Agenda Item 11

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Sarah Jones, Deputy Chief Operating Officer	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive				

Meeting Date: 27 August 2019

Report Title: Cancer Improvement Plan

Purpose:

This paper details the plan to improve Trust performance against the 62-day cancer waiting time standard.

Summary:

Historically, the Trust has consistently delivered the majority of cancer waiting time standards. However, the 62-day referral to treatment standard has only been achieved in 3 out of the previous 15 months.

The Trust has seen a 15% increase in 2 week wait referrals in quarter 1 of 2019/20, compared to quarter 1 of 2018/19.

A deep dive has been undertaken to identify the key issues impacting on performance against the 62-day standard and an action plan, at tumour site level, is in place to address these.

The Trust is forecasting delivery of the 62-day standard by March 2020.

Financial Implications / Efficiency Savings: None as a direct result of this report

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational / Organisational	Financial	Clinical	Legal / Regulatory	Reputation / Patient Experience
	✓				

The Committee is asked to:
Note the report

1. Introduction

This paper details the plan to improve Trust performance against the 62-day cancer waiting time standard.

2. Background

Historically, the Trust has consistently delivered the majority of cancer waiting time standards. However, the 62-day referral to treatment standard has only been achieved in 3 out of the previous 15 months.

Until recently, management of the cancer services team was part of Division 2; as part of the divisional restructure plans, the cancer services team is part of the Deputy Chief Operating Officer portfolio. In addition, the Trust does not have a dedicated Cancer Services Manager, Lead Cancer Nurse or Lead Cancer Clinician. This will be addressed as part of the divisional restructure plans.

3. National context

The current cancer waiting time standards are as follows:

2-week GP referral to first outpatient appointment	93%
2-week referral to first outpatient appointment (breast symptomatic)	93%
31-day diagnosis to treatment	96%
31 day second or subsequent treatment (drug)	98%
31 day second or subsequent treatment (surgery)	94%
62-day urgent referral to treatment	85%
62-day referral to treatment from screening	90%

The new faster diagnosis standard will be introduced in April 2020; this will ensure that all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis. This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

4. Demand

Referral demand for 2 week wait appointments is detailed at Appendix A; this shows that the highest demand is in the lower GI, skin and breast tumour sites. Overall the Trust has seen a 15% increase in 2 week wait referrals in quarter 1 of 2019/20 compared to quarter 1 of 2018/19.

Appendix B details the number of treatments, breaches and performance against the 62-day standard; this shows that the majority of treatments are undertaken in urology, skin, breast and lower GI. Skin and breast cancer pathways are generally shorter and less complex, resulting in fewer patients breaching the 62-day standard. However, urology and lower GI

are generally longer pathways and can be more complex, resulting in more patients breaching the 62-day standard.

5. Key issues

A deep dive has been undertaken to identify the key issues impacting on 62-day cancer performance, these are summarised below:

Primary care: there is a lack of compliance with criteria for 2 week wait referrals, this is most noticeable in urology where two recent prostate specific antigen (PSA) blood tests should be undertaken prior to referral. The Trust receives a number of referrals each week where only one PSA test has been undertaken.

Patient choice: some patients do not attend appointments or are not immediately available for treatment following diagnosis

Histology: the Trust's histopathology contract is with Cambridge University Hospitals (CUH), this includes a key performance indicator that 80% of specimens will be processed within 7 days. As at July 2019, performance was 58% against this standard.

Radiology: there are internal delays in radiology diagnostics, particularly CT and interventional radiology, as a result of a shortfall in capacity.

Tumour site capacity: there are capacity pressures in some tumour sites, for example in urology. Historically patients have attended Norfolk and Norwich University Hospitals NHS Foundation Trust for template biopsy; the equipment to provide this service is now available locally but there is a current shortfall in trained staff and capacity to provide these.

Pathways: the Trust is not yet fully compliant with all optimal, timed pathways

Tertiary centres: some patients require transfer to a tertiary provider for treatment, most common in ENT, urology and gynaecology tumour sites, and delays for treatment can occur for these patients.

Governance: the Trust has not had robust governance arrangements in place to track patients on a cancer pathway and escalate any delays.

Learning: historically the Trust has not consistently undertaken breach reviews to understand the root cause of delays and therefore put actions in place to address these delays going forward.

6. Actions to address

The tumour site specific cancer improvement plan is detailed at Appendix C. in addition, the following key actions are in progress:

Primary care: engagement with an STP-wide initiative supported, by the East of England Cancer Alliance, due to launch in August to improve the quality of referrals and compliance with referral criteria.

Patient choice: a patient information card (credit card size) has been distributed to all General Practices. These are for patients who are being referred on a 2 week wait pathway, making it explicit that the patient is being referred to exclude cancer and reiterating the importance of attending the appointment.

Histology: proactive management of the contract to include escalation at patient level in addition to a weekly update. Escalation at executive level will take place where delays are not resolved.

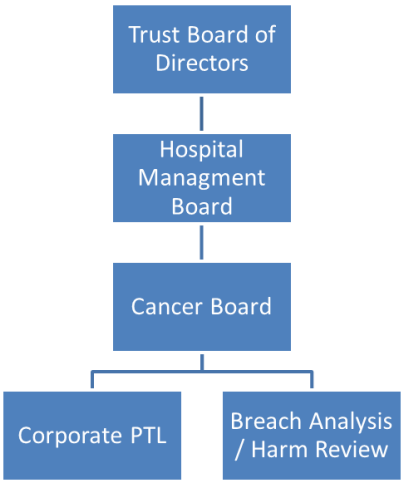
Radiology: a detailed radiology action plan is being developed to identify actions to meet the scanning and reporting standards.

Tumour site capacity: demand and capacity modelling will be undertaken for each tumour site, utilising the national demand and capacity tool.

Pathways: the Trust is engaged with Macmillan and the Cancer Alliance to redesign pathways. To date, this has focussed on lower GI, prostate and gynaecology

Tertiary centres: weekly escalation calls are in place with the two main tertiary centres (Norwich and Cambridge).

Governance: corporate PTL meetings are now chaired by the Deputy Chief Operating Officer with weekly reporting to the Chief Operating Officer. From September 2019, the following, revised governance framework will be in place



Learning: from September 2019, breach analysis and harm reviews will be undertaken in line with the revised Trust policy.

7. Improvement trajectory

The improvement trajectory detailed at Appendix D has been agreed for each tumour site; this shows sustainable delivery of the 62-day standard from March 2020.

8. Recommendation

Trust Board is asked to note the improvement plan and trajectory to deliver the 62-day cancer by March 2020.

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Appendix A Demand: Two week wait referrals

TUMOUR SITE	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Brain/Central Nervous System	8.00	8.00	8.00	4.00	7.00	9.00	5.00	8.00	10.00	1.00	3.00	3.00	5.00	9.00	6.00
Breast	125.00	161.00	113.00	147.00	137.00	111.00	158.00	127.00	136.00	156.00	162.00	122.00	197.00	203.00	147.00
Gynaecological	78.00	72.00	75.00	91.00	117.00	117.00	75.00	85.00	101.00	64.00	92.00	105.00	90.00	91.00	72.00
Haematological	3.00	3.00	0.00	6.00	3.00	5.00	7.00	1.00	2.00	3.00	1.00	1.00	4.00	5.00	4.00
Head & Neck	48.00	80.00	77.00	90.00	68.00	76.00	70.00	62.00	78.00	61.00	78.00	76.00	70.00	97.00	67.00
Lower Gastrointestinal	144.00	172.00	174.00	202.00	165.00	198.00	207.00	175.00	189.00	179.00	196.00	198.00	207.00	225.00	192.00
Lung	21.00	21.00	31.00	27.00	25.00	27.00	27.00	28.00	16.00	37.00	25.00	31.00	29.00	24.00	32.00
Sarcoma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Skin	98.00	168.00	175.00	204.00	209.00	205.00	173.00	155.00	128.00	130.00	150.00	178.00	164.00	182.00	158.00
Upper Gastrointestinal	73.00	48.00	75.00	65.00	78.00	75.00	64.00	73.00	85.00	83.00	86.00	69.00	79.00	71.00	68.00
Urological	119.00	148.00	116.00	91.00	117.00	115.00	100.00	127.00	103.00	102.00	120.00	118.00	123.00	92.00	98.00
Testicular	5.00	3.00	3.00	7.00	4.00	3.00	6.00	12.00	3.00	9.00	6.00	5.00	8.00	6.00	6.00
Other	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
Childrens	0.00	0.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRUST TOTAL	**722.00**	**884.00**	**848.00**	**935.00**	**932.00**	**941.00**	**893.00**	**853.00**	**852.00**	**825.00**	**919.00**	**906.00**	**976.00**	**1005.00**	**850.00**

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Appendix B 62-day referral to treatment performance

TUMOUR SITE	(Target - 85% Compliance)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Brain/Central Nervous System	Total Treated	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Treated Within 62 Days	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	% Within 62 Days	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.0%	0.0%	0.0%
Breast	Total Treated	8.00	11.00	8.50	11.00	8.00	5.50	12.00	11.00	8.50	16.00	12.50	11.00	16.50	9.00	12.00
	Treated Within 62 Days	8.00	11.00	8.50	11.00	8.00	5.50	11.00	11.00	8.00	16.00	12.50	11.00	16.00	9.00	11.00
	% Within 62 Days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	94.1%	100.0%	100.0%	100.0%	97.0%	100.0%	91.7%
Gynaecological	Total Treated	3.00	3.50	1.50	1.50	1.00	4.00	0.00	1.00	2.50	1.50	3.50	1.00	3.50	5.00	1.50
	Treated Within 62 Days	2.00	3.50	1.50	1.00	0.00	3.00	0.00	0.00	2.50	0.00	1.50	0.50	1.00	0.50	1.00
	% Within 62 Days	66.7%	100.0%	100.0%	66.7%	0.0%	75.0%	0.0%	0.0%	100.0%	0.0%	42.9%	50.0%	28.6%	10.0%	66.7%
Haematological	Total Treated	4.50	1.00	1.00	4.00	0.00	1.50	5.00	5.00	5.00	0.00	2.00	2.00	3.50	2.00	5.00
	Treated Within 62 Days	3.00	1.00	1.00	4.00	0.00	1.00	3.00	4.00	3.00	0.00	2.00	0.00	2.50	1.00	4.00
	% Within 62 Days	66.7%	100.0%	100.0%	100.0%	0.0%	66.7%	60.0%	80.0%	60.0%	0.0%	100.0%	0.0%	71.4%	50.0%	80.0%
Head & Neck	Total Treated	1.00	3.50	3.00	0.00	1.50	1.50	0.00	1.00	4.00	3.00	2.50	2.00	0.50	1.00	1.00
	Treated Within 62 Days	0.50	2.00	1.50	0.00	1.50	1.00	0.00	0.50	3.00	1.00	2.00	2.00	0.00	0.50	0.00
	% Within 62 Days	50.0%	57.1%	50.0%	0.0%	100.0%	66.7%	0.0%	50.0%	75.0%	33.3%	80.0%	100.0%	0.0%	50.0%	0.0%
Lower Gastrointestinal	Total Treated	7.00	3.00	5.50	8.00	3.00	10.00	6.00	6.00	4.00	8.50	7.50	8.00	4.00	8.50	3.00
	Treated Within 62 Days	2.00	1.00	4.50	5.00	1.00	5.00	4.00	4.00	1.00	3.00	1.00	5.00	1.00	2.00	1.00
	% Within 62 Days	28.6%	33.3%	81.8%	62.5%	33.3%	50.0%	66.7%	66.7%	25.0%	35.3%	13.3%	62.5%	25.0%	23.5%	33.3%
Lung	Total Treated	5.00	0.00	3.50	1.00	1.00	0.00	2.00	1.00	3.50	6.00	1.50	8.00	5.00	3.00	0.00
	Treated Within 62 Days	2.00	0.00	3.00	0.00	1.00	0.00	1.50	1.00	3.00	3.00	1.00	7.00	1.00	2.00	0.00
	% Within 62 Days	40.0%	0.0%	85.7%	0.0%	100.0%	0.0%	75.0%	100.0%	85.7%	50.0%	66.7%	87.5%	20.0%	66.7%	0.0%
Sarcoma	Total Treated	0.00	0.50	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Treated Within 62 Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	% Within 62 Days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skin	Total Treated	7.00	11.50	14.00	9.00	12.00	17.00	20.00	9.50	11.00	15.00	10.00	13.00	11.00	19.00	22.00
	Treated Within 62 Days	6.00	11.50	14.00	9.00	12.00	16.00	20.00	9.00	10.00	15.00	10.00	13.00	9.50	15.00	21.00
	% Within 62 Days	85.7%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	94.7%	90.9%	100.0%	100.0%	100.0%	86.4%	78.9%	95.5%
Upper Gastrointestinal	Total Treated	2.50	5.00	2.50	2.50	8.50	6.00	3.00	0.00	1.50	4.00	4.00	6.50	6.00	5.00	2.00
	Treated Within 62 Days	2.00	5.00	2.50	2.50	3.00	4.50	3.00	0.00	1.50	4.00	3.00	6.50	5.00	4.00	2.00
	% Within 62 Days	80.0%	100.0%	100.0%	100.0%	35.3%	75.0%	100.0%	0.0%	100.0%	100.0%	75.0%	100.0%	83.3%	80.0%	100.0%
Urological	Total Treated	24.50	37.50	32.00	25.00	35.50	17.50	15.50	23.50	8.00	17.50	14.50	20.00	17.00	26.00	23.00
	Treated Within 62 Days	20.00	30.00	28.00	18.00	30.00	15.00	12.00	18.50	7.00	15.00	11.00	17.00	11.50	16.00	17.00
	% Within 62 Days	81.6%	80.0%	87.5%	72.0%	84.5%	85.7%	77.4%	78.7%	87.5%	85.7%	75.9%	85.0%	67.6%	61.5%	73.9%
Other	Total Treated	0.00	3.00	1.50	0.00	0.50	0.50	0.50	0.50	2.00	0.00	1.00	3.00	0.00	0.00	2.00
	Treated Within 62 Days	0.00	2.00	1.00	0.00	0.50	0.00	0.50	0.00	1.00	0.00	0.00	2.00	0.00	0.00	1.00
	% Within 62 Days	0.0%	66.7%	66.7%	0.0%	100.0%	0.0%	100.0%	0.0%	50.0%	0.0%	0.0%	66.7%	0.0%	0.0%	50.0%
Trust Total	**Total Treated**	**62.50**	**79.50**	**73.00**	**62.00**	**71.50**	**63.50**	**64.00**	**59.50**	**50.00**	**71.50**	**59.00**	**74.50**	**67.00**	**78.50**	**71.50**
	Treated Within 62 Days	**45.50**	**67.00**	**65.50**	**50.50**	**57.50**	**51.00**	**55.00**	**49.00**	**40.00**	**57.00**	**44.00**	**64.00**	**47.50**	**50.00**	**58.00**
	% Within 62 Days	72.80%	84.28%	89.73%	81.45%	80.42%	80.31%	85.94%	82.35%	80.00%	79.72%	74.58%	85.91%	70.90%	63.69%	81.12%

Appendix C Cancer improvement plan

Executive Accountable Lead Officer	Denise Smith, Chief Operating Office
Operational lead	Sarah Jones, Deputy Chief Operating Officer

Tumour site	Action	Action owner	Timescale	Update
All	Introduce new governance framework for cancer performance in line with NHSI best practice guidelines	COO	30/09/19	On track
	Introduce new internal standard - any patient referred for a diagnostic procedure in theatres and who is fit for anaesthetic will be booked within 1 week	DGM Surgery	30/09/2019	On track with the exception of template biopsies where timescales are to be confirmed
	Revise processes to ensure patients are informed that they do not have a cancer diagnosis within 48 hours of histology results being received	Lead Cancer Nurse	30/09/2019	On track
	Complete 2ww capacity and demand planning	Ops Managers	31/10/2019	On track
	Circulate patient information cards to General Practices	Cancer Manager	01/09/2019	Complete
	Introduce patient level histology escalation calls to ensure delays minimised	Deputy COO	28/08/2019	On track

	Undertake staff training on cancer waiting time standards and national guidance	Deputy COO	31/10/2109	On track – NHSI Intensive Support Team asked to support
	Ensure that all patients who DNA an appointment are called to discuss rather than automatically rebooked.	Head of Business Support	30/09/2019	To be undertaken by the booking management office for first appointments and by clinical staff for any further DNAs
	Purchase additional dicataphones for tumour sites that do not currently use hot tapes to ensure typing for 2ww clinics can be easily identified	Head of Business Support	31/08/2019	Order placed
	Develop cancer dashboard to ensure timely sharing of accurate information and that it is shared appropriately.	Deputy COO	30/09/2019	On track
	Develop that radiology diagnostic action plan to current standards of 2 weeks to scan and 3 days to report	Radiology Manager	31/08/2019	On track
Gynae	Create one stop clinic service for Post-Menopausal Bleed patients, to enable women who meet predetermined criteria to have their diagnostic procedure at first appointment, shortening their pathway by approx. 2 weeks.	Ops Manager W&C	23/09/2019	Funding identified and approved for purchase of 4 additional alphascopes, to be ordered w/c 29th July. PAs identified in job plans.
	Gynae specific GP education, to ensure that accurate and relevant information is captured at the time of referral to allow appropriate triage of patients and diagnostics arranged pre consultant appointment where possible.	Ops Manager W&C	30/09/2019	Leaflets are going to be discussed at the next GP/Practice manager forum having been signed off by QEH. Cards have been in use at the GP for the past 4-6 weeks.
	Gynae - weekly senior escalation re CUH delays	Ops Manager W&C	01/08/2019	Call scheduled and in place from August
Head and Neck	Explore with NNUH whether scans for MDT patients who are to be discussed on NNUH MDT can be reported by NNUH radiologists	Ops Manager ENT	31/08/2019	Discussion underway

	Identify funding source for trans nasal oesophagoscopy endoscope to improve head and neck diagnostic times by facilitating biopsies at first clinic appointment (approx. 2 weeks saved). This will improve the timeliness of diagnosis and enable earlier referral to NNUH.	Ops Manager ENT	30/09/2019	Submit business case 26/9/19 to secure funding from medical equipment committee
Lower GI	Agree additional consultant capacity (MB)	Ops Manager General Surgery	31/08/2019	Complete
	Expand STT criteria and ensure that capacity is in place to triage	Operational Manager General Surgery	30/09/2019	Meeting with Consultant scheduled for w/c 27 August
	Review policy for annual leave at sub specialty level within Gen Surg	DGM Surgery	31/08/2019	Complete
	Review endoscopy capacity to ensure adequate to meet demand	Ops Manager Theatres	30/09/2019	On track
Lung	Agreed plan to refine decision making outside of MDT to avoid unnecessary delays and ensure earlier referral to tertiary centre.	Ops Managers	30/09/2019	Work planned with STP support to progress this
	More appropriate and timely management of GP direct access patients to reduce the number of 2ww patients on the pathway.	Ops Manager	31/07/2019	Complete
	Triage and streamlining of pathway to allow CT and LFT before first appointment, thereby reducing the pathway by approx. 1 week.	Ops Manager	31/07/2019	Complete
Skin	Agree a plan with NNUH re plastics capacity	Ops Manager Dermatology	30/09/2019	Requested an increase in capacity to cover 2 extra lists every other week
	Introduce one stop clinic for punch and incisional biopsies	Ops Manager Dermatology	30/11/2019	To start a one stop pathway Nov 2019
	Recruit into vacant consultant post to ensure consistent capacity available and	Ops Manager Dermatology	30/11/2019	NHS locum recruited to start 9/9/19 on 2-year fixed term contract

	agree interim locum capacity			
UGI	GP education re 2ww/direct access referrals	Ops Manager UGI	31/08/2019	Ensure correct form available on knowledge anglia by 30/8, to be followed up with GP comms via Dr Suzanne Phillips.
Urology	Recruit to RD vacancy (full time @ QEH). This will give additional capacity.	DGM Surgery	01/01/2020	Interview 29 August
	Train all consultants in template biopsy procedure (RKC, PAM, ND, ACE)	Ops Manager Urology	31/08/2019	PCI and SNA trained. Dates to be agreed for other consultants.
	Agree set capacity in DSU for template lists (1 list per week 4 pts)	Ops Manager Urology	01/09/2019	Ad hoc capacity in place pending review of new rotas that have been proposed
	Agree a plan with Mr Ilie/NNUH for ensuring nephrectomy patients are treated in a timely way	DGM Surgery	30/09/2019	Awaiting outcome of new proposed rota review
	Nephrectomy plan above actioned	DGM Surgery	30/11/2019	Awaiting outcome of new proposed rota review
	PCI MDT clinic capacity - review of job plan to ensure equal allocation of admin/SPA between QEH and NNUH to release clinic time at QEH	Ops Manager Urology	31/08/2019	Awaiting outcome of new proposed rota review
	Education for specialty doctors in respect of admin so that discussion with consultant is not always necessary	Ops Manager Urology	31/08/2019	Commenced
	Ensure that MDT meetings are planned for weeks when there is a bank holiday	Support Manager Urology	01/08/2019	Complete, MDT to take place on Tuesdays of BH weeks.
	Formalise current ad hoc capacity arrangement for cystoscopies	Ops Manager Urology	31/08/2019	Weekend lists agreed
	Agree, communicate and implement a proposal for managing referrals that do not meet 2ww criteria	Deputy COO	31/08/2019	Alignment with STP work launching in August

Appendix D 62 day referral to treatment performance trajectory

		Forecast And Trajectory 2019/20								
		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Brain/Central Nervous System	Total	0	0	0	0	0	0	0	0	0
	Breaches	0	0	0	0	0	0	0	0	0
	%									
Breast	Total	12	8.5	11	12	11	8	9	10	12
	Breaches	0	1	0	0	0	1	1	0	0
	%	100.00%	88.24%	100.00%	100.00%	100.00%	87.50%	88.89%	100.00%	100.00%
Gynaecological	Total	3	13	3	3	3	3	3	3	3
	Breaches	3	9.5	3	1	1	1	1	1	1
	%	0.00%	26.92%	0.00%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Haematological	Total	2	1	2	2	2	1	2	2	2
	Breaches	0	0.5	0	0.5	0.5	0.5	0.5	0.5	0.5
	%	100.00%	50.00%	100.00%	75.00%	75.00%	50.00%	75.00%	75.00%	75.00%
Head & Neck	Total	4	5	2.5	2	2	2.5	2.5	2.5	2.5
	Breaches	2	2	1	0.5	0.5	1	1	0.5	0.5
	%	50.00%	60.00%	60.00%	75.00%	75.00%	60.00%	60.00%	80.00%	80.00%
Lower Gastrointestinal	Total	6.5	8	8	7	7	4	6	5.5	7
	Breaches	5	5	5	4	3	3	4	3	2
	%	23.08%	37.50%	37.50%	42.86%	57.14%	25.00%	33.33%	45.45%	71.43%
Lung	Total	4	7	2.5	2	2.5	1.5	3.5	2.5	3
	Breaches	3	3.5	1	0.5	0.5	0.5	1	1	0.5
	%	25.00%	50.00%	60.00%	75.00%	80.00%	66.67%	71.43%	60.00%	83.33%
Sarcoma	Total	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
	Breaches	0	0	0	0	0	0	0	0	0
	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Skin	Total	8.5	14	13	14	12	11	12	12	14
	Breaches	0.5	0.5	0.5	0.5	0.5	1	1	0.5	0.5
	%	94.12%	96.43%	96.15%	96.43%	95.83%	90.91%	91.67%	95.83%	96.43%
Upper Gastrointestinal	Total	3	3	4	3	3	2	3	4	3
	Breaches	2	2	1	0	1	0	0.5	0	0
	%	33.33%	33.33%	75.00%	100.00%	66.67%	100.00%	83.33%	100.00%	100.00%
Urological	Total	12	20	22	22	20	18	21	24	23
	Breaches	5	12	10	10	8	8	6	5	5
	%	58.33%	40.00%	54.55%	54.55%	60.00%	55.56%	71.43%	79.17%	78.26%
Other	Total	1	1	1	1	1	1	1	1	1
	Breaches	0	0	0	0	0	0	0	0	0
	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
62 day	Total	56.5	81	69.5	68.5	64	52.5	63.5	67	71
	Breaches	20.5	36	21.5	17	15	16	16	11.5	10
	%	63.72%	55.56%	69.06%	75.18%	76.56%	69.52%	74.80%	82.84%	85.92%