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Northern Ireland Cancer Waiting Times

Revised 62-Day Waits for Quarters Ending December 2023 to March 2026

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Summary

This ad-hoc publication presents revised performance against the 62-day cancer waiting times target since quarter ending December 2023 up to and including quarter ending March 2026. The figures have been revised following the identification of an error in the logic applied to the calculation of adjusted waits, which impacted a cohort of the waits. The following describes the steps taken to rectify the error and what impact this has had on the monitored performance against the 62-day cancer target.

Please note that while this publication provides revised headline figures for the 62-day cancer waiting times target, comprehensive revised data tables will be published alongside the next scheduled Northern Ireland Cancer Waiting Times statistical release.

Introduction

The Department of Health has three waiting times targets relating to cancer:

- At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.
- At least 95% of patients should begin their first definitive treatment for cancer within 62 days of an urgent General Practitioner (GP) referral for suspect cancer.
- All urgent suspect breast cancer referrals should be seen within 14 days.

The official statistics publication "Northern Ireland Cancer Waiting Times" monitors performance against these targets. A reporting issue was identified arising from the coding of adjusted waiting times on the new patient administrative system 'encompass' which affected waiting times calculation for a subset of patients. The extent of the issue was realised shortly before publication of the quarter ending 31 March 2026 cancer waiting times statistics. As a result, a decision was taken by the Director of Information & Analysis not to publish the 62-day cancer waiting times figures until corrected and fully validated data was available. The following sets out the 62-day cancer target performance for quarter ending March 2026 and revised waiting times since the introduction of encompass.

Reason for error

The cancer waiting times targets are in place to monitor Health and Social Care (HSC) Trust performance, specifically the time between two points in the patient journey. However, sometimes a wait is prolonged by situations outside of the HSC Trust's control. For example, medical reasons or a patient's request may cause a delay of the start of treatment. In these situations, the days relating to the suspension are deducted from the overall wait time for the target monitoring.

Data reports have been created within encompass to monitor the cancer targets, with relevant logic built in for inclusions, exclusions and specific adjustments to the waits, such as suspension. For the 62-day target, an error was discovered within the underlying report logic of how a suspension is applied to the calculations of waits, where a new wait start date was applied instead of a deduction of suspension days. The issue was detected through routine validation processes.

The above suspension rule does not apply for the 31-day cancer target, however the rule had also been built into the encompass 31-day report. The impact on this report was minimal and will be discussed in 'Impact on Target reporting' below. The 14-day breast cancer report has not been affected.

What has been done

Investigation into the underlying logic to calculate the 62-day wait time identified the issue above and a correction to the report logic has been developed, implemented, tested and validated. Going forward, all new suspensions are applied and calculated correctly.

Of the published 62-day data, some 1,206 of 13,169 patients (9%) had suspensions of their treatment start. Manual input of suspension times has been added to the encompass system for these records by the HSC Trusts. Re-runs of encompass historic waiting times reports now hold correctly calculated adjusted waiting times for those with suspensions.

Furthermore, the suspension report logic of the 31-day report has been removed and corrections applied to the 134 records affected (0.5% of 25,015 records).

Impact on target reporting

The majority of patients included in the 62-day cancer waits do not have suspensions of their treatment start and are therefore not impacted by the coding error. For the cohort of waits with suspensions, the previous wait calculations caused the waits to appear shorter.

Table 1 below sets out the proportion of patients starting treatment within 62 days following an urgent GP referral; the previously published performance and the revised performance following correction of the suspensions. Although the general trend of the

previously published and the revised target performance are similar, the revised performance against the 62-day target is generally lower.

Table 1: Proportion of patients starting treatment within 62 days following an urgent GP referral for suspect cancer: previously published performance and revised performance for Northern Ireland.

Quarter Ending	Previously published performance	Revised performance	Percentage point change
31 Dec 2023	29.9%	29.9%	0.0%
31 March 2024	31.4%	30.8%	-0.6%
30 June 2024	N/A	N/A	0.0%
30 Sept 2024	32.9%	30.9%	-2.0%
31 Dec 2024	34.2%	29.8%	-4.4%
31 March 2025	33.9%	30.6%	-3.3%
30 June 2025	32.5%	29.1%	-3.4%
30 Sept 2025	30.1%	26.0%	-4.1%
31 Dec 2025	29.5%	25.0%	-4.5%
31 March 2026	N/A	29.6%	N/A

Note: N/A – Northern Ireland figure was not published for that quarter.

Revised figures only relate to the waits from the encompass system, and not the legacy (pre-encompass) system. The rollout of encompass across the five HSC Trusts took place between November 2023 and May 2025, and Table 1 therefore is a combination of encompass and pre-encompass data (please see notes in Annex 1 for the specific dates). As the coding error only impacted encompass data, the difference between previously published figures and revised figures are naturally higher in the later quarters when more HSC Trusts were on encompass. Figures from quarter ending September 2025 onwards are sourced from encompass for all HSC Trusts, and the revised performance against the 62-day target has been between 26.0% and 29.6% for these quarters.

A comparison of the previously published and revised figures for the five HSC Trusts can be found in Annex 1.

As mentioned above, the suspension rule does not apply for the 31-day cancer treatment target, however, the suspension rule had been built into the logic of the encompass 31-day report. Due to the nature of the 31-day monitoring, only 134 of 25,015 waits had been impacted overall since the initial encompass roll-out (quarter ending 31 December 2023). The impact on the published target performance has therefore been minimal and any minor adjustments to the figures will be incorporated in the next quarterly publication for quarter ending 30 June 2026.

Annex 1

Table 2 – Proportion of patients starting treatment within 62 days following an urgent GP referral for suspect cancer: previously published performance and corrected performance by HSC Trusts

Note: The source of the figures derive from encompass and pre-encompass systems. Encompass was rolled out across the HSC Trusts on the following dates:

9 November 2023 South Eastern HSC Trust
6 June 2024 Belfast HSC Trust
7 November 2024 Northern HSC Trust
8 May 2025 Southern and Western HSC Trusts

Quarter Ending	HSC Trust	Previously published performance	Corrected performance
QE Dec 23	Belfast	22.7%	22.7%
QE Dec 23	Northern	23.4%	23.4%
QE Dec 23	South Eastern	29.2%	29.2%
QE Dec 23	Southern	36.3%	36.3%
QE Dec 23	Western	39.7%	39.7%
QE Dec 23	**Northern Ireland**	**29.9%**	**29.9%**
QE Mar 24	Belfast	25.6%	25.6%
QE Mar 24	Northern	26.6%	26.6%
QE Mar 24	South Eastern	34.7%	32.1%
QE Mar 24	Southern	30.4%	30.4%
QE Mar 24	Western	39.8%	39.8%
QE Mar 24	**Northern Ireland**	**31.4%**	**30.8%**
QE Jun 24	Belfast	N/A	N/A
QE Jun 24	Northern	38.9%	38.9%
QE Jun 24	South Eastern	39.3%	33.6%
QE Jun 24	Southern	27.7%	27.7%
QE Jun 24	Western	45.6%	45.6%
QE Jun 24	**Northern Ireland**	**N/A**	**N/A**
QE Sep 24	Belfast	29.8%	25.6%
QE Sep 24	Northern	25.3%	25.3%
QE Sep 24	South Eastern	35.1%	31.9%
QE Sep 24	Southern	31.5%	31.3%
QE Sep 24	Western	41.6%	41.6%
QE Sep 24	**Northern Ireland**	**32.9%**	**30.9%**
QE Dec 24	Belfast	25.9%	20.6%
QE Dec 24	Northern	23.8%	23.7%
QE Dec 24	South Eastern	47.4%	36.7%
QE Dec 24	Southern	33.9%	33.9%
QE Dec 24	Western	37.5%	37.5%
QE Dec 24	**Northern Ireland**	**34.2%**	**29.8%**
QE Mar 25	Belfast	30.8%	26.2%
QE Mar 25	Northern	29.3%	22.1%
QE Mar 25	South Eastern	38.0%	32.9%

QE Mar 25	Southern	33.7%	33.8%
QE Mar 25	Western	37.2%	37.0%
QE Mar 25	**Northern Ireland**	**33.9%**	**30.6%**
QE Jun 25	Belfast	28.6%	24.1%
QE Jun 25	Northern	34.0%	28.4%
QE Jun 25	South Eastern	35.0%	30.4%
QE Jun 25	Southern	27.9%	27.1%
QE Jun 25	Western	40.6%	40.5%
QE Jun 25	**Northern Ireland**	**32.5%**	**29.1%**
QE Sep 25	Belfast	27.7%	23.5%
QE Sep 25	Northern	31.1%	25.4%
QE Sep 25	South Eastern	25.3%	20.5%
QE Sep 25	Southern	33.2%	30.5%
QE Sep 25	Western	36.9%	34.3%
QE Sep 25	**Northern Ireland**	**30.1%**	**26.0%**
QE Dec 25	Belfast	29.1%	24.4%
QE Dec 25	Northern	32.3%	27.9%
QE Dec 25	South Eastern	22.9%	18.3%
QE Dec 25	Southern	35.4%	31.0%
QE Dec 25	Western	30.9%	26.8%
QE Dec 25	**Northern Ireland**	**29.5%**	**25.0%**
QE Mar 26	Belfast	N/A	31.0%
QE Mar 26	Northern	N/A	28.7%
QE Mar 26	South Eastern	N/A	24.9%
QE Mar 26	Southern	N/A	38.4%
QE Mar 26	Western	N/A	25.5%
QE Mar 26	**Northern Ireland**	**N/A**	**29.6%**

Note: N/A indicates that no figure was published that quarter.

Annex 2 - Notes

All data presented in this publication have been validated and quality assured by Hospital Waits Information Branch in conjunction with HSC Trusts. The revision of figures within this publication follows the revision policy as set out in the DoH Statistical Charter.

The 62-day target relates to patients who received a first definitive treatment for cancer during the quarter, following an urgent referral for suspect cancer from a General Practitioner (GP) or a routine GP referral that has subsequently been reclassified as urgent by a cancer specialist. Referrals from sources other than a GP, routine referrals and patients who have not been given an ICD 10 diagnosis are excluded.

This is measured from the date an initial urgent GP referral for suspect cancer is received by the HSC Trust and ends on the date the patient receives their first definitive treatment for cancer. Adjustments are made to the completed waiting time in the event of a patient cancelling or self-deferring treatment or because of suspension for either medical or social reasons.

The measurement of a patient's waiting time against the 62-day target includes cases in which a patient was initially referred to one Trust for consultant assessment but was then subsequently transferred to another Trust for treatment. In such cases, the responsibility for that patient is shared, with 0.5 allocated to the Trust where the patient was first assessed and 0.5 to the Trust of first treatment. For example, if a patient is initially referred for assessment in the Southern HSC Trust and is then transferred to the Belfast HSC Trust where they receive treatment 70 days after their initial GP referral, both the Southern and Belfast HSC Trusts will report 0.5 of a patient treated who waited over 62 days. Due to this shared allocation, some figures within Trusts that had not yet transitioned to encompass may have been revised in Table 2.

The next release of Northern Ireland Cancer Waiting Times is scheduled for 1st October 2026. It will include revised 62-day cancer wait data tables including breakdown by cancer sites.