Cancer performance in Brighton and Hove -Diagnosis to Treatment

Purpose of the report and policy context

The purpose of this paper is to report on cancer performance in Brighton and Hove, specifically looking at diagnosis to treatment times. Data is presented which allows comparison within Sussex and nationally, and highlights areas where improvement work is required to meet the national cancer performance standards.

Recommendations
Committee to note the information provided on the performance against the nationally agreed cancer performance targets and to note the actions articulated in the Commissioning Intentions for the system in 2026/7 (in line with the NHS 10 Year Health Plan)

Context and background information:

- **Cancer Performance Targets**
- **System actions to support sustainable recovery of cancer performance at University Hospitals Sussex NHS Foundation Trust**

Context and background

The earlier a cancer can be diagnosed and treatment commenced, the wider the treatment options and the greater the chance of making a good recovery. For example, in the UK the 5-year survival rate for people diagnosed with bowel cancer at stage I, where the cancer is small and has not spread is 85%, compared to just 10% when diagnosed at stage IV where the cancer is metastatic and has spread to at least one other organ. A recent BMJ paper looking at the impact of delay on mortality concluded that even a four-week delay of cancer treatment was associated with increased mortality across surgical, systemic treatment, and radiotherapy indications for the seven cancers in the study.
https://www.bmj.com/content/371/bmj.m4087

There are several points that facilitate the optimisation of this patient journey, and efforts are centred around:

- **Early diagnosis** – via screening programmes and symptom awareness (as measured by the staging of cancers – early stage is identified as stage 1 or 2)
- **Faster diagnosis** – via timely access to diagnostic tests (as measured by the 28 day* faster diagnosis standard)
- **Timely initiation of treatment** – via consultant led services for surgery, anti-cancer drug therapy and/or radiotherapy (as measured by the 31-day and 62-day* treatment standards)
- **See Appendix 1 (section 3.0) for details of the cancer waiting times (CWT) standards and the national operating plan targets against these standards for 2025/26*

The paper will place University Hospitals Sussex NHS Foundation Trust's (UHSx) performance in context of the national position and within the local system, as well as the wider Surrey and Sussex Cancer Alliance (SSCA) footprint.

The paper concentrates primarily on the diagnosis to treatment rates for cancer patients at UHSx and presents data highlighting the current experience of cancer care within the Brighton and Hove population, as this is considered of most interest to the Health Overview and Scrutiny Committee.

Summary of Cancer Outcomes:

There is a known data lag in terms of understanding overall cancer patient outcomes. However, the following headlines are provided in the context of available data regarding survivorship.

- **One year survival –** In January 2020 (latest available data) the proportion of people that survive cancer for at least one year after diagnosis in the Brighton and Hove population was **74.6%**. This was below the Sussex average (75.4%), but equal to the national average at 74.6%.

- **Five year survival** – In January 2016 (latest available data) the proportion of people that survive cancer for at least five years after diagnosis in the **Sussex** population was 56.4% compared to a national position of 55.7% (0.7% higher). **NB** This data is not available for the Brighton and Hove population.

However, it is recognised that the relative positions in Sussex against the national standards and outcomes should be considered in context of an aging population. University Hospitals Sussex cover a population of circa 1.28 million, with patients aged over 65 representing 13.7% of the population in Brighton and Hove and 22.9% in West Sussex compared to 18% nationally. Furthermore, 3.6% of Brighton and Hove patients are aged over 80 years, with 6.9% aged over 80 years in West Sussex compared to 5% nationally. *See Appendix 1 (section 2.0).*

It should also be acknowledged that referral rates for a suspected cancer diagnosis have also increased exponentially over recent years, whilst conversely conversion rates to a cancer diagnosis have remained relatively flat. *More detail is available in Appendix 1 to the paper (section 1.0)*.

Indeed, over the 2025 summer period, UHSx reported that suspected skin cancer referrals increased by over 30% in comparison to the same period in 2024 and remained higher for a longer period which led to their skin service generating a significant backlog of patients over 62 days – this is now on the decline.

National Cancer 'Tiering' Programme Support

During 2024/25, UHSx were placed by the national cancer 'tiering' system into Tier 1[1]. This resulted in a significant number of improvements being made by the Trust to recover their position and as a result a compliant performance trajectory was submitted to NHS England to achieve the CWT targets by the end of March 2026. This resulted in UHSx exiting Tier 1 status and is currently in Tier 2 which still renders significant NHSE oversight and scrutiny.

2025/26 Planning Requirements

Planning requirements for the system's cancer patients in 2025/26 included the following key

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areas. Work is ongoing in these areas, aimed at supporting the management of cancer referral demand and enabling faster diagnosis in the highest volume tumour sites (breast, lower gastro-intestinal (GI), gynaecology, urology):

- **Relocating Lower GI (LGI) cancer surgery from the RSCH site to Worthing** – this was successfully completed in the summer of 2025 and all patients requiring LGI cancer surgical intervention are now treated in Worthing, thereby designating Worthing as a Centre of Excellence for Colorectal Cancer Surgery. Improvement in cancer performance is now forecast, starting with improved 31-day Surgery performance following the appointment of four new cancer surgeons who are now all in post. The focus is now turning to the middle part of the pathway at point of diagnosis to 'decision to treat'. FDS performance for LGI is now performing 10% higher than the national average.

- **Maximising care for low-risk patients in non-cancer settings, including maintaining Faecal Immunochemical Testing (FIT) in lower GI pathways**. This is in place and delivering improvement in FDS performance, with UHSx performing at 10% higher than the national average. Use of FIT is high amongst referring GPs, and the FDS 'nurse-led' process is functioning well.

- **Embedding low risk pathways for post-menopausal bleeding of patients on hormone replacement therapy.** This is in place with patients now able to have a trans-vaginal ultrasound in the community, in advance of being referred into secondary care – with this ultrasound report in place there is the opportunity to place patients onto an alternative non-cancer 'bleeding on HRT' pathway. It should be noted that during 2025/26, gynaecology has been the most improved tumour site in UHSx, having significantly reduced its backlog and delivering excellent FDS and 31-day Surgery compliance. reducing its backlog by circa 90 pts and delivering excellent FDS and 31-day surgery compliance. The focus is now on the treatment part of the pathway to help improve 62-day compliance.

- **Streamlining breast pain pathways and increasing operative capacity** – this is in place, but work continues to improvement the management of patients, which is dependent on ensuring that GP referrals are received with sufficient clarity regarding the symptoms of concern. The Trust are in discussion with the 'East Kent pilot' which is allowing patients to self-refer and if referring with only pain, this allows patients to avoid mammography and triple assessment.

- **Improving tele-dermatology in urgent suspected skin cancer** - capacity for tele-dermatology has improved, however it remains insufficient to meet the increased referral demand that has been observed this year. Once the skin cancer service in UHSx has fully recovered, revised demand and capacity modelling will be completed. However, a tactical commissioning model for suspected skin cancer demand in 2026/27 will be required to help meet the summer peak demand.

- **Implementing nurse or Allied Health Professional-led local anaesthetic biopsy in the prostate cancer pathway** – training is on-going to support full implementation of this pathway across UHSx diagnostic sites.

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Cancer Waiting Times (CWT) standards

In order to set the context around the current positions against cancer waiting times standards, a more detailed explanation of the standards and the current operational targets against these are provided in Appendix 1 (section 3.0).

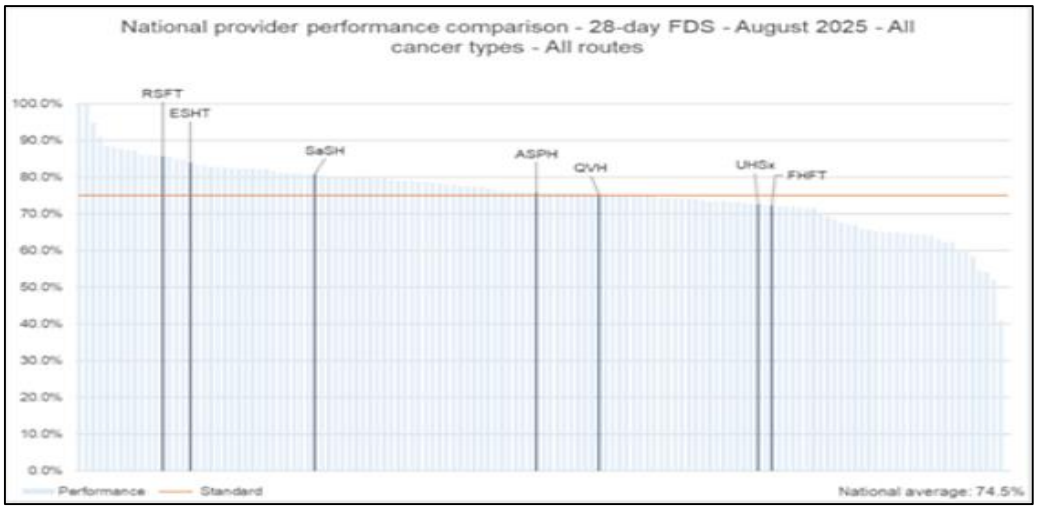
National Picture:

The 28-day faster diagnosis standard is one that has tended to be met nationally, and the year average is 76.6% (against the current operational standard of 75%), albeit this measure was narrowly missed in August (74.6%) which is likely due to seasonal variation.

The 31-day treatment standard achieved 91.6% nationally in August, a figure that has remained consistent over the past year (91.2% average). Unsurprisingly when this metric is considered by modality, drug therapy exceeds the 96% target at 98.4% average, whereas surgery and radiotherapy fall somewhat short, at 85.3% and 87.3% average respectively.

The national figure for August for the 62-day treatment standard was 69.1% (year average September 2024 to August 2025 is 68.7%) against the operational standard of 85%. **NB** *75% target by March 2026.*

The current CWT position at UHSx is challenging in comparison with other providers both nationally and within the Sussex system, as well as within the overall Surrey and Sussex Cancer Alliance footprint. This is demonstrated in the charts below showing their relative positions against the FDS and 62-day treatment standard.



The above chart demonstrates that there is a 13.4 percentage point gap across the Surrey and Sussex system, with wide variation remaining amongst providers as compared nationally. The position in August 2025 demonstrates that UHSx are below the 75% standard, a deterioration from their significantly improved position at the beginning of 2025/26.

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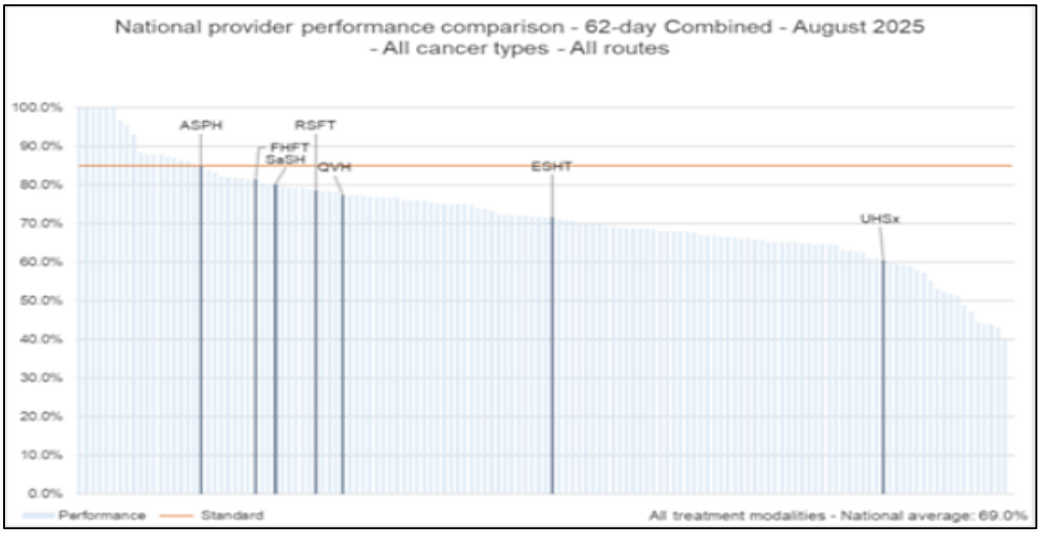


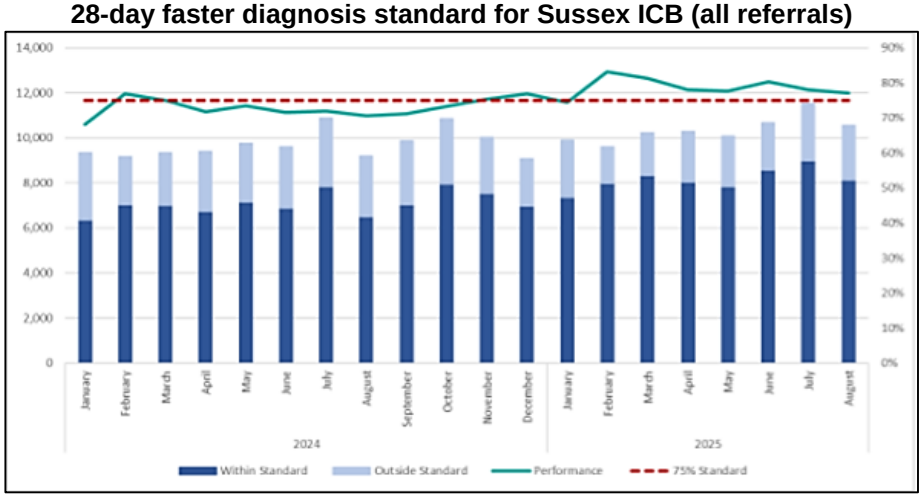
Similarly, wide trust variation remains in the 62-day standard for August 2025, with a 24.4 percentage point gap. None of the Surrey and Sussex Trusts met the 85% standard, however all but UHSx and East Sussex Healthcare NHS Trust (ESHT) met the 75% ambition.

Commentary regarding the 'unvalidated' September position at UHSx is provided in the Appendix. *(section 3.0)*

Sussex ICB Picture:

Following a significant period of underperformance across Sussex against the FDS performance in 2024/25, Trusts have worked hard to recover their positions, (including specific 'tiering' support from NHSE to UHSx to recover their position). Sussex is now ahead of national performance for 28-day FDS at **77.0%** in August (77.2% year average). The target has been met for nine of the past ten months and has exceeded 80% on three occasions.

28-day faster diagnosis standard for Sussex ICB (all referrals)



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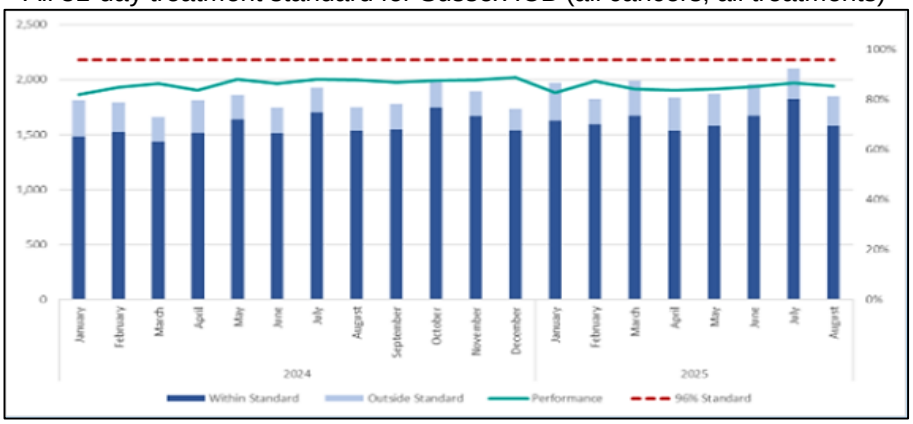
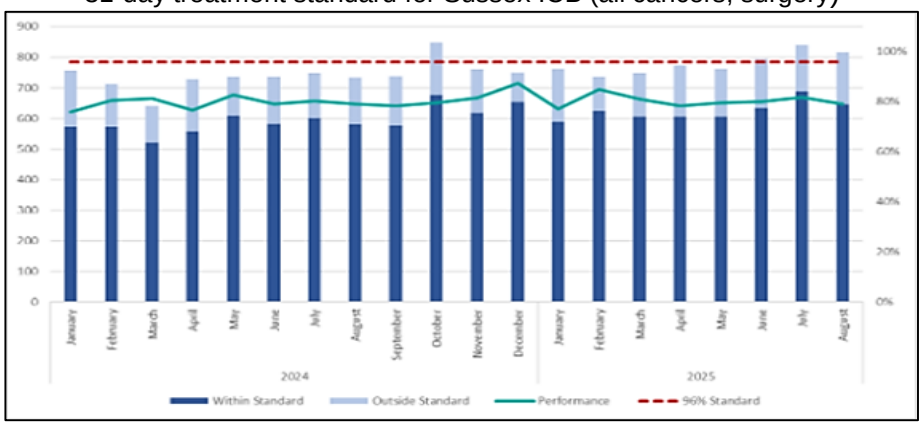
From a Sussex perspective, regrettably the 31-day treatment standard has declined in August, achieving **85.3%** (year average 85.8%), which remains considerably behind national performance (91.6%). Drug therapy performance was 94.5% and has shown a decline this year compared to last (98.0% 2024 average vs 95.6% 2025 average year to date) and has failed to reach target for the past four months. Surgery performance for August was 79.2% (year average 80.7%) and radiotherapy performance was 78.7% (year average 75.3%).

This variance is demonstrated in the below charts:

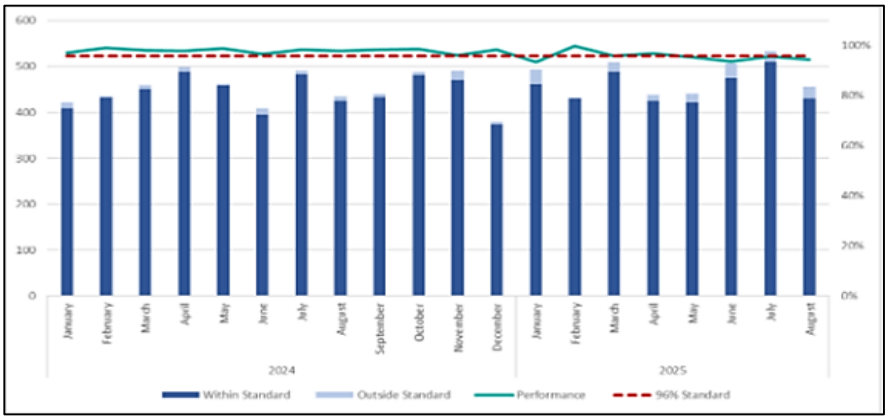
All 31-day treatment standard for Sussex ICB (all cancers, all treatments)



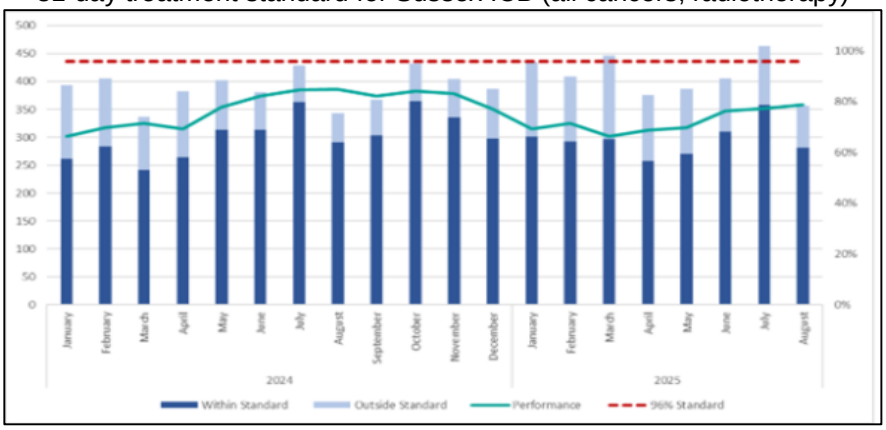
31-day treatment standard for Sussex ICB (all cancers, surgery)



31-day treatment standard for Sussex ICB (all cancers, anti-cancer drug regimen)

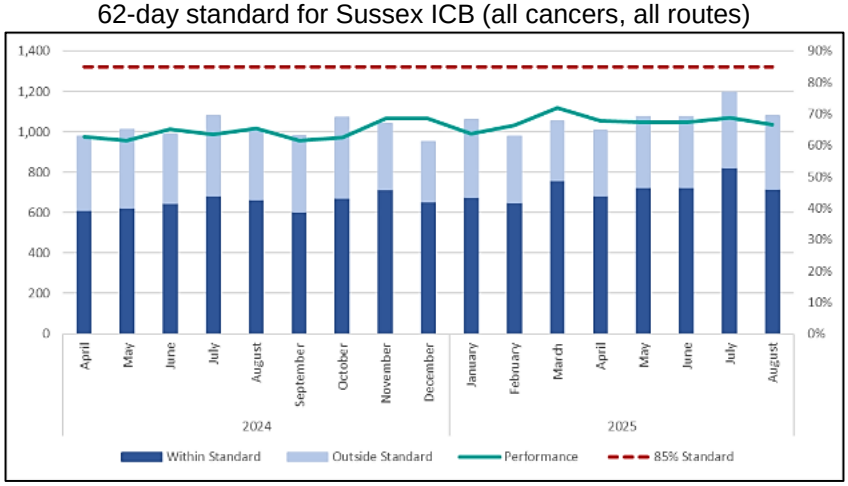


31-day treatment standard for Sussex ICB (all cancers, radiotherapy)



Breakdown by treatment modality is available by provider, but not at sub-ICB level. *See Appendix 1 (Section 3.0)*. Latest available data for Sussex performance against the 62-day standard shows ongoing performance below the 75% ambition for 2025/26. In March 2025, the position improved to 72% but has been on a declining trajectory since then.

62-day standard for Sussex ICB (all cancers, all routes)



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UHSx Performance - Brighton and Hove Population:

From a 28-day performance perspective, and despite the improvements seen by UHSx in March 2025, there has been a recent decline in the Trust's 28-day FDS position, with this reducing from 74.3% in July to 72.5% in August, reversing the compliant position achieved by the Trust in the previous five months. This decline is mainly due to the Brighton and Hove position of 69.1% versus the West Sussex position which is 75.8%.

NB For context, had the Trust's overall skin FDS performance achieved national average performance, FDS aggregate performance would be 78% in this period. Indeed, October FDS performance (pre-validated) is currently tracking at 76.7%, which is a strong indicator that recovery in being observed and delivery of 80% against the FDS standard is forecast to be achieved by December month end.

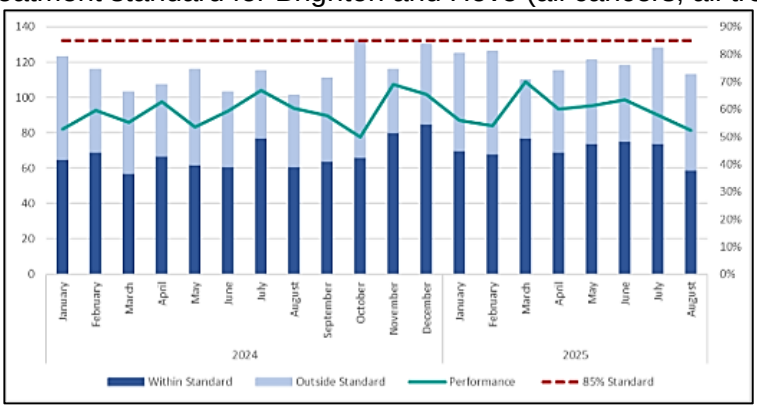
In order to effectively focus the paper on treatment and care outcomes for the Brighton and Hove population, the following sets out data representative of the previous 'CCG population', where the majority of reportable cancer treatment and care for these patients takes place under the team at Royal Sussex County Hospital. This is highlighted in comparison to the previous West Sussex 'CCG population', where a high proportion are treated by the teams at Worthing and St Richard's Hospitals (noting that the north West Sussex population may also be treated at Surrey and Sussex Healthcare NHS Trust (SASH).

The 62-day performance at UHSx for August was **60.4%** (year average 61.1%) whilst data for Brighton and Hove shows August 62-day performance was **52.2%**, (year average 59.6%), which is considerably behind the West Sussex population at 69.1% (year average 66.5%).

For comparison the East Sussex population (served by East Sussex Healthcare NHS Trust) reported 67.1% in August (year average 69.5%).

This variation suggests an inequity in referral to treatment times for patients living in Brighton and Hove compared to those living elsewhere in the UHSx catchment area (recognising that the West Sussex comparison is indicative only given that a small proportion will be treated at SASH).

62-day treatment standard for Brighton and Hove (all cancers, all treatments)



62-day combined performance has deteriorated year on year in the Brighton and Hove population

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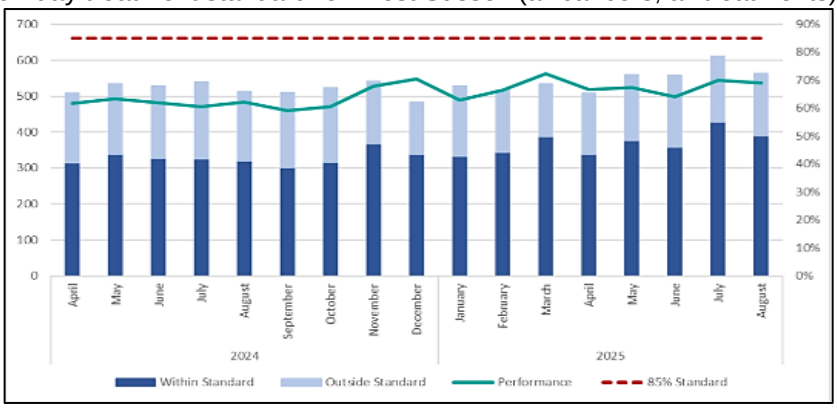
from an average of around 60% in 2024 to 52.2% (August 2025).

62-day treatment standard for West Sussex (all cancers, all treatments)



The 62 day combined performance for the West Sussex population has remained more stable, at an average level of 68% during 2025/26. Specific performance challenges within the cancer pathways impacting on the Brighton and Hove population are described in detail within Appendix 1 (section 4.0). Conclusions drawn from this analysis are that the most challenged tumour sites for treatment and care currently at the Trust are the **breast** and **skin** and **lower GI** pathways, alongside major challenges in Radiotherapy provision which remains a key factor affecting the overall delivery of the cancer treatment standards.

System actions to achieve sustainable improvement

The following section of the paper will describe the Sussex system's strategic actions and the operational activities that are underway and ongoing with all Sussex Trusts.

National Call for focused reset on 62-day cancer performance

The national cancer team has recently launched a rapid cancer improvement challenge this autumn/winter in response to the slowing of progress across 28-day and 62-day cancer performance during the summer months. Significant recovery is expected to be seen by December 2025. The Surrey and Sussex Cancer Alliance will continue to provide support to UHSx for cancer improvement work especially around FDS and 62-day performance.

This work includes

- Joint weekly/fortnightly tumour site improvement groups with UHSx divisional teams. Each group will operate under a structured improvement plan to monitor progress and drive delivery.
- The use of the Cancer Pathway Analyser tool at UHSx. This analytical tool will enable the identification of key causes of delay within cancer pathways at the trust, using real patient data.
- Completion of the pathway analysis in November and reviewing the findings through dedicated workshops, with agreed actions from the analysis incorporated into existing improvement plans for implementation.
- The Tumour sites which will be of primary focus at UHSx will be Breast, Lower GI, Lung and Urology

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SSCA will also continue to fund a number of roles and projects at UHSx that are integral to the effective delivery and ongoing improvement of cancer pathways.

Improvement plans underway at UHSx in key tumour sites

The Trust is committed to achieving 80% FDS and 75% 62-day performance by the end of March 26. In the short term, 62-day performance may remain fragile while the Skin backlog is addressed and newly appointed Breast and Lower GI surgeons take up their posts, which will increase theatre capacity and support sustained improvement.

Breast - Increasing Breast operative and diagnostic capacity - Two new surgeons starting in Quarter 3 will increase operative capacity. The Trust will also ensure newly referred patients are seen by day 7, which will improve overall performance and make a significant contribution to the Trust's compliance given the number of patients referred

Skin – Skin is significantly challenged during the summer due to seasonal variation with referrals peaking 30% higher than 2024. Significant capacity has been generated through insourcing and outsourcing activities, and recovery is progressing and should be recovered by end of November.

Lower GI – Access to surgery is forecast to improve following the relocation of Cancer Surgery from Royal Sussex County Hospital site to Worthing Hospital, and this will improve further over the next few months following full establishment of surgeons in post by mid November. Endoscopy capacity has also improved, with sufficient colonoscopy access expected to deliver a further improved FDS position.

Sussex ICB Commissioning Intentions 2026/27

In line with the new **NHS 10 Year Health Plan**, actions will be focused on achieving the three key shifts; moving care from hospital to community, from analogue to digital and from sickness to prevention. More details are provided in the ICB's recently published Commissioning Intentions document.

From a cancer perspective, the following initiatives continue to be prioritised:

GP 'Direct Access' Diagnostic Pathways

The ICB's Commissioning Intentions document 2026/27 sets out some key ambitions around increasing the proportion of cancers diagnosed at stage I and II, in line with the NHS Long Term Plan aim to have 75% of cancers diagnosed at these early stages by 2028. Greater opportunities for our GP colleagues/referrers to access diagnostic tests (particularly within Community Diagnostic Centres across Sussex) is central to this and means that patients with non-cancer findings do not enter an 'urgent suspected cancer' pathway. Plans are already underway this year to increase the opportunities for GPs to have direct access pathways to specialist diagnostics (e.g., CT/MRI) for patients with a low suspicion of lung, pancreatic and brain cancers.

In addition, initiatives are underway aimed at reducing low yield endoscopy services, in order to expand the use of alternative 'imaging' diagnostics and enable greater capacity in endoscopy services, e.g., for diagnosing bowel cancers at an earlier stage.

Breast Pathway Improvement Plans

The predominant issues with the breast pathway as identified in the data are timely access to surgery and timely access to radiotherapy. The national focus on improving 62-day performance by the end of December 2025, being led by the SSCA, will prioritise focused action on the breast pathway, alongside the ongoing work by UHSx to deliver sustainable improvements in the Trust's radiotherapy provision. The Trust have been advised within the 2025/26 Commissioning Intentions by Specialised Commissioning colleagues that 'it is expected to deliver in line with national radiotherapy access standards, with 96% of patients starting radiotherapy treatment within 31 days of a decision to treat by 1st April 2026'.

Skin Pathway Improvement Plans

All Sussex Trusts are working towards increasing the use of tele-dermatology in the skin pathway, to enable streamlining of the diagnostic pathway and to create the necessary capacity for more timely access to treatment for patients diagnosed with malignant melanoma and squamous cell carcinoma.

In the longer term, in recognition of the continued system and workforce challenges across all elective dermatology care in Sussex, the ICB is moving forward with the transformation of the dermatology services by developing a new 'integrated care' model and specification for a Community Dermatology Service. It intends to procure a redesigned service across Sussex, to commence in April 2027.

Radiotherapy Improvement Plans

Radiotherapy provision is delivered by UHSx to the majority of the Sussex population and commissioned by the NHSE Specialised Commissioning Team as all forms of radiotherapy are considered 'specialised services' that require national oversight.

The radiotherapy service has struggled to meet increased demand observed in the past 18 months and deliver treatment to patients within cancer waiting time targets. The situation has been declining since 2023.

The Trust reported a workload increase of >11% in 2024/25, with treatment activity being similar to the 2019/20 levels. However, due to the introduction of more hypofractionation (a type of radiation therapy that delivers a higher dose of radiation per session, shortening the overall treatment time compared to conventional fractionation) particularly in breast, this means new patient numbers are now significantly higher than in 2019/2020. High Breast screening uptake and a move towards more breast conserving surgery (which necessitates radiotherapy) are driving factors for the increased demand.

In 2019/20 the service was planning to deliver care to an average of 240 patients per month, and this has subsequently risen to an average of 280 per month in 2024/25. There is a waiting list ranging between 650 to 800 patients at any one time, with a 14% overall increase in demand since 2019 and a 30% increase in breast activity specifically.
In September, there were around 400 patients in the radiotherapy backlog, with these patients

waiting more than 31 days for their treatment. This has reduced by around 50 patients in the last 3 months, with almost all the backlog coming from the breast and prostate cancer pathways.

The ICB has been working with Specialised Commissioning colleagues and UHSx to improve radiotherapy treatment for its patients. University Hospitals Sussex is currently progressing the following key actions:

- Radiotherapy mutual aid capacity agreements with other hospitals such as Royal Surrey Hospital and including London hospitals. Whilst patient uptake has been relatively high, some patients are unwilling (for understandable reasons) to be treated too far away from where they live. Inequality is being reviewed by the service.
- Use of the Independent sector is in place
- A weekly reduction in radiotherapy backlog numbers to support recovery
- A strategy to improve radiotherapy productivity including plans for optimising use of estates and LINAC machines

Since April, over 150 patients have been referred and treated to other radiotherapy centres. As the breast and prostate backlog reduces, what remains is higher complexity which other centres are not able to support thereby resulting in patients still waiting several months for their treatment to commence.

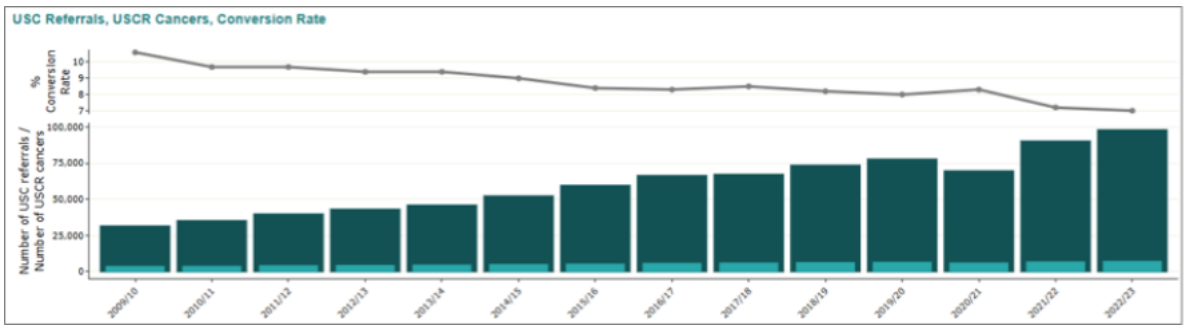
A radiotherapy improvement plan is in place and with over £1.5m funding secured in the Summer 2025, the service is slowing recruiting into an improved workforce profile which intertwined with a linac replacement programme over the coming 3 years will enable increased productivity and help meet increased demand.

Supporting Documentation

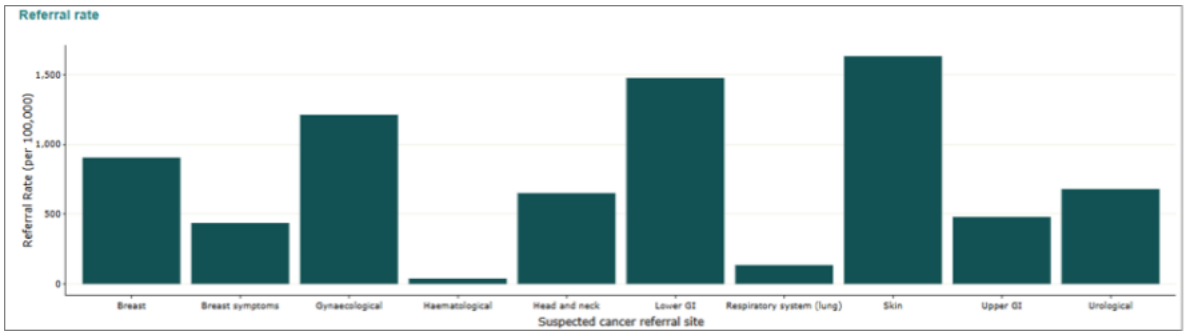
Appendix 1 – Summary data to support the paper

1.0 REFERRAL RATES IN SUSSEX

The below chart broadly demonstrates the increasing rate of urgent suspected cancer referrals received by the Sussex system, together with a corresponding decline in conversion rates (latest available analysis 2022/23).



The below chart for the 2022/23 period identifies the tumour sites with the highest referral rates, namely skin, lower GI, gynaecology and breast.



NHS Digital/national disease registration service

2.0 POPULATION: AGE

Based on GP registers in May 2025, East Sussex CCG had the highest proportion of patients who were aged over 65% at 26% and of those aged over 80, at 7.7%, which was well above national average.

Metric	NHS Frimley ICB - D4U1Y	NHS Surrey Heartlands ICB - 92A	NHS Sussex ICB - Brighton and Hove CCG	NHS Sussex ICB - West Sussex CCG	NHS Sussex ICB - East Sussex CCG	SSCA	England
Population	852,962	1,148,845	332,860	949,500	577,239	3,861,406	63,773,098
Aged 65+	137,263	217,042	45,611	217,419	150,018	767,353	11,475,460
Aged 80+	39,027	66,003	11,999	65,638	44,399	227,066	3,156,883

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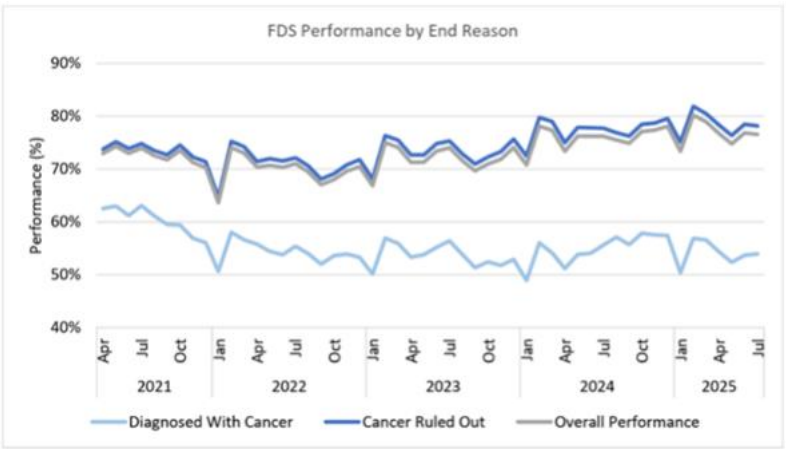
% aged 65+	16.1%	18.9%	13.7%	22.9%	26.0%	19.9%	18.0%
% aged 80+	4.6%	5.7%	3.6%	6.9%	7.7%	5.9%	5.0%

3.0 CANCER WAITING TIMES STANDARDS

The 28 Day Faster Diagnosis Standard (FDS)
The 28 day faster diagnosis standard aims for a maximum of four weeks (28 days) from receipt of an urgent GP (or other referrer) referral for suspected cancer, breast symptomatic referral, or urgent screening referral, to the point at which the patient is told they have cancer, or cancer is definitively excluded.

The operational standard is currently set at 75% and the NHSE ambition is for 80% compliance by March 2026, and for this to be maintained in 2026/27.

Nationally and locally this standard is routinely met, however the ruling out of cancer (around 93% of referrals) is generally easier and faster than ruling in. Performance against FDS for those with cancer ruled out has steadily increased since 2022 to nearly 80% whilst performance for those diagnosed with cancer has slightly decreased to below 60%, resulting in the difference in performance levels between the two populations increasing slightly.



www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2025/09/CWT-FDS-Statistics-on-End-Reason.pdf

Optimising the quality and completeness of referrals that are received will help to ensure the referral is processed with minimal delay.

Current FDS position at UHSx:
From a UHSx perspective, September FDS performance reported during week commencing 3rd November, shows UHSx FDS performance static at 72.1% (down from 72.5% in Aug). This position is primarily driven by challenges observed in the Skin pathway throughout the summer period where referral demand exceeded worst case scenario modelling reaching in excess of 30% above 24/25 peak demand – this was observed across the organisation and led to the Trust backlog reaching a peak in September. Significant recovery work has taken place throughout the second half of Sept

and throughout October, and full recovery is forecast to be complete by November month end.

The 31 Day Treatment Standard
The 31 day treatment standard aims for a maximum of 31 days from decision to treat/earliest clinically appropriate date to treatment of cancer. The standard applies to:
1) all first definitive treatment for Cancer
2) all subsequent treatment modalities
3) treatment categories: anti-cancer drug, radiotherapy, and surgery.
The operational standard is set at 96% and achieved 91.6% nationally in August.

The 62 Day Treatment Standard
The 62 day treatment standard aims for a maximum of 62 days from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer, breast symptomatic referral, urgent screening referral, or consultant upgrade to first definitive treatment of cancer.

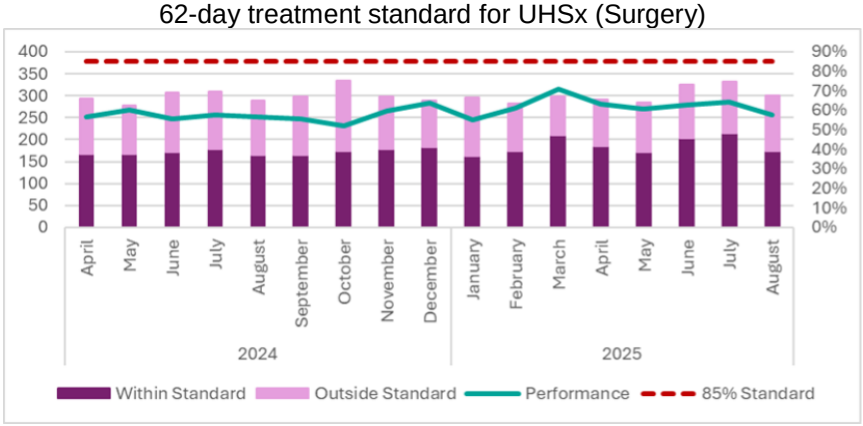
The operational standard is 85% and has not been met since December 2015. Achieving this standard is reliant on high performance of the other two standards.
The current operational target for 62-days is set at 75% to be achieved by March 2026.

62-day treatment standard for UHSx (all cancers, all treatments)

Year	Month	Within Standard	Outside Standard	Performance
2025	January	327	239	57.7%
	February	326	211	60.7%
	March	375	170	68.8%
	April	336	191	63.8%
	May	343	217	61.2%
	June	348	232	60.0%
	July	390	232	62.7%
	August	344	226	60.4%

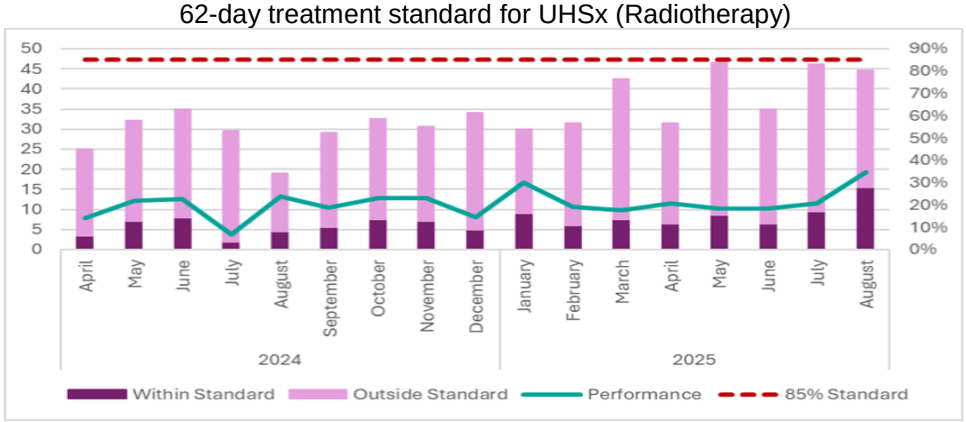
NB Unvalidated data in September demonstrates 62-day performance at UHSx has further reduced in September to **59.6%.** This was forecasted by the Trust in August but has been observed in September due to the specific challenges within the skin pathway together with some non-recurrent capacity challenges in Urology (which are since recovered). 62-day performance in UHSx is forecast to improve month on month to March 2026.

62-day treatment standard for UHSx (Surgery)



Year	Month	Within Standard	Outside Standard	Performance
2025	January	163	134	54.9%
	February	174	109	61.5%
	March	211	88	70.7%
	April	185	107	63.4%
	May	173	113	60.5%
	June	204	121	62.8%
	July	215	119	64.4%
	August	174	127	57.8%

62-day treatment standard for UHSx (Radiotherapy)



Year	Month	Within Standard	Outside Standard	Performance
2025	January	9	21	30.0%
	February	6	26	19.0%
	March	8	35	17.6%

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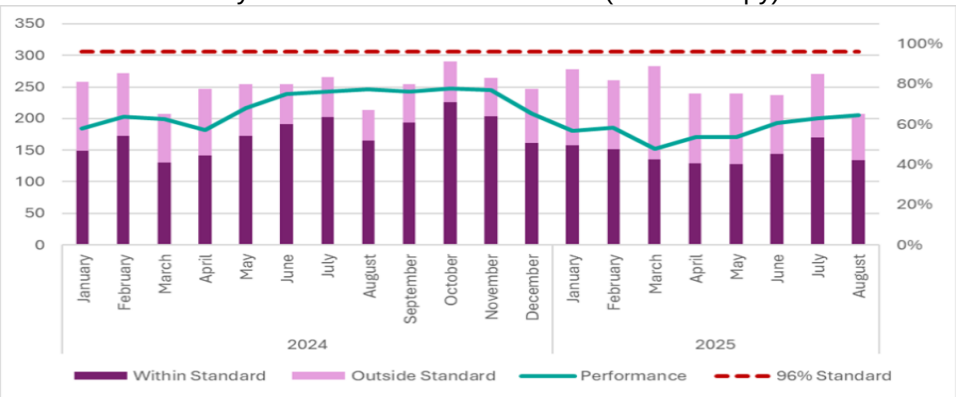
	April	7	25	20.6%
	May	9	38	18.3%
	June	7	29	18.6%
	July	10	37	20.7%
	August	16	29	34.8%

UHSx 31-day performance

Drug therapy performance at UHSx against the 31-day standard was 89.5%, showing a declining position from mostly meeting target in 2024 (year average 96.7%) to a year-to-date average of 92.3%. Surgery performance for August was 71.8% (year average 72.9%) and radiotherapy performance was 64.7% (year average 63.3%). This reflects that there is some recovery of the radiotherapy position following a declining performance in the early part of the year – as detailed in the below chart.

31-day treatment standard for UHSx (Radiotherapy)



Year	Month	Within Standard	Outside Standard	Performance
2025	January	158	120	56.8%
	February	152	109	58.2%
	March	135	148	47.7%
	April	129	111	53.8%
	May	128	111	53.6%
	June	144	93	60.8%
	July	170	100	63.0%
	August	134	73	64.7%

4.0 SPECIFIC PERFORMANCE WITHIN CANCER PATHWAYS (TUMOUR SITE LEVEL) FOR BRIGHTON AND HOVE

In order to further understand the position for Brighton and Hove patients, the following charts provide an insight into how specific tumour sites are currently performing within UHSx compared to the previous year, as well as showing their relative impact on overall delivery by the Trust for cancer

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patients in the Brighton and Hove population.

The following chart demonstrates that in August 2024, the most challenged pathway for providing timely diagnosis to Brighton and Hove patients was gynaecological cancer, followed by lower GI. Skin cancer diagnosis rates were positively contributing to the overall Trust performance by 1.3 percentage points (pp) times greater than the target. By August 2025, the position regarding confirmed skin cancer diagnosis had significantly deteriorated, now showing a poorer position for these patients as well as a negative impact on overall Trust performance.

28-day FDS Pathway	Impact Aug-24	Impact Aug-25
Brain/Central Nervous System	0.1	0.0
Breast	-0.1	2.4
Children	0.1	0.1
Gynaecological	-6.5	-0.5
Haematological	0.0	-0.1
Head & Neck	0.5	1.6
Lower Gastrointestinal	-4.1	-1.5
Lung	0.1	0.0
Other		0.0
Sarcoma	0.1	0.1
Skin	1.3	-6.4
Upper Gastrointestinal	-0.4	-0.9
Urological	0.0	-0.8

31-day combined performance has not changed significantly year on year from 84% in Brighton and Hove (August 2025).
In August 2024 the pathways with the largest negative pp impact were breast, lung and lower GI.
In August 2025 the pathways with the largest negative impact were overwhelmingly breast and skin, with significant deterioration in skin and notable improvements in lung.

31-day combined Pathway	Impact Aug-24	Impact Aug-25
Brain/Central Nervous System	0.0	0.1
Breast	-3.3	-5.7
Children		0.0
Gynaecological	-1.3	-0.3
Haematological	0.3	-0.7
Head & Neck	-0.4	0.2
Lower Gastrointestinal	-2.2	-0.1
Lung	-3.2	-0.2
Other	0.1	0.0
Sarcoma	0.1	0.0
Skin	-1.1	-4.3
Upper Gastrointestinal	-0.3	0.2
Urological	-0.5	-1.6

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31-day combined performance by treatment modality shows that the overwhelming challenge was in surgery and radiotherapy, with improvements in radiotherapy but further deterioration in surgery. **By modality and pathway, the top three impact pathways in August 2025 were; skin surgery (-4.3pp), breast radiotherapy (-3.1pp) and breast surgery (-2.8pp).**
These three pathways total over 10 percentage points detraction from the 96% target.

31-day combined Pathway	Impact Aug-24	Impact Aug-25
Drug	0.8	-1.8
Other	0.0	0.1
Palliative	0.5	0.4
Radiotherapy	-5.7	-2.7
Surgery	-7.3	-8.4

In terms of the 62 day combined pathways for the Brighton and Hove population, the chart below demonstrates that in August 2024, the pathways with the largest negative impact on overall performance were lower GI, with further notable negative impacts, particularly from breast and urology.

Conversely, by August 2025 the pathway with the largest negative impact was overwhelmingly breast, whilst stabilisation in lower GI, and improvements in urology.

However, the subsequent 62 days chart further demonstrates that whilst treatment phase for skin cancer patients is able to partially recover (due to the nature of skin cancer first definitive treatment most often recorded with removal of a malignant lesion) it has unusually remained non-compliant. Other pathways such as breast, urology and lower GI are shown where the targets for treatment at 62 days remain challenged.

62-day combined Pathway	Impact Aug-24	Impact Aug-25
Breast	-6.4	-14.1
Gynaecological	-3.8	-1.6
Haematological	-0.8	-1.6
Head & Neck	-3.7	-4.2
Lower Gastrointestinal	-10.4	-5.8
Lung	0.1	-3.3
Other	-0.9	0.0
Skin	0.6	-2.8
Upper Gastrointestinal	-2.6	-3.3
Urological	-5.8	-7.1

[1] NHS cancer tiering is a system for classifying trusts based on their performance in cancer waiting times, allowing NHS England to provide targeted support and is a key part of the Elective Recovery Plan