

Exception report : Cancer 62 days

Target description and performance

1. National standard = 85%

Actual performance = 77.8% in January 2017 compared to December 2016 performance of 66.7%

key issues

- The trust is not achieving the national standard on cancer 62 days, but has a plan to deliver from April 2017 onwards.
- There were 137.5 patient pathways completed in January (in comparison to 108 in December).
- Significant impact of patient choice across all tumour sites because of patient choice to defer investigations and appointments until after Christmas and the New Year.
- Breaches of the standard in Head and Neck were largely due to surgical capacity and late referrals from East Sussex.
- In Urology and Colorectal the issue was largely diagnostic delays.
- There were several breaches of the 62 day standard due to long and complex diagnostic pathways.
- CT machine breakdowns in month impacted on the availability of CT slots adding to the waiting time for scans.
- 2 patients were referred to BSUH after day 40.
- Six patients waited over 104 days from referral to treatment. Harm reviews and RCAs were or will be completed for each of these cases. There was no harm identified as a result of a longer wait for treatment in the reviews done to date.

Action	Description	SRO	By when
Improved monitoring of cancer pathways and escalation of delays at patient level	Specialty level activity and Patient Treatment Lists (PTLs) are reviewed at weekly performance meetings. Any individual patients identified at risk of delay to be expedited as appropriate. Extra capacity has been created to tackle diagnostic delays in TRUS, MRI, and CT colon.	Shaun Carr	Weekly - ongoing
Clear the backlog in complex high volume cancer pathways as a matter of priority.	A specific plan has been agreed to target delays in urology by April 2017. Seven additional sessions per week of MRI for urology was implemented in January and TRUS capacity increased from 1st February.	Shaun Carr	clearing the Urology backlog will cause us to breach the aggregate standard of 85% in February and March 2017, with compliance from April onwards.
Clinical peer review of services performance at SMT	Performance review held with clinical representative of each service present to peer review the challenges and actions required. A mixed level of service opportunities were identified, with further work the clarify outside of the meeting.	Shaun Carr	Cancer 62 day 'Deep dive' held on 13th March for assurance on Clinical Director leadership of cancer site level issues and action plans

	Total Seen	Number of Breaches	Performance
Breast	16.5	0	100%
Gynaecology	5.5	1	81.8%
Haematology	5	2	60.0%
Head and Neck	8	3.5	56.3%
Colorectal	13.5	5	63.0%
Lung	7.5	1	86.7%
Sarcoma	1	0	100.0%
Skin	53.5	1	98.1%
Upper GI	5.5	3.5	36.4%
Urology	21.5	13.5	37.2%
Total	137.5	30.5	77.8%

Proportion of reasons for 62 day Breaches - January

