The Leeds Teaching Hospitals
NHS Trust

Cancer Care Strategy
2024-2029

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Foreword

Leeds Cancer Centre consistently strives towards outstanding, equitable care for all patients. We are incredibly thankful for the dedication of our talented compassionate staff across the trust who ensure this, and have developed the service into what it is today. Our Leeds Way values support us to be patient-centred, fair, collaborative, accountable and empowered. This allows us to ensure we make the best decisions for our patients and staff and underpins our actions more widely.

The West Yorkshire region faces unique challenges in managing cancer care, and successful developments over the next five years will be crucial for the Cancer Centre. 33% of the Leeds population live in areas ranked amongst the most deprived 20% areas in the country, where cancer is the leading cause of death. Working with our partners across the city, including the Cancer Alliance and West Yorkshire Integrated Care Board (ICB), we need to not only treat, but also prevent cancer cases to ensure we can provide the best service possible.

Within Leeds, 4,100 people are diagnosed with cancer each year and 51-57% of cancers are diagnosed early. For those receiving this diagnosis, we strive to provide the best cancer care possible, improved year on year by our leading-edge research.

Over the next five years at Leeds Cancer Centre, we want to be the best possible place in which to work and receive cancer care in the country by providing leading edge, equitable care for all.

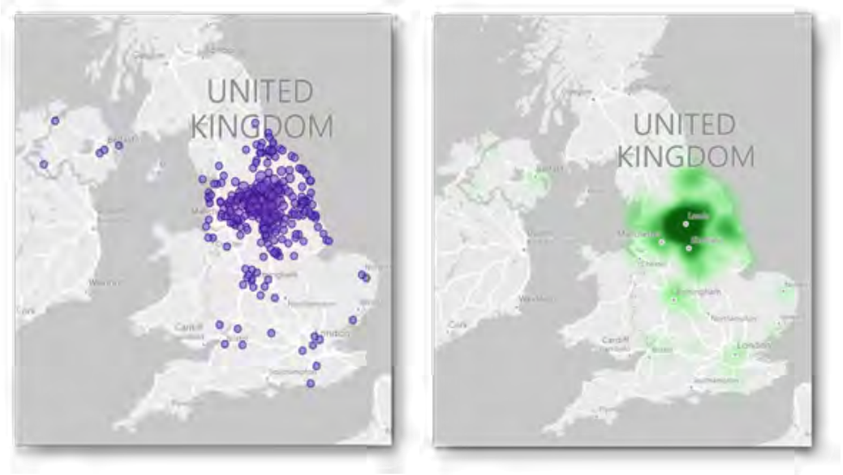
Professor Phil Wood
Chief Executive,
The Leeds Teaching Hospitals NHS Trust

Strategic Context

Leeds Teaching Hospitals

Leeds Teaching Hospitals (LTHT) is a large, acute teaching hospital providing secondary and tertiary services to the population of Leeds, West Yorkshire, and the wider regions including internationally. The Trust employs around 22,000 staff and has a budget of £1.6bn. The Trust has seven hospitals across five sites. Additionally, the Building The Leeds Way project is encompassing the new hospitals of the future for the region, and showcasing our state-of-the-art healthcare and including the development of the Innovation Village. This is testament to how we can combine frontline care with advanced treatments, technologies, innovation and research across the Trust and will continue to further our offering to patients and their loved ones.

United Kingdom Maps detailing the distance of referrals received for treatment and care for patients to Leeds (Apr '23 to Dec '23)



Our Leeds Way values

Patient-centred

Fair

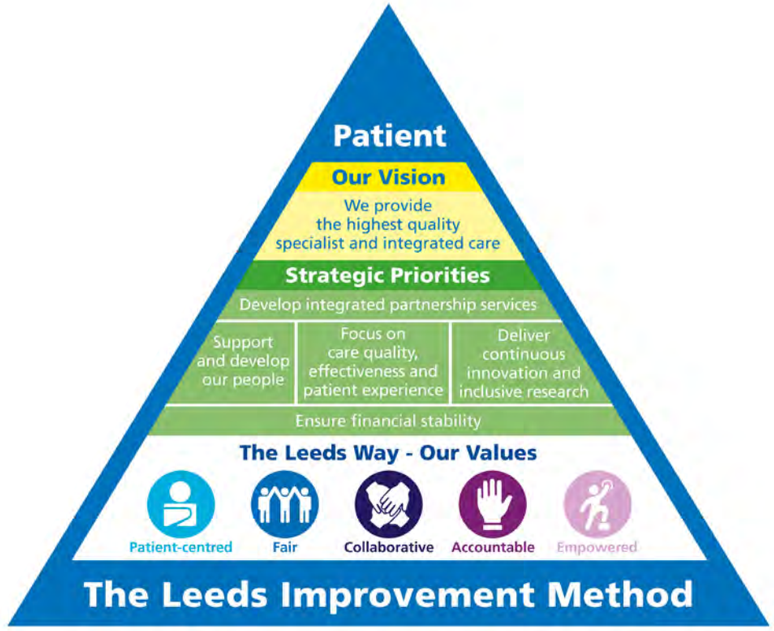
Collaborative

Accountable

Empowered

The Leeds Way

Our mission is to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective, and innovative care which improves outcomes. We will do this through our five Strategic Priorities and multi-year goals.



Since its launch in 2014, The Leeds Way has become embedded in everything we do. It defines how we work to deliver the best possible care and outcomes for our patients. It is about actively listening and being inclusive and taking on board the absolute best ideas out there. This is underpinned by the Leeds improvement Method, which focuses on systematically embedding quality improvement into our day-to-day work, decision making, training and development across the Trust. In turn, this will empower and support our teams to improve quality, whilst reducing variation and waste.

Leeds Cancer Centre

> Our vision is to deliver the highest quality specialist and integrated cancer care to the people of Leeds, the West Yorkshire region and beyond by championing the skills, expertise and commitment of all who work within the Leeds Cancer Centre.

Leeds Cancer Centre is one of the largest cancer centres in the UK, diagnosing and treating cancer for the people of Leeds, West Yorkshire, and beyond. We pride ourselves on our international reputation for high quality cancer treatment and research pioneering. Our diagnostic, treatment and support services enable us to provide the most advanced treatment, care, and support for those affected by cancer.

The Bexley Wing, opened in 2008, is an outstanding example of the benefits of co-design with our patients and clinical staff within cancer care. Bexley provides a home to radiotherapy treatments, chemotherapy day suites, haematology facilities, the Teenage Cancer Trust ward alongside the St James's Clinical Research Facility (CRF) and other research and teaching facilities.

Patients and their loved ones also have access to various charities operating from the wing, as well as a public gallery, live piano music, and a large natural light atrium. The Leeds Cancer Centre spreads much wider than Bexley and we want consistent care across the whole estate.

Utilising national standards helps us understand how we measure compared to national averages and expected outcomes.

Our cancer services are managed by the Clinical Service management teams, supported by the Lead Cancer Team, and are located at all our hospital sites including St James's, Leeds General Infirmary, Wharfedale, Seacroft, Chapel Allerton and the Leeds Dental Institute.

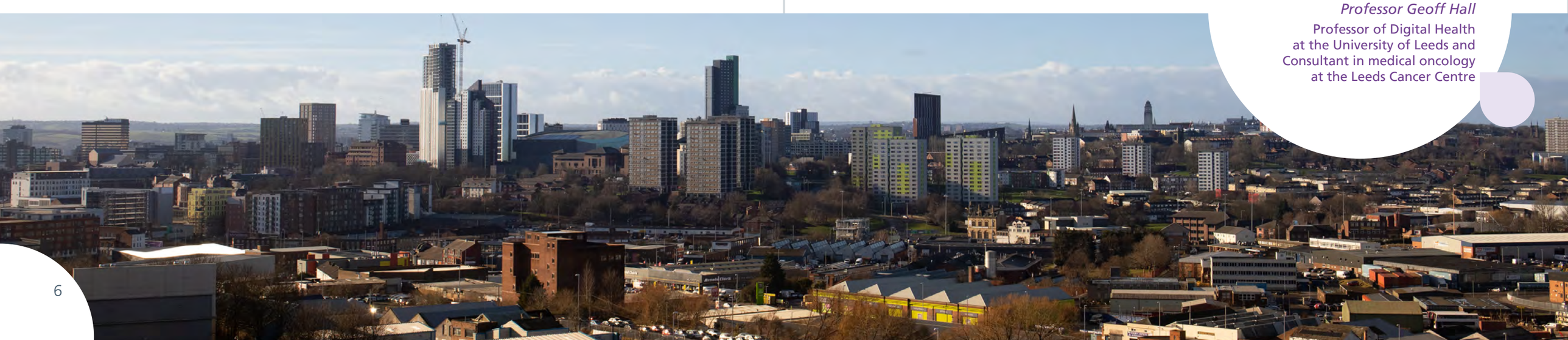
Research and Innovation at Leeds

In collaboration with the University of Leeds, the Centre hosts one of the UK's leading clinical trials research units funded by the National Institute for Health and Care Research (NIHR). Additionally, we work with many academic collaborators in the UK and internationally, as well as with industry partners to develop innovative technologies, medical devices, and medicines. We aim to provide every patient with the opportunity to participate in a research study where appropriate in their clinical care. This includes undertaking research across every type of cancer, helping to ensure that we are at the forefront of cancer treatment innovation. Moving forward, we aim to widen the scope of our cancer research for both staff and patients, to improve access to trials and provide workforce development opportunities for research and innovation. Taking part in research trials is a way of bringing the treatments of the future to people now, and improve outcomes for all patients[1]. The learning for the clinical teams by treating on a research protocol also improves the quality of care they offer to all their patients.

Our collaborations in research have allowed us to improve current and future care for our patients at the Cancer Centre, such as through working alongside the Yorkshire Centre for Health Informatics (YCHI). Additionally, we collaborate closely with the University of Leeds, especially through their specific Cancer Research Centre, Leeds Beckett University and Leeds Trinity University. The University of Leeds and LTHT have a joint research strategy, headed by jointly appointed clinical academics. This has resulted in some of the innovations highlighted in case reports within this strategy, and further innovations in medical and surgical technologies, cardiovascular research and musculoskeletal medicine. These are some of the ways we drive local, national, and international influence, and provide education, skills and research and innovation to the NHS and wider.

"We believe that better access to high quality research data has the potential to change the future of cancer treatment. The more we understand about cancer, the better equipped we are to provide treatment and care"

Professor Geoff Hall
Professor of Digital Health
at the University of Leeds and
Consultant in medical oncology
at the Leeds Cancer Centre



Case Study: **Flatiron**

Currently, only 20% of people with cancer have the opportunity to take part in research through clinical trials. This misses crucial information on 80% of people with cancer, leaving gaps in our knowledge about how cancer and the treatments we currently use affects people in our communities and their lives.

A new UK 'first of its kind' partnership with Flatiron Health UK brings together clinicians, epidemiologists, software engineers and data scientists to turn unorganised cancer information – like clinical letters and reports – into high-quality anonymised information that can be used by researchers to find these improvements for cancer treatment and care. Progress so far by Flatiron Health has allowed men with breast cancer to access life-extending drugs that were previously only available to women; bowel cancer patients being spared unnecessary extra doses of chemotherapy, improving their quality of life; and valuable therapeutic advances becoming available to patients in need.

The curated data will also be returned to LTHT where its uses include predicting which type of cancer patient is most at risk of symptoms worsening, treatment side effects or relapse to help inform patient care. Individual patients are only identifiable to LTHT.

Case study: **HistoSonics**

30 March 2023 saw a world first procedure of targeting and destroying a kidney tumour via the HistoSonics sponsored "CAIN" Trial, at LTHT. HistoSonics' image guided sonic beam therapy system uses advanced imaging and proprietary sensing technology to deliver non-invasive, personalised treatments with precision and control.

Professor Tze Min Wah, Professor of Interventional Radiology, performed the procedure and said: "I was delighted to lead the clinical team in carrying out this world first treatment for kidney cancer. It is a real privilege that my patient and his family trusted our clinical team to translate this innovative technology as the global first in the treatment of renal tumours. The CAIN trial represents a significant milestone for kidney cancer treatment with histotripsy as a needle-less technology and a paradigm shift from this point onwards for kidney cancer treatment generally.

Mr Harris, who received the treatment, told us: "I was quite honoured to be the first person in the world to receive this treatment at the hospital. From the minute I went to see the doctor last December, the ball has moved really fast. I'm hopeful about the outcome of the surgery and I think this could really benefit other people affected by kidney cancer."

"As a Trust, our mission is to deliver the highest quality, safe, effective, and innovative care which improves health outcomes. New approaches to cancer treatment, exemplified by the CAIN trial demonstrate our commitment to this mission"

Prof Phil Wood
Chief Executive, LTHT

Third sector Partnerships

Our charity and third sector partners at Leeds Cancer Centre are central to our operations, allowing patients better access to industry leading equipment and psychological care. Additionally, the help of charities allows the loved ones of those going through treatment and care to access the support they need.

Leeds Hospitals Charity works trust-wide to enhance the patient experience and increase the amount of research we undertake. More specifically, the Charity support staff, patients and their families going through cancer care and beyond. During 21/22 the charity awarded over £830,000 across 55 applications to support a range of initiatives and projects to enhance cancer care and treatment in Leeds. From smaller items like clothing for patients receiving radiotherapy, to bigger projects like the latest diagnostic technology that will mean better and quicker diagnoses for people with cancer. Leeds Hospitals Charity also funded additional observational monitors and falls sensors for use across all cancer wards.

Maggie's is an independent charity which provides workshops, courses, one-to-one and group support, to help people change the way they live with cancer. With Maggie's help, those diagnosed at Leeds Cancer Centre have access to some of the best support for cancer patients in the world. In 2020 the Maggie's Yorkshire centre was opened at St. James's hospital, providing a friendly, calming space for those with cancer, as well as regular sessions to support with relaxation, financial worries and more. With three out of five of those living with cancer finding the mental challenge harder than the physical, spaces like this are essential to ensure improved mental health through psychological support as well as overall improved experience of treatment and care.

Leeds Cancer Centre also works closely with Macmillan Cancer Support, who do whatever it takes to help all those diagnosed with cancer to live life as fully as they can. Within the Bexley wing at St. James's Hospital, a Macmillan Cancer Information lounge provides support for patients and their carers. This includes supportive information and advice, cancer information materials and signposting to relevant services. The Robert Ogden Macmillan Centre within the ground of St James's offers a space for patients to access complementary therapies and attend patient education programmes on completion of treatment. Macmillan have pump primed a number of Clinical Nurse Specialist (CNS) and Allied Health Professional (AHP) posts within the Trust to allow patients' greater access to supportive care throughout their pathway. We will continue to work closely with Macmillan, and ensure that our work aligns, as far as possible, to the strategic objectives set out in their yearly plans.

Teenage Cancer Trust (TCT) is dedicated to supporting young people with cancer aged 13-24. They offer unique care and support alongside easy-to-understand clinical information, designed for and with young people. They fund specialised nurses, youth workers and hospital units in the NHS including in Leeds, so young people have expert staff and age-appropriate facilities to support them throughout treatment. They also run events for young people with cancer to help them regain independence and meet other young people going through something similar. Teenage Cancer Trust has invested heavily over the years to provide and maintain age-appropriate units across Leeds Cancer Centre. They also fund a number of key Teenage and Young Adult (TYA) Cancer roles, a lead nurse, a clinical nurse specialist, two youth support coordinators and a TYA MDT coordinator.

Case study:
Teenage Cancer Trust

Young people's brain development between the ages of 13 -24 goes through a rapid change and occurs at differing rates for everyone. This impacts on their ability to process information, leading at times to emotional responses to communication and situations. It is also a time of identity formation developing independence from parents, and finding your place in society.

A 19-year-old young man attended clinic with his mum and received a diagnosis of Hodgkin's Lymphoma. During the consultation he became agitated and angry. This was challenging because he needed to start treatment imminently and the Consultant needed to know he had received the information to be able to consent to treatment. The TYA (teenage and young adult) CNS (Clinical Nurse Specialist) facilitated the young man to leave the consultation, allowing him to process the information and become calmer. She talked to the Consultant after he had left the room to establish what needed discussing and then took the young person to the Teenage Cancer Trust unit where he became more relaxed, stating it felt more like a home than a hospital. The TYA CNS sat with him and chatted about who he was and what he liked. Within the conversation the young man asked about what was wrong and what the treatment would be. The young man returned for the rest of the information at the end of the clinic, having had time to process the information. The TYA CNS could also inform the treating team of the young person's communication needs which enhanced future appointments.

Whilst receiving treatment on the Teenage Cancer Trust unit the young man took part in group activities lead by the Teenage Cancer Trust Youth support co-ordinator (YSC). Whist doing this the group chatted about everyday things and touched on substances they used when not in hospital. The YSC was able to listen, advise and further open the conversation to ensure the young people understood the risks they were taking and where to go for further support. The unit environment provides a safe space for the young people to open up about their concerns so that important work can be done in a non-judgemental way to ensure their safety, and identify potential indications with treatment.

Candlelighters is a children's cancer charity, supporting children and teenagers aged 0-19 in hospital and at home with a large range of emotional, practical and financial support. They fund numerous specialist roles in the Paediatric Oncology department, which includes several play/activity roles both in the hospital and outreach, a dinner supervisor, a Lead Nurse for children's and teenage cancer, a Clinical Nurse Specialist, and a Paediatric Radiographer. Their own team of Family Support Workers host events, occupy and distract children, signpost services for parents and carers and a multitude of other things to support the wellbeing of patients and their families. Candlelighters also supports the environment of the department with wall décor, essentials for patients and parents and other fundamentals such as funding craft materials. Their Family Support Centre, 'The Square', enables patients and family members to access services such as talking therapy and wellbeing, as well as attending peer support groups, available to all family members from the moment of diagnosis and for as long as is needed. Services can be accessed at the hospital, their Family Support Centre, and in communities and at home, where their Community Support team ensures families at home receive all the support they need. Candlelighters also provides financial aid to families with the provision of financial grants and a funded holiday. For over 40 years, Candlelighters has funded research, with many of these programmes involving clinicians from Leeds Children's Hospital, helping to make Leeds a more attractive place to work.

Leeds, West Yorkshire, and Health Inequalities

The city of Leeds has a population of 812,000, with the wider city region of around 3 million people. It is the fastest growing city in the UK and has more than 200 languages spoken in the city. Such contextual factors must be accounted for in our healthcare system, and we must work holistically and in a networked manner to adapt to demographic shifts. This strategy will address such changes, in the specific context of cancer care. Furthermore, there is a life expectancy gap of 11.5 years for males and 13.7 years for females between the most and least affluent areas of Leeds. We already know that, in Leeds, 26% of the population are classified as living within the top 10% most deprived nationally. Those from the most deprived areas often require more healthcare, but in practice receive less[2]. As a teaching hospital and Anchor institution within the region, such contextual factors receive specific consideration in all aspects of our work and are intrinsic to our forward-looking action plans and strategies.

Health inequalities are defined as[3]:

> *"Differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable. They are caused by the conditions in which we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health."*

Such health inequalities are primarily faced by the CORE20PLUS group, who are described as;

- CORE20 – The most deprived 20% of the population
- PLUS – Chosen population groups experiencing poorer than average health care access, experience and/or outcomes, who may not be captured within the CORE20 alone and would benefit from a tailored approach. This includes but is not limited to; ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; and other groups that share protected characteristics as defined by the Equality Act 2010.

At the Leeds Cancer Centre, we are aware of adverse impacts faced by the Leeds CORE20PLUS population concerning cancer prevention, diagnostics, treatment and living with and beyond care.

Those living with learning disabilities and autism are considered part of our 'PLUS' demographic as they face specific barriers to optimal access, experience and outcomes from care. In LTHT we have a fantastic Learning Disabilities and Autism Team who we will continue to work with over the coming years. Through this partnership there is a specific aim to make our cancer care and the information we provide increasingly equitable. Some nationally identified challenges that we will address include[4]:

- practical barriers, including mobility issues and difficulty using appointment systems
- a lack of understanding of instructions, for example for bowel cancer screening kit
- a lack of family or carers to support attendance at screenings and treatment, and local support services
- stress and anxiety about screening, diagnosis and treatment often felt by people with a learning disability, autism or both
- a lack of awareness among staff about reasonable adjustments, accessible information and other resources to support people with a learning disability and autistic people.

The LGBTQ+ community face an array of healthcare inequalities. An example is that the transgender and non-binary community face barriers to screening. Barriers include not receiving an invite to screening due to patient records not recording transgender status, or samples being refused from the lab if samples are marked as male for cervical screenings. Over the next five years, we aim for our cancer services to be redesigned to ensure they are easily accessible to such groups that traditionally have face barriers to healthcare services.

Whilst this strategy sets out our plan to reduce health inequalities in Cancer, we are already beginning to make a difference. As an Anchor institution in the region, we utilise our assets strategically alongside others such as local authorities and universities to address local social, economic and environmental priorities.

With issues in these areas primarily facing those in the CORE20PLUS group, initiatives for improvement can reduce health inequalities and lessen cancer causing environmental factors. Additionally, we are beginning to implement Equality and Health Inequalities Impact Assessments (EHIIA). The completed EHIIA will provide assurance to decision makers, evidencing their "due consideration" duty to consider equality and health inequality. This will systematically guide identification of possible impacts of change on those who experience health inequalities and commit us to minimising any negative impacts. Utilising the Cancer Patient Experience Survey, we are able to measure tangible differences to patient experience in the CORE20PLUS group and aim for this to continually improve and become one of the best nationally moving forward.

Our Cancer Strategy 2024 – 2028

Aligned with our clinical priorities, by 2028 or sooner we will:

- Deliver equitable cancer services, which are inherently sustainable and efficient.
- Invest in and deliver high quality academic research, then translate that into service innovation and improvement across cancer services, remaining at the forefront of clinical advancements.
- Offer person-centred cancer care in the most appropriate setting throughout a patient's pathway, from diagnostics to rehabilitation and end of life care if required.
- Successfully utilise our position as an Anchor institution to positively influence and champion cancer prevention campaigns in the region. This will be in network with our partners, including local councils, universities, public health specialists and third sector.
- Work with patients to understand their personal needs and preferences, embedding shared decision making and upstream prevention. This will require particular focus with our CORE20Plus population.
- Improve and expand our workforce through recruitment and retention, and offer education and development opportunities to increase the skill mix of our staff.
- Invest in our cancer infrastructure to achieve our diagnostic targets across population groups, with a focus on our new Pathology Laboratory and Community Diagnostic Centres.
- Improve cancer outcomes across West Yorkshire, via earlier diagnosis, better time to treatment and utilising our leading-edge cancer infrastructure.

Prevention

The practice of cancer prevention concerns individual and societal action taken to lower the chance of getting cancer. Many things including our genes, our lifestyle, and the environment around us affect our risk[5].

> **We will work with our health and care partners to support patients to live healthy lives for longer and reduce their chances of getting cancer.**

Currently, we analyse our population health data to understand the relationship between cancer incidence and geography, socioeconomic deprivation and ethnicity in Leeds. Additionally, those with protected characteristics also face challenges in the prevention of cancer. We must work in a networked manner to ensure that as an Anchor institution within the city, we utilise knowledge from partners such as the council and the universities in a reciprocal relationship.

> **We will continue to utilise population health data and intelligence, and target prevention initiatives within the Core20PLUS group, who face the greatest barriers in accessing healthcare. These barriers to access need to be identified alongside community leaders.**

Some health conditions place individuals at a higher risk of getting cancer, and many of these patients are not diagnosed until they are admitted into hospital through emergency care. This not only makes the patients' journey more challenging, but also increases demand on emergency services.

> **We will work across teams to identify high risk conditions earlier via screening initiatives, and refer patients into support services that will reduce their chance of getting cancer.**

Around 33% of the most common cancers could be prevented by eating a healthy diet, keeping to a healthy weight and being more active[6]. This highlights how crucial prevention initiatives can prove in reducing cancer admissions to our services. Currently, we work closely with our Integrated Care Board and regional partners to ensure prevention initiatives are equitably rolled out within the community. However, we believe we can do more.

> **We will support patients to reduce their risk of developing cancer by developing our support services across smoking, alcohol, and weight management. Networked care with GPs will be essential for implementation.**

LTHT forms part of the West Yorkshire ICB, who provide overarching guidance to improve outcomes across the region. Critical to our work is having the support of the organisation, its members and partners, including local government, voluntary organisations, social enterprise, and community sectors.

> **Throughout the development and monitoring of the strategy over the next five years, we will ensure it aligns with the wider population outcome framework, associated ICB Strategies and public health goals. Mutually, we can utilise our extensive knowledge and data base to positively inform regional and national policies regarding prevention.**

Our third sector partners at LTHT are core to our work and the support provided to patients before, during and after their care. The charities are often embedded within local communities and therefore have access to networks that are vital to improving the success of prevention programmes.

> **We will work closely with third sector partners and our Learning Disabilities and Autism team to maximise community outreach opportunities and ensure a cooperative and harmonious approach to equitable prevention. This can be furthered through opportunities for fundraising awareness at the Trust and around the region.**

At Leeds Cancer Centre, we recognise that in most cases, there is no known preventable cause for children and young people's cancer. However, we can target cancer prevention early via our role with schools and other educational organisations around cancer prevention.

> **Additionally, we will ensure our end of treatment clinics and long term follow ups contain education programmes for children and young people, around risks of secondary cancer post treatment and ways to reduce risk.**

Success indicator	Time Frame
Increased influence and assistance in prevention campaigns for the region. This includes those provided by the third sector, local authorities and other relevant bodies.	Consistent monitoring over the next 5 years.
Consistent metrics for demographic measuring are fully implemented across the trust, and subsequently demographic data is measured.	Prioritise to develop over next 6 months alongside HI&PH team.
Yearly increase of patients who identify as smokers are referred to support services.	Improved over year one, and maintained/ improved gradually over following 4 years.
Yearly increase of patients who identify as drinking alcohol excessively are referred to support services, such as Forward Leeds.	Improved over year one, and maintained/ improved gradually over following 4 years.
Yearly increase of patients who may suffer increased risk of cancers resulting from unhealthy weights being referred to the 12-week weight management programme developed in partnership with Leeds Rhinos Foundation and Public Health Leeds. And; Yearly increase of patients with learning disabilities and autism who may suffer increased risk of cancers resulting from unhealthy weights being referred to the The Healthy Lifestyles Programme for learning disabled and autistic adults.	Improved over year one, and maintained/ improved gradually over following 4 years.
Increased engagement with prevention programmes for the Core20PLUS group, including screening initiatives.	Prioritise to develop over next 12 months alongside HI&PH team.
National and global conferences attended will be recorded, and increased over 5 years.	Consistent monitoring over the next 5 years.
Developments in seamless services between community and secondary care to improve the uptake of screening at first appointment.	Improved over year one, and maintained/ improved gradually over following 4 years
Increase cross organisational learning to support and influence prevention medicine based on clinical trials and audits outcomes. This can be influenced by the percentage of the clinical trial on the NIHR portfolio we have open.	Consistent monitoring over the next 5 years.

Case study - **Tobacco Dependence Treatment Service at LTHT**

In November 2022 LTHT established a new in-house smoking cessation service, initially targeting inpatients in Clinical Service Units where smoking prevalence is highest. The Trust has expanded the specialist support it provides to patients, through the recruitment and training of a brand-new team of advisers who approach smokers on an opt-out basis and offer non-judgmental behavioural support at the patients' bedside. The aim is to support patients, often those living in the most deprived parts of our city, to abstain from smoking whilst in our care. We ensure they have access to the medication required to manage withdrawal symptoms and have the right support in place to continue with a full quit smoking attempt when they are discharged.

From launch in November 2022 to the end of September 2023, the inpatient service has received 4,013 referrals, engaged with 3,417 patients and supported 303 people to quit. In the same time period, the maternity service has received 402 referrals, engaged with 153 pregnant patients and supported 50 people to quit.

These figures are significantly more successful than when patients try to quit without support[7].

Diagnostics

Effective diagnostic testing is used to confirm or eliminate the presence of disease, monitor the disease process, and to plan for and evaluate the effectiveness of treatment[8].

We will provide high-quality, patient-centred diagnostic tests in community settings where appropriate and target our outreach and engagement to the areas of greatest deprivation to diagnose cancers earlier.

To deliver additional diagnostic capacity, LTHT is establishing three Community Diagnostic Centres (CDCs) across Leeds, embedded in community settings. These centres will be localised to areas of greater socioeconomic deprivation, with the ambition to improve uptake amongst populations who have the poorest access to services, and often present later.

By working in Networks across Leeds, we will continue to focus our community diagnostic capacity in areas of greatest socioeconomic deprivation and quantify their impact on reducing health inequalities in our population.

The Faster Diagnosis Standard aims to ensure patients who are referred for suspected cancer receive a timely diagnosis. Operational pressures can result in large backlogs in diagnostic capacity, further exacerbated by increasing demand resulting from complex tests.

We will work with our system partners to achieve the Faster Diagnostic Standard and contact patients directly, quickly and with care to inform them of their results. We will discuss the implications of the results and support our patient to choose the next steps if they receive a cancer diagnosis.

Research and innovation in diagnostics has been critical to our development as a cancer centre, such as the development of the digital pathology service. Its success is pivotal for our continued development over the next five years. Our aims, investment priorities and development of our research network in the region must be aspirational. For example, LTHT's Centre for Laboratory Medicine, opened in 2023, will provide access to world class blood pathology facilities, and help to meet the growing regional demand for specialist treatment and care.

We will continue to invest in diagnostics research and innovation to provide cutting-edge, fast, and specialist tests for patients, in collaboration with our academic partners. This will include embedding digital solutions to facilitate working across Providers.

There are a growing number of diagnostic tests available for patients, often requiring multiple visits to hospital. However, we have started to make diagnostic testing easier for patients. For example, LTHT currently provides a One-Stop Breast Clinic to reduce the number of visits patients have to hospital, reducing the stress and fear of a potential cancer diagnosis.

We will analyse our data to improve the accessibility of diagnostic clinics to areas of greatest deprivation, including through out of hours appointments and weekends. This shall include replicating the successes such as the One Stop Breast Clinic across other cancer services to provide timely access to the most cutting-edge diagnostic tests.

There is often a shortage of staff across diagnostic services, with community and acute Providers recruiting from the same pool. Utilising a mix of attractive employment offers, we can increase talent acquisition into the Cancer Centre, with the offer of exemplar training and development, a culture led by The Leeds Way, and outstanding progression opportunities. This will include the flexibility required for staff to work across Provider boundaries.

Resultingly, we will aim to attract and recruit more staff from within and beyond West Yorkshire, increasing our skill mix within the cancer centre.

A large number of cancers are diagnosed at a later stage. Collaborative and innovative working and integration of healthcare innovations into our routine pathway can result in better care for patients. For example, getting genetic results for patients can enable faster earlier treatment in their pathways, improving outcomes. Because LTHT has been able to use innovative technologies, and breakdown barriers to properly integrating the genomics into routine testing, turnaround time from referral to diagnosis is now less than one week (down from two and a half to four weeks). Whilst implementing the change in lung cancer genomic testing has undoubtable benefits, it also highlights how important digital and IT are to the success of genomics, and other diagnostic services.

We know that earlier diagnosis leads to better outcomes for our patients. With the increasing offer of earlier diagnosis via successes in genomics, we will develop our cancer services aligned with the aims of our genomics laboratory, developing a mutually beneficial relationship and improving reductions in waiting time for patients.

Success indicator	Time Frame
Top quartile reduction in the current wait time from referral to diagnosis, year-on-year. This must be equitable across our CORE20PLUS groups.	Consistent monitoring over the next 5 years.
Improved performance against KPI's including Faster diagnostic Standard, and Practice Timed Pathways.	Strategic priority to begin achieving in year 1-2.
Sustained increase of patients using the Patient Portal to access their results and appointments.	Consistent monitoring over the next 5 years.
Expanded integration for CDC (clinical diagnostic centres) with Primary care, offering one stop clinics.	Consistent monitoring over the next 5 years.
Improved network of research with the universities, with an increase in diagnostic research conducted and implemented year on year.	Improved over year one, and maintained/ improved gradually over following 4 years.
LTHT receives more recognition for its research and innovation in all aspects of cancer care. This includes awards and presentations on national and/or global scale.	Long term horizon goal, spanning the next 5 years and further.
The cancer centre should achieve top quartile retention rates beginning towards the end of the five-year period.	Long term horizon goal, spanning the next 5 years and further.
Increased frequency of rotational roles between community and acute providers.	Consistent monitoring over the next 5 years.
Year on year improvement in results from staff surveys, especially in satisfaction scores as an indication of retention improvements.	Yearly improvements over 5-year timeframe.

Case Study: **DNA/WNB**

Diagnostics appointments experiences high levels of Did Not Attends and Was Not Brought. Analysis of the Trust's breast two week wait (2ww) data showed non-attendance positively correlates with socioeconomic deprivation and is higher within ethnic minority populations.

A pilot study involved contacting each patient a week before their appointment and those who had recently not attended to explore the reasons. Over nine months, median non-attendance reduced from 16% to 3%, and ethnic minorities experienced a greater improvement in non-attendance rate. This study highlighted the importance of using population health data to develop interventions and contribute towards reducing health inequalities.

Case Study: **Teledermatology**

In 2017, the Leeds Teledermatology skin cancer initiative began. It aimed to reduce the time taken to provide patients with results from their skin cancer referral appointments and diagnosis.

The initiative was rolled out across GP practices in Leeds, who received an iPod Touch and dermatoscope. The GPs could then take images of the suspected skin lesion, and easily share these with a Consultant Dermatologist, who provides a diagnosis within 48 hours.

The initiative has resulted in numerous benefits for patients, the Trust, and the primary care sector. For patients, less time is spent in the unknown after a referral which has an emotional toll, as well as reducing travel time to hospital. Since the initiative began, these benefits have seen by over 2500 patients. For the Trust, over 120 clinic slots a month have been seen released to assess those skin cancer patients who require a hospital appointment.

The initiative is in place Leeds wide, and has received national recognition. This is testament to the innovation that happens in the region, and provides a glimpse into the future of diagnostic services.

Treatment

Cancer treatment uses a variety of surgical and non-surgical methods to stop the progression of, cure or shrink a cancer.

> We will invest in research and innovation to deliver cutting-edge, high-quality cancer treatment in the most appropriate location, and provide information and support to help patients decide on the best treatment option.

Prior to beginning treatment, patients are often scared and concerned. Our teams are committed to having meaningful conversations with patients about their care journey from the start of the pathway.Shared decision making is crucial for all patient groups, and requires specific assessments and appropriate information in a range of formats.

> We will achieve the National Institute of Clinical Excellence guidelines about shared decision making and embed it throughout our cancer pathways. Alongside this, specific considerations will be made for both Children and young people, and Teenager and young adult groups.

Shared decision making includes giving patients input upon choosing how, where and when they access care. New communications technologies will allow for patient records to be shared where necessary, to provide localised care and in some cases care at home.

> Furthering our networked care will provide the opportunity to improve patient decision-making in service provision location, with the aim of increasing overall patient satisfaction and access to treatment.

LTHT's Patient Portal provides patients with access to their results and health records, empowering them to make decisions about their care.

> We will increasingly deploy and provide access to the patient portal for cancer patients. Therefore, more patients will have access to their test results, and have embedded shared decision making from the beginning of their treatment pathway. Further engagement with the West Yorkshire ICB aims to help mitigate issues of digital exclusion that may arise.

Communications about a patient's treatment pathway have a significant effect on individuals' quality of care. This includes the setting where communication is made, online or in person. Additionally, regardless of setting, information provided should also be jargon free.

> We will ensure patients are well informed about their treatment, and that this information is provided in a timely, preferable and accessible format. This will be achieved via consistent networked care with our translators and learning disabilities and autism staff.

Leeds Cancer Centre has access to cutting-edge technology, used daily to provide patients with faster, easier and more effective treatments. This includes examples such as the Leeds Gamma Knife Centre service within our radiotherapy department. We offer (at the time of implementation) one of only two machines in the UK providing the highest standard and most innovative treatment for brain disease including cancers, and the expansion of our radiotherapy service via increased Linac provision and utilisation.

> We will further our leading edge-care provision by utilising cutting edge treatments, giving patients access to some of the best cancer care in the country. Such expansion and growth will be concurrent with the aims of our system partners, including the ICB and the West Yorkshire Association of Acute Trusts (WYAAT).

Physical activity, eating well and psychological support are all core to improving outcomes and quality of life and it is essential to stay as fit and healthy as possible prior to starting treatment. Being fitter generally means that the chances of developing complications are decreased and recovery is faster and easier.

> We will continue the expansion and success of campaigns to improve treatment outcomes, such as the Shape Up 4 Cancer programme which ensures all patients have the opportunity to access a specialist cancer fitness coordinator.

Cancer diagnosis and subsequent treatment can bear psychological demands on patients. To embed the three Cs of patient centred care (Communication, Collaboration, and Caring), our teams are clear that support in psychological care is paramount.

> We will provide psychological support at the right time through keyworkers and provide clear pathways for access to specialist services (such as embedded Cancer Psychology Services, Liaison Psychiatry) or to community services (such as NHS Talking Therapies). To ensure this, the Trust will provide sufficient access to communication skills training for these staff.

World leading research in the areas of treatments has been conducted within LTHT, working alongside our partner organisations such as university partners, the third sector and the wider NIHR. This is assisted by great collaborations across the region, including work within the National Institute for Health and Care Research infrastructure. Analysis of patient data and running early phase treatment trials will be key to benefits for a wider group of patients. Resultingly, patients arrive expecting high quality treatment at the frontier of healthcare, and our workforce aim to provide this for all patients.

> We will further our promotion as a world leading cancer treatment centre for care as well as research and innovation, ensuring patient experience is improved as a result whilst also attracting industry partners to LTHT for key therapy trials. This will also include expanding equitable access to clinical trials. Additionally, we will continue to ensure conversations are had to provide equitable access to trials across the region, with specific consideration for Children and young people and Teenagers and young adults.

Leeds Cancer Centre operates as one of the biggest in the UK, and our specialist clinical staff ensure such a service is able to operate continuously for the benefit of our patients. Given the specialist knowledge base of our staff, it is essential that they have opportunities to both utilise their skills in the most optimal way, as well as having sufficient opportunities to develop them.

Currently, our Allied Health Professionals (AHPs) and Pharmacy teams work closely with patients and their specialist teams to provide support and guidance, leading to timely discharge and improved patient experience.

> We will continue to ensure our AHPs and pharmacy teams are embedded into the cancer pathway, with clear communication with other clinical teams to highlight their vital role in delivering quality care.

Success indicator	Time Frame
Utilising the National Cancer Patient Experience Survey, achieve or maintain 'upper expected range' across all expected range charts. The survey isolates data by protected characterises, and the trust should aim for no statistically significant difference between characteristics and satisfaction.	Yearly improvement over 5-year timeframe.
Increase year on year of patients satisfied with the location of their care (better utilising the PPM+ software).	Consistent improvement over the next 5 years.
100% of CSUs with cancer services will complete health inequalities training by 2025.	Consistent monitoring over year 1. This is a wider goal requiring collaboration with the public health team.
Improved benchmarking against national averages for cancer care, based on safety and clinical outcomes.	Consistent improvement over the next 5 years.
100% of patients (including CYP and TYA) with a diagnosis of cancer can see and be supported by a respective specialist psychological expert. This will require in the first instance 100% of patients having access to a Holistic Needs Assessment.	Improved gradually, with aim for attainment by year 5.
Throughout the patient pathway, 100% of patients report having access to psychological care, including level 2 support provided by key workers and CNSs.	Strategic priority to achieve in year 1-2.
Sustained and consistent delivery against 2 week wait and optimal pathway standards, working with partner organisations to ensure streamline pathways for any patients that need a diagnostic or treatment within LTHT.	Strategic priority to begin achieving in year 1-2.
100% of patient records are electronic by March 2025.	Consistent improvement over the next 2 years.
Achieve a proportional yearly increase of cancer patients being asked to participate in research, such as clinical trials (measured via National Cancer Patient Experience Survey).	Improved over year one, and maintained/ improved gradually over following 4 years.
Increased collaborative working with partner organisations, measured via changes in perceptions of staff on networked working models.	Improved over year one, and maintained/ improved gradually over following 4 years.

Case Study: **RCC Trial**

In 2018, a 41-year-old fit and active individual approached Leeds Hospitals with severe back pain, and a subsequent CT scan showed a large renal tumour. Post initial treatment, recurrence was seen with three lung and seven liver metastases. He was referred to medical oncology, who provided a median survival expectancy of eight months.

However, in September the patient started treatment within the PRISM clinical trial (Ipilimumab and Nivolumab scheduling) immunotherapy. This was led by Dr Naveen Vasudev, Medical Oncologist.

By December 2018, CT restaging showed excellent partial response in all metastases showing significant reduction in size and devascularisation. Alongside this, the patient's quality of life improved, and energy levels significantly improved.

Fast forward to April 2023, and CT scans continue to show no measurable disease, and the patient can maintain a normal quality of life. Five years after an eight month prognosis in 2018. Furthermore, as of 2019, Ipilimumab and Nivolumab have been approved by NICE as standard first line treatment in mRCC.

Case Study: **Pharmacist Independent Prescribers**

In the last five years, there has been a very significant increase in the number of systemic anti-cancer therapies (SACT) available, which has been a huge factor in cancer survivorship. Many SACT treatments are oral, targeted therapies taken until disease progression and patients require frequent monitoring for toxicities. This large increase in the number of patients receiving SACT is putting huge pressure on out-patient services and clinicians.

Pharmacist Independent Prescribers (PIPs) can support the review and prescribing of these therapies as part of a multi-disciplinary team (MDT) approach. Over the last five years, we have developed seven PIP clinics in breast cancer, melanoma, prostate cancer, myeloma, CLL, myeloproliferative disorders and CAR-T. With the support of the West Yorkshire and Harrogate Cancer Alliance (WY&H) Innovation Funding, we are further developing this "expert Pharmacist" role, with a staggered roll out of five new clinics over 12 months.

Living with and beyond cancer

Anyone who has had a diagnosis of cancer is someone who is living with or beyond their cancer. This could be someone who has completed their treatment or having ongoing treatment for their cancer[9].

> **We will support patients to have the best possible quality of life during and after their cancer treatment by embedding personalised care plans and shared decision making throughout their journey.**

For those finishing cancer treatment, the transition towards living with and beyond cancer can be challenging. Patients may feel isolated, and without clear support. This may include treatments having finished and appointments coming to an end in secondary care. Currently, we offer patients access to patient education programmes enabling them to meet others who have been through the same situation and provide education about how to manage late/long term side effects and identify possible recurrence. We are working towards having this available for as many patients as possible. Additionally, the West Yorkshire and Harrogate Cancer Alliance provided funding to allow healthcare professionals and patients from across the region to create videos to help share expertise and experiences for patients and their carers going through cancer. We link in closely with Maggie's, signposting patients to the many resources they have available alongside other charities and community sector organisations.

> **Moving forward, our pathway for patients will consistently provide an outstanding level of information, with appropriate considerations for groups which may find access this more challenging (for example, non-English speakers and those with learning disabilities and autism).**

As cancer treatment improves and survival rates increase, more patients require long-term care after their treatment, impacting their day-to-day lives. Currently, LTHT provides rehabilitative services in partnership with the community and other system partners.

> **We will continue to and improve in listening with empathy to patients' needs, working with them to maximise their quality of life after cancer treatment, including helping them to live independently where possible. This requires efficient, seamless and secure data integration between providers.**

Following treatment, patients will need follow-up appointments to check their recovery and remission from cancer. These appointments are often stressful and can require patients to travel long distances. However, developments in remote monitoring of patients such as virtual wards and consultations offer the possibility of at home care post treatment for patients. Research into distributed models of care will help us continue to develop this over the next five years.

> We will utilise innovative digital technologies to minimise the amount of travel for patients during their post-treatment care, reducing where possible the need to admit them, and offer virtual appointments where this is their preference. This requires strong partnerships with our community and primary care providers, as well as ensuring digital exclusion is accounted for and reduced.

Critical to post-treatment care is the psychological support provided to patients via specialist support teams, who work alongside other cancer staff to provide holistic care. This spans age ranges and can be especially prevalent in the teenager and young adult group.

> We will make clear the routes to support with mental health post treatment and make this as simple as possible to access. This also requires training and supporting keyworker staff to provide psychological support as well as providing access to specialist services, including through the dedicated work of our charities.

Our palliative care at Leeds Cancer Centre is integral to ensuring emotional support and the best quality of life for patients, as well as friends, relatives and carers. Powerful research is currently being undertaken in palliative care within the region through the University of Leeds, which in the future will improve our offering to patients. Additionally, we note the challenges that individuals between age groups, such as 16-18 year olds face when making decisions on location of palliative care.

> We will ensure that over the next five years, patients of all ages and their loved ones are able to access leading edge palliative care, and the cancer centre will work closely with internal and external partners to make this possible. This will include shared decision making with patients, with appropriate levels of support.

Research concerning living with and beyond cancer in collaboration with our wider system partners has provided innovations at the forefront of cancer care. This provides the opportunity to give patients at LTHT the leading-edge care they expect. Additionally, development of the Innovation Village within Leeds provides a momentous opportunity for furthering collaborative research in the region.

> We will continue and aim to further our collaborative approach with our universities, fellow anchor institutions and other partners within research, to improve the experience of current and future patients.

Success indicator	Time Frame
Increase year on year of patient success stories received, and subsequently published.	Yearly improvement over 5-year timeframe.
Increased satisfaction with survivorship services across adults, TYA and CYP cancer services.	Consistent improvement over the next 5 years
All patient's feel adequate support is provided post-treatment, measured through Living with and beyond cancer in the cancer patient experience survey (where applicable).	Strategic priority to begin achieving in year 1-2.
100% of patients are offered the Gold Standard of care for patients facing terminal cancers, based on the Gold Standards Framework.	Consistent improvement over the next 5 years.
Consistent therapeutic support for all patients (Adult, CYP, TYA) living with and beyond cancer in Leeds.	Improved gradually, with aim for attainment by year 2.
Friends and family test data consistently improved year-on-year, with pervious year metrics as a baseline.	Consistent monitoring over the next 5 years.
All patients have a personalised care plan in place.	Improved gradually, with aim for attainment by year 5.
% increase in the number of patients offered long-term monitoring virtually.	Consistent improvement over the next 5 years.
Patients perceived levels of networked care post treatment increases year on year (utilising (utilising 'your overall NHS care' section of National Cancer Patient Experience Survey).	Consistent improvement over the next 5 years.

Case study: **Teenagers and Young Adults**

Teenagers and Young Adults (TYA) have very specific personal priorities when they develop cancer. Traditionally, they have been underserved by services focussed on adults or younger children, often resulting in delays in care. The impacts upon their mental health, their social development with their peers, their education and workforce integration are unique in this liminal phase between childhood to adulthood.

At Leeds Cancer Centre we want to assess those specific aspects alongside the individual as well as their family, friends, partners and others, to provide cancer care that is compatible with these age-specific issues. To do this we require an age-specific environment, where expertise can support, reduce problems, shorten admissions and facilitate flexibility.

We currently have two specialist areas where Teenagers and Young Adults are treated, one at St James's Hospital and the other at Leeds Children's Hospital. These Units provide specialist care and facilities, and have been designed with the help of patients, parents and carers. This has been sponsored by Teenage Cancer Trust with the aim of providing patient care in a friendly uplifting environment, with other patients of the same age, making the hospital stay as enjoyable as possible.

Leeds has led nationally and internationally in providing specialist services for these young people and providing research into these later adverse health and social effects. Additionally, LTHT leads an NHS England Operational Delivery Network for Children and TYA with cancer, across Yorkshire and the Humber. This is developing model projects in Joint Care - supported by real time electronic clinical information sharing, elements of care can be delivered at the optimal physical location without loss of continuity of care or quality of information. Moving forward, we will aim to extend and expand our work for TYA in a dedicated work programme.

Looking forward

Future patient pathway

The below patient pathway describes just an example of our future service provision at Leeds Cancer Centre. The pathway has been developed not only based on the aims and focus areas of this strategy, but also with what interviewed patients believe an optimal cancer centre of the future would look like. Additional to the below patient pathway, multiple actions will be happening behind the scenes, such as discussions between teams, MDT support, data being securely shared, and conversations between the Trust, universities and charities.

Diagnosis	Decisions for treatment	Treatment	Living with and Beyond Cancer
What is the patient doing?			
After discovering swelling and redness on her breast, which she knew was unusual due to a social media video, Chloe visits her GP. The GP is able to refer Chloe to the local Community Diagnostic centre, half an hour closer to her house than any Leeds Hospital. All the tests are able to be completed here. In six days, Chloe has been diagnosed with stage 1 breast cancer. This happens face to face, as Chloe's preferred method of contact, and Chloe is taken though her LTHT patient portal, where she can access all the information about her upcoming pathway, and who she can contact.	With a busy schedule, Chloe is unable to attend a face-to-face meeting with a Breast Surgeon, but is able to request a virtual call. On the call, the Breast Surgeon can describe the possible courses of treatment, as well as offer participation in the trials of a pioneering new breast cancer drug. Whilst interested, Chloe opts to go for an alternative form of treatment. Again, she is provided with information on psychological support, and informed about community groups for cancer patients in her local area. The new information is uploaded to her patient portal, and respective medical teams are now able to easily access information regarding treating Chloe.	To ensure as far as possible, a positive treatment outcome, Chloe has followed a Shape up 4 Cancer Programme. 31 days after her diagnosis, Chloe undergoes surgery to remove as much of the cancer as possible. This is followed by recovery at home, and regular virtual check ins (as requested). Chloe also undergoes a short course of radiotherapy to destroy any remaining cancer cells. The recent addition of the MR SIM makes this incredibly precise, and Chloe is able to complete the treatment. A Clinical Nurse Specialist is able to inform her about how living with and beyond cancer will look and feel, and where support will be available. This is followed by further advice on Chloe's patient portal which she accesses when home.	After finishing treatment, Chloe feels a sense of isolation. Using the information she was given at the end of her treatment, she is able to reach out to a charity partner, who offer continued psychological support, and invite her to an education session with fellow cancer survivors. Chloe is also contacted by the Trust in connection with the university, with the offer of participating in living beyond cancer research.

Diagnosis	Decisions for treatment	Treatment	Living with and Beyond Cancer
Who are they interacting with?			
Chloe meets multiple professionals during her diagnosis, including her GP, nurse, radiographer and essential admin staff such as receptionists. All staff greet Chloe with an introduction and explain fully what the next steps are.	Primarily, Chloe is interacting with a specialist Breast Surgeon. After a holistic needs assessment, she is also able to access level 2 psychological support, which key workers such as CNSs are able to provide.	Chloe interacts with a number of medical professionals, including surgeons, nurses, radiologists, oncologists and psychologists, who all have a good understanding of her treatment path due to her electronic patient record being consistently updated. Chloe has a good idea of who is who, as the staff are able to introduce themselves and explain their role.	Chloe can interact with specialists from the charity, who are aware of the best resources for her needs. She is also able to interact with fellow breast cancer patients and survivors, making new friends with shared experiences in her local community.
What challenges and positive experiences are they having?			
With the new diagnostic centre being much more accessible, Chloe is able to get to her appointment much easier, reducing the time away from her family. Additionally, her short wait time and the friendly staff make the diagnosis easier to bear, as she can process what the next steps are and understand her diagnosis fully.	With a non-medical background, Chloe may struggle to comprehend the complexities of treatment. The medical team and CNS are able to explain this further, and provide links to resources that Chloe has access to. Additionally, as Chloe was able to attend a virtual appointment, it saved on her fuel bill, and the often stressful experience of driving to the Hospital.	Chloe faces psychological challenges going into surgery. However, continued conversations with psychological support specialists help to alleviate her nerves. She also has a good understanding of what will happen in the surgery and radiotherapy, due to accessible information provided by staff, and additional information resources.	Whilst Chloe faced the challenge of initially feeling isolated, the consistency of information provided meant that she knew where to go when this happened. The support group and psychological care are positive experiences for Chloe and helps her better comprehend living with and beyond cancer.
How are they feeling?			
Before receiving information from staff, Chloe felt scared, nervous and uncertain. However, a fast and efficient process reduced further negative emotions created by waiting. Additionally, Chloe was given information about the psychological support provided by the Trust by friendly and engaged staff, as well as informed about the work of our charity partners. Chloe now feels much more confident to face the following pathway.	Before joining the call, Chloe was incredibly nervous, as she was unsure what the Breast Surgeon would say. However, after being able to share decision making in her treatment and access helpful resources for information and psychological support, she felt much more comfortable about her upcoming treatment, and could explain it well to her loved ones.	Chloe knows she is in good hands whilst undergoing treatment and understands the procedures, however, is naturally still nervous. The psychological support, access to information, shared decision making and relationships with the staff help alleviate this.	Chloe feels relieved to have finished her treatment journey, however is left with a sense of isolation. Whilst this was tough to overcome, support from services working with the Cancer Centre proved invaluable in bringing her confidence back.

Patient voice

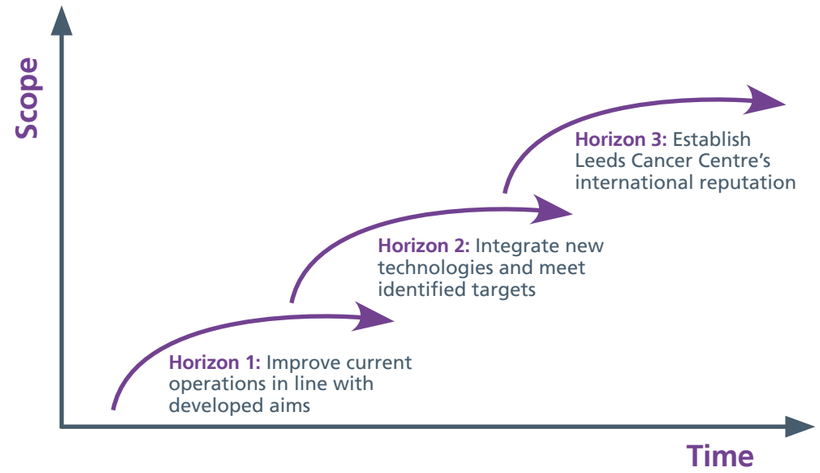
Throughout the development of this strategy, we have maintained communications with key stakeholders at all stages (Annex B). This is something we will continue throughout the measuring and monitoring of the new strategy, via regular touch points both locally and in the wider system, alongside continuing our patient engagement sessions. This will ensure the strategy remains at the heart of cancer services at LTHT and makes a positive difference to the patient experience. This strategy has been developed following the patient pathway through cancer services, and the effect on patient journey will determine the strategies success. Maintaining patient engagement in the monitoring of the strategy will allow us to see the effect the strategy has had on patient care. This spans equitable care, leading-edge care, networked care and multi professional care.

This will require the continuation of close working relationships between the public involvement team and the Cancer Centre. Additionally, further effort will be required to ensure we meet our goals to further reduce inequities of care within the region. Not only will this require more networked care with our charities and primary care providers, but also with our internal public health and health inequalities board, who have been integral to the development of this strategy.

Staff voice

In addition, workshops with CSU leaders and cancer staff will provide insights as to how the strategy has landed and performed in practice. Our work with service leaders and lead nurses has helped shape the strategy, and we aim to continue this engagement, to ensure staff feel a sense of ownership with the strategy and support its implementation in practice. Continued and regular reviews of the strategy during its implementation will ensure alignment with the general direction of the Trust, ICB and national strategies.

Whilst this strategy will span the next five years, it is important to align with the Trust's yearly goals and financial performance indicators. We will work closely with the finance teams to ensure yearly budgets are adhered to, to perform with a sustainable surplus. The metrics used to measure the success of the strategy will account for this and as well as having a long-term horizon plan of five years, will be adjustable on a yearly basis to ensure unwarranted variations in contextual factors can be accounted for.



Communications

Internal staff – build community

- Our Week
- Operational Update
- Intranet
- Screensavers

Patients of Leeds Cancer Centre – reassurance and support

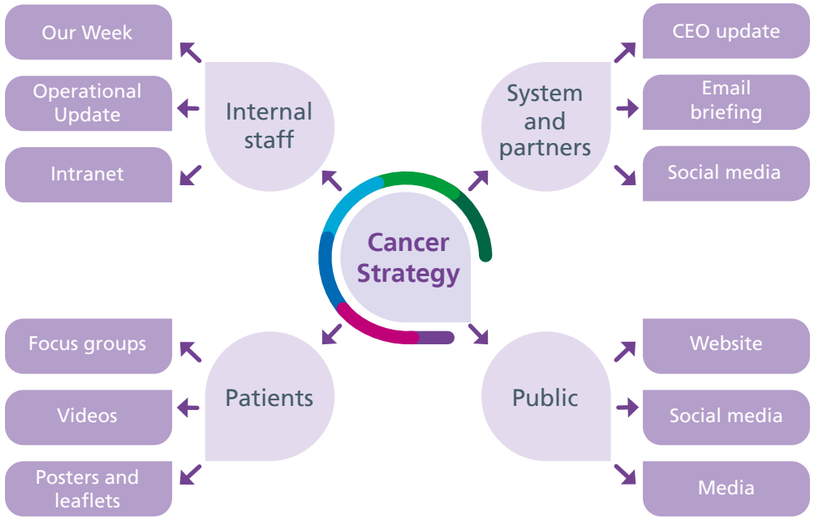
- Dedicated focus groups – online and in-person
- Videos
- Posters and leaflets available in clinic areas

Public – raise awareness and reputation

- Website
- Social media
- Media partners showcasing good news stories

System and partners – build community and reputation

- CEO stakeholder update
- Email briefing
- Social media e.g. LinkedIn



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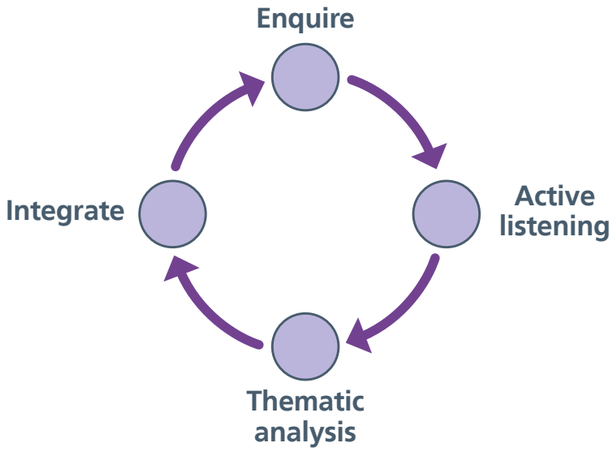
Annex A: Methodology

In February 2023, each clinical specialty providing cancer services submitted a summary of their ambitions over the next one, five, and ten years. A comprehensive analysis identified the key themes, which were refined through a series of in-depth workshops covering prevention, diagnostics, treatments, and living with and beyond cancer.

The strategy's content and structure were developed with the sounding of a Task and Finish Group comprised of senior clinical and non-clinical staff from across the Trust, as well as representation from the Integrated Care Board, Primary Care and a patient representative. Additionally, the strategy has been aligned to other Trust strategies, including the Trust's Strategic Priorities, Health Inequalities & Public Health Action Plan, Clinical aims, Workforce strategy and Operational Transformation Strategy, to ensure cohesion across trust objectives and ensure consistency with our mission and values. This alignment also ensures that the CORE20Plus demographic is heard and accounted for within the aims and principles of this document.

Post initial draft, a consultation phase provided feedback from key stakeholders. This included a multitude of Boards and specialist groups (Annex B). This feedback was captured and summarised using thematic analysis, highlighting the most crucial issues identified. Once themes were collated, they could then be added to the strategy where applicable. This was an iterative process resulting in a positive feedback loop. The more we integrated new learnings, to more opportunities for development we identified, approaching appropriate teams to guide development and inform us.



Engagement with the public and users of our services has also been employed in the development of the strategy, through a number of means. Firstly, this involved a patient survey to identify areas of patients' cancer care where we excelled, and where we could have improved. The Patient Involvement Team subsequently hosted a workshop with patients to gather more in-depth feedback. Patient interviews were also conducted within the Bexley Wing. This allowed us to meet patients where they are, rather than coming to us. The interviews allowed us to assess whether our aims and goals matched with what patients thought a successful cancer journey would look like. To further increase patient voice representation within the development phase, a volunteer Partner with lived experience participated in the Task and Finish Group discussions to provide feedback and public perspective on the conversations. Following the discussion with patients (alongside wider stakeholder feedback) the three Cs of patient centred care became central to strategy development. These are communication, co-ordination, and compassion. Work with public involvement specialists ensured this could be achieved and maintained thought the development process.

Following engagement events, the strategy was reviewed by the Trust Board and Executives, who provided great insight for the work. This allowed us to ensure the strategy matched the objectives of the wider trust and allowed for the implementation of the strategy at the start of the 2024/2025 financial year. The communications team within LTHT were then able to plan to ensure the strategy reaches all our partners, effectively and where they are.

Annex B: Engaged stakeholders

We thank all those who gave their time and expert insight into the development of this strategy. Below, we highlight those who we presented to and shared with directly, however additional stakeholders were also reached through wider sharing of the strategy.

Internal/External	Working group	Engagement method
Various	Task and Finish group	Bi-weekly meetings
Internal	Clinical Nurse Specialists	Sharing via senior team member/written engagement
	Medical Consultants	Half day workshop
	Children and young people staff	Online Meetings/ Workshop
	General Managers	Attending GM Virtual Meeting
	Clinical Directors	Attending CD face to face meeting
	CSU Leads	Digital Forms
	LTHT Communications team	Regular touchpoints
	Inequalities and Public Health	Regular touchpoints
	Executive Team	Presentation at board
	LTHT Board	Presentation at board
	LTHT Research and Innovation	Various touchpoints and digital communications
	Public Involvement team	Regular touchpoints
	Experts by experience	Various digital meetings
External	Patients	Virtual facilitated session
	Patients	Face to face interviews
	ICB Cancer Population Board	Presentation at board
	West Yorkshire and Harrogate Cancer Alliance	Presentation at board
	Charities working with LTHT and the Cancer Centre	Digital communications, meetings with representatives
	ICB Long Term Conditions Board	Presentation at Board
	GP Confederation	Presentation at Board
	University Representatives	Mixed method
	Harrogate and District NHS Foundation Trust	Virtual and face to face discussions

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