Report to:	Board of Directors				
Date of Meeting:	29 April 2015				
Report Title:	Quarter 4 Cancer Screening breaches				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	X	X	X		
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Executive Sponsor (presenting):	Stacey Hunter, Director of Operations				
Appendices (list if applicable):	Appendix 1: Exception Report				

Purpose of the Report

The Report presents background information, assessment and analysis of the two cancer screening breaches in Q4 against the national cancer waiting times (CWT) performance measure.

Key points for information

1. To inform the Board that the Trust has failed the cancer screening performance in Q4.
2. Two patients have breached the CWT standard
3. An analysis of the reasons why
4. Immediate and future actions to be taken

Recommendations

(i)   To receive and note the Report.

Exception paper for Board of Directors – Quarter 4 Cancer Screening breaches

The national screening programmes for Bowel and Breast screening are managed by NHS Public Health England both nationally and locally. The screening programmes have quality assurance standards that are reviewed on a regular basis in conjunction with providers and CCG's.

For the local area the screening centres work on a hub and spoke basis, the administrative hubs are based at Bradford Royal Infirmary for both specialties, these send out the letters inviting the patients for screening, a stool sample for the bowel cancer screening programme (BCSP) or attendance at the various venues for breast screening (mammogram).

If the screening is positive the patients are then invited for Colonoscopy or an outpatient appointment at the breast clinic. Patients have the choice of where they attend for these appointments e.g. Bradford, Airedale or any other NHS provider organisation of their choice.

The screening programmes are responsible for the patients, ensuring they have the full diagnostic tests and the provider organisations take the responsibility of the patient when all diagnostic tests are complete and a cancer diagnosis is available – the date of this handover is always recorded on the CWT pathway as the date at which the multidisciplinary team determine the treatment plan.

In December 2014 the trust received 2 referrals via the bowel screening programme that subsequently breached the 62 day cancer waiting time (CWT) for treatment which was the causative factor in the Trust failing Quarter 4 of the CWT standards.

The Root Cause Analysis for both of these patients demonstrates that the patients were not referred to Airedale until beyond their breach dates which meant it was not feasible to deliver the care within the 62 day standard.

This is not something Airedale FT has any direct control over as the first part of the screening pathway is managed out-with our organisation

There is no penalty for the screening centres when patients are delayed and the provider organisation takes the full breach 1.0 penalty unlike patients that are transferred between acute providers who share the breach and take 0.5 of the penalty.

Whilst these occasions are rare and certainly not acceptable for patients, the low numbers of patients increases the risk for AGH in achieving CWT performance. When these types of breaches have occurred previously we have addressed them with staff at the screening centres and asked them to try and ensure delays are reduced to a minimum but find ourselves in a difficult position of not being able to influence this in any great detail further except to manage the patient promptly when received at AGH to try and mitigate any delays.

Our concerns regarding these individual delays have been escalated to the relevant Cancer Screening Board and the provider.