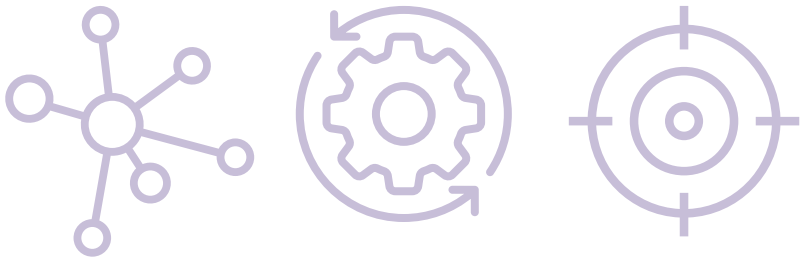
Humber and North Yorkshire
Collaboration of Acute Providers

Annual Report
2024/25



"Together, we have achieved some major milestones"

Our year of success 2024/25 in numbers – at a glance

<0.1%	**Less than 0.1%** – patients waiting longer than 65 weeks for treatment
97.3%	**97.3%** – patients treated within one year
3,120	**3,120** – bed days saved
596	**596** – additional day cases/ electives delivered
10,596	**10,596** – additional first outpatient appointments created
£2.5m	**£2.5m** – elective efficiencies generated
5.7%	**5.7%** – extra activity delivered in Endoscopy
43%	**43%** – reduction in patients waiting longer than 62 days to start treatment for cancer compared to October 23
13,463	**13,463** – lung health check assessments completed
107	**107** – cancers found from lung health checks (**61.7%** at an early stage)
1,500	**1,500** – community Cancer Champions recruited
900,000	**900,000** – people engaged with cancer awareness campaigns
£29.4m	**£29.4m** – investment in two latest CDCs to go live
224,889	**224,889** – additional tests completed by our CDC Programme
£480,000	**£480,000** – successful bid to help detect fractures with AI
18	**18** – people starting on our ground-breaking fast-track Radiography training course
£7.8m	**£7.8m** – savings generated by our Procurement Collaborative
£19.6m	**£19.6m** – funding bids submitted for 2025/26, targeting Diagnostics, CDCs and Urgent and Emergency Care

Factfile: Our Elective Programme patient highlights

UP	**Improvement in day case rates in:** • ENT child tonsillectomies – **UP** to achieve national standards – 70.2% • Ureteroscopy rates – **UP** by 3% • Laparoscopic cholecystectomy rates – **UP** by 1.9% • Elective primary inguinal hernia repair rates – **UP** by 2.5%
UP	**Increased case- per-list for average 4-hour session in:** • Ophthalmology – **UP** (overachieving the target of 4.1 to 4.9 in December) • Gynaecology – **UP** from 2.3 to 2.7 • General Surgery – **UP** from 1.6 to 1.9
UP	**Increased Patient-Initiated Follow-Ups (PIFU) rates in:** • Gynaecology – **UP** from 2% to 2.7% • Urology – **UP** from 1.4% to 2.7% • General Surgery – **UP** from 1.6% to 2.5%
REDUCED	**Reduced lengths-of-stay for patients requiring:** • Vaginal hysterectomy – **REDUCED** (74.4% staying less than 2 days, compared to 73.3% baseline). • Primary hip replacement – **REDUCED** (from 2.8 days to 2.7 days).
REDUCED	**Patient re-admission rates:** • For both ENT adult and child patients – **REDUCED** by 1.5% and 1% respectively.

Welcome

‘Together, we have achieved some major milestones’

Welcome to the Humber and North Yorkshire (HNY) Collaborative of Acute Providers (CAP) 2024/25 Annual Report. The report provides an **overview of the progress** we have made over the last 12 months.

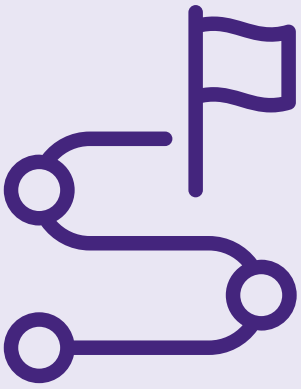
We have reflected on the **successes and learning in 2023/24** and explored **new opportunities for collaboration** that **benefit patients and staff**. It’s been a busy year, but this reflects our **ambition for the future**, ensuring **we collaborate where and when it makes sense** across the CAP providers.

The achievements detailed in this report wouldn’t have been possible without the support of colleagues across **Hull Teaching Hospitals NHS Trust (HUTH), Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH)** and **Harrogate District Hospital NHS Foundation Trust (HDFT)**, working together to provide excellent care and patient outcomes.

Together we have achieved some major milestones. By working together, we can and will:

- Ensure that we **share best practice**, learning from each other and other systems, **testing new ways of working** and **piloting new initiatives and innovations**.
- Ensure we exploit opportunities to **work together** to leverage **savings, productivity** and **operational efficiencies**.
- Secure **additional investment into Humber and North Yorkshire (HNY)** and realise **significant benefits** as a result of **delivering projects/programmes of work together**.
- Support teams to reach out to work together, **tackling inequalities in access, outcomes** or **patient experience**.
- Support **clinical networks**, to **standardise ways of working** and **redesign patient pathways**.

> **“We will build on this success during 2025/26 and beyond and look forward to the year ahead, drawing upon the work and success to date.”**



- **Horizon scan** – plan for the longer term – using public and population health data to inform what **changes in demand** will look like and consider how we can **optimise the configuration of services to meet patient needs**.

We have **achieved a lot** despite a challenging national and local operating picture both in terms of financial constraints and operating context.

We will **build on this success during 2025/26** and beyond and look forward to the year ahead, **drawing upon the work and success to date**. There is a lot to do but we know that by **working in partnership** we can deliver **real benefits for patients and our staff**.

Simon

Simon Morritt
Lead CEO – Humber and North Yorkshire Collaboration of Acute Providers

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

NHS
Harrogate and District
NHS Foundation Trust

Sarah Armstrong
Chair

Jonathon Coulter
Chief Executive

Harrogate District Hospital

Ripon Community Hospital

NHS
Hull University Teaching Hospitals
NHS Trust

Sean Lyons
Group Chair

Jonathan Lofthouse
Group Chief Executive

Hull Royal Infirmary

Castle Hill Hospital

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Amanda Stanford
Acting Group Chief Executive

Diana Princess of Wales Hospital

Scunthorpe General Hospital

Goole and District Hospital

Part of NHS Humber Health Partnership

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Martin Barkley
Chair

Simon Morritt
Chief Executive

York Hospital

Scarborough Hospital

Bridlington Hospital

Malton Community Hospital

The New Selby War Memorial Hospital

Our Purpose

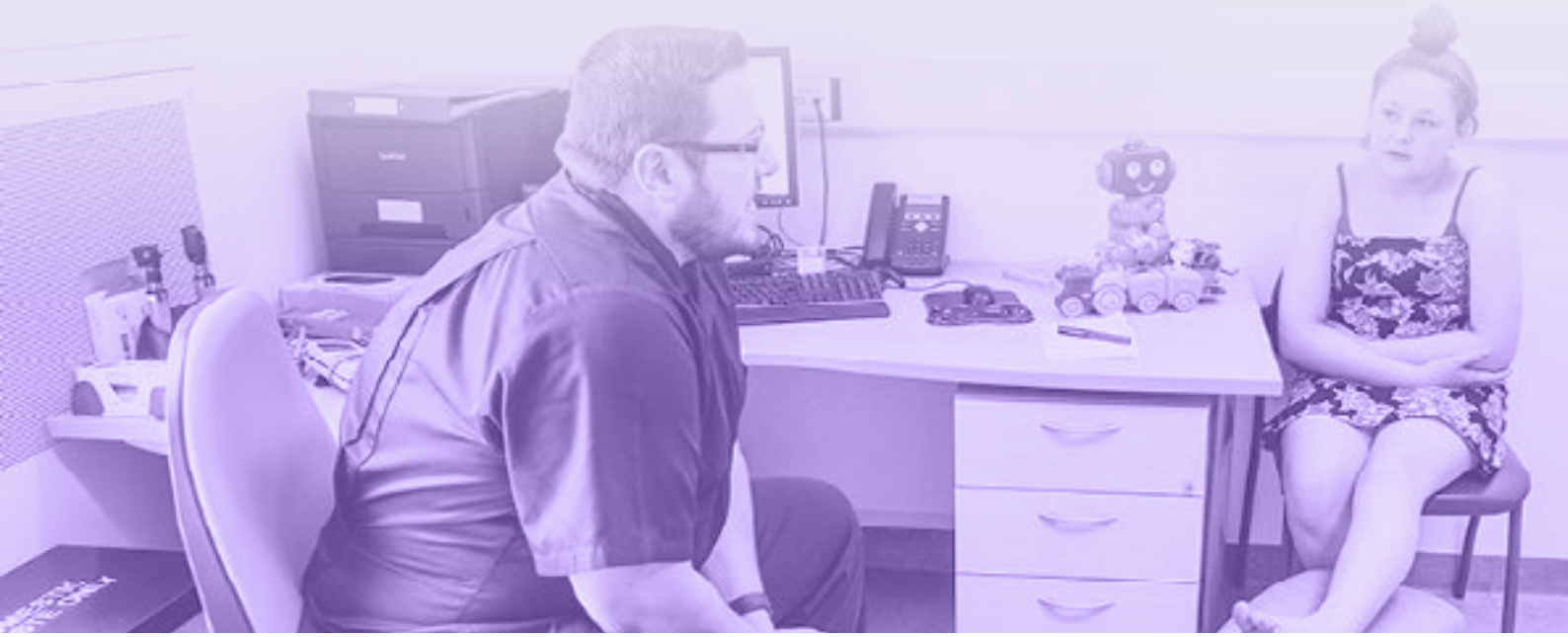
We will harness our **collective expertise and resources** to ensure our population has **timely access** to the **same high standards** of care and are supported to achieve their **best health**.

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 collaborative 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.

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).



Collaboration at the heart of system working throughout 2024/25

This has been an **exciting year** for the Humber and North Yorkshire Collaboration of Acute Providers (CAP). We have continued to work together to deliver a programme of work that addresses some of the key challenges we face.

We have continued to support delivery of the national **Cancer, Diagnostic** and **Elective programmes**, driving innovation through our **Digital** and **Cancer Alliance** initiatives and continuing to **reduce overall waiting times across Elective and Diagnostic services**.

This report showcases examples of the work we have taken forward together in 2024/5 and highlights areas we want to focus on in 2025/6.

Following our successes in 2023/24, the CAP has **strengthened our clinical leadership**, with clinical Chairs in place for our Diagnostic and Elective networks and the expansion of our Clinical Director role, providing **peer support** to our Clinical Leads across both Elective and Diagnostic pathways.

The **improved maturity and patient impact of the clinical networks** was highlighted by Professor Tim Briggs in a national **Getting It Right First Time (GIRFT)** meeting in December.

Supporting local clinical leaders to work across trusts has enabled the sharing of best practice, provided peer challenge and **reduced unwarranted variation** across a range of speciality pathways. In 2024/25, this has included **agreeing standard cancellation coding** across pre-assessment services, a standard **"Golden Patient"** process across all trusts and this went live in April 25, **standard protocols in Ear, Nose and Throat (ENT)** and **primary hip arthroscopy construct guidance** in the Orthopaedic network.

There have been increased opportunities this year for our Executive, Clinical and Operational teams to **work together and share best practice**. The Digital Oversight Group comprising both Trust Chief Digital Information Officers and ICB digital leads has been established supporting **digital convergence** and **investment in new technologies** within HNY trusts.

Business Intelligence (BI) teams have also come together to prioritise and support **system intelligence**, enabling a **data-led approach to improvement**. The Trust Executive Team have come together for three CAP Development Events (May 2024, November 2024, February 2025) providing the **opportunity for peer networking** and focussed on the **strengthening collaboration**, setting **CAP priorities and strategic alignment in the local system**.

The CAP has actively engaged in working with **system partners designing and delivering a challenging system efficiency programme**.

Working across the four CAP trusts, an **updated maternity baseline of provision** was completed in November 2024, providing a comprehensive update on **births, staffing** and **service costs** to inform the **maternity actions plans across the system**.

The CAP commissioned a **review of the current elective services provision**, through the lens of **waiting list size, workforce, efficiency** and **future growth** to provide a comprehensive **"heat map"** of provision to help focus on the specialities most affected by **future population changes** in HNY.

This work has helped **shape the ICB's "design for the future"** of local services, and places the system in a strong position to take forward the anticipated changes detailed in the **NHS 10 year plan** due to be published in June 2025.

During 2024/25, the CAP also **secured investment** to support **enhanced data reporting** across all programme areas including diagnostic modalities. This has developed **system baselines for productivity in CT/ MRI and Endoscopy**, supporting a **pipeline of productivity opportunities** from 2025/26.

The reporting tools also provide visibility of GIRFT metrics, speciality and modality waiting times, for all patients and by Index of Multiple Deprivation (IMD), age and ethnicity for our clinical networks to **support targeted work on health inequalities** or **access**.

The CAP has also worked with the ICB data team to **align primary care records with Trust waiting list data** to develop a **comprehensive, patient level population health tool**.

The **suite of tools and dashboards** developed are available to **all trust colleagues** and are accessible at CAP Reporting Tools:

Click or scan the QR code for full details

We provide acute and community physical health care services to a population of **1.8 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**.

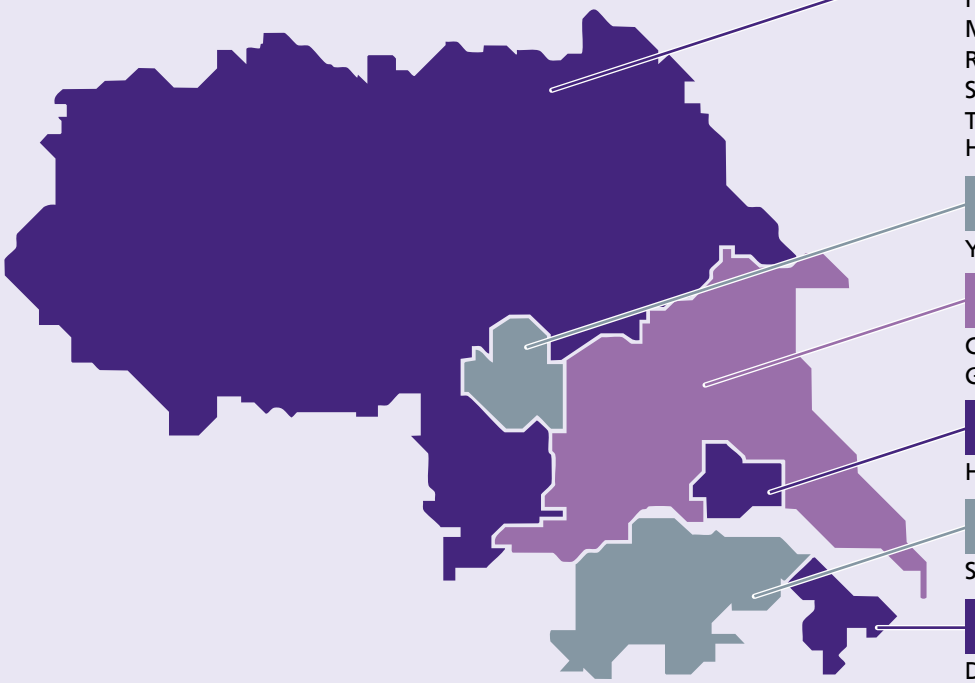
We have an **increasingly older population**, with 12.3% of people over 75 years, and that age group makes up **21% of our elective waiting list**.

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, helping to reduce missed appointments and focused on service improvements for patients.



North Yorkshire:
Harrogate District Hospital
Malton Community Hospital
Ripon Community Hospital
Scarborough Hospital
The New Selby War Memorial Hospital

York:
York Hospital

East Riding of Yorkshire:
Castle Hill Hospital
Goole and District Hospital

Hull:
Hull Royal Infirmary

North Lincolnshire:
Scunthorpe General Hospital

North East Lincolnshire:
Diana Princess of Wales Hospital

Meet the team

Executive Advisory Groups
- Finance Directors
- Company Secretary
- Operations & Strategy
- Digital Oversight Group

Managing Director: Wendy Scott

CAP Lead CEO: Simon Morritt

Managing Director Cancer Alliance: Lucy Turner

Cancer Alliance Team:
Click or scan the QR code to see full structure

Deputy Finance Director: Matt Lowry

Deputy Managing Director: Lynette Smith

Programme Management Office
CAP Programme Manager: Charlotte Carolan
Deputy Programme Manager: Vanessa Dube

CAP PA: Melissa Page

BI Support (ICB)

Programme Director, Outpatients: Neil Rogers

Programme Director, Diagnostics: Ewan Cameron

Programme Manager, CDC/ Outpatients: Liz Elfleet

CDC Project Manager (0.5): Rachel Worsdall

CAP Programme Manager: Charlotte Carolan

Endoscopy
Clinical Lead: Tom Berriman (24/25)
Strategic Lead: Mark Edson
Project Manager – 0.5: Rachel Worsdall

Imaging
Clinical Lead: Victoria Birkett (24/25)
Strategic Lead: Megan Wilkins
Digital Lead: Rob Fox
Elaine Lord

Audiology
Clinical Lead: Anthony O'Connell (24/25)
Project Manager: Elaine Lord

Project Support Officer: Olubunmi Ajayi

Clinical Networks Director: Prof Purva Makani

Programme Director, Elective Recovery: Nicola Sett

Project Manager: Claire Welford

Project Support Officer: Sally Langton

Programme Director, Special Projects: Julia Mizon (0.4/ 6months)

Network Manager: Neil Wilson

Networks
(Eye care/ Ortho/ Gynae/ ENT/ Theatres/ Peri-Op)
Resource per network
Clinical Lead (0.25PA)
Operational Lead UGI/LGI, Urology
Clinical lead (0.25PA)

Administrative Assistant: Koshie Johnson







2024/25: A year of progress in system leadership and collaboration

For the Humber and North Yorkshire Health and Care Partnership, 2024/25 marked a significant step forward in working as a joined-up system.

Together, we have accelerated our ability to develop innovative solutions to the challenges we face.

System leaders have focused on **excellence, prevention, sustainability**, and ensuring that **voice** is at the heart of service redesign.

The **Collaborative of Acute Providers (CAP)** has played a key role in driving this progress, contributing to improvements across the system, including:

- **A detailed review of acute service sustainability** – led by the CAP, this provided in-depth insight into which services need prioritisation to ensure they can meet current and future population needs.

- **Unlocking system-wide cost savings** – helping ensure taxpayers' money goes further by reducing waiting times, improving population health outcomes, and tackling health inequalities.
- **Establishing a robust platform for service stability and positive change** – enabling continued collaboration and supporting the system to respond confidently to future challenges.

This report highlights how CAP has introduced new and emerging care models to deliver more equitable outcomes and sets out its ambitions to accelerate this work.

As we look ahead to national reforms and the implementation of the new NHS 10-Year Plan, acute provider leadership will be crucial to delivering the bold, collective changes needed to improve health and care outcomes for our communities.

Pete Thorpe
Executive Director of Strategy
Humber and North Yorkshire
Integrated Care Board

Clinical collaboration: Our Elective Programme

“The development of the Cataract Referral Single Point of Access (SPoA) model by members of the Eye Care Network is a really good example of a service transformation initiative that will make a real difference to the delivery of safe, effective and efficient patient care and experience within available resources.”

Introduction

Professor Makani Purva
Clinical Director, Elective and Diagnostic Programmes

As the Clinical Director for the Elective and Diagnostic Programmes, I believe that our work to date involving the individual Clinical Network Chairs and teams from secondary and primary care has demonstrated that we are helping to fulfil the core purpose of the Collaboration of Acute Providers (CAP).

This is the benefit of collective expertise and resources – to ensure the population has timely access to the same standards of care and support to achieve their best health.

Over the last year, the Clinical Networks have been at the forefront of developing and championing improvements in care pathways reflecting evidence-based best practice that can be consistently applied.

We have been encouraging clinical and managerial colleagues throughout our system to identify and support delivery of

key interventions to improve the quality, safety and efficiency of patient care, reducing unwarranted variation.

As an example, the **Ear, Nose and Throat (ENT) Network** has been successful in standardising the care pathways for adult and child tonsillectomy cases in line with national professional guidelines. The Network has also driven improvements in day case utilisation rates and the reduction of unwarranted variation between provider trusts.

Similarly, the **Gynaecology Network** has developed a Standard Operating Procedure (SOP) for day case hysterectomy surgery that has been adopted by all trusts in line with recognised best practice published by the national Getting It Right First Time (GIRFT) team.

The protocol highlights the benefits of quick recovery, reduced risk of complications such as infections and blood clots and a more convenient experience for patients convalescing in their home environment.

I think that the development of the Cataract Referral Single Point of Access (SPoA) model by members of the **Eye Care Network** is a really good example of a service transformation initiative that will make a real difference to the delivery of safe, effective and efficient patient care and experience within available resources.

The model will create a new telephone triage point, documenting patients' past medical history to determine the best options for timely access to care. It will also enhance patient choice by providing up-to-date information on each eligible provider in terms of the range of services offered and waiting times.

Patients will be supported to be aligned to the right service to meet their needs, considering comorbidities and complexity and the system will co-ordinate post-operative community follow-up, providing care closer to home.

The Eye Care Network has also been very proactive in developing a partnership working approach involving secondary care clinicians and community optometrists collaborating as part of an integrated Glaucoma Care Monitoring pathway.

The operation of the pathway involving trained Optometrists monitoring routine glaucoma cases in the community setting with the oversight of a Consultant Ophthalmologist is being piloted in the York and Scarborough locality commencing May 2025.

If successful, the plan will be to establish the model in all parts of Humber and North Yorkshire, realising the benefits of care delivery closer to home and releasing hospital capacity.

The **Perioperative Network** is also starting to make a contribution to the identification and reduction of factors affecting care delivery because of patients' socio-economic living conditions.

As part of an exercise auditing and categorising reasons for patient cancellations, the Network is picking out common themes, one of which appears to be non-attendance of patients from socially deprived areas unable to secure time, due to employment issues. Practical solutions around flexible scheduling of appointments to help support attendance for these patients are being actively explored.

Professor Makani Purva
Clinical Director, Elective and Diagnostic Programmes

Our Clinical Networks – championing change through collaboration

Throughout 2024/25, the focus of our **Elective Programme** has been on **improving productivity** through targeted work within the Clinical Networks, **bringing the system in line with NHS England (NHSE) recovery plan expectations**.

The **improved maturity and patient impact** of the Clinical Networks was highlighted by Professor Tim Briggs in a national Getting It Right First Time (GIRFT) meeting in December 2024.

Supporting local clinical leaders to work across trusts has enabled the **sharing of best practice, provided peer challenge,** and **reduced unwarranted variation**

across a range of speciality pathways. The following are just some of the key highlights:

Improvement in day case rates in:

- ENT child tonsillectomies (to achieve GIRFT standards – 70.2%).
- laparoscopic hysterectomy procedures (by 8%).
- Ureteroscopy rates (by 3%).
- Laparoscopic cholecystectomy rates (by 1.9%).
- Elective primary inguinal hernia repair rates (by 2.5%).

Increased case- per-list for average 4-hour session in:

- Ophthalmology (overachieving the target of 4.1 to 4.9 in December).
- Gynaecology (from 2.3 to 2.7).
- General surgery (from 1.6 to 1.9).

Increased Patient-Initiated Follow-Ups (PIFU) rates in:

- Gynaecology (from 2% to 2.7%).
- Urology (from 1.4% to 2.7%).
- General surgery (from 1.6% to 2.5%).

Reduced lengths-of-stay for patients requiring:

- Vaginal hysterectomy (74.4% staying less than 2 days, compared to 73.3% baseline).
- Primary hip replacement (from 2.8 days to 2.7 days).

The ENT network has also seen a reduction in patient emergency re-admission rates for both adults and children, by 1.5% and 1% respectively.

These improvements have contributed to **fewer than 0.1%** of patients on our provider waiting lists (31 March 2025) waiting longer than 65 weeks for treatment with **97.3% being treated within one year**.

This has resulted in:

- 3,120 bed days saved.
- 596 additional day cases / electives.
- 10,596 additional first outpatient appointments.

These benefits have contributed to efficiencies to the value of **£2.5m** across the HNY CAP trusts.

Network updates

1. Perioperative Care

The Perioperative Clinical Network was established in 2023/4, and during 2024/25 **Dr Harry Murgatroyd**, Consultant Anaesthetist at York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH), assumed the role as Chair.

Work to date:

- **Reducing on-the-day cancellations for clinical reasons.**
- **Standardisation of pre assessment pathways and policies.**
- **Embedding high volume, low complexity (HVLC) pathways as day case by default.**
- **Health optimisation.**

The members of the group have successfully shared learning and alignment of the approach to pre-assessment through **risk stratification** across trusts. The risk stratification indicates the assessment requirements for this cohort of patients. This has included the **introduction of telephone consultation** across Humber and North Yorkshire (HNY) for patients on a low complexity **'green pathway'** across all trusts.

The group has also commenced **alignment of policy documentation** and have agreed the risk stratification criteria to indicate the suitability of patients for treatment in the elective hubs at Goole and Bridlington Hospitals.

The Perioperative Clinical Network has also analysed data for on the day cancellations (clinical reasons) and are actively sharing approaches to improve (reduce) these, such as **learning from the team that delivers pre-surgical telephone calls** at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) to remind patients of the advice given regarding their preoperative medication and self-care prior to surgery. The cost-benefit analysis of this approach is being shared with the network for consideration of implementation at scale in 2025/26.

The Chair and project lead are also active contributors within the North East & Yorkshire (NEY) regional perioperative network and are involved in the development of a **telephone call triage tool** to support decision-making around surgical cancellations due to a patient being unwell.

As part of an internal commitment by HNY Collaboration of Acute Providers (CAP), to **reduce waits for Children and Young People (CYP) to less than 40 weeks** for their care by March 2026, the Perioperative team has met with colleagues involved in providing care to CYP and plan to establish a **task and finish group** to standardised pre-assessment practice going forward.

Next steps:

- **Embed the NEY triage tools across HNY.**
- **Expand telephone calls service preoperatively across HNY based on learning/best practice.**
- **Embed the agreed surgical hub risk stratification across HNY.**
- **Continue the standardisation of core pre assessment policies aligning to GIRFT guidelines.**
- **Understand pre-habilitation provision across HNY and any benefits to be derived from wider implementation.**
- **Standardise CYP pre assessment implementing best practice guidance from the North East and North Cumbria (NENC) 'preassessment in a box'.**
- **Continue to focus on reducing on-the-day cancellations for clinical reasons that could potentially be reduced, to avoid waste (patient missed appointments, patient not following advice, procedure no longer required).**

2. Theatres

The Theatres Clinical Network meets monthly and is chaired by **Dr Amanda Vipond**, Consultant Anaesthetist at York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH), appointed during 2024/25.

The Network has been investigating key stages in the Theatre Pathway to identify opportunities to be **more effective and productive**. As trusts work through the Getting it Right First Time (GIRFT) theatre handbooks, the group takes a **problem-solving approach** to identified challenges and shares learning, **including technological solutions that have supported local changes**, to benefit the wider system.

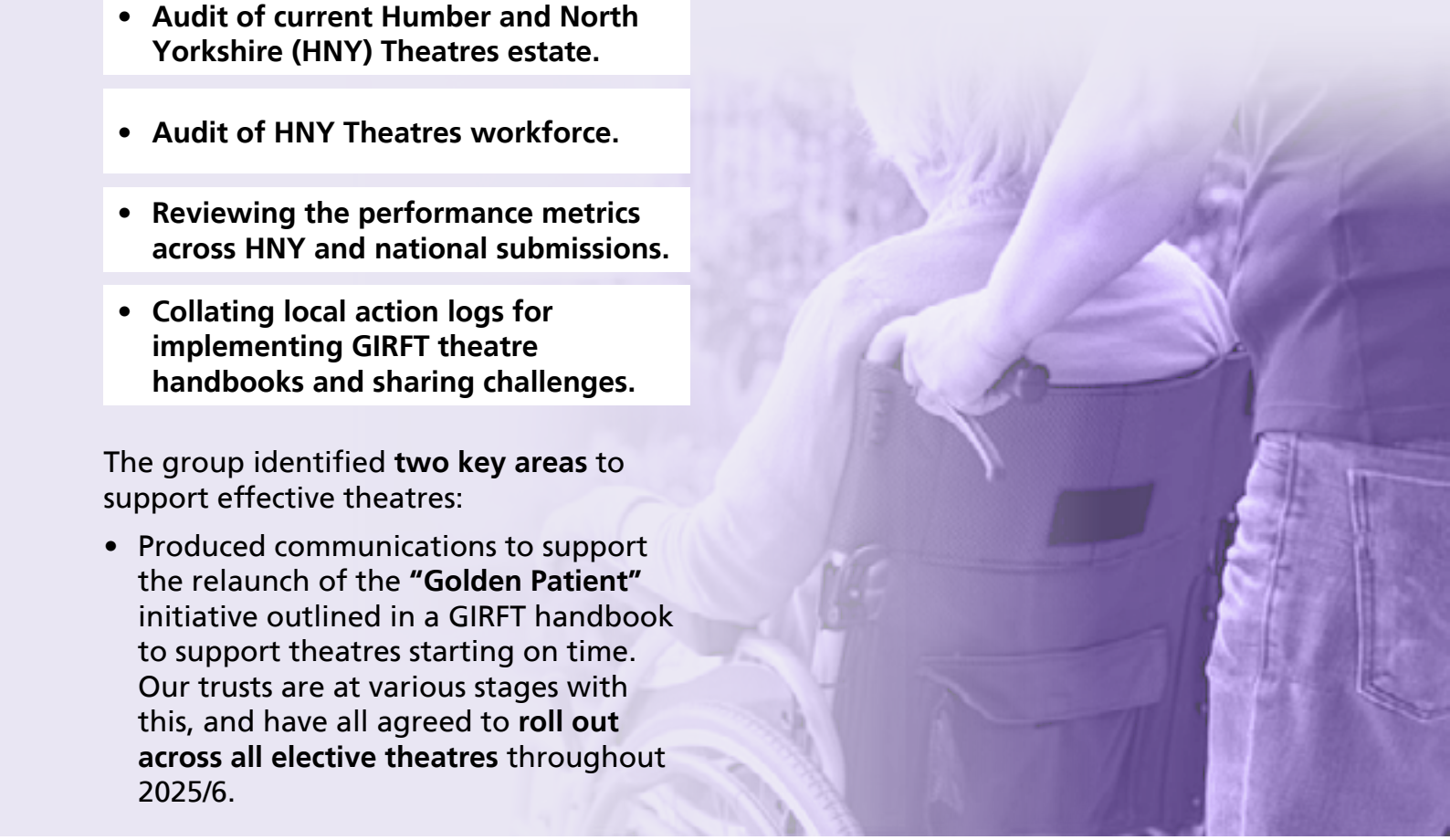
Work to date:

- **Audit of current Humber and North Yorkshire (HNY) Theatres estate.**
- **Audit of HNY Theatres workforce.**
- **Reviewing the performance metrics across HNY and national submissions.**
- **Collating local action logs for implementing GIRFT theatre handbooks and sharing challenges.**

The group identified **two key areas** to support effective theatres:

- Produced communications to support the relaunch of the **"Golden Patient"** initiative outlined in a GIRFT handbook to support theatres starting on time. Our trusts are at various stages with this, and have all agreed to **roll out across all elective theatres** throughout 2025/6.
- The other area is related to **early finishes**. Trusts have been sharing their digital tools to support the booking of lists, and this will remain **a priority for 2025/26**, along with consideration of how to mitigate cancellations on the day.

Another key focus during 2024/25 related to the capped elective theatre utilisation rate of 85% and British Association of Day Surgery (BADS) applicable procedures also being at 85%. The latest data from March 23 2025 shows HNY is within 1% of the BADS Day case target, but the capped utilisation rate remains around 5% below the GIRFT target. **The network will continue to focus on improving theatre utilisation into 2025/26.**



Next steps – Identified improvement work required:

- **Late starts including full roll out of "Golden Patient" across all elective theatres and the adoption of a late start escalation policy.**
- **Early finishes, including the optimisation of scheduling to the available time and mitigation of cancellations on the day.**
- **Exploring how to share theatre resources (estates and staff) across HNY trusts to better utilise weekday capacity and reduce fallow sessions.**
- **Focus on Elective Hub accreditation and productivity, with a view to expanding the types of cases that can be undertaken in the hubs.**

3. Outpatients

This Network is Chaired by **Dr Gui Tran**, Consultant Rheumatologist at Harrogate District Hospital NHS Foundation Trust. The Humber and North Yorkshire (HNY) Collaboration of Acute Providers (CAP) team has **been working closely with the North East and Yorkshire (NEY) regional team** and HNY trusts to ensure national programmes of work such as **NHS e-Referral Service (eRS), Emeritus, the Federated Data Platform** and the **Specialist Advice Framework** are shared across HNY.

As a **priority area for system collaboration**, a Medical and Clinical Lead and a Programme Director have been identified to support the Outpatients work in 2025/26, taking forward what will be a significant transformation agenda.

Work to date:

- **Missed appointment stocktake to share practice and support improvements.**
- **Digital software stocktakes to support the HNY Digital Group.**
- **Sharing the learning from national and regional webinars.**
- **Compiling clinic templates for top six specialties to reduce variation and improve productivity.**
- **Audit of the number of overdue follow up patients, including volume and management of patients.**
- **Review of Advice First Models in place across HNY to identify key principles (Advice and Refer, Connected Health Network and Rapid Expert Input).**

There have been several achievements in 2024/25 – HNY continues to be one of **the best performing systems in terms of both diversion rates from pre-referral Advice & Guidance** and, through the collaborative work, secured an **extension of the Patient Knows Best portal** until end of 2025/6 for all trusts.

Next steps:

- **Reduce the overall volume of missed appointments, and the variation between patient cohorts, ensuring that trusts are deploying measures to improve efficiency.**
- **Consider clinic booking software and a "642" approach to maximise the use of job planned time before additional sessions/waiting list initiatives (WLIs) are deployed.**
- **Identify further opportunities to drive the volume of patients who have a procedure undertaken in the outpatient setting to free theatre resources.**
- **Work with trusts to increase Patient-Initiated Follow-Up (PIFU) rates where benchmarking identifies there is scope to do so.**
- **Support the roll out of Advice & Guidance in line with the new NHSE framework.**
- **Work with the wider HNY Integrated Care Board (ICB) teams to review Referral Optimisation Programmes to improve outpatient waits for first appointment.**
- **Work with trusts to review Consultant-to-Consultant referral levels and develop appropriate actions to ensure effective patient pathways.**

4. Ear Nose and Throat (ENT)

The Network has been fully established with Chair **Mrs Amy Pearson**, Consultant ENT Surgeon from Hull University Teaching Hospitals NHS Trust (HUTH), since May 2024, and has made substantial progress during 2024/25 against several key metrics.

In recognition of ENT having the highest volume of children waiting for routine treatment in HNY and a growing waiting list challenge for both admitted and non-admitted care, the Network **held a face-to-face workshop** in late September 2024 and agreed several key actions **to improve day case tonsillectomy practice/rates** and to **reduce the emergency tonsillectomy readmission rates**.

Work to date:

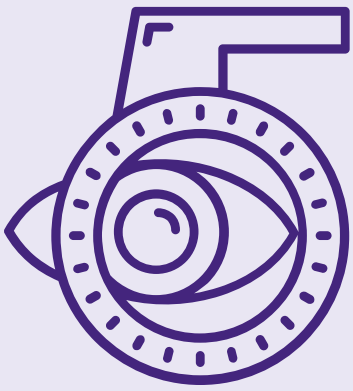
Subsequently, the Network has made good progress throughout the year in increasing throughput and improving productivity as follows:

- **Standardising Day Case adult and child tonsillectomy pathways across the system in line with Getting It Right First Time/national professional association guidelines.**
- **Meeting and maintaining the Getting it Right First time standard for Day Case child tonsillectomy utilisation across the system.**
- **Improving the Day Case utilisation adult tonsillectomy rate across the system and reducing variation between the trusts.**

The Network has encouraged trials for the use of the coblation surgical procedure within trusts to promote faster recovery, progressed shared learning audits and has agreed standardised pain management information to help reduce emergency tonsil readmission rates.

Next steps:

- **Working with primary care colleagues to implement protocols to help manage activity in line with Getting It Right First Time (GIRFT) referral management guidelines.**
- **The development and implementation of straight-to-test Audiology pathways to improve patient experience and access to ENT first outpatient appointment (reduce waiting times).**
- **Increasing day case rates for British Association of Day Surgery (BADS) procedures (non-tonsillectomy as this target has now been achieved).**
- **Maximising opportunities to transfer selected day case procedures to the Outpatients setting.**
- **Exploring opportunities to develop extended scope roles.**



5. Eye Care

The Eye Care Clinical Network is well established and has been jointly chaired by **Mr Mark Costen**, Consultant Ophthalmologist at Hull University Teaching Hospitals NHS Trust (HUTH) and **Mr Nizz Sabir**, Community Optometrist, since September 2023.

Work to date:

Over the last year, much of the activity of the Network has been around developing a **Cataract Referral Single Point of Access (SPoA) model** across Humber and North Yorkshire (HNY). The SPoA model will create **a new telephone triage point**, capturing the patient's past medical history to determine the best options for **timely access** to care. It will also **enhance patient choice** by providing up-to-date information on each eligible provider in terms of the **range of services offered** and **waiting times**.

The model will support the signposting of patients to the right service to meet their needs, considering patient co-morbidities and complexity. It will also co-ordinate post-operative community follow-up, providing care closer to home for patients and freeing up capacity to further drive down waiting times.

Other anticipated benefits include:

- **Standardisation of referral practice.**
- **Development of equitable waiting times across the HNY geography.**
- **Reduction of unnecessary follow-up appointments and pre-assessments.**
- **Reduction in clinical risk because of past ocular/medical history.**

- **Transfer and commissioning of appropriate post-op follow-up from hospital to community optometrists, closer to the patient's home setting.**
- **Effective use of the Independent Sector and protection of training opportunities within trusts.**

The business case for establishing the SPoA was endorsed by the Elective Care Board and **approved by the HNY Integrated Care Board (ICB)** in early 2025. It will be fully operational across HNY from September 2025.

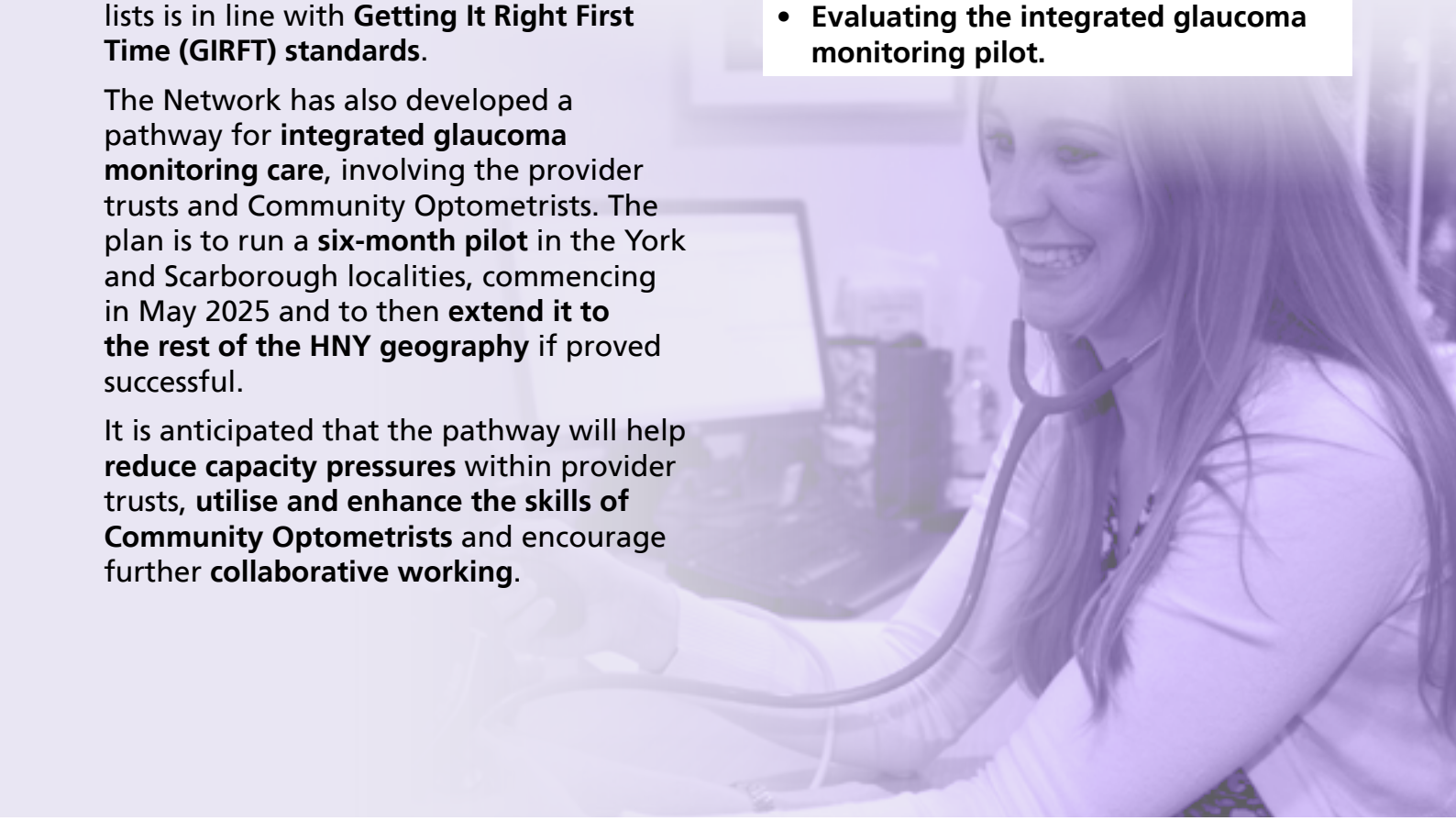
In preparation for the implementation of the SPoA, trusts have been making plans to **increase pre-assessment clinic capacity and align the number of dedicated high volume low complexity (HVLC) cataract lists** that will be needed to **maximise throughput**. Further work has been undertaken to ensure the throughput of lists is in line with **Getting It Right First Time (GIRFT) standards**.

The Network has also developed a pathway for **integrated glaucoma monitoring care**, involving the provider trusts and Community Optometrists. The plan is to run a **six-month pilot** in the York and Scarborough localities, commencing in May 2025 and to then **extend it to the rest of the HNY geography** if proved successful.

It is anticipated that the pathway will help **reduce capacity pressures** within provider trusts, **utilise and enhance the skills of Community Optometrists** and encourage further **collaborative working**.

Next steps:

- **Standardisation of the Medical Retina Pathway across the system including compliance with anticipated NHS England (NHSE) guidelines.**
- **Review and agree solutions to address chronic eye condition waiting times and risks associated with overdue follow-up.**
- **Implementing the results of the workforce needs, skills and capabilities audit carried out with NHSE (including a training framework for Optometrists, Nurses and Allied Health Professionals).**
- **Overseeing the implementation, monitoring and evaluation of the cataract SPoA.**
- **Evaluating the integrated glaucoma monitoring pilot.**



CASE STUDY:

Launch of new Cataract Single Point of Access pathway

THE Humber and North Yorkshire (HNY) Eye Care Clinical Network brings together clinicians and managers from the secondary care and community optometry sectors and patient support groups.

Its work centres on system-wide opportunities to collaborate on eye care services – with the aim of improving patient outcomes and experience, related to the diagnosis, treatment and prevention of various eye diseases and conditions.

During 2024/25, the Eye Care Clinical Network has supported system wide working associated with the HNY Cataract pathway to agree principles at a system level, then to develop, and progress to the implementation stage a **Single Point of Access (SPoA) model** for referrals.

Joint Eye Care Clinical Network Chairs **Mr Mark Costen** and **Mr Nizz Sabir** agree 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 a Consultant Ophthalmologist within Hull University Teaching Hospitals NHS Trust (HUTH) 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 year.***

"As a Network we prioritised the Cataract Clinical Pathway with the aim of streamlining processes, improving efficiency, maximising capacity and increasing productivity – improvements for both patients and our valued, committed workforce."

Key to the development is the role, contributions and the collaborative approach by clinical colleagues in secondary care and Community Optometry. Nizz, who is a Community Optometrist in South Humber, added: ***"An important part of the Cataract Pathway review project has been a stock take of workforce needs, skills and capabilities from which we can determine appropriate training and development programmes to support staff delivering cataract care: collaboration to improve the patient experience, better utilise staff expertise and reduce waiting times."***

A roll-out plan across 2025/26 is to develop the model for implementation in Q1 2026 after a period of extensive Community Optometry and Independent Sector engagement.

The SPoA model will encompass:

- **All NHS HNY Cataract Optometry referrals.**
- **A triage process, supporting enhanced patient choice by providing up-to-date information on each eligible provider (range of services offered and current waiting times).**

- **Direct patients to the right service first time, considering their pre-existing health and care needs.**
- **Post-operative community follow-ups and unified support for post-operative complications.**

The implementation of the SPoA model will have several benefits including:

- **Reduced variation in referral practice and progress equitable waiting times across the HNY system.**
- **Enhanced patient choice.**
- **Reduced unnecessary follow-up appointments, streamlined pre-assessment.**
- **Processes and support of the management of clinical risk because of past ocular/medical history.**
- **Delivery of appropriate post-operative care closer to home through Community Optometrists.**
- **Improved communication between primary and secondary care.**

Mr Mark Costen and Mr Nizz Sabir
Joint Eye Care Clinical Network Chairs

6. Gynaecology

The Gynaecology Clinical Network has been chaired by **Miss Preeti Ghandi**, Consultant Gynaecologist from Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) since August 2023. The group functions well as a collaborative forum.

Work to date:

A key focus of the Network over the past year has been **improving the day case rate for high volume low complexity (HVLC) hysterectomy cases** across Humber and North Yorkshire, which is **now well above the national target**. The **education and training of clinical staff**, and the **development and approval of a Standardised Operating Procedure (SOP)**, which is applied on a consistent basis, across the HNY geography have been **notable features** of this work.

Other examples of improved productivity have included continuous improvement of the system **length-of-stay position for benign vaginal hysterectomy cases** and **the Patient-Initiated Follow-Up (PIFU) rate**.

Next steps:

- **Implement "Super Clinics" with one stop diagnostic testing alongside enhanced speciality staff to support the assessment of new patient cases.**
- **Deliver the transfer of Urogynaecology day case activity to the outpatient setting across each of the provider trusts.**
- **Reduce system first to follow up outpatient ratios and missed appointment rates, adopting and implementing evidence based good practice.**
- **Implement standardised Post-Menopausal Bleeding (PMB)/Heavy Menstrual Bleeding (HMB) pathways across the system to improve patient journeys, experience, and improved outcomes whilst maximising efficiency and productivity.**
- **Maximise integrated primary/secondary collaboration to agree standardised referral pathways and triage arrangements for a range of minor conditions.**
- **Work with regional colleagues to develop and implement a standardised endometriosis pathway based on recognised evidence-based practice.**

7. Orthopaedics

The Orthopaedics Clinical Network has been chaired by **Mr Tom Symes**, Consultant Orthopaedic Surgeon at Hull University Teaching Hospitals NHS Trust (HUTH) since early 2023.

Work to date:

The Network has made good progress in **increasing day case utilisation rates for hip and knee** cases across Humber and North Yorkshire (HNY) by standardising anaesthetic risk stratification to **maximise surgical hub throughput** for Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) patients, matching practice within York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH). This also includes a locally-developed and agreed **Joint School information package** for patient reference and use.

Implementation of evidence-based pathways and **revised working practices** has seen a **reduction in variation in length-of-stay performance** for hip and knee cases across provider trust organisations.

There has been a continuous improvement in work connected with increasing the system **Patient-Initiated Follow-Up (PIFU) rate** bringing it **above the peer target**.

Work has also progressed in relation to the use and application of **post-arthroscopy patient videos** (originally trialled and adopted in Harrogate) across all providers giving clear and consistent post operative information to patients thus **reducing the need for follow-up appointments**.

Next steps:

- **Continue to increase hip and knee day case utilisation through surgical hubs with a particular focus on Harrogate.**
- **Increase day case utilisation rates for bunions and anterior cruciate ligament (ACL) cases as well as reducing variation between provider trusts.**
- **Reduce the length of stay for hip fracture surgery across the system through the application of a standardised pathway protocol involving preventative fracture liaison and Orthogeriatric input.**
- **Continue to focus on reducing length of stay for hip and knee replacement procedures, drawing on evidence-based practice.**
- **Reduce waiting times for first outpatient appointments across all the sub-specialties.**
- **Deliver a standardised Musculoskeletal (MSK) triage model across HNY.**

8. Urology

The Urology Clinical Network is chaired by **Mr Mathew Thomas,** Consultant Urologist at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) since August 2023.

Work to date:

Much of the Network's activity over the last year has focused on **improving day case rates for Ureteroscopies and transurethral resection of bladder tumour (TURBT) patients**, which have seen a **steady improvement**.

The review and application of **standardised GIRFT pathways** and **sharing of internal best practice** at Network meetings, plus **coding reviews** have contributed to these improvements.

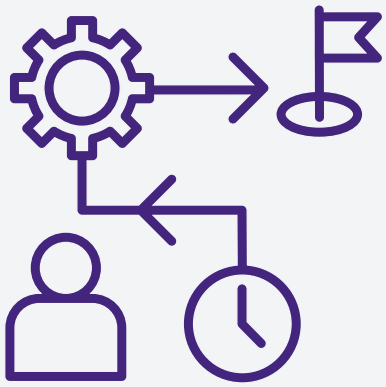
The group's adoption of a standardised protocol for the management of **Patient-Initiated Follow-Ups (PIFU)** has contributed to an improvement in the overall rate across the system.

Next steps:

- **Continue to increase day case utilisation rates for Ureteroscopies and TURBT to reach upper quartile across all providers.**
- **Reduce waiting times for patients ensuring that there is alignment across the Humber and North Yorkshire (HNY) system including enacting mutual aid arrangements, where appropriate.**
- **Implement an agreed capacity plan for the transfer of day case procedures to the outpatient setting (i.e. local anaesthetic transperineal prostate biopsies, lower urinary tract symptoms clinics, ransurethral laser ablation procedures) and ensure correct coding.**
- **Enact the development of standardised elective pathways (e.g. lower urinary tract symptoms, Andrology, prostate cancer) collaborating with both the HNY Cancer Alliance and taking learning/ collaborating with West Yorkshire colleagues.**
- **Undertake a workforce audit across provider trusts identifying gaps and challenges, from which to develop common solutions such as exploring extended scope roles and/or joint/ shared posts.**

CASE STUDY:

An insight into the work of the Tactical Operations Group



The Tactical Operations Group (TOG), first established in the Summer of 2023, has provided **a collaborative space** for organisations across Humber and North Yorkshire (HNY) to **take forward improvements** on behalf of the system Elective Care Board.

This led to HNY being in a **favourable position** compared to other Integrated Care Systems (ICSs) within the North East and Yorkshire (NEY) region in relation to the **delivery of elective access standards** throughout much of 2024/25.

The group meet fortnightly with consistent representation from the **senior operational managers from all provider trusts across HNY**, with a focus on exploring:

- Provider trusts' **long wait positions**, including for Children and Young People (CYP).
- Requests and provision of **mutual aid support** across the HNY geography, and reviewing requests from other providers across NEY.
- Provider **Referral to Treatment (RTT) position**, and waits for f**irst outpatient appointment**.
- **Theatre productivity metrics** and mitigation of data quality issues to

support Model Hospital reporting and meaningful benchmarking.

- **Updates and escalations from the Clinical Networks**, including where obstacles and 'bottlenecks' need to be addressed and resolved.
- **Emerging developments/ issues** so a consistent system response (for example, GP collective action and national expectations on validation) can be taken forward.
- **Mapping and scoping of opportunity** (for example, use of theatre assets and differential workforce levels).
- **Updating and sharing learning** from provider implementation of schemes (for example theatre investment benefits realisation, and HAPPI – nurse-led Holistic Assessment and care Planning in Partnership Intervention).

Next steps:

The Tactical Operations Group has invested the time to come together for two workshops during the year, focusing on how the system can **work collaboratively to improve elective care for our population** and **the efficiency and effectiveness of clinical pathways** through the work of the Clinical Networks.

Harnessing the power of the available data and local intelligence, the TOG has agreed the **following priorities** going forwards:

1. Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026

This will be delivered through continuous monitoring of the agreed trajectories, and mutual aid deployment where appropriate to address demand and capacity mismatch.

2. Maximise weekday estate

In addition, and focusing on clinic and theatre list efficiency and delivery of clinical job plans, this workstream will look to reallocate fallow theatre lists to procedure and clinic rooms where these can be staffed, before deploying more expensive out-of-hours or Independent Sector solutions.

3. Understand and standardise the process for managing non RTT patients and internal consultant-to-consultant referrals

The group will agree principles, definitions, and aim to standardise the digital infrastructure so there is full visibility of this patient cohort, and a road map for reducing risk.

4. Outpatients and referral management

2025/6 will see a renewed focus on transforming outpatient pathways and processes, including the roll-out and extension of Advice and Guidance and Patient-Initiated Follow-Ups (PIFU). It will also explore realisation of the benefits from Community Diagnostic Centres (CDCs) and diagnostics ahead of referral, given that non-admitted pathways for patients not yet seen form the vast majority of the system's RTT improvement challenge.

The group will continue to support the Clinical Networks, providing senior leadership and a collaborative approach to resolve challenges.

PROGRESS & ACHIEVEMENTS

Use of Independent Sector to reduce waiting lists has supported reduction of the backlog

HNY is in the best position in long waits across NEY (Oct 2024)

HNY have achieved no patients waiting more than 78 weeks for their care

Within the theatre workstream, sharing good practice and joint work on Model Hospital data to ensure DQ issues are minimised has been of benefit

No specialities are highlighted as challenged areas across NEY, making us an exemplar for the system

Committed to having zero 52 and 65 week waits

Consistent attendance and commitment of the group

The Tactical Operations group has enabled teamwork, a safe place, support and shared leadership

The collaborative have been able to offer mutual aid support to other trusts

Deep dive workshops have been most helpful to understand where our challenges lie

Establishing the HNY clinical networks with dedicated chairs has been a positive step forwards

The booking positions are good for inpatient admissions

Addressing health inequalities: Learning disability prioritisation

Humber and North Yorkshire (HNY) Commitment

People **living with learning disability (LD)** often face **health inequalities** including poorer outcomes from their care. They may also face **other disadvantages**, particularly **deprivation** and **shorter life expectancy**. The Chief Executives and the Integrated Care Board (ICB) set a commitment to **prioritise patients with LD on elective waiting lists**, with the elective team actively delivering this intention throughout 2024/25.

HNY approach:

An **LD Task and Finish Group was established** to take this forward, chaired by the Medical Director of Humber Health Partnership (HHP), **Dr Kate Wood**. The group has comprised membership including health inequality representatives, LD nurse representation from across the four trusts, ICB population health and data leads, and the regional Medical Director.

The group identified **three core areas of work** and has worked to implement these across HNY in 2024/25:

- **Identification of patients with LD on the waiting list, by cross referencing Primary Care LD flags and acute care waiting lists to allow trusts to flag patients in their systems.**
- **Standardisation of the elective pathway for patients with LD, to empower staff and ensure the patient's experience is improved with their capacity and best interests assessed at the most effective points,**
- **Prioritisation of patients on the admitted waiting list to ensure they are not waiting longer than other patient cohorts.**

Outcomes of the project:

Through collaborative working, the project has **successfully standardised the elective pathway for LD patients**.

As part of agreeing the pathway, **communications and a network of key trust contacts have been collated and disseminated**.

LD patients are now prioritised on the admitted pathway in each provider trust in HNY, implemented from October 2024.

The HNY Collaboration of Acute Providers (CAP) has been working with ICB data leads to further develop a **dashboard to identify LD patients on both admitted and non-admitted pathways**.

A test version of the dashboard is now available, and this will **go live in 2025/26** with trusts being able to access the data.

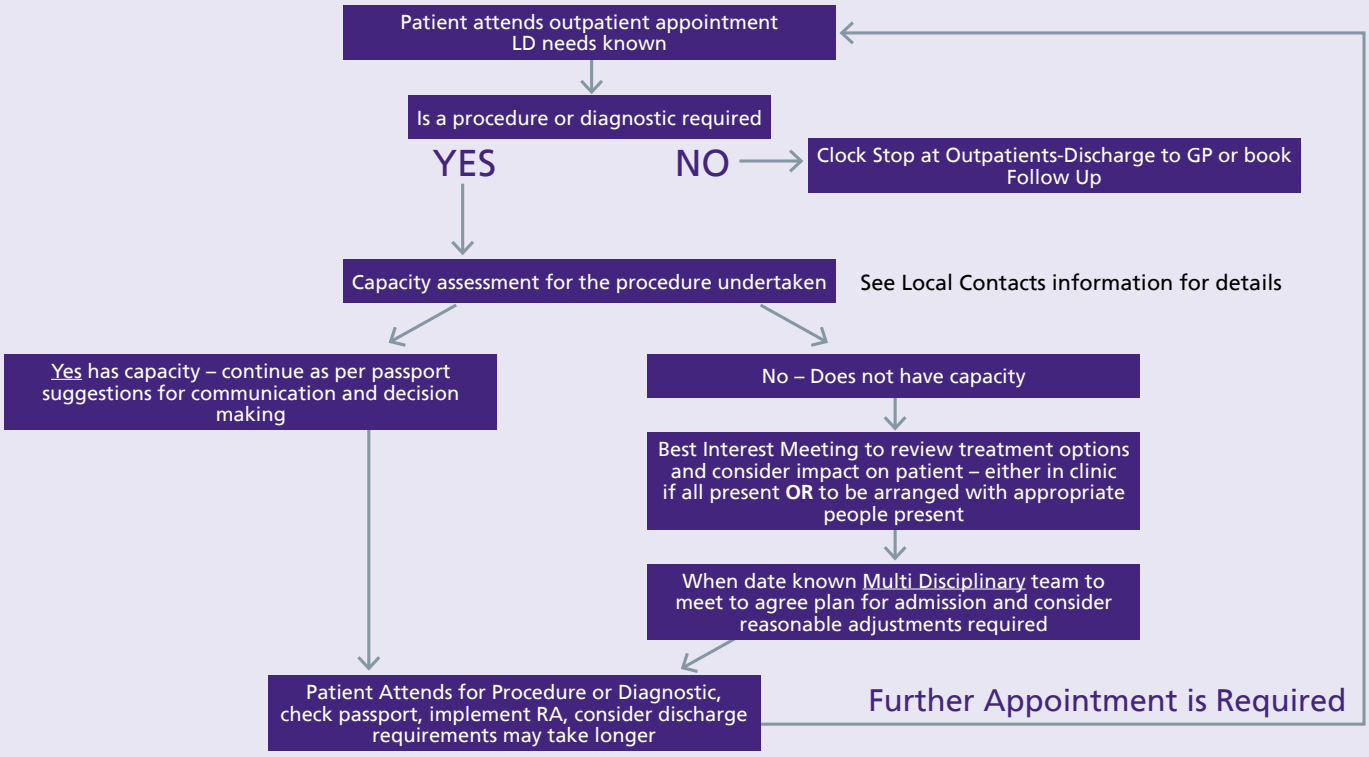
This will be the **first time** trusts will have access to **health inequality data for non-admitted patients** to enable effective support for patient groups.

Another benefit that has been recognised, in delivering this project, stakeholders found value in meeting and have **shared practice across clinical colleagues working in the LD field**.

Next steps:

- **Go live with the data dashboard to support identification of non-admitted patients.**

Learning Disability Prioritisation Project – Admissions Pathway



Our Diagnostics Programme

2024/25 has seen **significant progress** across our **Diagnostics Programme**. Our **focus areas** have been:

- Establishing the **Community Diagnostic Centres (CDCs)** across Humber and North Yorkshire – one of the **most ambitious** programmes nationally, with ultimately three CDC hubs and five spokes delivering **additional diagnostic tests in the community** across our population.
- Transforming our **Imaging services** through the Imaging Network, covering York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH), Hull University Teaching Hospitals Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). This has included **investing in digital improvements**, enabling the sharing of images across organisations and **testing AI products** to improve care.
- Developing the **Endoscopy Network**, with a dedicated Network Strategic and Clinical Lead.
- Understanding Audiology – driving forward a **capacity and demand analysis of our Audiology services** in Humber and North Yorkshire (HNY), and **identifying opportunities** to work with the Ear, Nose and Throat (ENT) Clinical Network to **transform pathways**.
- Improving **productivity and efficiency** – the trusts have worked closely to develop a **suite of business intelligence tools** across Imaging, Endosopy, Pathology and Audiology to share across the system current models of provision and opportunities to share best practice, and improve productivity.

The following pages provide more detail on the work in the specific programmes.

Community Diagnostics Centres Programme

The Humber and North Yorkshire (HNY) Community Diagnostics Centres (CDCs) Programme team is working collaboratively with system colleagues to **deliver the ambitions of Professor Sir Mike Richards' 2020 review of diagnostic services** to establish CDCs across HNY.

The HNY region now has **six CDC operational sites**, which include two hubs and four spoke models, all providing **convenient healthcare** and a range of **diagnostic tests** in our community to detect serious conditions such as **cancer, heart disease** and **respiratory conditions**.

The CDC Programme also includes **four new mobile scanners** – two MRI and two CT – which are operating across HNY in locations that did not previously have scanning facilities.

The successful business cases for all the new CDCs were developed by **colleagues working together across the system** as part of the HNY Collaboration of Acute Providers (CAP).

Key achievements:

- The first part of 2024/25 saw the **opening of four centres** across the HNY region, which included locations in **Ripon Community Hospital, Selby War Memorial Hospital, Askham Bar in York** and the **East Riding Community Hospital**. All centres are **strategically situated** to help combat health inequalities and improve healthcare in communities that **need it most**.
- During the latter part of 2024/25 two further CDC sites were operationalised, serving the **North Lincolnshire** and **North East Lincolnshire** population. These sites include a **£19.4 million centre at Scunthorpe** and a **£10 million unit in Grimsby's Freshney Place Shopping Centre**. These two centres alone will offer up to **300,000 additional diagnostic tests** every year.
- The two new state-of-art centres will help **ease pressure** on existing hospital services and **reduce waiting times** for diagnostic tests. GPs can make direct referrals to the centres, offering a **faster and more convenient service** as well as helping **reduce unnecessary hospital visits**.
- Both provide **flexibility for patients** being able to access the centres. At

Grimsby, there is a separate entrance to the main shopping centre which allows patients access when the main centre is closed.

- A total of **224,889 tests** have been completed in 2024/25 at CDCs.

Benefits delivered:

- The HNY CDC programme has provided staff with **flexibility to work across CDC sites** and acute trusts and has offered staff **career progression** along with recruitment opportunities including international recruitment.
- The centres bring many benefits to our patients which include greater choice and flexibility by providing **additional appointments in easily accessible locations**. The centres offer early morning, evening and weekend appointments along with some walk-in services. Patients can link appointment attendance with shopping, **increasing footfall to businesses to support the local community**.
- A recent experienced based design (EBD) survey was co-ordinated at four sites across the region, allowing patients the opportunity to provide **feedback on their experience**. Comments were universally positive, describing the centres as **convenient** and **easily accessible**, within **walking distance from home**. Patients also reported staff as **friendly** and **pleasant**, further enhancing their overall experience of the service.
- As a result of the EBD survey, the Askham Bar site has **successfully secured additional funding** to be used to **further improve patient experience** by making alterations to the **waiting area**.

What our patients said ...

...about access:

"Easy and plentiful parking. I have difficulty walking and access is easy"

"Easy to park"

"Straightforward ,good parking"

"Easy to find, park and enter"

"Very good location near to home"

"Twenty minutes walk from home"

"Close to home. Easy parking"

"Convenient and not in a hospital setting"

"Because it was local and I knew where it was and could get there quickly and easily on foot"

"Very efficient and easily accessible"

... about the centre:

"Casual and relaxed"

"It was well organised"

"Very impressed with how this centre looked and the friendliness of the staff"

"Pleasant staff very friendly, made me feel welcome"

"The staff were friendly and helpful"

"Nice atmosphere / Very welcoming"

"Nice place nice people"

"Welcome was warm"

"I thought it was very impressive. Quiet and quick and local"

... about the service:

"The staff were all very pleasant and friendly and made one feel comfortable"

"Every step of the way was very easy"

"Smiles and good communication"

"Simple to arrange"

"The fact I could make an appointment after fasting for a blood test made the process a lot easier"

"Easy process. Dealt with swiftly"

"The nurse was supportive and explained everything in detail"

"Short waiting list"

"Clinic ran to time"

"In and out very quickly"

"Wonderful staff at every stage"

"Very straightforward and quick"

"Not long to wait and friendly staff"

"Very quick and easy"

"The service I received was excellent"

Next steps:

- **Ensure CDC build and 'go live' dates for the remaining two sites at Scarborough and Hull remain on track, and work with all CDCs to move to a business-as-usual model to support delivery of the NHS Elective Recovery Programme.**
- **Continue to develop new pathways across the system, sharing learning and standardising access for all.**
- **Work towards accreditation for CDCs, embedding governance and building future sustainability to provide patient-designed healthcare.**

Imaging Network

Key achievements:

- Acceleration of Radiographer training. We delivered 18 trainee placements in January 2025. **This course will reduce the time from commencing undergraduate study to professional registration by 30%**, increasing the local workforce pipeline **by 30%** from January 2027.
- Our work was praised in a report from the Getting It Right First Time (GIRFT) team. It highlighted the way we are breaking new ground by enabling **CT with contrast** to be provided on Community Diagnostic Centres' (CDC) **mobile scanners**, as well our adoption of the **British Medical Ultrasound Society (BMUS) guidelines** for the justification of Ultrasound requests to support referrers to Ultrasound and Ultrasound providers in the appropriate selection of patients. The GIRFT team also spotlighted:
  - The development of *"strong working relationships"* across provider teams in the network, describing it as *"a significant success"*. This had supported the sub-specialty sharing of expertise and best.
  - The provision of staff with opportunities to work outside of their Trust silo. This had expanded their knowledge and expertise, developed relationships across teams and provided valuable career progression.
- The staging of an **annual conference and Network relaunch event** in May 2025 which, according to the GIRFT team, *"had reinvigorated engagement with the network"*, and, in parallel with **strengthened clinical leadership and the launch of a Clinical Governance Group**, created a platform for successful delivery of objectives.
- Securing investment from the **Diagnostic Digital Capability Fund**, to support **image sharing** across hospitals and improving technical infrastructure including supporting **flexible working** through home reporting.
- **Enriching system data** across all Imaging modalities, to identify opportunities for **productivity** and **best use of our assets**.
- Contributing to a **successful bid to test Artificial Intelligence (AI) in fracture detection** across three of our trusts – with **£480k investment** into the system.

Benefits delivered:

- Our Clinical Governance Group has commenced work to identify how **patients with a learning disability (LD) can be supported** in Imaging services. The approach to this work was shared at the **national NHS Providers Conference** as part of the Provider Collaborative Peer Learning Programme, run by NHS Providers and Q.
- System **improvement in CT waiting times** – reducing from **22%** of people waiting more than six weeks for a CT to **13.2%** during 2024/25. This has been supported by the increased provision of CDC **mobile scanners**.
- Improvement in **turnaround times (TATs) for results** for patients (reducing from **2.1** median days to **2.0** median days).

Next Steps:

- **Implementing electronic GP Imaging requests and iRefer enablement through the National Digital Diagnostic Capability Programme (DDCP).**
- **Targeting MRI/ CT, turnaround times and productivity plan to improve access for patients.**
- **Improving workforce training opportunities (eg via two-year acceleration training course; apprenticeships and Staff Bank).**
- **Commencing Yorkshire Imaging Collaborative (YIC) and HNY procurement opportunities to support shared system working.**

CASE STUDY:

Working in partnership with University of Hull

This new course, **BSc (Hons) Diagnostic Radiography & BSc (Hons) Diagnostic Radiography (Apprenticeship)**, was among a **number of innovations** that was highlighted as best practice after a visit by the national **Getting It Right First Time (GIRFT)** team.

Diagnostic Radiography (medical imaging) is one of the most high-tech parts of modern healthcare, and over recent years we have seen the **demand for medical imaging soar** e.g. CT and MRI scans, X-rays and Ultrasound. In turn, this has impacted significantly on **capacity, waiting lists and our workforce** within our trusts – not only regionally but nationally.

The Humber and North Yorkshire (HNY) Imaging Network has been working in partnership with the **University of Hull's Faculty of Health Sciences** to develop a two-year accelerated Diagnostic Radiography undergraduate degree course – **the first to be piloted in the country**, to support the skills-gap and future of our Imaging workforce.

The course is a **unique approach to learning** opposed to the three-year course which is the traditional route, providing students with the opportunity to put their learning into practice in a condensed environment and **gain their qualification a year earlier**.

The course offers **blended learning** with **theoretical and practical approaches**, with traditional teaching methods in an academic setting, with opportunities for clinical simulation and experience provider trust-led placements working closely with clinical experts to **enhance their skills and knowledge base**.

The University has invested in a range of high-tech clinical environments, particularly to note the recent **investment of £2.1m** in refurbished, start of the art teaching spaces that will include a **simulation suite**. This will provide an opportunity for students to learn and apply clinical techniques without the pressure of working within live clinical environments.

We are thrilled to announce that the first full cohort began their course in January, where the University of Hull welcomed 18 students and two apprentices. There is a second cohort planned for September 2025, with recruitment currently underway.

The Imaging Network is extremely proud of the work undertaken with the University of Hull and in playing a part in shaping the future of our workforce with the next generation of Radiography students which will make a **real difference to improving patient outcomes**.

Endoscopy Transformation Programme

Humber and North Yorkshire (HNY) **Endoscopy services** deliver around **49,000 diagnostic tests** annually, across eight units, within all four HNY acute trusts. In addition to this, services also deliver **Bowel Cancer Screening** and complex therapeutic procedures such as **Endoscopic Retrograde CholangioPancreatography** (ERCP).

The programme works with all four acute trusts within the system and is supported by a dedicated Clinical Lead – **Dr Anca Staicu**; Strategic Lead – **Mark Edson**; Project Manager – **Rachel Worsdall**, alongside the wider project team within the HNY Collaboration of Acute Providers (CAP).

The programme includes workstreams for:

- **HNY Endoscopy Network** – bringing clinical, nursing and operational colleagues together to c**ollaborate and share good practice to drive service improvement** and ensure that there is **no unwarranted variation** in care across the system.
- **New Ways of Working** – looking at complements to existing Endoscopy services to **improve patient experience** or **improve the productivity and efficiency** across the system. **Colon Capsule Endoscopy** and **Capsule Sponge** have been a key focus for 2024/25 and we aim to roll-out across the system, at scale, in 2025/26.
- **Workforce Planning** – exploring the current composition of the workforce and working with the services t**o plan for growth and change** to meet the needs of the service in the future. For example, Bowel Cancer Screening

Programme rolling out **FIT@80** to detect more cancers earlier, and an increasing need for **therapeutic Endoscopy procedures**.

- **Endoscopy Academy** – Working with **Yorkshire Endoscopy Training Academy (YETA)** to ensure that **immersion training** in Endoscopy is accessible and delivered for all qualifying trainees within the system. Increasing **nursing workforce training** by working with provider trusts to implement **practice educators** within Endoscopy and **upskill staff on ENDO1** and two other training courses.

Bridlington team

Scarborough team

York team

Key achievements

- **5.7% more activity delivered** across the system vs 2023/24.
- Established the **Endoscopy dashboard** and **improved data quality** for meaningful comparative analysis between services.
- **Delivered £200k**, between practice educator posts and course funding, to upskill nursing teams delivering ENDO1/ ENDO2 training courses.
- Agreed **shared model for immersion training delivery** to secure funding for 200 training lists per annum across the system.
- **Supporting innovation** across the system by being involved with:
  - Medtronic **Capsule Endoscopy** White Paper.
  - PinPoint **Lower Gastrointestinal (GI) cancer** risk profiling tool.
  - Thrive **productivity and performance** tool.

Benefits delivered:

- **Increased activity delivered** by services has contributed to the **continued recovery** of Endoscopy services across HNY and led to **improving waiting times** for patients on both routine and surveillance **Cancer pathways**. Our better understanding of performance and delivery through the **Endoscopy dashboard** will continue to help services on their improvement journey.

- Upskilling existing teams has helped with **recruitment and retention** of the workforce, ensuring parity of training across all Endoscopy teams within the system. **Successful delivery of immersion training** provides exposure to trainees to a large number of procedures, building skills and confidence, to help deliver the **Endoscopists of the future**.
- Our involvement with **innovative additions to Endoscopy services** has helped to provide a foundation for the future to manage demand and provide alternative pathways, for suitable patients, alongside the traditional endoscopic tests.
- Our Endoscopy Network has provided a platform for services to work collaboratively with their peers, **sharing learning and best practice**. The network meets regularly and has developed relationships with **operational, clinical and nursing teams** and **cancer delivery groups** across the system which is essential to our commitment to **reducing unwarranted variation** in care across the system.

Next steps:

- **The Endoscopy Transformation Programme has identified workstreams with the opportunity to deliver a further £6m-£8million productivity and performance improvements in the next 3-4 years whilst managing demand and continuing to improve waiting times.**
- **The team are exploring opportunities to develop a Capsule Endoscopy/ Capsule sponge service at scale. This could increase Colonoscopy capacity by 20% contributing additional income,with a projected £1million surplus in year 2.**
- **Capital funding has been secured to establish a Transnasal Endoscopy (TNE) service at Harrogate District Hospital and this will be operational in 2025/26, allowing transformation of upper GI cancer pathways.**

Humber and North Yorkshire Cancer Alliance

Humber and North Yorkshire (HNY) Cancer Alliance, one of 20 cancer alliances across England, works with a range of partners to **transform the diagnosis, treatment and care for cancer patients** across the region.

While we await the arrival of the Government's 10-year health plan to reform the NHS, as well as a 10-year plan for cancer, the Cancer Alliance continues to **lead on the delivery** from a local perspective of the NHS Long Term Plan to transform cancer care and outcomes, specifically that by 2028:

- **Three-in-four cancers are diagnosed at an early stage** (stage one or two).
- An **extra 55,000 people each year will survive for five years or more** following their cancer diagnosis.

Click or scan the QR code for more information on the NHS Long Term Plan

Our 2024/25 performance

As with previous years, Humber and North Yorkshire Cancer Alliance's 2024/25 plans placed a strong emphasis on **reducing cancer diagnosis and treatment backlogs**.

- As of 2 March 2025 (latest verified data available), the Cancer Alliance and partners have **reduced the number of patients waiting longer than 62 days to start treatment** for cancer following referral to **474 patients**, from a **peak of 829 patients** in October 2023.
- The NHS aims for 70% of cancer patients to begin treatment within 62 days of their referral. The February 2025 (latest verified data available) performance against the 62-day standard was 59.4% of patients being treated within 62 days. This was a **slight improvement** from the February 2024 position of 59.3%.
- Although performance did not deliver the end-of-year standard, cancer departments across the Humber and North Yorkshire Cancer Alliance area **successfully initiated treatments for**

7,693.5 patients in the 12 months to February 2025 (latest data available), of which **4,775.5 began treatment within 62 days**. This **compares to 6,346 and 3,712.5 respectively** in the 12 months to February 2024.

- Cancer services are required to achieve the faster diagnosis standard (FDS) rate of 75% of patients finding out whether they have cancer within 28 days. The FDS rate for the Humber and North Yorkshire Cancer Alliance area was **72.9% in February 2025** (latest verified data available), **down from 77.6%** in February 2024.
- Cancer services are required to achieve a 96% rate of patients diagnosed with cancer receive their first treatment within 31 days of a decision being made to treat for cancer. In February 2025, the Cancer Alliance's **31-day decision to treat to treatment rate was 86.1%, up from 84.1%** in February 2024.

Our key accomplishments, innovations and developments

Below are just some of the many achievements of the work carried out with partners between April 2024 and March 2025. By working collaboratively with partners, the Cancer Alliance has:

- **Launched the inaugural** Cancer Innovation Grants scheme which attracted 47 applications from a wide variety of sectors totalling £1.4million. Eleven projects were awarded funding, totalling £400,000.
- **Delivered 13,463 initial lung health check assessments (equating to a 48% take-up rate), 5,668 follow-up scans.** This activity led to the detection of 107 cancers, two-thirds of which were classed as early stage (stage one or two). During the year, the service was launched in North Lincolnshire – meaning the service, which was rebranded as the Lung Cancer Screening programme in early 2025, has been rolled out in four of the six Humber and North Yorkshire regions.
- **Trained more than 1,500 Cancer Champions,** and worked with a number of local organisations to develop the role of Cancer Champions Community Trainers. As of March 2025, the Cancer Alliance has trained 7,362 Cancer Champions since the programme's launch in 2018.
- **Also delivered Cancer Champions training in a number of different settings,** particular among groups of people who experience significant inequalities in their awareness of cancer and access to screening. Cancer Champions training was delivered to 50 prisoners and staff at HMP Hull in November and December 2024. In January 2025, awareness sessions were delivered to seven prisoners and staff at HMP Askham Grange women's prison near York.
- **Supported the introduction of artificial intelligence** in the form of auto-contouring software in radiotherapy on a pilot basis to improve treatment quality and consistency, and to reduce the treatment pathway time. This pilot has been successful and will therefore be further expanded into 2025/26.
- **Worked with Hull University Teaching Hospitals NHS Foundation Trust to launch a** breast pain clinic, serving the Hull and East Yorkshire population. All areas of Humber and North Yorkshire are now served by a breast pain clinic,

following the launch of this Hull Royal Infirmary clinic, which comes after the introduction of clinics in Malton (serving York and North Yorkshire patients), Grimsby, and Scunthorpe in 2022/23.

- **Developed and launched a Humber and North Yorkshire cancer health inequalities dashboard,** which collates a wide variety of data to provide insight to Cancer Alliance colleagues and partners to inform how and where we should invest our resources most effectively to improve rates of early diagnosis in the communities most at need.
- **Hosted a series of 'lunch and learn' events** to increase the Humber and North Yorkshire health and care system workforce's knowledge about health inequalities in cancer. In total, more than 300 people attended these sessions.
- **Earned 60 individual media coverage instances via cancer awareness campaigns,** with more than 900,000 people reached through a variety of earned and paid-for activity.
- **Hosted a hugely successful** 2024 annual conference **in York in September 2024 , with more than 210 people in attendance** to hear from Dr Lennard Lee, lead for the UK cancer vaccine advance and David Fitzgerald, Programme Director, NHS Cancer Programme. The conference also hosted the inaugural Excellence in Cancer Awards – to celebrate the people working in cancer services in Humber and North Yorkshire for their hard work, innovation and unwavering commitment to deliver the best care for patients.
- **Completed a systemic anti-cancer treatment (SACT) capacity and demand**

exercise, to inform the development of a robust and sustainable Humber and North Yorkshire non-surgical oncology service for the future.

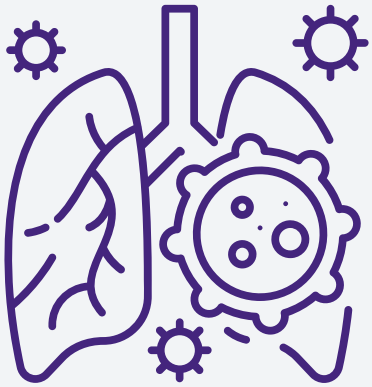
- **Established a hepatobiliary pancreatic cancer network** (and recruited a clinical lead) across the North East and Yorkshire region, as part of work to bring healthcare professionals together to improve services for patients with rare tumours in these regions.
- **Grew our patient and public representative group from six members (April 2024) to 32 members (end of March 2025).** Patient and public representatives are essential to the Cancer Alliance's transformational work as their experience of cancer is used to improve Humber and North Yorkshire cancer services.
- **Supported local trusts (which provide cancer services) in Humber and North Yorkshire to participate in national cancer vaccine trials,** which launched in 2024/25. During the year NHS Humber Health Partnership participated in the lower GI vaccine trial, with 15 people screened and one person eligible for the randomised trial.
- **Undertook a major survey of the Humber and North Yorkshire population's understanding and awareness of cancer.** The cancer awareness measures survey asked over 5500 respondents about cancer signs and symptoms and their experiences of healthcare.
- **Developed a Cancer Alliance workforce strategy –** Attract, Retain and Optimise – to set a clear vision for cancer nursing and AHP workforce growth, development and sustainability in the years to come.
- **Provided funding to York and Scarborough Teaching Hospitals NHS Foundation Trust to achieve significant improvements to prostate cancer care,** including enhanced reporting turnaround times, the introduction of additional transperineal biopsy lists, and the commencement of post-multidisciplinary team clinics.

Next steps

- **2024/25 has been a successful year for the Cancer Alliance, even though work to improve cancer waiting time standards has been challenging at various times in the year, as has been the case across much of the country.**
- **There has been a lot of achievement to draw inspiration and optimism from as we move into 2025/26 and await the arrival of the NHS 10-year plan for cancer, which will reconfigure long-term aims for cancer services in England.**
- **As we look ahead to the coming year, we know challenges remain but there are also many reasons to be hopeful – with promising results from our programmes and exciting new developments in service delivery, research and innovation.**
- **As ever, we would like to thank everybody who has worked in collaboration with us this year to do the best for our patients and we look forward to continuing this journey with you over the next 12 months.**

CASE STUDY:

Expansion of the Lung Cancer Screening programme



Lung cancer is one of the most common types of cancer, with more than **43,000 people in the UK** diagnosed with the condition every year. **Early detection** is important because there are usually no signs or symptoms in the early stages of lung cancer.

The NHS Lung Cancer Screening programme, formerly known as the NHS Targeted Lung Health Check programme, is a national screening programme which targets **current and former smokers**, helping to **detect lung cancer as early as possible when treatment is likely to be simpler and more successful**.

People **aged between 55 and 74**, who smoke or used to smoke and are registered with a GP, receive invites to have an **initial telephone assessment with a specially trained nurse**.

Those who are assessed as **high risk** are offered a **low-dose CT scan** at the lung cancer screening unit, which is located in **community settings** such as supermarket car parks.

What we have done:

2024/25 was another **productive year** for the Lung Cancer Screening programme, with lung screening currently available in **four of the six Humber and North Yorkshire Integrated Care Board (ICB) place** areas.

During the year, **lung cancer screening continued to be rolled out in North East Lincolnshire** (this phase was completed in May 2024) and **East Riding of Yorkshire** (currently ongoing). Lung cancer screening commenced in **North Lincolnshire** in October 2024 and is also ongoing.

In **Hull**, one of the first 10 pilot sites in England to introduce Lung Health Checks in 2020, assessments continued to be offered to people who were **now eligible** for an assessment but were not old enough when the initial programme was operating in the city.

The Cancer Alliance has spent much of 2024/25 working with York and Scarborough Teaching Hospital NHS Foundation Trust to develop the Lung Cancer Screening programme in **York and North Yorkshire** (due to commence in Bridlington in summer 2025).

Outcomes:

During the year, across all four areas, the services invited **28,265** people, completed **13,463** assessments (equal to a 48% uptake rate) with **5,668** people having scans, resulting in **107** cancers being found – **61.7%** at an early stage (stage one or two).

Other notable 2024/25 achievements include:

- **Completion of the initial roll-out in North East Lincolnshire** – which means two of six ICB place phases have been

completed, and annual 'ageing-in' activity has been established in these areas.

- **The roll-out of lung cancer screening in East Riding of Yorkshire and North Lincolnshire** (of which both are more than 50% complete) – meaning the Lung Cancer Screening programme is now operational in four of the six ICB places.
- In November 2024, the Cancer Alliance held a workshop with partners to begin to determine the model to be used to develop a **fully established lung cancer screening service across Humber and North Yorkshire by 2029/30**.
- The recruitment of a designated programme lead at NHS Humber Health Partnership to facilitate a c**entrally organised Humber-wide Lung Cancer Screening service** across **Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire**.
- Development of the programme's **first health inequalities plan**, focusing on increasing lung cancer screening uptake among health inclusion communities such as: people with **special education needs** and **disabilities**; **Gypsy, Roma** and **Traveller communities; prisoners**; and **homeless people**.

CASE STUDY:

Developing the UK's first vulvovaginal atrophy clinic for female cancer survivors

Vulvovaginal atrophy is a **common post-treatment side effect for women** with **breast, gynaecological** and some **colorectal cancers**.

This is caused by **pelvic radiotherapy, pelvic surgery, systemic chemotherapy and/or hormone therapy** causing **oestrogen deprivation**.

Treatments induce **early menopause**, causing a range of symptoms which vary in severity including **cardiac and skeletal complications** which can significantly **shorten survival**.

Evidence from the International Menopause Society indicates **70-90% of breast or gynaecological cancer survivors suffer from vulvovaginal atrophy**, which can affect their **day-to-day quality of life** and **sexual health**.

However **fewer than half of patients** seek medical help and, of those who do, **90% are dismissed without adequate outcomes** causing **repeated trips to their GP**.

What we have done:

The Cancer Alliance approved a 2023/24 innovation grants scheme application to **pilot a vulvovaginal clinic** across Humber and North Yorkshire – **a first of its kind in the UK**.

A monthly clinic delivered from the **Queen's Centre at Castle Hill Hospital** was launched in January 2025, with referrals from primary care and secondary care following **agreed referral criteria and protocols**.

The clinic, which is **accessible to patients living in Humber and North Yorkshire**, aims to:

- Provide **ease of access**.
- Providing time and opportunity for **in-depth exploration and discussion of vulvovaginal atrophy**, taking pressure away from busy multi-disciplinary primary and secondary care services.
- Improve **knowledge and awareness** around up-to-date treatments available.
- To improve **parity of data** using validated patient-reported outcome measures, identifying **unmet needs** for vulvovaginal atrophy and other cancer side effects.

Outcomes:

Since launch in January 2025, **five patients from across Humber and North Yorkshire** have been referred to the vulvovaginal atrophy clinic (as of end of March 2025).

Feedback has been overwhelmingly positive ...

"I felt very listened to. They made eye contact, acknowledged my feelings and reassured me."

"Thank you. I feel heard and like we have a plan."

"The questions are really personal, but they are so important… no-one has asked me these questions but these are what they should be asking."

Our Corporate Programmes

Humber and North Yorkshire (HNY) Procurement Collaborative

This is a **single procurement function** providing services to Hull University Teaching Hospitals NHS Trust (HUTH), Northern Lincolnshire & Goole NHS Foundation Trust (NLaG), and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT).

Work to date:

- We have **centralised all procurement staff** across the trusts into a single hierarchy and management structure.
- We have **won our first award** for work undertaken on the **e-auction programme**.
- We have established connections with **local universities** promoting Procurement as a **future career choice**.
- We have taken on **two Procurement graduates** through the Skills Development Network.
- We have **successfully managed two significant supply chain disruptions** through suppliers exiting the UK market.
- We have hosted Department of Health and Social Care (DHSC) Commercial colleagues, the new NHS Supply Chain Director and were **asked to speak in Parliament to Ministers, Health Select Committee and local MPs on the work of the collaborative**.
- We **launched a single Social Value approach** across the trusts and York City Council.
- We have developed **standardised Standing Financial Instructions**.

- We **went live with a new Inventory Management System** at York Hospital.
- Working with colleagues across the Integrated Care System (ICS), we have developed a **wound care formulary**.

Benefits delivered:

- The collaborative has **ensured safe and effective patient services** can be provided across all trusts through the ongoing provision of stock during a significant change programme.
- We have **managed two significant supplier exits from the market** ensuring **outpatient dispensary services** and **hand hygiene** were provided at all sites **without disruption**.
- The collaborative **exceeded its savings target delivering £7.8m** which can be **put back into frontline services**.

Next steps:

- **We will deploy a single e-Procurement system across all three trusts standardising and simplifying our existing catalogues.**
- **We will expand the Social Value work from York to Hull.**
- **We have already delivered £6.8m in savings against our target of £11.4m for 2025/26 and are currently working on projects with an estimated saving of £11.2m.**
- **We will expand the inventory management system across all sites ensuring effective stock management.**

Digital and Business Intelligence

Our acute trusts are working collaboratively to develop the tools for our workforce to enable **effective and efficient service delivery**, to test innovation across our providers and work towards our **collective commitment to digital convergence**.

Key achievements:

- The Hull and North Yorkshire (HNY) Collaboration of Acute Providers' (CAP) **Digital Oversight Group has been established** during 2024/25, bringing together the Chief Digital and Information Officers across the trusts and Integrated Care Board (ICB), with our Clinical Digital Leads and Programme Directors.
- We have **mapped digital systems** across the trusts in each programme area (supporting software across Theatres, Outpatients, Endoscopy, Imaging etc).
- We developed a **successful bid to test Artificial Intelligence (AI) in fracture detection** across three of our trusts – with **£480k investment** into the system.
- Funding was confirmed for the 2024/25 **Diagnostic Digital Capability Programme (DDCP)**, supported by an acceleration plan and clear system priorities for **improving our digital infrastructure for imaging**.
- We staged a system-wide workshop to **explore digital capabilities for our Community Diagnostic Centres (CDCs)**.
- We implemented **Patient Tracking List (PTL) tools** across York and Scarborough Teaching Hospitals NHS Foundation

Trust (YSTH) and the Humber Health Partnership Trusts (HHP) to **support operational team booking** and **elective recovery**.

- We completed a suite of **demand and capacity modelling** across **Endoscopy** and **Imaging services**, and a baseline position for **Audiology**, increasing visibility of diagnostic services and productivity opportunities.
- We established the **Business Intelligence (BI) Prioritisation Group** to support CAP programmes to access timely data and strategic analysis to **inform improvement programmes**.
- We **enhanced performance reports** and **programme reporting**, published on a shared platform for all trust and system colleagues to access.

Next steps:

- **To launch the joint public health management tool, bringing together primary care records and trust waiting list data to provide strategic insights and support health equity on our waiting lists.**
- **To implement the DDCP priorities, supporting electronic requesting from GPs where it is not currently available, and improving shared reporting and booking opportunities.**
- **To evaluate and roll out the AI Fracture Detection Pilot, and pipeline of AI innovation across cancer and routine diagnostics.**
- **To continue implementation of the Electronic Patient Record (EPR) systems across YSTH and Harrogate District Hospital NHS Foundation Trust (HDFT), with business case approval for HHP.**
- **To review the digital offer for outpatients and patient communications to support a modern outpatients service for HNY.**

CASE STUDY:

Launch of Artificial Intelligence (AI) Fracture Detection project

Humber and North Yorkshire (HNY) Collaboration of Acute Providers (CAP) submitted an initial bid to the Artificial Intelligence Diagnostic Fund (AIDF) to commence the tender of a **solution to support fraction detection** with Urgent and Emergency Care (UEC) and Radiology.

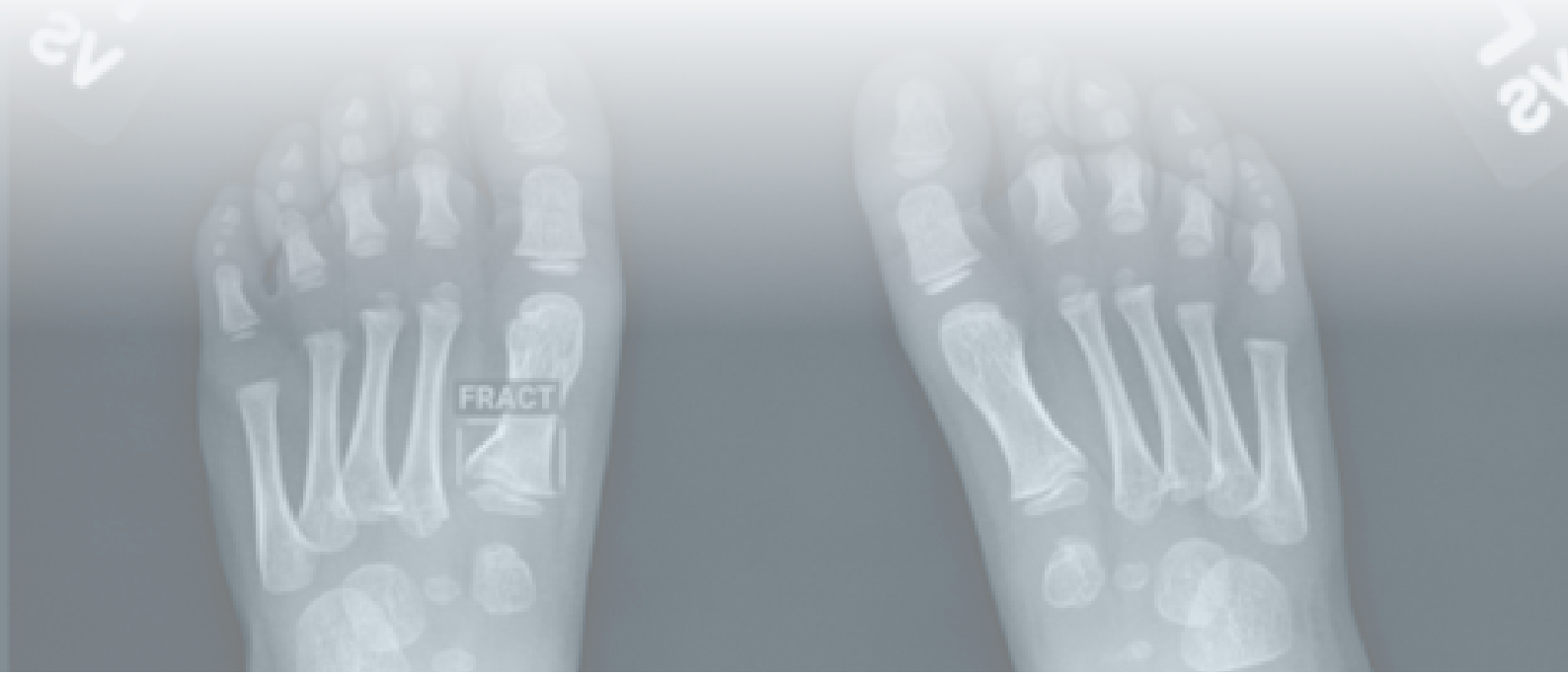
Trauma is **one of the most common reasons** for Emergency Department (ED) attendances, accounting for **around 1-in-20 attendances**.

Radiographs are the most common investigation performed for investigating fractures. Research showed that **43,000 radiographs** conducted in York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTH) **resulted in 3%-10% in missed or delayed fracture diagnosis**.

The main cause of this was highlighted as being errors in interpretation in ED. **This project aims to reduce this statistic by launching an AI product to detect fractures in X-rays as a "second pair" of eyes.**

The refined AIDF bid was **awarded an additional £480K** to progress the deployment of an AI fracture detection product across HNY.

The tender and supplier award process was completed – with Gleamer's **hi-tech AI BoneView** product being selected.

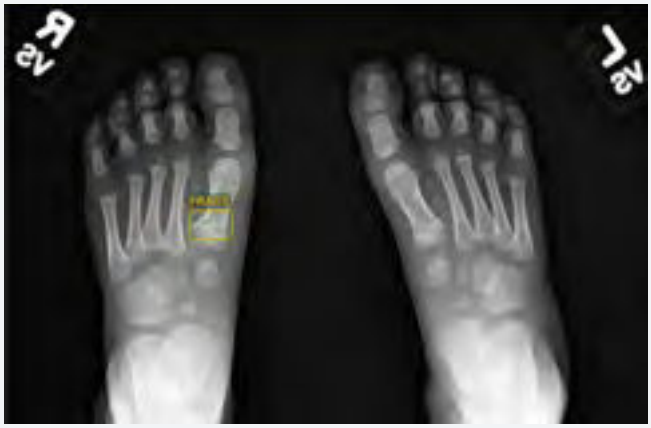


We have now **commenced phase 1 delivery** of the tool.

The project aims to realise the following benefits over the next 12 months:

- **Reduce the missed fracture rate.**
- **Speed up time within ED.**
- **Reduce fracture clinic attendances.**
- **Reduce the number of delayed radiographs and advanced cross-sectional imaging performed due to diagnostic uncertainty.**
- **Fewer successful missed fracture claims against NHS trusts within the Imaging Network.**

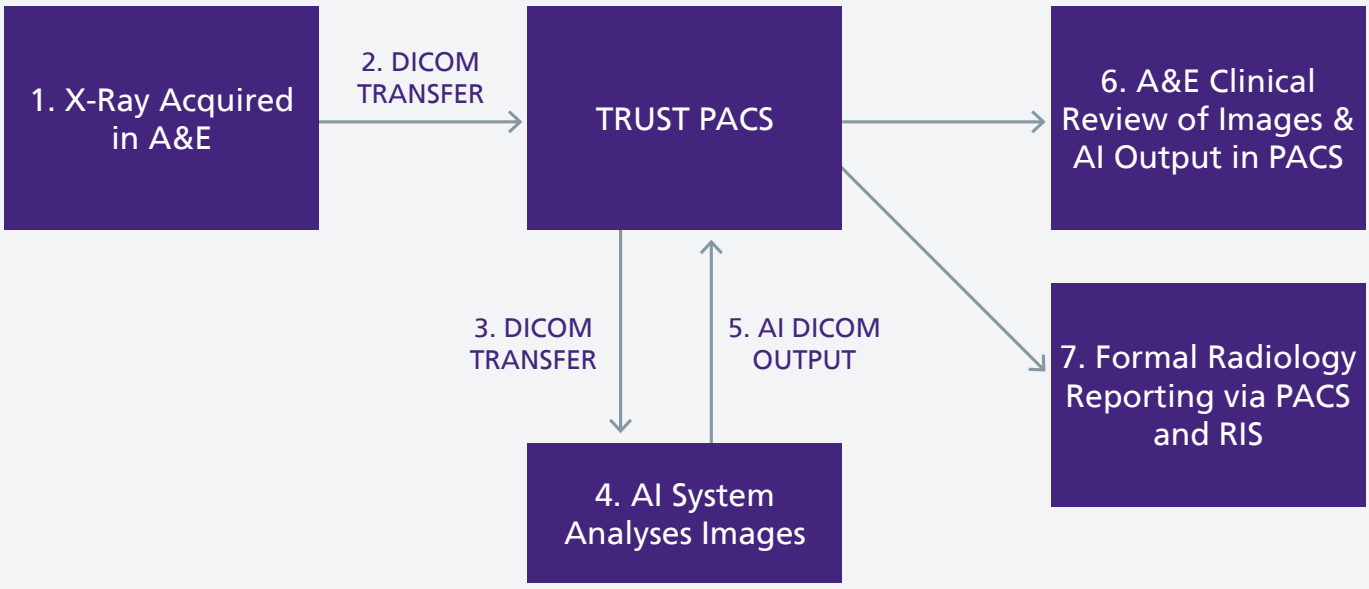
BoneView went live as scheduled in **Scarborough Hospital, Malton Urgent Treatment Centre (UTC)** and **Selby War**



Memorial Hospital in April 2025, and is due to deployed in **York Hospital** in May, with **Bridlington** and **Whitby** sites to follow. This will complete phase 1 of the project.

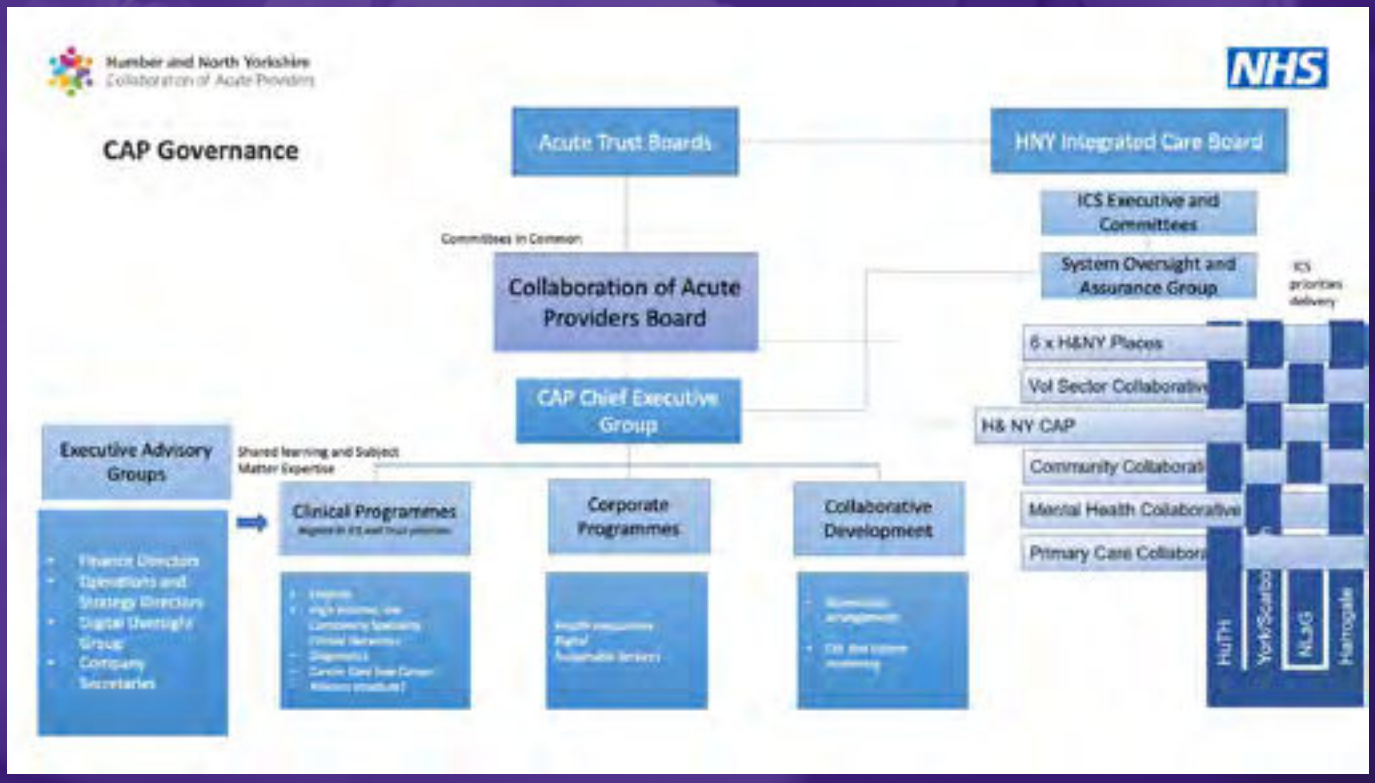
Phase 2 commences with the clinical project kick-off for **Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)** shortly afterwards – with the target for the project 'go live' set for **30 June 2025**.

Phase 3 delivery at **Hull University Teaching Hospitals NHS Trust** (HUTH) is anticipated to commence in **August 2025**.



Our Collaboration: A year of development

We continue to **grow our system change capacity**, bringing together **subject matter expertise, clinical leaders, operational teams** and **programme staff** to **test and deliver change** across the system. We work to ensure the Humber and North Yorkshire (HNY) Collaboration of Acute Providers (CAP) has a **strong reputation for programme delivery**, supported by **effective governance**.

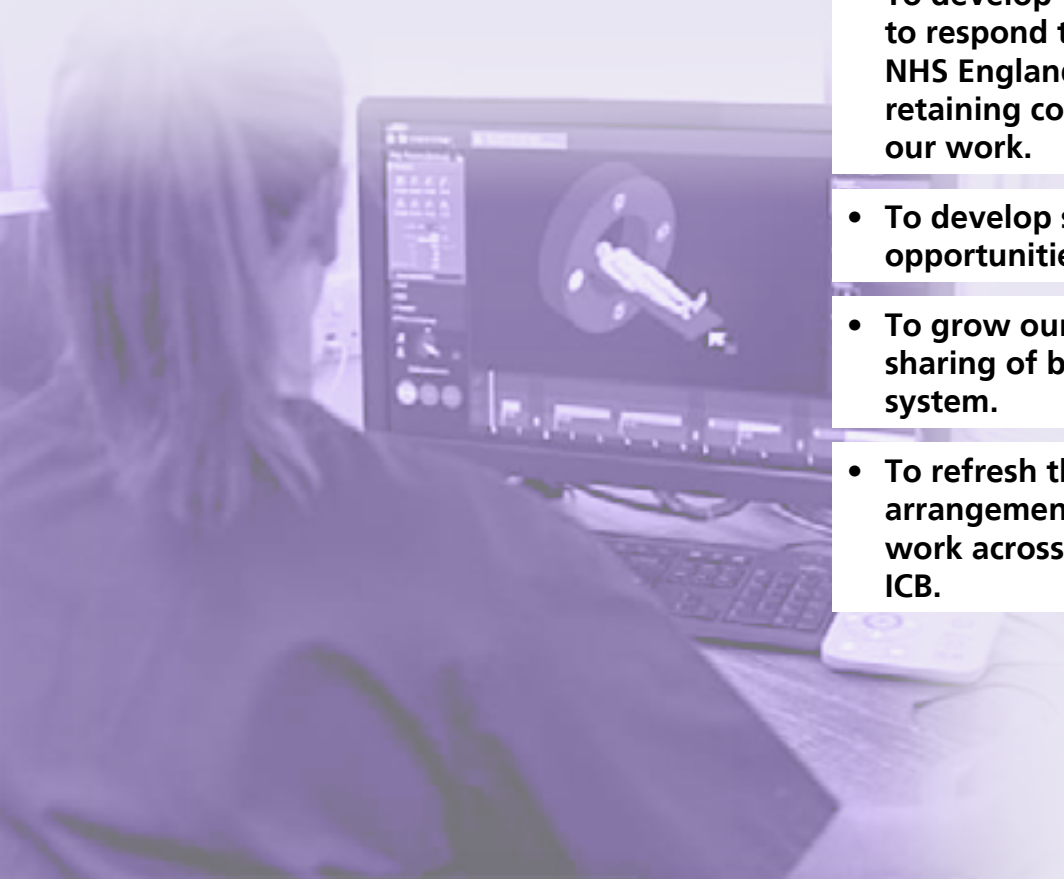


Key achievements:

- The **Executive Advisory Groups** have been **refreshed** this year, with the **CAP Operations and Strategy Group** and **CAP Digital Oversight Group** established.
- A **Business Intelligence (BI) joint working group** was set up in 24/25 to **streamline data and BI requests, reduce duplication** and **explore opportunities** to **grow system capability**.
- The **Clinical Networks** have provided local opportunities for clinical leaders and operational managers across trusts to **engage with peers, share practice** and **develop system working capabilities**.
- The CAP has **showcased HNY innovation** during 2024/25 with a **national webinar on our pioneering work** to standardise protocols across the imaging services to enable **CT with contrast** to be provided on Community Diagnostic Centres' (CDC) **mobile scanners**.
- We **presented at the NHS Providers Conference** in November, as part of the Provider Collaboratives' **Improving Equity Programme**.
- We **launched our quarterly CAP newsletter**, in parallel to developing a **web and social media presence to share learning and best practice** across trusts.
- We **refreshed programme risk reporting**, aligned to the Integrated Care Board (ICB) tools.

Next steps:

- **To develop the CAP Transition Plan to respond to the 10-year plan and NHS England (NHSE) system reforms, retaining collaboration at the heart of our work.**
- **To develop system leadership opportunities for trust staff.**
- **To grow our website to facilitate the sharing of best practice across our system.**
- **To refresh the CAP governance arrangements to support further joint work across providers trusts and the ICB.**



What the work of the CAP means to me – thoughts from our team:

"Uniting providers, driving collaboration and making connections that power progress."

"Working alongside great colleagues across the team and in our trusts and local system, I have learned so much and reinforces how much better we can be when we work together at addressing complex challenges."

"Working as a team to bring the clinical, nursing and operational teams together to spark creativity and deliver unified positive change for our trusts and their services across the system."

"The strength of the CAP team is each individual member. The strength of each member is our team."

"An opportunity to work with colleagues from different sectors across the system to achieve the common goal of improving our patients' experience of healthcare services."

"I have very recently joined the CAP on secondment from my role at Humber Health Partnership (HHP). I am massively impressed by the enthusiasm and expertise across the whole team to make a positive difference to patients to improve their experience of and access to healthcare, and the working lives of staff in our local trusts."

"To me, the CAP is about collaborating across NHS trusts to deliver consistent, quality care to improve patient outcomes, and achieve common goals while fostering professional growth as a team member."

Building on success: Our plans and ambitions for 2025/26

Looking forward to the year ahead, the Humber and North Yorkshire (HNY) Collaboration of Acute Providers (CAP) will continue to work across our provider trusts and local system partners to focus on **addressing unwarranted variation, supporting productive and effective services** and **doing things once where it makes sense to do so**.

The coming year will see significant change, as a result of structural reform and emergence of the highly anticipated NHS 10 year plan.

We have developed our priorities to **embrace the future changes, target system risks** in delivering our local operating and financial plan and **realise the benefits of national programmes**, including diagnostic and elective investment across the HNY region.

Strategic alignment and impact

The CAP workplan aligns with the NHS Elective Reform plan and NHS strategic drivers to:

- **Reduce the time people wait for elective care.**
- **Live within the budget allocated, reducing waste and improving productivity.**
- **Address inequalities and shift towards prevention.**
- **Maintain focus on the overall quality and safety of services.**
- **Drive reform to support delivery of immediate priorities and ensure the NHS is fit for the future.**

Key priorities for 2025/26 and next steps:

Outpatients transformation

- Develop an **overarching strategy for 'modern outpatients services'** across HNY, supported by individual trust strategies.
- **Transform pathways and referral management** between primary and secondary care to ensure **patients access the right care in the right place**, working with clinical network leads and established interface forums.
- **Accelerate enablers** such as Patient-Initiated Follow-Up (PIFU), Holistic Assessment and care Planning in Partnership Intervention (HAPPI), super clinics, and digital tools for scheduling and validation across the maximum number of pathways in 2025/26.

Elective Programme

- Work through our **clinical networks** to **drive productivity** and **scale up** high volume specialty transformation programmes.
- **Maximise assets** through strategies like Hub Strategy, Targeted Investment Fund (TIF)/Theatre utilisation, and Clinic Utilisation.
- **Improve capacity** by addressing missed appointments, peri-op/short notice cancellations, and internal demand management.

Diagnostic Programme

- Enhance **digital capability and innovation** in **Imaging** networks.
- **Improve productivity** and **manage demand** in **Endoscopy**.
- **Build and increase activity levels** in **Community Diagnostic Centres** (CDCs) pathways.
- **Review our Diagnostic Network arrangements** and delivery to ensure sustainable networks for 2026/27 onwards.

Cancer Alliance

- Focus on **faster diagnosis and early diagnosis** in areas like Urological, Gynaecological, Breast, and Skin.
- Improve **operational performance** and **priority pathways** for treatment and care.
- Engage in cross-cutting initiatives to **support workforce development** through the **Aspirant Cancer Career and Education Development programme** (ACCEND).
- Tackle **health inequalities** in accessing cancer care and continue **community engagement** in cancer awareness.

Efficiency Programme

- Enhance clinical productivity across **Diagnostics and Elective** networks, including working in partnership to ensure **effective and efficient pathways** across both NHS and Independent Sector (IS) providers.
- Explore **corporate efficiency opportunities** in areas like Estate and Workforce.

Corporate/CAP Development

- Implement a **sustainable services programme and health inequalities** action plan.
- Focus on **digital and innovation**, including AI and research and development.
- **Enhance change capacity to support our trusts** through Project Management Office (PMO/Quality Improvement (QI), business intelligence, and training and development.

“We have developed our priorities to embrace the future changes, target system risks in delivering our local operating and financial plan and realise the benefits of national programmes, including diagnostic and elective investment across the HNY region.”

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