

Meeting:	NHSG Board
Meeting date:	12 June 2025
Item Number:	11
Title:	Operational Improvement Cancer Delivery Plan against 31- and 62-day performance 2025-26
Responsible Executive:	Paul Bachoo, Acute Medical Director
Report Author:	Rafael Moleron, Consultant Clinical Oncologist Sasia Pryor, Cancer Performance Lead Jinette Mathieson, Cancer Nurse Consultant/CNS Strategic Lead/Lead Nurse Cancer Triumvirate (Cancer Performance Triumvirate)

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendations

- review and scrutinise the information provided in this paper and confirm that it provides assurance about the appropriate alignment of services and the investment in equipment and staffing, using the allocation of both recurring and non-recurring funding, to deliver improvement in performance towards the national cancer waiting times standards for 31 and 62 days by March 2026 on the trajectories provided in Appendix 7
- note that some of the activity for improvement in trajectories is funded by non-recurring funding which poses a risk to sustained improvement beyond 2025 /26 financial year
- note that achievement of the national standards is assessed across the whole group of cancer pathways, not against each individual pathway
- note that by March 2026 all pathways except urology are anticipated to achieve the national standard of 95% of patients starting treatment within 31 days of decision to treat and that it is anticipated that there will be overall performance of 85% of patients starting treatment within 62 days of receipt of referral for suspicion of cancer, with challenges remaining in the colorectal, urology and melanoma pathways.

- Note that the cancer activity plan has been developed to deal with the current backlog of activity rather than on a population health needs assessment and future demand
- Note that assurance on performance against the trajectories provided in Appendix 7 will be to the Performance Assurance, Finance and Infrastructure Committee at the mid and end year points and that the Chair of the committee will agree the exact reporting dates with the Acute Medical Director.

This report relates to:

- Board Annual Delivery Plan – Cancer Performance

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to meet population demand for Planned Care

2 Report summary

2.1 Situation

The national cancer waiting time standards, as determined by the Scottish Government, have been in place since April 2012. The standards are:

62-day standard

62-day standard from receipt of referral to treatment for all cancers.

This applies to each of the following groups:

- any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist
- any screened-positive patients who are referred through a national cancer screening programme
- any direct referral to hospital where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines (for example self-referral to A&E).

31-day standard

31-day standard from decision to treat until first treatment for all cancers, no matter how patients were referred.

The target NHS Boards aim to achieve is 95% of eligible patients should start treatment within 62 days of urgent suspicion of cancer referral, and 31 days from the decision to treat. As part of a patient's treatment pathway there can be delays that are beyond the Board's control, and in these cases waiting times adjustments can be made to discount periods of patient unavailability and medical suspensions. The reported cancer waiting time performance takes account of these adjustments.

In NHS Grampian there is a dedicated team of cancer trackers and MDT co-ordinators who actively monitor all patients referred as Urgent Suspicion of Cancer, to diagnosis and first treatment to ensure they move through their pathways, keeping within agreed milestones. It is the role of this team to escalate deflection of patient in cancer pathways for prompt action to bring the patient's waiting time back in line with targets, and to record pathway data including waiting times adjustments as agreed nationally. Cancer trackers have a close working relationship with service teams to allow for effective escalation and request support to progress a patient's journey. The team are supported by a senior data analyst who ensures data capture is accurate and has been validated before submission to Public Health Scotland who publish quarterly reports on cancer waiting times performance for all NHS Boards.

Public Health Scotland completed an audit in 2022 to gather assurance that all NHS Boards are adhering to the Data & Definitions Manual in the application of cancer waiting times adjustments. NHS Grampian were reported to be 96.7% compliant in accuracy of the data recording, which was commended.

Across NHS Scotland, each Cancer centre is responsible and accountable for delivering the 62- & 31-day standards for the following tumour group pathways:

- Breast (Screened and non-screened)
- Cervical (Screened and non-screened)
- Colorectal (Screened and non-screened)
- Melanoma
- Head & Neck
- Upper gastrointestinal (Hepato-Pancreato-Biliary + Oesophagogastric)
- Lung
- Lymphoma
- Ovarian
- Urological (Prostate, Bladder, Other)

In addition, Scotland operates three national cancer screening programmes aimed at early detection and prevention:

1. Breast Screening

- Offered every 3 years to women and individuals assigned female at birth aged 50 - 70
- Involves mammography to detect early signs of breast cancer

2. Cervical Screening

- Offered every 5 years to individuals with a cervix aged 25 - 64
- Uses HPV testing to identify risk of cervical cancer before it develops

3. Bowel Screening

- Offered every 2 years to individuals aged 50 - 74
- Uses the FIT (Faecal Immunochemical Test) to detect hidden blood in stool, which may indicate bowel cancer. Testing following a positive screening result often leads to a colonoscopy.

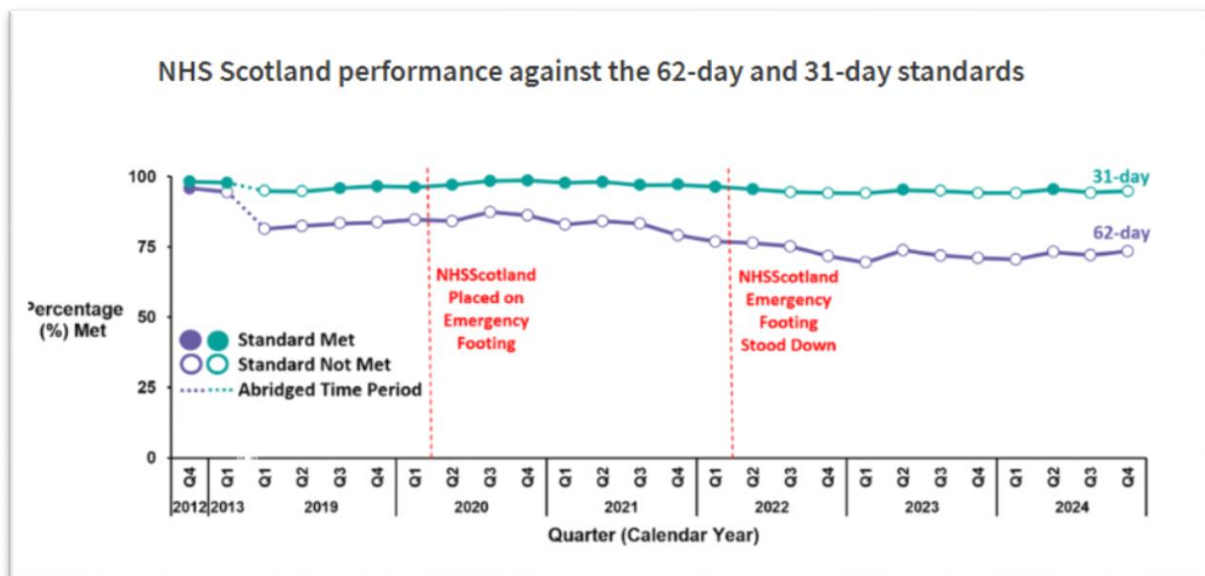
Public Health Scotland plays a key role in promoting the participation in screening programmes through health awareness campaigns. Public Health Scotland collect and analyse the screening data to assess programme effectiveness and to ensure NHS boards are delivering services to high clinical and operational standards. They also work to reduce inequalities in screening uptake across the population.

This paper presents the NHS Grampian Operational Improvement Plan to the Board for assurance as we align services against the ambition to deliver against the national cancer waiting times standards. We set out the modelling that underpins this plan, the additional activity and our plans to monitor performance and outcome. Due to the nature of the plan and activity-based funding, we acknowledge it is a plan that is reactive and underpinned not by population assessment and need but current backlog. It is one of several plans that together bring the balance between treatment and prevention required in our system.

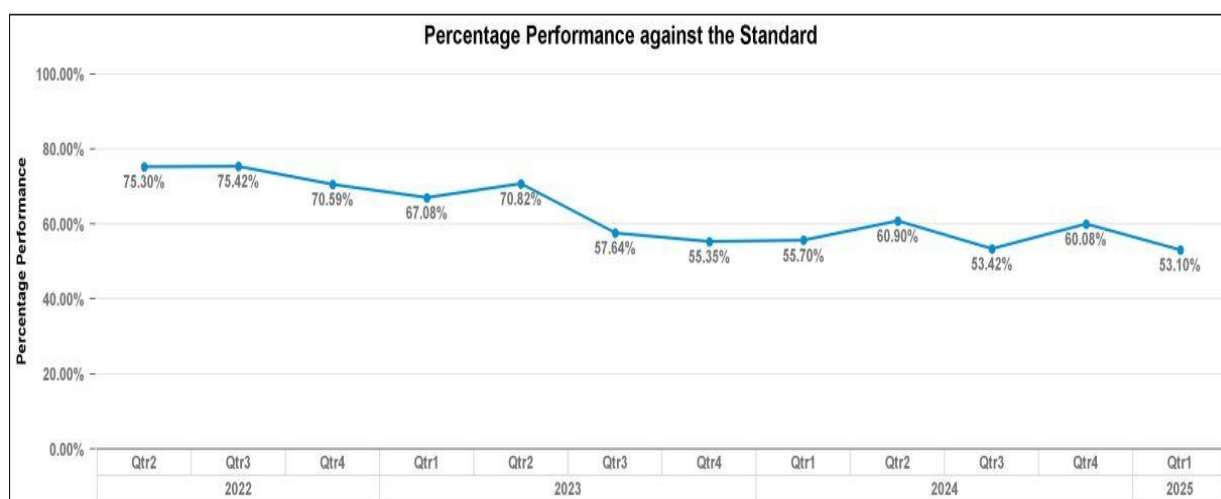
2.2 Background

Current position:

NHS Grampian has failed to meet the 62-day target of 95% since the standards were introduced in 2012, with the highest recorded performance being 94.6% in September 2013. The position continues to decline with the latest reported performance in April 2025 being 53.3%. The failure to meet the performance target and declining performance position is consistent with the national picture.



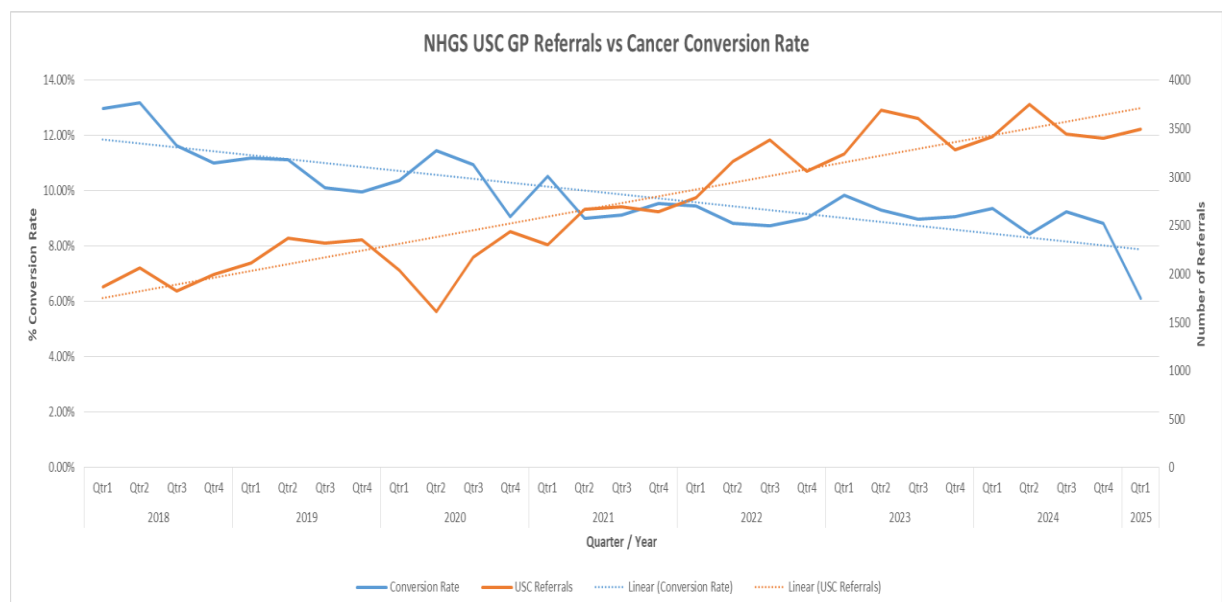
NHS Grampian performance against 62-day standard



Demand:

There has been a surge in the number of Urgent Suspicion of Cancer referrals being received which has been attributed to factors such as backlogs caused by the Covid-19 pandemic, public health awareness with a drive for earlier diagnosis, and an ageing population. The deteriorating health of the Scottish population has been previously reported in publications from the office of the CMO (Chief Medical Officer).

An increase in suspected cancer referrals significantly contributes to an increased demand for several clinical and diagnostic services. This may lead to delays in diagnosis, treatment, and potentially, poorer patient outcomes across both Cancer and non-cancer services. Despite an increase in referrals, the conversion rate to a confirmed diagnosis has been decreasing which is suggestive of a multifactorial change in the environment not currently fully understood.



National Cancer Framework:

Scottish Government initially launched the Framework for Effective Cancer Management in 2021 with a refreshed version being published in March 2025 (see Appendix 1). The framework incorporates ten key elements to guide NHS boards in planning and delivering cancer services. These elements, including corporate responsibility and pathway management, are designed to support the achievement of national cancer waiting times standards and improve patient outcomes. The refreshed framework has been expanded to include data collection to monitor demand and capacity as well as incorporating patient experience / feedback as standard practice in cancer service planning. The first iteration of the framework was monitored through quarterly self-evaluation reported to Scottish Government, this was received with positive feedback on progress to implement this framework within NHS Grampian. It is indicated that this self-evaluation process will continue with the addition of defined outcome measures to quantify delivery.

2.3 Assessment

The refreshed Framework for Effective Cancer Management has aligned the pillars of Corporate Responsibility, Collective Strength and Patient Voice at its centre (see Appendix 2). It is the role of the Cancer Performance triumvirate to collaborate in communication and strategic planning with relevant local, regional and national multi-disciplinary teams involved in cancer care, including third sector and primary care, by establishing links and attending meetings. An outline of the network currently in place for governance and information linkage can be seen in Appendix 3. Collective engagement, across all health boards, around key actions are led through the national Cancer Performance Delivery Board.

One of the actions in the framework focusses on the Once for Scotland Effective Breach Analysis (EBA) process which was launched in January 2023 (see appendix 4). Effective Breach Analysis takes place in collaboration with management teams and clinicians, to support data validation when a breach of cancer waiting times target occurs, governance around escalation of cancer pathway 'pinch points' as well as providing an opportunity for shared learning to mitigate future breaches. An outline of the analysis mechanisms in place within NHS Grampian can be seen in Appendix 5.

Impact of Effective Breach Analysis:

An example of a breach analysis process that has informed positive change is illustrated in the NHSG Lung Cancer pathway (See Appendix 6). The analysis of real time pathway breaches indicates that turnaround times for pathology and genomics results are on average almost double the 10-day target set within the national pathway guidance. The cancer performance team have worked in collaboration with laboratory services to develop plans to reduce the time in this step of the patient pathway. Business cases were submitted to Scottish Government and non-recurring funding has been awarded for 25/26 for additional equipment (£42,000) and staffing (£188,085). It is anticipated once plans are operational (expected Q3 2025) the turnaround times will significantly reduce to meet the 10-day target. The impact on this pathway and secondary impact in other pathways will be monitored and shared for learning and further improvement / change.

Increasingly the breach analysis outputs have been used to help understand where resource may be targeted for maximum performance. An overview of the funded programmes that have been informed by the breach analysis process to date are demonstrated as per the table below:

	Financial Year		
Pathway	2023 - 2024	2024 - 2025	2025 - 2026
Breast	<p>Theatre scheduling efficiencies through use of RF tags and additional lists for radiological procedures</p> <p>Appointment to substantive oncology consultant</p> <p>Additional staffing to support clinics</p>	<p>Use of 'See and Treat' capacity at Forth Valley Hospital</p>	<p>Theatre scheduling efficiencies through use of RF tags and additional lists for radiological procedures</p> <p>Additional staffing to support clinics</p> <p>Patient navigators</p>
Cervical	<p>Additional nursing and consultant staff to support clinics</p>	<p>Additional nursing staff to support clinics</p>	<p>Additional nursing staff to support clinics</p>
Colorectal	<p>Endoscopy capacity</p> <p>Radiology capacity</p> <p>Use of Golden Jubilee Hospital for endoscopy and theatre capacity</p>	<p>Endoscopy capacity</p> <p>Radiology capacity</p> <p>Use of Golden Jubilee Hospital for endoscopy and theatre capacity</p> <p>Trial of innovative technology to release endoscopy capacity for suspected cancer patients</p>	<p>Endoscopy capacity</p> <p>Additional nursing for pre-assessment</p>
Head & Neck		<p>3D scanner and printer to reduced waits for planning before radiotherapy</p> <p>Upgrade to infrastructure to increase PET scanning capacity</p> <p>Staffing and equipment to develop one stop clinic</p>	<p>Staffing and equipment to develop one stop clinic</p> <p>Equipment for restorative dentistry to reduce time to treatment planning</p> <p>Support staff</p>
Lung	<p>Chest X-Ray</p> <p>Artificial Intelligence Pathway</p>	<p>Chest X-Ray Artificial Intelligence Pathway</p>	<p>Chest X-Ray Artificial Intelligence Pathway</p>

	Equipment for specialist procedures to reduce need for surgical intervention Additional staffing to support clinics		Equipment for specialist procedures to reduce need for multiple diagnostic tests Additional staffing to support clinics
Lymphoma	Consultant post	Consultant post Extended operating days to increase capacity	
Melanoma	Cancer Nurse Specialist and Speciality Doctor posts to manage increase in demand	Cancer Nurse Specialist and Speciality Doctor posts to manage increase in demand Substantive recruitment to consultant posts External provider to conduct clinics	
Ovarian	Appointment to a regional pathway co-ordinator	Additionality for diagnostic clinic capacity	Additional nursing staff to support clinics Hysteroscopes for use in additional clinics Cancer Nurse specialist post
Upper GI	Endoscopy Capacity	Endoscopy Capacity	
Urology	Additional nursing staff MRI capacity	Additional nursing staff Oncology consultant post	
All Pathways	Cancer management, MDT Co-Ordinator and tracking staff	Cancer management, MDT Co-Ordinator and tracking staff	Cancer management, MDT Co-Ordinator and tracking staff

	Pathology staffing re-design to support turnaround times	Pathology staffing re-design to support turnaround times Additional staffing hours to increase radiotherapy capacity Theatre staffing to operate extended operating days across several specialties.	Pathology staffing re-design to support turnaround times Extension to use of radiotherapy machine and additional staffing to increase capacity Equipment to reduce turnaround times for pathology results Staffing to maintain capacity in PET scanning Theatre staffing to operate extended operating days across several specialties Pharmacy staffing to meet demand of dispensing chemo drugs
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Information gathered throughout the continual breach analysis process has been used to inform performance trajectories and develop the annual Cancer Improvement Plan along with business case bids submitted to Scottish Government with the aim to improve performance by March 2026.

A total of 36 bids for planned care have been approved totalling up to £6,987,204. Of the awarded bids, 20 (55%) of these bids, totalling approximately £1.5m, are cancer pathway focussed. In addition, funding packages have been awarded to support additionality in the key diagnostic pathways through endoscopy and radiology.

£2,557,250 (non – recurring) for endoscopy

£3,303,950 (non – recurring) for radiology

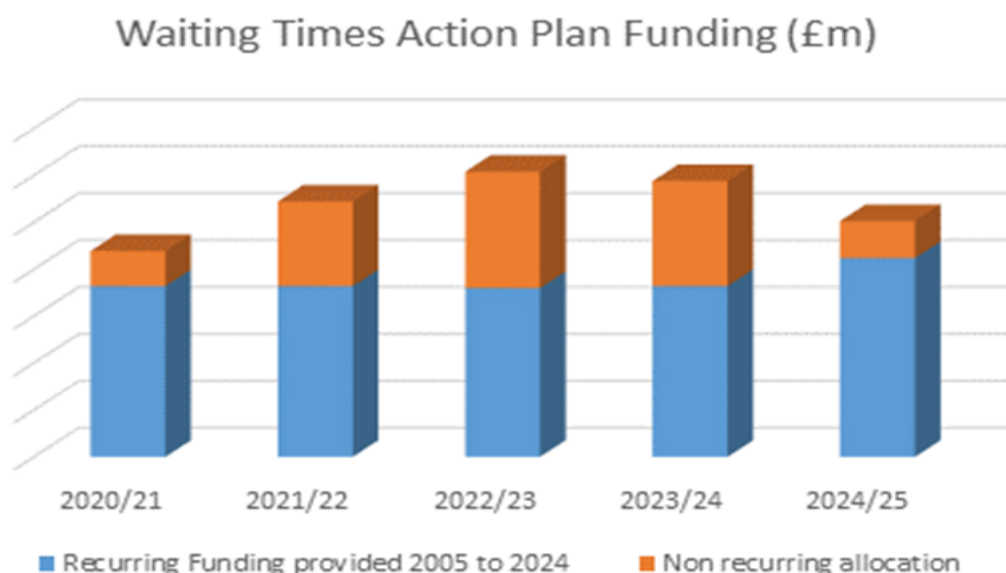
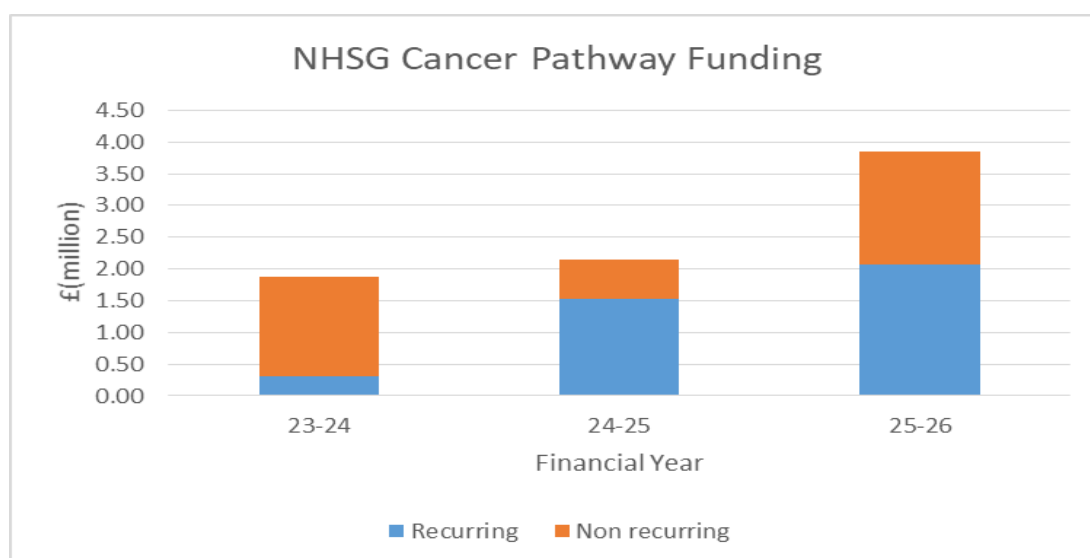
Additionality is in the process of being operationalised, however many of the cancer bids are non-recurring which is a risk to any sustained improvement.

Cancer Waiting Times Performance Trajectories by March 2026

Overall	Before funding award	After funding award
31-day performance	90%	95%
62-day performance	56%	85%

Further detail around performance trajectories can be found in Appendix 8. The lowest pathway performance by March 2026 will be seen in the Colorectal, Dermatology and Urology pathways.

Although a proportion of funding for 25/26 is non-recurring, it is recognised that cancer pathway funding has increased with support from the Scottish Government Cancer Delivery Team with a shift away from non-recurring to recurring funding. This increase in funding is consistent with the overall planned care waiting times funding as detailed in the graphs below:

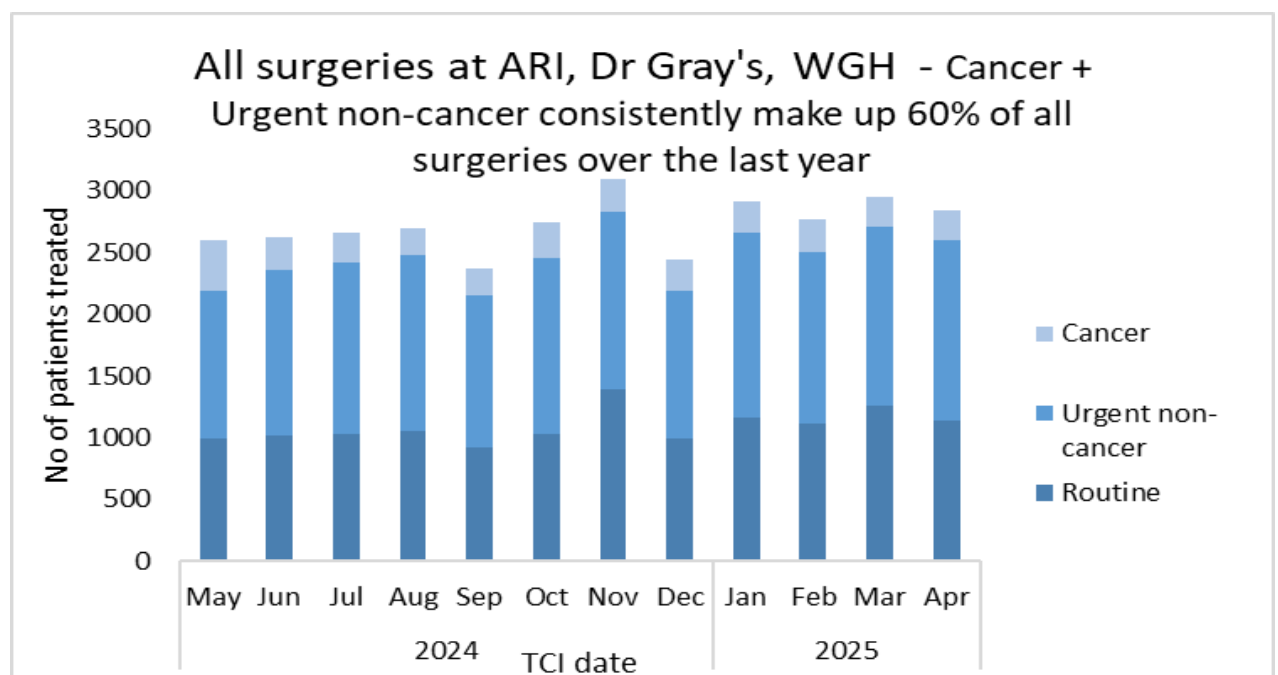


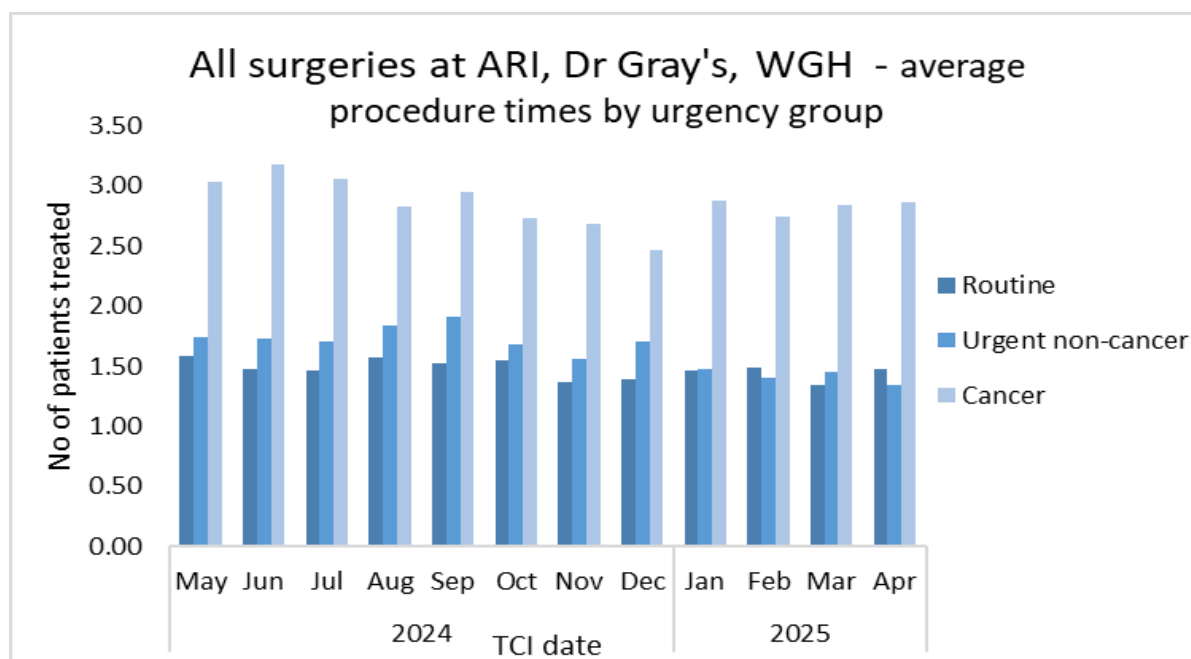
Despite the increase in funding, failure to meet cancer performance targets is driven by a continual increase in Urgent Suspicion of Cancer referrals with demand continuing to outweigh capacity. This has resulted in the generation of backlogs in diagnosing and treating cancer.

Operational teams continue to regulate activity to match the demand profile and treat cancer as a priority amongst competing demands of non-cancer work. This focus is very much supported by management and leadership teams at all levels and a significant diversion of our capacity to support cancer pathways.

Our internal review reports that 75% of all CT scanning and 50% of all MRI scanning undertaken is related to cancer pathways.

Similarly, in the 31-day pathway standing clinical prioritisation groups continue to provide governance and assurance over alignment of theatre sessions based on demand. Currently, 60% of theatre activity, pan Grampian, is directed to Cancer and Urgent non-cancer cases. Further data analysis indicates that 25-50% of urgent non-cancer activity is linked to patients who convert to being on a cancer pathway. In the context of utilising resource towards cancer as a priority, data shows cancer cases in theatre take twice the average procedure times over routine non cancer cases, with the large pool of urgent non-cancers taking 10-20% longer than routine non cancer cases.





In efforts to recover backlogs and reform cancer pathway delivery, there continues to be a drive for transformative change. Some programmes of work that seek to improve the position of the lowest performing pathways are:

Colorectal

Endoscopy capacity workshops have been led by the North Cancer Alliance (NCA) which aim to map shared pathway challenges across the North of Scotland area and support development of a regional pathway approach to reduce cancer diagnostic backlogs. Further output from this project is awaited.

A pilot pathway project is underway in collaboration with the Golden Jubilee National Hospital (GJNH). The proposal will seek to redirect citizens of NHS Grampian with a positive bowel screening result to capacity at GJNH for an initial period of 12-months. The aim is to deliver improved performance for our screening service (Prevention-Early Diagnosis) and allow local capacity and flow to continue responding to high-risk acute patients; support resilience in our workforce and provide a less complex environment for reform. There is high commitment from leadership, management and triumvirates across the services in Golden Jubilee Hospital, Centre for Sustainable Delivery (CfSD), Public Health NHSG and our clinical teams.

Dermatology

A software application to make images available at referral stage has been rolled out across practices to enhance triage at vetting stage. This has been reported to reduce referrals by 30%.

A dedicated local project team is also tasked with embedding the use of digital dermatology within NHS Grampian, supporting the submission of progress updates to CfSD, and

working towards achieving the Scottish Government's target of ensuring that 90% of dermatology referrals include a triage-suitable image by September 2025.

Urology

The Centre for Sustainable Delivery (CfSD) has been developing a cancer Demand, Capacity, Activity, Queue (DCAQ) service planning pack utilising multiple data sources to capture a baseline of capacity requirements based on demand. The prostate pathway has been the main area of focus due to national challenges in meeting demand. NHS Grampian have fully engaged in the development of this tool which will be used to inform national utilisation of resource on a cross-board basis.

2.3.1 Quality / Patient Care

Long waits remain an impediment to high quality patient care and experience. Our high-level assessment remains that the current delays are not leading to causal mortality, though they are leading to a range of quality-of-life issues and additional social and health care consumption costs whilst waiting.

As outlined in Appendix 3 the cancer performance team have a wide network of linkage cross-system with opportunity to receive information regarding impacts to quality and patient care. Furthermore, there are several governance structures designed to gather assurance of patient care and action mitigations to patient harm. The groups include:

- GP Sub Committee
- Cancer Quality Performance Indicators (QPIs)
- 30-day SACT mortality report
- Surgical Morbidity and Mortality meetings
- SACT CEL30 audit

Programmes of work are in place to support patients during extended waits on an urgent suspicion of cancer pathway. The Single Point of Contact service was implemented in 2023 with patients referred on a suspected cancer pathway being signposted to the single point of contact line for support with concerns during their wait. A scalability assessment has recently been completed by Healthcare Improvement Scotland which will be used to inform continuation of the Single Point of Contact model across all Health Boards (See Appendix 6).

A key action within the national Operational Improvement Plan is the expansion of Rapid Cancer Diagnostic Services designed to improve the quality of fast-track diagnostic pathways for suspected cancer patients who present with non-specific symptoms. NHS Grampian have an operational pathway in place for GPs to refer patients with non-specific symptoms directly for a CT scan. Work is underway to streamline the management of these patients, in collaboration with the single point of contact service, with aim to enhance the pathway in line with the Rapid Cancer Diagnostic Services model.

2.3.2 Workforce

The current length of wait is demotivating for all staff involved in the process across the health care system. The level of additional activity that has been funded this financial year to support cancer pathways has been well received by clinical teams.

As part of the work commissioned by the Cancer Policy Team of the Scottish Government, NHS Grampian Department of Oncology has engaged in discussions with the other Cancer Centres involved in the provision of Oncology services across Scotland. The Coordination Oncology Group, with representation of the Clinical Directors and Operational Managers of the 5 Cancer Centres, has coordinated arrangements to provide mutual aid to those centres requiring support. NHS Grampian contributes to the provision of Oncology services in neighbouring health boards for several tumour sites (i.e. brain tumours, germ cell cancers, colorectal cancer). While some of this support is included in NHS Grampian consultants' job plans with funding provided from the receiving board, there is a growing ask to provide support on tumour sites, where no additional capacity can be created, on mutual detriment basis. This affects negatively NHS Grampian performance and increases pressure clinicians are under to deliver the service.

2.3.3 Financial

The financial aspects are managed via the planned care allocation from Scottish Government. There has been a clear commitment from the Executive Team to protect core provision from erosion due to the requirement to make further financial savings using the Finding Balance methodology when assessing savings proposals.

2.3.4 Risk Assessment / Management

NHS Grampian operates a hierarchy of Risk Registers. This strategic risk is supported by a pyramid of supporting risks at the Acute Sector and downwards. The specificity of each risk is appropriately tiered to the level of the Risk Register. We would expect this to continue to evolve and be managed dynamically overtime.

2.3.5 Equality and Diversity, including health inequalities

An assessment of cancer pathway backlog based on postcode region has been undertaken to ascertain if there are inequalities in access based on demographic area.

The data would indicate there is equality in levels of referral and access to services (see Appendix 9)

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

2.3.8 Route to the Meeting

Plans for additional funds for 2025/26 progressed through all services with clinical teams and triumvirates together with discussions at Advisory boards (Area Clinical Forum & Consultant Staff Committee) and Planned Care Portfolio and Chief Executive Team. This paper was presented at the CET on 20 May 2025.

2.4 Recommendation

The Board is asked to:

- review and scrutinise the information provided in this paper and confirm that it provides assurance about the appropriate alignment of services and the investment in equipment and staffing, using the allocation of both recurring and non-recurring funding, to deliver improvement in performance towards the national cancer waiting times standards for 31 and 62 days by March 2026 on the trajectories provided in Appendix 7
- note that some of the activity for improvement in trajectories is funded by non-recurring funding which poses a risk to sustained improvement beyond 2025 /26 financial year
- note that achievement of the national standards is assessed across the whole group of cancer pathways, not against each individual pathway
- note that by March 2026 all pathways except urology are anticipated to achieve the national standard of 95% of patients starting treatment within 31 days of decision to treat and that it is anticipated that there will be overall performance of 85% of patients starting treatment within 62 days of receipt of referral for suspicion of cancer, with challenges remaining in the colorectal, urology and melanoma pathways.
- Note that the cancer activity plan has been developed to deal with the current backlog of activity rather than on a population health needs assessment and future demand.
- Note that assurance on performance against the trajectories provided in Appendix 7 will be to the Performance Assurance, Finance and Infrastructure Committee at the mid and end year points and that the Chair of the committee will agree the exact reporting dates with the Acute Medical Director.

3 List of appendices

The following appendix/appendices are included with this report:

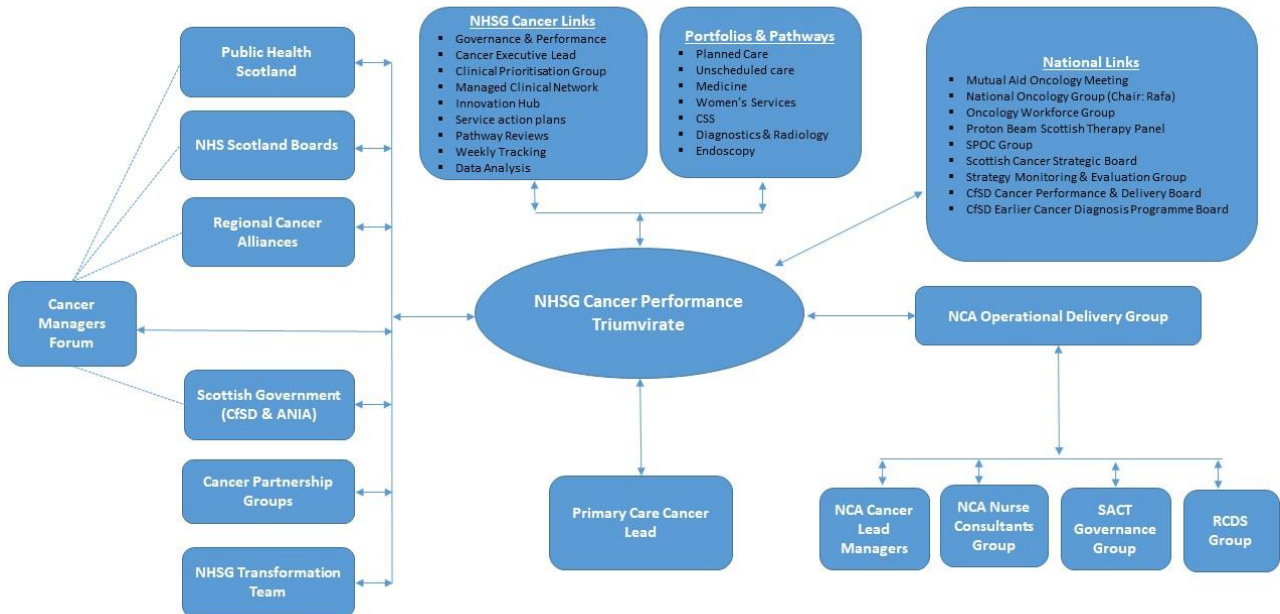
- Appendix 1 – Framework for Effective Cancer Management - <https://www.gov.scot/publications/framework-effective-cancer-management-2/>
- Appendix 2 – The Framework’s Ten Key Elements
- Appendix 3 – NHSG Cancer Groups & Communication Interface
- Appendix 4 – Effective Breach Analysis Process - <https://www.gov.scot/publications/once-scotland-cancer-waiting-times-effective-breach-analysis-2023/>
- Appendix 5 – Breach Escalation Flowchart
- Appendix 6 – Lung Cancer Pathway Breach Analysis
- Appendix 7 – NHSG Cancer Performance Trajectories
- Appendix 8 – HIS Scalability Assessment for Single Point of Contact for Cancer Care <https://www.healthcareimprovementscotland.scot/publications/scalability-assessment-for-single-point-of-contact-for-cancer-care-march-2025/>
- Appendix 9 - Average percentage proportion of Urgent suspicion of cancer referrals, Backlog and Conversion to a confirmed cancer diagnosis by demographic area

The Framework's Ten Key Elements

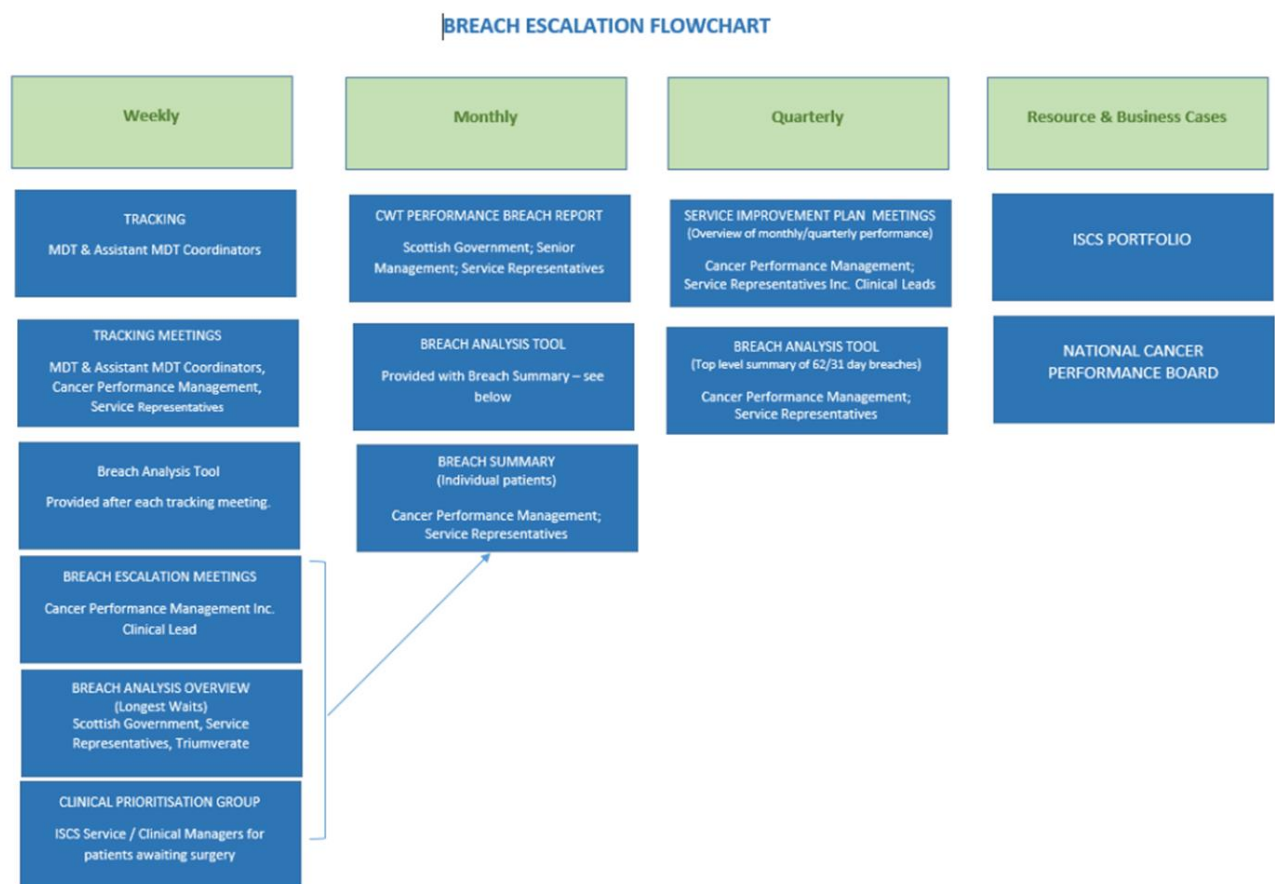


Appendix 3 - NHSG Cancer Groups & Communication Interface

NHSG Cancer Groups & Communication Interface

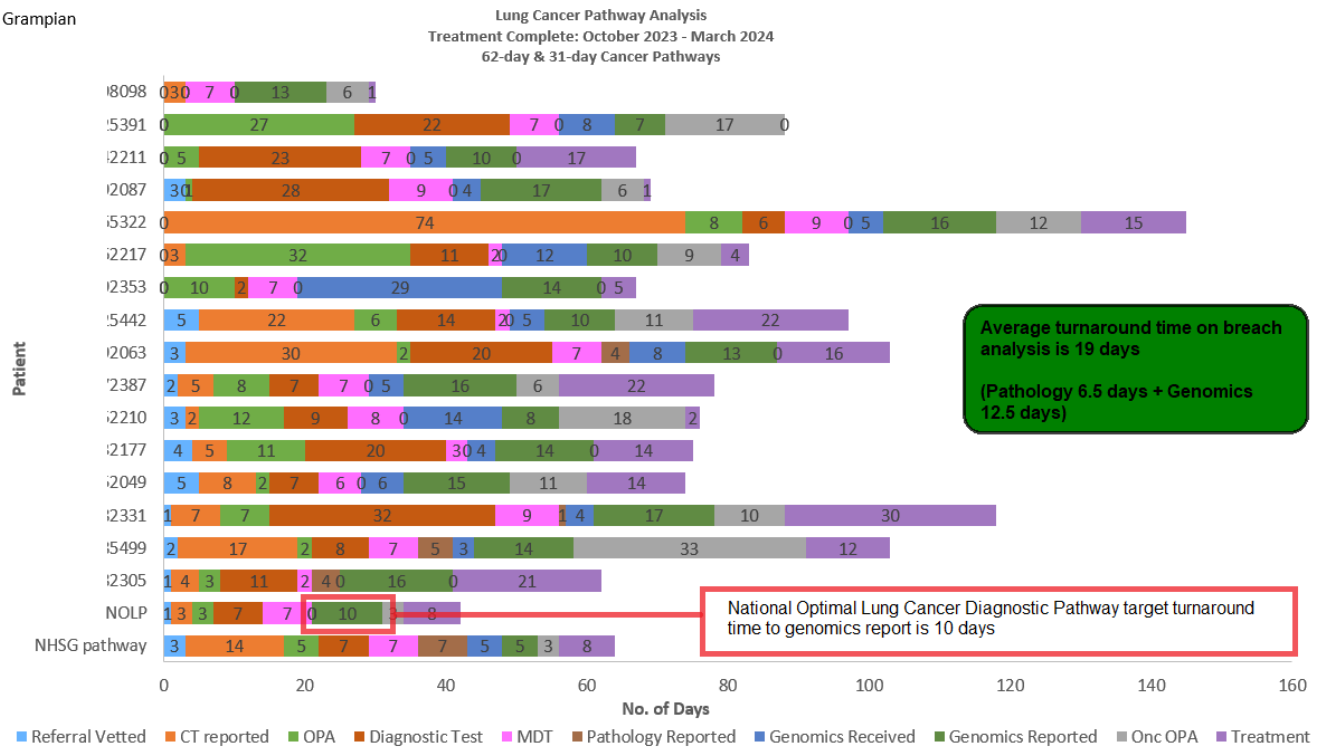


Appendix 5 - Breach Escalation Flowchart



Appendix 6 - Lung Cancer Pathway Breach Analysis

NHS Grampian



Appendix 7 - NHSG Cancer Performance Trajectories

1.5 Trajectories for delivering standards: Cancer						
Cancer						
TOTAL - all specialties	Latest Actuals - 31-Dec-24	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	56%	56%	58%	67%	76%	85%
31 Day Standard	88%	92%	92%	93%	94%	95%
Cancer - Breast	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	74%	75%	75%	80%	85%	90%
31 Day Standard	84%	92%	92%	95%	95%	95%
Cancer - Cervical	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	75%	50%	55%	75%	85%	95%
31 Day Standard	100%	95%	95%	95%	95%	95%
Cancer - Colorectal	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	24%	25%	25%	35%	45%	55%
31 Day Standard	86%	90%	90%	90%	90%	95%
Cancer - Head & Neck	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	44%	80%	80%	85%	90%	90%
31 Day Standard	95%	95%	95%	95%	95%	95%
Cancer - Lung	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	81%	75%	80%	85%	90%	95%
31 Day Standard	100%	95%	95%	95%	95%	95%
Cancer - Lymphoma	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	50%	50%	50%	65%	80%	90%
31 Day Standard	96%	95%	95%	95%	95%	95%
Cancer - Melanoma	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	28%	20%	20%	40%	60%	80%
31 Day Standard	100%	95%	95%	95%	95%	95%
Cancer - Ovarian	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	78%	60%	65%	75%	85%	95%
31 Day Standard	100%	95%	95%	95%	95%	95%
Cancer - Upper GI	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	84%	80%	85%	85%	90%	90%
31 Day Standard	100%	95%	95%	95%	95%	95%
Cancer - Urology	Latest Actual	31-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	31-Mar-26
62 day Standard	36%	45%	45%	45%	50%	55%
31 Day Standard	77%	75%	75%	80%	85%	90%

Appendix 9 - Average percentage proportion of Urgent suspicion of cancer referrals, Backlog and Conversion to a confirmed cancer diagnosis by demographic area

NHS Grampian		
Population by Area		
Area	Population	% Population
Aberdeen City	224,190	38.51%
Aberdeenshire	263,750	45.30%
Moray	94,280	16.19%
Grand Total	582,220	100.00%
Population figures based on 2022 data		

NHS Grampian average percentage proportion of Urgent Suspicion of Cancer (USC) referrals, Backlog and Conversion to a positive cancer diagnosis over the last 5 years (2020 – 2024) by demographic area

	USC Referrals	Backlog	Conversion to Cancer diagnosis
Aberdeen City	30.96%	28.86%	30.28%
Aberdeenshire	52.31%	52.67%	53.61%
Moray	16.73%	18.48%	16.11%