

Humber and North Yorkshire
Collaboration of Acute Providers (CAP)
ANNUAL REPORT 2023/2024





Contents

Welcome	3
About us	4
Collaboration – Our Journey	7
Our year in numbers	10
Clinical Collaboration	11
Clinical Programmes	21
Corporate Programmes	36
The year ahead	40



Welcome

Welcome to the Humber and North Yorkshire (HNY) Collaboration of Acute Providers (CAP) 2023/24 annual report.

CAP is part of the Humber and North Yorkshire Health and Care Partnership. It brings together the four Humber and North Yorkshire NHS Trusts, under the umbrella of the Collaboration of Acute Providers:

- Hull University Teaching Hospitals NHS Trust (HUTH).
- Northern Lincolnshire and Goole NHS Foundation Trust (NLG).
- York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH).
- Harrogate and District NHS Foundation Trust (HDFT).

Over the last twelve months all four CAP Trusts have worked together to strengthen partnership and governance arrangements and to identify opportunities to do things together 'once and at scale'. This report provides an overview of the work of the collaborative during 2023/24.

This builds on a history of collaborative working at sub system level across Humber and North Yorkshire and York as well as builds on the success of working together across Humber and North Yorkshire during the COVID-19 pandemic.

Our four Trusts work together through the CAP, recognising that we are stronger together and that the challenges we face cannot be addressed by one Trust alone. By focusing our collective efforts and resources we can address health inequalities and seek to deliver our services together in the most effective and efficient way.

We have worked together to define our collaborative core purpose ...



“We will harness our collective expertise and resources to ensure that our population has timely access to consistent and high standards of care and are supported to achieve their best health.”

This remains at the heart of all that we do, and all four Trusts remain committed to CAP and what we are trying to achieve. Whilst we are proud of our achievements in 2023/24 we know there is much more to do and we need to work together to realise the benefits that our partnership can bring.



As leaders we will be bold and CAP provides the vehicle to strengthen decision making and ensure that we use our collective resources in the most effective way.

A handwritten signature in white ink that reads "Simon".

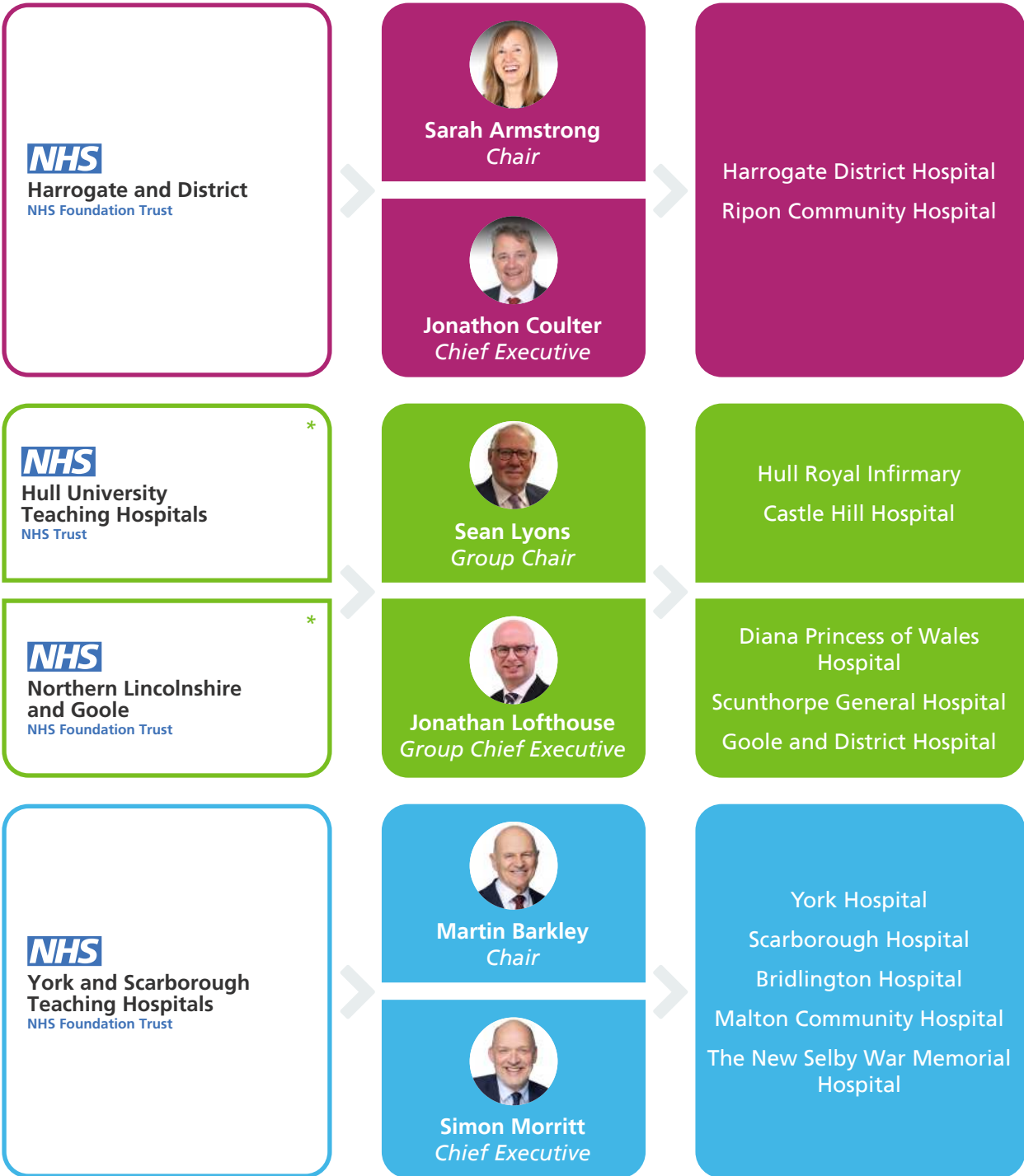
Simon Morritt, CEO Lead



About us

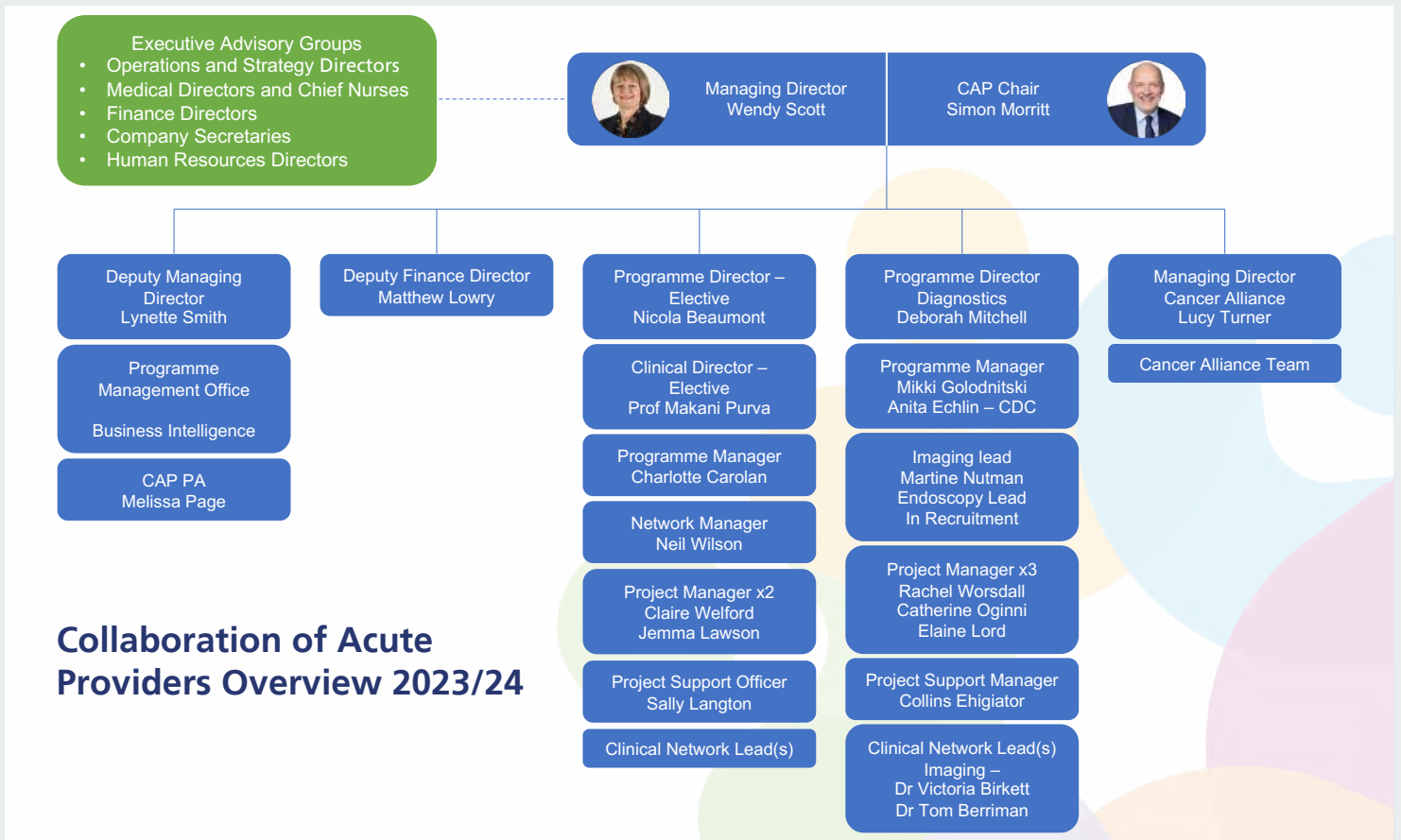
The Collaboration of Acute Providers brings **together all four NHS Trusts** that deliver acute services in Humber and North Yorkshire, pooling our expertise in an **unprecedented way**. Our Collaborative comprises:

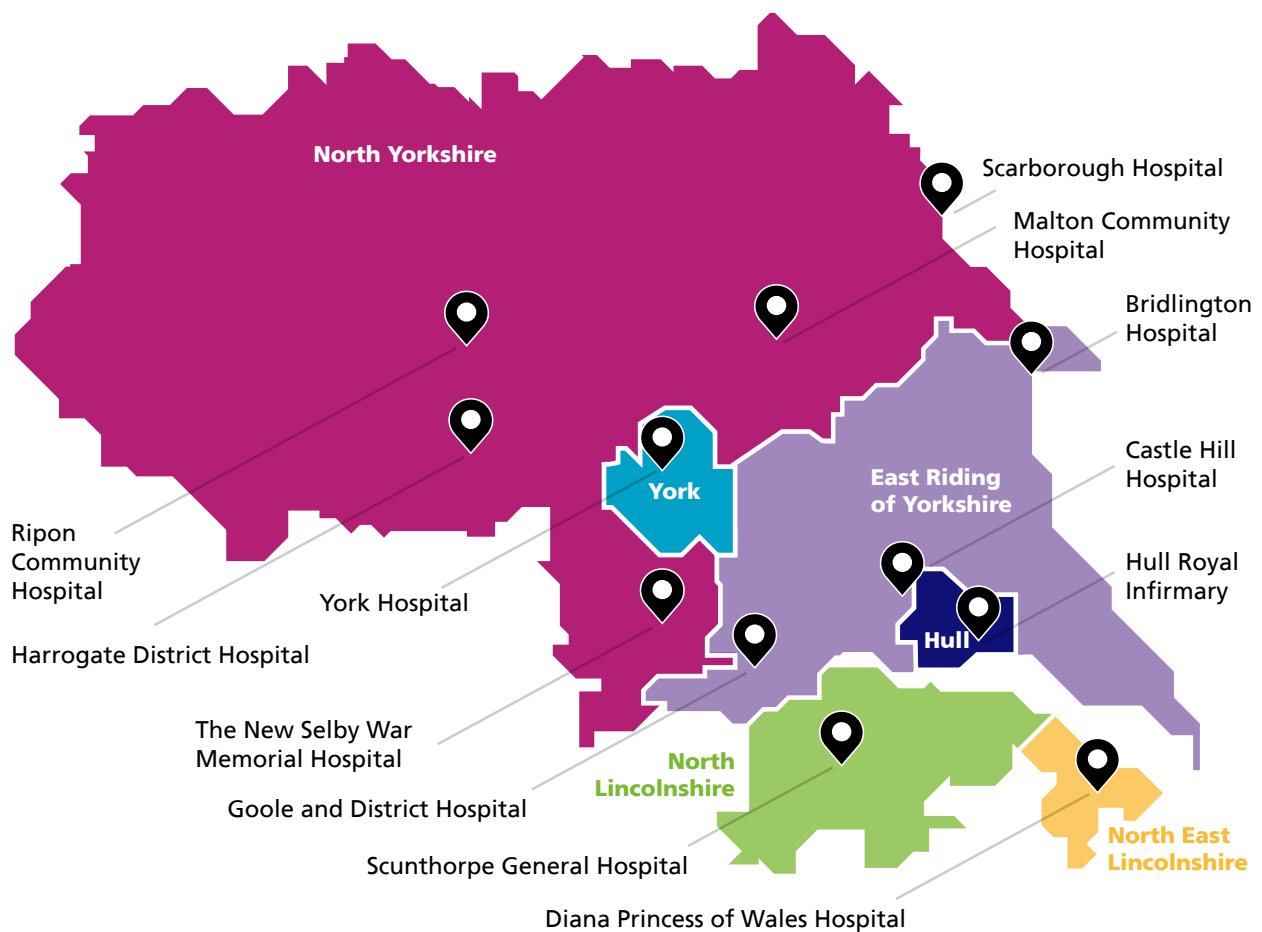
- **Hull University Teaching Hospitals NHS Trust.**
- **Northern Lincolnshire and Goole NHS Foundation Trust.**
- **York and Scarborough Teaching Hospitals NHS Foundation Trust.**
- **Harrogate and District NHS Foundation Trust.**



* Part of NHS Humber Health Partnership

Meet the Team





We provide acute and community physical health care services to a population of **1.7 million people** across a large geography covering dispersed communities across **market towns, cities, rural and coastal areas**. The region stretches along the east coast of England from **Scarborough to Cleethorpes** and along **both banks of the Humber** and incorporates the cities of **Hull and York**, along with rural areas across **East Yorkshire, North Yorkshire and Northern Lincolnshire**.

Our population has a range of health needs with **66% of our adult population overweight or obese** and **30% living with a long-term condition**, including **1.7% of our population living with frailty or dementia**.

We have an increasingly older population, with **11% of people over 75 years**, and that age group makes up **20% of our elective waiting list**.

The diverse nature of our communities is also reflected in their health needs. We know that patients living in our most deprived areas have a **higher under-75 years mortality rate** (68.5 per 100k compared to 58.8 per 100K in the least deprived areas), and across the area we also have **higher than national rates of hypertension, coronary heart disease and osteoarthritis**.

Our patients experience services differently too, with **longer waits for elective, diagnostic and some cancer services than the national average** and across our geography this can vary depending on the nearest hospital or the speciality required.

CAP is working together to understand and address unwarranted variation across our hospital sites and services and is focused on service improvements for patients.

Collaboration – Our Journey

Our Purpose

We will harness our collective expertise and resources to ensure that our population has timely access to the same high standards of care and are supported to achieve their best health.

Our vision and aims

- **Quality and Safety** – to deliver, together, the highest quality services across our four Trusts, focusing on the patient and on reducing unwarranted variation, so all can access the same levels of care, wherever they live.
- **Transformation and Innovation** – to transform services to ensure the safest, most effective and most efficient care within the resources available.
- **Collaboration and Partnership** – to be excellent partners in our health and care systems and to collaborate where collaboration will bring benefits to patients and staff ensuring the best use of resources.
- **Social Responsibility** – to play our full part in reducing health inequalities within Humber and North Yorkshire, and to optimise our impact as Anchor Institutions and a major employer in the communities we serve.

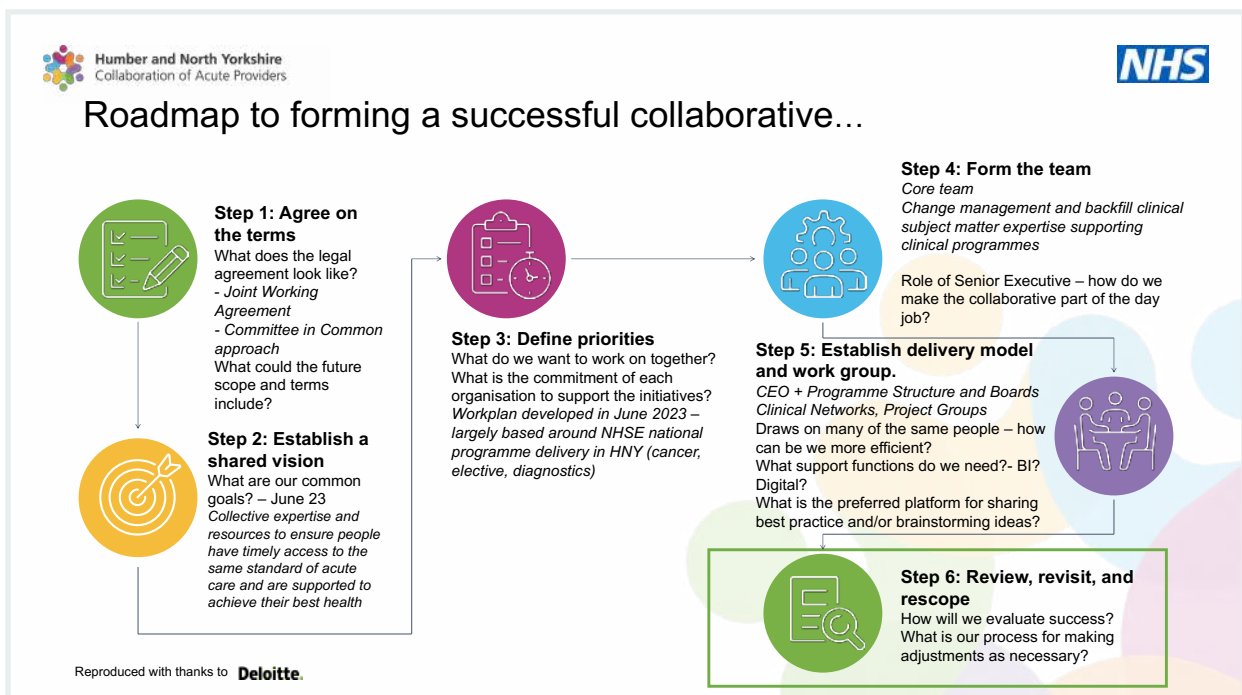




[Click here](#) for an explanation of how CAP is working across Humber and North Yorkshire including the different levels of collaboration. Presented by Jonathan Lofthouse, Group Chief Executive of HUTH and NLaG.

In summary, CAP spans different levels of collaboration:

- **Partnership** – Trusts deliver their services independently but work together to draw on peer support and share best practice.
- **Alignment** – Trusts deliver their services independently but work together on specific priority areas as well as develop shared and agreed standards and principles (e.g. standardised clinical pathways, standardised operating protocols and processes).
- **Formal collaboration** – Trusts deliver together as a single network, doing things once and at scale (e.g. shared elective hubs, procurement, and data systems).



2023/24 – our first full year as a resourced provider collaborative

2023/24 has been a **busy year**. In May 2023 we **reaffirmed our shared purpose and work programme**, focussed on establishing the **CAP clinical programmes of work**, based on the local implementation of the national **diagnostics and cancer programme** (cancer delivered via the HNY Cancer Alliance); and taking collective action on shared risks, including **addressing elective long waiting times**.

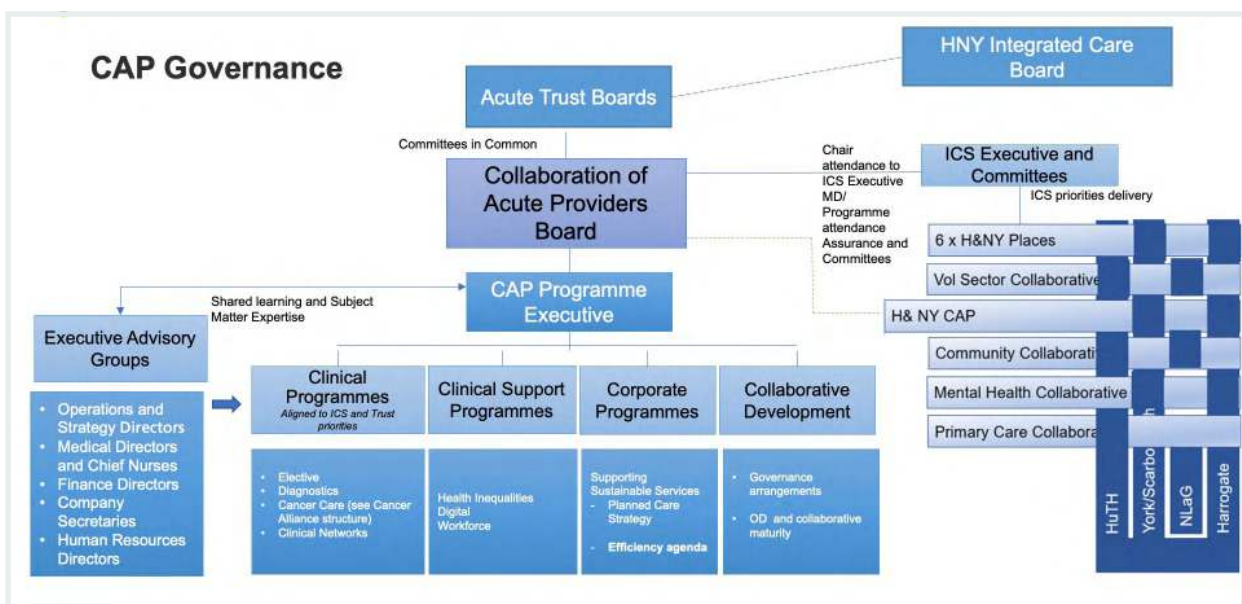
We have successfully recruited or freed up a number of **subject matter experts and change managers** to work on behalf of all four Trusts to **support the delivery of the clinical programmes**.

Delivering our purpose of **‘harnessing our collective expertise’** the CAP has brought together clinical, managerial and administrative subject matter experts across the Trusts to develop shared actions to **address system challenges, develop peer support and resilience, and promote ideas exchange**.

These connections now **span the acute sector leadership levels** ranging from the monthly Chief Executive Officer meeting, Governance leads, Tactical Operations weekly meeting, Health Inequality leads, Learning Disabilities (LD) nurses joint pathway sessions, clinical networks for high volume, low complexity specialities, cancer tumour sites and diagnostic modalities, digital teams and patient booking and administration teams.

As a provider collaborative, we have **strengthened our governance arrangements** to support structured decision making, resource allocation and management of risks to delivery. The CAP is now a formal Committee of the Trusts Boards, **meeting together as a ‘Committee in Common’**.

This is supported by a formal Joint Working Agreement and supporting governance including risk management, conflicts of interest, staff liabilities and information sharing arrangements to facilitate joint working across teams, with a **clear Board-level commitment to collaboration**.



We have developed our understanding of **local challenges and risks**, adopting an open book approach to financial, performance and comparative data to help **identify areas for mutual aid, peer support and constructive challenge**.

The CAP now has a **suite of Business Intelligence reports** on the system KPIs and specific programme dashboards, including outpatients, diagnostics, Getting It Right First Time (GIRFT) metrics, Cancer performance and population analysis of the waiting lists to **inform targeted action and opportunities to address unwarranted variation within the system**.

The following sections outline the progress made and the benefits of this approach.





Humber and North Yorkshire
Collaboration of Acute Providers

Clinical Collaboration



Addressing local unwarranted variation and improving pathways for patients

Priorities for 2023/24

- Elective Clinical Networks have been mobilised to support high volume, low complexity specialities in Getting It Right First Time (GIRFT) delivery.

Key Achievements

- Launch of the Elective Hub in Goole for Orthopaedics and Urology.
- Proposal for a Single Point of Access for cataract referrals.
- Joint bid with the Integrated Care Board for a HNY Women's Health Hub to provide community care for gynaecological conditions.

2023/24 saw the **establishment of the Elective Clinical Networks**, bringing together subject matter clinical expertise to **address the unwarranted variation in the system** and **support the reduction of elective long waits**. The CAP has invested



in the clinical networks, providing **funded support for the Clinical Chair time and network management support**. Clinical chairs from across the **Acute Trusts** are now in place leading the local networks.

The Elective Programme has invested in clinical leadership with **Professor Makani Purva** leading the Clinical Network Steering Group, **providing peer support, learning and professional advice** to the newly appointed Clinical Chairs.

ENT

ENT has the **highest volume of children waiting** for routine treatment in HNY and a growing waiting list position for all elective patients. The Network is developing a **standardised process for day case pathways for child and adult tonsillectomies** to improve day case rates and increase capacity.

The Network is also developing a **standardised process for managing primary care and fast track referrals** to address the waiting list growth. A **system deep dive into ENT services** is planned for June 2024 to agree priorities for 2024/25. This work will also **inform the development of a sustainable ENT service model** across Humber and North Yorkshire, responding to the challenges across our localities.

Eye Care

The Eye Care Network is seeking to **address the unwarranted variation on case per list for cataracts, and to increase the case per list numbers across all Trusts to ensure compliance with national GIRFT standards**. Requests/referrals for cataract surgery are increasing, reflecting **HNY's aging population**, and contributes to significant spend within Independent Sector providers as NHS capacity cannot meet current demand. The Network has **established a specific task and finish group to standardise the approach to cataract referrals, securing accelerator bid funding** to support this pathway. A proposal for a HNY **Single Point of Access** has been developed, building on the system referral management systems already operating within North Yorkshire.



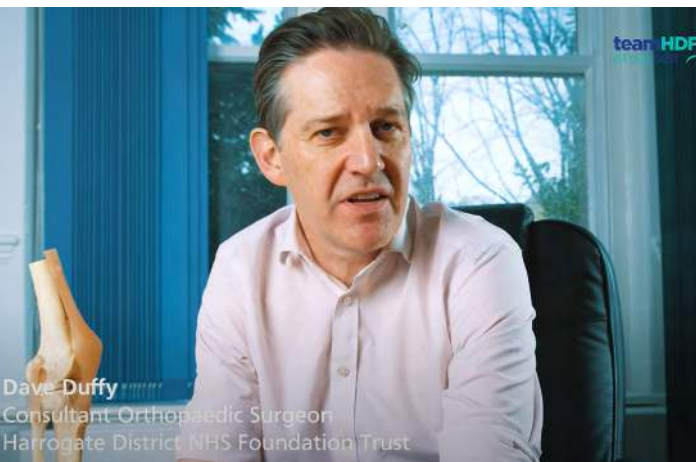
The Eye Care Network is developing standardised pathways for **post-operative cataracts, routine glaucoma and medical retina cases with agreed best practice guidance** – including virtual clinics to reduce unwarranted variation for patients.

The Network is leading a **review of the workforce needs, skills and capabilities** in partnership with NHSE region, this will include a training framework for optometrists, nurses and allied health professionals.

Orthopaedics

The Orthopaedic Network has established the **Elective Hub at Goole Hospital**, in conjunction with the **Urology network**, and it saw its first patients in August 2023. The surgical task and finish group led the process from **agreeing shared patient criteria to PTL management and pre-assessment pathways**. The Hub is seeking national accreditation in 2024/25. **The hub is now open to all patients in HNY.**

The Joint School information package for patients has been developed, with **patient videos and resources to support pre-and post-operative care**. HDFT have led the development of arthroscopy patient care videos, and **successfully bid for monies to roll out across the local system.**



To address variation in patient length of stay, the Network was **successful in bidding for a 'waiting well' trial**, using healthcare navigators to **support complex patients** on the pathway to be optimised for surgery.

The Network is also leading on the **standardisation of referrals pathways in primary care and hip/knee Musculoskeletal (MSK) cases**, working closely with **primary care colleagues and the wider ICS** to agree the pathway.

Gynaecology

The focus for the Clinical Network in 2023/24 has been to **improve patients accessing the right procedure in the right place** – moving suitable procedures (Botox, colposcopy, hysteroscopy, balcamate) into **outpatient procedure settings**, and **improving day case rates** for other procedures. The Network is working to develop shared **best practice guidelines**.

Gynaecology services have long waits in HNY for some procedures. To improve access, **the Network is working closely with the ICB** to implement a **Women's Hub**, following successful investment to support the creation of a hub in the Humber. **This Hub will assess and review minor conditions to ensure patients are treated at the most appropriate place.**

The Network has also focussed on standardised processes for primary care referrals, focussing on **cancer pathways** and **heavy menstrual bleeding**. The network has approved the Standard Operating Procedures (SOP) for Patient-Initiated Follow Ups (PIFUs) **using the GIRFT best practice guidance**.

Urology

During 2023/24 the Urology Network has collaborated to **mobilise the Elective Hub at Goole Hospital**. There is agreement to the principle of **mutual aid** across units, which has been mobilised during 23/24 to expedite earlier treatment of long waiting patients rather than to support long wait delivery. The Network has developed a system agreement to have **Trans Urethral Resection of Bladder Tumour (TURBT)** and **Ureteroscopy** as **day case by default** and agreed PIFU pathways to **minimise follow-up appointments**. The Network has agreed the **consultant passport approach**, with endorsement to adopt the documentation shared across West Yorkshire.

Upper and Lower Gastrointestinal (GI)

This Network has been established in 2023/24, and has developed a work programme. The priorities for 2024/5 are vs the priorities for work and key priorities in 2025 are:

- To develop standardised pathways for bariatric surgery, laparoscopic cholecystectomies and diverticular disease.
- To improve efficiency within endoscopy capacity, including enhanced staff roles and the reduction of DNA rates in conjunction with the Diagnostic Endoscopy Network.

Next Steps – clinical network priorities for 2024/25

- Continue to mature clinical networks to support the reduction in unwarranted variation.
- Target improvements for areas not achieving national GIRFT standards, including the length of stay for hip and knee operations, increased day case procedures and the cataract case per list.
- Implementation of the **Single Point of Access for Eye Care**.
- Increase the capacity of the **Elective Hubs** and achieve national accreditation.
- Implementation of the GIRFT '**Further Faster**' to improve time to first appointment and productivity.
- Engagement in the peer learning programme to target equity actions within the clinical networks.

Reflections of Elective Clinical Network Chairs



Mr Tom Symes, Clinical Lead for Orthopaedics for Hull University Hospitals NHS Trust and Humber and North Yorkshire Orthopaedic Clinical Network Chair believes the influence and impact of whole system collaboration has delivered and will continue to contribute significant improvements to patient care.



“Over the past year by working collaboratively across Organisations, we’ve managed to develop the Goole Surgical Hub which has enabled patients from both the Hull and Northern Lincolnshire catchment areas to be treated for hip and knee conditions. Given it has a dedicated and ring fenced theatre and recovery facility there is a consistent throughput rate of day case joint replacements with short waiting and length of stay times.

“We know from patient feedback that they appreciate this turnaround time and the care and attention the medical, nursing and allied health professional team provide with information and advice on pre and post treatment activity. Plentiful and accessible car parking is also mentioned as a major plus!

“Our partnership working with Primary Care colleagues has seen the production of a standardised referral form for hip and knee conditions which we have successfully piloted and would wish to introduce and apply on a wider basis. We believe that the use the form will help focus attention on the provision of appropriate clinical information and improve patient pathway management

“Over the next year, we’re planning to establish the presence of a Waiting Well Co-ordinator role overseeing the conditioning of patients listed for surgery within all four Acute Trusts.

“There’s scope too to apply the learning and experience of the use of patient videos for post arthroscopy care that Harrogate colleagues have piloted across other areas of our patch. Encouraging our patients to be involved in the management of their condition and procedure where appropriate and maximise clinical team capacity is one of our major goals and its pleasing to see that the overall rate of Patient Initiated Follow Up in Orthopaedics across Humber and North Yorkshire is increasing.”



Joint Eyecare Clinical Network Chairs **Mr Mark Costen** and **Mr Nizz Sabir** feel that pooling skills, expertise and experience across secondary care and the community optometry sector offers a real opportunity to deliver sustainable patient pathway improvements.

Mark, who is Joint Ophthalmology Clinical Lead within Hull University Teaching Hospitals NHS Trust said:



“Whole system collaboration is at the heart of the Work Programme that Nizz and I as Joint Clinical Chairs have been developing over the past eight months.”

“We have prioritised the creation and development of three Task and Finish Groups that are reviewing the operation of the Cataract, Glaucoma and Age Related Macular Degeneration clinical pathways with the aim of streamlining processes, improving efficiency and maximising capacity. Key to this are the roles and contributions of all our clinical colleagues in secondary care and community Optometry.”

Nizz, who operates as a Community Optometrist in the South Humber area added:



“An important part of the pathway review activity we’re working on involves a stocktake of existing service provision in the hospital and community settings and a review of workforce needs, skills and capabilities.”

“From that we can determine appropriate training and development programmes that can be put in place to support staff delivering post operative Cataract care and the management of routine Glaucoma cases.”

“This will improve the patient experience, better utilise staff expertise and reduce waiting times.”

CASE STUDY: Transforming outpatient services – post-surgical video follow-up

Recognising that patient recall of information given during a post-surgery consultant follow up is 40-80% and given the NHSE target of **reducing follow-ups by 25%** for 23-24.

Harrogate and District NHS Foundation Trust undertook a project to offer a digital surgical report following knee arthroplasty, utilising the **Patient Knows Best** patient experience platform.

Surgeons were able to create a report, and a **personalised video message** detailing the outcomes of the surgery, offering post-surgical advice that was pertinent to the individual. The report also included arthroscopic images.

The benefit of this would be that the patient could review the information when and as often as they needed to and, **in many cases, a hospital follow-up appointment with the consultant could be avoided.**



Results of the trial demonstrated that **only 15%** of those receiving the video model required a face-to-face appointment, compared to 75% on the previous pathway, using resources much more efficiently. Therefore leading to the following cost savings:



Further evaluations found that following the information document and video:

- **92% of patients** who responded said they were aware of their weightbearing status post-operatively.
- **100%** were aware of how to manage their dressings post-operatively.
- **100%** were aware of when they could drive again and when they could restart their specific activities.

This **innovative project** utilising digital technology has delivered **cost savings, sustainability savings and improved the patient journey.**

Following this success, the NHSE regional team have confirmed availability of funding for staff and equipment to **support a roll-out of this approach** across HNY starting with York and Scarborough, who are trialling this approach.

There is also potential for extension of practice to **urology, gynaecology and general surgical specialties.**

Addressing Health Inequalities

Priorities for 2023/24

- Implemented standardised processes for the prioritisation of patients with a Learning Disability (LD) on the waiting list.
- Population health data shared with all Trusts.
- Established a Health Inequalities Community of Practice across Trusts.

Key Achievements

- Health Inequalities (HEI) Community of Practice established across Providers in 23/24.
- Dedicated HEI resource for Cancer to support awareness, screening and treatment pathways.
- CEO agreement to prioritise patients with a Learning Disability (LD) on elective pathways.

The CAP has **worked closely with the HNY ICB Business Intelligence Team** to bring together **Trust and Primary care waiting list information** during 2023/24. A shared platform is due by Q2 of 2024/25 to **inform equity actions** for patients on the current elective waiting lists.

The CAP has led the **prioritisation of patients with LD** on elective waiting lists. Working alongside LD nurse leads, waiting list teams and clinicians, a **specific elective pathway has been developed**, supported by an awareness package in



development. This has included a **visible/ searchable LD flag on Trust internal systems and the mechanism to share data across primary and secondary care** to better support patients coming onto elective waiting lists. **The pathways and prioritisation of patients is due to go live in Q1 2024/25.**

Elective waiting list information is now shared across the system, broken down by **Index of Multiple Deprivation (IMD)/gender**, with a review at each HNY Elective Board meeting.

The Cancer Alliance has **secured funding for a Health Inequalities lead** to support their work across cancer pathways and campaigns. A Cancer Alliance Health Inequality Strategy was published in Q3 to drive equity improvements.

Next Steps – priorities for 2024/25

- **Implementation of the revised Elective Pathway** for patients with a Learning Disability.
- **Launch of the shared dataset between primary and secondary care**, with targeted action to support patients be fit for surgery and reduce patient cancellations on the day.
- **Improve HEI data** to support Clinical Networks.
- **Enhance the HEI Community of Practice across Trusts**, growing sector skills and awareness with acute representation on the Clinical Fellows programme.





Clinical Programmes: Leading change on behalf of the HNY Integrated Care System



Elective Programme

Priorities for 2023/24

- Support the delivery of 85% theatres utilisation and an improvement in day case rates.
- Support delivery the national 65 week wait waiting list target.
- 25% reduction in outpatient follow-ups without a procedure.

Key Achievements

- NHS England (NHSE) region recommendation to remove Humber and North Yorkshire from System Elective Recovery Tiering due to significant progress on long waits in 2023/24.
- Over 190 patients were able to access treatment more quickly by moving between hospitals (mutual aid).
- 450k patients are registered with Patient Engagement Portals (PEPs) across HNY.
- Outpatient follow-up reductions were seen in targeted areas, e.g. General Surgery (77% compared to 2019/20) and Ophthalmology (88.6% compared to 2019/20).



Throughout 2023/24 we have been working collaboratively to tackle the waiting list backlogs through the Elective Care Programme, with a focus on:

- **Tactical Operations** – bringing together operational leaders to identify opportunities for mutual to help treat patients earlier, including the local implementation of the Patient Initiated Digital Mutual Aid System (PIDMAS).
- **Outpatients** – agreeing shared principles on outpatient transformation with testing of new models of care across the system for scalability.
- **Establishment of elective clinical networks for our high volume, low complexity specialities with high volume waiting lists** – seven speciality networks, peri-operative pathways and theatre networks are now in place with identified Clinical Chairs (see pages 16-17).
- **Waiting well** – enhancing data provision to help identify patients requiring additional support on waiting lists and working to prioritise patients with a Learning Disability on our elective waiting lists (see page 38).

Elective Waits

The CAP weekly Elective Tactical Group was established in Q2 2023, chaired by the Harrogate District Hospital Chief Operating Officer (who leads the Elective Portfolio on behalf of CAP), bringing together senior operational leads across the Trusts to **embed mutual aid**, supporting the long waiter position to **eliminate patients waiting for two years or more, successfully reducing those waiting 78 weeks to eight complex patients and work across specialities to deliver the 65-week wait system target.**

Outpatients

£1.2m of NHSE funding was secured to **roll out and expand Patient Engagement Portals (PEP)** across the Trusts, via a shared supplier. **Patients at our Trusts are now able to confirm, cancel and rebook outpatients appointments through the NHS App.** The licences have been secured for an additional year to enable a **full benefits assessment and options appraisal** for continuation during 2024/25.

Clinical lead funding for **Outpatients Transformation** was secured for each Trust during 2023/24 to **provide clinical advice and oversight of the new models of care and outpatient validation approaches.** Throughout 2023/24 waiting list validation practices have transitioned to business as usual for Trusts with **90% of Referral to Treatment (RTT) clocks validated over 12 weeks**, supported by the implementation of two-way text messaging solutions.

To tackle unwarranted variation in our management of patients, **a single access policy has been developed**, with subject matter leads across the Trusts developing proposals for implementation in May 2024. This will also align with West Yorkshire's access policy to support wider mutual aid for patients.

Theatres

The Elective Programme has completed a stock-take of **theatre assets, workforce and utilisation** across Humber and North Yorkshire through the Theatre Network. This has **informed our priority work on best practice scheduling** (including digital opportunities) workforce planning to **maximise the use of our current and future**

theatre estate, theatre list utilisation and booking processes.

The Trusts have successfully bid through the **Targeted Investment Fund** for significant investment, of £76.5m in theatre estate which has funded:

- **A state-of-the-art day surgery unit at Castle Hill Hospital in Hull.**
- **Development of the York Hospital Elective Hub for orthopaedic and urology services.**
- **Refurbishment of Theatres across Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital.**
- **Creation of a facility at Harrogate District Hospital with ring fenced beds and theatres in a stand-alone unit within the existing hospital site.**
- **Development of a larger Post-Anaesthetic Care Unit (PACU), a hybrid Vascular Theatre and fit for purpose pre-theatre unit at York Hospital and six dedicated outpatient procedure rooms (both York and Bridlington Hospitals).**

The schemes have been progressed by Trusts during 2023/24, with the **theatre refurbishment works at Diana Princess of Wales Hospital, Grimsby and phase 1 of Castle Hill Hospital Day Surgery, Hull operational in 2023/24**. The Theatres Network is focused on ensuring Trusts can maximise this capacity through innovative workforce models.

Next Steps – priorities for 2024/25

- **Theatre productivity** – achieve 85% capped utilisation across all providers.
- **Stabilise the total waiting list** – with action to improve the time to first outpatient appointment.
- **Develop the digital roadmap for elective services** – including digital pre-assessment and expansion of the function of PEPs.
- **Fragile speciality review in partnership with the Clinical Networks – ENT as a focus for 2024/25.**



Cancer Alliance

Priorities for 2023/24

- Reduce patients waiting over 62 days from GP referral to first cancer treatment.
- Support delivery of Faster Diagnosis Target of 75% by March 2024.
- Achieve full assurance from the national Cancer Team of the HNY Cancer Plan.

Key Achievements

- HNY achieved the 2023/24 '63 days fair shares target' and the backlog was reduced by 45% from the October H2 position.
- FIT Compliance improved from 35% to over 50% in the South Bank.
- Extension agreed for 100 cancers to be identified before Pinpoint service evaluation.
- Colon Capsule Endoscopy (CCE) targets met.
- 100% completion of the Lynch Syndrome audit.
- The HNY Lung Health Check programme is in mobilisation.

The Humber and North Yorkshire Cancer Alliance 2023/24 Annual Report is available on the [Cancer Alliance website](#).



Access

The Cancer Alliance (CA) has **worked with partners** to reduce the number of patients waiting 62 days or more to start treatment for cancer following referral **from a peak of 829 in October 2023 to 458 at the end of March 2024** and achieved significant progress in **surpassing the national Faster Diagnosis Standard by achieving 75.46% at the end of March 2024.**

Awareness of cancer and early diagnosis rates

Positively, the 12-month rolling Rapid Cancer Registration Data average indicates **an increasing trend in early-stage diagnosis** in Humber and North Yorkshire from 50% in January 2021 to 58% in October 2023.

We have **surpassed 5,000 people trained as Cancer Champions** during 2023/24, a year in which the programme also celebrated its fifth birthday. The programme widened its reach to deliver cancer awareness training to **refugee groups, Muslim faith groups, and learning disability groups**. During the year, the programme also **launched its train-the-trainer programme**, which aims to deliver cancer awareness training deeper into the community through trusted and peer voices.

We have **extended the NHS Targeted Lung Health Check service** into the East Riding of Yorkshire, meaning the service is now available in three of our region's six places (Hull, North East Lincolnshire and East Riding of Yorkshire) – **with plans to extend coverage into North Lincolnshire in 2024/25 and York and North Yorkshire soon after.**

Between April 2023 and January 2024, **9,088 people had an initial Lung Health Check assessment** (from 21,871 invited), with 4,164 people referred for a follow-up scan. From this activity, **70 cancers have been detected, 76% of which were detected at an early stage** (stage one or two).



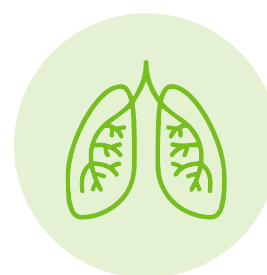
An increasing trend in early-stage diagnosis



70 cancers have been detected



5,000+ people trained as Cancer Champions



9,088 Lung Health Check assessments

We have taken part in NHS England's 2023/24 **Cancer Experience of Care Improvement Collaborative**, specifically launching an initial project exploring how to **improve psychosocial support** for people with a cancer diagnosis who also have a pre-existing mental health condition.

The Cancer Alliance hosted a **hugely successful annual conference** at Hull's MKM Stadium in September 2023 and welcomed **more than 130 colleagues** to

the stadium to hear from guest speakers Dr Lucy Gossage and David Fitzgerald, Programme Director, NHS Cancer Programme, and learn about the different ways the Cancer Alliance is working to **transform the diagnosis, treatment and care for cancer patients** in our region.

We published the Cancer Alliance's **first ever strategy to address health inequalities** in cancer treatment and care among the **most deprived communities** in Humber and North Yorkshire.

The **'Working with People and Communities: Patient and Public Engagement Strategy,'** was ratified by the Cancer Alliance System Board in September 2023. The strategy outlines how the Cancer Alliance will establish a robust and sustainable approach to **involve cancer patients** in its work.

We have worked with partners to prioritise public engagement activity to **support cancer awareness and early diagnosis in the most deprived communities** in Humber and North Yorkshire, including with the **Roy Castle Lung Cancer Foundation** in Hull during the **Let's Talk Lung Cancer Roadshow** in November 2023 and with NHS England in Grimsby during the **Cancer Myth 'Bus-ting' Tour** during the same month.

Supporting Services

The Cancer Alliance established a programme to **address long-standing challenges facing the non-surgical oncology (NSO) workforce**, supported by the **appointment of a programme lead and a clinical lead**. In November 2023, the NSO programme plan was approved, focusing on **improving systemic anti-cancer treatment services** (including but not limited to chemotherapy). A clinical development group has been established to **lead this improvement work**.



In addition, we have secured **significant (circa £2.4million) investment** into **imaging, endoscopy and histopathology** from the national cancer performance recovery fund (six-month period from October 2023 to March 2024), which has positively impacted cancer diagnostic backlogs.

The **Colon Capsule Endoscopy pilot programme continues to run successfully**, with steady utilisation rates per month. The service will be evaluated with the aim to transition the service to business as usual in 2024/25.

During 2023/24 we have created the **Cancer Alliance's Cancer Diagnostics and Innovation Programme** which takes a **collaborative, multi-partner approach** to explore the opportunities to adopt innovative technology to harness **cutting-edge approaches to cancer diagnostics**.

The Cancer Alliance has worked with secondary care and primary care partners to increase the percentage of **cancer patient holistic needs assessments** completed **from 52% in 2020/21 to 92% in 2023/24**.

To support clinically-led change we have recruited **six new Clinical Delivery Group (CDG) leads**, and established three new CDGs – **breast cancer, skin cancer and non-surgical oncology** – increasing the number of CDGs to nine. These groups cover a wide range of tumour sites and, by working collaboratively, **bring together the right people to implement best practice timed pathways, achieve cancer waiting times standards, reduce unwarranted variation in treatments and improve the personalised care that people affected by cancer receive**.

Next Steps – priorities for 2024/25

Awareness and Early Diagnosis

- To seek to improve cancer survival rates by ensuring more people are diagnosed at an earlier stage, by improving cancer awareness and uptake of screening.
- To raise awareness of the signs and symptoms of cancer in the general population and optimising clinical systems to improve access to diagnostics – thereby improving the rates of early diagnosis and treatment of cancers.

Cancer Diagnostics and Innovation

- To work with partners on cutting-edge approaches to cancer diagnostics. This is made possible through innovative technology.
- To be at the forefront of ground-breaking achievements in cancer diagnosis and treatments.

Treatment Pathways and Personalised Care

- To work with partners to ensure there is enough capacity in the local healthcare system to deliver equitable access to cancer treatments and care for all people living in our region.

CASE STUDY: Lung Health Check patient Jean Robson



“I’ve become more wary about my health, and I want to look after myself more.”

Jean Robson, a 65-year-old ex-smoker from Hull, is encouraging others to attend an NHS Lung Health Check if invited, after the service helped to identify some health issues and make positive changes to her lifestyle.

Jean said: “In October 2022, I was experiencing a nasty cough that I couldn’t get rid of so when a letter from my GP arrived inviting me for a free Lung Health Check, I decided to make an appointment.

“The Lung Health Check began with a telephone appointment with a nurse who asked me about my overall lung health, so I told her about my coughing fits. The fits were regular and often caused my eyes to stream, which I was very embarrassed about when at the shops and around other people. I just seemed to have no control over them.”

After the initial telephone assessment with a specialist nurse, Jean was invited for a low-dose CT scan on a unit located at Morrisons on Holderness Road, in east Hull.

Jean said: “As I had quit smoking a long time ago, I was surprised to find out that the scan had showed I have chronic obstructive pulmonary disease (COPD) and emphysema. It also identified I was prone to heart attacks and am at higher risk of strokes.

“At first I was shocked by the diagnosis I had received but it quickly prompted me to start making some lifestyle choices that would help prioritise my health.

“I started to look after myself more. I now eat healthier, go on bike rides and walk my dog as much as I can. My emphysema can often cause me to feel

“At first I was shocked by the diagnosis I had received but it quickly prompted me to start making some lifestyle choices that would help prioritise my health.”

out of breath, but I take things steady when I need to and remain determined to be as healthy as I can. I used to work in care, and have seen patients struggle with similar illnesses, so I want to prevent that happening as much as possible."

Since taking part in the NHS Targeted Lung Health Check programme, Jean has shared her experience with her friends and family and encourages anyone invited for a Lung Health Check to book their appointment.

She said: "Just book it and go, it is the best thing you can do, and it gives you peace of mind.

"All of the staff I have met through the Lung Health Check service have been extremely supportive and the information I have received about helping to manage my condition has been very helpful. I am grateful to the NHS for my ongoing support and I'm really glad I took up the offer of a Lung Health Check."

To find out more about Lung Health Checks, including who is eligible and the services available in your area, visit the [Humber and North Yorkshire Cancer Alliance website](#).

“*Just book it and go, it is the best thing you can do, and it gives you peace of mind.*”



Diagnostics Programme

Priorities for 2023/24

- Plan, develop and implement the HNY CDC model.
- Develop the maturity of the Imaging and Endoscopy Networks to meet the national programme expectations.
- Improve access to diagnostic tests.

Key Achievements

- The CDC Programme has successfully developed the HNY CDC hub and spoke model and initiated implementation across multiple locations.
- Acceleration activity is in place, while build work continues with 85,713 CDC tests delivered in 2023/24.
- £1m funding secured to support AI technology to support CT Chest scans across all four Trusts.
- Approval of Year 3 capital for Trusts to support MRI and Imaging.

The HNY Diagnostic Programme has been de-coupled from the HNY elective and cancer programmes during 23/24 and refocussed, with **enhanced leadership** secured through a nominated Chief Executive Officer SRO, Diagnostics Programme Director and Clinical Lead roles to support the **Imaging and Endoscopy networks**, supported by a programme team to drive delivery.





Bringing to life our Community Diagnostic Centre in Grimsby



Bringing to life our Community Diagnostic Centre in Scunthorpe



Community Diagnostic Centres

The CAP has led the HNY CDC Programme in 23/24, completing **due diligence reviews, negotiation with the national programme on activity profiles and funding to HNY and supporting HNY Trusts with the Business Case process for the development of CDC Hub and Spokes.**



The CDC programme is **ambitious** and includes both **static builds** and **the use of mobiles for CT and MRI** to ensure capacity across our diverse geography. The mobiles are **now deployed** and **supporting improved access** during 2023/24 as build work continues on the static sites.

The **CDC workforce plan** has been completed, and this has secured **national approval**. Recruitment to

posts has commenced in 2023/24, including international recruits. Work continues to introduce **innovative recruitment practices and international recruitment.**

Diagnostic Networks

We have accelerated the development of the **HNY Imaging Network** to support, maximising the use of existing capacity, improving access to specialist opinion and making efficiencies and economies of scale, achieving the national maturing status framework standard **one year ahead of target**, and have participated in a **peer-to-peer network review**. This Network peer review approach has been **shared by NHSE as an exemplar to other systems**. A re-launch event for the network is fully subscribed in May 2024.

The **Imaging Network IT and Digital strategy** has been developed, and in 23/24 HNY has achieved delivery of full coverage of home reporting for Radiologists.

As part of our wider and more medium-term diagnostics workforce plan, we have developed and implemented an **accelerated (two year) undergraduate radiography course in partnership with the University of Hull**, with 55 applicants to date for 20 places.

The programme has secured the mobile MRI/CT assets for Humber and North Yorkshire, facilitating **improved access across our communities**. The network has designed and implemented an innovative radiographer-led model of delivery for contrast agents on mobile scanners **to increase capacity for contrast scans.**

The **Endoscopy Network** is now supported with a **dedicated Clinical Lead and project support**. The refresh of the Endoscopy Network has targeted **workforce,**



data quality, productivity, endoscopic retrograde cholangio pancreatography (ECRP) and Joint Advisory Group on GI Endoscopy (JAG) accreditation as key priorities.

The CAP team have supported network development and have completed the workforce baseline data and formed the workforce group to **agree actions to improve service resilience**. In addition, the network has implemented a data project to **review productivity, turnaround times, capacity and demand modelling and benefits realisation to support backlog recovery**.

The team are supporting the roll-out of the **Yorkshire Endoscopy Training Academy (YETA)**, which includes the **delivery of immersion training and additional training opportunities for administrative staff**. These increased training opportunities are now available to all Trusts.



Next Steps – priorities for 2024/25

- **Support Trust diagnostic recovery plans** through implementation of the diagnostic digital programme, workforce planning and CDC delivery.
- **Ensure CDC build, go-live and equipment dates across HNY remain on track**, and support the development of clinical pathways to maximise the benefits of CDCs.
- **Artificial Intelligence (AI) project to go live** – harnessing this evolving technology across Chest CT pathways to accelerate diagnosis and treatment.
- **Develop robust training plans and ensure they are in place across key modalities**, including an approach to training academy sustainability.
- **Review of Pathology Turnaround Times**, and options for sustainable improvement.
- **Utilising the demand and capacity modelling across MRI, CT and Endoscopy** to develop and support key interventions to improve productivity, access and performance.

INTRODUCING ...

our new Imaging network
clinical lead, Dr Victoria Birkett



“*I hope to facilitate collaboration and good working relationships.*”

Victoria is a Consultant Radiologist at York and Scarborough Teaching Hospitals NHS Foundation Trust with sub-speciality interests in **breast and gynaecology imaging**.

She was Clinical Director in York from 2020/23, starting the role at the onset of the pandemic and **enjoyed leading during unprecedented times**.

She said: “Unfortunately, the current climate is no less challenging; **recruitment and retention** of all aspects of the workforce, **ever-increasing demands** for imaging, **long waiting times**, spiralling **outsourcing costs** and **financial pressures** to name but a few of the current issues that we all face.

“As clinical lead for the network, I hope to **facilitate collaboration and good working relationships** that will help develop and maintain **excellent diagnostic services** within the network.”

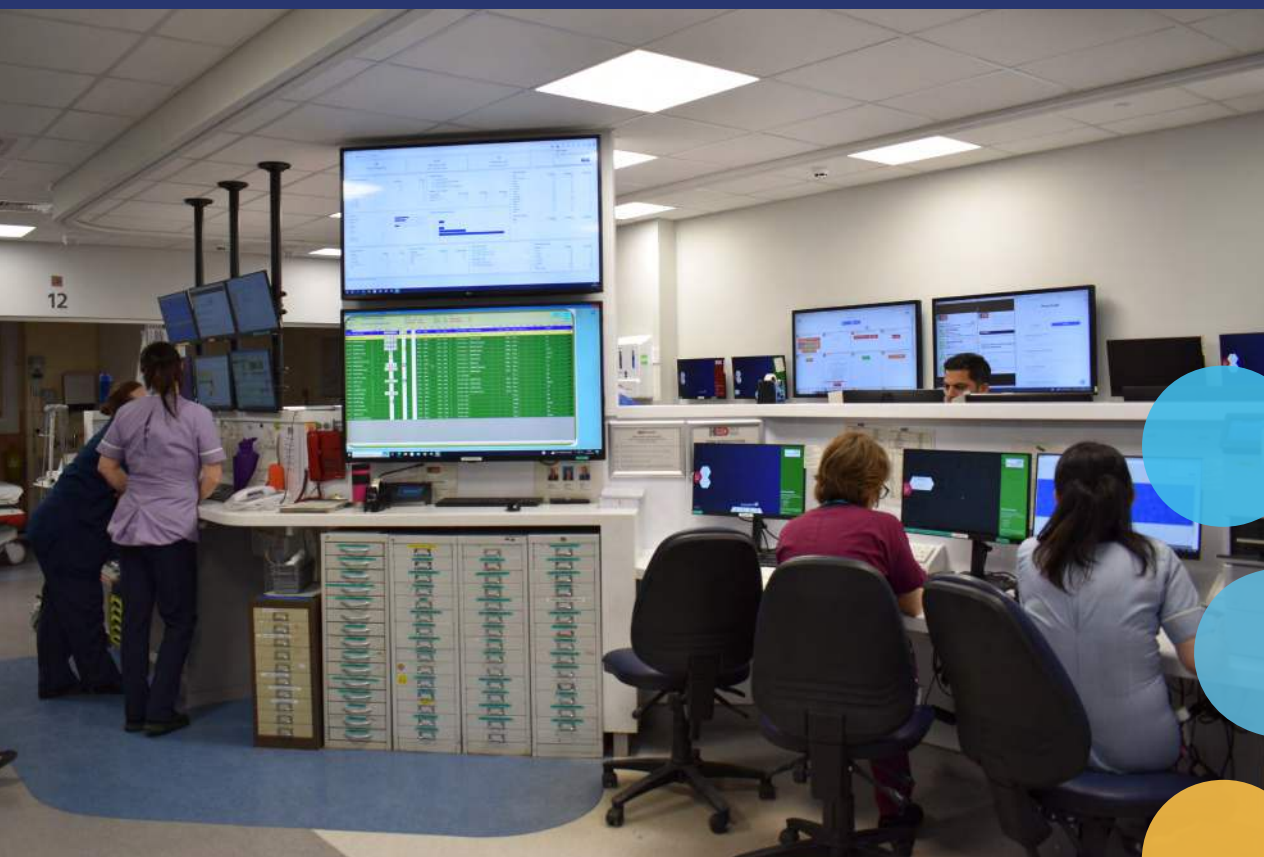
“*The current climate is no less challenging; recruitment and retention of all aspects of the workforce, ... to name but a few of the current issues that we all face.*”





Humber and North Yorkshire
Collaboration of Acute Providers

Corporate Programmes



Procurement Collaborative

Humber & North Yorkshire Procurement Collaborative is a **single procurement function** providing services to Hull University Teaching Hospitals NHS Trust, Northern Lincolnshire & Goole NHS Foundation Trust, and York and Scarborough Teaching Hospitals NHS Foundation Trust.

Key Achievements

- Finalised a **formal collaboration agreement** signed between the three Trusts setting out how we will **work together for the benefit of all**.
- Implemented a **single contract management and spend management system** giving our staff visibility of all contracts and spend across the three Trusts.
- **Recruited to our new structure** making key appointments to our Procurement Business Partners, their assistants and our Clinical Procurement Specialists and put a number of our staff through a **six-month procurement training course** with Achilles – a **nationally renowned** procurement training organisation.
- Achieved success in getting York & Scarborough Teaching Hospitals onto a **national programme for inventory management** and **Scan4Safety** which provides resources and funding to ensure a successful implementation.
- Ran a number of e-auctions **saving £1.3m for the Trusts** as well as increasing savings delivery in year to **over £5m** whilst identifying other opportunities, such as securing **almost £300k in value vouchers** which are being used to reinvest in reviewing patient pathways.



Next Steps – priorities for 2024/25

To implement a number of procurement systems across the three Trusts including:

- **A single catalogue with standard pricing.**
- **A single procure-to-pay system.**
- **A single inventory management system** which will allow for better stock visibility reducing wastage.
- **To launch of Scan4Safety** into York Hospital.
- **To work with our clinical colleagues to build our procurement plans** for the next 12-24 months maximising the opportunities from standardisation.
- **To establish a wound care formulary** across the ICS.
- **To embed contract management into our key contracts** ensuring we get the level of service that we are paying for.

Digital and Business Intelligence

The four Trusts agreed at the start of the year to share their performance, financial and workforce data together to help identify areas for mutual aid and inform priority areas for collaborative work.

Key Achievements

The CAP team have worked with the ICB and Trust Business Intelligence (BI) teams to develop a suite of dashboards to support collaborative working, including:

- CAP Board/ Committee in Common performance report.
- CAP Programme Executive performance pack.
- Elective Programme dashboard and associated deep dive areas including outpatients clinical networks and waiting list detail.
- Urgent and Emergency Care (UEC) dashboard.
- Diagnostic Board performance report.

It has also developed a 'waiting well' approach to combine primary and secondary care data to enable better understanding of patients' health needs, with a focus on sharing patients learning disability status on elective waiting lists.

Next Steps – priorities for 2024/25

- To develop a hosted BI model across CAP, including increased data engineering support to flow information from Trusts to a central point.
- To harness strategic analysis to inform acute services planning in Humber and North Yorkshire.
- To implement Patient Tracking List (PTL) and Theatre operational tools across the Trusts to support elective recovery and productivity.
- To launch diagnostic capacity and demand modelling to support improved productivity in the services.

Collaboration of Acute Provider Development

Key Achievements

- Launched a **recruitment and Organisational Development (OD) programme** for the core CAP team and programme support.
- **Formalised the CAP governance arrangements**, working as a Committee of each Trust Board.
- **Rolled-out Board development sessions** across all providers to shape our vision, priorities and workplan.
- **Established governance arrangements**, including the Programme Executive Board, Clinical Programme Boards and supporting programme governance.
- **Risk Management, Information Sharing and Conflicts of Interest approaches** agreed and implemented.
- **Engaged communication support** to shape and deliver a Communications and Engagement Strategy.
- Successful application to **join the NHS Providers and Q Peer Learning Programme** for provider collaboratives, focussed on equity actions.

Next Steps – priorities for 2024/25

- **To grow the maturity of the CAP** to support system priorities, including the efficiency agenda and new models of operating and collaborate with the 'System Change and Transformation' programme.
- **To strengthen our clinical leadership** both within the CAP and supporting system leadership roles.
- **To develop system leadership opportunities** for Trust staff.
- **To launch our Communications Strategy** to increase awareness of and engagement with the CAP.

The year ahead

We intend to **accelerate the development and maturity** of CAP during 2024/25, **identifying additional opportunities for collaboration** and **embedding existing programmes of work** including the work being taken forward by the **clinical networks**.

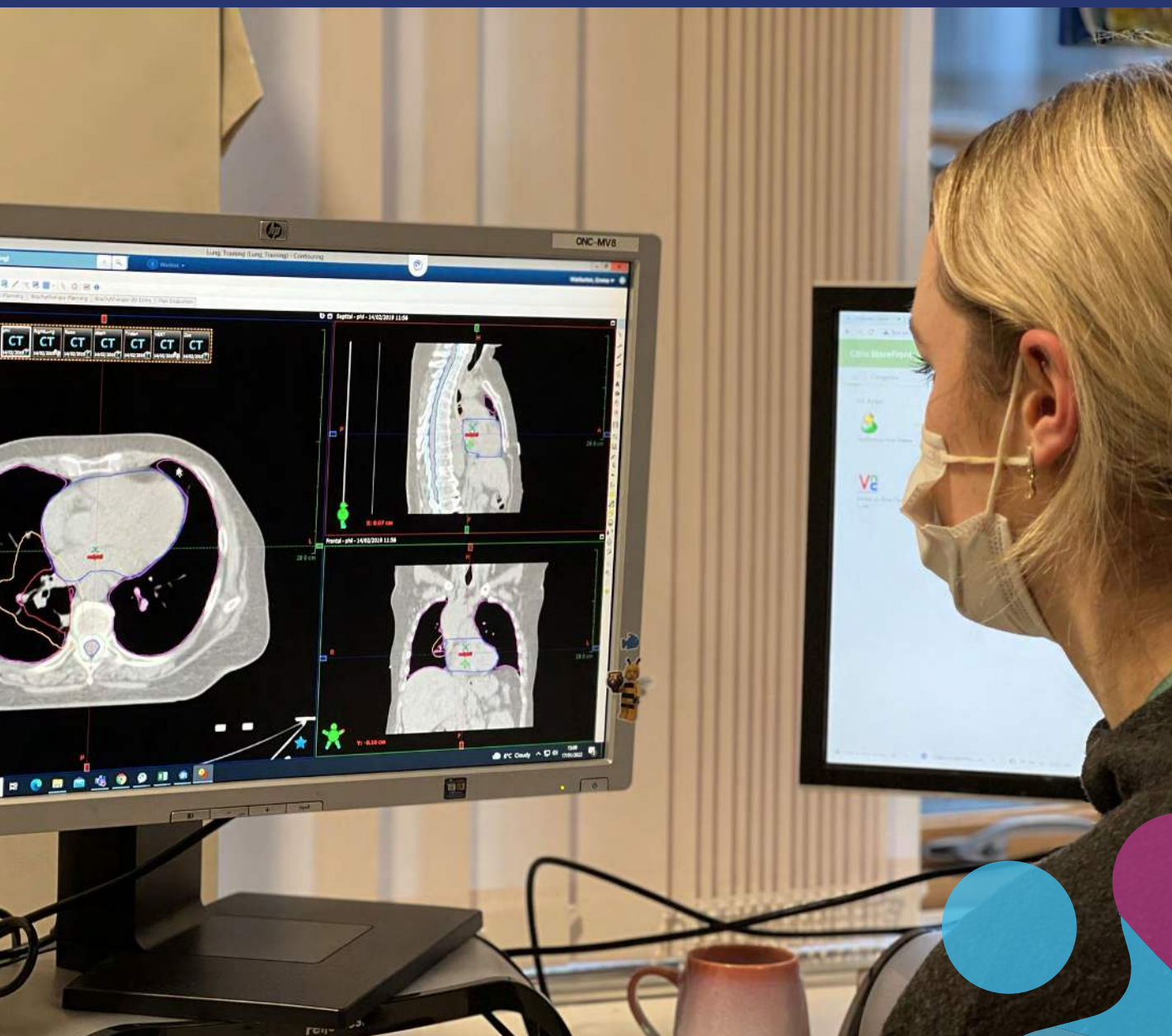
In particular we will:

- **Facilitate and support engagement of clinical, operational and administrative teams across all four Trusts**, fostering productive and trusting relationships that, in turn, support the development and delivery of high-quality patient services – ‘engagement to support collaboration’.
- **Support the development and implementation of new and innovative patient pathways.**
- **Target interventions that will address health inequalities and unwarranted variation.**
- **Develop a HNY clinical strategy** that will in turn support clinical/service sustainability.
- **Support the implementation of the HNY Community Diagnostic Centres**, working with partners to optimise diagnostic pathways.
- **Focus on driving improvements in clinical productivity across a number of key areas**, particularly elective and diagnostic services.
- **Support the delivery of the HNY efficiency programme**, targeting areas where it makes sense to focus on consolidation or ‘at scale’ initiatives across all four Trusts.
- **Ensure a coordinated approach to addressing health inequalities**, building on the work to date in targeting ‘high risk’ patient cohorts.
- **Collaborate with the HNY Innovation, Research and Improvement System (IRIS) Programme** to ensure a focused and coordinated approach to research and innovation and continuous improvement.
- **Explore opportunities to use digital innovations** as a key enabler in driving service change and improvement across all CAP work programmes.





Humber and North Yorkshire
Collaboration of Acute Providers



Contact Us

For further information, please email the CAP team
at yhs-tr.hnycap@nhs.net