ANNEX 1

West Yorkshire and Harrogate Cancer Alliance

NHS

West Yorkshire and Harrogate Cancer Alliance

Overview, Progress Update and Next Steps – March 2019

1. Context

1.1 The West Yorkshire and Harrogate (WY&H) Cancer Alliance is one of nineteen nationally designated structures established by NHS England to drive delivery of the national cancer strategy. There is a long history of working at scale across multiple statutory organisations in cancer driven primarily by the complexity of cancer pathways. It is the exception rather than rule for someone diagnosed with cancer to receive all their care from a single NHS provider organisation, thus it is crucial for all those involved in diagnosis and care to work together to ensure people receive the best outcomes and experience. Moreover as survival rates improve the care of people living with and beyond their treatment requires a more personalised approach to health and wellbeing support in place in collaboration with specialised health care providers.

1.2 In WY&H we are relatively unusual in having a single coterminous Alliance and Integrated Care System (ICS) footprint which means the WY&H Health and Care Partnership has adopted the Alliance for delivery of its priority programme for cancer. The Partnership benefits from having a cancer delivery programme supported by external programme resource (NHS England and third sector) and the Alliance benefits through integrated working with other priority and enabling programmes, for example the Primary and Community Services work, and direct access to collective decision-making capability and system leadership.

1.3 As an Alliance, we have a direct line of accountability to the National Cancer Transformation Board via NHS England (North) which sets our scope and influences our ways of working in a more direct way that some of our other ICS programmes. This includes access to earmarked Cancer Transformation Funding which is routed through Alliances and for which they are accountable. This can be simultaneously challenging and also an opportunity for the Alliance to test new ways of working as a system within the context of our health and care partnership.

2. Programme Ambitions

2.1 Programme ambitions are informed by national strategy, developed by the Cancer Alliance Board and agreed locally through WYAAT Programme Executive and the WY&H Joint Committee of CCGs. The 2020 programme ambitions are summarised as follows:

- Reducing adult smokers from 20% to 13% (125,000 fewer).
- Increase 1 year survival from 69.7% to 75% could save 700 lives per annum.
- Stage shift from 40% to 62% stage 1&2 – potentially 3,000 curative/survival improving treatments.
- Increased % patients formally invited to feedback or involved in service improvement
- Build on efforts for sustainable delivery of existing Cancer Waiting Times standards to develop pathways to meet the new 28 day to diagnosis standard to be introduced from 2020– reducing the c. 5000 diagnoses currently made through routine Referral To Treatment pathways.
- Deliver on the Five Year Forward View mandate to make the Cancer Recovery Package interventions available to all cancer patients and spread use of stratified follow up care including supported self-care.

- Lower treatment costs as result of our stage shift ambition could deliver efficiency savings of up to £12m**.**

2.2 Through the above system leadership groups the following strategic delivery proposal was also agreed:

- Develop a single cancer plan for West Yorkshire and Harrogate
- Create an Alliance - with senior clinical and managerial leadership and engagement – which behaves as a system (virtual team, common metrics with transparency and local delivery, system performance assessment).
- Empower the Alliance to lead the local system and develop new ways of working including exploring more strategic approaches to commissioning and delivery to the benefit of people affected by cancer.
- Align with other ICS and WYAAT developments.

3. Alliance Governance

3.1 Although the WY&H Cancer Alliance is first and foremost the cancer programme of the WY&H Health and Care Partnership, its governance and accountability arrangements are more complex than some other programmes. The Alliance has a line of accountability to NHS England and is required to produce an NHS England agreed delivery plan, backed up by a quarterly assurance process in order to receive the cancer transformation funding which supports local improvement work.

3.2 Locally, the Alliance aims to function as closely as possible to any other priority programme. A programme infrastructure is established and mobilised with a stakeholder Alliance Board which has met regularly since November 2016. Following discussion and agreement with the Joint Committee of CCGs and WYAAT Programme Executive in May 2018, the Alliance restructured its Board to reflect its developing role as system leader for cancer on behalf of the Partnership. This has involved strengthening the place based representation alongside sector representation and a stronger lay representation.

3.3 The Alliance is actively pursuing the offer from the WY&H Organisational Development network to support the system leadership role at Board level, place-based cancer team level and Alliance Core Support Team level.

3.4 In October 2018 the Alliance hosted a visit from Cally Palmer, National Cancer Director and David Fitzgerald, National Cancer Transformation Programme Director which included a showcase of the work to the Alliance and also a ‘round table’ session with Health and Care Partnership and Alliance leadership. The Alliance was commended for the strength of its system connections and governance embedded in the Health and Care Partnership. Alliance leadership have since been invited to provide case studies and present at a cancer alliance leadership and other national events as an exemplar for Alliance integration in local systems.

3.5 The Alliance Programme Director reports to the Programme Director for the Health and Care Partnership and meets regularly with other programme leads to maximise the opportunities for sharing and learning. The Alliance has a particularly close working relationship with WYAAT leadership and relevant programmes.

3.6 The Alliance Board has been supported to date by five priority work programmes (tobacco control, early diagnosis, high quality services, patient experience and living with and beyond cancer). Through this infrastructure the Alliance has the active engagement of over 60 front line staff, patients and lay members, third sector partners and managers from both health and local government. Organograms showing the

Alliance programme structure and connection to the Health and Care Partnership are included at Appendix 2.

3.7 At its meeting in November 2017, Alliance Board approved its Communications and Engagement Strategy which will support the strengthening and broadening of our communication and engagement work with our stakeholders. Our dedicated website went live in January 2018, which describes our work and where minutes of Alliance Board meetings are made public, and is available using the following link: https://canceralliance.wyhpartnership.co.uk/ .

4. System-wide Transformation Activity

4.1 Conceptually, Cancer Alliances are an alliance of all stakeholders involved in the improvement of cancer outcomes and experience so the issue of WY&H level activity vs place is quite blurred. The vast majority of cancer transformation activity happens in place. The role of the dedicated Alliance core team is to support the Alliance Board develop its system leadership role and lead, coordinate and facilitate stakeholders to come together across West Yorkshire and Harrogate to identify scope for improvement or unnecessary variation, agree remedial action planning and then hold each other to account for delivery.

4.2 The Cancer Alliance Transformation Programme has been structured around the strategic priorities identified in the report of the National Cancer Taskforce 'Achieving World Class Outcomes – a Strategy for Cancer 2015-2020'. The Alliance was able to bid for specific Cancer Transformation Funding in 2016/17 for initiatives focussed on improving early diagnosis of cancer and improving our offer to people living with and beyond cancer. In early 2017/18 NHS England approved proposals from West Yorkshire and Harrogate totalling around £13 million over two years.

4.3 In early 2018/19 NHS England introduced a hard conditionality linking ongoing receipt of these transformation funds to system-wide performance against the 62 day standard from urgent GP referral to first treatment standard. As a result of this, a 25% financial penalty was applied to the anticipated funds received in West Yorkshire and Harrogate during 2018/19. System performance in quarters 3 and 4 would actually have resulted in a 50% penalty, but this was adjusted upwards for a small number of Alliances including West Yorkshire and Harrogate based on an unprecedented surge in referrals and diagnoses of prostate cancers.

4.4 An unfortunate consequence of the national policy to connect receipt of transformation funds to a single cancer waiting times standard has was to introduce a considerable degree of risk and uncertainty into our transformation plans, with a number of elements of the original proposal being delayed, slowed down or abandoned in order to mitigate the financial risk to the system where activity was already underway.

4.5 Despite this disturbance to our transformation ambitions we are pleased to outline a number of programme highlights below which will either directly or indirectly result in improvements in the care and support we offer to people affected by cancer in West Yorkshire and Harrogate. Headlines are in the following sections; further detail is in the appendix.

5. Transformation Programme Highlights

5.1 Tobacco control and smoking cessation

- Our ambition is to reduce adult smokers from 20% to 13% by 2020 meaning 125,000 fewer smokers.
- Latest smoking prevalence figures have declined in-line with predicted forecast to 17.3%. This equates to a reduction of 22,067 smokers. The estimated cost saving directly attributed to healthcare after 5 years is £16.2m. *(Based on Commissioning for Prevention: North Central London SPG (100 people quitting smoking - total direct healthcare cost saving after 5 years = £73,400))*
- There is also an ambition to reduce smoking inequalities for routine and manual workers (R&M) and this has fallen from 29.8% to 29%. (5724 people)

5.2 Earlier Diagnosis

- Our ambition is to increase patient diagnoses at a stage where they are more likely to be offered curative or 'survival improving' treatments from 40% to 62% by 2020 affecting around 3,000 people - this is currently 53%
- We also aim to increase survival at one year from 69.7% to 75% by 2020 equating to 700 lives per year – this is currently 71%.
- We have a particular focus on lung cancer which is our biggest killer – with a multi-pronged approach based on tobacco control, awareness raising of symptoms, targeted lung health checks and optimising treatment pathways.
- This is a large and complex programme of work covering optimising screening uptake, redesign of diagnostic pathways (including for vague but concerning symptoms), introducing new diagnostic approaches (both techniques and workforce models) and support for major transformation change programmes such as the Yorkshire Imaging Collaborative and Digital Pathology initiatives led through the West Yorkshire Association of Acute Trusts which will help maximise the effectiveness of our diagnostic resources in West Yorkshire and Harrogate.

5.3 Whole pathway redesign and improvement including delivery of High Quality Modern Services

- This programme covers the treatment phase of cancer care and involves bringing together patients, primary care and hospital teams to review our care services improve our offer to patients and address any unwarranted variation in outcome of experience.
- As a system we are required to implement national optimal pathways. Based on our cancer waiting times performance the local priorities have been Cancer Pathway Groups for bowel cancer, lung cancer, prostate cancer and upper gastrointestinal cancer. Although the national focus is on recovery of cancer waiting times standards and preparation for the introduction of the new 28 day referral to diagnosis standard by 2020, our Alliance groups have a whole pathway remit to ensure people are referred quickly for investigation, get the right test first time and if a cancer is diagnosed, they receive rapid treatment and appropriate personalised follow up care.
- Working together our acute providers have assessed against national optimal pathways and identified where we needed to improve access to some diagnostic testing. Cancer transformation funds have enabled us to invest in specialist diagnostic ultrasound equipment in two hospitals to speed up the pathway for people with lung cancer. Expected outcomes of this investment include a doubling of capacity for endobronchial ultrasound (EBUS) diagnostics and reduced waiting time for investigations from 15-20 days to 7-14 days.

5.4 Improving our offer to people living with and beyond cancer

- Almost 90,000 people are currently living in WY&H beyond a cancer diagnosis. Our ambition is to deliver on the Five Year Forward View mandate to make the interventions known as the 'Recovery Package' available to all cancer patients and spread the availability of personalised follow up care including supported self-care where appropriate.

Since coming into post in March 2018, the Living with & beyond Cancer (LWBC) team has:

- Audited current coverage of the Recovery Package and agreed the priorities for improvement focussing on holistic needs assessment at end of treatment, care planning and treatment summaries.
- Engaged extensively with front line staff to standardise our offer across WY&H and support implementation.
- Developed an integrated pilot scheme for improving personalised community based health and wellbeing support.
- Engaged extensively to develop standard principles for personalised follow up care tailored to individual risks and needs, extending the offer of supported self-management where appropriate. This includes addressing the needs of people living with a palliative diagnosis.

5.5 Listening to Patients and the Public

As an Alliance we are committed to openness and transparency, and to listening to patients and the public to inform and influence our work. Alliance Board approved a comprehensive Communications and Engagement Strategy in November 2017.

- As part of the restructure of the Alliance Board earlier this year we held an open recruitment for two new lay members (one of whom has been a patient and one a carer)
- We have successfully tendered for and commissioned a Community/Patient Panel through Healthwatch Wakefield and the Yorkshire Cancer Community, with a part time coordinator and membership to reflect geography, tumour site, and as far as possible a range of protected characteristics. We currently have around 40 active members and continue to develop and improve the approach and this model has attracted national interest.
- Our Alliance Patient Experience Group is championing an approach to 'People Powered Service Improvement' which builds on West Yorkshire and Harrogate becoming the only Alliance to implement the Breast Cancer Now Service Pledge methodology based on developing national and local patient champions to work alongside health care professionals to identify and implement service improvements. We are currently planning to test a similar approach with other tumour patients and teams, starting with prostate cancer.

5.6 Cancer Waiting Times Recovery

As an Alliance we are committed to delivering timely care to people affected by cancer, and to this end recovery of the NHS Constitutional standard for all cancer waiting times standards, but in particular the urgent GP referral to treatment (62 day) standard is a priority both for individual stakeholder organisations and West Yorkshire and Harrogate at system level. An additional consideration at system level is that our collective performance is likely to have continued impact on the amount of national transformation funding we can attract to further our ambitions to improve outcomes and experience for our citizens during 2019/20.

Comprehensive plans are in place in individual acute provider organisations to address local issues affecting performance. In addition the Alliance has facilitated joint work and investment opportunities during 2018/19 with considerable engagement and support from WYAAT Strategy and Operations Group and the acute provider Lead Managers. Highlights of this joint work are:

- All acute Trusts in the Alliance have agreed to prioritise bowel cancer, lung cancer and prostate cancer pathways as these are the cancer pathways having most impact on cancer standards performance.
- All the acute Trusts agreed to work with the NHS Intensive Support Team, who are part of NHS Improvement, and through detailed analysis, identify where services and processes could be improved that can help speed up the pathway for patients. For example, better co-ordination of multiple hospitals appointments and improving administration and communication processes.
- The Alliance received additional non recurrent funding from NHS England to unblock these local issues affecting performance, particularly in the prostate cancer pathway, due to a significant rise in referrals (also seen nationally). Through the WYAAT Strategy and Operations Group acute providers collectively agreed to direct this funding to the parts of WY&H where patients were experiencing the greatest delays in getting access to diagnostic tests or treatments.
- Providers are also working together to explore how they could offer patients access to diagnostic services across WY&H and share services when one hospital or service may be experiencing particular pressures or demands.

6. Forward look to 2019/20 and Long Term Plan

The priorities and agenda for the Cancer Alliance are determined by the 2019/20 Operational Planning Guidance and the Long Term Plan for the NHS. All Alliances have recently submitted draft Delivery Plans for 2019/20 for approval by NHS England in April. This is required to release Cancer Transformation Funding. Priorities will be:

- Supporting and informing place based operational planning for 2019/20.
- Continuing efforts to improve and sustain our operational performance standards as ambition in its own right and as an enabler to maximise our transformation potential through receipt of Cancer Transformation Funds.
- Continued efforts to influence stage shift and improve survival through:
  - Development of rapid diagnostics pathways/centres
  - Development of pathways to deliver new 28 day standard
  - Development of case finding approaches such as Lung Health Checks building on work already planned for Wakefield and Bradford, and the recent announcement of North Kirklees CCG as a national pilot site.
- Through the Living with and Beyond Cancer (LWBC) programme, there will be a continued focus on quality of life and personalised care, combining the outputs from the focus groups and engagement events held with patients and staff with existing community services in each place to ensure quality of life is as important as survival.
- We are developing a composite patient experience metric using data from the national Cancer Patient Experience Survey which will be built into our Cancer Outcomes and Assessment Framework and used to support and encourage work to improve experience alongside harder clinical outcomes.
- Building our future workforce – Workforce development will be undertaken to introduce advanced nurse consultants and consultant radiographers for non-surgical oncology roles to ensure a more sustainable workforce model supporting

patients during treatment. In addition, the potential to develop our current endoscopy teams from single skills (e.g. flexible sigmoidoscopy) to multi-modal capabilities (full range of endoscopy procedures) will be scoped out (including a regional training programme), in collaboration with Health Education England.

- Linked to this, as we see increasing numbers of positive diagnoses in some tumours, e.g. prostate cancer, and as we actively change the profile of presentation for others, e.g. lung cancer, we will need to work with colleagues in NHS England Specialised Commissioning team to ensure treatment capacity is developed to match the profile of patient needs.
- To support the above activity we will be reshaping our programme infrastructure to make best use of interdependencies with other programmes and Partnership infrastructure more generally – and also effective use of the time of people in the system we need to involve in this work.

7. Discussion and recommendations –

Members of the West Yorkshire Joint Health Overview and Scrutiny Committee are asked to:

- Note progress made by the Alliance since inception in 2016.
- Note and support the ongoing priority to recover performance against cancer waiting times standards.
- Note and support the priorities for the Alliance as determined by national policy, specifically the ongoing focus on finding more cancers at a stage when they are potentially curable and developing more personalised, integrated health and wellbeing support to people living beyond their diagnosis in their own communities.
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Professor Sean Duffy - WY&H Cancer Alliance Lead and Clinical Director

Carol Ferguson – WY&H Cancer Alliance Programme Director

West Yorkshire and Harrogate Cancer Alliance

NHS

Appendix 1

Examples of Alliance Activity and Impact

Tobacco Control

- The WY&H Tobacco Advisory Board has been established and is working towards the agreed trajectories.
- The programme has successfully attracted funding from West Yorkshire and Harrogate Health and Care Partnership for a TV mass media quit campaign and a practical guide to supporting hospital trusts implement smoking cessation interventions – based on NICE PH48/Ottawa Model.
- Figures from local authority commissioned 'specialised stop smoking services' are down 12% on quit rates and 16% on quitters last year, however, this masks underlying issues e.g. good success rates, targeted services but low footfall to services.
- The programme is also supporting the implementation of the Prevention of Risky Behaviours Tobacco/alcohol Commissioning for Quality and Innovation (CQUIN) incentive.
- Elsewhere in the Alliance Mid Yorkshire Acute Trust has an ambition to be a smoke free organisation. It has made e learning for 'Very Brief Advice' part of the mandatory staff training, invited smoking cessation services to operate within its hospitals and has installed a speaker system to deter smoking on Trust premises
- The Alliance Tackling Lung Cancer Programme is funding carbon dioxide monitors to be used in hospital outpatient departments within the Mid Yorkshire Acute Trust
- Funding is also being provided for an on-site smoking cessation service within Dewsbury Hospital
- Bradford Acute Trust has set a date for the removal of smoking shelters in hospital grounds for the end of December 2018
- Bradford Acute Trust will launch an e-learning programme to all staff for 'Very Brief Advice' in January 2019
- A proposal is being developed to increase the smoking cessation service within the Bradford Hospital sites.

Earlier Diagnosis

- GPs and hospitals are working together to improve investigation and management of people who have vague but concerning symptoms, which may or may not be cancer. In each area, GPs are now able to refer people for rapid and co-ordinated investigations for review by an expert team of diagnostic professionals, who then determine the best treatment pathway. Over 1,300 patients have been referred on this pathway of which 10% were found to have cancer. This vague symptoms service works alongside the urgent suspected cancer referrals pathway where people who visit their GPs with more obvious symptoms of cancer, are referred for an appointment with a cancer specialist or test within 2 weeks. By offering this range of pathways this will help ensure that people are supported through a managed and co-ordinated programme of investigation towards diagnosis.
- The introduction of a test, given out by GPs, which detects if a person with 'low risk' bowel symptoms requires further investigation – called the 'Faecal Immunochemical Test' or FIT, is being rolled out in practices in the Alliance. An Alliance steering group is working in partnership with GPs and hospital teams to provide the test to people who visit GPs with symptoms and to monitor how this test can help avoid the need for

more invasive diagnostic tests and free up resources for urgent symptomatic patients and screening services.

- Using technology and cameras to speed up the referral of suspected skin cancers and avoid hospital out patient's visits, is now in place in Leeds. This service, which involves GPs taking images of skin lesions, which are then transferred electronically to clinical experts for review within 48 hours, has been operating since June 2018. This quick access has enabled GPs to provide reassurance to patients that their lesion is not cancer and avoid a hospital attendance. If a cancer is diagnosed, then the patient can be referred rapidly for treatment. The Alliance is working with partners to roll this out across remaining 230 GP practices during Spring 2019.
- The Alliance has also invested in technology and training to support digital review and transfer of pathology slides and imaging scans across hospitals in WY&H. As part of a bigger programme of investment, the Alliance transformation funding resource has secured an additional 5 pathology scanners and equipment, so each hospital is able to benefit from this technological advancement.
- The Alliance is working with the Yorkshire Imaging Collaborative by providing funding for clinical and management input to implement a technological and transformational programme that will allow hospitals in WY&H to transfer images and scans electronically and enable quick access to specialist review. It will improve team working and reporting of images and also allow staff to work across hospital sites. The first digital stage of this programme is underway and hospital teams and services are now working to develop joint guidelines and test new systems.
- The Alliance has a specific programme focussed on improving lung cancer outcomes in collaboration with Yorkshire Cancer Research and the Roy Castle Lung Cancer Foundation:
    - Plans for a Wakefield Lung Health Check programme are well developed. The Lung Health Checks will be delivered using a primary care model delivered by the local GP Federation. The contract will be ready for signature in December. Mid Yorkshire Acute Trust has begun the work on procurement of the Low Dose computerised tomography (CT) service to support this.
    - Plans in Bradford are developing well. Target populations have been identified and Bradford Acute Trust is completing an internal review of their capacity. Early discussions on workforce options for the delivery of Lung Health Checks and Low Dose CT are in progress.
    - It is estimated that in 2019/20 a maximum of 5,000 Lung Health checks will be delivered to populations in the most deprived areas of Wakefield and Bradford. The outcome will be 123 lives saved through earlier diagnosis.
    - NHS North Kirklees has recently been invited to join a national cohort of pilot sites delivering Lung Health Checks with planning underway for commencement during 2019/20.

Whole Pathway Redesign and High Quality Treatment

- Patients and carers, who are part of our Cancer Patient Panel, are working with us to ensure that tailored information and support is provided at all points of need along the pathway.
- The Alliance has worked with hospital cancer multi-disciplinary teams to review how teams work together to make the best use of time and skills of hospital staff in the face of increasing caseload whilst ensuring patients are offered the most appropriate care. By streamlining the way teams operate across West Yorkshire and Harrogate the aim is to generate more time for expert and specialist review of more complex cases.
- Work is underway to ensure that Children and Teenage Cancer services develop a high-quality service specification. In addition, the national charity, Teenage Cancer

Trust, is working with the Alliance to embed educational programmes on cancer in our schools.

Living with and Beyond Cancer

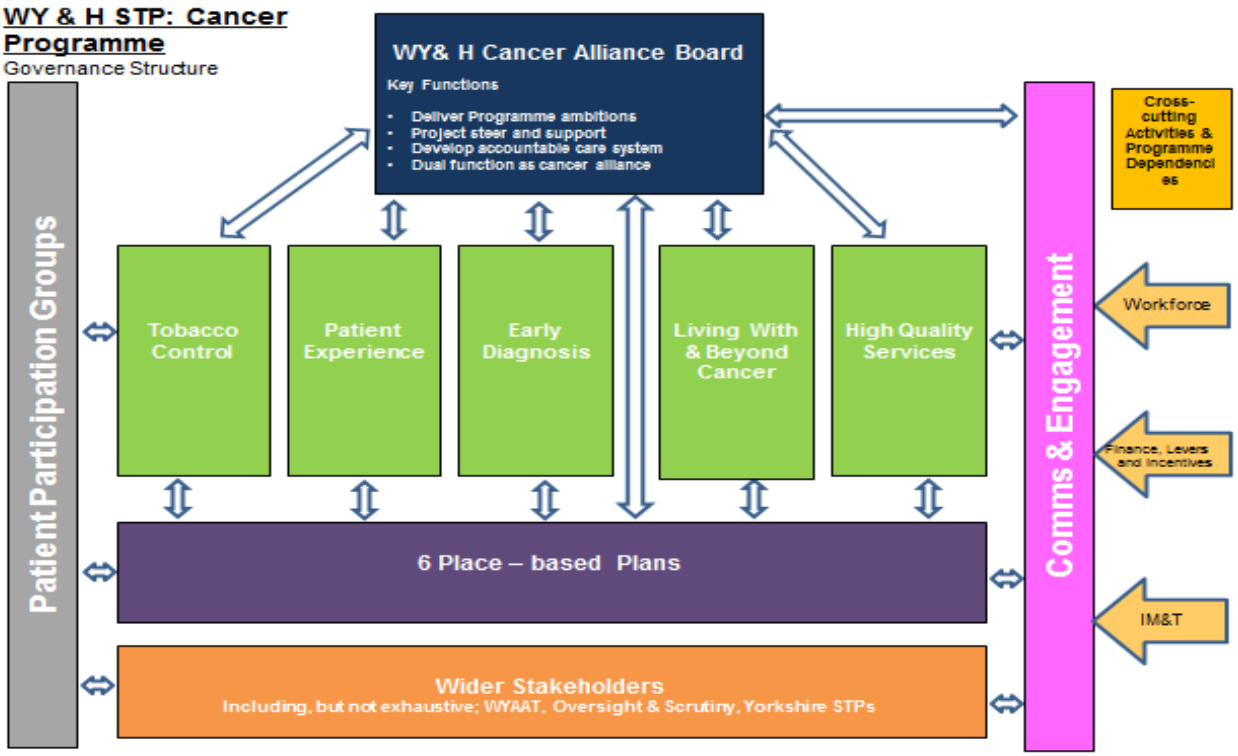
- Worked with over 160 of front line staff and patients across all 6 places to agree a 'gold standard' for implementing holistic needs assessments and care plans as part of the Recovery Package, including common definitions and standard templates and are now working towards the standardisation of treatment summary content. This has resulted in the development of a training package offer to 280 front line staff in both acute and community settings to identify solutions to barriers to implementation and share best practice across the patch.
- The team has worked in partnership with Cancer Support Yorkshire, Bradford Royal Infirmary and Macmillan to develop a pilot project to improve access and test out a new model of more personalised health and wellbeing support for people affected by cancer in Bradford. This will also be a pilot site for the roll-out of new tools which support staff and patients work together to assess holistic needs and devise support arrangements that are most likely to be appropriate and effective for the individual. Funding from Macmillan has resulted in successful recruitment to a part-time administrative post and 2 Support Coordinator posts which will begin in January.
- The offer of risk stratified post treatment management (including supported self-care where appropriate) is a national priority aimed at simultaneously improving patient experience and freeing up resources to meet increasing demand, for example use of CT in follow management of colorectal cancers. In West Yorkshire and Harrogate a range of models and service options exists for some tumour sites. The Alliance team has been working to address unwarranted variation, engaging with national charities, patients, commissioners, GPs and stakeholders from all 6 trusts, including Lead Cancer Nurses, Cancer Nurse Specialists, Consultants, Cancer Care Coordinators and General Managers. As a result we are developing key principles which will promote best practice and make the most of resources we have locally and supporting in the implementation of these key principles.
- Our 'learn and design event for prostate cancer follow up care, run in collaboration with Prostate Cancer UK generated commitment from Harrogate and District Foundation NHS Trust and Calderdale and Huddersfield Foundation NHS Trust to implement stratified follow up care.
- Co-production events in each place have been held to find out from patients and carers what support is required following cancer treatment and how this support may be accessed and provided within existing community services. This is being used to inform the development of potential commissioning models for the future.
- We have engaged with over 170 patients and professionals across WY&H on what support patients living with a palliative cancer diagnosis require and how these needs can best be met. This will result in a report of recommendations to be progressed over the next year.

Listening to Patients and the Public

- Our partnership with Breast Cancer Now to implement their Service Pledge methodology (which involves service users and staff working together on improvement plans) across the Alliance has resulted in practical improvements in service delivery relating to privacy, dignity, communications and morale. Such as:
  - the development of a business case for a clinical support worker to answer and triage phone calls to the Breast Care Nurses (MYHT & LTHT)
  - The review of clinic templates to give patients more time at diagnosis appointments (Airedale)

- Updating of information packs and tailoring information to patient needs. (LTHT & Airedale)
- Auditing the value of using mobile chemotherapy units in terms of staffing & freeing up space on the units (Airedale & MYHT).
- Implementing a ‘Think Drink’ campaign to raise awareness amongst staff of when patients can drink prior to surgery. (LTHT)
- Developing on-line videos to show patients what to expect when they come in for treatment (C&H)
- Requesting patients to come into hospital based on what time their breast cancer surgery is scheduled, so that afternoon patients do not have to arrive first thing in the morning (MYHT)

Appendix 2



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Annex 2 – Schematic of Governance and Accountability Arrangements