Humber and North Yorkshire
Cancer Alliance

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Annual Report 26/27

Humber and North Yorkshire
Cancer Alliance

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Introduction and Summary of 2026/27

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Welcome to Humber and North Yorkshire Cancer Alliance's 2025/26 annual report. This report gives an overview of some of the key achievements, innovations and developments delivered across our regional cancer system over the past year (April 2025 to March 2026).

HNY Cancer Alliance is one of 20 cancer alliances across England. We work with partners to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

In July 2025, the Government's long-awaited **10 Year Health Plan for England** was published. This was followed by the **National Cancer Plan for England** in February 2026. Together, the documents set a renewed direction for health and care services across England, including cancer.

The National Cancer Plan includes 3 key ambitions:

- Meet the cancer waiting time standards by the end of this Parliament.
- By 2035, 3-in-4 people diagnosed with cancer will be cancer-free, or living well with cancer after 5 years.
- Improve the quality of life for people being diagnosed with, treated, or living with cancer.

As these plans begin to shape future priorities nationally, HNY Cancer Alliance has continued to lead delivery locally, striving to ensure our region is well placed to respond to Government expectations. Throughout 2025/26, the Cancer Alliance and partners have maintained a clear focus on improving cancer waiting times performance and supporting earlier diagnosis.

There was improved performance across all 3 core cancer waiting time standards in March 2026 (latest validated data available) compared with March 2025, with gains in 28-day faster diagnosis standard (FDS), 31-day and 62-day pathways.

This took place while navigating a prolonged and complex period of Integrated Care Board (ICB) organisational restructure, before securing confirmation that Humber and North Yorkshire Cancer Alliance will continue to be hosted by the ICB as an externally funded partner.

At a glance (March 2025-March 2026 comparison):

- FDS (28 days) in March 2026: 74.4% (below 75% target, but an improvement on 71.7% in March 2025)
- 62-day referral-to-treatment in March 2026: 65.7% (below 85% target, but an increase on 62.6% in March 2025)
- 31-day treatment standard in March 2026: 87.99% (below 96% target, but up from 84.0% in March 2025)

You can find detailed performance analysis in the Funding and Performance section on p49.

The 62-day standard and 31-day treatment rate remain below national targets, and waiting list pressures persist. However, the direction of travel is encouraging across all key measures.

In September 2025, Simon Morritt stepped down from his roles as Chief Executive of York and Scarborough Teaching Hospitals NHS Foundation Trust, and Humber and North Yorkshire Cancer Alliance Chair. The Cancer Alliance was pleased to announce the appointment of Dr Nigel Wells as its Interim Chair in the same month.

As Interim Chair, Nigel oversees the work of the Cancer Alliance and provides leadership on the key issues affecting cancer services in the Humber and North Yorkshire area. He also chairs the Cancer Alliance's monthly System Board meetings.

2025/26 has been a challenging year for health and care services. There has been sustained demand, a complex financial environment, and continued operational pressures across the NHS.

Nonetheless, there are plenty of positives to draw inspiration from, as the programmes of the Cancer Alliance have continued to work tirelessly to improve outcomes for the people and communities it serves.

Below are some of the many achievements delivered with partners between April 2025 and March 2026. By working collaboratively, the Cancer Alliance has:

- Expanded its successful Cancer Innovation Grants Scheme of 2024/25. The renamed **Cancer Research and Innovation Awards** programme attracted 30 applications worth more than £900,000. There were 11 projects that were awarded funding, which totalled £400,000.

- Hosted the **2025 Humber and North Yorkshire Cancer Alliance annual conference** in Hull in September 2025. More than 200 colleagues and partners from across the health and care system heard thought-provoking speeches by Dr Mar Estupiñán Fernandez de Mesa, from the University of Surrey, and Andrew Prudames, Deputy Director of Delivery, National Cancer Programme, NHS England. The conference was also host to the second Excellence in Cancer awards, which celebrate the people working in cancer services across the region.

- Delivered 14,587 Lung Cancer Screening assessments (equating to a 58.2% take-up rate), and 15,933 CT scans. This activity led to the detection of 125 cancers - 72% of which were classed as early stage (stage 1 or 2). In June 2025, the service was launched in Bridlington, followed in January 2026 by roll-out in Selby. This means the service has rolled out in 5 of the 6 Humber and North Yorkshire regions.

- The Lung Cancer Screening programme began implementation of a collaborative project to improve screening uptake among people with learning disabilities.

- Trained 1,825 Cancer Champions. As of the end of April 2026, the Cancer Alliance has trained 8,757 Cancer Champions since the programme's launch in 2018.

- Created a **Cancer Champions online training course**, which was made public in June 2026. Previously, training had been delivered through in-person or virtual sessions. However, to expand the reach and increase the number of Cancer Champions, the online course will make training more accessible. A range of scenarios ensure the content is inclusive and representative of the diverse target audience.

- Delivered Cancer Champions training in many different settings. Audiences have included student nurses, local businesses, Hull Prison, GP practices and charities. The Cancer Champions team also provided training through Personal, Social, Health and Economic (PSHE) sessions at local colleges. PSHE education is a school subject designed to equip pupils with knowledge, skills, and understanding to manage their lives safely, healthily, and responsibly.

- Grown its patient and public representative group from 32 members (March 2025) to more than 50 members (end of April 2026). The cancer experience of patient and public representatives is integral to the Cancer Alliance's transformational work to improve cancer services in the Humber and North Yorkshire region.

- Worked with partners to develop a 10-year plan for cancer in Humber and North Yorkshire. This will support the ambitions of the national cancer plan and provide a tailored approach to reflect the region's diverse geography and communities.

- Commissioned York St John University to conduct the **cancer awareness measure survey**. More than 6,000 people shared their attitudes, awareness and understanding of cancer in the largest survey of this type to be carried out in the region in 15 years.

- Successful applicants of the 2024/25 Cancer Innovation Grants schemes began using Cancer Alliance funding to kickstart their projects. This included a successful pilot study to help improve cancer diagnosis, and a specialised clinic offering help to women who are suffering from vulvovaginal atrophy, also known as VVA.

- Earned 45 individual media coverage instances via cancer awareness campaigns. More than 2 million people were reached through a variety of earned and paid-for activity.

- Improved the lower GI (LGI) Urgent Suspected Cancer (USC) referrals pathway at York and Scarborough Teaching Hospitals NHS Foundation Trust. Average FDS performance in 2024/25 was 45.5.%, but this was increased to 61.6%. This is the highest FDS performance ever recorded for York and Scarborough Teaching Hospitals in the LGI USC pathway.

- Committed to working with partners across the regional health and care system to understand the results of the **National Cancer Patient Experience Survey** (NCPES). The insight will be used to identify areas where improvement to patient experience of care can be made.

- Continued to implement and embed the Aspirant Cancer Career and Education Development (ACCEND) framework across Humber and North Yorkshire, including supporting providers to adopt the framework for specialist cancer workforces. Engagement on the ACCEND framework with higher education institutions, hospital staff, and through podcast appearances helped to promote wider awareness and interest in the framework.

- Showcased the work of the Cancer Alliance at the UK Oncology Conference. This also provided networking opportunities to explore pharmaceutical collaboration around service challenges.

- Hosted Humber and North Yorkshire Cancer Alliance Research Collaborative Events in Hull and York. Academic and clinical colleagues shared their passion for advancing cancer research.

- Facilitated 'lunch and learn' sessions focused on cancer health inequalities in the region. These reached more than 270 members of the regional health and care workforce.

- Strengthened digital communications and stakeholder engagement through the introduction of a Humber and North Yorkshire Cancer Alliance LinkedIn presence. This enabled wider sharing of best practice, innovation and partnership working across the region.

As we look ahead to 2026/27, there is much to do. Demand for cancer services remains high and national ambitions for earlier diagnosis and faster treatment remain challenging.

However, there are many reasons to be optimistic. Humber and North Yorkshire Cancer Alliance entered the next year with committed staff, strong partnerships and a clear strategic direction through the government's new national plans.

We would like to thank everybody who has worked in collaboration with us during the past year to do the very best for our patients and communities. We look forward to continuing that journey together over the next 12 months.

Dr Nigel Wells
Interim Chair
Humber and North Yorkshire Cancer Alliance

Dr Kartikae Grover
Clinical Director
Humber and North Yorkshire Cancer Alliance

Lucy Turner
Managing Director
Humber and North Yorkshire Cancer Alliance

Humber and North Yorkshire Cancer Alliance

Humber and North Yorkshire Cancer Alliance Summary 25/26

Transforming the diagnosis, treatment, and care for cancer patients in Humber and North Yorkshire

Early diagnosis

- Delivered targeted system-wide activity across awareness, primary care, screening and innovation, strengthening the approach to reducing inequalities and improving earlier presentation.
- Increased uptake of lung cancer screening to above 58% by the end of the financial year. Delivered 15,933 initial and surveillance CT scans, resulting in 125 lung cancer diagnoses. 72% of the 125 cancers were identified at an early stage (stage 1 or 2).
- Liver surveillance pathways were established and key delivery roles recruited, creating the necessary system capacity to support the introduction of call/recall processes and improved uptake over time.
- Staging completeness reached 87% in Q4, exceeding the 80% target and strengthening the system's ability to measure early diagnosis.
- An additional 1,825 people were trained as Cancer Champions, while implementation of a train-the-trainer model expanded delivery across schools, industry and community settings, enabling trained staff to deliver awareness training within their own organisations.

Experience of care and people and community engagement

- Use of NCPES and local survey insight has strengthened understanding of patient experience and informed service improvement across providers.
- Comprehensive programme of community and public engagement maintained, including 73 engagement events and expansion of patient and public representative forums to ensure diverse voices are heard.

Living with and beyond cancer

- Personalised care interventions and personalised stratified follow-up were implemented across all providers and embedded within routine delivery.
- Wider support services, including prehabilitation and psychosocial support, were expanded, with plans in place to support ongoing delivery.

Operational performance

- Significant improvement achieved across cancer waiting time standards, with FDS reaching 74.4% and 62-day performance improving to 65.7%, reflecting strengthened system grip and progress towards national targets.
- FIT uptake exceeded target (83%), indicating a reduction in colonoscopies performed without FIT and progress towards business-as-usual implementation.
- One-stop and triage models were expanded across pathways utilising CDCs, with the introduction of one-stop haematuria clinics and post-menopausal bleeding clinics, improving diagnostic efficiency and reducing pathway delays.
- Targeted improvement activity across lowest-performing pathways resulted in significant performance gains, including notable recovery in breast, lower GI and urology pathways.
- Key pathway improvements were delivered across priority tumour sites, including rollout of breast pain clinics, post-menopausal bleeding and teledermatology pathways, alongside implementation of non-medical prostate biopsy approaches.
- Allocated £400k of research and innovation funding to support projects that improved pathway efficiency, patient experience and service delivery across Humber and North Yorkshire.

Treatment and care

- Audit and clinical intelligence (including NATCAN data) were embedded within Clinical Delivery Group workplans, supporting targeted action to address variation and implement improvement priorities across cancer pathways to deliver national pathway recommendations.
- The 23/24 SACT demand and capacity evaluation enabled services to be managed as needed, with no requirement for a repeat of the system-wide demand and capacity evaluation exercise.
- ACCEND has been rolled out across providers, with integration into core workforce processes including induction, appraisal and supervision, embedding the framework into business-as-usual practice.

Awareness and Early Diagnosis

Awareness and Early Diagnosis

The **Awareness and Early Diagnosis programme** is at the forefront of the Cancer Alliance's efforts to drive a 'left shift' in cancer – moving late-stage diagnoses to early-stage and shifting from treatment to prevention.

The team supports the 3 national cancer screening programmes – breast, cervical and bowel – to help detect and prevent cancer by increasing public awareness and uptake. Together with **Lung Cancer Screening**, these programmes offer some of the best opportunities to identify early signs before they develop into cancer, diagnose cancers sooner, and improve outcomes.

GPs and primary care teams are central to this work. They play a key role in delivering and supporting screening, and they are the first point of contact for most patients on the path to a cancer diagnosis. The programme also helps strengthen communication between primary care and secondary care. This means patients with possible cancer symptoms can quickly access the most appropriate tests.

2025/26 priorities

- Referral quality and process - early diagnosis relies on 3 key stages: patients recognising concerning symptoms and contacting their GP; GPs identifying high-risk symptoms and referring appropriately; and secondary care teams diagnosing or ruling out cancer quickly. This work focused on supporting primary care to make effective referral decisions, improving the quality of information within referrals to enable efficient diagnostic pathways. Based on local late diagnosis rates, 5 tumour sites were prioritised: lung, prostate, colorectal, oesophageal and pancreatic.

- Maximising primary care - primary care teams play a pivotal role in early cancer diagnosis. This workstream focused on recognising and supporting their contribution to ensure their impact is maximised.

- Reducing variation - the region has a diverse geography and population, resulting in variation in both health outcomes and service access.

- Clinical leadership - strong leadership across partners is essential to provide direction, engage stakeholders and support delivery of priorities.

2025/26 achievements

Raising awareness of cancer risks, symptoms, and screening in our communities

The **Cancer Champions programme** is the Cancer Alliance's primary mechanism for delivering cancer awareness training to key communities, education cohorts and workforce groups. In 2025/26, 1,825 people received training across a range of delivery models. All supported wider awareness and earlier recognition of cancer symptoms.

1,825 People who received the Cancer Champions training this year.

This year, we focused on tailored training for specific groups. We targeted people with learning disabilities and their carers, individuals within the justice system across regional prisons, students on health and care-related courses at local universities, and community groups in areas of higher deprivation. This targeted approach ensured messages were adapted to improve understanding, accessibility and engagement.

The team also worked with the **Communications and Engagement team** to develop a new **online Cancer Champions Training course**. This will significantly increase the reach and scalability of the programme and support more flexible and accessible delivery across workforce and community settings.

Through 2025-26 we worked closely with a health engagement agency to develop a better understanding of the barriers experienced by 'White Other' populations in our region in engaging with cancer screening or with health services more widely.

We focused on the Polish and Ukrainian communities which have made their homes across Humber and North Yorkshire, drawing out important learning in how these cultural groups regard cancer and how that impacts their risks and diagnosis. The work produced some innovative campaign designs to better reach these groups which we hope to progress within future programmes.

Working with primary care

In 2025/26, we developed and launched an innovative programme to engage and support primary care in improving cancer outcomes. The scheme strengthened collaboration across primary care networks (PCNs) with a focus on earlier diagnosis and improved referral quality (see the case study section for more information).

The Referral Form Optimisation Working Group has continued reviewing and standardising Urgent Suspected Cancer referral forms to improve consistency, reduce variation and support faster diagnostic pathways. The colorectal (lower GI) referral form has been implemented at a regional level for York and Scarborough Teaching Hospitals NHS Foundation Trust and Humber Health Partnership, prioritising the use of Faecal Immunochemical Testing (FIT) as a key tool for assessing colorectal cancer risk.

The use of FIT within primary care has developed steadily over the year, supported by engagement and clinical leadership in both primary and secondary care, with the proportion of referrals accompanied by a FIT result reaching 83% by the end of the year, exceeding the 80% national target. Ongoing discussions are being held to progress referral forms for additional tumour sites. This work has only been possible through strong collaboration between primary and secondary care.

The jointly funded Primary Care Cancer Care Coordinator pilot with Macmillan Cancer Support has continued to develop. The project funds the equivalent of 5 Cancer Care Coordinators across 5 PCNs settings in areas of higher deprivation, assessing the impact of these roles in supporting people with a cancer diagnosis and strengthening primary care's role in promoting screening. With support from the Macmillan Cancer Support team, the coordinators have formed a vibrant community of practice to support each other and share good practice.

The project will continue into 2026/27, supported by an independent academic evaluation led by the University of Hull, funded through the Cancer Alliance's **Research and Innovation Grant Scheme**.

New strategies in finding cancers

HNY Cancer Alliance secured funding to participate in a national Pancreatic Case-Finding Pilot, involving 5 PCNs in Hull in partnership with Hull University Teaching Hospitals NHS Trust. The programme identifies patients at increased risk of pancreatic cancer within primary care, who are then offered a CT scan for further investigation. The pilot runs over 2 years through to 2027/28.

Work continued to develop liver surveillance programmes across Humber and North Yorkshire to improve early detection of hepatocellular carcinoma (HCC). High-risk patients – including those with cirrhosis or hepatitis B – are enrolled in regular 6-monthly ultrasound surveillance and clinical reviews. Key navigator roles have been recruited across all 3 acute providers, alongside a programme manager to coordinate delivery and strengthen consistency across the pathway.

2026/27 priorities

- The referral quality, process optimisation and safety netting of priority tumour sites: lung, prostate, pancreatic and bowel cancer.
- Maximise the contribution of primary care by delivering improvement and establishing a leadership network for cancer.
- Developing the next iteration of the primary care Cancer Incentive Scheme to drive key improvements for cancer early diagnosis
- Developing a 'time to test' programme to promote access to screening through employer support.
- Continuing to expand the scale and reach of the Cancer Champions training through use of innovative online training and community-focused delivery in groups where the online version is not suitable.

Case Study: Primary care incentive scheme for early diagnosis

The challenge:

Primary Care teams play a vital role in the early diagnosis of cancer, but often find it hard to engage with and invest time in improvement activities due to the pressure they are under to deliver services. The aim of this project was to engage these teams across all of Humber and North Yorkshire in cancer activities by enabling dedicated time for key staff to devote to them and resources to support and guide activities.

Over £430,000 was allocated to the project and the offer was made to all the Primary Care Networks (PCNs) in Humber and North Yorkshire. Nearly 95% of PCNs took up the offer, ensuring that the work covered the vast majority of the population.

The offer centred on supporting a clinical and a non-clinical lead for cancer with funded time, along with specific funding to support a range of targeted activities for the PCNs to undertake across the year. The delivery was timed offset from the financial year to ensure continual delivery over 12 months.

What we've done:

A dedicated delivery team was established, working closely with Integrated Care Board place colleagues and clinical leaders to develop work packages for each PCN and regular, localised Communities of Practice (CoP) for clinical and non-clinical leads, encouraging them to share experiences and ideas.

Key projects include:

Pancreatic case audit: Case audits rolled out across Humber and North Yorkshire. The audits aggregate learning on late-stage pancreatic cancer diagnosis – only possible through this coordinated approach.
Safety netting review: CoP identified a wide range of activity in this vital area, brought into sharper focus by the incoming Jess's Rule.
Prostate case-finding pilot: Selected PCNs are identifying men at higher risk of prostate cancer, including those with a family history and men from Black and Afro-Caribbean communities.

Additional activities include maximising health checks for those with learning disabilities or serious mental illness, improving smoking status coding, local quality improvement, and promoting cancer education across PCN staff.

Outcomes:

As a universal offer to primary care, the scheme is delivering improvements at a scale that benefits the whole population of Humber and North Yorkshire.

Primary care colleagues are a vital component in efforts to diagnose cancers earlier. The scheme provides the capacity to maximise the contribution GPs and practice staff make in improving cancer outcomes for all.

The scheme has also facilitated a new channel of engagement between the Cancer Alliance and primary care – fostering a productive, two-way relationship with those at the front line of patient care.

NHS Lung Cancer Screening

NHS Lung Cancer Screening

In the UK, lung cancer has the highest mortality of any cancer, accounting for around 33,000 deaths annually. Early detection is important, as there are often no signs or symptoms at early stages of the disease. Being able to diagnose lung cancer earlier increases the likelihood of receiving potentially curative treatment and is associated with improved survival outcomes.

The NHS **Lung Cancer Screening programme** targets current and former smokers to help detect lung cancer at an earlier stage, when treatment is more likely to be effective and less intensive.

People between the ages of 55 and 74 who smoke or used to smoke, and who are registered with a GP, receive an invitation to attend an initial assessment with a specially trained nurse. Those assessed as high risk are offered a low-dose CT scan at a mobile screening unit. They are typically located in local community settings such as supermarket car parks.

2025/26 priorities

The Cancer Alliance's Lung Cancer Screening programme priorities for 2025/26 included:

- The launch of the York and Scarborough Teaching Hospitals NHS Foundation Trust Lung Cancer Screening service, with rollout in Bridlington and expansion into North Yorkshire.
- Continuation of surveillance scans for patients in Hull and North-East Lincolnshire.
- Rollout of the expansion of lung cancer screening across East Riding of Yorkshire and North Lincolnshire.
- Further development of the workforce and service model for future delivery, as the programme transitions to a national screening programme.
- Increased uptake through partnership working.
- The expansion of health inequalities delivery and engagement with seldom-heard groups.

2025/26 achievements

2025/26 was another successful year for the Humber and North Yorkshire Lung Cancer Screening programme. The service has now expanded to 5 of the 6 Integrated Care Board (ICB) place areas:

- Hull
- East Riding of Yorkshire
- North Lincolnshire
- North-East Lincolnshire
- North Yorkshire

During 2025/26, the programme issued 25,070 invitations and completed 14,587 lung health assessments across the 5 operational areas. A 58.2% uptake was achieved, above the national target of 55%. This strong uptake reflects ongoing work with partners to support participation, alongside effective engagement with primary care across the area.

The programme delivered 15,933 initial and surveillance CT scans and resulted in 125 lung cancer diagnoses. 72% were identified at an early stage (stage 1 or 2).

In total, 532 cancers have now been diagnosed through the programme, with 75% identified at stage 1 or 2, supporting earlier intervention and improved patient outcomes.

In May 2025, York and Scarborough Teaching Hospitals NHS Foundation Trust successfully launched the Lung Cancer Screening service in Bridlington. It has since expanded into North Yorkshire by launching in Selby.

There has also been continued development of workforce models and service infrastructure to support delivery. While providers have experienced recruitment and capacity challenges, these have helped to inform future workforce planning and service requirements, as the programme transitions to a national screening programme.

Health inequalities have remained a key focus. Guided by the Health Inequalities programme's **Cancer Care and Outcomes Health Inequalities Strategy**, work has progressed to support equitable access for patients from seldom-heard groups. This has included a specific project aimed at people with learning disabilities. See the case study section for further details.

14,587 Lung health assessments undertaken on eligible patients across Humber and North Yorkshire in 2025/26.

Under the umbrella of the Lung Cancer Screening programme, the Hull University Teaching Hospitals NHS Trust service has also been the national pilot site for the Targeted Abdominal CT in Conjunction with Lung Cancer Screening (TACTICAL-1) study.

As part of this randomised controlled pilot study, patients are offered an additional scan using a 'moving the scanner down' approach to support the earlier detection of non-lung conditions, such as kidney cancer. The study aims to assess whether providing an additional scan impacts lung cancer screening uptake or service delivery. This study will continue into 2026/27.

Other notable achievements include:

- Screening activity continuing in Hull and North-East Lincolnshire, with patients receiving surveillance scans.
- Rollout being expanded in parts of North Lincolnshire, including new activity in Barton-upon-Humber. First invitations were also sent to patients in the Market Weighton and Leven and Beeford areas.
- Plans were developed for full rollout to all eligible patients across Humber and North Yorkshire by 2030.
- Lung Cancer Screening Patient Representative Group meetings have been held on a quarterly basis throughout the year. The meetings captured feedback from people with lived experience to inform programme decision-making and support service improvement.
- In 2025/26, a patient representative was also recruited as a member of the Humber and North Yorkshire Lung Cancer Screening Committee.

2026/27 priorities

- Supporting progress towards 100% rollout, with a target of 75% by the end of 2026/27.
- Further rollout of the York and Scarborough Teaching Hospitals NHS Foundation Trust service. This includes completion of first invitations in Selby and launch of the service in Scarborough.
- Continued rollout aligned to the Hull University Teaching Hospitals NHS Trust service. This will include completion of first invitations in Driffield, launch of the service in Beverley, and completion of first invitations across North Lincolnshire through the Northern Lincolnshire and Goole NHS Foundation Trust service.
- Strengthened primary care engagement and delivery of targeted communications and engagement activity, to maximise uptake and support delivery of the national in-year target of 62% for 2026/27.
- Exploration of the use of the NHS App to support the invitation process and improve uptake.
- Embedding the use of learning disability information videos.
- Further planning for the future delivery model, including pathway alignment, workforce, mobilisation sequencing, and transition to a national screening programme.

Case Study: Improving people with learning disability uptake

The challenge:

People with learning disabilities continue to face significant barriers when accessing healthcare, including lung cancer screening.

Many reported difficulties include a lack of understanding invitation materials, low awareness of screening, and limited support to make informed decisions. As a result, people with learning disabilities are underrepresented in screening uptake locally, increasing the risk of later diagnosis and poorer outcomes.

Addressing these inequities within our region has been identified as a priority to ensure lung cancer screening is inclusive, accessible, and responsive to the needs of all communities. This includes improving communication, awareness, and support for decision-making across the screening pathway.

What we've done:

Humber and North Yorkshire Cancer Alliance has led a targeted programme of engagement to better understand the experiences of people with learning disabilities. This included attending local learning disability groups, listening to lived experience, and reviewing relevant research and insight to identify key barriers to participation in lung cancer screening.

These insights directly informed the development of an accessible lung cancer screening information video, co-produced with people with lived experience and relevant stakeholders. The video was designed to explain the screening process in a clear, simple and reassuring way, supporting understanding and reducing anxiety about attendance.

Alongside this, we worked with primary care and screening providers across the system to raise awareness of the needs of people with learning disabilities and encourage more inclusive approaches to communication, invitation materials and patient support. Health inequalities remained a core consideration throughout delivery, ensuring equity of access was embedded in programme development.

Outcomes:

This work has strengthened understanding of the barriers faced by people with learning disabilities and supported a more inclusive approach to screening. You can view the video, split into 5 sections, on the Cancer Alliance's YouTube channel, **here**.

Engagement with learning disability communities has also strengthened relationships with local groups and informed more inclusive delivery approaches.

While uptake improvements will be realised over time, this work represents an important step towards reducing inequalities and supporting earlier diagnosis. It also established a stronger foundation for ongoing improvement in accessibility and patient experience within screening services.

Cancer Diagnostics and Innovation

Cancer Diagnostics and Innovation

Innovation and research remain central to improving cancer outcomes across the region.

During 2025/26, the **Cancer Diagnostics and Innovation programme** continued to strengthen partnerships across the NHS, academia, industry and the voluntary, community and social enterprise (VCSE) sector to support the development and adoption of innovation.

63 Hospital appointments avoided through the Self-Administered Chemotherapy Treatment (SACT) at Home project and North Yorkshire in 2025/26.

The programme continues to support innovation through:

- Earlier and faster diagnosis
- Reducing variation and inequalities in cancer care
- Improving operational performance and patient pathways
- Increasing access to research and clinical trials
- Bringing care closer to home

This work aligns with the ambitions of the **National Cancer Plan for England**. Research, development and innovation were identified as key enablers of improved cancer outcomes within the plan.

2025/26 priorities

- Launch the Cancer Research and Innovation Awards Scheme. Broaden the previous year's innovation programme to include research activity. The scheme is designed to encourage the development of new ideas and support early-stage projects with the potential to inform larger-scale research and service improvement initiatives.

- Establish the HNY Cancer Research Collaborative for cancer. This collaboration with local partners unites local academic and clinical colleagues in their advancement of cancer research

- Monitor the ongoing development of the NHS Cancer Vaccine Launch Pad (CVLP) and new tumour site trials as they are introduced.

2025/26 achievements

The inaugural 2024/25 Cancer Innovation Awards Scheme supported a broad portfolio of projects across Humber and North Yorkshire.

The winners in the scheme have demonstrated practical benefits for patients and services. Videos of the winners can be viewed on our **YouTube channel**:

- **Self-Administered Chemotherapy Treatment (SACT) at Home** - this pilot enabled selected patients at York and Scarborough Teaching Hospitals NHS Trust to self-administer treatment at home, improving flexibility and confidence while reducing travel and releasing clinic capacity. By November 2025, 10 patients had participated and 63 hospital appointments had been avoided.

- **Improving Cancer Screening Uptake for People with a Learning Disability** – Humber Teaching NHS Foundation Trust – a project that used learning disability nurses and experts by experience to improve access to breast, bowel and cervical screening. It produced accessible resources and demonstrated increased screening uptake compared with baseline and previous years.

- **Supporting Patients with Cancer-Related Fatigue** - Delivery of this Hull University Teaching Hospitals NHS Trust-based project was affected by procurement challenges. However, funding was redirected to provide healthy meal support for patients undergoing treatment.

- **Breathing Space** - This breathlessness service at Saint Michael's Hospice in Thirsk, North Yorkshire, provided multidisciplinary support to patients with palliative cancer diagnoses. The project exceeded its original target for patient numbers and showed demand for home-based specialist symptom support.

- **Virtual Reality to Support Patients During Diagnosis and Treatment** - VR headsets were introduced at Castle Hill Hospital to help reduce anxiety and improve wellbeing for cancer patients, initially in the teenage and young adult unit and later in wider services. Early results were strongly positive, with notable improvements in mood, relaxation and engagement.

- **The Wellness Bridge** - This programme, based in Scarborough, Whitby and Ryedale Mind, supported people living with cancer and serious mental illness through tailored wellbeing support, physical activity and preventative health interventions. Reported outcomes included improvements in mental wellbeing, sleep, physical activity and reduced suicidal ideation.

- **Vulvo-Vaginal Atrophy (VVA) Clinic** - This first-of-its-kind clinic in the UK provided specialist multidisciplinary support for female cancer survivors experiencing VVA and treatment-related menopause. Early results show strong patient experience, improved outcomes and growing referral pathways across the system.

- **Improving Awareness and Uptake of Screening for People with a Learning Disability – Foresight** - through workshops, one-to-one advice and advocacy, this project based in Grimsby improved awareness of cancer signs, symptoms and screening among disabled residents of North and North East Lincolnshire. Volunteers were also trained to support future sustainability.

- **Improving Bowel Cancer Screening Uptake in Hull** - This project targeted low-uptake GP practices by sending easier-to-use stool collection devices and tailored information to eligible patients. Early results suggest modest improvements, especially among those responding to a second invitation.

- **Selby Cancer Café** - A weekly café and rehabilitation programme in North Yorkshire that created accessible local support for people living with and beyond cancer and their carers. The café has reduced isolation, strengthened peer networks and improved access to advice, nutrition and rehabilitation support.

2026/27 priorities

- Continue to invest in projects that take part in the Cancer Research and Innovation Awards Scheme
- Grow partnerships with research, academia, industry and other cancer alliances to strengthen the HNY Cancer Research Collaborative.
- Continue to monitor and support the CVLP.
- Evaluate the impact of funded projects in 2025/26.
- Continue horizon scanning and participation in national pilots and research programmes, including opportunities linked to AI, diagnostics, genomics and innovation.
- Lead a programme of work to assess the cancer digital baseline and develop an improvement plan with local partners.

Case Study: Accelerating cancer vaccine clinical trials

The challenge:

People diagnosed with cancer often have limited opportunities to access innovative treatments through clinical trials. This is particularly the case for those involving emerging immunotherapy approaches.

Personalised mRNA cancer vaccines represent a promising new form of treatment. The vaccine trains the immune system to recognise and attack cancer cells. However, identifying suitable patients and connecting them with appropriate trials at pace can be challenging.

The NHS Cancer Vaccine Launch Pad (CVLP) was established to address this by creating a national platform that supports patient identification, eligibility assessment and referral into cancer vaccine and immunotherapy trials. This will accelerate access and research development.

What we've done:

Humber and North Yorkshire Cancer Alliance has continued to support and expand participation in the CVLP programme across the region.

The programme enables eligible NHS patients to be assessed for participation in personalised cancer vaccine and immunotherapy clinical trials and referred to participating trial sites.

Significant progress has been made on the ROSETTA Breast-01 trial, with both Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust actively involved. In addition, both organisations have become some of the highest-performing sites nationally for consenting and referring patients into the BNT113-01 head and neck cancer trial.

The regional portfolio has also expanded with the addition of 3 new Bristol Myers Squibb-sponsored immunotherapy studies, including 2 lung cancer trials and a colorectal cancer trial. Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust have submitted feasibility assessments to support participation.

Outcomes:

The continued growth of the CVLP programme has strengthened access to cutting-edge cancer research across the region. Local organisations have demonstrated strong performance in recruiting and referring patients into national immunotherapy studies, helping more people access potentially beneficial treatments and contributing to the development of future cancer therapies.

The addition of new lung and colorectal cancer trials has broadened opportunities for patient participation and increased research capacity across the region. By supporting the rapid adoption of innovative studies, the programme is helping position Humber and North Yorkshire as a leading contributor to national cancer research.

Treatment, Pathways and Personalised Care

Treatment, Pathways and Personalised Care

The treatment and pathways component of the **TPPC programme** is focused on partnership working to deliver consistent and fair access to urgent suspected cancer pathways.

This includes ensuring pathways are designed and delivered in line with national best practice timed pathway guidance, and that services collectively meet national cancer waiting time requirements. The aim is to provide patients with timely, high-quality diagnostic assessment and treatment, wherever they access care.

The personalised care aspect of the programme focuses on embedding a patient-centred approach across hospital trusts, primary care and wider partners. It seeks to ensure care planning reflects individual priorities, values and wider support needs following a cancer diagnosis, rather than concentrating solely on clinical treatment.

Evidence shows this approach can enhance outcomes, improve quality of life and strengthen patient experience. All people diagnosed with cancer should have access to personalised care and support at every stage of their pathway.

2025/26 priorities

- Implement activity that improves the priority pathways – skin cancer, gynaecological cancer, urological cancer, and breast cancer.
- Deliver training for nursing staff to perform local anaesthetic transperineal prostate biopsy for suspected prostate cancer.
- Complete the rollout of specific pathways for those experiencing unscheduled bleeding following use of hormone replacement therapy within all eligible Humber and North Yorkshire providers.
- Improve digital skin referral services known as teledermatology, so they work more effectively and provide clear benefits for patients and services.
- Assessment and implementation of treatment variation recommendations, where required.
- Complete the embedding of local accountability arrangements for personalised care interventions and personalised stratified follow-up (PSFU) pathways.
- Develop and deliver agreed co-produced improvement plans for psychosocial support, cancer prehabilitation, behaviour change, and other interventions across cancer pathways.

2025/26 achievements

Tumour pathway improvements

Urological – York and Scarborough Teaching Hospitals NHS Foundation Trust and Humber Health Partnership have implemented Straight to Test (STT) haematuria pathways for patients with blood in their urine.

Hull University Teaching Hospitals NHS Trust now has a staff member fully trained to perform local anaesthetic transperineal prostate biopsy for suspected prostate cancer. Training is also underway at York and Scarborough Teaching Hospitals NHS Foundation Trust and North Lincolnshire and Goole NHS Foundation Trust, with completion due in 2027 through Cancer Alliance Service Development Funding (SDF).

Gynaecological – SDF has funded cervix/vulval one-stop clinics and a new Pipelle clinic at Selby CDC. York and Scarborough Teaching Hospitals NHS Foundation Trust and Humber Health Partnership have also introduced pathways for unscheduled bleeding after hormone replacement therapy, supporting timely assessment and further investigation where needed.

Breast – SDF-funded breast pain clinics are now embedded across York and Scarborough Teaching Hospitals NHS Foundation Trust and Humber Health Partnership. They continue to reduce unnecessary scans and free up one-stop clinic capacity for patients at higher risk of breast cancer.

Skin – Teledermatology is fully implemented, and the Cancer Alliance Programme Management Office is working with all regional trusts to collect current and historical referral data. This will help show how digital skin referrals are improving pathways and supporting national targets.

Reducing variation and improving follow-up care

We have helped Clinical Delivery Groups (CDGs) use National Cancer Auditing Collaboration Centre (NATCAN) data and local intelligence to identify and address unwarranted variation in cancer treatment and outcomes. NATCAN priorities are now built into CDG workplans, with targeted improvement actions underway.

Across the system, the programme has supported self-managed and patient-initiated follow-up alongside traditional clinically led models. Every provider now offers these approaches in at least 7 cancer pathways, including prostate cancer, reducing pressure on clinical teams and allowing more focus on patients with complex needs.

There are now 7 PSFU protocols across the trusts, covering all 4 nationally specified tumour sites: breast, colorectal, prostate and endometrial. The programme remains on track to support delivery of more than the required 8 protocols by March 2029.

Personalised care and support

More patients are being supported through diagnosis, treatment and recovery through personalised care interventions, including care plans following holistic needs assessments and End of Treatment Summaries (EOTS).

We have worked with patients and providers to develop plans to improve psychosocial support, prehabilitation and physical activity interventions. These plans will be shared to strengthen support that is vital to patients' experience and wellbeing.

In January 2026, Active+ Hull and the South Bank Community Rehabilitation Service launched. In their first 3 months, Active+ received 60 referrals and South Bank received 32.

The Selby Community Prehabilitation and Rehabilitation Service continues to support local patients through its community-based model. Baseline work has started to identify service gaps, psychosocial need and priorities for aligned local prehabilitation data.

132 Unnecessary mammograms avoided in York through breast pain clinics.

The programme has also supported patients with cancer-related fatigue at the Queen's Centre for Oncology and Haematology in Hull by signposting them to services and offering food vouchers for pre-prepared meals to ease meal preparation during treatment and recovery.

A survey will take place in the coming months which will assess how well this intervention supports patients with cancer-related fatigue.

2026/27 priorities

- Streamline the Multi-Disciplinary Teams processes.
- Implement national priority recommendations from clinical audits and Getting It Right First Time reports.
- Ensure trusts have plans to deliver PSFU pathways and digital patient tracking.
- Establish a Cancer Alliance Living With and Beyond Cancer data framework or dashboard.
- Prepare to digitise the production and distribution of EOTS.
- Identify and make plans to reduce inequalities in accessing health and wellbeing information and support.
- Local improvement plans for psychosocial support, prehabilitation and behaviour change for physical activity.
- Local patient support, care pathways and service mapping for the prevention and management of cancer symptoms and issues.

North East and Yorkshire Rare Tumours Networks

The Rare Tumours Networks are a collaborative partnership between the 4 cancer alliances covering the North East and Yorkshire region. The networks bring healthcare professionals together to improve services for patients with rare tumours in these areas.

Rare tumours are often associated with poorer outcomes and patient experience and because specialist care is required, patients are sometimes treated in a different area of the region than where they live.

The Rare Tumours Networks currently include networks for hepatobiliary pancreatic cancer (HPB- liver, pancreas, gall bladder and bile ducts) and sarcoma (both soft-tissue and bone sarcomas).

2025/26 achievements

- Growth of the HPB network, holding 2 virtual network meetings and 1 annual face-to-face meeting with good attendance across the region. The meetings facilitated regional workforce collaboration, learning, and sharing of best practice across the network.
- Development of HPB network sub-groups to begin projects in molecular testing, neoadjuvant treatment, patient experience and dietetics.
- Collaboration with Pancreatic Cancer UK on the development of a national patient experience survey.
- Recruitment of a North East and Yorkshire Sarcoma Clinical Lead.
- Stakeholder engagement and mapping work-informed development of sarcoma network priorities and workplan.
- Obtained a regional cancer waiting times dataset for HPB and began development of a dataset for sarcoma. The data will support regional oversight of performance, identify variation and inform improvement priorities across rare tumours pathways.

2026/27 priorities

- Identify and deliver projects to improve patient experience, early diagnosis, operational performance and quality of cancer care.
- Build on the HPB network and deliver projects through existing sub-groups.
- HPB areas of focus include review of patient experience survey responses and developing recommendations, developing regional guidelines for neoadjuvant treatment, and support of the dietitian's sub-group to provide education across the region.
- Launch and expand the sarcoma network, establishing membership and developing sub-groups to deliver projects.
- Sarcoma areas of focus will include access to reliable data reports, sharing areas of best practice, patient experience and patient access to appropriate support including palliative care.

Case Study: Psychosocial support engagement with patients

The challenge:

The cancer Quality of Life survey has shown significantly higher rates of both mild and moderate mental health problems for those people who have experienced a cancer diagnosis.

Psychosocial support is key to achieving high-quality cancer care and subsequent recovery, but variation in regional services and unequal access means many people don't receive timely, consistent support.

By strengthening our understanding of patient need and shaping a clearer model of support, the programme aimed to improve patient experience, wellbeing and outcomes, while helping to ensure psychosocial care is recognised as an integrated part of cancer services.

What we've done:

We planned patient engagement events across the region, designed to give people with lived experience of cancer the opportunity to share their experiences.

Lived experience partners joined us in York, Bridlington and Barton-on-Humber for group workshops. In addition, 2 support groups – Breast Friends York and Bosom Buddies in Grimsby – invited the team to run workshops at their scheduled meetings. In total, 57 cancer patients were involved.

Participants were asked:

- What support they felt they needed and whether they felt they received that support.
- Which points in their experience they needed the most support with.
- What barriers they experienced in gaining the right emotional and mental health support.
- Where they got their support from.
- How psychosocial support can be done differently, taking the **10 Year Health Plan for England's** 3 shifts into account (Hospital to Community, Treatment to Prevention and Analog to Digital).

Outcomes:

The analysis of the data concluded psychosocial support needs are deeply individual:

- Patients experience a post-treatment void, with feelings of abandonment.
- Effective support includes peer-led groups, professional counselling, and tailored resources for diverse populations.
- Key actions call for early intervention, enhanced GP involvement, digital inclusion, and better coordination between services.

The programme has taken steps to improve emotional and psychological care, through a piece of work supported by a commissioned specialist psychologist. This has provided a clear set of approaches and a defined system direction, forming the foundation for the next phase of our collaborative psychosocial development plan.

Cancer Nursing and AHP Workforce

Cancer Nursing and AHP Workforce

Nurses and Allied Health Professionals (AHPs) are central to the delivery of safe, high-quality cancer care. They support people before diagnosis, through treatment, and into recovery or long-term follow-up.

The Humber and North Yorkshire programme strengthens and sustains this workforce. By doing so, cancer services can adapt to rising demand, increasing complexity and new models of care.

We also provide system leadership for cancer nursing and AHP workforce development. This ensures that workforce planning, education, quality improvement and service transformation are aligned and focused on patient benefit.

This includes supporting implementation of the Aspirant Cancer Career and Education Development (ACCEND) framework. ACCEND aims to transform career pathways and the associated education, training, learning and development opportunities available.

A key focus is ensuring that the workforce has the skills, confidence and support needed to deliver care closer to home, reduce unwarranted variation and improve patient experience and outcomes.

2025/26 priorities

- **Embedding the ACCEND framework as business as usual** - Scale implementation of ACCEND across providers, embedding it into appraisal, supervision, induction and workforce processes, rather than treating it as only a standalone project.
- **Strengthening workforce capability and career pathways** - Align education, training and development to clear, standardised cancer capabilities. This supports attraction, retention and progression for nurses and AHPs.
- **Supporting quality improvement and system learning** - Enable nursing and AHPled quality improvement linked directly to pathway priorities, experience of care and health inequalities.
- **Building a sustainable workforce pipeline** - Strengthen partnerships with higher education institutions and promote cancer careers to students and early-career professionals.
- **Ensuring equitable access to education and development** - Reduce duplication and variation in competency frameworks. Improve access to education for both specialist and generalist staff involved in cancer care.

2025/26 achievements

2025/26 marked a significant shift from foundational work to system-wide implementation of ACCEND. The focus moved firmly from raising awareness to embedding ACCEND into everyday workforce processes.

Engagement with providers increased significantly during the year. There was strong participation from Lead Cancer Nurses, AHP leads, Systemic Anti-Cancer Therapy (SACT) educators, therapeutic radiographers and wider cancer teams across all trusts. ACCEND was promoted through regional forums, webinars and learning events. This improved understanding of how the framework supports staff development and patient safety.

A major achievement this year was our work to reduce duplication and 'framework fatigue'. Band 5 competencies, the SACT Passport and the Acute Oncology Passport were mapped to ACCEND, improving clarity for staff and line managers and creating a more coherent approach to capability development. This work helps reduce administrative burden while maintaining high standards of care.

Improving consistency and onboarding

A generic Clinical Nurse Specialist (CNS) induction toolkit aligned to ACCEND was developed and shared across the system. In addition to supporting safer and more consistent practice, the toolkit supports new starters to understand expectations early. It also helps services deliver a more consistent onboarding experience, regardless of organisation. ACCEND has also been integrated into conversations about induction and supervision.

Education, digital learning and equity of access

During 2025/26, a regional education scoping and gap analysis was completed to identify development needs across different levels of practice. This work supports more equitable access to education and enables targeted investment.

We supported the national Digital Learning Solutions (DLS) ACCEND EPortfolio pilot, with 50 staff across all providers participating (see case study section for more details). This was complemented by regional webinars and the early development of a digital ACCEND hub to support scalability, particularly during periods of national digital delay.

National leadership and influence

The Cancer Nursing and AHP Workforce programme continued to play a leading role at a national level. This was achieved by contributing to national ACCEND task and finish groups, chairing the ACCEND Gold Standard Implementation Steering Group, and producing a UK-wide blueprint for implementation as business as usual. This work positions the team as a national leader in practical workforce transformation.

Growing the future workforce

Partnerships with higher education institutions were strengthened throughout the year to promote cancer careers and introduce students to structured cancer career pathways. We also introduced information about cancer roles and development routes via the Integrated Care Board careers website, supporting longer-term workforce sustainability.

For staff, this work has:

- clarified expectations.
- reduced duplication of competency frameworks.
- improved access to structured learning and development.
- supported confidence, job satisfaction and retention potential.

For patients, the programme supports:

- safer, more consistent care.
- reduced variation in practice.
- improved continuity and experience.
- workforce readiness to deliver care closer to home.

£87,100 Education and development funding from NHSE and Cancer Alliance utilised for Cancer Nurses and AHPs across the system in 2025/26.

Learning from 2025/26

Key learning this year has highlighted the importance of simplifying messaging, reducing duplication and demonstrating clear value for both staff and services. These insights have directly informed our plans for 2026/27, including greater use of metrics, strengthened governance and targeted engagement approaches.

2026/27 priorities

- Secure executive-endorsed ACCEND implementation plans across all providers.
- Embed ACCEND within appraisal, supervision and job planning processes.
- Introduce standardised audits, governance reporting and workforce engagement surveys, to strengthen accountability and measure impact.
- Establish an ACCEND Champions Network to support sustainability and ongoing engagement.
- Continue aligning education funding, higher education partnerships and workforce pipeline initiatives to needs of the system.
- Participate in national ACCEND initiatives. These will include a blended learning Foundations of Cancer Care programme, SACT and Acute Oncology engagement work, and development of a national CNS induction toolkit aligned to ACCEND capabilities.

Case Study: Making ACCEND usable: DLS EPortfolio pilot

The challenge:

ACCEND provides a national capability, education and career framework for the cancer workforce. Early rollout relied on static documents.

Without a digital portfolio, staff cannot easily self-assess, evidence development, or carry progress between roles and organisations. Providers also struggle to see engagement, identify skills gaps, and reduce duplication across existing passports and competency frameworks. In a time-pressured workforce, this creates 'framework fatigue' and risks inconsistent uptake, reducing the ability to assure equitable capability and support improved patient outcomes across the pathway.

A digital solution will make ACCEND usable, portable and measurable at scale for widespread adoption.

What we've done:

In 2025, the Cancer Alliance submitted an expression of interest and was selected to join the national Digital Learning Solutions (DLS) ACCEND EPortfolio pilot.

The pilot ran from July to December 2025 across York Hospital, Scarborough Hospital and Humber Health Partnership, with Sarah Berwick as local implementation lead. 50 staff started using the digitised framework (27 in Humber Health Partnership and 23 in York Hospital and Scarborough Hospital). Involvement included GI CNS teams, SACT teams and SDF posts locally.

The Cancer AHP Workforce programme supported onboarding, troubleshooting and check-ins with teams. We also attended national Technology Enhanced Learning technical drop-ins and were able to contribute feedback through the ACCEND Digital Framework Community of Practice.

The team linked with learning and development teams to support registration, shared analytics dashboard guidance, and sent reminders to maximise completion of the anonymous feedback survey.

We promoted the feedback form and the user guide was circulated to capture experiences.

Outcomes:

The pilot created an early adopter cohort and generated consistent feedback in order to inform national redesign.

Priority improvements included enabling evidence upload with cross-referencing across multiple capabilities, adding filters and dashboards to reduce overload, and providing clearer guidance on capability levels and progression.

Users also highlighted the need to align ACCEND with existing passports and revalidation evidence. At the end of December 2025, the pilot moved to a feedback review phase.

The framework remains accessible and participants retain their work, allowing ongoing local use while national changes are developed. This strengthens readiness to embed ACCEND as business as usual from 2026/27.

Non-Surgical Oncology

Non-Surgical Oncology

The **Non-Surgical Oncology (NSO) programme** provides strategic and clinical leadership across Humber and North Yorkshire Cancer Alliance to support safe, effective and equitable delivery of nonsurgical cancer care. The focus is on Systemic Anti-Cancer Therapy (SACT), radiotherapy, immunotherapy, and supportive oncology, and is achieved by working in collaboration with providers, clinical teams, patients and partner organisations.

The programme enables consistent, high-quality services across the region. We support service development, workforce sustainability, data-informed decision making and innovation. And we also act as a coordinating body, aligning national policy and standards with local delivery, while responding to emerging pressures within cancer services.

Clinical engagement, patient and public involvement, and strong governance underpin all areas of NSO development. Through this approach, the programme aims to improve patient experience, access, outcomes, and system resilience, while supporting the cancer workforce to adapt to evolving models of care.

2025/26 priorities

- **Strengthening SACT service sustainability** - Building on earlier capacity and demand analysis to better understand delays, deferrals, and workforce pressures. Supported through short, medium and long-term solutions.
- **Advancing Immunotherapy delivery** - Expanding Immunotherapy Clinical Nurse Specialist (CNS) provision. Developing consistent, evidence-based pathways across tumour groups and organ systems, through crossalliance clinical collaboration.
- **Developing the NSO workforce** - Improving access to education and training. Implementing Aspirant Cancer Career and Education Development (ACCEND) principles. Promoting NSO as a rewarding and attractive career pathway.
- **Enhancing patient experience and information** - Improving access to consistent, highquality information through digital resources, including preassessment videos and patientfacing website content.
- **Strengthening governance and data use** - Refreshing Clinical Design Group (CDG) structures, improving data availability, and embedding robust governance to support informed decision making and assurance.

2025/26 achievements

During 2025/26, the programme made significant progress in translating strategic priorities into tangible service improvement across the region. Building on the foundations established in previous years, we moved into a stronger phase of delivery, collaboration and service transformation.

900+ Number of assessment, review and treatment appointments during the year on York and Scarborough Teaching Hospitals NHS Foundation Trust's Oral SACT pilot.

Delivering service improvement across NSO

One of the programme's major achievements was the implementation of a pilot immunotherapy CNS role at Humber Health Partnership. This collaboration with Merck Sharp & Dohme expanded specialist immunotherapy support across the Cancer Alliance and complemented ongoing service development at York and Scarborough Teaching Hospitals NHS Foundation Trust.

To strengthen consistency and shared learning, the programme also established the immuno-oncology Clinical Advisor Group (CAG). The monthly group brings together clinical experts to review guidance, share best practice and support development of standardised pathways. This is achieved across specialties including neurology, cardiology, gastroenterology, rheumatology and dermatology.

Strengthening SACT services and workforce sustainability

Sustainability of SACT services remained a key priority. A Roche-sponsored capacity and demand workshop brought together stakeholders from Humber Health Partnership. We reviewed service pressures, explored potential solutions and identified actions to support future planning.

At York and Scarborough Teaching Hospitals NHS Foundation Trust, the oral SACT pilot continued to demonstrate strong impact. More than 900 assessment, review and treatment dispensing appointments took place during the year. Patient feedback remained extremely positive, with all respondents reporting satisfaction with the service. The success of the pilot provided strong evidence to support future integration into business-as-usual delivery.

Workforce development also remained a major focus. Plans were developed to support implementation of the ACCEND framework across the NSO workforce, alongside improving access to education, training and development opportunities. We also collaborated with West Yorkshire and Harrogate Cancer Alliance to develop a SACT careers video featuring nurses from across both cancer alliances, helping to raise the profile of SACT nursing and support recruitment into oncology services.

Improving patient experience and personalised care

The programme continued to improve patient experience and personalised care through several innovative projects during the year.

A new SACT pre-assessment video resource was successfully commissioned, with 4 patient information videos approved for development at each trust. Covering general SACT, oral SACT, immunotherapy and introductory content, the videos were co-produced with **Patient and Public Representatives** to ensure accessibility, clarity and consistency across the Cancer Alliance.

Digital innovation also progressed through agreement and contracting for a pilot of electronic Patient-Reported Outcome Measures (ePROMs) technology at York and Scarborough Teaching Hospitals NHS Foundation Trust, delivered in partnership with Lilly Oncology. The pilot focuses on the breast cancer oral SACT pathway and supports more proactive symptom monitoring and personalised patient care.

Developing infrastructure, governance and wider NSO services

During 2025/26, governance and programme infrastructure were further strengthened. The NSO Clinical Design Group was refreshed alongside an updated governance structure to improve clinical leadership, oversight and accountability across the programme

A professional-facing section of the Humber and North Yorkshire Cancer Alliance website was launched. This provides access to alliance-wide NSO and SACT policies to support consistency and shared standards across organisations. In addition, scoping work was completed to identify available national and local NSO data, supporting development of a new data pack to inform evidence-led discussions and service improvement.

The programme also continued to support wider NSO services beyond SACT. A successful radiotherapy business case at Hull University Teaching Hospitals NHS Trust secured phased workforce funding, with initial recruitment completed. Support also continued for the Radiotherapy Operational Delivery Network (ODN), shared-care models for teenage and young adult patients, and development of supportive oncology services, including delivery of a menopause clinic at York and Scarborough Teaching Hospitals NHS Foundation Trust.

2026/27 priorities

- Continued support of the radiotherapy ODN.
- Further development of sharedcare models for teenage and young adult services.
- Delivery and evaluation of a 12-month ePROMs pilot in breast cancer oral SACT.
- Transfer of immunotherapy and oral SACT CNS roles at York and Scarborough Teaching Hospitals NHS Foundation Trust into business as usual.
- The development of at least 3 supportive oncology clinics at York and Scarborough Teaching Hospitals NHS Foundation Trust.
- A supportive oncology model for Hull University Teaching Hospitals NHS Trust.
- Continued growth of the immunooncology CAG and education delivery.
- Reevaluation of SACT day-unit capacity and demand.

Case Study: Establishment of an oral SACT service

The challenge:

An oral SACT service was identified as being needed to support oral anti-cancer therapies at York and Scarborough Teaching Hospitals NHS Foundation Trust. This moves treatment from hospital to home and places greater responsibility on patients.

However, without appropriate clinical oversight, such a service can increase the risk of poor adherence, medication errors, and delayed identification of toxicities.

Oral SACT nurses help reduce reliance on day case chairs, freeing capacity for patients requiring intravenous treatment. This model improves safety through proactive monitoring and patient education but also enhances patient experience and supports timely treatment access.

What we've done:

Humber and North Yorkshire Cancer Alliance's 2025/26 Service Development Funding (SDF) funding supported a pilot to appoint dedicated oral SACT nurses within outpatient services, aimed at strengthening the safe delivery of oral anti-cancer therapies.

These roles were designed to work alongside medical and pharmacy colleagues to support increasing demand and complexity in SACT pathways.

Overall, Oral SACT services are essential for optimising resource use, maintaining safe care delivery, and improving outcomes across increasingly pressured cancer pathways.

The oral SACT nurses provide patient education, undertake clinical reviews and assessments, and oversee the safe dispensing of oral treatments. They also offer ongoing monitoring and support for patients receiving oral SACT under the care of an oncology consultant. This ensures early identification and management of treatment-related toxicities.

At the same time, SACT services are experiencing significant demand and capacity pressures, particularly within day case units where chair availability is limited.

The model helps to improve patient safety and reduces reliance on day case capacity, while enabling more efficient use of outpatient services.

Overall, the pilot supports a more sustainable approach to delivering high-quality cancer care in response to rising service pressures.

Outcomes:

The pilot demonstrated a highly successful model for delivering oral SACT services, with nurses developing advanced clinical skills and achieving nurse prescriber qualification during the pilot. This enhanced their ability to assess, review, and manage patients.

Service user evaluation was overwhelmingly positive - 100% of patients were satisfied with clinic wait times, clarity of treatment explanations, and the information provided on side effects. All patients also felt their clinical concerns were addressed and overall rated their consultation as good/excellent.

These findings demonstrated improved patient experience, high-quality clinical care, and strong support for the sustainability and expansion of the service.

Health Inequalities

Health Inequalities

The Humber and North Yorkshire Cancer Alliance **Health Inequalities programme** aims to reduce differences in cancer outcomes across our population. Everyone should have equitable access to cancer prevention, diagnosis, treatment and support – regardless of background or circumstance.

This includes people who are more likely to have worse outcomes, such as those living in deprived areas, rural and coastal communities, and people with complex health and social needs.

We are committed to making health inequalities a key part of everything we do. By working closely with patients, community groups, healthcare staff, and public health teams to address barriers that affect cancer outcomes, we can better understand the needs of our population. Work also continues to strengthen workforce capability, use data to inform decision-making, and improve service design to support more accessible and person-centred care.

2025/26 priorities

- **Develop the next phase of the Health Inequalities Strategy** - Follow the plan to scope and map health inequality. Work with stakeholders to develop a framework identifying priority population groups.
- **Establish working groups to develop and design the Cancer Care and Outcomes Health Inequalities Framework action plan** - Engage and recruit stakeholders across the healthcare system to co-design workstreams.
- **Build stronger partnerships** - Use the Health Inequality steering group to work closer with Integrated Care Board (ICB) colleagues, place cancer managers and local authorities.
- **Education and training** - Continue to provide education on inclusion health, trauma-informed care, and deprivation. Achieve this through 'lunch and learn' webinars and Clinical Delivery Group (CDG) education events.
- **Improving access to cancer information** - Providing cancer health inequality data to CA programmes and stakeholders and promoting independent access to the dashboards available on the NHS Futures Cancer Alliance site.
- **Local place-based cancer health inequalities action plans** - Work with ICB place teams to develop plans that meet the needs of different communities.

2025/26 achievements

During 2025/26, the Health Inequalities programme made good progress in embedding an evidence-based and data-led proportional approach to reducing cancer health inequalities in Humber and North Yorkshire.

Strategic framework and priority areas

The development of the 3-year Cancer Care and Outcomes Health Inequalities Framework (2025–2028) identified the population groups that were most at risk of late-stage diagnosis or poor cancer outcomes.

The framework was developed with input from patients, community groups, healthcare staff, and public health teams, and was approved by the Cancer Alliance System Board in January 2026. It sets out a clear plan for reducing inequalities in locally prioritised patient groups, including people in areas of deprivation, rural and coastal communities, older people, and people with severe mental illness or learning disabilities.

The framework also introduced 3 key areas of underpinning work to reduce inequality:

A 'making contacts count' approach	Trauma-informed care	Health literacy

Collaborative working and communities of practice (CoP)

Working groups were set up for each of the priority groups and the underpinning areas of focus. They brought together expertise from across the healthcare system, including voluntary, community and social enterprise (VCSE) representatives and patient voices.

The groups led to the development of informal CoP, connection across the system, sharing ideas, learning from each other and the codesign of transformational projects.

The rural working group brought together:

- Healthwatch
- the Farming Community Network
- rural primary care networks (PCNs)
- individuals from farming and rural communities

The result was the development of a database of cancer support and available services to rural communities. This resource has been shared with ICB and local authority public health colleagues and can be viewed on the **Cancer Alliance website**.

Work to raise awareness of age-related increased risk of cancer diagnosis has included collaboration with Age UK. This included focus groups with older people to better understand barriers to earlier presentation with potential cancer symptoms. The development of a cancer information resource pack for Age UK partners will help them design informed cancer communications aimed at their volunteer networks to raise awareness and encourage earlier presentation.

Healthcare professionals and academics from across the healthcare system joined the working group to reduce inequalities in access to cancer screening and services for people with serious mental illness (SMI). The group has identified the priority areas of the cancer pathway for SMI patients and has been working to develop transformational projects and opportunities for further research into inequality in this area.

Training and education have been an important part of the programme's work over the last year. Lunch and learn webinars on trauma-informed care and health literacy were delivered by experts from across the region. They reached more than 270 members of the Humber and North Yorkshire health and care workforce. In addition, health inequalities training has been delivered to CDGs and other teams. These sessions have helped staff improve their understanding of the needs of different inclusion health groups and will lead to the provision of more personalised care.

Overall, 2025/26 has been a year of strong progress. Partnerships have been strengthened, there have been improvements in the use of data and an increase in awareness of health inequalities.

Health inequalities are now a golden thread in all Cancer Alliance programmes. All areas of work consider the needs of underserved groups, specifically those identified as priority groups, and aim to improve outcomes for them.

2026/27 priorities

- **Commit the Cancer Alliance to becoming a health literate organisation** - Embed health literacy principles across all Cancer Alliance programmes.
- **Deliver the Cancer Care and Outcomes Health Inequalities Framework (2025–2028)** - Support work to reduce inequality for identified priority groups.
- **Lead cross-system working groups to delivery transformation** - Establish groups to co-design transformational projects and research initiatives.
- **Improve health literacy** - Offer training to cancer healthcare professionals.
- **Develop trauma-informed care** - Support partner organisations to understand and develop trauma-informed approaches in cancer care.
- **Embed cancer health inequalities within the neighbourhood health framework** - Ensure inequalities are reflected in planning.

1 in 6 Number of adults that struggle with literacy according to NHS Health Education England.

Case Study: Making cancer information easier to understand

The challenge:

People who find it hard to understand health information often have worse outcomes after a cancer diagnosis. They might not recognise symptoms early, could struggle to access screening, and may find it difficult to follow treatment advice.

Improving health literacy can lead to better health outcomes, and supporting people to understand information and make informed choices about their health is very important.

Around half of adults have trouble understanding health information. The number rises further when numerical information is included.

Raising awareness and making sure there is appropriate support is key to reducing inequalities in Humber and North Yorkshire.

What we've done:

Humber and North Yorkshire Cancer Alliance is working to become a health-literate organisation. This means creating a culture in which everyone's needs are recognised, and ensuring health information is clear and accessible for all.

The HNY Cancer Alliance System Board approved the Health Literacy Plan in March 2026.

The plan outlines ongoing work to review existing information for accessibility and understanding. It also ensures future materials are developed with patients and the public.

We have shared learning across the system, and helped staff consider how cancer services can better meet the needs of people who may find health information difficult to understand. This has been achieved through a lunch and learn webinar and by guiding staff to existing training programmes offered by secondary care partners.

The programme has also brought together health literacy champions from hospitals and universities. This helps ideas to be shared and create a more consistent approach to training across the system.

Outcomes:

The Cancer Alliance has led the development of an NEY health literacy community of practice. This brings together health coaching professionals, medical librarians and academic tutors to share ideas and best practice to increase knowledge and understand the challenges of poor health literacy.

Health literacy training, delivered via a webinar and through the CDGs, has helped cancer professionals build their knowledge and support the development of additional champions across the system.

The programme is now working with medical library services to develop a 'train the trainer' model. This will help embed awareness and practical health literacy skills across healthcare teams.

Communications and Engagement

Communications and Engagement

The **Communications and Engagement programme** is responsible for enhancing the Cancer Alliance's profile and reputation; raising awareness of cancer through large-scale campaigns; and ensuring the voice of people with lived experience is used to shape cancer services and improve care.

It does this by working closely with a wide range of internal and external stakeholders across different activities.

These include:

- Strategic communications
- Public relations
- Internal and external communications
- Marketing
- Media relations
- Patient and public engagement and involvement
- Experience of care
- Event management
- Branding and corporate identity

The programme also supports the other Cancer Alliance programmes and partners to involve patients and members of the public in their work to transform cancer services and improve patient experience of care.

During 2025/26 the Cancer Alliance has:

.

Delivered **5 cancer public awareness campaigns** and a range of other PR activity, More than **60 individual media coverage instances** were earned in the process. HNY Cancer Alliance's campaign activity alone earned **45 individual media coverage instances** and a reach of more than **2 million people**.

Hosted **73 events** to engage with **3,515 cancer patients and members of the public** so that their views can influence our work to transform the region's cancer services

Cancer awareness campaigns and associated early detection activity

Cancer alliances are required by NHS England to deliver campaigns to increase symptom knowledge and encourage earlier presentation. This should take place particularly among people and communities that don't seek help as early as they might. HNY Cancer Alliance uses a wide variety of data and insight sources to understand where it needs to focus its activity to address health inequalities.

In 2025/26, the Communications and Engagement programme delivered campaigns to coincide with awareness months for the most common cancers and cancer screening programmes – cervical, prostate, bowel, breast and lung cancer.

2 million-plus Reach of campaign activity.

April's **Bowel Cancer Awareness Month** campaign saw the Cancer Alliance take its inflatable bowel – which is more than 2 metres tall and 3.5 metres long – to shopping centres and other community spaces. The campaign aimed to get people talking about bowel cancer and the importance of screening, as well as raising awareness of the signs and symptoms. The campaign earned 13 individual media coverage instances and was seen by more than 60,000 people across the Cancer Alliance's and partners' communication channels.

In October, attention turned to raising awareness of breast cancer symptoms and the importance of attending breast cancer screening when invited. The Cancer Alliance delivered a **nostalgia campaign** to target communities in which breast screening take-up is lowest. The mission – to break taboos about the process and raise awareness of the importance of breast screening.

The campaign earned 4 individual media coverage instances and was seen by more than 600,000 people via organic and paid-for communications activity across the Humber and North Yorkshire region. We also spoke to around 400 people at 5 community engagement events.

In November, the Cancer Alliance teamed up with the **region's professional football and rugby league clubs** to raise awareness about lung cancer. More than 350,000 people saw the campaign across social media, and a further 320,000 people were reached via paid-for advertising activity.

This activity yielded 7 individual media coverage instances, while the campaign was supported by a series of community engagement events.

In January, the Cancer Alliance worked with **gyms, yoga studios and leisure centres** to raise awareness about cervical screening and cervical cancer symptoms.

Following on from January 2025's hugely successful cervical cancer awareness campaign, 13 individual media coverage instances were earned and seen by more than 430,000 people in the region through a combination of earned and paid-for advertising activity.

The 2025/26 campaign calendar concluded with March's **Prostate Cancer Awareness Month campaign**. An 11-date community engagement roadshow raised awareness about prostate cancer symptoms among people at greater risk of developing the disease. The campaign received 8 individual media coverage instances, while paid-for promotional activity yielded a reach of around 230,000 among the primary target audience – men aged 50 and over.

The Communications and Engagement programme also led on the development of an **e-learning version** of the **Cancer Champions** training course, working closely with the **Awareness and Early Diagnosis programme** in the process. The e-learning version, which takes less than 30 minutes to complete, is expected to help to achieve the Cancer Alliance's ambition of training 5,000 Cancer Champions per year, significantly more than currently. The course was launched in June 2026.

People and community engagement

Cancer alliances are tasked by NHS England to establish and maintain a **people and community engagement** structure to enable co-production throughout work programmes.

Humber and North Yorkshire Cancer Alliance recruited 21 new patient and public representatives during the year to grow. As a result of this activity, the patient and public representatives grew to more than 50 members by year-end (see the case study for more details).

We bolstered the number of patient and public representatives working with the Cancer Alliance and also increased the number of projects these members were involved in during 2025/26 – a record 32 projects during this 12-month period.

This activity was coupled with the further expansion of our Humber and North Yorkshire lived experience of cancer network. The group comprises local cancer support groups, local cancer charities and other VCSE partners. This group now stands at more than 250 organisations, totalling more than 3,000 members – and is becoming increasingly more involved in HNY Cancer Alliance projects.

The Communications and Engagement programme also worked with the other Cancer Alliance work programmes to enhance their patient and public involvement practice in several ways, including developing and delivering a training programme to upskill staff in the first half of 25/26. This has helped colleagues to ensure that any HNY Cancer Alliance projects to transform cancer services and improve patient care feature input from patients and carers.

During the year, the Cancer Alliance also carried out a series of community engagement roadshows. These events combined engagement activity in high-footfall areas in our most deprived communities with targeted engagement activity aimed at inclusion health groups.

In total, 73 events were held and 3,315 people were engaged with in our region's most deprived and under-represented communities. The results of this activity were shared with Cancer Alliance boards and working groups.

Experience of care

Cancer alliances are asked to work with systems and trusts to ensure they use insight and feedback to develop and deliver co-produced action plans to improve experience of care.

HNY Cancer Alliance worked with Humber Health Partnership and York and Scarborough Teaching Hospitals NHS Foundation Trust to develop and deliver a condensed local version of the national cancer patient experience survey (NCPES) – to provide more timely and detailed insight into patient experience of using cancer services in our region.

Across York and Scarborough hospitals, HNY Cancer Alliance staff and patient and public representatives spoke to more than 150 cancer patients across a wide range of cancer services to recognise areas which are working well and aspects of the services which patients feel could be improved.

Humber Health Partnership staff also carried out the 'mini' cancer patient experience survey activity across several cancer services at Castle Hill Hospital, Scunthorpe General Hospital and Diana, Princess of Wales Hospital.

In 2026/27 there are plans to repeat this hugely successful project on a more regular basis, helping to cover a wider range of services and a higher number of patients.

As in previous years, the Cancer Alliance continued to provide a deep-dive analysis of the latest NCPES results (released in July 2025) on behalf of the acute trusts providing cancer services in our area.

This analysis has helped to demonstrate to the trusts and other stakeholders involved in the commissioning and provision of cancer services where services are performing well in terms of patient experience of care and where action is required.

Corporate communications and engagement activity

In September 2025, Humber and North Yorkshire Cancer Alliance hosted its annual conference at the University of Hull, featuring a keynote speech from **Dr Mar Estupiñán Fernandez de Mesa**, Research Fellow in Cancer Care, University of Surrey. Dr Estupiñán Fernandez de Mesa's work focuses on cancer inequalities in care, research, and policy, with many publications in the field.

Attendees also heard from Andrew Prudames, Deputy Director of Delivery, National Cancer Programme, NHS England, who provided some insight into the development of the National Cancer Plan and the crucial role cancer alliances will play in the plan's implementation over the next decade.

The conference, which was attended by more than 220 people, also featured workshops to support the development of a 10-year cancer plan for Humber and North Yorkshire, a marketplace featuring local cancer charities and support groups, and the second annual Excellence in Cancer Awards.

Building on the development of the HNY Cancer Alliance website in 2024/25, the Cancer Alliance was pleased to unveil its patient and public representative portal in November 2025 and its clinical and professional portal in March 2026.

2026/27 priorities

- Developing and implementing a new cancer awareness campaign strategy. We will work with an agency to develop an 'always on' marketing approach to raising awareness about cancer symptoms and preventative measures.

- Delivery of 25 community engagement and experience of care events, working with the VCSE sector to hold these events in those communities with people more likely to develop cancer and / or have worse outcomes following diagnosis.

- Further diversifying membership of the patient and public representative group.

- Development of a Humber and North Yorkshire 10-year cancer plan.

- Expansion of the Cancer Champions e-learning course offer. This will include an online course to support businesses to deliver the training to their workforce and a course which helps health and care professionals to support people more likely to develop cancer and / or have worse outcomes following diagnosis.

- Other corporate activity, including development and dissemination of the 2026/27 annual report and planning and delivery of the 2026 annual conference.

Case Study: Strengthening the patient voice

The challenge:

Delivering excellent cancer care requires the experience of patients, carers and families to be considered at every single opportunity.

NHS organisations have a legal duty to involve patients and public in their work under the NHS Constitution and the Health and Care Act 2022. Previously, the Cancer Alliance's patient and public representative membership has been relatively low. This has limited the number of projects they could contribute to.

The Cancer Alliance greatly values insight provided by people with lived experience of cancer. In 2025/26, the Communications and Engagement programme devoted considerable resource to growing the membership of its patient and public representatives.

What we've done:

The Cancer Alliance Communications and Engagement programme delivered 2 large-scale recruitment campaigns during the year to support efforts to increase membership of the patient and public representative group.

Recruitment activity consisted of a mix of in-person presentations to local cancer support groups and at local cancer charity events, targeted online communications activity, and promotion via partner organisation communication channels.

The Communications and Engagement Programme also delivered a series of workshops to strengthen HNY Cancer Alliance staff's skills and confidence in working with people with lived experience of cancer – equipping them with practical skills to ensure their work is enhanced by this type of collaboration.

Work was also carried out to improve the patient and public representative induction process, redefine the governance of the group and launch a **patient and public representative portal** on the Cancer Alliance website. This helps integrate members into Cancer Alliance workstreams more easily and effectively.

Outcomes:

The patient and public representative group has grown from 6 members to more than 50 members within a few years.

HNY Cancer Alliance programmes involved the group in 32 projects during the year – considerably more than previous years.

It has also taken great strides to diversify membership in 2025/26 with members recruited from under-represented areas and communities, younger age groups and different cancer types not already represented by current membership.

The group is now made up of people who have experience of 15 different cancers and an age range between 27 and 75.

Further recruitment activity will address any outstanding gaps in membership.

Funding and Performance

Funding and Performance

Across 2025/26, Humber and North Yorkshire (HNY) Cancer Alliance maintained a strong system-wide focus on operational recovery and delivery of national priorities. This was despite significant financial, workforce, and system pressures.

HNY Cancer Alliance moved from its end-of-year 2024/25 position of "Partially Assured" to "Fully Assured" in Q1 of 2025/26, before reverting briefly to "Partially Assured" in Q3. It then regained improved grip in Q4, achieving a "Fully Assured" status by year end.

Overall, this reflects a strong and positive position for 2025/26. It demonstrates improved delivery confidence, strengthened governance, and enhanced financial control.

A balanced financial position was achieved at year-end, despite a reduced Service Development Funding (SDF) allocation in 2025/26, in-year reallocations, and increased Integrated Care Board oversight.

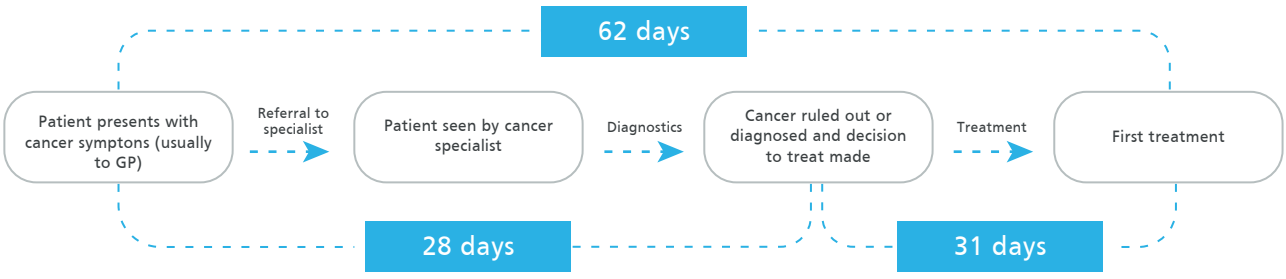
System working was strengthened through tiering processes, targeted support to providers, and Cancer Alliance-led recovery planning.

Overall, the year reflects improving grip, assurance and delivery maturity, with clear progress taking place in the latter half of the year.

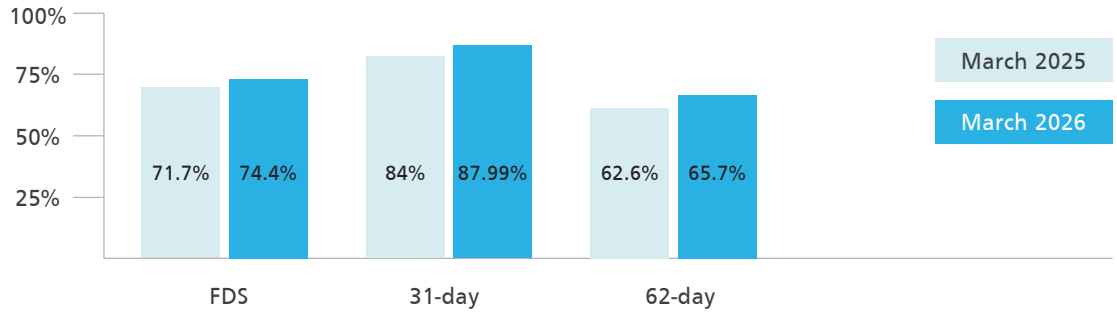
2025/26 priorities

- Address non-compliance for 62-day and 52-week cancer waiting time standards performance. Continue to work with regional and national cancer programmes and local providers through tiering, to ensure comprehensive recovery plans are in place.
- Support provider trusts to deliver 2025/26 operational performance trajectories for 62-day and 31-day cancer waiting time standards.
- Facilitate mutual aid conversations.
- Offer expertise in pathway mapping, service improvement, and collaboration.
- Develop and ratify an operational performance improvement plan.
- Use data to focus on tumour types with bottom-quartile performance.
- Ensure that all cancer SDF funding is fully spent on cancer services in the most efficient way to improve services for our patients.

Cancer waiting times and performance



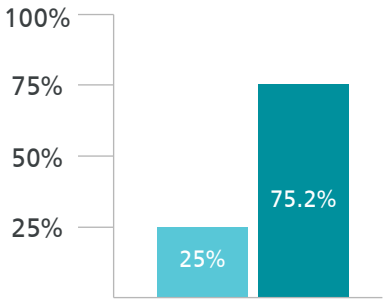
Improved performance across all 3 core cancer waiting time standards in March 2025 compared with March 2025 - with gains in Faster Diagnosis Standard (FDS) (28-day), 31-day and 62-day pathways.



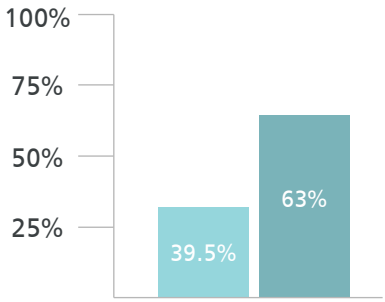
Operational performance remained the most significant challenge and primary focus throughout 2025/26. The system faced a continued risk of not achieving national FDS (80%) and 62-day (85%) standards, particularly during the first 3 quarters.

All providers remained within Tier 1 for cancer performance, reflecting sustained system pressure.

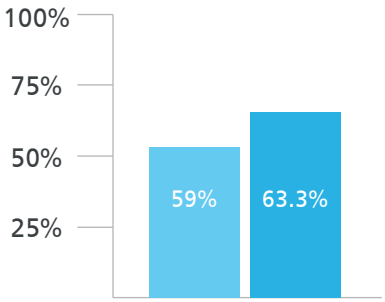
However, Q4 demonstrated tangible recovery and improvement, with significant pathway-level improvements across providers, including:



Breast FDS recovery



Lower GI (LGI) FDS improvement



Urology FDS improvement

Breast FDS recovery at Humber Health Partnership

Humber Health Partnership improved from 25% in December 2025 to 75.2% by February 2026.

Lower GI (LGI) FDS improvement at Humber Health Partnership

Humber Health Partnership improved significantly from 39.5% to 63%; and York and Scarborough Teaching Hospitals NHS Foundation Trust achieved 61.1%. This is their highest performance to date in this pathway.

Urology FDS improvement at York and Scarborough Teaching Hospitals NHS Foundation Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust achieved 63.3% in February 2026 against a trajectory of 59%, with 80.7% of patients first seen within 2 weeks.

There was also sustained strong performance in:

- Skin pathways (up to ~96% FDS).
- Head and neck pathways (>80% consistently).

In addition:

- 31-day performance remained strong – York and Scarborough Teaching Hospitals NHS Foundation Trust consistently exceeded the 96% target.

- 62-day improvements were seen in specific tumour sites, including urology, breast and haematology – Northern Lincolnshire and Goole NHS Foundation Trust achieved the target in both January and February 2026 for Urology. Hull University Teaching Hospitals NHS Trust achieved the target in December 2025 for skin, and York and Scarborough Teaching Hospitals NHS Foundation Trust achieved the target for breast, haematology and skin in February 2026.

Overall, while delivering system-wide targets remained challenging, Q4 showed clear recovery trajectory and improved pathway performance, particularly where targeted interventions were applied.

FDS

FDS performance improved notably in Q4 following earlier challenges. Earlier in the year:

- Performance variation remained high across tumour pathways.
- Delivery risks existed in teledermatology, urology pathways and diagnostic capacity.

By Q4:

There was significant recovery across multiple pathways, including:

- Breast, LGI and urology.
- Sustained high performance in skin, and head and neck.

There was also growing evidence of:

- Impact of targeted backlog clearance and insourcing.
- Improved pathway design and diagnostic turnaround times.

Despite this progress, performance remained variable across providers. Sustained improvement requires continued productivity gains, workforce stabilisation and further pathway optimisation in 2026/27.

Funding

HNY Cancer Alliance's 2025/26 budget was approximately £11.3 million, consisting of around £6m cancer SDF and around £5.3m targeted cancer funding.

The cancer SDF is place-based funding and is to be spent in line with the indicative percentage values across 4 workstreams, as set out in the table below.

Workstreams	Outcomes	% allocation	HNY Cancer Alliance amount
Cross-cutting	Core Cancer Alliance team costs, including organisational development, workforce, and patient engagement	24%	£1,468,457
Faster diagnosis and operational performance	Operational improvement, FDS priority pathways and other pathway improvements which support cancer waiting times	59%	£3,520,000
Early diagnosis	Local early diagnosis interventions and innovations	17%	£1,015,043
Treatment and care	Personalised care, personalised stratified follow-up (PSFU), psychosocial support, prehabilitation	0%	£11,500
Total:			**£6,015,000**

The targeted cancer funding received is to be spent on rolling out agreed national pilot programmes. During 2025/26, these were:

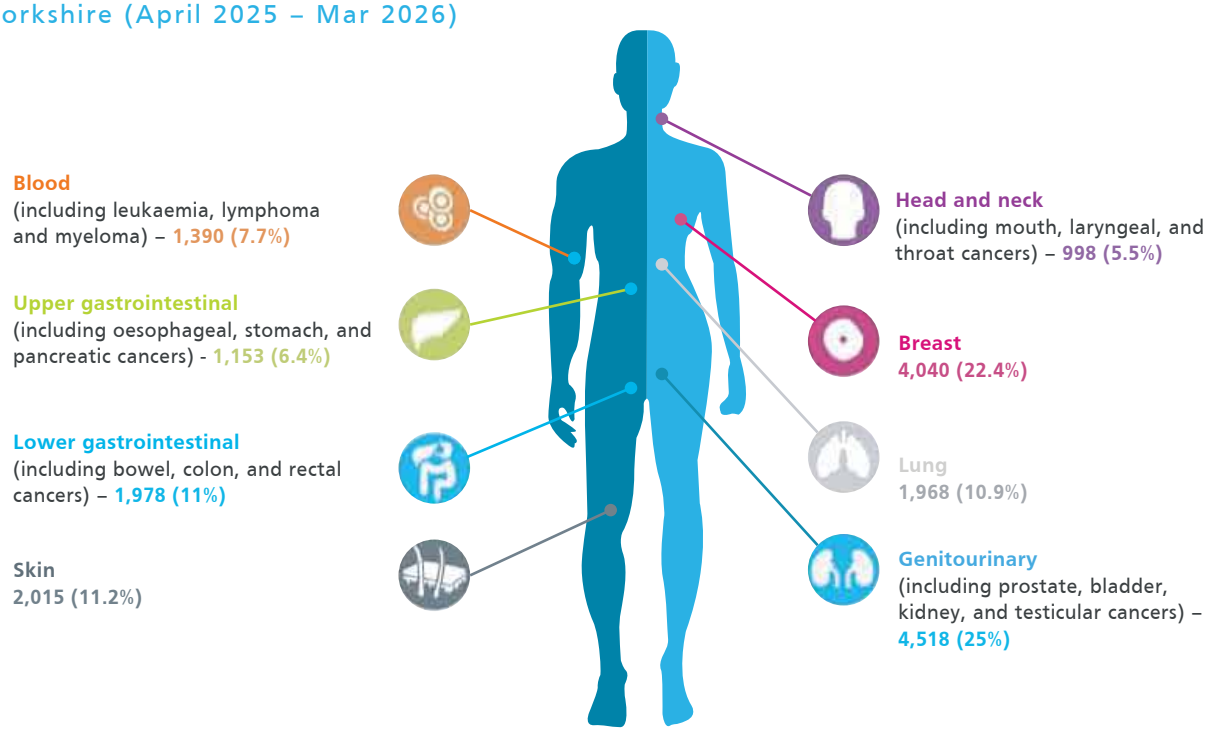
- NHS Lung Cancer Screening programme = £4,987,325
- Liver surveillance = £291,000

Operational performance

HNY Cancer Alliance's 2025/26 plans placed a strong emphasis on reducing cancer diagnosis and treatment backlogs.

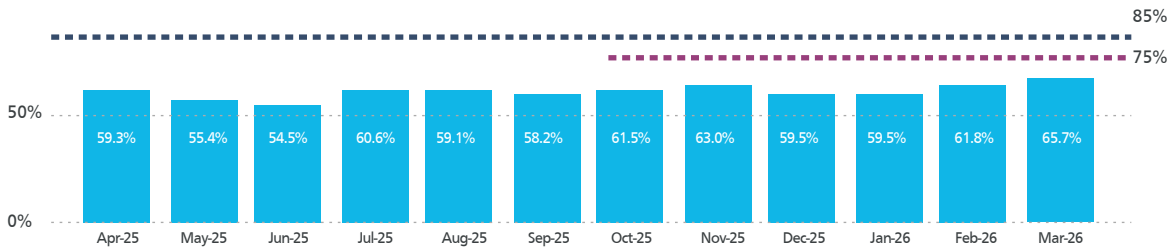
As of March 2026 (latest validated data available), the number of patients waiting longer than 62 days to start treatment for cancer following referral stood at 319. This was a deterioration on the previous March, where 254 patients were waiting longer than the 62-day target.

Most commonly diagnosed cancers in Humber and North Yorkshire (April 2025 – Mar 2026)



The local target for the 62-day cancer waiting times standard in Humber and North Yorkshire was for 70% of cancer patients to begin treatment within 62 days of their GP referral (national target is 85%). The March 2026 performance (latest validated data available) against the 62-day standard was 65.7% of patients being treated within 62 days – an improvement on the March 2025 position of 62.6%.

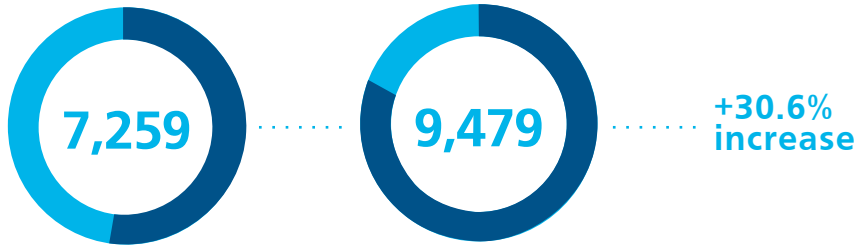
HNYCA 62D Performance



During the 12 months to March 2026 (latest validated data available), cancer services across Humber and North Yorkshire successfully initiated treatment for 9,479 patients, of whom 5,686 began treatment within 62 days. This represents an increase in the overall number of patients treated compared with the 12 months to March 2025, when 7,259 patients began treatment, including 4,514 within 62 days.

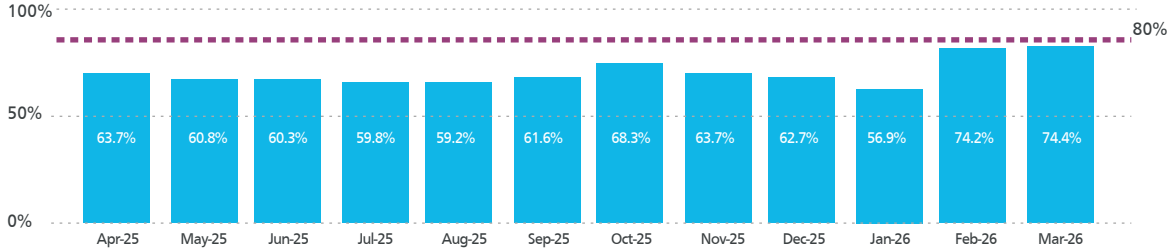
Although the proportion of patients meeting the 62-day standard fell from 62.2% to 60% over the same period, cancer services across Humber and North Yorkshire treated significantly more patients during 2025/26. This reflects increased treatment activity and sustained recovery efforts across the system.

Successfully initiated treatment for patients

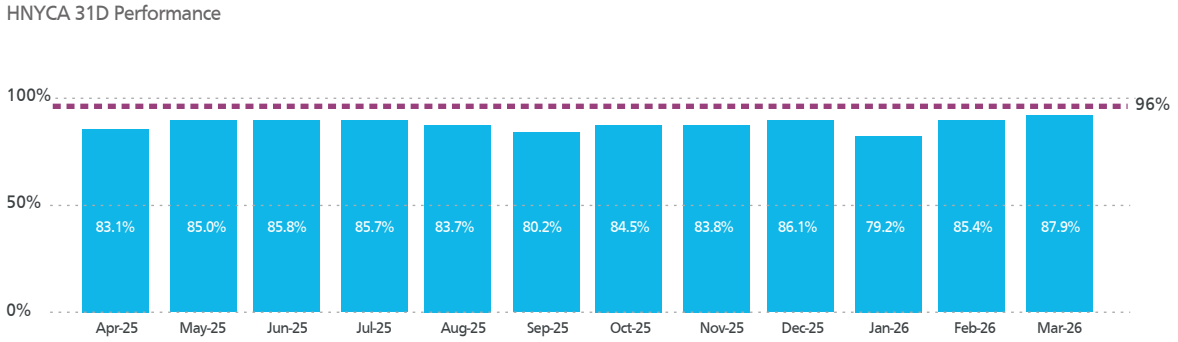


Cancer services in the region were required to achieve the FDS rate of 75% of patients finding out whether they have cancer within 28 days (national target is 80%). The FDS rate for the Humber and North Yorkshire Cancer Alliance area was 74.4% in March 2026 (latest validated data available), up from 71.7% in March 2025.

HNYCA FDS Performance

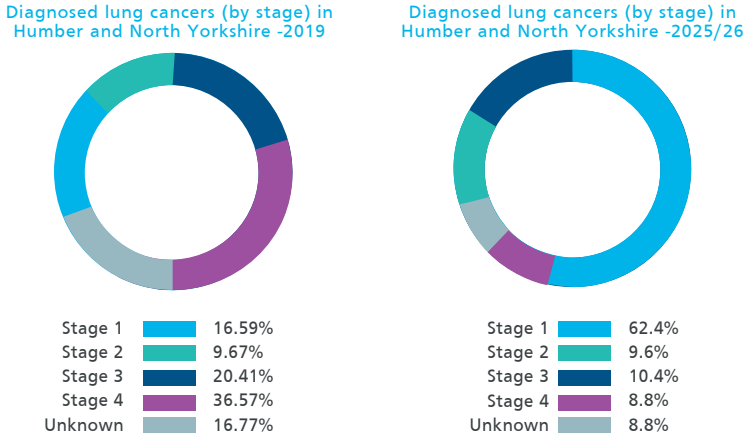


Cancer services are also required to achieve a 96% rate of patients diagnosed with cancer receiving their first treatment within 31 days of a decision being made to treat for cancer. In March 2026, Humber and North Yorkshire Cancer Alliance's treatment rate was 87.99%, up from 84.0% in March 2025.



The NHS Lung Cancer Screening programme continues to make a significant impact across Humber and North Yorkshire. In 2025/26, uptake stood at 58.2%, compared to 48.5% in 24/25.

In addition, 72% of lung cancers identified through the programme during 2025/26 were detected at an early stage. In 2019, prior to the first roll-out of the screening programme, the figure stood at 26.2%. This represents a substantial improvement and demonstrates the growing success of lung screening in identifying cancers earlier, when treatment is more likely to be effective.



2025/26 achievements

- Improved performance across all 3 core cancer waiting time standards in March 2025 compared with March 2025 - with gains in FDS, 31-day and 62-day pathways.

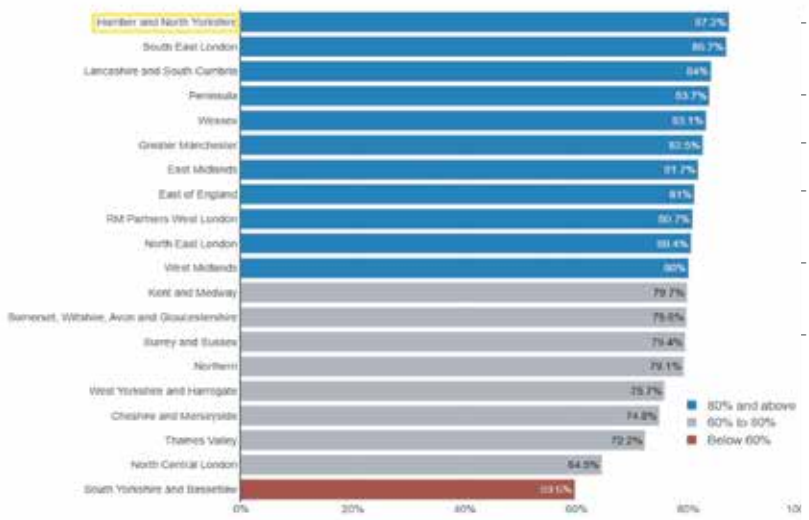
- Maintained strong system leadership through Tier 1 support arrangements, embedding expertise within provider recovery programmes and supporting improvement plans across all trusts. This included the embedding of the HNY Cancer Alliance Deputy Managing Director in Humber Health Partnership for 6 months to deliver a diagnostic performance improvement programme.

- Delivered a comprehensive Operational Performance Improvement Support Plan, strengthening coordination of system-wide recovery activity.

- LGI FDS performance improving from an average of 45.5% in 24/25 to 61.6% in Q4 of 25/26.

- Full rollout of breast pain pathways and transitioning to business-as-usual
- Full implementation of post-menopausal bleeding pathways across all 3 provider trusts.
- Progress in urology pathway improvements, including rollout of non-medical local anaesthetic transperineal prostate biopsy (LATP) capacity in all 3 provider trusts.
- Expanded one-stop and triage models, including haematuria clinics and Community Diagnostic Centre utilisation to improve diagnostic efficiency.
- The HNY Lung Cancer Screening programme delivered a peak high uptake rate – from initial invite to lung health check – of 63% in February 2026.
- PSFU pathways available in 7 tumour sites consistently across all 3 provider trusts.
- Delivered a balanced financial position at year end.
- Achieved staging completeness of 87% in Q4, significantly above the national average, demonstrating improved data quality and system capability.

2025 Staging Completeness: Q4 25/26



- HNY Cancer Alliance most recent stage completeness is 87.2%
- The national average is 79.1%
- Latest figures by trust:
- HUTH: 87.3% which is above the national average
- NLAG: 74.6% which is above the national average
- York: 95.1% which is above the national average

2026/27 priorities

- Focus on 6 priority pathways: gynaecology, urology, LGI, breast, skin and lung.
- Providing targeted financial and programme management support to Tier 1 providers (Hull University Teaching Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust).
- Delivering MDT optimisation (standards of care, streamlining, digital tools).
- Reducing diagnostic and treatment delays across all pathways via capacity, outsourcing, and workforce redesign.
- Continuing to implement the ACCEND framework to support its adoption as the standard approach by 2028.

Case Study: Improving lower GI suspected cancer pathway FDS

The challenge:

In 2025/26, the lower GI (LGI) Urgent Suspected Cancer (USC) referrals pathway was prioritised for improvement due to poor performance.

York and Scarborough Teaching Hospitals NHS Foundation Trust was achieving an average FDS performance of 45.5%. This meant less than half of patients received a diagnosis or all-clear within 28 days of GP referral during 24/25.

This reflected sustained operational pressures, constrained diagnostic capacity, and pathway inefficiencies. This reinforced the need for focused recovery actions, strengthened clinical leadership, and system-wide collaboration to drive measurable and sustainable improvement.

What we've done:

In 2025 York and Scarborough Teaching Hospitals NHS Foundation Trust sought support from Humber and North Yorkshire Cancer Alliance via the annual planning round.

In doing so, it secured cancer service development funding to resource pathway improvements alongside national performance recovery funding to deliver additional USC clinics and endoscopy lists.

This investment was requested by the trust in order to enable the expansion of clinical capacity, reduce waiting times, and address key bottlenecks within the diagnostic pathway.

The funding was to be used to support the implementation of pathway redesign initiatives, improved triage processes, and to also strengthen workforce capability.

Collectively, it was hoped these actions would provide a more resilient and responsive service, helping to accelerate diagnosis, enhance patient experience, and support sustainable performance recovery across the LGI pathway.

Outcomes:

As a result, by February 2026, 71.5% of patients were first seen within 2 weeks, and FDS performance improved by 20.1 percentage points to 61.6%. This is the highest FDS performance to ever be recorded for York and Scarborough Teaching Hospitals in the LGI USC pathway.

Humber and North Yorkshire Cancer Alliance will continue to support York and Scarborough Teaching Hospitals NHS Foundation Trust in 2026/27 with demand management improvement actions.

This will include the embedding of the recently introduced Humber and North Yorkshire Cancer Alliance new LGI referral form that went live on 29 December 2025, and the application of the associated referral acceptance policy at York and Scarborough Teaching Hospitals NHS Foundation Trust.

Humber and North Yorkshire Cancer Alliance

NHS

Plan on a page 2026/27

Transforming the diagnosis, treatment and care of cancer patients in **Humber and North Yorkshire**

Aligned with National Cancer Plan for England key ambitions:

1. Meet the cancer waiting time standards by the end of this Parliament
2. By 2035, three in four people diagnosed with cancer will be cancer-free, or living well with cancer after five years
3. Improve the quality of life for people being diagnosed with, treated, or living with cancer

Key targets (by March 2027)

Faster Diagnosis (28-day)	31-day treatment	62-day pathway	Lung 62-day
≥ 80%	≥ 94%	≥ 80%	≥ 10%

	Workstream	Deliverables
1	**Cancer Performance & Pathway Improvement** Alliance-Wide Performance and Pathway Improvement	- Focusing on 6 priority pathways: **Gynae, Urology, Lower GI, Breast, Skin, Lung** – expanding one-stop/straight to test pathways and diagnostic capacity (CDC utilisation, teledermatology, AI) - Providing targeted financial and programme management support to Tier 1 providers (HUTH, NLaG and YSTHFT) - Delivering MDT optimisation (standards of care, streamlining, digital tools) - Reducing diagnostic and treatment delays across all pathways via capacity, outsourcing, and workforce redesign - Transitioning ACCEND to BAU (by 2028)
2	**Neighbourhood Early Diagnosis:** Local Early Diagnosis Plans Including Cancer-Specific Prevention	- Increasing the HNY early diagnosis rate to **64.6% (+1.2%)** - Prioritising **lung, prostate, pancreatic cancers** and improving their referral quality (Referral Optimisation Project) - Strengthening Primary Care via the Cancer Incentive Scheme, improving safety netting mechanisms, and creating unified referral forms - Delivering large-scale public engagement (Cancer Champions and the HNY 'Always On' campaign.)
3	**Neighbourhood Early Diagnosis:** Bowel Programme	- Transitioning to NEDi2.1 in all endoscopy provider and replacing local quarterly reporting data collection processes with the NED dashboard. - Implementing advanced risk-based calculators, such as ColoFIT in the Lower GI USC referral pathway - Transitioning early adopters into FIT@80 programme, supporting with symptomatic transformation to enable capacity for asymptomatic endoscopy
4	**Neighbourhood Early Diagnosis:** Living With and Beyond Cancer	- Expand PSFU pathways ensuring pathways are in place for at least 8 cancer types by March 2029 - Establishing a data framework or dashboard to monitor personalised care delivery across HNY - Focusing on the prevention and management of the impact of cancer and its treatment by completing delivery of the local implementation plans for psychosocial support, prehabilitation, and behaviour change for physical activity, and undertaking mapping and gap analysis of local patient support, care pathways, and services (incl. acute and supportive oncology, rehabilitation and late effects services)
5	**Neighbourhood Cancer Care:** Experience of Care and People and Community Engagement	- Using and encouraging trusts/system partners to provide insight and feedback (including CPES/U16 CPES) to understand how people are experiencing cancer services and drive/deliver improvements to services. - Maintaining a comprehensive approach to community and public engagement, ensuring that the diverse voices of local communities are heard and integrated into all work programmes
6	**Treatment** Treatment Variation	- Addressing variation using NATCAN data and the HNY Cancer Alliance Clinical Delivery Groups to drive implementation of the national recommendations - Improving MDT decision-to-treatment timelines - Strengthening lung diagnostics and treatment capacity (incl. radiotherapy and surgery)
7	**Targeted Funding Programmes:** Hepatocellular Carcinoma (Liver) Surveillance	- Finalising the implementation of a call/recall system to track and invite those eligible for 6-monthly hepatocellular carcinoma (HCC) surveillance - Supporting services to invite >80% of patients with Hep B/cirrhosis/advanced fibrosis to 6-monthly ultrasound surveillance and support 60% of those invited to attend - Working with ICBs/trusts and/or local CDCs to sustain improvements made to liver surveillance services (BAU from 27/28)
8	**Enablers:** Digital Transformation in Cancer Care / Cancer Alliance Leadership and Organisational Development	- Delivering a digital maturity assessment and associated local digital implementation plan. Improving data quality, tracking and creation of easy-to-use dashboards. - Maximising the effectiveness of the Cancer Alliance as the system leader and convener for cancer (via self-assessment framework, system feedback, and a bespoke organisational development plan)
9	**Other Local Projects:** Innovation / Health Inequalities / Non-Surgical Oncology / Rare Tumours Network	- Scaling innovation (AI diagnostics, remote monitoring, digital pathways) - Driving research and collaboration via the HNY Research Collaborative and the annual Research and Innovation awards - Delivering the HNY Cancer Alliance Health Inequalities Framework outcomes - Continually improving Non-Surgical Oncology services (demand and capacity analysis, pre-assessment, SACT@home, workforce development) via a targeted service improvement programme - Hosting and facilitation of the NEY Rare Tumours Network, delivering clinically led service improvement in HPB, Brain/CNS, and Sarcoma cancer pathways

Accessibility

If you need this document in an alternative format, such as large print or another language, please email: **admin.hnycanceralliance@nhs.net** or message on social media: **@HNYCancer**.

Contact the Cancer Alliance

If you would like to find out more about the Humber and North Yorkshire Cancer Alliance please get in touch:

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