, OGD & Colonoscopy D50, repeat OGD D64, and path reported D67, Staging CT D71, ITD D71, Local MDM D73, and Regional OG D74.
Lung	External (Personal information redacted)	ITT Day 83 -Treatment completed Day 108 - Radiotherapy. Reason for delay - delay with CT scanning being discussed @ MDM due to time constraints so was deferred, 12 day wait for review with (Personal information redacted) post MDM (90 year old lady)& then 20 day wait for PET scan. Pathway - 1st OPD D17, CT Chest D21, CT reported D22, listed for MDM D33 but this was

		deferred due to time constraints, MDM D40, review Dr Convery D52, PET D74, MDM D75 (PET images not available), MDM D82.
Lung	External (Personal info)	• ITT Day 45 - Treatment completed Day 63 - Radiotherapy. Reason for delay - Complex Pathway - Pathway - CT D7, Bronchoscopy D10, path reported D18, MDM D23, EBUS requested D29, EBUS D30, path reported D35, PET D37, MDM D37, MDM D44.
Gynae	External (Personal info)	• ITT Day 43 - Treatment completed Day 85 - Surgery. Reason for delay - 1st OPD D15, 9 day wait for Hysteroscopy & 8 days wait for MRI scanning. Pathway - 1st OPD D15, OP Hysteroscopy D24, MDM D29, review with Consultant D30, MRI D38, MDM D43.

Risk Areas for November/December 2019**Internal**

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck, Gynae & Haematology
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. No longer being outsourced to 352.
- DHH Replacement scanner
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – First appointment 2-3 weeks. Surgery is approx. 3-4 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER AUG 2018 – SEPT 2019

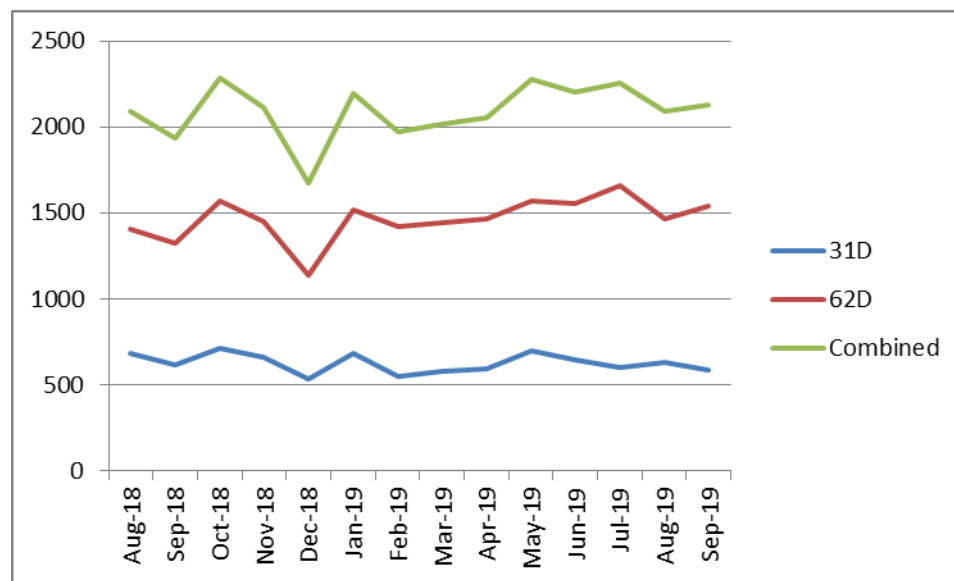
62 DAY REFERRALS

62 DAY REFERRALS	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19
Acute Leukaemia	0	0	0	0	0	3	0	0	1	0	0	0	0	0
Brain/Central Tumour	10	18	12	12	5	7	9	10	5	7	10	10	3	3
Breast Cancer	239	232	330	270	187	268	258	270	281	290	256	266	234	242
Children's Cancer	1	1	0	3	1	0	0	0	0	0	0	0	0	0
Gynae Cancers	114	128	159	142	111	120	142	145	136	143	143	136	121	163
Haematological Cancers	15	16	30	20	13	26	18	19	14	23	20	25	22	19
Head/Neck Cancer	101	89	116	114	69	118	89	102	103	98	94	114	93	106
Lower Gastrointestinal Cancer	268	263	243	275	249	309	293	269	298	301	328	328	308	308
Lung Cancer	30	22	29	31	21	49	35	39	53	44	43	52	29	48
Other Suspected Cancer	31	25	36	17	10	28	19	13	4	16	9	32	20	19
Sarcomas	1	0	4	1	0	0	0	0	0	2	1	4	0	1
Skin Cancers	232	201	228	179	151	237	243	238	218	258	275	347	325	328
Testicular Cancer	10	5	11	11	9	11	14	8	5	7	10	4	4	6
Upper Gastrointestinal Cancer	161	149	177	183	129	165	136	167	191	203	174	174	156	160
Urological Cancer	193	175	197	193	180	173	167	157	155	175	194	165	151	140
62D Total	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466	1543

31 DAY REFERRALS

31 DAY REFERRALS	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19
Acute Leukaemia	5	13	14	13	2	15	6	11	6	27	5	6	5	7
Brain/Central Tumour	15	4	3	18	6	15	18	11	14	20	8	12	7	11
Breast Cancer	59	60	52	58	70	84	57	80	56	92	58	56	76	50
Children's Cancer	0	3	0	0	0	0	0	2	3	0	0	0	0	0
Gynae Cancers	53	50	61	46	30	58	49	49	49	60	59	56	68	56
Haematological Cancers	43	42	34	45	37	34	19	20	19	47	34	35	24	40
Head/Neck Cancer	39	32	45	35	21	31	17	25	24	44	22	18	31	29
Lower Gastrointestinal Cancer	104	110	123	138	108	118	127	109	138	119	122	116	125	134
Lung Cancer	80	59	70	69	66	65	35	41	65	64	69	74	77	78
Other Suspected Cancer	3	5	2	2	1	4	9	4	05	5	3	0	7	5
Sarcomas	2	2	3	3	4	2	6	4	0	7	3	7	3	7
Skin Cancers	87	100	96	88	59	55	62	46	58	43	57	56	54	35
Testicular Cancer	3	0	4	0	1	2	0	0	0	0	2	0	0	0
Upper Gastrointestinal Cancer	91	77	99	81	74	95	91	108	91	105	98	89	74	78
Urological Cancer	101	56	104	66	57	73	54	58	63	67	82	73	57	54
31DTotal	685	613	710	662	536	681	550	581	591	700	648	598	627	584

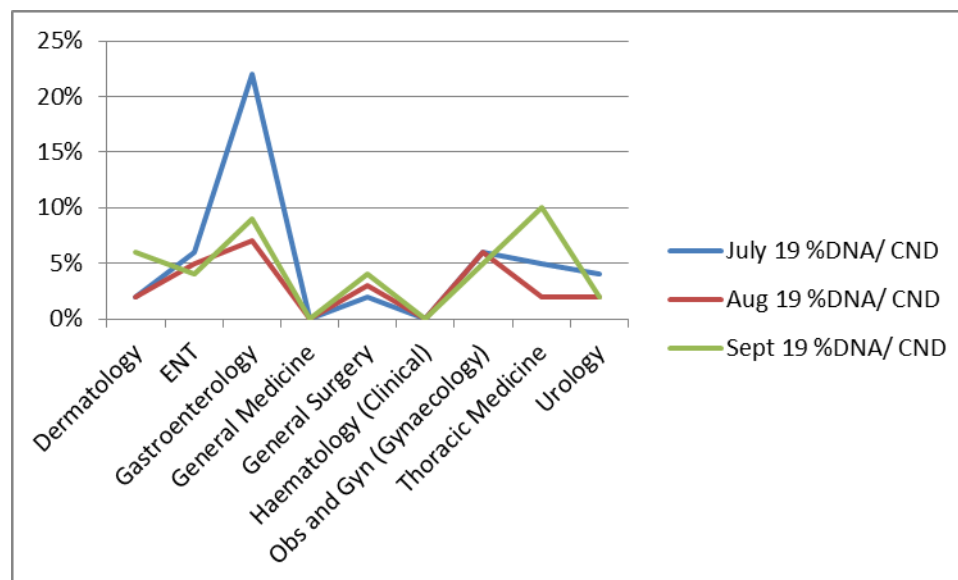
	Aug18	Sep18	Oct 18	Nov18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19
31DTotal	685	613	710	662	536	681	550	581	591	700	648	598	627	584
62D Total	1406	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466	1543
Combined Total	2091	1937	2282	2113	1671	2199	1973	2020	2055	2275	2206	2255	2093	2127



Red Flag Outpatient DNA

Speciality	July 19			Aug- 19			Sept- 19		
	Attendances	DNA& CND	July 19 %DNA/ CND	Attendances	DNA& CND	Aug 19 %DNA/ CND	Attendances	DNA& CND	Sept 19 %DNA/ CND
Dermatology	264	6	2%	223	4	2%	245	15	6%
ENT	78	5	6%	85	4	5%	155	6	4%
Gastroenterology	51	14	22%	52	4	7%	82	8	9%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	492	12	2%	469	16	3%	578	23	4%
Haematology (Clinical)	16	0	0%	13	0	0%	19	0	0%
Obs and Gyn (Gynaecology)	173	10	6%	99	6	6%	143	8	5%
Thoracic Medicine	42	2	5%	54	1	2%	53	6	10%
Urology	101	4	4%	130	2	2%	168	4	2%
	1217	53	4%	1125	37	3%	1443	70	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Total
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	19	13	18	15	14	16	15	19	15	33	14	13	14	7	225
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	10	10	6	9	8	11	8	1	7	4	7	8	8	5	102
Haem	10	7	10	3	4	2	3	4	1	0	4	9	1	3	61
Head & Neck	5	7	9	5	9	7	6	0	1	0	1	4	5	3	62
LGI	6	8	10	4	0	9	1	1	8	1	5	4	0	7	64
Lung	8	3	4	2	1	9	6	5	6	9	7	9	6	15	90
Other	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	31	30	30	13	14	17	23	13	12	10	0	15	10	7	225
Testicular	1	0	3	2	0	1	3	0	0	0	0	1	0	0	11
UGI	11	13	11	11	13	4	6	2	1	11	12	4	5	2	106
Urology	39	28	29	26	32	23	19	17	25	27	33	18	23	13	352
62D Total	140	120	131	90	105	99	90	62	79	98	83	85	76	62	1320
%62D confirmed	38%	37%	36%	44%	39%	34%	35%	32%	39%	41%	36%	35%	36%	32%	

31 Day Confirmed Cancers

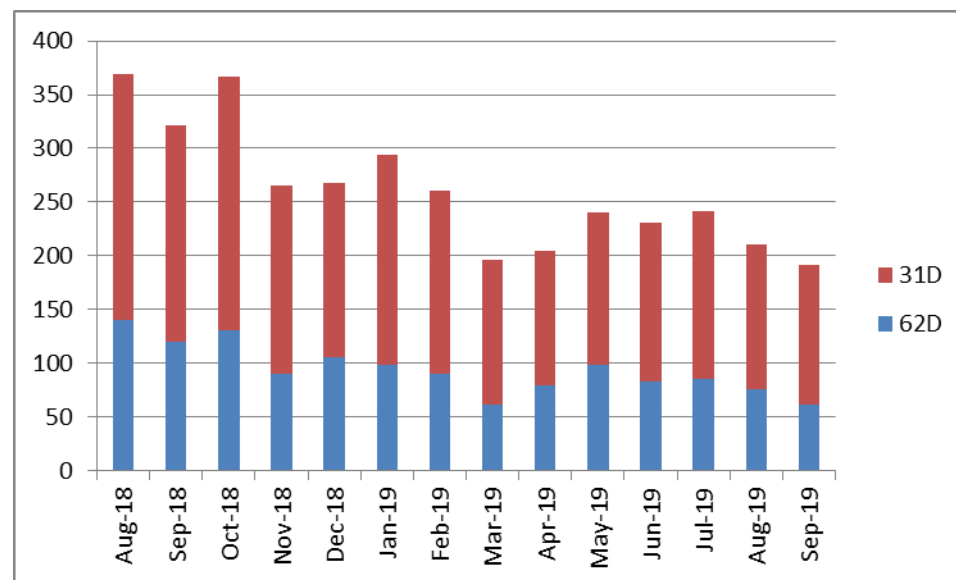
TRU-83277

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

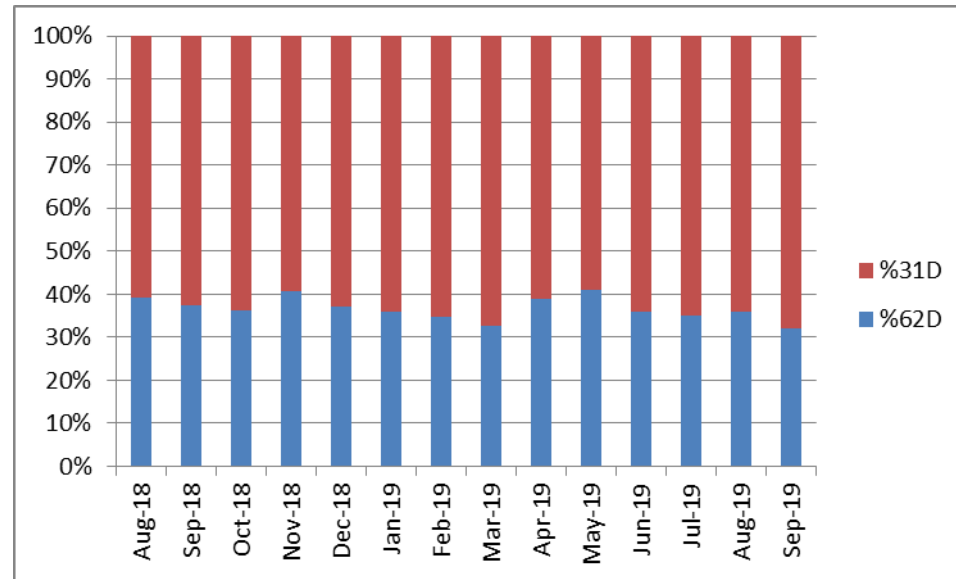
Tumour Site	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Total
Acute Leukaemia	1	11	12	1	0	0	5	6	2	4	0	4	5	5	56
Brain	7	0	3	0	5	9	5	1	3	4	0	0	4	5	46
Breast	18	20	13	13	18	31	15	20	17	23	16	14	18	7	243
Children's	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	12	17	25	13	9	11	16	23	17	15	21	13	15	8	215
Haem	39	31	25	34	26	14	10	7	4	11	10	22	11	15	259
Head & Neck	9	10	5	7	3	6	7	6	1	2	6	3	4	2	71
LGI	11	12	17	10	6	7	13	11	13	12	8	2	5	6	133
HPB	0	0	0	0	0	0	18	3	2	5	3	3	5	6	45
Lung	47	27	32	23	23	25	15	14	16	10	21	28	19	26	326
Other	1	1	0	0	2	0	1	0	2	0	2	0	0	0	9
Sarcomas	0	0	0	2	2	0	0	0	0	0	2	0	0	3	9
Skin	34	46	60	47	37	29	42	17	31	18	27	33	26	20	467
UGI	15	13	16	9	1	34	9	11	11	17	13	9	13	11	182
Urology	35	11	28	16	12	27	15	15	7	19	19	24	9	16	253
31D Total	229	202	236	175	163	195	171	134	126	142	148	156	134	130	2341
%31D confirmed	59%	62%	63%	64%	66%	61%	66%	66%	61%	59%	64%	65%	64%	68%	

Tumour Site	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Total
62D Total	140	120	131	90	105	99	90	62	79	98	83	85	76	62	1320
31D Total	229	202	236	175	163	195	171	134	126	142	148	156	134	130	2341
TOTAL 31D +62D	369	322	367	265	268	294	261	196	205	240	231	241	210	192	3661

Number of confirmed cancers Aug 18– Sept 19



% of Confirmed cancers split between 31/62 Days
Aug 18 – Sept 19



62D % cancer conversion July 19 – Sept 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	742	34	5%
Children's Cancer	0	0	0%
Gynae	420	21	5%
Haem	66	13	20%
Head & Neck	313	12	4%
LGI	944	11	9%
Lung	129	30	23%
Other	71	0	0%
Sarcoma	5	0	0%
Skin	1000	32	3%
Testicular	14	1	7%
UGI	490	11	2%
Urology	456	54	12%

62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%



Cancer Performance Dashboard Report October 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Aug 19	100%	97%	77%
Sept 19	100%	98%	64%
Oct 19	100%	95%	65%

	May19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory							
<i>Actual 62 day Performance</i>	<i>60%</i>	<i>77%</i>	<i>73%</i>	<i>77%</i>	<i>64%</i>	<i>65%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Sept 19	Oct 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	5	2	1	0	3	2	1	2	0	1	17
Head & Neck	0	0	0	0	0	0	0	1	0	0	2	2	0	5
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	2	3	0	1	1	1	1	0	2	1	1	1	16
Lung	1	0	0	1	4	0	2	1	3	2	1	3	2	20
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	1	0	1	0	0	0	0	0	0	0	0	1	4
UGI	2	1	2	0	1	1	1	2	2	2	1	1	0	16
HPB	0	0	0	1	2	0	0	2	0	0	0	0	0	5
Urology	5	6	1	9	7	4	2	7	1	9	2	2	3	58
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	10	6	17	17	7	6	17	8	16	9	9	8	141

Internal Breaches – 62 Day

TRU-83284

(Figures taken from 62 & 31 Day completed waits)

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Colorectal	3	1	0	1	4	1	2	5	2	3	2	4	8	36
ENT	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Gynae	0	0	0	0	2	0	0	3	1	1	0	2	2	11
Haem	0	0	0	0	0	0	0	0	0	1	0	4	0	5
Lung	0	0	1	0	0	0	0	1	0	0	0	0	0	2
Skin	1	1	1	0	0	0	0	0	1	0	1	0	0	5
UGI	1	0	0	0	0	0	1	1	1	0	0	0	1	5
Urology	7	8	8	8	2	5	2	5	5	5	4	11	7	77
HPB	0	0	0	1	2	0	2	2	0	0	0	0	0	7
Total	12	10	10	10	10	6	7	17	10	10	8	22	18	150

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	0	1	0	0	0	0	0	2	1	0	4
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	4	4
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	1	0	1	1	0	3
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	0	0	0	0	0	0	0	2	3
Total	0	0	0	0	2	0	0	0	1	0	3	2	6	14

Summary of Breach Reports – October 2019

Modality	Internal/External	Reason
Gynae	Internal Personal info 31D	Treatment completed D40/31 - Surgery. <u>Reason for delay - Surgery could not be scheduled within target.</u>
UGI	Internal Personal info	Treatment completed Day 92 - Specialist Palliative Treatment. <u>Reason for delay - Complex pathway. Patient first seen on Day 32.</u> ITT'd on day 68 - then was ITT back on Day 98. Pathway - MRI D15, OGD D32, ITD D32, Local MDM D34, Regional OG MDM D35, Path reported D38, Regional OG D42, (Ongoing tests performed in between) ITT Day 70 & then returned back to Southern Trust - Day 98.
URO	Internal Personal info	Treatment completed Day 142 - Hormones. <u>Reason for delay - 1st OPD D70 & 18 day wait for CT & Bone Scanning.</u> Pathway - 1st OPD D70 - PSA checked, MRI requested D78, MRI performed D87, TRUSB D99, path reported D102, MDM D108, review with Consultant following MDM D114 - CT & Bone scan requested, CT D127, Bone Scan D128, MDM D136, review D142.
Lower GI	Internal Personal info	Treatment completed Day 119 - Surgery. <u>Reason for delay - Virtual Clinic - Day 53, 32 day wait for Colonoscopy & then 20 day wait surgery.</u> Pathway - Virtual Clinic D53, Colonoscopy D85, path D87, CT Colonoscopy D98 & Staging CT scan, DTT D99 & Surgery D119.
Urology	Internal Personal info	Treatment completed Day 114 - Hormones. <u>Reason for delay - 1st OPD D5 & then 19 day wait for review with Consultant post MDM, then further 30 day delay obtaining management plan from Consultant.</u> Pathway -CT D17, 1st OPD D52, Bone Scan D63, MDM D65, review with Consultant D84, DTT D114.
Lower GI	Internal Personal info	Treatment completed Day 104 - Surgery. <u>Reason for delay - 1st OPD D53 & then 28 day delay for OGD & Colonoscopy.</u> Pathway - 1st OPD D53, OGD & Colonoscopy D81, path reported D85, CT Scan D97, DTT D99, MDM D100 & then surgery D104.
Lower GI	Internal Personal info	Treatment completed Day 96 - Surgery. <u>Reason for delay - 1st OPD D52 (Virtual) & then 26 Day wait for Colonoscopy.</u> Pathway - 1st OPD D52, Colonoscopy D78, CT D85, MDM D85, DTT D89 & then surgery D96.
Lower GI	Internal Personal info	Treatment completed Day 71 - Surgery. <u>Reason for delay - 1st OPD D27 & then 20 day wait for OGD & Colonoscopy.</u> Pathway - 1st OPD D27, OGD & Colonoscopy Day 47, CT D53, MDM D56 & Surgery D68.
Lower GI	Internal Personal info	Treatment completed D124 - Surgery. <u>Reason for delay - 1st OPD D51 (Virtual) 33 day wait for colonoscopy & then 22 day wait for surgery following DTT.</u> Pathway - Virtual clinic D51, and Colonoscopy D84, CT D85, path reported D89, MRI D91, MDM D98, and DTT D102.

Urology	Internal (Personal information)	• Treatment completed Day 118 - Active Monitoring. Reason for delay - 1st OPD D83. Pathway - 1st OPD D83, MRI D86, TRUSB D105 and path reported D111, MDM D114, review with Consultant D118.
Lower GI	Internal (Personal information)	• Treatment completed Day 84 - Surgery. Reason for delay - 1st OPD D41 & then 23 day wait for OGD & Colonoscopy. Pathway - Virtual clinic - ay 41, OGD & Colonoscopy D64, path reported D66, CT D70, MRI D71, MDM D73, DTT D74 & surgery performed D84.
Gynae	Internal (Personal information) 31D	• Treatment completed D36/31 pathway due to no sooner capacity for surgery to be performed within target.
Urology	Internal (Personal information) 31D & 62D	• Treatment completed Day 130 - Surgery. Reason for delay - 1st OPD @ DHH D28 and was referred to CAH to be seen by a Consultant - OPD on D70 and then a 53D wait for surgery. Pathway - 1st OPD D28, OPD @ CAH D70, DTT D77, CT D77, MDM D94 & surgery Day 130.
Urology	Internal (Personal information)	• Treatment completed Day 113 - Hormones. Reason for delay - 1st OPD D78 & 13D wait for TRUSB. Pathway - 1st OPD D78, MRI D80, MRI reported D82, TRUSB D100, pathology reported D102, MDM D109 & review with Consultant D113.
Lower GI	Internal (Personal information)	• Treatment completed D88 - Surgery. Reason for delay - 1st OPD D39 - Virtual. Pathway - Virtual Clinic D39, OGD & Colonoscopy D74, Staging CT D77, and path reported D77, MDM D77, and DTT 81 & Surgery D88.
Gynae	Internal (Personal information) 31D & 62D	• Treatment completed Day 84 - Surgery. Reason for delay - Surgery could not be scheduled within target. Pathway - 1st OPD D16, Hysteroscopy D16 and path reported D25, MDM D289, review with Consultant to arrange MRI D30, MRI D36, MDM D43, and DTT D44 & Surgery D84.
Lower GI	Internal (Personal information)	• Treatment completed Day 83 - Palliative Treatment. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, OGD & Colonoscopy D59, and path reported D66, CT D70, MDM D76, and DTT.
Gynae	Internal (Personal information) 31D & 62D	• Treatment completed Day 72 - Surgery (D44 from DTT). Reason for delay - no capacity to perform surgery on target. Pathway - 1st OPD D8, endometrial biopsy D9, path reported D15, MDM D21, MRI D22, MDM D28, DTT D28 (On target) & Surgery D72.
Urology	Internal (Personal information)	• Treatment completed Day 69 - Active Monitoring. Reason for delay - 1st OPD D55. Pathway - MRI D27, 1st OPD D55, TRUSB D55, Path reported D58, MDM D65, review with Consultant D69.
Urology	Internal (Personal information) 31D & 62D	• Treatment completed - Day 99 - Surgery. Reason for delay - 1st OPD D47 & then 32 day wait for surgery. Pathway - CT D13, CT reported D14, escalated to OSL with CT results D34 (Tracking behind), 1st OPD D47, MDM D49, review with Consultant D53, flexible ureteroscopy D57, path reported D63, MDM D63, review with Consultant D67 (DTT) & then surgery D99.
Urology	External (Personal information)	• ITT Day 43 - Treatment completed Day 156 - Brachytherapy. Reason for delay 1st OPD D21 & then 6 day wait for review with Consultant to discuss treatment options. Pathway - 1st OPD D21, TRUSB D21, and path reported D24, MDM D31, review with Consultant D37 & then ITT D43.

Urology	External (Personal info)	• ITT Day 90 - Treatment completed Day 119 - Radiotherapy. Reason for delay - 1st OPD D48 and while TURBT was performed on D56 as it was muscle invasive this was not classed as First Definitive. Pathway - 1st OPD D48, CT D52, TURBT D56, CT D58, MDM D65, and path reported (TURBT) D66, MDM D72, ITD D73, Central MDM discussion D79, review with Consultant D84.
Gynae	External (Personal info)	• ITT Day 45 - Treatment completed Day 64 - Surgery. Reason for delay - change in process where some staging was to be performed in Belfast. Pathway - First seen & biopsy D14 & diagnosis D17, MRI D37, CT D39, MDM D43, Regional MDM D44, ITT'd D45.
Urology	External (Personal info)	• ITT Day 103 - Treatment completed Day 143 - Hormones. Reason for delay - 1st OPD D40, 22 day wait for MRI, followed by further 22 day waits for TRUSB. Pathway - 1st OPD D40, MRI D62, TRUSB D82, and path reported D89, MDM D91, review with Consultant D98.
LGI	External (Personal info)	• ITT Day 101 - Treatment completed Day 127 - Chemoradiotherapy. Reasons for delay - 1st OPD D67, 20 day wait for colonoscopy. Pathway - 1st OPD D67, Colonography Day 87, and path reported D88, MDM D94, and CT C/A/P D98.
Lung	External (Personal info)	• ITT Day 43 - Treatment completed D98 - Surgery. Reason for delay - 1st OPD D22 & delay with referral letter to Surgery being typed (5 days). Pathway - CT D3, MRI Adrenal Glands D17, 1st OPD 22, bronchoscopy D24, path reported D29, MDM D30 & PET D37.

Risk Areas for December/January 2020**Internal**

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck, Gynae, Dermatology & Haematology
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. No longer being outsourced to 352.
- DHH Replacement scanner
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3-4 weeks. Waiting times for Blackrock is 2 weeks.
- Brachytherapy
- Plastics – First appointment 2 weeks. Surgery is approx. 3-4 weeks.
- Thoracic Surgery – 12 Week Wait
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER SEPT 2018 – OCT 2019

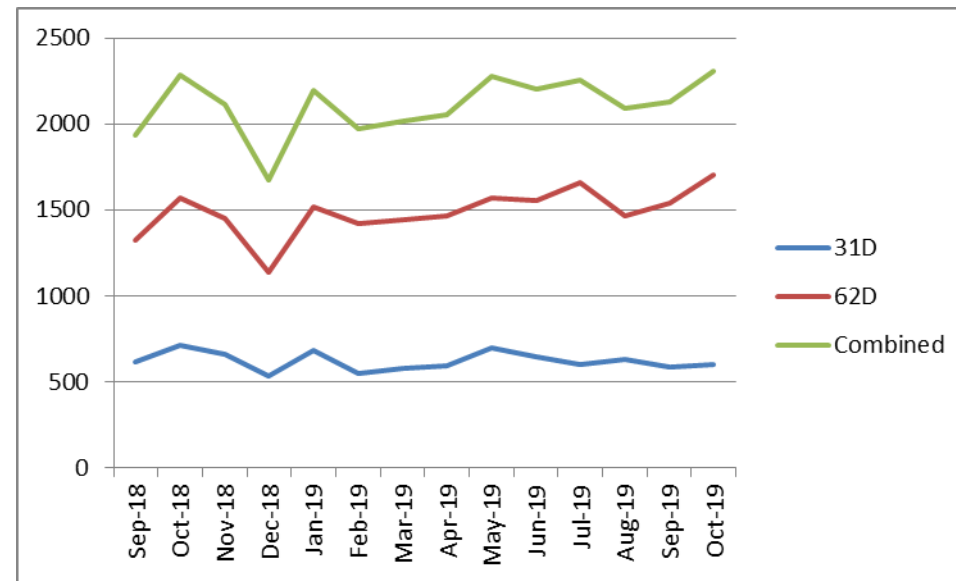
62 DAY REFERRALS

62 DAY REFERRALS	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19
Acute Leukaemia	0	0	0	0	3	0	0	1	0	0	0	0	0	0
Brain/Central Tumour	18	12	12	5	7	9	10	5	7	10	10	3	3	8
Breast Cancer	232	330	270	187	268	258	270	281	290	256	266	234	242	290
Children's Cancer	1	0	3	1	0	0	0	0	0	0	0	0	0	0
Gynae Cancers	128	159	142	111	120	142	145	136	143	143	136	121	163	153
Haematological Cancers	16	30	20	13	26	18	19	14	23	20	25	22	19	34
Head/Neck Cancer	89	116	114	69	118	89	102	103	98	94	114	93	106	122
Lower Gastrointestinal Cancer	263	243	275	249	309	293	269	298	301	328	328	308	308	357
Lung Cancer	22	29	31	21	49	35	39	53	44	43	52	29	48	44
Other Suspected Cancer	25	36	17	10	28	19	13	4	16	9	32	20	19	17
Sarcomas	0	4	1	0	0	0	0	0	2	1	4	0	1	0
Skin Cancers	201	228	179	151	237	243	238	218	258	275	347	325	328	305
Testicular Cancer	5	11	11	9	11	14	8	5	7	10	4	4	6	8
Upper Gastrointestinal Cancer	149	177	183	129	165	136	167	191	203	174	174	156	160	207
Urological Cancer	175	197	193	180	173	167	157	155	175	194	165	151	140	153
62D Total	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466	1543	1703

31 DAY REFERRALS

31 DAY REFERRALS	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19
Acute Leukaemia	13	14	13	2	15	6	11	6	27	5	6	5	7	4
Brain/Central Tumour	4	3	18	6	15	18	11	14	20	8	12	7	11	23
Breast Cancer	60	52	58	70	84	57	80	56	92	58	56	76	50	44
Children's Cancer	3	0	0	0	0	0	2	3	0	0	0	0	0	1
Gynae Cancers	50	61	46	30	58	49	49	49	60	59	56	68	56	43
Haematological Cancers	42	34	45	37	34	19	20	19	47	34	35	24	40	15
Head/Neck Cancer	32	45	35	21	31	17	25	24	44	22	18	31	29	37
Lower Gastrointestinal Cancer	110	123	138	108	118	127	109	138	119	122	116	125	134	138
Lung Cancer	59	70	69	66	65	35	41	65	64	69	74	77	78	65
Other Suspected Cancer	5	2	2	1	4	9	4	05	5	3	0	7	5	8
Sarcomas	2	3	3	4	2	6	4	0	7	3	7	3	7	7
Skin Cancers	100	96	88	59	55	62	46	58	43	57	56	54	35	70
Testicular Cancer	0	4	0	1	2	0	0	0	0	2	0	0	0	0
Upper Gastrointestinal Cancer	77	99	81	74	95	91	108	91	105	98	89	74	78	83
Urological Cancer	56	104	66	57	73	54	58	63	67	82	73	57	54	63
31DTotal	613	710	662	536	681	550	581	591	700	648	598	627	584	601

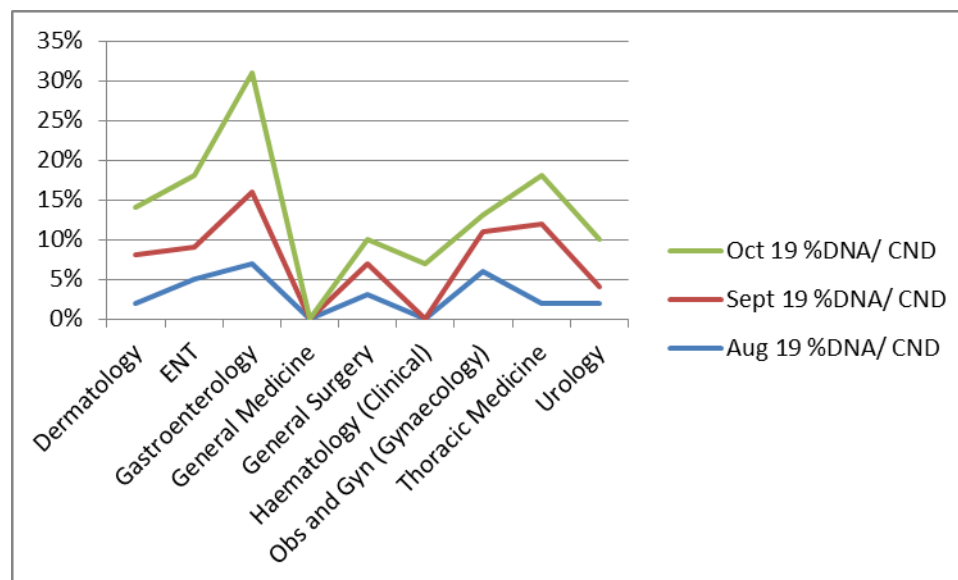
	Sep18	Oct 18	Nov18	Dec18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19
31DTotal	613	710	662	536	681	550	581	591	700	648	598	627	584	601
62D Total	1324	1572	1451	1135	1518	1423	1439	1464	1567	1558	1657	1466	1543	1703
Combined Total	1937	2282	2113	1671	2199	1973	2020	2055	2275	2206	2255	2093	2127	2304



Red Flag Outpatient DNA

Speciality	Aug 19			Sept 19			Oct 19		
	Attendances	DNA& CND	Aug 19 %DNA/ CND	Attendances	DNA& CND	Sept 19 %DNA/ CND	Attendances	DNA& CND	Oct 19 %DNA/ CND
Dermatology	223	4	2%	245	15	6%	304	20	6%
ENT	85	4	5%	155	6	4%	115	11	9%
Gastroenterology	52	4	7%	82	8	9%	90	16	15%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	469	16	3%	578	23	4%	704	23	3%
Haematology (Clinical)	13	0	0%	19	0	0%	26	2	7%
Obs and Gyn (Gynaecology)	99	6	6%	143	8	5%	172	3	2%
Thoracic Medicine	54	1	2%	53	6	10%	53	2	6%
Urology	130	2	2%	168	4	2%	122	8	6%
	1125	37	3%	1443	70	5%	1586	85	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Total
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	13	18	15	14	16	15	19	15	33	14	13	14	7	11	217
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	10	6	9	8	11	8	1	7	4	7	8	8	5	5	97
Haem	7	10	3	4	2	3	4	1	0	4	9	1	3	1	52
Head & Neck	7	9	5	9	7	6	0	1	0	1	4	5	3	6	63
LGI	8	10	4	0	9	1	1	8	1	5	4	0	7	0	58
Lung	3	4	2	1	9	6	5	6	9	7	9	6	15	12	94
Other	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	30	30	13	14	17	23	13	12	10	0	15	10	7	12	206
Testicular	0	3	2	0	1	3	0	0	0	0	1	0	0	0	10
UGI	13	11	11	13	4	6	2	1	11	12	4	5	2	9	104
Urology	28	29	26	32	23	19	17	25	27	33	18	23	13	11	324
62D Total	120	131	90	105	99	90	62	79	98	83	85	76	62	67	1247
%62D confirmed	37%	36%	44%	39%	34%	35%	32%	39%	41%	36%	35%	36%	32%	32%	

31 Day Confirmed Cancers

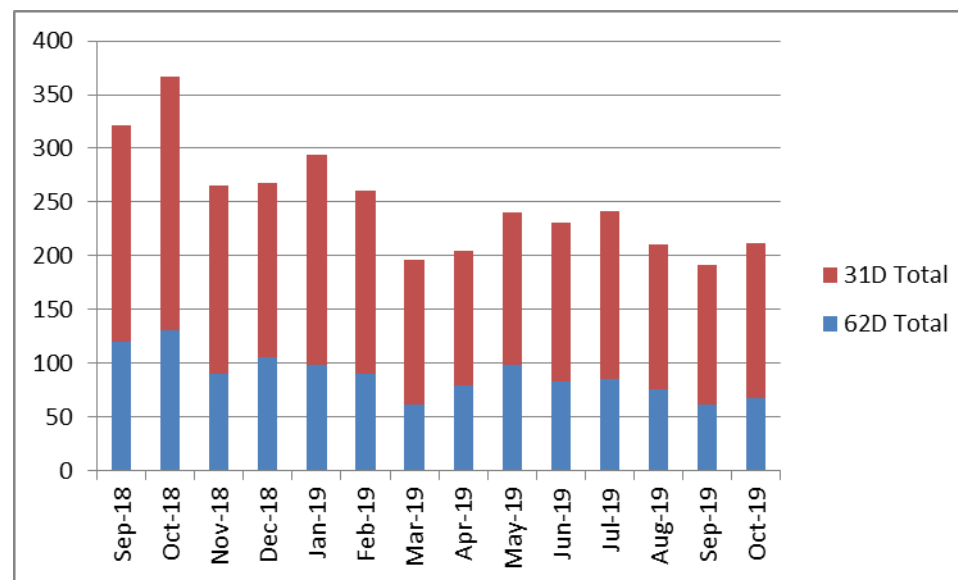
TRU-83294

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

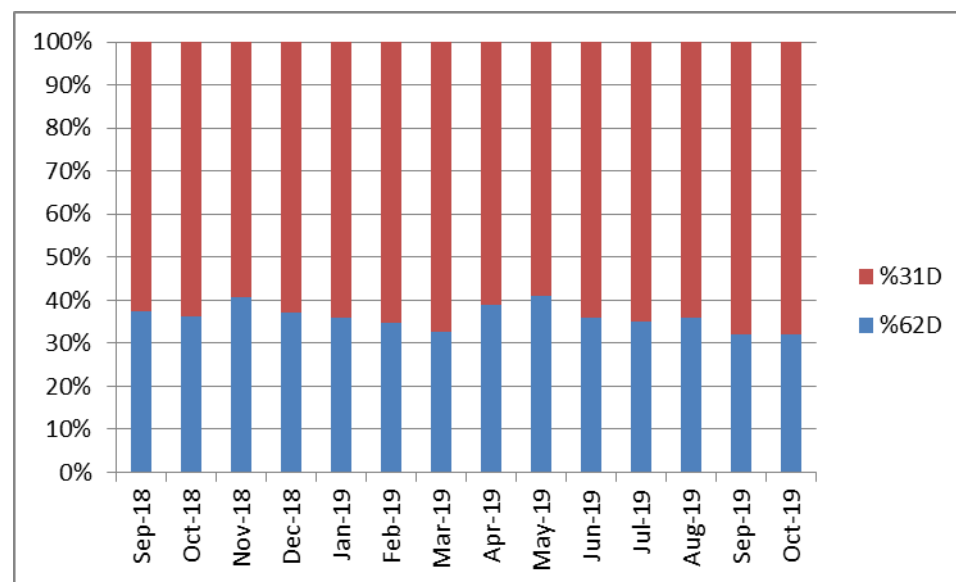
Tumour Site	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Total
Acute Leukaemia	11	12	1	0	0	5	6	2	4	0	4	5	5	0	55
Brain	0	3	0	5	9	5	1	3	4	0	0	4	5	8	47
Breast	20	13	13	18	31	15	20	17	23	16	14	18	7	17	242
Children's	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	17	25	13	9	11	16	23	17	15	21	13	15	8	15	218
Haem	31	25	34	26	14	10	7	4	11	10	22	11	15	6	226
Head & Neck	10	5	7	3	6	7	6	1	2	6	3	4	2	7	69
LGI	12	17	10	6	7	13	11	13	12	8	2	5	6	4	126
HPB	0	0	0	0	0	18	3	2	5	3	3	5	6	8	53
Lung	27	32	23	23	25	15	14	16	10	21	28	19	26	22	301
Other	1	0	0	2	0	1	0	2	0	2	0	0	0	0	8
Sarcomas	0	0	2	2	0	0	0	0	0	2	0	0	3	0	9
Skin	46	60	47	37	29	42	17	31	18	27	33	26	20	43	476
UGI	13	16	9	1	34	9	11	11	17	13	9	13	11	8	175
Urology	11	28	16	12	27	15	15	7	19	19	24	9	16	7	225
31D Total	202	236	175	163	195	171	134	126	142	148	156	134	130	145	2257
%31D confirmed	62%	63%	64%	66%	61%	66%	66%	61%	59%	64%	65%	64%	68%	68%	

Tumour Site	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Total
62D Total	120	131	90	105	99	90	62	79	98	83	85	76	62	67	1247
31D Total	202	236	175	163	195	171	134	126	142	148	156	134	130	145	2257
TOTAL 31D + 62D	322	367	265	268	294	261	196	205	240	231	241	210	192	212	3504

Number of confirmed cancers Sept 18– Oct 19



% of Confirmed cancers split between 31/62 Days
Sept 18 – Oct 19



62D % cancer conversion July 19 – Sept 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	742	34	5%
Children's Cancer	0	0	0%
Gynae	420	21	5%
Haem	66	13	20%
Head & Neck	313	12	4%
LGI	944	11	9%
Lung	129	30	23%
Other	71	0	0%
Sarcoma	5	0	0%
Skin	1000	32	3%
Testicular	14	1	7%
UGI	490	11	2%
Urology	456	54	12%

62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%



Cancer Performance Dashboard Report November 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Sept 19	100%	98%	64%
Oct 19	100%	96%	59%
Nov19	100%	95%	56%

	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory							
<i>Actual 62 day Performance</i>	<i>77%</i>	<i>73%</i>	<i>77%</i>	<i>64%</i>	<i>59%</i>	<i>56%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	5	2	1	0	3	2	1	2	0	1	2	19
Head & Neck	0	0	0	0	0	0	1	0	0	2	2	0	2	7
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	2	3	0	1	1	1	1	0	2	1	1	1	1	15
Lung	0	0	1	4	0	2	1	3	2	1	3	8	3	28
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	1	0	0	0	0	0	0	0	0	2	0	4
UGI	1	2	0	1	1	1	2	2	2	1	1	0	0	14
HPB	0	0	1	2	0	0	2	0	0	0	0	0	1	6
Urology	6	1	9	7	4	2	7	1	9	2	2	9	5	64
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	10	6	17	17	7	6	17	8	16	9	9	21	14	157

Internal Breaches – 62 Day

TRU-83301

(Figures taken from 62 & 31 Day completed waits)

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Colorectal	1	0	1	4	1	2	5	2	3	2	4	8	7	40
ENT	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Gynae	0	0	0	2	0	0	3	1	1	0	2	2	2	13
Haem	0	0	0	0	0	0	0	0	1	0	4	0	0	5
Lung	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Skin	1	1	0	0	0	0	0	1	0	1	0	0	1	5
UGI	0	0	0	0	0	1	1	1	0	0	0	1	0	4
Urology	8	8	8	2	5	2	5	5	5	4	11	9	8	80
HPB	0	0	1	2	0	2	2	0	0	0	0	0	1	8
Total	10	10	10	10	6	7	17	10	10	8	22	20	20	160

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	0	1	0	0	0	0	0	2	1	0	0	4
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	4	2	6
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	1	0	1	1	0	3	6
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	1	0	0	0	0	0	0	0	2	1	4
Total	0	0	0	2	0	0	0	1	0	3	2	6	6	20

Summary of Breach Reports – November 2019

Modality	Internal/External	Reason
Urology	Internal [Personal Information]	Treatment completed Day 110 - Active Monitoring. Reason for delay - 1st OPD D77. Pathway - 1st OPD D77, MRI D89, TRUSB D98 and pathology reported D104, MDM D106 & review with Consultant Day 110.
Urology	Internal [Personal Information]	Treatment completed Day 128 - Active Monitoring. Reason for delay - 1st OPD Day 62, 11 day wait for review with Consultant following MDM, 15 day waits for bone scan. Pathway - 1st OPD D62, MRI D71, MRI reported D72, tracker emailed Consultant MRI report D77, tracker checked with CNS re TRUSB D84, TRUSB D85, path reported D88, MDM D94, review with Consultant following MDM D105, Bone Scan D120, MDM D122, review with Consultant following MDM to discuss treatment options D126 and following time to decide on treatment opted for active monitoring.
Gynae	Internal [Personal Information]	Treatment completed Day 99 -Surgery. Reason for delay - 25 day wait for OP Hysteroscopy & this was with it being brought forward & no sooner capacity to perform surgery within target as it was not a confirmed cancer when scheduled for surgery. Pathway - 1st OPD D13, OPH D38, MDM D44 & surgery scheduled for D99.
LGI	Internal [Personal Information]	Treatment completed Day 114 - Surgery. Reason for delay - 1st OPD D49 & then colonoscopy not performed until D79 (30 day wait). Pathway - 1st OPD D49, Colonoscopy D79, CT D84, MRI D85, MDM D86, PET D92, MDM D100, DTT D101 & Surgery D114.
Urology	Internal (Personal Information) 62D & 31D)	Treatment completed Day 94 - Surgery. Reason for delay - 53 day wait for surgery to be performed. Pathway - CT D10, CT D17, urine cytology reported D30, review with Consultant and DTT D41 - Surgery performed D94.
Urology	Internal (Personal Information)	Treatment completed Day 107 - Active Monitoring. Reason for delay - 1st OPD D81. Pathway - 1st OPD D81, MRI D83 & review with Consultant D107.
LGI	Internal [Personal Information]	Treatment completed Day 90 - Surgery. Reason for delay - 1st OPD D46, 19 day wait for colonoscopy, followed by 12 day wait for review with Consultant. Pathway - 1st OPD D46, Colonoscopy D65, DTT D77 & then surgery D90.
LGI	Internal [Personal Information]	Treatment completed Day 84 - Surgery. Reason for delay - 1st OPD D46 & then 20 day wait for colonoscopy. Pathway - 1st OPD D46, colonoscopy D66, CT D78, MDM D80, DTT D81 & Surgery Day 84.
H&N	Internal [Personal Information]	Treatment completed Day 83 - Surgery. Reason for delay - 1st OPD D32. Pathway - 1st OPD D32, USS Guided FNA D50, path reported D56, review with Consultant D63, CT D76, Surgery D83.
Urology	Internal [Personal Information]	Treatment completed - Day 65 - Surgery. Reason for delay - 1st OPD D18 & then 15 day delay with patient being listed for MDM (Tracking) and then 21 day wait for surgery to be

		performed. Pathway - CT D4, 1st OPD D18, MDM D33, and review with Consultant D44 & Surgery performed D65.
Gynae	Internal (Personal information)	Treatment completed Day 71 - Surgery. Reason for delay - <u>15 day wait for OP Hysteroscopy & 26 day wait for surgery following review due to no sooner surgery slots for surgery.</u> Pathway - 1st OPD D12, OP Hysteroscopy Day 27 and path reported Day 32, MRI D40, and MDM D44 & DTT D45.
Urology	Internal (Personal information)	Treatment completed Day 147 - Hormones. Reason for delay - <u>1st OPD D69 & 40 day wait for review with Consultant post MDM.</u> Pathway - 1st OPD D69, MRI D79, Bone Scan D82, TRUSB D98, MDM D107 & review D147.
HPB	Internal (Personal information)	Treatment completed Day 122 - Specialist Palliative Treatment. Reason for delay - <u>1st OPD D51.</u> Pathway - 1st OPD D51, OGD & CT D62, MDM D72.
LGI	Internal (Personal information)	Treatment completed Day 89 - Surgery. Reason for delay - <u>1st OPD D46.</u> Pathway - 1st OPD D46, Colonoscopy D55 and pathology reported D57, MDM D63 (deferred - waiting CT), CT D63, MRI D64, MDM D70, and DTT D77.
LGI	Internal (Personal information)	Treatment completed Day 77 - Surgery. Reason for delay- <u>1st OPD D33 & 28 day wait for colonoscopy & OGD.</u> Pathway - 1st OPD D33, Colonoscopy & OGD D61, CT D68, MDM D70, DTT D71 & Surgery D77.
Urology	Internal (Personal information)	Treatment completed Day 82 - Surgery. Reasons for delay - <u>1st OPD D33 & 14 Day wait for CT scanning.</u> Pathway - CT D11, 1st OPD D33, MDM D43, CT D57, MDM D64, ITD D68, review with Consultant D71 & Surgery D82.
LGI	Internal (Personal information)	Treatment completed Day 65 - Specialist Palliative Treatment. Reason for delay - <u>1st OPD D37.</u> Pathway - 1st OPD D37, Flexi D41, MRI D48, CT D63.
Urology	Internal (Personal information)	Treatment completed Day 70 - Surgery. Reason for delay - <u>1st OPD D19 & was discussed locally and the at SRM MDM & no sooner capacity for surgery to be performed on target.</u> Pathway - CT D12, 1st OPD D19, MDM D29, ITD, SRM MDM D36, DTT D43 & Surgery.
Skin	Internal (Personal information) 31D & 62D)	Treatment completed Day 63 (31D breach also within 62D target)-Surgery - Reason for delay - 1st OPD D24 & surgery could not be performed within target due to Dr Eedy being on a/l for 2 weeks and he had to perform surgery - 39 day wait. Pathway - 1st OPD D24 & surgery day 63.
Gynae	Internal (Personal information) 31D)	Treatment completed Day 54/31 Day pathway - Surgery - No sooner capacity for surgery to be performed on target. Surgery performed sooner than originally scheduled as patient was admitted via ED.
Gynae	Internal (Personal information) 31D)	Treatment completed Day 64/31 - Surgery. Reason for delay - no sooner date available to schedule surgery on target.
Skin	Internal (Personal information) 31D)	Treatment completed Day 40/31 - Surgery. No sooner dates available to schedule surgery on target.
Skin	Internal (Personal information) 31D)	Treatment completed D34/31D target - Surgery. Pathway - 1st OPD D25, DTT D25 and surgery performed D59 (Breached 31D target inside 62D pathway)

LGI	External Personal information	• ITT Day 91 - Treatment completed Day 103 - Radiotherapy. Reason for delay - Virtual <u>appointment Day 40 & then 32 day delay for colonoscopy.</u> Pathway - 1st OPD D40, Colonoscopy D72, CT D76, and pathology was reported D77, MRI D83, MDM D85, ITT Day 91.
Lung	External Personal information	• ITT Day 48 - Treatment completed Day 94 - Surgery. Reason for delay - <u>21 day wait for PET scan.</u> Pathway - CT D4, 1st OPD D13, PET D34, CT Guided BX D47.
Gynae	External Personal information	• ITT Day 32 - Treatment completed Day 72 - Surgery. Reason for delay - <u>1st OPD D17.</u> Pathway - 1st OPD 17, path reported D22, MDM D23, MRI D36, and MDM D30.
Urology	External Personal information	• ITT Day 109 - Treatment completed Day 151 - Radiotherapy. Reason for delay - <u>1st OPD D35, 25 day wait for diagnostic surgery, followed by 11 day wait for pathology to be reported and then 26 day wait for review with Consultant post MDM discussion.</u> Pathway - CT D14, 1st OPD D35, GA Cystoscopy D60 and pathology reported D71, MDM D77 review D103 and ITT D109.
Lung	External Personal information	• ITT Day 63 - Treatment completed Day 101 - Radiotherapy. Reason for delay - <u>1st OPD D27, 21 day wait for PET scanning & then 10 day wait for review with Consultant post MDM.</u> Pathway - 1st OPD D27, MDM D33, PET D48, MDM D54 & review with Consultant D62.
Urology	External Personal information	• ITT Day 161 - Treatment completed Day 265 - Radiotherapy. Reason for delay - <u>1st OPD D38, 38 day delay with requesting MRI following repeat PSA level, 19 day wait for MRI, 28 day wait for TRUSB & 11 day wait for review with Consultant post MDM discussion.</u> Pathway - 1st OPD D38, MRI Prostate requested D76, MRI performed D95, MRI reported D124, path reported D126, MDM D132, review D143, ITD D151, MDM D160.
Urology	External Personal information	• ITT Day 104 - Treatment completed Day 253 - Surgery. Reason for delay - <u>1st OP was on D39, MRI on D70, and TRUSB on D90. Discussed at MDM on D97, reviewed post MDM on D103.</u> Pathway - 1st OPD D39, MRI D70, MRI reported D73, TRUSB D90, path reported D95, MDM D97, review D103.
Urology	External Personal information	• ITT Day 120 - Treatment completed Day 144 - Hormones. Reason for delay - <u>1st OPD D49, delay with getting TRUSB arranged initially due to Consultant being on leave and results then forwarded to HoS and then 19 day delay for review with Consultant post MDM.</u> Pathway - 1st OPD D49, MRI D59, TRUSB D85, path reported D87, MDM D94, review D113 and outcome available D120 to generate ITT.
Urology	External Personal information	• ITT Day 68 - Treatment completed Day 151 - Surgery. Reason for delay - <u>1st D39.</u> Pathway - MRI D21, 1st OPD D39, TRUSB D39, MDM D42 (Path deferral), MDM D49, review with Consultant D65.
H&N	External Personal information	• ITT Day 56- Treatment completed Day 83 - Radiotherapy. Reason for delay - <u>1st OPD D22, 13 day wait for CT Neck & then discussed at Regional MDM prior to ITT (tracking delay).</u> Pathway - 1st OPD D22 & biopsy taken review D29 to discuss bx results, CT Neck D35; review with Consultant & ITD D36, Regional MDM D40.

HPB	External 	• ITT Day 57 - Treatment completed Day 93 - Chemotherapy. Reason for delay - Complex case requiring multiple diagnostic and staging investigations that did all happen in a timely manner - just the volume of these too time to be performed. Pathway - CT D3, MRCP D9, MDM D10, ERCP D21 (unsuccessful), ITD D22, OGD D23, MDM D24, 1st OPD D28, MRI Liver D31, MDM D38, EUS D44, MDM D45, Path from EUS D46, MDM D53.
LGI	External 	• ITT Day 62 - Treatment completed Day 90 - Chemoradiotherapy. Reason for delay - 1st OPD D34. Pathway - 1st OPD D34, Colonoscopy D34, path reported D38, Staging CT D44, MDM D50 (deferral), MRI D51, MDM D57.
Lung	External 	• ITT Day 51 - Treatment completed Day 73 - Radiotherapy. Reason for delay - 9 day delay for bronchoscopy due to no sooner capacity, 10 day wait for PET scan - then tracker not advised of date until after MDM discussion so delayed discussion x 1 week, 14 day wait for pathology to be reported from CT Guided Lung BX. Pathway - CT Chest D11, 1st OPD D15, Bronchoscopy D24, MDM D30, path reported D30, PET D32, CT Guided Lung BX D36, path reported D50, MDM D51.
H&N	External 	• ITT Day 49 - Treatment completed Day 73 - Chemoradiotherapy. Reason for delay - Complex pathway & 14 day wait for CT scanning. Pathway - 1st OPD D14, Soft tissue bx D14, ITD D24, CT D24, MDM D28, panendoscopy D29 & biopsy, path reported D31, review with Consultant D42, MDM D42.
LGI	External 	• ITT Day 97 - Treatment completed Day 118 - Chemoradiotherapy. Reason for delay - 1st OPD D42 & 30 day wait for colonoscopy. Pathway - 1st OPD D42, Colonoscopy D72, and path reported D76, MRI D85, CT D91, and MDM D93.

Risk Areas for January/February 2020**Internal**

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Head & Neck, and Gynae & Haematology – most sites will be impacted due to lost activity over Christmas and New Year.
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. Will be outsourced to IS in New Year.
- DHH Replacement scanner
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures. (General Surgery, Dermatology , Urology & Haematology have had additional clinics)

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – First appointment 5 weeks. Surgery is approx. 3-4 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER OCT 2018 – NOV 2019

**** Please note figures highlighted in red are based on PAS Report ****

62 DAY REFERRALS

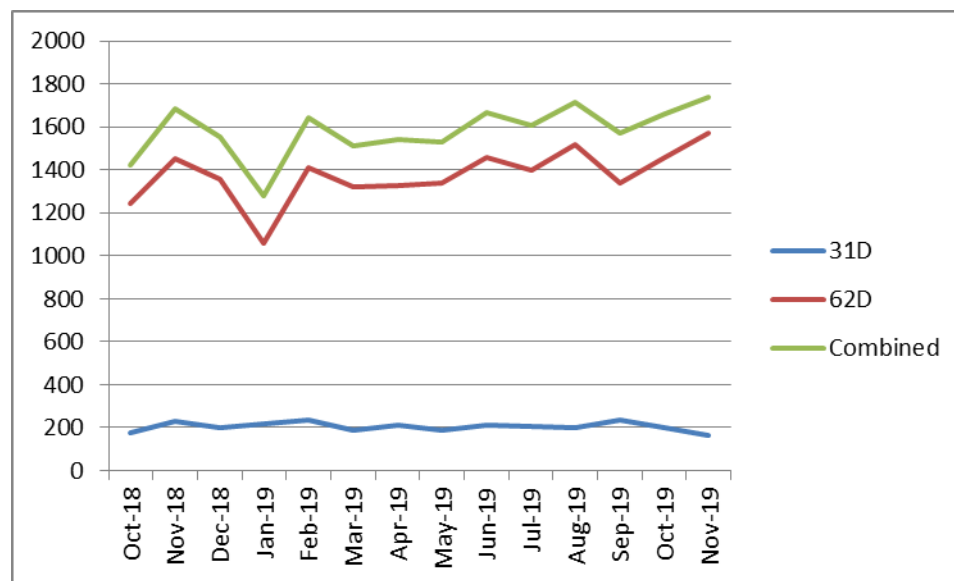
62 DAY REFERRALS	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19
Breast Cancer	219	308	264	179	263	247	253	252	260	239	258	221	235	287
Brain/Central Tumour	18	12	12	5	7	9	8	6	7	9	10	3	2	6
Children's Cancer	0	1	3	1	0	0	0	0	0	0	0	0	0	0
Gynae Cancers	122	151	136	107	115	133	139	128	142	125	126	112	165	147
Haematological Cancers	12	22	11	10	13	13	10	13	15	16	12	14	16	28
Head/Neck Cancer	85	111	107	63	109	77	96	97	94	91	101	82	94	109
Lung Cancer	21	25	23	21	38	28	24	45	32	36	44	21	32	33
Lower Gastrointestinal Cancer	257	236	266	240	294	283	267	287	306	312	326	316	308	344
Acute Leukaemia	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	15	16	23	15	21	18	9	10	14	16	22	12	15	18
Sarcomas	0	4	1	0	0	0	0	0	1	0	2	0	0	0
Skin Cancers	196	215	162	133	222	224	210	198	226	230	292	278	286	274
Testicular Cancer	5	10	7	7	11	9	8	4	6	9	4	2	6	9
Upper Gastrointestinal Cancer	140	170	159	114	154	127	157	173	193	156	180	150	164	186
Urological Cancer	151	173	176	166	160	153	147	128	161	162	141	127	135	132
62D Total	1241	1454	1354	1061	1408	1321	1328	1341	1457	1401	1518	1338	1458	1573

31 DAY REFERRALS

**** Please note figures highlighted in red are based on PAS Report ****

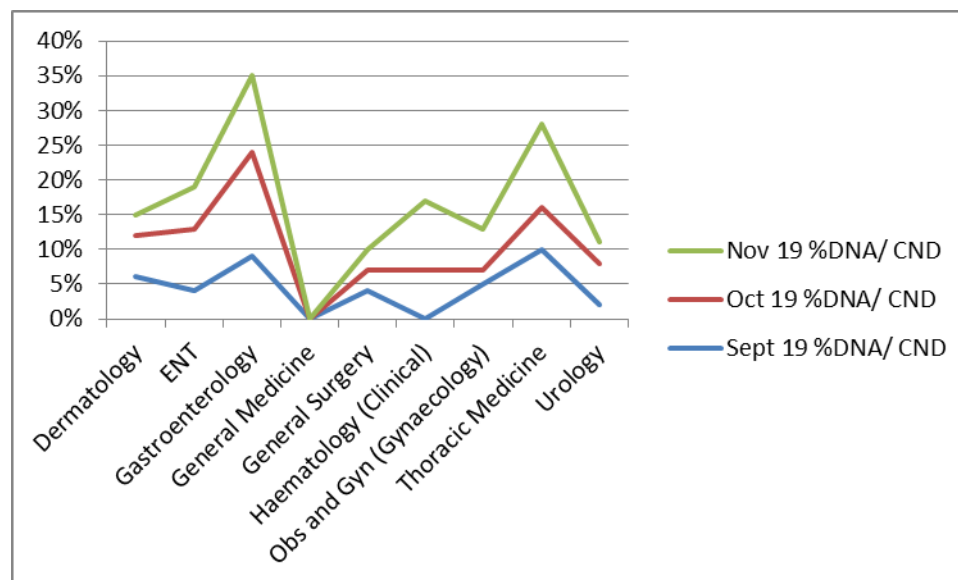
31 DAY REFERRALS	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19
Breast Cancer	31	28	28	30	44	18	36	16	44	26	27	37	24	15
Brain/Central Tumour	1	0	0	1	19	1	1	0	0	2	1	1	2	1
Children's Cancer	0	0	0	0	16	0	0	0	0	0	0	0	0	1
Gynae Cancers	15	21	15	12	19	15	15	11	11	18	17	19	21	8
Haematological Cancers	11	10	15	10	16	9	7	10	8	12	9	11	9	5
Head/Neck Cancer	9	27	16	12	12	8	13	17	16	12	10	14	14	13
Lung Cancer	13	23	22	31	23	20	14	23	25	19	23	33	30	12
Lower Gastrointestinal Cancer	26	34	35	40	38	41	42	40	33	36	43	42	39	36
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	3	1	2	1	4	8	2	0	0	3	6	2	3	6
Sarcomas	0	0	0	0	0	0	0	0	0	0	2	1	0	0
Skin Cancers	5	4	2	6	2	4	5	5	8	6	3	11	8	4
Testicular Cancer	0	3	0	0	0	0	0	0	0	1	1	0	0	0
Upper Gastrointestinal Cancer	25	24	27	32	39	26	36	32	28	28	20	24	14	15
Urological Cancer	40	54	40	45	39	39	43	35	38	42	36	39	38	48
31D Total	179	229	202	220	236	189	214	189	211	205	198	234	202	164

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19
31DTotal	179	229	202	220	236	189	214	189	211	205	198	234	202	164
62D Total	1241	1454	1354	1061	1408	1321	1328	1341	1457	1401	1518	1338	1458	1573
Combined Total	1420	1683	1556	1281	1644	1510	1542	1530	1668	1606	1716	1572	1660	1737

**Red Flag Outpatient DNA**

Speciality	Sept 19			Oct 19			Nov 19		
	Attendances	DNA& CND	Sept 19 %DNA/ CND	Attendances	DNA& CND	Oct 19 %DNA/ CND	Attendances	DNA& CND	Nov 19 %DNA/ CND
Dermatology	245	15	6%	304	20	6%	277	10	3%
ENT	155	6	4%	115	11	9%	133	8	6%
Gastroenterology	82	8	9%	90	16	15%	68	8	11%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	578	23	4%	704	23	3%	537	19	3%
Haematology (Clinical)	19	0	0%	26	2	7%	19	2	10%
Obs and Gyn (Gynaecology)	143	8	5%	172	3	2%	148	9	6%
Thoracic Medicine	53	6	10%	53	2	6%	44	6	12%
Urology	168	4	2%	122	8	6%	146	4	3%
	1443	70	5%	1586	85	5%	1372	66	5%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

** Please note figures highlighted in red are based on new report that has been set up on Business Objects **

Tumour Site	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Total
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	18	15	14	16	15	19	15	33	14	13	14	7	11	9	213
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	6	9	8	11	8	1	7	4	7	8	8	5	5	3	90
Haem	10	3	4	2	3	4	1	0	4	9	1	3	1	4	49
Head & Neck	9	5	9	7	6	0	1	0	1	4	5	3	6	6	62
LGI	10	4	0	9	1	1	8	1	5	4	0	7	0	9	59
Lung	4	2	1	9	6	5	6	9	7	9	6	15	12	3	94
Other	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	30	13	14	17	23	13	12	10	0	15	10	7	12	25	201
Testicular	3	2	0	1	3	0	0	0	0	1	0	0	0	1	11
UGI	11	11	13	4	6	2	1	11	12	4	5	2	9	5	96
Urology	29	26	32	23	19	17	25	27	33	18	23	13	11	23	319
62D Total	131	90	105	99	90	62	79	98	83	85	76	62	67	89	1216
%62D confirmed	36%	44%	39%	34%	35%	32%	39%	41%	36%	35%	36%	32%	32%		

31 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

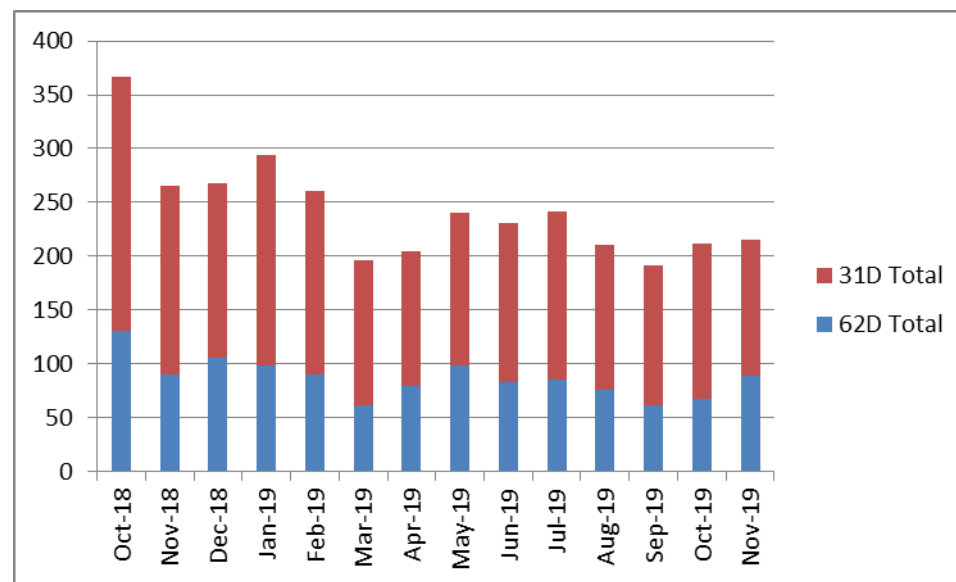
** Please note figures highlighted in red are based on new report that has been set up on Business Objects **

Tumour Site	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Total
Acute Leukaemia	12	1	0	0	5	6	2	4	0	4	5	5	0	0	44
Brain	3	0	5	9	5	1	3	4	0	0	4	5	8	4	51
Breast	13	13	18	31	15	20	17	23	16	14	18	7	17	15	237
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	25	13	9	11	16	23	17	15	21	13	15	8	15	3	204
Haem	25	34	26	14	10	7	4	11	10	22	11	15	6	7	202
Head & Neck	5	7	3	6	7	6	1	2	6	3	4	2	7	3	62
LGI	17	10	6	7	13	11	13	12	8	2	5	6	4	16	130
HPB	0	0	0	0	18	3	2	5	3	3	5	6	8	0	53
Lung	32	23	23	25	15	14	16	10	21	28	19	26	22	15	289
Other	0	0	2	0	1	0	2	0	2	0	0	0	0	4	11
Sarcomas	0	2	2	0	0	0	0	0	2	0	0	3	0	0	9
Skin	60	47	37	29	42	17	31	18	27	33	26	20	43	35	465
UGI	16	9	1	34	9	11	11	17	13	9	13	11	8	7	169
Urology	28	16	12	27	15	15	7	19	19	24	9	16	7	17	231
31D Total	236	175	163	195	171	134	126	142	148	156	134	130	145	126	2181
%31D confirmed	63%	64%	66%	61%	66%	66%	61%	59%	64%	65%	64%	68%	68%		

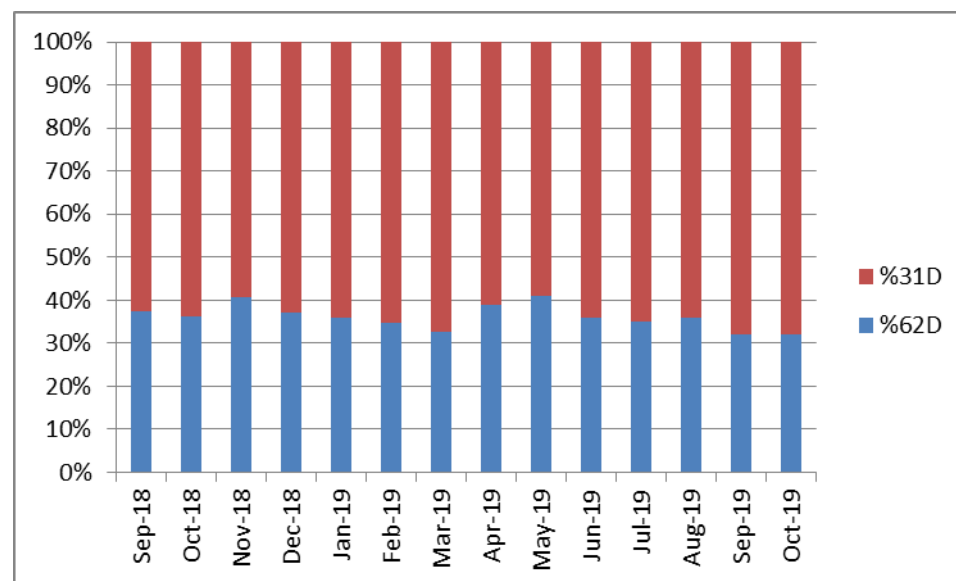
Tumour Site	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Total
62D Total	131	90	105	99	90	62	79	98	83	85	76	62	67	89	1216
31D Total	236	175	163	195	171	134	126	142	148	156	134	130	145	126	2181
TOTAL 31D + 62D	367	265	268	294	261	196	205	240	231	241	210	192	212	215	3397

TRU-83313

Number of confirmed cancers Oct 18– Nov 19



% of Confirmed cancers split between 31/62 Days
Sept 18 – Oct 19



62D % cancer conversion July 19 – Sept 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	742	34	5%
Children's Cancer	0	0	0%
Gynae	420	21	5%
Haem	66	13	20%
Head & Neck	313	12	4%
LGI	944	11	9%
Lung	129	30	23%
Other	71	0	0%
Sarcoma	5	0	0%
Skin	1000	32	3%
Testicular	14	1	7%
UGI	490	11	2%
Urology	456	54	12%

62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	22	0	0%
Breast	827	62	7%
Children's Cancer	0	0	0%
Gynae	422	18	4%
Haem	57	5	9%
Head & Neck	295	2	0.3%
LGI	927	14	2%
Lung	140	22	2%
Other	29	0	0%
Sarcoma	3	0	0%
Skin	751	22	3%
Testicular	22	0	0%
UGI	568	24	4%
Urology	524	85	16%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%



Cancer Performance Dashboard Report December 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Oct 19	100%	96%	59%
Nov19	100%	95%	58%
Dec 19	100%	98%	62%

	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	
Operational Trajectory							
<i>Actual 62 day Performance</i>	<i>73%</i>	<i>77%</i>	<i>64%</i>	<i>59%</i>	<i>58%</i>	<i>62%</i>	

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	5	2	1	0	3	2	1	2	0	1	3	0	20
Head & Neck	0	0	0	0	0	1	0	0	2	2	0	2	0	7
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	3	0	1	1	1	1	0	2	1	1	1	1	1	14
Lung	0	1	4	0	2	1	3	2	1	3	8	3	0	28
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	1	0	0	0	0	0	0	0	0	2	0	0	3
UGI	2	0	1	1	1	2	2	2	1	1	0	0	4	17
HPB	0	1	2	0	0	2	0	0	0	0	0	1	0	6
Urology	1	9	7	4	2	7	1	9	2	2	9	5	2	60
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6	17	17	7	6	17	8	16	9	9	21	15	7	155

Internal Breaches – 62 Day

TRU-83319

(Figures taken from 62 & 31 Day completed waits)

	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Breast	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Colorectal	0	1	4	1	2	5	2	3	2	4	8	6	7	45
ENT	0	0	0	0	0	0	0	0	1	0	0	1	0	2
Gynae	0	0	2	0	0	3	1	1	0	2	2	2	1	14
Haem	0	0	0	0	0	0	0	1	0	4	0	0	2	7
Lung	1	0	0	0	0	1	0	0	0	0	0	0	0	2
Skin	1	0	0	0	0	0	1	0	1	0	0	1	0	4
UGI	0	0	0	0	1	1	1	0	0	0	1	0	0	4
Urology	8	8	2	5	2	5	5	5	4	11	9	8	7	79
HPB	0	1	2	0	2	2	0	0	0	0	0	1	0	8
Total	10	10	10	6	7	17	10	10	8	22	20	19	17	166

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	1	0	0	0	0	0	2	1	0	0	0	4
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	4	2	1	7
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	1	0	1	1	0	3	1	7
Neuroendocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	1	0	0	0	0	0	0	0	2	1	0	4
Total	0	0	2	0	0	0	1	0	3	2	6	6	2	22

Summary of Breach Reports – December 2019

Modality	Internal/External	Reason
UGI	External (Personal information redacted)	ITT Day 53 - Treatment completed Day 83 - Chemotherapy. Reason for delay - Complex pathway. 12 day wait for OGD, followed by 9 day wait for PET. Patient needed repeat biopsies. Pathway - 1st OPD D13, OGD D25, CT D26, ITD D26, MDM D27, Regional OG D28 (deferred) MDM D35, PET D36, Regional OG D38 and Regional OG D45 & repeat biopsies D47.
UGI	External (Personal information redacted)	ITT Day 66 - Treatment completed Day 82 - Chemotherapy. Reason for delay - straight to test Day 19 for OGD, 11 DAY wait for staging CT scan, 6 day wait for staging laparoscopy due to capacity. Pathway - Straight to scope Day 19, path reported Day 21 (UGI) & Day 26 (LGI) , PET Day 27, CT D31, MDM D35, Regional OG D38, staging lap Day 52, path reported D55, Regional OG D59,
UGI	External (Personal information redacted)	ITT Day 59 - Treatment completed Day 75 - Chemotherapy on NEOAEGIS trial. Reason for delay - Complex case requiring multiple diagnostic and staging investigations. Pathway - Straight to test - OGD D19, CT D21, MDM D27, Regional OG D28, PET D33, Regional OG D35, Staging lap D40, path reported D45 & D48, Regional OG D49, DTT D55.
Urology	External (Personal information redacted)	ITT Day 92 - Treatment completed Day 205 - Brachytherapy. Reason for delay -1st OPD D28 and then 31D wait for MRI scanning. Pathway - 1st OPD D28, MRI D59, TRUSB D64, path reported D66, MDM D73, review D84 & ITT D92.
Urology	External (Personal information redacted)	ITT Day 86 - Treatment completed Day 139 - Surgery. Reason for delay - 1st OPD D43. Pathway - 1st OPD D43, CT D54, diagnostic TURBT D61, staging CT D64, ITD D65, path reported D68, MDM D71 & review with Consultant D76.
UGI	External (Personal information redacted)	ITT Day 114 -Treatment completed Day 150 - Chemotherapy. Reason for delay - 1st OPD D72 & then 26 day wait for scopes. Pathway - 1st OPD D72, OGD & Colonoscopy D98, path reported D104, CT D108, REGIONAL OG D112.
Gynae	External (Personal information redacted)	ITT Day 36 - Treatment completed Day 70 - Surgery. Reason for delay - Day 16 for first appointment - no sooner capacity. CT was brought forward to D23 but report wasn't ready for MDM until D34. ITT completed D36. Pathway - USS D5, 1st OPD D16, MDM D20 (too early - CT not performed, CT D23, MDM D27(deferral as there was no CT report), MDM D34, Regional MDM D35.
Urology	Internal (Personal information redacted)	Treatment completed Day 141 - Active Monitoring. Reason for delay - 1st OPD D83 & 21 day wait for TRUSB, followed by 13 day wait for review with Consultant post MDM. Pathway - 1st OPD D83, MRI D97, TRUSB D118, path reported D121, MDM D128 & review D141.

LGI	Internal (Personal info)	• Treatment completed Day 117 - Surgery. Reason for delay - 1st OPD D42 & 23 day wait for colonoscopy. Pathway - 1st OPD D42, Colonoscopy D65, path reported Day 68, CT D77, MDM D84, MRI D91, MDM D98, review with Consultant D106.
Urology	Internal (Personal info)	• Treatment completed Day 120 - Hormones. Reason for delay - 1st OPD D63 & 27 Day wait for TRUSB which was followed by 12 day wait for review with Consultant post MDM. Pathway - 1st OPD D63, MRI D74, TRUSB D100, path reported D102, MDM D108, review with Consultant D120.
LGI	Internal (Personal info)	• Treatment completed Day 87 - Surgery. Reason for delay - 1st OPD D37 & 31D wait for scopes. Pathway - 1st OPD D37, OGD & Colonoscopy D68, path reported D71, CT D78, MDM D80, review with Consultant D84.
Haematology	Internal (Personal info)	• Treatment completed Day 66 - Watchful Waiting. Reason for delay - 1st OPD D29. Pathway - 1st OPD D29, BM D35, PET D43 and pathology reported D43, MRI D58 and MDM D65.
Urology	Internal (Personal info)	• Treatment completed Day 129 - Active Monitoring. Reason for delay - 1st OPD D96 & 25 day wait for Consultant post MDM. Pathway - 1st OPD & TRUSB D96, path reported D101, MDM D104 & review with Consultant post MDM D129.
LGI	Internal (Personal info)	• Treatment completed Day 90 - Surgery. Reason for delay - 1st OPD D36 & then 19 day wait for colonoscopy and 12 day wait for surgery. Pathway - 1st OPD D36, Colonoscopy Day 55, and pathology reported D57, MRI D63, CT D65, MDM D71, DTT D78 & Surgery D90.
LGI	Internal (Personal info)	• Treatment completed Day 140 - Surgery. Reason for delay - 1st OPD D43 & then 28 day delay for OGD & Colonoscopy due to capacity issues and then 27 day wait for staging CT C/A/P & CT Colonography. Pathway - 1st OPD D43, OGD & Colonoscopy D71, staging CT requested D71, path reported D76, CT scanning (joint) D98, MDM D99, MDM D107, flexi sig D114, path reported D118, MDM D128, review with Consultant D129 & surgery performed D140.
LGI	Internal (Personal info)	• Treatment completed Day 108 - Surgery. Reason for delay - 1st OPD D43 & then 34 day wait for colonoscopy. Pathway - 1st OPD D43, CT Colonography & CT Chest D50, Colonography Day 84, path reported D86, MDM D87, review with Consultant D95 & surgery performed D108.
LGI	Internal (Personal info)	• Treatment completed D96 - Surgery. Reason for delay - 1st OPD D27, 27 day wait for Colonoscopy due to capacity and the 27 day wait for surgery from DTT. Pathway - 1st OPD D27, Colonoscopy D54, CT D58, MDM D64, review with Consultant D69, surgery scheduled for D91 (Cancelled due to Industrial Strike) and was rescheduled for D96.
Gynae	Internal (Personal info) (31&62D)	• Treatment completed Day 86 - Surgery. Reason for delay - no capacity to perform surgery within target. Pathway - 1st OPD D17, OP Hysteroscopy D27 and pathology reported D35, MDM D42, review D43, MRI D43, MDM D49, DTT D49.
LGI	Internal (Personal info)	• Treatment completed Day 69 - Surgery. Reason for delay - 1st OPD D29 (Straight to scope) & then 19 day wait for PET scan. Pathway - OGD & Colonoscopy D29, CT D33 and path reported D33, MDM D34, PET D53, MDM D55 & DTT D61.

Urology	Internal (Personal information)	• Treatment completed Day 134 - Surgery. Reason for delay - 1st OPD D105 & 29 day wait for surgery to be performed. Pathway - 1st OPD D105, Flexible cystoscopy D105, DTT D111, CT D116 & surgery D134.
Haematology	Internal (Personal information)	• Treatment completed Day 112 - Active Monitoring. Reason for delay - 1st OPD D57 & 32 day wait to arrange LNB due to change in Consultants. Pathway - 1st OPD D57, Lymph Node BX D89, path reported D97, review with Consultant D112.
Urology	Internal (Personal information)	• Treatment completed Day 108 - Hormones. Reason for delay - 1st OPD D66 & 15 day wait for review with Consultant following MDM. Pathway - 1st OPD D66, MRI D72, TRUSB D84, path reported D86, MDM D93 & review D108
Urology	Internal (Personal information)	• Treatment completed Day 90 - Hormones. Reason for delay - 1st OPD D36 & then 36 day wait for review with Consultant post MDM to initiate hormones. Pathway - MRI D8, 1st OPD D36, TRUSB D45 and path reported D47, MDM D54 & then review with Consultant D90.
Urology	Internal (Personal information)	• Treatment completed Day 100 - Hormones. Reason for delay - 1st OPD D75. Pathway - 1st OPD D75, MRI D79, TRUSB D89 and pathology reported D97, MDM D99.
Skin	Internal (Personal information) (31D)	• Treatment completed Day 33/31 Pathway - Breach by 2 days - Surgery. Reason for delay - surgery could not be performed within 31D target. Patient was not escalated to see if there would be a sooner date available.

Risk Areas for February/March 2020

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies – Waiting times have improved due to additionality.
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery, Dermatology, Respiratory, Gynae & Haematology – most sites will be impacted due to lost activity over Christmas and New Year.
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- CT Guided Lung Biopsies – Waiting times currently out to round 5 weeks (This is having a huge impact on capacity for Day Clinical Centre for beds) **Beds are needed for recovery post CT scan. 20 a week on average are being performed.**
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. Longest waiters are now being outsourced to the IS.
- DHH Replacement scanner
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.
- Reduced additionality for clinics and procedures. (General Surgery, Dermatology , Urology & Haematology have had additional clinics)

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – First appointment 5 weeks. Surgery is approx. 3-4 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

**** Please note figures are based on PAS Report ****

62 DAY REFERRALS

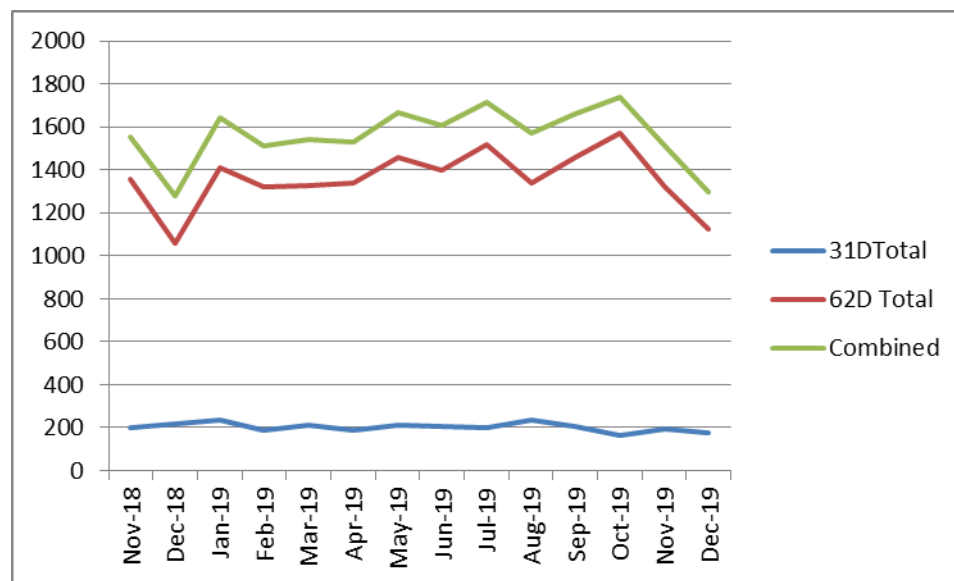
62 DAY REFERRALS	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Breast Cancer	264	179	263	247	253	252	260	239	258	221	235	287	245	179
Brain/Central Tumour	12	5	7	9	8	6	7	9	10	3	2	6	6	6
Children's Cancer	3	1	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancers	136	107	115	133	139	128	142	125	126	112	165	147	122	97
Haematological Cancers	11	10	13	13	10	13	15	16	12	14	16	28	27	15
Head/Neck Cancer	107	63	109	77	96	97	94	91	101	82	94	109	84	74
Lung Cancer	23	21	38	28	24	45	32	36	44	21	32	33	27	31
Lower Gastrointestinal Cancer	266	240	294	283	267	287	306	312	326	316	308	344	274	220
Acute Leukaemia	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	23	15	21	18	9	10	14	16	22	12	15	18	18	14
Sarcomas	1	0	0	0	0	0	1	0	2	0	0	0	0	1
Skin Cancers	162	133	222	224	210	198	226	230	292	278	286	274	215	185
Testicular Cancer	7	7	11	9	8	4	6	9	4	2	6	9	5	8
Upper Gastrointestinal Cancer	159	114	154	127	157	173	193	156	180	150	164	186	166	155
Urological Cancer	176	166	160	153	147	128	161	162	141	127	135	132	129	137
62D Total	1354	1061	1408	1321	1328	1341	1457	1401	1518	1338	1458	1573	1318	1122

31 DAY REFERRALS

**** Please note all figures are based on PAS Report ****

31 DAY REFERRALS	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Breast Cancer	28	30	44	18	36	16	44	26	27	37	24	15	24	17
Brain/Central Tumour	0	1	19	1	1	0	0	2	1	1	2	1	4	0
Children's Cancer	0	0	16	0	0	0	0	0	0	0	0	1	0	0
Gynae Cancers	15	12	19	15	15	11	11	18	17	19	21	8	18	14
Haematological Cancers	15	10	16	9	7	10	8	12	9	11	9	5	15	12
Head/Neck Cancer	16	12	12	8	13	17	16	12	10	14	14	13	16	12
Lung Cancer	22	31	23	20	14	23	25	19	23	33	30	12	26	17
Lower Gastrointestinal Cancer	35	40	38	41	42	40	33	36	43	42	39	36	35	29
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	1	4	8	2	0	0	3	6	2	3	6	3	4
Sarcomas	0	0	0	0	0	0	0	0	2	1	0	0	0	0
Skin Cancers	2	6	2	4	5	5	8	6	3	11	8	4	5	9
Testicular Cancer	0	0	0	0	0	0	0	1	1	0	0	0	1	1
Upper Gastrointestinal Cancer	27	32	39	26	36	32	28	28	20	24	15	18	18	14
Urological Cancer	40	45	39	39	43	35	38	42	36	39	38	48	26	47
31D Total	202	220	236	189	214	189	211	205	198	234	203	167	191	176

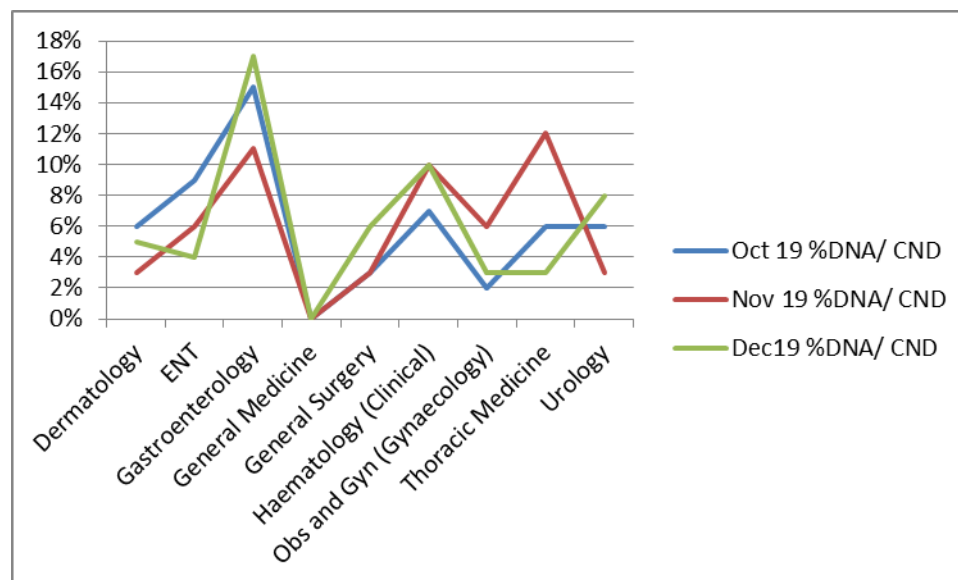
	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
31D Total	202	220	236	189	214	189	211	205	198	234	203	167	191	176
62D Total	1354	1061	1408	1321	1328	1341	1457	1401	1518	1338	1458	1573	1318	1122
Combined Total	1556	1281	1644	1510	1542	1530	1668	1606	1716	1572	1661	1740	1509	1298



Red Flag Outpatient DNA

Speciality	Oct 19			Nov 19			Dec 19		
	Attendances	DNA& CND	Oct 19 %DNA/ CND	Attendances	DNA& CND	Nov 19 %DNA/ CND	Attendances	DNA& CND	Dec19 %DNA/ CND
Dermatology	304	20	6%	277	10	3%	189	9	5%
ENT	115	11	9%	133	8	6%	88	4	4%
Gastroenterology	90	16	15%	68	8	11%	65	13	17%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	704	23	3%	537	19	3%	536	35	6%
Haematology (Clinical)	26	2	7%	19	2	10%	29	3	10%
Obs and Gyn (Gynaecology)	172	3	2%	148	9	6%	119	4	3%
Thoracic Medicine	53	2	6%	44	6	12%	35	1	3%
Urology	122	8	6%	146	4	3%	124	10	8%
	1586	85	5%	1372	66	5%	1185	79	7%

Red Flag Outpatient DNA



62 Day Confirmed Cancers

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once)

Tumour Site	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Breast	11	7	17	7	13	11	13	10	9	12	16	12	9	11	158
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	5	5	4	4	5	1	3	4	11	5	2	4	4	3	60
Haem	1	2	5	3	1	0	6	8	4	2	2	2	4	5	45
Head & Neck	3	0	2	0	1	1	2	1	2	6	4	6	6	5	39
LGI	9	9	8	3	9	9	8	8	7	4	10	15	9	10	118
Lung	3	0	7	2	5	4	9	5	11	5	11	11	3	2	78
Other	3	0	1	3	2	2	1	1	1	8	14	3	1	1	41
Sarcomas	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Skin	30	23	18	25	23	26	18	26	18	24	19	24	25	31	330
Testicular	0	0	0	3	0	0	0	0	1	0	0	1	1	0	6
UGI	6	7	2	5	1	3	8	4	1	4	2	6	5	1	55
Urology	23	21	30	21	23	31	29	26	20	31	25	19	24	18	341
62D Total	95	74	94	77	83	88	98	93	85	101	105	103	91	87	1274
%62D confirmed	39%	42%	39%	39%	40%	43%	29%	40%	39%	42%	42%	40%	40%	48%	

31 Day Confirmed Cancers

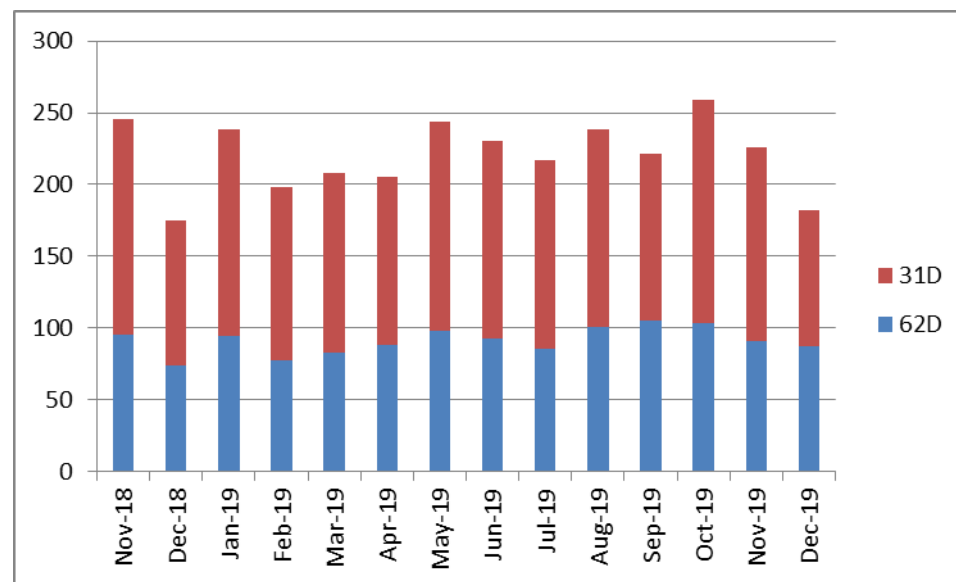
TRU-83329

Month' i.e. the count is based on each 'Referral Date' as opposed to the count being based on 'Primary Referral Date' only. Therefore, this report will count the number of Referrals (based on each Referral Date) within the month; as a Primary Referral can have more than one Referral Date, this report will inflate Referral numbers, i.e. a Patient who has more than one Referral Date within a Primary Referral will be counted more than once

Tumour Site	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain	0	3	0	1	2	1	1	1	0	1	2	3	4	4	23
Breast	11	16	20	15	9	7	14	12	8	17	11	21	15	13	189
Children's	0	0	0	0	1	0	1	0	0	1	0	0	0	1	4
Gynae	6	2	5	8	13	5	6	11	7	9	5	9	3	4	93
Haem	16	12	11	11	14	15	27	8	13	11	12	6	7	12	175
Head & Neck	7	0	2	5	2	1	5	5	3	3	2	3	3	1	42
LGI	13	4	13	11	16	10	20	16	14	8	17	13	16	8	179
HPB	5	2	6	1	1	3	4	6	2	4	2	3	6	1	46
Lung	13	9	17	12	11	15	12	20	24	19	17	21	15	9	214
Other	3	3	7	4	3	3	5	8	7	13	12	12	4	0	84
Sarcomas	2	0	0	0	0	0	0	1	0	1	0	1	1	0	6
Skin	54	33	34	31	26	40	21	27	25	23	12	40	35	29	430
UGI	4	8	10	6	8	6	9	3	6	6	10	4	7	3	90
Urology	17	9	19	16	19	11	21	19	23	21	14	20	19	10	238
31D Total	151	101	144	121	125	117	146	137	132	137	116	156	135	95	1813
%31D confirmed	61%	58%	61%	61%	60%	57%	71%	60%	61%	58%	52%	60%	60%	52%	

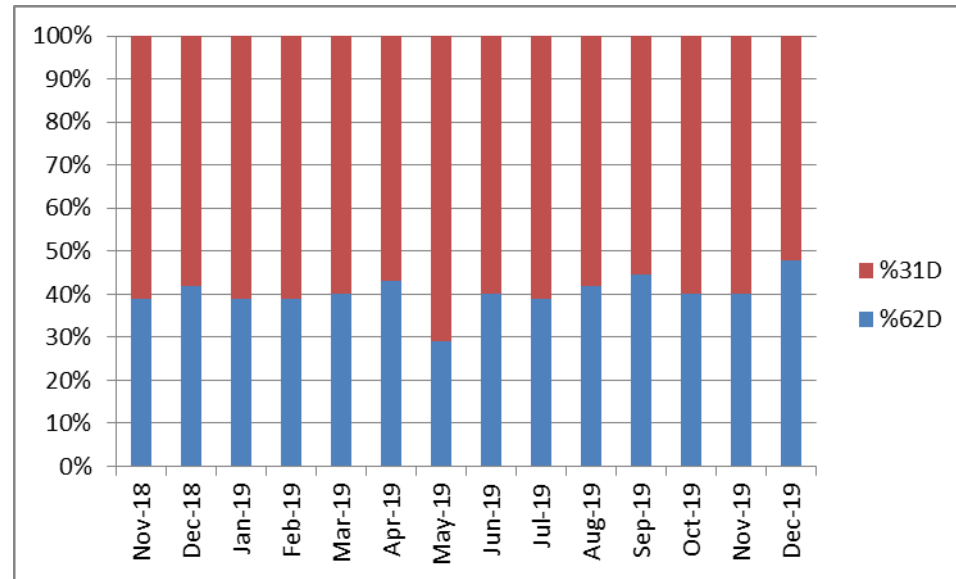
Tumour Site	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total
62D Total	95	74	94	77	83	88	98	93	85	101	105	103	91	87	1274
31D Total	151	101	144	121	125	117	146	137	132	137	116	156	135	95	1813
TOTAL 31D + 62D	246	175	238	198	208	205	244	230	217	238	221	259	226	182	3087

Number of confirmed cancers Nov 18– Dec 19



% of Confirmed cancers split between 31/62 Days
Nov 18 – Dec 19

TRU-83331



62D % cancer conversion Oct 19 – Dec 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	18	0	0%
Breast	711	32	5%
Children's Cancer	0	0	0%
Gynae	366	11	3%
Haem	70	11	16%
Head & Neck	267	17	6%
LGI	838	34	4%
Lung	91	16	18%
Other	50	5	10%
Sarcoma	1	0	0%
Skin	674	80	12%
Testicular	22	2	9%
UGI	507	12	2%
Urology	398	61	15%

62D % cancer conversion July 19 – Sept 19

PRU-83332

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	15	0	0%
Breast	714	37	5%
Children's Cancer	0	0	0%
Gynae	403	18	4%
Haem	42	8	19%
Head & Neck	277	12	4%
LGI	950	21	2%
Lung	97	27	28%
Other	49	23	47%
Sarcoma	2	0	0%
Skin	856	61	7%
Testicular	12	1	8%
UGI	494	7	1%
Urology	403	76	19%

62D % cancer conversion Apr 19 – Jun 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	22	0	0%
Breast	751	34	5%
Children's Cancer	0	0	0%
Gynae	395	8	2%
Haem	44	14	32%
Head & Neck	282	4	1%
LGI	905	25	3%
Lung	113	18	16%
Other	40	4	10%
Sarcoma	1	1	100%
Skin	654	70	11%
Testicular	19	0	0%
UGI	522	15	3%
Urology	451	86	19%

62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	1	0	0%
Brain	24	1	4%
Breast	763	37	5%
Children's Cancer	0	0	0%
Gynae	387	13	3%
Haem	36	9	25%
Head & Neck	282	3	1%
LGI	844	20	2%
Lung	90	14	16%
Other	48	6	13%
Sarcoma	0	0	0%
Skin	656	66	10%
Testicular	28	3	11%
UGI	438	8	2%
Urology	460	74	16%

RF Longest Wait (Number of days waiting)

	14/01/2020					
Breast	6					
E-Gynae	6					
ENT	6					
Surgical (GPC)	40					
E-Gastro	33					
Urology (Prostate)	101					
Urology (Haematuria)	51					
Urology (Other)	51					
Lung	20					
Skin	14					
Haematology	45					
Oral Surgery	45 */34					

AOB-00001



**CRAIGAVON
AREA
HOSPITAL
GROUP**

Caring Through Commitment

SOUTHERN HEALTH AND SOCIAL SERVICES BOARD

JOB DESCRIPTION

CONSULTANT UROLOGIST

BASED AT CRAIGAVON AREA HOSPITAL

January 1992

UNIT GENERAL MANAGER:

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

**GROUP HEADQUARTERS
CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD, PORTADOWN
CRAIGAVON, BT63 5XX**



SOUTHERN HEALTH & SOCIAL SERVICES BOARD

Caring Through Commitment

JOB DESCRIPTION

Post: Consultant Urologist
Specialty: Urology (Surgical Services Unit)
Base: Craigavon Area Hospital

The Hospital Group wishes to establish a Urology Service, based at Craigavon Area Hospital in the Southern Board, through the appointment of a Consultant Urologist. This is a new Consultant post which will provide the lead in developing and establishing a full range of Urological Procedures for people resident in the Hospital's catchment Area. The postholder will provide Specialist Urological support and advice to Daisy Hill and South Tyrone Hospitals on request. A limited range of Urological procedures were formerly carried out by a General Surgeon who has recently retired. The Hospital's Urological Service will complement the Urology Service at the Belfast City Hospital. It is therefore expected that the postholder will relate with his/her colleagues in Belfast about this interface.

The post will be based at Craigavon Area Hospital, Craigavon, Co Armagh, Northern Ireland, which was opened in September 1972. The Hospital, which has a bed complement of 364 beds, is part of the Craigavon Area Hospital Group which also comprises Banbridge Hospital with 134 beds and Lurgan Hospital with 156 beds, making a total of 654 beds.

The Hospital Group, which serves a direct catchment population of 109,600, is also designated as the Area Hospital, providing a range of clinical services to the Board's total population of 286,000 and to sister hospitals: Daisy Hill, Newry and South Tyrone, Dungannon.

Within the Hospital's Surgical Services Unit there are 108 General Surgical beds with a further 18 Paediatric Surgery beds from which the postholder will have access to approximately 20 beds and 3 operating sessions with appropriate anaesthetic cover. Facilities also exist for the provision and development of day surgery and day procedures.

/cont...2...

Job Description
Consultant Urologist /cont...

The Surgical Medical Staffing establishment is as follows:

1. Consultant Surgeons 4
2. Registrars
 - 1 approved Surgical Senior Registrar's post
 - 2 approved Surgical Registrar's posts
 (1 of these will be a career Registrar's post)
 - 5 Senior House Officer posts
 - 6 Junior House Officer posts

Craigavon Area Hospital is recognised for pre and post Fellowship training with Medical Students attending regularly for both compulsory and elective periods and is also a centre for formal MB examinations.

Clinical Facilities

- .. An Intensive Care Unit of 6 beds.
- .. A modern, well-equipped Accident & Emergency Department which is managed as a separate clinical unit under the direction of a Consultant in Accident & Emergency Medicine.
- .. A Department of Radiodiagnosis provided with the most up to date technology providing a workspan ranging from general radiographic and radiological procedures, through special radiological examinations, ultrasound, nuclear medicine and CT scanning to complex interventional therapeutic procedures in all these modalities.
- .. A Laboratory Service providing a full range of Consultant Pathology and Laboratory Services, including histopathology, cytology, haematology, bacteriology and clinical chemistry.
- .. Professions Allied to Medicine including Physiotherapy, Occupational Therapy, Speech Therapy, EEC, ECG and Medical Photography.
- .. Pharmaceutical Services providing local dispensing and ward pharmacy services.
- .. A Post-Graduate Medical Library serviced from the Medical Library Branch of Queen's University, Belfast.

Outline Work Plan (NHDs)

Operating Theatre Sessions

3 Craigavon Area Hospital

Outpatient Clinics

2 Craigavon Area Hospital

The successful applicant will require to develop the core job plan to that which is consistent with the establishment of the new service and its development.

Job Description
Consultant Urologist /cont...

Responsibilities

1. The successful candidate will have responsibility for the Urological Service including the management of operating and outpatient sessions as outlined in the job plan.
2. The successful candidate will be required to undertake the administrative duties associated with the care of his patients and the running of his clinical department for which administrative and secretarial support will be provided.
3. The successful candidate will have a continuing responsibility for the patients in his/her charge, allowing for all proper delegation to and training of his/her staff, and will take part in medical audit and in the teaching, administration and development of modern hospital practice.
4. While the appointee would have complete clinical independence it would be expected that he/she will work as part of a team with his/her colleagues.
5. The Unit General Manager has overall responsibility for acute services in the Craigavon Area Hospital Group Unit of Management. The Consultant appointed will have accountability to the Unit General Manager for the appropriate and smooth delivery of service.
6. There are opportunities to develop research activities involving clinical work.

Terms and Conditions

1. Candidates must be Fellows of a Royal College of Surgeons or possess an equivalent qualification and should normally have had at least seven years experience calculated from the date of graduation to the date of taking up the appointment. Candidates, with the exception of those who currently hold substantive Health Service appointments as Consultants in Urology, shall be required to have undertaken a programme approved for Higher Surgical Training by the relevant Specialist Advisory Committee, namely: the Specialist Advisory Committee in Urology for the UK and Ireland, and have completed or be nearing the end of such training.
2. Salary Scale: current NHS Remuneration for Hospital Consultants.
3. The appointment will be either whole time or maximum part-time.
4. The terms and conditions of service for Hospital Medical and Dental Staff will apply.

Job Description
Consultant Urologist /cont...

5. Where the successful candidate chooses to contract on a whole-time basis, his gross income from private practice must not exceed 10% of his Health Service income (including distinction award, if applicable).
6. Service in HM Forces will be taken into consideration.
7. The successful candidate will be required to reside within a reasonable distance of Craigavon Area Hospital.
8. Contributions may be payable under the Health Service Superannuation Scheme. There is reciprocity between the Northern Ireland Scheme and the rest of Great Britain.
9. The appointee will be required to undergo a medical examination in the Board's Occupational Health Department to establish fitness to undertake the duties attached to the post.
10. The post will be superannuable unless the successful candidate decides to opt out of the scheme or is ineligible to join.
11. Annual leave is six weeks per annum plus twelve statutory and public holidays.
12. The age of retirement is such as may be fixed by the Board from time to time. Under the current rules officers are required to retire on reaching the age of 65 years.

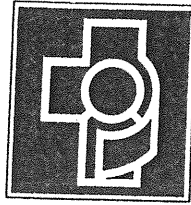
General

1. The Southern Board participates in the Car Leasing Scheme and the successful applicant may be considered under the regulations of the scheme.
2. From 1 January 1990 medical staff have not been required to subscribe to a Medical Defence Organisation. It should be noted, however, that the Board's Indemnity only covers the Board's responsibilities and, therefore, the appointee is advised to maintain membership of a recognised professional defence organisation for any work which does not fall within the scope of the Indemnity Scheme.
3. Candidates selected for interview are encouraged to visit the hospital to which the appointment relates and the Southern Board will, on request to its headquarters at 20 Seagoe Industrial Area, Portadown, Craigavon, make the necessary arrangements.

Job Description
Consultant Urologist /cont...

4. Canvassing will disqualify. Any approach to a member of the Board or the Agency or a member of the Committee or Panel of the Board or the Agency, by or at the request of a candidate for the purpose of obtaining support for his/her application, will be treated as canvassing.
5. Closing date for receipt of application forms is: 30 April 1992

January 1992



Southern Health and Social Services Board

Our Ref B892002

Your Ref

orig to saw
23/7/92
JRCONFIDENTIAL

29 June 1992

Dear Mr O'Brien

APPOINTMENT OF CONSULTANT

1. I am instructed by the Southern Health and Social Services Board to offer you an appointment of whole time Consultant Urologist from 6 July 1992 subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff and to the provisions as to superannuation from time to time in force.
2. The terms and conditions of the employment offered are set out in the Terms and Conditions of Service of Hospital Medical and Dental Staff and General Council Conditions of Service as amended from time to time. Copies of these may be seen at the Board's offices.
3. The appointment is superannuable, unless you opt out of the Health and Personal Social Services Superannuation Scheme or are ineligible to join and your remuneration will be subject to deduction of superannuation contributions in accordance with the Scheme. Details of the Scheme may be seen at the Area Human Resources Department. An explanatory booklet is attached.
4. In so far as they are not already covered by the Terms and Conditions of Service mentioned above the following duties have been assigned to you for the purpose of providing health services under the Health and Personal Social Services (Northern Ireland) Order 1972 in the following Unit of Management:

CRAIGAVON AREA HOSPITAL GROUP

- (a) Diagnosis and treatment of patients at the following hospitals, health centres and clinics:

Craigavon Area Hospital
- (b) Such domiciliary consultations as may be required from time to time.

/

Director of Human Resources and Nursing

F. A. Rice, M.Sc., B.A., R.G.N., R.M.N., L.H.S.M.

20 Seagoe Industrial Estate, Portadown, Craigavon BT63 5QD

Telephone Personal information redacted

- (c) In addition to the duties mentioned above you may exceptionally be required to undertake duties for limited periods within the Area of the Board.
- (d) The diagnosis and treatment of patients occupying accommodation made available under Articles 31, 32 and 41 of the Health and Personal Social Services (Northern Ireland) Order 1972, insofar as such patients have not made private arrangements for such treatment under Article 31(2) of that Order.
- (e) Continuing clinical responsibility for the patients in your charge, allowing for all proper delegation to, and training of, your staff.

Subsequently, the duties and places where they are to be carried out may be varied by agreement between the Board and yourself.

5. In accordance with and under the provisions of Circular HSS (TC8) 19/85 it is agreed that from your date of appointment you will be able to undertake a limited amount of private practice, receiving professional fees up to a limit in gross annual earnings from it of 10% of your gross whole time salary (including any distinction award, if applicable) for that financial year. The calculation of the 10% shall exclude any charge payable by a patient to a Board for use of Health Service facilities. At the end of each financial year, you will be asked to submit a return indicating that your annual gross income from private practice has not exceeded that 10% limit in that year. Whole time consultants exceeding the 10% limit for two consecutive financial years will be automatically regraded as maximum part-time at the end of third year unless, by that time, they can show that they have taken effective steps to reduce their private practice commitments, and this is confirmed by the next earnings return. It is agreed that any private practice you may undertake, whether limited or not by the Terms and Conditions of Service, will in no way diminish the level of service that may be expected from you by the Board in carrying out the duties specified above.
6. The salary of the appointment (exclusive of any distinction and meritorious service award payable to you) will be that appropriate to a whole time consultant appointment. Your starting salary will be Personal Information
redacted by USI Salary will be payable monthly. Your incremental date will be 6 July.
7. For the purposes of section 4(1) of the Contracts of Employment and Redundancy Payments Act (NI) 1965 (as amended), your continuous period of employment will begin on 6 July 1992. However, for the purpose of certain Health Service conditions of service, previous Health Service service, not treated as "continuous" under the provisions of the Contracts of Employment and Redundancy Payments Act (NI) 1965, may also be reckoned for these purposes, subject to the rules set out in the Terms and Conditions of Service.
8. The employment is subject to 3 months notice on either side but is subject to the provisions of paragraphs 190 to 198 of the Terms and Conditions of Service of Hospital Medical and Dental Staff.
9. You are required to be fully registered with the General Medical Council.

/

You are normally covered by the HPSS Hospital and Community Health Services indemnity against claims of negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Department of Health and Social Services therefore advises that you maintain membership of your medical defence organisation. Copy of Circular HSS (TC8) 14/89 regarding the handling of claims of negligence may be obtained on request.

Copy of the leaflet on indemnity arrangements issued in December 1989 is enclosed.

11. Your private residence shall be maintained in contact with the public telephone service and shall be within a reasonable travelling distance of Craigavon Area Hospital.
12. Arrangements for leave and other absences must be approved at Unit level.
13. The agreed procedure for settling differences between you and the Board where the difference relates to a matter affecting your conditions of service is set out in Circular HSS (TC8) 5/91 (or in any replacement provision in force from time to time).
14. You will be subject to the provisions of HSS (TC8) 15/91 with regard to personal and professional conduct and professional competence.
15. The Board accepts no responsibility for damage to or loss of personal property, with the exception of small valuables handed to their officials for safe custody. You are therefore recommended to take out an insurance policy to cover your personal property.
16. If you agree to accept this appointment on the terms indicated above, please sign the form of acceptance at the foot of this letter and return it to me. A second signed copy of this letter is attached and should be retained by you.

Yours sincerely

Personal Information redacted by USI

 FA RICE
Director of Human Resources
and Nursing

I hereby accept the offer of appointment mentioned in the foregoing letter on the terms and subject to the conditions referred to in it. I undertake to commence my duties on 6 July 1992

Personal information redacted by USI

Signature

Date

6 July 1992

This offer and acceptance of it shall together constitute a contract between the parties.

Mr A O'Brien

Personal information redacted by the USI

CRAIGAVON AREA HOSPITAL GROUP TRUST**Statement of Main Terms and Conditions of Employment****CONSULTANT APPOINTMENT****THE POST****1 Consultant**

Your job title is Consultant Urologist

Your employing organisation is Craigavon Area Hospital Group Trust.

2 Commencement Of Employment

Your continuous employment for the purposes of this contract began on 6th July 1992.

Your continuous service for the purposes of the Employment Rights (Northern Ireland) Order 1996 began on 6th July 1992.

Schedule 1 of the Terms and Conditions of Service contains guidance on commencement of employment.

3 General Mutual Obligations

Whilst it is necessary to set out formal employment arrangements in this contract, we also recognise that you are a senior and professional employee who will usually work unsupervised and frequently have the responsibility for making important judgements and decisions. It is essential therefore that you and we work in a spirit of mutual trust and confidence. You and we agree to the following mutual obligations in order to achieve the best for patients and to ensure the efficient running of the service:

- to co-operate with each other;
- to maintain goodwill;
- to carry out our respective obligations in agreeing and operating a Job Plan;
- to carry out our respective obligations in accordance with appraisal arrangements;
- to carry out our respective obligations in devising, reviewing, revising and following the organisation's policies, objectives, rules, working practices and protocols.

THE WORK

4 Location

Your principal place of work is Craigavon Area Hospital. Other work locations including off site working may be agreed in your Job Plan where appropriate, e.g. for supporting professional activities and some direct clinical care such as audit notes. You will generally be expected to undertake your Programmed Activities at the principal place of work or other locations agreed in the Job Plan. Exceptions will include travelling between work sites and attending official meetings away from the workplace.

You may be required to work at any site within your employing organisation, including new sites.

5 Duties

5.1 *Main Duties and Programmed Activities*

Except in emergencies or where otherwise agreed with your manager, you are responsible for fulfilling the duties and responsibilities and undertaking the Programmed Activities set out in your Job Plan, as reviewed from time to time in line with the provisions in section 6 below.

5.2 *Associated Duties*

You are responsible for the associated duties set out in Schedule 2 of the Terms and Conditions of Service.

5.3 *Objectives*

The purpose of including agreed personal objectives in your Job Plan is to set out in clear and transparent terms what you and your clinical manager have agreed should reasonably be achieved in the year in question. These objectives are not contractually binding in themselves, but you have a duty to make all reasonable efforts to achieve them.

5.4 *On-Call Duties and Emergency Responses*

You may also be required to participate in an on-call rota to provide emergency cover (see section 9). When not on an on-call rota, we may in exceptional circumstances ask you to return to site for emergencies if we are able to contact you. You are not, however, required to be available for such eventualities. Where emergency recalls of this kind become frequent, we will review the need to introduce an on-call rota.

6 Job Planning

Your clinical manager has drawn up an outline job description that sets out your main duties and responsibilities, along with an initial work

programme for carrying out your programmed activities. A finalised job plan will be agreed between you and your clinical manager within 3 months of taking up post.

You and your clinical manager will review the Job Plan annually in line with the provisions in Schedule 3 of the Terms and Conditions of Service. Either may propose amendment of the Job Plan. You will help ensure through participating in Job Plan reviews that your Job Plan meets the criteria set out in the Terms and Conditions of Service and that it contributes to the efficient and effective use of HPSS resources.

7 Programmed Activities

7.1 *Scheduling Of Activities*

You and your clinical manager will agree in the schedule of your job plan the programmed activities that are necessary to fulfil your duties and responsibilities, and the times and locations at which these activities are scheduled to take place. You and your clinical manager will seek to reach agreement in the scheduling of all activities. We will not schedule non-emergency work during premium time without your agreement.

Subject to the provisions for recognising work done in Premium Time (see section 8 below), a Programmed Activity has a timetable value of four hours. Each Programmed Activity may include a combination of duties.

A job plan will contain 10 Programmed Activities per week on average, subject to the provisions below for recognising emergency work arising from on-call rotas and in Paragraph 7.6 to agree up to two extra Programmed Activities. Remuneration for Programmed Activities is set out in section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service.

7.2 *Flexibility*

Attaching a time value to Programmed Activities is intended to provide greater transparency about the level of commitment expected of consultants by the HPSS. However, you and your clinical manager can agree flexible arrangements for timing of work.

Programmed Activities may be scheduled either as a single block of four hours, or in half units of two hours each.

The precise length of Programmed Activities may vary from week to week around the average assessment set out in the Job Plan.

You and your clinical manager may agree, as part of your Job Plan, arrangements for the annualisation of Programmed Activities. In such

a case, you and your clinical manager will agree an annual number of Programmed Activities and your Job Plan will set out variations in the level and distribution of Programmed Activities within the overall annual total.

You and your clinical manager may agree, as part of your Job Plan, other arrangements for flexible scheduling of commitments over an agreed period of time.

Any variations in your scheduled weekly commitments should be averaged out over 26 weeks, so that your average commitment is consistent with the provisions of the Working Time Regulations.

7.3 *Balance Between Direct Clinical Care and Other Programmed Activities*

Subject to the provisions for recognising emergency work arising from on-call rotas below, the schedule in a Job Plan will typically include an average of 7½ Programmed Activities for Direct Clinical Care duties and 2½ Programmed Activities for Supporting Professional Activities. Where your agreed level of duties in relation to supporting professional activities, additional responsibilities and other duties is significantly greater or lower than 2½ programmed activities there will be local agreement as to the appropriate balance between activities. Part-time consultants need to devote proportionately more of their time to Supporting Professional Activities. This should be agreed on an individual basis. Refer to the guidance on part time and flexible working for further information

The precise balance will be agreed as part of Job Plan reviews and may vary to take account of circumstances where the agreed level of duties in relation to Supporting Professional Activities, Additional HPSS Responsibilities and External Duties is significantly greater or lower than 2½ Programmed Activities.

Responsibilities as a Medical Director or Clinical Director may be reflected by substitution for other whole or part Programmed Activities or by additional remuneration agreed locally.

7.4 *External Duties*

Where you wish to seek agreement to have External Duties included in your Job Plan, you must notify your clinical manager in advance. Scheduling of such duties will be by agreement between you and your clinical manager. Where carrying out these External Duties might affect the performance of direct clinical duties, where possible you will give us sufficient notice to ensure that, where such external duties are agreed, you and your clinical manager can agree a revised schedule of activities at least a month in advance.

7.5 Recognition For Emergency Work Arising From On-Call Duties

Where emergency work takes place at regular and predictable times, your clinical manager will seek to schedule it as part of the Programmed Activities in your Job Plan schedule. You may, however, be required to participate in an on-call rota to respond to less predictable emergencies.

The provisions in Schedule 5 of the Terms and Conditions of Service apply to recognise unpredictable emergency work arising from on-call rota duties that takes place other than during a Programmed Activity scheduled in your Job Plan.

7.6 Extra Programmed Activities

You and your clinical manager may agree that you will undertake extra Programmed Activities over and above the 10 Programmed Activities that constitute your standard contractual duties, up to the maximum permitted under the Working Time Regulations. The remuneration for these activities is covered by section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service.

Any such agreement will be made in writing and the additional Programmed Activities will be incorporated into your Job Plan schedule.

Subject to the provisions in section 7.7 below, and without prejudice to section 7.8 below, you do not have to agree to carry out more than 10 Programmed Activities on average per week. However, where you do give your agreement, you must undertake such activities. The remuneration for these activities is covered by Section 21 below and Schedules 13 and 14 of the Terms and Conditions of Service. Any additional Programmed Activities that you carry out beyond the standard Programmed activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

7.7 Transitional Arrangements

Where the provisions for recognising on-call work in Schedule 5 of the Terms and Conditions of Service would otherwise result in a reduction in the time available for the other duties undertaken by you and other colleagues on these new contractual arrangements, compared with the time normally available for such duties in the immediate period before the introduction of this contract, we will agree appropriate arrangements with you and your consultant colleagues to prevent such a reduction, if necessary by arranging for additional Programmed Activities to be provided. These arrangements may apply only during the period ending on 31 March 2006.

7.8 Extra Programmed Activities And Additional Professional Capacity

Where you intend to undertake private professional services other than such work carried out under the terms of this contract, whether for the HPSS, for the independent sector or for another party, the provisions in Schedule 6 of the Terms and Conditions of Service will apply.

8 Premium Time

From 1 April 2004, the provisions in Schedule 7 of the Terms and Conditions of Service will apply to recognise the unsocial nature of work done in Premium Time and the flexibility needed by consultants who work at these times as part of a more varied overall working pattern.

On any occasion where a consultant is scheduled to work during the Premium Time period, the employing organisation will ensure that the consultant has adequate rest both before and after this period of duty.

9 On-Call And Emergency Duties**9.1 On-Call Rotas**

Where you are on an on-call rota, the provisions in Schedule 8 of the Terms and Conditions of Service will apply.

Your on-call duties will be set out in the published rota or in accordance with any alternative arrangements that you agree with your colleagues for providing on-call cover.

9.2 On-Call Availability Supplements

Where you are on an on-call rota, you will receive an on-call availability supplement according to the provisions in Schedule 16 of the Terms and Conditions of Service. The level of supplement will depend on the frequency of your rota and the typical nature of the required response when you are called.

OTHER CONDITIONS OF EMPLOYMENT**10 Registration Requirements**

It is a condition of your employment that you are, and remain, a fully registered medical practitioner and are included on the Specialist Register held by the General Medical Council (GMC), and continue to hold a licence to practice.

11 Fee Paying Services And Private Professional Services**11.1 Minimising Potential For Conflicts Of Interest**

In carrying out any Fee Paying Services or Private Professional Services, you will observe the provisions in Schedule 9 of the Terms

and Conditions of Service in order to help minimise the risk of any perceived conflicts of interest to arise with your work for the HPSS.

11.2 *Fee Paying Services and HPSS Programmed Activities*

Examples of Fee Paying Services are set out in Schedule 10 of the Terms and Conditions of Service.

You will not carry out Fee Paying Services during your Programmed Activities except where you and your clinical manager have agreed otherwise. Where your clinical manager has agreed that you may carry out Fee Paying Services during your Programmed Activities, you will remit to us the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your HPSS duties. Schedule 11 of the Terms and Conditions of Service contains guidance on this subject.

11.3 *Private Professional Services and HPSS Programmed Activities*

Subject to the provisions in Schedule 9 of the Terms and Conditions of Service, you may not carry out Private Professional Services during your Programmed Activities.

11.4 *Publications, lectures, etc*

A practitioner shall be free, without prior consent of the employing authority, to publish books, articles, etc., and to deliver any lecture or speak, whether on matters arising out of his or her HPSS service or not.

12 Deductions From Pay

We will not make deductions from or variations to your salary other than those required by law without your express written consent.

13 Appraisal And Clinical Governance

The Appraisal Scheme for Consultant Staff (DHSSPS Circulars HSS(TC8) 3/01 and HSS(TC8) 11/01) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

14 Gifts And Gratuities

You are required to comply with our rules and procedures governing the acceptance of gifts and hospitalities.

15 Policies And Procedures

You are required to comply with our Policies and Procedures as may from time to time be in force.

16 Grievance Procedures

The grievance procedures, which apply to your employment are set out in Trust policies.

17 Disciplinary Matters

Wherever possible, any issues relating to conduct, competence and behaviour should be identified and resolved without recourse to formal procedures. However, should we consider that your conduct or behaviour may be in breach of Trust policies or that your professional competence has been called into question, we will resolve the matter through our disciplinary or capability procedures, subject to the appeal arrangements set out in those procedures.

18 Intellectual Property

You will comply with our procedures for intellectual property which are in line with 'A Framework for the Management of Intellectual Property in the HPSS'.

19 Other Conditions of Service

The provisions in Schedule 12 of the Terms and Conditions of Service will apply.

PAY**20 Salary****20.1 Basic Salary And Pay Thresholds**

Your basic salary as at 1st April 2004 is Personal Information
redacted by the USI per annum. This has been calculated in accordance with the provisions in Schedules 13 and 14 of the Terms and Conditions of Service.

Your basic salary will increase when you receive pay thresholds in accordance with the provisions of section 20.2 and Schedule 15 of the Terms and Conditions of Service.

The value of each pay threshold and the number of years' service required before you become eligible for pay thresholds are set out in Schedules 13 and 14 of the Terms and Conditions of Service.

Where a pay threshold is awarded, the date on which your salary will increase to take account of the threshold will be the anniversary of transfer to this contract.

Your basic salary, together with any payments for extra Programmed Activities (see section 21 below) includes payment for all Contractual and Consequential Services.

20.2 Criteria for Pay Thresholds

You will not receive pay thresholds automatically, but it is expected that you will progress through the thresholds and will do so if the

criteria set out in Schedule 15 are met. We will make all reasonable efforts to support you in meeting the criteria for pay thresholds.

21 Payment For Additional Programmed Activities

Any additional Programmed Activities that you carry out, beyond the standard 10 Programmed Activities, will be paid at the rates set out in Schedules 13 and 14 of the Terms and Conditions of Service.

22 Clinical Excellence Awards

Where the Clinical Excellence Awards Committee has recommended that you receive a Higher Award, or we have decided that you should receive one or more Local Award/s, these will be paid at the rates set out in the latest Circular from the Department of Health, Social Services and Public Safety concerning pay and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service.

23 On-Call Availability Supplement

If you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions of Service.

24 Recruitment and Retention Premia

We may under certain circumstances decide to award a recruitment or retention premium in addition to your basic salary in line with the provisions in Schedule 16 of the Terms and Conditions of Service.

25 Directors of Public Health

Directors of Public Health will be entitled to supplements in addition to basic salary in line with the provisions in Schedule 16 of the terms and conditions of Service.

PENSION

26 Pension

The provisions in Schedule 17 of the Terms and Conditions of Service shall apply.

You will be eligible for membership of the HPSS Superannuation Scheme, the provisions of which are set out in the HPSS Superannuation Scheme Regulations 1995 (as amended). The Scheme is a final salary scheme with benefits based on the best of the last three years pensionable pay. Pensionable pay will include basic salary (up to ten programmed activities, but not any additional programmed activities above this), on-call availability supplements, any discretionary

points or distinction awards (or their agreed replacement), and any other pay expressly agreed to be pensionable.

You are contracted out of the State Second Pension Scheme.

LEAVE AND HOLIDAYS

27 Leave And Holidays

Schedule 18 of the Terms and Conditions of Service sets out your entitlements in respect of:

- annual leave and public holidays
- professional and study leave
- sabbaticals
- sick leave
- special leave
- maternity leave and domestic personal and care relief.

The leave year runs from 1st April to 31st March the following year.

OTHER ENTITLEMENTS

28 Expenses

You are entitled to be paid expenses, which should be submitted in a timely manner (normally within one month), for:

- excess travel
- subsistence; and
- other expenses in accordance with schedule 21.

29 Charges for Residence

Except where facilities are provided for a doctor to be on-call a charge may, where appropriate, be made for residing at your place of work in accordance with our local procedures.

DURATION OF EMPLOYMENT

30 This is a permanent post.

TERMINATION OF EMPLOYMENT

31 Provisions governing termination of employment are set out in Schedule 19 of the Terms and Conditions of Service.

The employment is subject to 3 months notice on either side subject to Schedule 19 of the Terms and Conditions of Service.

ENTIRE TERMS**32 Entire Terms**

This contract and the associated Terms and Conditions of Service contain the entire terms and conditions of your employment with us, such that all previous agreements, practices and understandings between us (if any) are superseded and of no effect. Where any external term is incorporated by reference such incorporation is only to the extent so stated and not further or otherwise.

I, **Mr A O'Brien**, and **Craigavon Area Hospital Group Trust** have understood and agree to honour the terms and conditions set out in this contract of employment.

***Representative of employing
authority's signature:***

Personal Information redacted by USI

Consultant's signature:

Personal Information redacted by USI

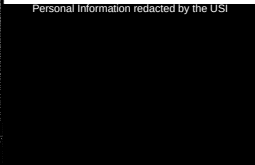
Date of this agreement:

16.08.06.

RESTRICTED
2007/2008 AWARDS ROUND

NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME – CV FOR LOWER AWARD

It is the consultant's responsibility to ensure that this form is fully completed – all boxes to be completed

Name (in full) Aidan O'Brien		Professional Title Mr	Level applying for: Level 2
Employer(s) name(s) with number of sessions/PAs per employer Southern Health and Social Care Trust		List of consultant appointments in date order Consultant Urological Surgeon, Craigavon Area Hospital, Craigavon, BT63 5QQ 06.07.1992	Accredited Specialties (main first) Urology
Total No. of PAs per week: 15			Primary Medical Qualifications (date and Institution) MB., BCh, BAO Queen's University, Belfast. 1978
No. on direct clinical care: 15			
No. on supporting professional activities: 0			
No. on external duties: 0			Subsequent Qualifications FRCSI, 1983
Current level of award held DP		Home Address Personal Information redacted by the USI	
Date of last award: April 2000			
Specialty Urology			
GMC/GDC Reg No 01394911		Work Tel: Personal Information redacted by the USI	Email: Personal Information redacted by the USI

Before completing this form you should read Sections 5 and 7 of the Guide

PERSONAL STATEMENT

Since appointment as a Consultant Urological Surgeon to Craigavon Area Hospital in July 1992, my objectives have been to develop a Department of Urology which would provide the highest standard of urological care to the maximum number of patients most in need of it, and to encourage, direct and oversee multidisciplinary education and research, training and recruitment to facilitate the expansion of service provision to meet the urological needs of the population served by the Department. My overriding ethos has always been to ensure that the pursuit of development never compromised the quality of care. Much has been achieved on both fronts. In surgical terms, the introduction of radical prostatectomy and orthotopic bladder replacement to Northern Ireland, comprehensive stone management (including Northern Ireland's only on site lithotripter), laparoscopic urological surgery and most recently, laser enucleation of the prostate. I established CURE in 1995, having been its Chair until 2006, whilst remaining a Director of CURE Ltd. CURE led to the appointment of a Lecturer in Urological Nursing with the University of Ulster, the provision of modules for the BNSc degree as well as a Masters Degree in Urological Nursing, founding of the European Association of Urological Nursing, and the launch of the International Journal of Urological Nursing in 2007. CURE has funded the research of 9 Research Fellows to date. I have been Clinical Supervisor to 5 of whom have been awarded Doctorate Theses. We now have three Consultant Urological Surgeons (one more required) providing a complete range of urological surgery. I have guided the development of the Urological Integrated Care and Treatment Service, housed in the new Thorndale Unit, with the appointment of a GP with Specialist Interest (first and only one in Northern Ireland to be awarded the Diploma in Urology in 2007), and two Nurse Specialists. Though much development remains to be achieved, I believe that my contribution to those that have, as outlined above, is inadequately reflected in the one Discretionary Point awarded to me to date.

CRITERION 1: DELIVERING A HIGH QUALITY SERVICE

It has always been my belief that the most important area of any clinical department is that of inpatient care. I have too often experienced Departments where inpatient care has been compromised, particularly as departmental development leads to an increasingly complex matrix of services and activities, often in disparate locations. It has been challenging to insist and ensure that inpatient care has been adequately resourced and manned in the face of competing demands consequent upon development. To ensure optimal care, I established from the start, twice daily ward rounds by registrars, at 8.30 am and 5 pm. I introduced in 1996, the Grand Round each Thursday, from 10am to 12 noon. I have prohibited the establishment or conduct of any other service activity during that time. It has been complemented by the weekly Uroradiology meeting at 8.30 am, and which I established in 1998. Multidisciplinary discussion of radiological investigations prior to the Grand Round has significantly enhanced inpatient care. Allied to inpatient care has been the provision of an emergency service which has been provided without interruption since 1992, including the period 1992 to 1996, when I was the only Consultant. I have no doubt that the standard of emergency and inpatient care provided since 1992 has been second to none, and paralleled by few, as testified by all trainees, and countless patients. That standard has been reflected in the extraordinary clinical outcomes, complex and major surgery rarely complicated by significant morbidity, with unexpected mortality an extreme rarity. Commitment to achieving HPSS/NHS priorities has been a recent and new challenge, as the DHPSS did not have any developmental priorities pertaining to urology prior to 2004. Since then, I have been wholly supportive of the development of ICATS in urology, encouraging its introduction against some opposition and inertia. I have been involved in the pioneering development of nurse practice and specialism, and supportive of the development of Specialist Interest by General Practitioners. I am wholly committed to developing optimal and accessible, multidisciplinary, diagnostic and treatment services in urology. My enthusiasm and commitment to date should not be confused with my opposition to targets which are selective (priority given to time waiting and none to clinical urgency, red flags for suspected cancer and no flag for life-threatening, non-cancerous disease).



Southern Health
and Social Care Trust

Medical Directorate

Our Ref: PL/RF

12 April 2009

PRIVATE AND CONFIDENTIAL

Mr A O'Brien

Personal Information redacted by USI

Dear Mr O'Brien

Re: Southern Trust Clinical Excellence Awards 2008/09

The Local Clinical Excellence Awards Committee met on 23 March 2009 to consider all Consultants who submitted an application for a Clinical Excellence Award.

I am very pleased to formally confirm that as a result the Committee have decided that you should receive one award. The effective date of the award is 1 April 2008, and the necessary adjustment will be made to your salary.

Yours sincerely,

Personal Information redacted by USI

P.G. LOUGHRAN
Medical Director (obo)
MR EDWIN GRAHAM
Non-Executive Director SHSCT/
Chair Clinical Excellence Awards Committee

CC Zoe Parks, Medical Staffing Manager, Trust Headquarters, Craigavon Area Hospital

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [redacted] Fax: [redacted] Email: Patrick.loughran@[redacted]

Urology MDT Annual General Meeting Thursday 19th June 2014

Thorndale Unit at 3.30pm

Agenda

1. Welcome & apologies
2. Service context
3. Annual report presentation
 - a. Standards
 - b. Challenges
4. Operational Policy discussion
5. Cancer pathway performance
6. Annual work plan 2013-2014
7. Any other business

Agenda - Urology MDM 19.06.14

Previously requested information from Cancer Centre: -

Belfast agreed protocol for confirmed prostate cancer patient who are under surveillance is - 3 monthly PSA and DRE, with a repeat TRUS @ 2 years. This is based on the Royal Marsden protocol.

Reasons for changing to active treatment are PSA doubling time < 3 years, upgrade or significant increase in tumour volume on repeat TRUS.

RED FLAG PATIENTS-**Red flag patients - 62 day patients (Yellow paper)**

Cancer Tracker is only aware of patients who have been referred in by GP via Red Flag fax machine- These are called 62 day patients and are downloaded onto Capp's system automatically via PAS. Please see breakdown of pathway.

Date of 1st OPD - Day 10 - 14

Diagnostics - Day 20 - Diagnostics are to be performed & patient to be discussed @ MDM with findings so that if a patient's care is to be transferred that this is to be done by Day 28. (Prostate patients are medically suspended from date of biopsy for 6 weeks to allow time to healing (clock restarts after this period))

Date of decision to treat - Ideally this is to be made by day 28 from date of referral. This is when a patient is informed of management plan. All tests have been carried out prior to this consultation. There are 31 days from the date decision to treat until the target date for 1st definitive treatment. The date decision to treat can occur at any stage through pathway (31 day target within a 62 day pathway)

1st Definitive treatment - To be performed before or on target date any later and this is a breach.

31 Day patients - Clock does not start until cancer is confirmed.

A 31 day patient is someone who is referred from Consultant to Consultant or via A&E.

If a patient is in theatre and findings are suspicious – contact tracker as it is most likely that she will not be aware of patient if it is an incidental finding.

If you see a patient at clinic and patient's status is upgraded to RF please notify tracker of patient's details so information can be added to Capps and patient can then be tracked, otherwise tracker will not be aware of patient and will not be tracked.

All confirmed cancers are only tracked until patient has had their first definitive treatment-

Bladder Tumours - Surgery

Renal cell carcinoma – Surgery/ Active Monitoring

Testicular - Surgery

Prostate - Treatment options can be hormones, radiotherapy, brachytherapy, surgery. Once a patient has had any of these this is deemed first definitive treatment and patient will be closed on the Capps system as pathway complete.

If patient has had 1st definitive treatment, please notify me if you would like any patient discussed.

My contact details are-

Vicki Graham-

Personal Information redacted by the USI

Direct line

Personal Information redacted by the USI

Urology MDT Operational Policy Brief for the AGM 19th June 2014

As part of the manual of standards for cancer services each MDT has to have an operational policy in place. Between the annual report, the operational policy and work plan, the team is able to evidence how its service meets the required standard.

The standards are briefly outlined below –

1. To provide a description of the urology service within the context of the geographical location and wider services provided by the trust. The urology service is then described from the referral process, investigation and treatment and review pathways.
2. The operational policy will include policies on the following –
3. MDT leadership – nominated MDT lead
4. MDT structure – core and extended members
5. NSSG (Nican) representative agreed to attend at least 2/3 of meetings.
6. MDT meetings
7. Core members cover arrangements and attendance of core members
8. The representation and discussion of patients at MDM – to include all new cancer patients
9. Regarding specific cancers – local or/and regional management
10. Informing GP of newly diagnosed cancer patient (48 hours in NI), with audit to evidence this
11. Key Worker
12. Review arrangements
13. Core pathology members take part in EQA
14. MDT Nurse Specialist measures – training, role, responsibilities, advanced communication training.
15. Extended team members
16. Patient centred care – patient permanent record
17. Exercises should be presented to the local MDT with actions to improve the service
18. Patient information that meets the needs of the patients and carers
19. Assessment clinics for haematuria and prostate cancer
20. Treatment planning at MDT meeting
21. Network (NSSG) (Nican) guidelines- referral and clinical guidelines for all parts of the cancer pathway to include radiology and pathology
22. Agree a minimum data set across the network and record the MDS of their portion
23. Network audit- MDT to participate, present findings both locally and at the regional Nican meeting and act on any recommendation advised.
24. Network research- MDT to participate, present findings both locally and at the regional Nican meeting and act on any recommendation advised.
25. Network research – MDT to participate in research and provide a written response to the Network group(Nican)
26. MDT workload monitoring



Southern Health
and Social Care Trust

Operational Policy

Urological Cancer Service

2014

Clinical Lead

Mr A O'Brien

Trust Cancer Lead

Mrs D Burns

Date Issued

Review Date

Peer Review Measures

[illegible]

The following operational policy for the Southern Health and Social Care Trust's Urology Multidisciplinary Team provides an overview of the service, how it is accessed by patients and coordinated across the Trust services.

Two other documents have been developed, which should be read in conjunction with this operational policy. They are the annual work plan, which outlines the direction of the service in the incoming year and the annual report, which details the work completed in the past year, achievements and areas of work outstanding which need to be rolled into the incoming year.

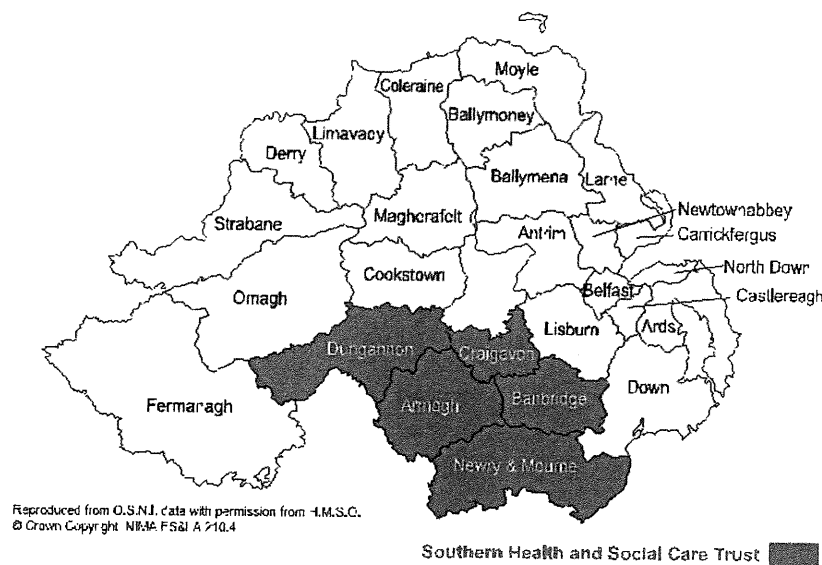
1.1 Background / Context

The Southern Health and Social Care Trust (SHSCT) was established on 1 April 2007, with an amalgamation of the following four Trusts:

- Armagh and Dungannon Health and Social Services Trusts
- Craigavon Area Hospital Group Trust
- Craigavon and Banbridge Community Trust
- Newry and Mourne Health and Social Services Trust

The Trust area covers a range of city, urban and rural communities and provides community and acute services to the populations of Armagh, Banbridge, Craigavon, Dungannon, Newry and Mourne. People from many other areas in Northern Ireland also use the hospital services provided by the Trust.

Map of NI showing the Southern Health and Social Care Trust



- The Trust provides health and social care services to the previous Council areas of Armagh, Banbridge, Craigavon, Dungannon, and Newry and Mourne.

- The Trust provides a wide range of hospital, community and primary care services. Main in-patient hospital services are located at Craigavon Area Hospital and Daisy Hill Hospital. Working in collaboration with GPs and other agencies, staff deliver locally based services in Trust premises, in people's own homes and in the community. The Trust purchases some services including domiciliary, residential and nursing care from independent and community/voluntary agencies.
- **Population – Southern Health and Social Care Trust**
(figures from Census 2011, population estimates published 04/10/2012)

Age	Population
Under 15	77,941
55-59	219,366
60+	65,404
Total population	362,711

The new SHSCT employs 12,000 staff and covers a population of 362,711. The catchment population is ethnically diverse and includes people from Polish, Lithuanian, Portuguese, Russian, Tatum, Chinese, Slovak and Latvian communities. Majority of (ethnic) patients belong to the first three ethnic community groups (based on requests for interpreter).

Acute Hospital Services

SHSCT has 664 acute inpatient hospital beds in the 2 main hospital sites:

- 452 beds in Craigavon Area Hospital (CAH) based in Craigavon (Portadown) town
- 212 beds in Daisy Hill Hospital (DHH) in Newry city

Patients within the Southern Trust can attend any of the hospital sites. However, the Trust does try to offer patients a clinic closest to their home.

The transport infrastructure within the Southern Trust area is quite poor in comparison to city areas, using mainly single carriageway rural roads linking the Trust sites.

- The two main acute hospital sites, CAH and DHH, are located at a distance of 27 miles and 37 miles from Belfast respectively and the transport infrastructure to / from Belfast is much better.
- CAH and DHH are 22 miles apart and although there is a direct train link from Portadown town to Newry city, there is no direct transport service between the two hospital sites.
- CAH and South Tyrone Hospital (STH) are 20 miles apart and there is a free bus service available three times daily between the hospitals (run by the Trust). Outreach clinics at STH are provided by medical staff based at CAH.
- There are 32 miles between STH and DHH sites and there is no direct transport service between the two hospitals.
- Armagh Community Hospital is 13 miles from CAH and 20 miles from DHH and outreach clinics there are provided by medical staff based at CAH.
- Banbridge Polyclinic is 12 miles from CAH and 13 miles from DHH and outreach clinics are provided by staff from both CAH and DHH.

The SHSCT provides all acute services including emergency care, theatres, day procedures, endoscopy, and inpatient acute care including medical, surgical, and maternity in both Daisy Hill and Craigavon Hospitals, with intensive care services available in Craigavon Hospital.

Outpatient services are provided in various sites across the Trust, which include, CAH, DHH, with outreach clinics in Banbridge, South Tyrone and Armagh.

INTRODUCTION TO UROLOGICAL SERVICES

The Southern Health and Social Care Trust has provided a Urological Service for patients living in the southern area of Northern Ireland since 1992. The service includes outpatients, diagnostics, acute and elective, inpatient and day case surgery, lithotripsy and chemotherapy.

Following the Campbell Report of 1996, Craigavon Area Hospital was designated as the Cancer Unit for the Southern area of the province in 1997. This designation led to the roll out of chemotherapy for a range of malignancies in the Mandeville Unit at Craigavon Area Hospital. Radiotherapy services continue to be provided as a regional specialist service at the Belfast Trust.

As part of the review, in 2009, of adult urological service provision throughout Northern Ireland, the service was reconfigured, to be provided by three teams. Team South, based at Craigavon Area Hospital, was allocated the additional responsibility for the provision of services to the population of Co. Fermanagh, with effect from 1st January 2013. The census of 2011 indicated that the population of County Fermanagh was 61,174. Team South now has responsibility for the provision of adult urological services to an increased population of 423, 885, over a larger geographical area which includes South Down, County Armagh, South Tyrone and County Fermanagh.

In addition, Team South provides outpatient, diagnostic and surgical services to the paediatric population of this larger area, along the lines of 'core' paediatric urological usually provided in secondary care sectors. More specifically, Craigavon Area Hospital provides the Extracorporeal Shock Wave Lithotripsy Service for the paediatric population of all of Northern Ireland.

Urological Services by Site

Hospital	Outpatients	Endoscopy	Radiology	Surgery
Craigavon Area	x	x	x	x
South Tyrone	x	x	x	Day case
Daisy Hill	x	x	x	x
South West Acute	x			
Armagh Community	x			
Banbridge Polyclinic	x			

Urological Cancer Multidisciplinary Team

The deliberations of the review of adult urological services in 2009 included the conclusion that each of the three Teams should establish Multidisciplinary Teams (MDT) for the provision of urological cancer services, compliant with those stipulated by the National Cancer Program and adopted by the Northern Ireland Cancer Network. A MDT was established by Team South under the clinical leadership of Mr. Mehmood Akhtar, who additionally chaired its meetings (MDM) from April 2010 to March 2012. Since April 2012, the Clinical Lead of the MDT, and Chair of its MDM has been Mr. Aidan O'Brien. During these past four years, the team has delivered many improvements in the delivery of cancer services, including

- Enhanced awareness of referral pathways for patients with urological cancer and those suspected of having urological cancer.

- Robust tracking of red flag referrals, and of those upgraded to red flag status, to ensure that their diagnosis takes place in a timely manner and that all such cases are discussed at MDM prior to definitive treatment.
- Independent preview, by the Chair, of all cases discussed at MDM to enhance the quality of discussion, and of the management of all cases.
- All MDM plans of management are checked and signed off for communication to GPs on the day of MDM discussion.
- The establishment of clinics specifically for review of patients who have been found to have a urological cancer and who have been discussed at MDM.
- Enhanced participation by medical and clinical oncologists in MDM
- Enhanced Inter Trust Transfer at MDM
- The introduction of mechanisms to ensure equity of provision of treatment.

Access to SHSCT Urological services

General referrals from GPs to the acute Trust services have been centralised to a single referral and booking centre based at the Craigavon Hospital site. Suspected urology cancer referrals, referred within NICAN referral Guidelines, however continue to be referred by the 'red flag' central access referral fax machines. These are managed by the Cancer Tracking Team to ensure that patients are appointed and move to investigations and treatment as quickly as possible. This team incorporates both tracking of suspect and confirmed cancers, and provides administrative support to the multidisciplinary team meetings (MDT).

Urological cancers picked up by the internal acute hospital teams are referred to the tracking team for presentation at the MDM, or by direct referral to a Urologist , who will arrange subsequent discussion at MDM. The tracking team consists of a tracker and administrative coordinators. The tracker for the Urological Cancer Service is Mrs. Vicki Graham, who is contactable at

- Direct telephone: Personal Information redacted by the USI
- Email: Personal Information redacted by the USI

The operation of the urological cancer service is dependent upon successful MDT working across acute hospital sites with the MDM acting as the core for decision making and management of patients. Discussion of cases at MDM may be precipitated by:

- Referral by a urologist following receipt of any referral of a case of cancer or suspected cancer
- Referral by a urologist following consultation with a patient referred with a cancer or suspected cancer
- Referral by a urologist or radiologist at the time of performing biopsies of any case suspected of having a cancer
- Referred by a urologist at the time of surgery for a cancer or suspected cancer
- Referral by a radiologist at the time of finding a cancer or suspected cancer on imaging
- Referral by a pathologist at the time of finding a cancer or suspected cancer on histopathological or cytological examination
- Referral by an oncologist at any time in the course of their management of patients with cancer
- Referral by other hospital clinicians
- Referral from other site MDTs via their MDMs

2.0 MDT Membership and Responsibility

Colorectal Multidisciplinary Team Membership 14-2D-101

	Name	Cover	Remarks
Consultant Urologists	Mr. O'Brien	Mr. Glackin	Clinical Lead of MDT Chair of MDM
	Mr. Glackin		Deputy Chair of MDM
	Mr. Haynes		Deputy Chair of MDM
	Mr. Suresh		Deputy Chair of MDM
	Mr. Brown		Video Link from Daisy Hill Hospital
Consultant Radiologist	Dr. Williams	Dr. McClure	Lead Urological Radiologist
	Dr. McClure	Dr. Hamill	
	Dr. Hamill	Dr. McClure	
Consultant Pathologist	Dr. McClean	Dr. Karl Dedic Dr. Rajeev Shah	
Consultant Oncologist	Dr. Houghton		Clinical oncologist
	Dr. Carser		Medical oncologist
Clinical Nurse Specialists	Mrs. O'Neill	Mrs McMahon	Urological cancer key worker
	Stephanie Reid		Palliative Care
MDT Co-ordinator	Mrs. V Graham	Ms A. Turkington Ms W Kelly	Cancer Tracker

MDT Lead Clinician and Chair 14-2D-101

Mr Aidan O'Brien,
Consultant Urologist,
Craigavon Area Hospital,
Craigavon,
County Armagh,
BT63 5QQ

Tel: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

A designated member of the MDT chairs the meeting. The currently designated Lead Clinician of the Urology MDT of the Southern Health and Social Care Trust is Mr. Aidan O'Brien, who has also been the Chair of MDM since April 2012. The Local MDT chair is considered an integral member of the NSSG and thus will attend the NSSG Urology group. In case this is not possible the designated deputy will attend the NSSG. *(Minutes of all NSSG meetings are in the NICaN evidence Folder and will be available at visit)*

MDT Lead Responsibilities 14-2D-101

It is the responsibility of the MDT Chair to:

- Clarify the Chair /deputy of the MDT Meeting and ensuring that the meeting runs to time.
- Clarify the diagnosis, treatment decisions and patient consultation dates and ensure that each patient has a clear treatment plan.
- Ensure that the presenting clinician is responsible for carrying out any action points (for example: contacting a patient, arranging further tests etc)

In addition the chair is responsible for:

- Development of the MDT and its activities.

- Chairing an annual operational/audit meeting.
- Ensuring pathways and core policies are agreed.
- Adhering to agreed clinical management guidelines (e.g. NICE, NICE, etc).
- Ensuring a high quality, integrated service, which meets local, regional and national standards.
- Participation in the regular review of the regional guidelines.
- Organisation of “Business Meetings” of the MDT and ensuring its deliberations are recorded.
- Production of an annual work-plan and report, which should be copied to the Lead Cancer Management Team.
- Ensuring collection of appropriate cancer minimum dataset, working with the cancer management team.
- Establishing an audit programme and review of outcomes.
- Ensuring governance arrangements are in place.
- Ensuring the integration of patients/users and carers in assessment of service and service improvement.

The Chairperson may wish to delegate some of the above duties but will remain responsible for their completion.

Deputy Chairperson - In the absence of the chair, the nominated deputy has been Mr. Glackin.

Attendance at Network Group 14-2D-116

Relationship with NICE Tumour Group (NMSG)

Mr O'Brien is Clinical Lead and chair of the NICE Urology NMSG. The SHSCT MDT operates as part of the wider regional urology group with core members

represented on behalf of the Trust. Dr. McClean, Mrs. O'Neill or Mrs McMahon, and Mrs A Treanor represent the SHSCT MDT at the NSSG meetings. The team:

- Engages with the NSSG to develop and implement network-wide clinical, referral, imaging and pathology guidelines.
- Participates in an annual Network audit project and present the results for discussion at one of the NSSG meetings.
- Engages with the NSSG to develop and agree an approved list of clinical trials.

TO INCLUDE ATTENDANCE AT NETWORK GROUP –
MARY/LISA

Designated Urologists Mr. O'Brien, Mr. Glackin, Mr. Haynes and Mr. Suresh are the designated Consultant Urologists who are core members of the MDT.

Designated Clinical Specialist Nurse 14-2D-101

There are currently 2 Clinical Nurse Specialists (Mrs. O'Neill and Mrs. McMahon) for the urology service to provide information and support for patients and hold the following responsibilities:

- Contributing to the multidisciplinary discussion and patient assessment/care planning decisions of the team at their regular meetings.
- Providing expert nursing advice and support to other health professionals in the nurse's specialist area of practice.
- Involvement in clinical audit.
- Leading on patient communication issues and co-ordination of the patient pathway for patients referred to the team.

- Acting as the keyworker or responsible for nominating the key worker for the patient's dealings with the team.
- Leading on the patient and user involvement in the service.
- Contributing to the management of the service
- Utilising research in the nurse's specialist area of practice.
- Holding the relevant qualifications and undertaking additional training as required to provide expert advice and support. (*Certificates in Evidence Folder and can be viewed at Peer Review*)

Designated Radiologist

Dr. Marc Williams (Lead Urological Radiologist), Dr. Mark McClure and Dr. Joe Hamill are the designated radiologists. Their role is to ensure compliance with the NSSG imaging guidelines.

Designated pathologist 14-2D-101

Dr Gareth Mc Clean (Lead Urological Pathologist), Dr. Rajeev Shah and Dr. Karel Dedic are the designated pathologists. Their role is to ensure compliance with diagnostic assessment and reporting within the NSSG pathology guidelines. All Pathologists take part in EQA. (*Certificates can be viewed on the day*)

Designated Oncologist

Dr Fionnuala Houghton and Dr Judith Carser are the Consultant Oncologists attending the local MDT. They cover each other as deputy, or in the absence of both, an SpR attends on their behalf.

The Oncologists' role is to ensure compliance with the NSSG oncology management guidelines. Oncology opinion can be sought outside the MDT meeting if required for emergencies or urgent cases. These opinions and discussions are documented at the next MDT meeting.

Palliative Care Representative

Mrs. Stephanie Reid is the nominated palliative care representative. Most referrals are currently made outside of the MDT meeting using the agreed referral mechanism. The tracker is notified of this referral and this is discussed and documented at the next MDT meeting.

Tracker/MDT Co-ordinator 14-2D-101

Vicki Graham is the Tracker/MDT coordinator. Her deputy is Ann Turkington. Vicki's role is a critical one for the smooth and successful operation of the MDT meeting. Her role is to liaise with the clinicians, secretaries, histopathologists and wider team to prepare for and support the weekly MDT meeting. She is also responsible:

- For taking notes (as agreed with the individual clinician) on the proforma. At the end of discussion, the Tracker/MDT Co-ordinator will ensure that the proforma has been signed-off as being a correct record of the meetings discussion. **APPENDIX 10**
- To file in the notes and give a copy to the oncology department for those patients who need to be referred to the oncologists. Either a summary sheet or the proforma will be completed by the Tracker/MDT Co-ordinator and will be posted to the referring General Practitioner within 24 hours of the MDT discussion taking place. This will ensure timely communication with primary care. The Tracker/MDT Co-ordinator will hold a copy of the proforma and summary sheet on file. **APPENDIX 10**
- For recording the MDT attendance for every meeting.

- For adding any patient on the MDT list not discussed (notes, films or results missing, lack of time), to the following week's list.
- To prospectively track all patients with cancer or suspected cancer in achieving the regional cancer access targets
- For ensuring all patients with cancer or suspected cancer have pre booked appointments and treatment in line with cancer access targets, and to raise delays with the MDT.
- For maintaining timely and accurate data collection, within the databases.

The tracker ensures that all cancer patients are discussed at the MDT meeting. Effective co-ordination of MDT meetings helps to ensure that all relevant information is available and that decisions are recorded and communicated to all. Their role also ensures that waiting times are monitored and further steps in the pathway are planned and co-ordinated.

Designated Deputy/ Cover Arrangements

Core members have identified their designated deputy to attend in their absence. Attendance at the core MDT meetings must be sufficient to make a clinical decision. Recognised deputies may attend instead of core members and between core members and their deputy attendance should be at least 2/3 of the number of meetings. In the absence of a core member, management plans are agreed with the deputy and communicated to the absent member by the Chairperson or his nominee.

Extended membership 14-2D-106

Extended members have been identified, however due to limited resources, most are unable to attend the MDT. Their roles have been defined by the chairperson and are referred to as required. These members include:

EXTENDED MEMBERS

Remit
Interventionalist Radiologist: Dr. Richard Mc Conville
Palliative care: Dr. Tracy Anderson and Dr. Osmond Morris

General Housekeeping

Annual Leave for any member of the MDT should be provided to the Tracker/MDT co-ordinator six weeks in advance of the meeting. Cover should be arranged if possible, to ensure that patients are not delayed.

Any meetings which need to be cancelled e.g. due to bank holidays, sickness, and courses must be highlighted to the Tracker/MDT Co-ordinator who will ensure all members of the MDT are aware of the cancellation.

Attendance at National Advanced Communication Skills Training Programme (N14)

Mr. O'Brien and Mr. Glackin have completed the Advanced Communications Skills Training Programme

RED FLAG REFERRALS

The Urological Cancer Service provided by Team South on behalf of the Southern Health and Social Care Trust is cognisant of the expectations of the procedural protocols relating to the management of Red Flag Referrals, and as agreed by the NICaN.

Red Flag Patients

Red Flag Patients are those patients who have been referred by the patients' General Practitioners by way of the Red Flag fax machine. These referrals are automatically downloaded onto the CaPPS systems from the Patient Administration System (PAS), precipitating the awareness of the Cancer Tracker. These patients are then on the 62 day pathway (and are referred to as 62 day patients). The pathway target milestones are:

- First outpatient consultation to take place by Day 14
- Diagnostics by Day 20

Completion of diagnostics by Day 20 enables the patient to be discussed at MDM with diagnostic findings, and so that any Inter Trust Transfer can be effected by Day 28.

Patients found to have prostatic carcinoma on prostatic biopsies have the timeline suspended for a period of 6 weeks from the date of biopsy to enable tissue healing prior to staging by MRI scanning. The timeline clock restarts after 6 weeks in all cases.

- Decision to Treat by Day 28

The management plan should be agreed, any Inter Trust Transfer completed, and the management plan communicated with GP and patient by Day 28.

- First Definitive Treatment by Day 62

31 Day Patients

The concept of 31 Day Patients was established to include patients who have been referred to the Urological Service from any other source, having been found to have a Urological Cancer. Sources include the Emergency Department, other consultant clinicians and inpatient services. Most importantly, the concept implies that the referral, consultation and diagnostic process has already been completed (even though it may not have been) and that the First Definitive Treatment will take place within 31 Days of the confirmation of this new cancer. Patients with 'newly' diagnosed recurrence of a previously diagnosed cancer are not included.

Urological Cancer Services

The establishment of the Urological Cancer MDT in 2010 has resulted in further improvements (mainly through increasing capacities) in previously established services, so that the timeline targets can be increasingly met. These include:

- Increased capacity at Haematuria Clinics
- Increased capacity at Prostate Diagnostic Clinics
- Increased capacity for MRI scanning
- Increased capacity to provide Laparoscopic Upper Tract Surgery
- Increased capacity to provide Bladder Tumour Resection
- Establishment of Urological Cancer Specific Review Clinics

**EXTRACT TAKEN FROM
CONSTITUTION FOR
NORTHERN IRELAND CANCER NETWORK (NICaN)
REGIONAL NETWORK GROUPS - FEBRUARY 2009**

5.2 CLINICAL LEAD/ CHAIR: SUPPORT AVAILABLE

It is anticipated that the NICaN Networks will require ongoing facilitation and support so that they are fully effective and functioning Groups. Such support will include:

- co-ordination of meetings, including booking and payment for venues, agreement of agendas, notes and papers, and attendance by a NICaN Team member at all meetings;
- communications, including production of regular newsletters and dedicated section on website updated regularly;
- support as appropriate through the Network Medical Director, Network Nurse Director and Network postholders
- access to ongoing training and development as required, for eg clinical leadership, corporate, clinical and social governance issues.

5.3 CLINICAL LEAD/ CHAIR: RESPONSIBILITIES

Each Group will have a Lead/Chair with agreed responsibilities and tenure of office. Their primary role is to provide leadership to their Group and agree and monitor a work programme with the Group members to help deliver the vision for cancer services.

As outlined in the previous section, support will be provided to the Clinical Lead/Chair to enable his/her to fulfil their responsibilities.

Responsibilities will include:

- To engage the Network and its constituent members in the development and agreement of a work plan which focuses on key work strands to include service planning; service improvement and redesign; governance & audit; education and workforce development; research & development; production of annual work programme and reports (see Appendix 1).

This will include:

- Agreeing with Group members the principles of handling and reporting audit data (local and regional) and mechanisms for dealing with variances
- Highlighting opportunities, and co-ordinating proposals, for service developments and redesign

The plan will have clear standards, milestones and named people with lead responsibility.

- Present the agreed work programme to the Network Management Team / NICaN Board for endorsement.
- Report on progress appropriately to the Network Management Team. Contribute, as appropriate, to NICaN updates, reports, annual conference, etc.
- Ensure at least 1 full group meeting per year, conducted according to agreed principles and accurately documented
- Communicate with relevant stakeholders, including for example Local Lead Cancer Clinicians.

There are a number of key competencies and behaviours that a NICaN Group Lead/Chair is expected to demonstrate. These include: clinical leadership, managerial and strategic development competences, partnership working and ability to establish and maintain effective communications.