South Eastern Health and Social Care Trust

Paper No. SET/24/25	
Trust Board: 26 February 2025	
Public Agenda Item 7.4	

Title of Paper:	**Regional Breast Assessment Service**	
		For Noting Contains information Members should be made aware.

1.0 Background

Timely access to the most appropriate services is considered a key indicator of quality and tpatient experience. People rightly have an expectation they should be seen and treated within a reasonable time. These principles are reflected in the standards and targets set out in the Commissioning Plan Direction (CPD) Northern Ireland. The CPD includes a target that all urgent suspected breast cancer referrals should be seen within 14 days.

On 25 September 2024, Minister Nesbitt announced his desire to create a single waiting list relating to red flag breast cancer assessment. On announcing the proposal, Minister Nesbitt said this proposal would: *"help address the disparities in waiting times between different Trust areas. It is not acceptable for women in one Trust area to have to wait significantly longer to be assessed than women in another Trust area."*

As our clinicians have noted, this is the single biggest change in the provision of breast assessment in the region in decades. Whilst it will not address the current gaps in capacity and demand on the assessment service, it will provide much greater equity across the region in relation to waiting times.

2.0 Key Issues

There are a number of key issues to unlock to deliver this new approach to breast assessment. These include:

- **Developing Clinical Workflow** – this work will be undertaken by the regional breast Clinical Reference Group (CRG), chaired by consultant breast surgeon, Miss Ruth Johnston. The CRG will determine appropriate pathways for the service including protocols for triage, assessment and repatriation.

- **Demand and Capacity** – this work stream is being led by the Elective Care Management Unit within SPPG to determine the overall capacity need within breast assessment across the region.

- **Encompass** – this workflow is a new workflow within encompass with specific build and reporting requirements.

- **Administration** – a dedicated group established to create appropriate administrative SOPs, communication, letters, coding and reporting. This is being led by SPPG with all Trusts represented.

- **Backlog of patients waiting assessment** – this is being led through the Operational Oversight Group to remove backlogs of people waiting for assessment ahead of the new service going live.

These work streams report into the Operational Oversight Group which will meet on a weekly basis with representatives from Trusts and SPPG.

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

The South Eastern Trust will be responsible for booking all red flag appointments across the region for initial assessment as part of the breast cancer pathway.

There will be a redirection of a small amount of administrative resource from each Trust to SET to employ staff to deliver this service. There will also be a dedicated person appointed to lead this administrative team.

SET have nominated the Assistant Director, Cancer and Medical Specialties as the local operational lead for delivery.

4.0 Impact on Safety, Quality and Experience (SQE)

The main potential impact on safety would be to rush the implementation to such a degree that the workflows are not agreed by the clinicians and that these workflows are not properly built and tested within encompass.

Timely assessment and treatment for anyone referred for breast cancer assessment is important in relation to outcomes. It is unclear the overall impact these changes will have on waiting times.

Currently, there is significant disparity in waiting times for assessment across the region, with only the Western Trust meeting the 14 day standard for first appointment.

It is on note that, although the 14 day assessment standard is a Ministerial target, review of cancer standard across other UK jurisdictions has seen this target removed with greater focus on confirmed diagnostics times, and treatment commencement times.

Currently, all 5 Trusts individually report the 14 day performance but this will be replaced by a regional target following introduction on the new service.

5.0 Key Risks and Proposals to Mitigate

Key risks and mitigations are outlined above.

EMT are briefed on the work which has also been discussed at the Chief Executives Meeting.

The regional governance sits with reporting from the Operational Oversight Group reporting through to the Breast Services Project Board, and ultimately through to the Performance and Transformation Executive Board (PTEB).

Lead Director **Marc Neil, Director of Unscheduled Care, Medicine & Cancer**

Date **20 February 2025**