

West Yorkshire Association of Acute Trusts

Annual Report 2019/2020

A collaboration between Airedale NHS Foundation Trust,
Bradford Teaching Hospitals NHS Foundation Trust,
Calderdale and Huddersfield NHS Foundation Trust,
Harrogate and District NHS Foundation Trust,
Leeds Teaching Hospitals NHS Trust and
Mid Yorkshire Hospitals NHS Trust.



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Introduction from the Trust Chairs

In 2016, the six acute trusts in West Yorkshire and Harrogate (WYH) decided to work together because we recognised that we are stronger together.

We set ourselves the purpose “to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the West Yorkshire Association of Acute Trusts (WYAAT) service area” and we agreed principles for how we will work together and our approach to collaboration.

Since that initial decision, we have made good progress towards our objective and the principles have become central to how we work together. The areas of collaboration and partnership have grown substantially, such that working together through WYAAT is now part of our everyday business.

Our philosophy is that WYAAT is the combination of the trusts, not a separate organisation; WYAAT does not deliver programmes for the trusts, the trusts deliver them together supported by the WYAAT Programme Management Office.

We are all hugely committed to WYAAT, as demonstrated by the annual £2m budget the trusts fund and the extensive time the Chairs, Chief Executives, Executive Directors and senior managers, clinicians and frontline staff spend on collaborative work through the Association. The recent report, ‘Getting it Right in Leadership’, used WYAAT as a case study for a collaborative approach to Getting It Right First Time (GIRFT), recognising the importance and success of our managers and clinicians working together.

Our collaborative approach has continued to pay dividends. Our shared programmes, as WYAAT, or as part of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP), have continued to make strong progress as outlined in this report. We are now nationally recognised as a blueprint for successful collaboration and as a credible alternative to resource intensive mergers or other structural changes to organisations.

From 1 April 2020, Harrogate and District NHS Foundation Trust will join the Humber, Coast and Vale ICS for the purpose of formal operational, financial planning and service monitoring. However, they will remain a full member of WYAAT and a key delivery partner in our work. This recognises that based on our population and patient flows, this established relationship within WYAAT offers the most benefits for patients in delivery of hospital care.

WYAAT continues to act as a key partner within the WYH HCP, supporting the development of the Five Year Plan in response to the NHS Long Term Plan priorities, and providing executive, clinical and managerial leadership to many of the Partnership's workstreams linked to the big priorities for the next five years, for example, increasing early diagnosis rate for cancer. Our work with wider system partners, including commissioners and primary care, is becoming more integrated, such as our work on elective pathways such as ophthalmology and dermatology.

We're extremely proud that we have continued to attract more investment into the region with £12M allocated to support a single Laboratory Information Management System (LIMS) for our pathology services across WYAAT.

The end of 2019/20 has seen an unprecedented challenge to health and care systems worldwide with the outbreak of COVID-19. Whilst the past few months have been extremely challenging for each of us, our strong partnership and history of collaborative working has given us the best possible platform to respond in the interests of our patients and staff.

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Angela Schofield
Chair, Harrogate & District NHS Foundation Trust

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Chair, Bradford Teaching Hospitals
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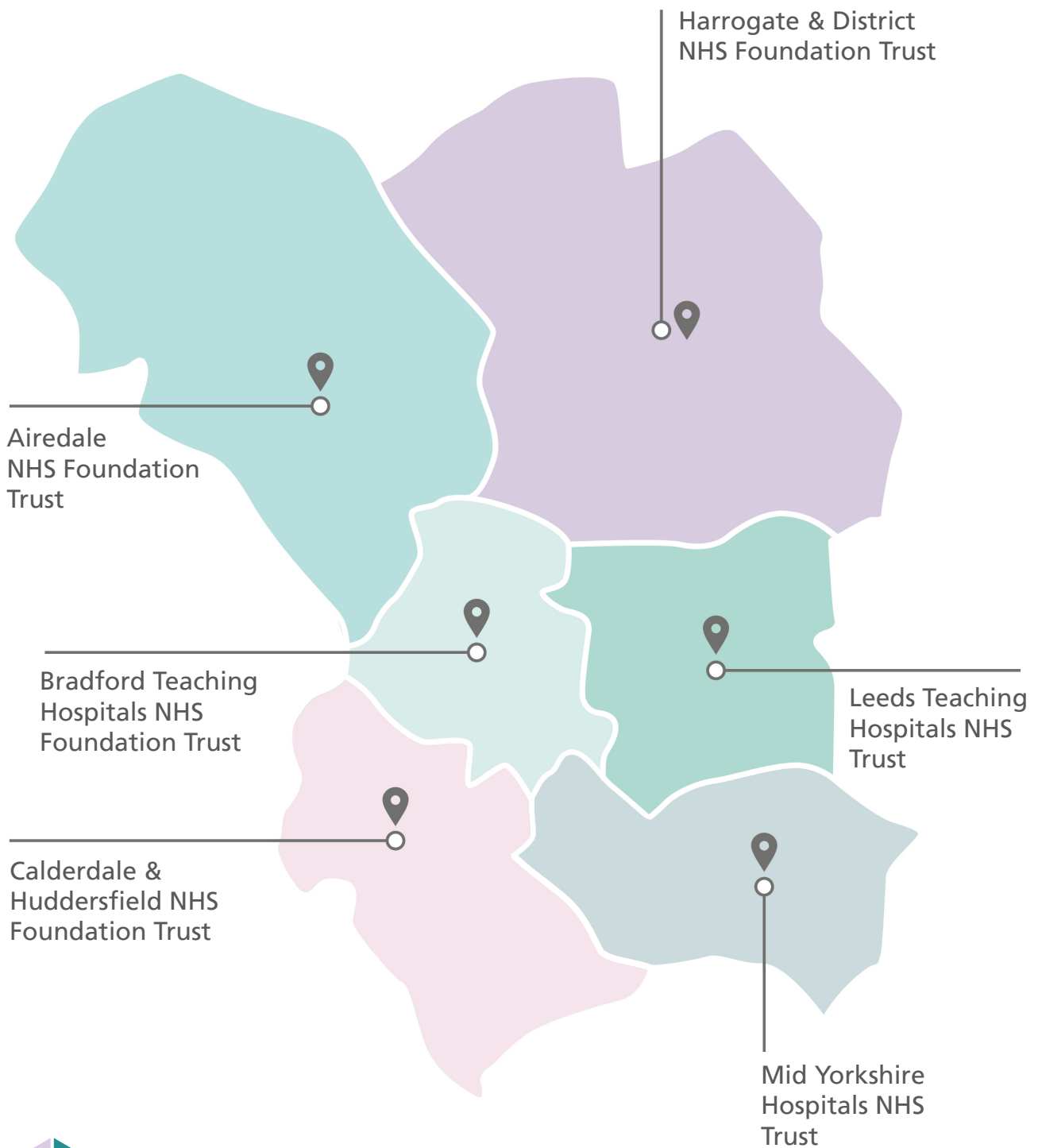
Mid Yorkshire Hospitals
NHS Trust



Keith Ramsay
Chair



Martin Barkley
Chief Executive



The West Yorkshire Association of Acute Trusts is made up of six trusts working closely together to plan health and care services across the area.

1. Introduction

The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016, with the first formal meeting of the Committee in Common (CIC) on 12 December 2016. The purpose of the Association, as set out in the Memorandum of Understanding (MOU), is for the trusts to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the WYAAT service area. The aim is to organise around the needs of the West Yorkshire and Harrogate (WYH) population, rather than planning at individual organisational level so as to deliver more integrated, high quality, cost-effective care for patients.

Since the end of 2016, WYAAT has established a portfolio of programmes covering corporate support, clinical support and clinical services, each of which is led by a Chief Executive and Executive Director, supported by a programme manager from the WYAAT Programme Management Office (PMO). WYAAT acts as the delivery mechanism for the WYH Health and Care Partnership's (HCP) Acute Collaboration programme and also provides a strong voice for the acute trusts into the Partnership.

Our model has been nationally recognised during 2019/20 as a credible alternative to mergers or changes to organisational structure. The NHS Providers 'State of the Provider Sector' report (October 2019) surveyed all NHS providers on progression of, or consideration in engaging in collaborative approaches with other providers. In the response, 66% of providers identified they were collaborating or considering collaboration on back-office services. For clinical services this was 55% and for innovative means to allow staff to work flexibly, 46% responded in the affirmative. We are proud that within WYAAT we have established programmes in all these areas, making a tangible impact after over three years of working together as the Association.

This Annual Report provides an update on WYAAT's progress and development over the last year. In addition to summarising each programme, it also describes WYAAT's contribution to the development of the Partnership and, given the extensive impact of the coronavirus pandemic, describes the role of the WYAAT PMO in supporting the trusts during the initial stages of the pandemic. It concludes with a summary of governance developments and the financial position for 2019/20.





2. Programmes

WYAAT's primary purpose is to deliver a portfolio of collaborative programmes which support the Association's aims as described above. The CIC is specifically charged in the MOU with "overseeing a comprehensive system wide collaborative programme to deliver the objective of an acute provider transformation to a more collaborative model of care for the WYAAT service area, the intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients". The current portfolio consists of eleven programmes covering corporate support services, clinical support services and clinical services.



2.1 Procurement

SRO: Brendan Brown

Executive Lead: Chris Slater

Programme Manager: Don Sturgeon
Jon Edwards (from 1 April 2020)

Aims & Objectives

- To deliver financial benefits to the WYAAT members through combining their purchasing power (volume) and where appropriate agreeing to use the lowest cost product/service in use in one of the trusts (standardisation).
- To improve the resilience of the procurement function through developing and adopting shared approaches to specific activities.
- To provide procurement expertise and support to WYAAT change programmes.

Achievements in 2019/20

Financial benefits

The Heads of Procurement were set a collective savings target of £8.8m for the year. This was broken down between savings delivered through the new national procurement model (£3.1m); regional initiatives (£0.9m); and local initiatives (£4.8m). Although the target was not met, over delivery on regional and local initiatives mitigated the impact of significant under-delivery of the national model. A Clinical sub-group has been in place since the programme began to identify and scope savings opportunities. During the year, a Non-clinical sub-group was also formed to perform a similar function. In reviewing opportunities, environmental sustainability has been added to the usual criteria of quality and value for money.

Examples of savings through regional standardisation and leveraging of volumes include:

- Surgeon's gloves (£106,000)
- Needle-free devices (£100,000)
- Continence pads (£20,000)
- Anti-embolism stockings (£20,000)
- Warming blankets (£20,000)

Resilience of the procurement function

In August 2019, the WYAAT DOFs signed off a new networked business model for the procurement function. This was based on developing and adopting shared approaches to sourcing/contracting; systems management; and staff training and skills development. The focus to date has been on the procurement and implementation of shared systems, with funding being provided in the main through the Scan4Safety programme. This includes a common Inventory Management System, a Pan-European

Public Procurement On-Line (PEPPOL) access point, a contracts database and e-tendering system. This will enable staff involved in the procurement and supply chain processes to collaborate more easily, avoiding duplication and standardising processes that will improve the quality of their service offer to colleagues in each trust and deliver direct and indirect savings across WYAAT.

Procurement expertise to other WYAAT programmes

Procurement staff have supported the Yorkshire Imaging Collaborative, Pathology, and Scan4Safety programmes in procuring technology improvements funded through successful STP capital bids. In addition, they have supported the Elective Orthopaedics project in developing approaches to the purchase of hip and knee joints.

Plans for 2020/21

The priority for this year will be the operational supply chain of PPE to ensure that frontline staff get the products they need.

This will include:

- Review and implement regional supply chain resilience using a central store to hold contingency stocks
- Review of the PPE supplier base to ensure multiple supply routes are available to meet any increases in demand
- Work with the WY&H Clinical Reference Group to agree a regional quality assurance process for PPE products sourced

Other procurement workstreams

- Contract review for standardisation and savings in areas with highest spend that do not impact on clinical practice
- Continue to invest in e-Procurement to drive more efficiencies into the procurement inventory systems and processes across WYAAT
- Focus on the rollout and implementation of the contracts database and the e-tendering system which will support cross-trust collaboration and contract management
- Utilise the working groups to best advantage to identify and deliver value for money products and services for the benefit of our patients
- Support the other WYAAT Programmes



2.2 Scan4Safety

SRO: Julian Hartley

Executive Lead: David Berridge

Programme Manager: Stuart MacMillan

Aims & Objectives

To implement Scan4Safety across all WYAAT trusts, building on the success of the LTHT demonstrator site. Scan4Safety implements the GS1 barcode standard and scanning technology to improve patient safety and experience by ensuring “right patient, right product, right place, right treatment”. It also provides automated data capture which improves data quality in patient records and administrative systems, for instance stock control. Based on DHSC estimates, the programme is estimated to deliver annual financial savings of £7-10m across WYAAT.

Achievements in 2019/20

Following the approval of the regional Scan4Safety business case by NHSE/I in January 2020, WYAAT was allocated £15M capital funding to implement clinically-led digital transformation through the use of point of care data capture. Since then, all six trusts have established dedicated programme boards and appointed programme leads to drive the change forward.

Collaboratively, in February 2020 the trusts completed the procurement of a new shared Inventory Management System, SupplyX from Omnicell. This solution will allow for the shared management of all stock being used across the region starting with the high cost, high risk items such as implants.

In March 2020 it was agreed that all trusts would use the same shared catalogue, Nexus from GHX, to support this capability and to improve regional buying power. It was also agreed that all trusts would use the same access point, Pagero, to facilitate the automation of producing orders and matching received invoices, removing the manual burden from each finance team.

Individually, each trust has begun work on the foundations of Scan4Safety, namely the barcoding of patients and places with the implementation of new standardised wristbands and new location labels which will be used to aid full traceability of the patient journey, whilst supporting wider use cases such as maintenance work and tracing deliveries.

Each trust has now put in place both financial proposals and delivery plans for 2020/21 and work is proceeding at pace.

Plans for 2020/21

In order to deliver such a large-scale business change, each trust will initially be building up their programme and inventory teams and the first full year of the programme will concentrate on ensuring the building blocks are in place:

- Implementation of GS1 compliant wristbands (the first region in the NHS to complete this)
- The mapping of all trust locations including CAD drawings and implementation of physical Global Location Number (GLN) cards to identify all clinical areas for potential applications such as patient tracking
- Centralising the catalogue capability out of LTHT to ensure consistency of data across the region, enabling opportunities to reduce product prices based on collaborative contracting

Additionally, the trusts will begin the journey to implement a regional Inventory Management System allowing:

- the capture of product to patient at the point of care to reduce never events
- facilitating real time product recall, a huge step forward in patient safety
- the kitting of products for use in theatre to support the wider plans to reduce storage space
- improved patient-level costing
- the mapping of clinical variation to improve patient outcomes and reduce cost

In the latter part of the year, the trusts will be drafting up plans for the future opportunities available once these building blocks are in place, including:

- the use of Real Time Location Services (RTLS) to trace equipment and prevent its loss, improving efficiency of care and reducing wastage
- the tracing of patients to reduce infection transmission
- the tracking of samples to improve pathology flows
- improved operational reporting such as live bed state
- the ability to trace blood accurately, facilitating the trusts' IT ambitions of Healthcare Information and Management Systems Society (HIMSS) Level 6
- improved data capture and reporting to reduce the clinical burden when populating national registries such as the National Joint Registry (NJR)



2.3 Workforce

SRO: Brendan Brown

Executive Lead: Pat Campbell, Phillip Marshall, Jo Harrison

Programme Manager: Madi Hoskin

Aims & Objectives

The programme consists primarily of three projects, with the overarching aim to support our workforce by operating common, consistent best-in-class employment approaches.

- Clinical Support Role Alignment aims to maximise the productivity of the workforce by redesigning and standardising roles to ensure the right role is doing the right task
- Staff portability will establish the infrastructure, processes and policies to enable staff to work in and on behalf of all WYAAT trusts
- Collaborative medical bank will enable bank staff to work across WYAAT and reduce bank and agency costs

Achievements in 2019/20

The WYAAT portability agreement has been used in earnest across our organisations over the last year, supporting treatment of patients closer to home, enabling staff movement for a variety of short term purposes without the need for onerous process and paperwork. It has been so successful that services have requested to expand the remit to include longer fixed periods and a task and finish group is being set up to explore options.

The role alignment project for clinical support workers produced standard JDs for band 2 and band 3 roles in the first half of the year, decisions on implementation have been considered by the WYAAT Chief Nurses and all HR process are in place to support the use for recruitment in 2020/21.

The collaborative medical bank project completed detailed financial analysis to determine a potential set of rates across WYAAT. Analysis considered long standing additional payments (variation orders) and fixed special rates for hard to fill services. Data quality and consistency meant that this process took considerably longer than anticipated but has resulted in a sound proposal.

The WYAAT workforce programme was featured in an NHS Employers case study and our portability agreement forms part of the national toolkit.

The programme also hosted the NHS Streamlining Programme, which has been renamed 'Enabling Staff Movement'. Funding from the LWAB secured a project manager who coordinated the work across WYH supporting WYAAT to achieve the programme objectives. A hugely successful event was held in February 2020, celebrating the work done so far across the region and encouraging teams moving forward into the next year of implementation.

The workforce programme worked with the WYH Unpaid Carers Programme on the development of a Working Carers Passport. The project manager for the work is hosted by WYAAT, which has helped to ensure the proposals, policies, and Working Carers Passport are co-designed with WYAAT HR staff, which will support implementation.

We successfully bid for £3.1M of NHSE/I funding for e-Rostering and e-Job planning in partnership with other WYH trusts. Project initiation has already started in this year and will commence delivery in 2020/21.

Plans for 2020/21

- The Enabling Staff Movement programme combines the work of the streamlining programme, staff portability and will deliver the ambitions of the NHS People Plan. The programme workstreams are being implemented and supported by the WYH Deputy Human Resources Directors (HRD) working group. The standardisation of mandatory and statutory training, the minimising of duplication for staff moving between organisations and ensuring the best experience for staff are all priorities
- The E-Rostering and E-Job planning programme is much more than the procurement and implementation of a new IT system and as such the process, standardisation and engagement work will be completed by HR and workforce leads coordinated by a central project manager in the WYAAT Workforce Programme. The PID, plans and engagement will begin in earnest in 2020/21, having been started in Q4 2019/20
- WYAAT will engage fully in the delivery of the NHS People Plan and work within the WYH People Board to ensure we are ambitious in the achievement of the outcomes while ensuring the consideration of staff wellbeing throughout. This work will also be embedded through the HRD network and through the other WYAAT programmes



2.4 Pharmacy

SRO: Martin Barkley

Executive Lead: Liz Kay. Phil Deady (from 1 April 2020)

Programme Manager: Ric Bowers. Lauren Price (from 1 April 2020)

Aims & Objectives

The overarching aim of this project is to improve patient care and enhance patient safety through the provision of ready-to-administer injectable medicines.

Specific objectives are to:

1. Improve patient care by releasing nursing time to care
2. Enhance patient safety through the provision of quality assured products
3. Generate additional manufacturing capacity to satisfy current and future demand
4. Leverage economies of scale concerning equipment and workforce
5. Act as a focal point to reduce unwarranted variation for in-scope products
6. Enhance resilience

Achievements in 2019/20

Project Board established

The initial kick-off meeting took place in October 2019, when a Project Board was established with representation from all six WYAAT trusts via Chief Pharmacists plus subject matter experts, executive-level nursing and HR representatives, project management resource and external consultancy expertise.

The project board retained many of the members from the WYAAT regional store project who have a track record of working well together and bring a wealth of knowledge to the project.

Data collection

Key learning from the WYAAT regional store project was that precise, validated data is essential. The team therefore undertook significant data-collection exercise during October and November 2019, which supported an agreement of which key products might be suitable for a regional approach. Key elements such as stability, turnaround times and predictability of demand were taken into consideration.

The above data, including current and potential future production volumes, was combined with an analysis of infrastructure and workforce requirements and informed the initial Product Category Options Appraisal. This was considered by the Project Board in February 2020 and ratified our product category focus of immunotherapy (MAbs) and Central Intravenous Additive Service (e.g. intravenous antibiotics) medicines.

Due to coronavirus the project was paused from March to June 2020.

Plans for 2020/21

Options Appraisal

The initial product catalogue and associated product volumes will be reviewed following the project restart. The next stage is to undertake a second options appraisal to determine viable operating models. It is essential that the selected model can significantly increase pharmacy capacity to optimise patient care; particularly by i) supporting nursing colleagues through provision of ready-to-administer medicines, ii) managing sustained growth in product demand and iii) optimising the patient experience.

Outline Business Case

Once these potential operating models have been identified, an Outline Business Case will be constructed to articulate the relative costs and benefits of viable options, including the potential do-nothing option of pursuing local investment and associated risks to patient care and waiting lists if a way forward cannot be identified.

National Engagement

- The project will continue to maintain close links, through shared membership, with the National Aseptics Transformation Board Chaired by Lord Carter
- The Project Team have submitted indicative capital costs to NHS England, with the potential opportunity to be a 'pathfinder' within England
- Continue to maintain close links with other large-scale projects of this nature





2.5 Pathology

SRO: Martin Barkley

Executive Lead: N/A

Programme Manager: Lucy Cole

Aims & Objectives

The aims of the WYH Pathology Network are to deliver a high-quality, efficient and effective pathology service to our population. This programme responds to the national NHS Improvement pathology consolidation initiative launched in 2017, in which trusts providing pathology services were required to form pathology networks. The WYH Network is made up of the WYAAT member trusts.

Achievements in 2019/20

The focus for the pathology programme in 2019/20 was the production of a WYH Strategy. This was supported by the WYAAT Committee in Common in October 2019 and subsequently approved by all trust boards during November 2019. The Strategy identified:

- A proposed model for standardisation and consolidation of laboratory services to deliver routine and direct access testing from fewer sites through hub laboratories
- A governance model to support the operation of a single Network for WYH

Whilst consolidation of laboratory services is a long-term programme for the Network, there have been significant opportunities identified for improvements in quality and efficiency across the Network through standardisation to tackle clinical variation, reduce non-pay expenditure and to support a single Laboratory Information Management System (LIMS) implementation.

The Network was successful in securing £12M capital allocation to support the implementation of a single LIMS across the six WYAAT trusts. Based on this, the business case for procurement of a single LIMS was revised and supported by the CIC in October and formally approved by trust boards in November 2019.

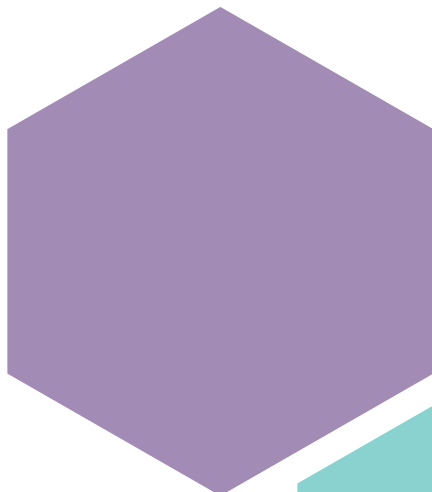
We successfully published a tender for the single LIMS in February 2020 following significant engagement work with pathology scientists, clinicians, managers and IT leads, which was undertaken during the second half of 2019 to develop a detailed specification of our requirements.

Supporting the Network proposals, LTHT submitted an Outline Business Case and planning application in February 2020 to develop a new, state-of-the-art laboratory facility at St James's University Hospital, supporting consolidation of pathology services across Leeds and providing capacity to deliver the consolidation proposals outlined in the Strategy in future years.

The Network governance structure, as outlined in the Strategy, has been defined and agreed, with operation in shadow form from 1 April 2020. The 2019 NHSI Pathology Networking State of the Nation report identified the WYH Network to be at 100% compliance for engagement (improving from 75% in 2018) and 100% on track for the networking requirements for 2020/21.

Plans for 2020/21

- Identify a preferred LIMS supplier by May 2020 and submit a Full Business Case (FBC) to NHSE/I in August 2020 to approve capital release
- Commence design and build phase with LIMS supplier and the six WYAAT trusts (October 2020)
- Support the Building the Leeds Way Programme to undertake a procurement exercise to secure contractors for the new laboratory at LTHT and develop a FBC for NHSE/I to support capital release (Summer 2020)
- Develop a Full Business Case for the governance and management of the Network to cover operations from April 2021 onwards (January 2021)
- Develop a second pathology provider partnership / entity to work alongside the existing Joint Venture within the overarching Network model (March 2021)
- Deliver on priority standardisation projects to support future operations and deliver improvements to quality and efficiency





2.6 Radiology (Yorkshire Imaging Collaborative)

SRO: Mel Pickup

Executive Lead: Cindy Fedell

Programme Manager: Gary Cooper, Diane Rooney, Janine Bontoft

Aims & Objectives

The Yorkshire Imaging Collaborative is a transformation programme enabled by technology, comprising 28 hospitals across nine NHS trusts, supporting a population of 4 million, reaching across the WYH and Humber Coast and Vale (HCV) HCPs. York Teaching Hospitals FT formally joined the Collaborative in early 2019.

The Collaborative will provide an integrated radiology service responsive to the current and evolving needs of patients and supporting the delivery of the Cancer Alliance goals. By adopting a common technical solution, radiology services over our whole area will be able to deliver on-demand availability of images and reports at the point of care, no matter where patients travel for care within the network.

Transformation

Achievements in 2019/20

The focus of work in 2019/20 has been to develop the specification and Full Business Case (FBC) for the implementation of a shared reporting solution across the WYAAT trusts. Following a successful procurement by the HCV partners of the Collaborative in Q1 2019 and additional market research by WYAAT, the decision was taken to pursue the same solution and work is currently underway with the preferred supplier to negotiate a suitable position. Implementation of the solution has commenced in HCV which will greatly inform the implementation within WYAAT. The solution will be funded from a successful bid from WYAAT for £6.1M capital funding. Work is in progress to detail the service model in preparation for the solution.

The programme successfully recruited a Health Education England (HEE) Clinical Leadership Fellow (Radiologist Registrar) in August 2019 and has advanced work on developing options for a collaborative on call model. This would potentially see out of hours reporting for Member Trusts managed from a centralised location; rather than the current mixture of trusts' staff at various sites and by external organisations.

The common practices work stream is well developed with 11 Special Interest Groups meeting on a regular (quarterly) basis. The more mature of these groups have already identified and agreed standard protocols for the region to adopt. The groups continue to receive significant support from key stakeholders across the Collaborative and we are being approached by external Collaboratives interested in our approach.

The Radiographer Lead commenced in post in September 2019 and has very quickly developed and initiated a number of workforce projects. Work is being advanced on agreement for a workforce strategy for the Collaborative. The Collaborative has been at the forefront of work to establish HEE's international recruitment programmes and supported an International Radiographer Recruitment Project in India in February 2020. Several suitable candidates were identified and are being offered to NHS trusts. Agreement has been reached to review and explore standardised job descriptions for advanced practice roles. Work is also underway with Local Health Education providers to establish an apprentice route for radiographers. A very successful first Radiographer Study Day was held in early February with fantastic attendance from across the Collaborative and excellent feedback.

Following a successful round of recruitment, the Demand and Capacity project, in collaboration with the WYH Cancer Alliance, is working with LTHT to develop a model for CT and MRI demand and capacity which can be rolled out across WYAAT to understand how changes to pathways and waiting times can be managed within radiology.

Early work has commenced with education partners to identify suitable options for a Collaborative Artificial Intelligence project to enable more efficient working.

The programme has also continued to implement its communications and engagement strategy. The programme team has visited all trusts, joining consultant radiologist meetings, and holding drop-in sessions for radiographers. The aim is to empower and encourage the workforce to help design their own future in order to increase the uptake of new technology and generate cultural change to support a network model. Several workshops specific to individual work streams have also been undertaken.



Plans for 2020/21

- Refresh the business case for the shared reporting solution and obtain CIC and Member Trusts' approval to proceed. This is targeted for Q2 2020/21
- Complete procurement and commence implementation of the shared reporting solution by Q3 2020/21
- Commence implementation of Collaborative home working in Q3 2020/21
- Complete options development for the Collaborative's Future Way of Working (service model)
- Begin shared reporting across YIC from Q4 2020/21
- Work with HEE to identify training course priorities for radiology
- Special interest groups to continue their development of common approach to protocols
- Scope, develop options and source funding to commence a Collaborative Artificial Intelligence project
- Continue the extensive communications and engagement activity to maintain clinical commitment to the programme

Technology

Achievements in 2019/20

Three trusts have deployed PACS since April 2019 – CHFT, ANHSFT and MYHT.

The Xero image viewer is technically working between trusts. In parallel, the Xero image viewer is being implemented in LTHT and integration of local Xero instances into a single system (allowing cross-trust image viewing) is now operational.

The incumbent Programme Manager retired in June 2019 and a new Programme Manager was appointed July 2019.

Plans for 2020/21

PACS (EI) deployments dates are:

- LTHT - the trust is making significant progress with the project and is working towards a go-live date in 2020
- BTHFT - August 2020

A further piece of work is being reviewed to agree standardisation and consolidation of naming conventions across Member Trusts which will be a prerequisite for workflow sharing. Initial meetings for this are being held with Service Managers in April 2020.





2.7 WYH Clinical Strategy

SRO: Brendan Brown

Executive Lead: Matt Graham

Programme Manager: Dr Robin Jeffrey, Gary Cooper

Aims & Objectives

The purpose of the WYH Clinical Strategy is to provide a framework for the development, improvement and transformation of clinical services in WYH. By aligning individual organisational strategies, place strategies and WYH programmes within this framework we seek to ensure that the development, improvement and transformation of clinical services is coherent throughout our system. An aligned framework:

- Enables places and trusts to develop their own services while avoiding adverse impact on other places' or trusts' services
- Promotes collaboration between places and trusts on services where a WYH or multi-place approach is required

Achievements in 2019/20

The work to develop a WYH Clinical Strategy began in 2018 in response to multiple requests for a clinical strategy to inform the HCP's capital and estates strategy, financial strategy etc. Since the clinical strategy for acute services was recognised as a core part of the overall clinical strategy the WYAAT PMO offered to lead the work on behalf of the whole HCP. A Clinical Strategy Steering Group was established with representatives from all sectors and places to oversee the work. The group agreed three workstreams: frailty patient journeys, children and family patient journeys and acute specialty profiles. The outcomes of these workstreams were presented to SLE in May 2019 and it was agreed that WYAAT should lead further work to develop the acute specialty profiles.

Following extensive engagement with clinicians in all trusts and places by the programme team, a complete set of 24 acute specialty profiles was presented to the Programme Executive in September 2020. Following the Programme Executive, the programme team met with the Executive Team from each trust to review the acute specialty profiles against each trust's own clinical strategy to confirm alignment between them and identify any specific, discrete areas of needing further work.

In February 2020, the team returned to the Programme Executive to present the draft Clinical Strategy. The purpose of the Strategy is to provide a framework within which local and WY&H programmes can be delivered while remaining coherent with the overall clinical strategy for the system; the Strategy does not seek to define every aspect of every service from WY&H level down since this would be too big and too complex. The Strategy is built from the WYH HCP vision and service delivery model.

The service delivery model describes acute hospital services in three layers: local, secondary and tertiary and the Strategy describes the outline future operating models for specialties against those layers, highlighting opportunities for clinical networks, care closer to home, use of digital technology and population health and prevention.

Following the meeting, the intention was to complete a further round discussion with trust Executive Teams and to engage with commissioners and the wider HCP but this was put on pause during COVID-19.

Plans for 2020/21

- Following the initial peak of the pandemic the Programme Executive decided to keep the work on pause while services are restarted and changes from COVID-19 are embedded
- The work will restart towards the end of 2020 with a review of the February 2020 Clinical Strategy against the lessons from COVID-19





2.8 Elective Surgery (Orthopaedics)

SRO: Steve Russell

Executive Lead: Clare Smith

Programme Manager: Madi Hoskin

Aims & Objectives

The Elective Surgery programme is a clinically led, data driven regional collaborative improvement programme to deliver clinical excellence, reduce regional variation and provide best value for money in alignment and collaboration with the WYH HCP Standardising Commissioning Policies and Elective Care Programme.

The project goals are to deliver standardised elective pathways to maximise both efficiency and productivity which will increase capacity to ensure maximum NHS funds are spent in NHS organisations, and to ensure equity of care for patients across the region.

Achievements in 2019/20

The programme delivery team provided information that supported standardising information for GPs in SystemOne.

Standard referral criteria and protocols for hips, knees and shoulders were drafted with the surgeons and operational managers in the programme delivery group in partnership with the place-based planned care commissioning leads. They were all finalised and approved for implementation this year. As each place implements the referral policy, equality of services and access to those services across WYH increases.

The patient education group of therapists and patient engagement leads has now designed and created the standard content for the patient journey app. When launched, the app will be available for all patients to engage with from the decision to have surgery right through the post-surgical therapy, providing timely information in an accessible format. This product will be supported by a print on demand version of the content ensuring accessibility for all and maintaining a single standard across all WYAAT organisations.

The programme delivery group designed and tested optimised theatre lists, a way of rotating staff that means it is possible to do an additional joint replacement on each theatre list. The design worked well and was popular with staff as they adjusted to the new way of working. To fully scale up across all orthopaedic lists there is a requirement for more ODP and scrub staff which are currently in short supply. While there is a shortage of staff scaling up optimised lists is on hold due to the high risk of avoidable late cancellations due to understaffed lists. Work is underway on recruitment training and a review of band 2 to 4 roles.

Standardised referral approaches, theatre lists, post-surgical therapy and patient information means that patients across WYH will be receiving the best care.

Plans for 2020/21

- The programme has now ended however the orthopaedic delivery group intend to continue working together as a clinical service network to implement and monitor the work done so far and to maintain a system approach to service delivery moving forward. This includes a plan to launch the patient education app, standardising patient education and providing information as the patient journey progresses, including exercise videos, hospital information and recording levels of pain
- The Procurement Programme has now taken over the procurement workstream because of complications with the national towers. The programme delivery group will maintain the engagement to ensure that decisions are clinically led





2.9 Elective Surgery (Ophthalmology)

SRO: Steve Russell

Executive Lead: Clare Smith

Programme Manager: Nicky Moss

Aims & Objectives

The Elective Surgery programme is a clinically-led, data driven regional collaborative improvement programme to deliver clinical excellence, reduce regional variation and provide best value for money in alignment and collaboration with the WYH HCP Standardising Commissioning Policies and Elective Care Programme.

The project goals are to deliver standardised elective pathways to maximise both efficiency and productivity which will increase capacity to ensure maximum NHS funds are spent in NHS organisations, and to ensure equity of care for patients across the region.

Achievements in 2019/20

The programme developed regional pathways for Cataract Surgery, AMD and Glaucoma. Two of these clinical pathways (Cataract Surgery & AMD) achieved commissioner approval and were progressing through trust governance before COVID-19. The Glaucoma pathway was in the final stages of development prior to approval with work underway to agree clinical thresholds, risk stratification protocols and discharge guidelines (for stable green patients).

The development of these pathways will reduce clinical variation across WYAAT. Their impact being further enhanced by the development of shared decision-making tools, regional referral forms, standard clinical thresholds, a Treat & Extend Policy and improved patient information.

The programme ran a pilot with optometrists to enable direct referral into ophthalmology services rather than via a GP.

A regional approach for routine, complex and emergency vitreo-retinal surgery is under development, improving patient safety and equality across WYH and supporting service sustainability.

The programme worked closely with the various Diabetic Eye Screening Programmes across the region to explore opportunities to improve working between HES and DESP so that patients are seen in the most convenient location by the most appropriate clinician.

In the paediatric eye project team work was focussed on the development of a GOS referral protocol and discharge protocol. These will help to reduce unnecessary referrals and ensure that patients are discharged as soon as safe/practicable. Work is underway to trial and audit these procedures before full sign-off and adoption regionally.

Plans for 2020/21

- The programme has now ended the remaining work will continue to progress as part of the Planned Care Alliance Outpatient Programme. This will ensure coordination with other design/efficiency work and move the developed pathways to implementation
- Wider engagement across the whole system (including NHS Trusts, AQPs, Community Optometrists and commissioners) will be necessary to develop robust implementation plans including necessary commissioning, workforce planning and efficiency optimisation
- The Diabetic Retinopathy team will develop regional discharge criteria, virtual pathways and guidelines on which patients (with non-DR issues) should be referred to a community optometrist
- Further work will be undertaken to explore and agree a regional policy for use of minimally invasive procedures (including iStents). This will bring together consultants and across the region to collectively agree which treatments should be offered to patients so that care is consistent and fair across the ICS





2.10 WYH Planned Care Alliance

SRO: Steve Russell, Jo Webster

Executive Lead: Matt Graham, Catherine Thompson, Sal Uka, James Thomas

Programme Manager: Madi Hoskin, Fiona Stephenson, Kate Clough, Mike Hayward

Aims & Objectives

The Planned Care Alliance Board operates within WYH principles for stabilisation and reset:

- We will be ambitious for the people we serve and the staff we employ
- We will ensure that our approach to recovery will be outcomes focused and reflect the ambitions in our five year strategy
- Our approach will consider the response across the breadth of our partnership, including wider economic recovery
- Our approach will recognise that most of the planning takes place at local level, and we will be clear where the value-added is at WYH level, in line with our three tests

Background

Prior to the pandemic the programme leadership had started the process of bringing together into a single programme the work of the WYAAT Elective Surgery programmes, the WYAAT Outpatient Transformation Programme (delivered by the AHSN) and the WYH Elective Care and Standardisation of Commissioning Policies programme. The pandemic has expedited this and all work will now be done as a single WYH Planned Care Alliance.

The Planned Care Alliance has a refreshed leadership team with Jo Webster (Chief Officer, Wakefield CCG) and Steve Russell (Chief Executive Officer, Harrogate and District Foundation Trust) as co-chairs, and Dr James Thomas (Bradford CCG) and Dr Sal Uka (Calderdale and Huddersfield Foundation Trust and WYAAT Clinical Lead) providing clinical leadership and integration with the Clinical Forum.

The Planned Care Alliance held its first board meeting in June 2020, confirming governance, membership and priorities, the Board membership includes secondary care, primary care, commissioning, VCS and patient representation.

The first phase of work for the programme team is the delivery of work to support the recovery and reset of services across WYH. This includes the development of an Adopt and Adapt blueprint for theatres on behalf of NHSE/I and the implementation of blueprints for Diagnostics and Outpatients (the Cancer blueprint being managed by the Cancer Alliance). This work will be in support of the phase 3 planning and restoration of NHS services but will also ensure that the work is transformational, patient-centred and innovative.

Plans for 2020/21

- Delivery of the four Adopt and Adapt blueprints to meet the requirements of the NHSEI programme
 - Endoscopy
 - CT and MRI
 - Outpatients
 - Theatres
- Where the ongoing work of any original programmes is still required, but not present in the Adopt and Adapt blueprints, work will be programmed alongside the Adopt and Adapt programmes





2.11 WY Vascular Service

SRO: Mel Pickup

Executive Lead: Matt Graham

Programme Manager: CD - Neeraj Bhasin
GM - Jane Lang
HoN - Clare Vickers

Aims & Objectives

To establish a single, shared, regional West Yorkshire Vascular Service (WYVaS) with two arterial centres encompassing current services across ANHSFT, BTHFT, CHFT, LHTT and MYHT in line with the recommendations of the Yorkshire and Humber Clinical Senate, and to comply with the NHS England Service Specification.

Through this the ultimate aim is to create a sustainable, effective regional service that delivers an exceptional standard of care to the patients and staff enjoy working within.

To note, vascular services for Harrogate are provided with York Teaching Hospital NHS FT so HDFT is not part of WYVaS.

Achievements in 2019/20

The triumvirate have established and embedded the multi-professional, multi-organisation working groups to oversee the development of a single service via the following work streams:

- Governance
- Workforce
- Operations and Performance
- Finance and Contracting including Procurement
- Communications and Engagement
- Repatriation
- Clinical Standardisation

WYVaS continues to develop a shared and collaborative culture, vision and ethos, across all five hospital trusts to deliver evidence-based models of care that further improves patient outcomes and experience. There is a passion that this approach will drive improved resilience of the service by attracting talented new staff whilst retaining existing colleagues through ensuring staff are happy in their work and given the opportunity to progress through bespoke career pathways that meet their aspirations.

This ethos should also bring benefits to the wider NHS with standardisation of procurement and improved opportunities for regional research.

The triumvirate have established positive, collaborative working relationships with a wide range of stakeholders and developed an understanding of the baseline position. Proposals and documents have been created to describe unified regional clinical pathways, operational policies, new models of working, repatriation protocols etc. The aim is to result in service efficiencies, such as a virtual ward to provide admission

avoidance and early supportive discharge, facilitating patients being able to stay at home for longer with an improved experience.

Other initiatives, such as developing a regional Vascular Nurse Specialist model and agreed therapy/rehabilitation/repatriation protocols, will deliver continuity, equity and ease of access of care across the region.

A regional governance structure is emerging to monitor safety and quality once the service goes live. This will sit alongside a single regional performance dashboard and we continue to develop a finance vision towards a single regional contracting model.

WYVaS worked with NHS England to prepare for and complete the challenging public consultation on the proposal for BRI to be the second arterial centre and attended the WY Joint Health Oversight and Scrutiny Committee on a number of occasions.

Plans for 2020/21

- Continued service development regionally, co-ordinated by the triumvirate
- Continued planning to implement a shared, single regional vascular service
- Complete reconfiguration of three to two arterial centres in the region
- Increase use of technology to deliver virtual OPD consultations
- Work with primary care to develop an intermittent claudication pathways and exercise program, moving forward decisions from the West Yorkshire & Health Care partnership clinical forum
- Introduce the first cloud based regional informatics platform to allow an aggregated reporting position for vascular services
- Use technology to identify waiting list variation and offer patients choice
- Continue to transform services to optimise patient experience and outcomes
- Revise the capital bid for a hybrid theatre at BTHFT and discuss funding routes with the WY&H Capital and Estates Board
- To engage with wider stakeholders within WYHCP such as the Clinical Forum, Planned Care Alliance and Joint Committee of CCGs
- To create a WYVaS website - a central resource of clinical, operational and governance information
- Create a WYVaS Patient Panel to involve service users in the planning and implementation

3. West Yorkshire and Harrogate Health and Care Partnership

WYAAT's second role is to provide a strong and consistent acute trust voice into the Partnership. Over the last year this has mainly been in two areas: the development of the WYH HCP Five Year Plan and securing capital funding to enable us to improve infrastructure for patients and clinicians in the region.

3.1 WYH Five Year Plan

All Health and Care Partnerships across the country (ICSs or STPs) have produced a Five Year Plan in response to the commitments in the NHS Long Term Plan. WYAAT has played a significant role in development of the plan and in the demonstrable progress of many of the WYH HCP programmes including: Cancer, Urgent and Emergency Care, Planned Care, Maternity, Workforce, Digital, Capital and Estates, Finance, Innovation and Improvement.

The WYAAT trusts and senior leaders have continued to play a significant part in the further development of the HCP, taking senior leadership roles including:

Angela Schofield, chair HDFT: vice chair of the WYH HCP Partnership Board

Owen Williams: SRO for the WYH HCP Capital & Estates programme

Martin Barkley: SRO for the WYH Innovation & Improvement programme

Julian Hartley: Co-Chair of the WYH Cancer Alliance

Julian Hartley, Martin Barkley, Mel Pickup and Bryan Gill: members of the System Oversight & Assurance Group

Brendan Brown: Chair of the Local Workforce Action Board (in 2020/21 this will become the People Board, working alongside the regional Workforce Hub)

Karen Dawber: Acute SRO of the Local Maternity System

Cindy Fedell: SRO Digital Programme

Prabal Data: Clinical Lead, WYH Stroke Network

Bryan Gill: Co-chair of WYH Clinical Forum (from April 2020)

Steve Russell: SRO of WYH Planned Care Alliance (from May 2020)

3.2 Developing our infrastructure: Capital & Estates

2017/18 and 2018/19 saw WYH, through the WYAAT trusts, secure a range of capital allocations to support investment in infrastructure projects in the region. In 2019/20, plans for these projects progressed, and further projects were approved, cumulatively totalling over £850M of investment in our acute hospitals. It is a testament to our work as a partnership, within WYAAT and as part of the WYH HCP, that we have secured the largest share of national capital investment in England.

Existing projects

- Ongoing procurement within the Yorkshire Imaging Collaborative for a shared reporting solution across the WYAAT trusts. A procurement exercise commenced in 2019/20 and will conclude in 2020/21 with an FBC to NHSE/I to release £6.1M capital allocation to support implementation
- A FBC was approved by NHSE/I during 2019/20 to release nearly £15M capital to implement Scan4Safety across all six WYAAT trusts. This was one of the first multi-trust business cases approved, supporting the WYAAT model
- An OBC, along with a planning application, was submitted by LTHT to NHSE/I and the local authority respectively to support the development of a £27M capital project to build a new state of the art laboratory on the St James's University Hospital site, delivering consolidation of pathology services across Leeds and supporting the delivery of the WYH Pathology Network Strategy in the future

In addition, CHFT secured £197M capital to support its reconfiguration of the Calderdale Hospital and Huddersfield Royal Infirmary sites. 2019/20 saw the trust progress this work through development of an OBC.

New allocation

- Allocated £12M capital in August 2019 to support the implementation of a single LIMS across the WYH Pathology Network. A procurement process commenced in 2019/20 and will conclude in early 2020/21 with a FBC to be submitted to NHSE/I in Summer 2020 to enable the release of the capital allocation to commence implementation

As a trust, LTHT was allocated £600M capital in September 2019 to support the development of two new hospitals, including a children's hospital, on the Leeds General Infirmary site, both of which will provide specialist care to patients in WYH and beyond.



4. WYAAT Governance

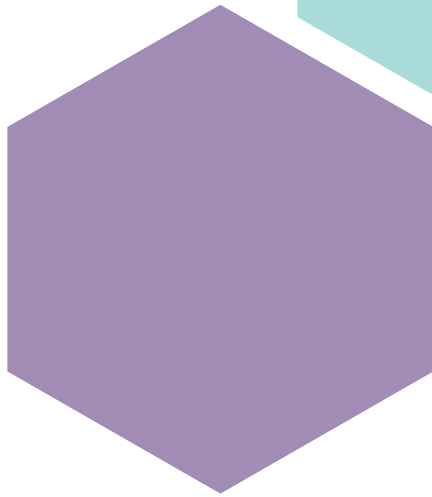
Our governance structures are now well established in supporting collaboration and decision-making on collaborative programmes. No business cases, proposals or key decisions supported by our Committee in Common have not subsequently been formally approved by the six trust boards. In 2019/20 this supported progression to the next stages of work, for example in Scan4Safety and pathology.

We believe that our ability to take collective decisions, the progress we are making on a wide range of programmes and the strength of WYAAT's voice nationally and within the HCP, demonstrates that, with the right governance structures, clarity of vision and purpose, and good relationships, an association of trusts is an effective alternative to mergers and other organisational structure changes to achieve collaboration and system working.

4.1 Programme Management Office

The WYAAT Programme Management Office (PMO) has continued to grow this year to have sufficient capacity to deliver its increasing portfolio of programmes. There are now more than 30 members of staff in post. The full structure of the team is at Appendix B.





5. 2019/20 Financial Position

The original budget for 2019/20 was £1.86M, to be funded from contributions from the six WYAAT partners plus the acute trusts in Humber, Coast and Vale who are members of the Yorkshire Imaging Collaborative (YIC). Expenditure for the year was £1.72M giving an underspend of £1.45M. This was mainly attributable to the YIC, Pathology and Scan4Safety programmes and driven by delays in appointment. In year, we received £0.350M Transformation Funding for the Pathology programme that reduced the contributions needed from the WYAAT partners.

In addition, during the year we received funding from the ICS for the Ophthalmology and Carers projects that we hosted and from Health Education England for the appointment of two clinical fellows to support the YIC and Vascular programmes.

A more detailed breakdown of expenditure is shown in Appendix A.

6. COVID-19 Response

The WYAAT PMO supported the trusts to coordinate their response to COVID-19 and facilitated ongoing conversations between trust leaders to share information and agree common approaches during the pandemic. We were able to respond immediately (often before regional or national teams) and then, as national and regional support was established, switched our capacity to support other tasks.

We also supported specific COVID-19 projects, detailed below in sections 6.1-6.7

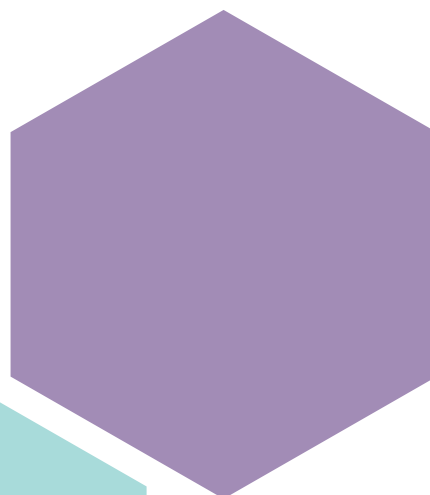
6.1 Supporting Collaboration

Liaison Officers and Daily Sit-rep

WYAAT PMO staff, supported by others from WYH HCP, provided a Liaison Officer to each trust to facilitate information sharing between organisations. On a daily basis we took information from each trust and put it into a single document to support whole acute sector visibility. This daily sit-rep publication consolidated information on critical care capacity and staffing levels across all WYAAT trusts. By sharing what was happening in each WYAAT trust, we aimed to minimise the risk of colleagues feeling isolated in dealing with a very difficult situation.

Trust Communications Reports

During the period in which trusts were sharing daily COVID-19 bulletins, WYAAT issued a daily communications report to support the sharing of key messages. The update provided a consolidated place for trusts to receive useful information, including the sharing of good practice and key messages. It also provided links to sharable content to support consistency and efficiency. It helped ensure more consistent messages to all staff working in the WYAAT hospitals.



6.2 Xero Image Sharing

The Yorkshire Imaging Collaborative (YIC) Programme accelerated the deployment of new functionality to enable regional image and report viewing in response to the COVID-19 pandemic. The Xero Exchange Network (XEN) is now available in seven of the nine trusts within the collaborative, to help manage the high demand on radiology departments during the COVID-19 outbreak and beyond, when services return to full capacity.

The software allows clinicians across the connected sites to instantly access images acquired at any site, without the need for image transfer either by CD/DVD or use of the Image Exchange Portal (IEP). Not only does this software speed up the time it takes to access an image, it also enables a quicker patient diagnosis and, in some cases, reduces the number of times a patient is required to attend hospital for a scan.

The software was also connected to the NHS Nightingale Hospital Yorkshire and the Humber, to ensure that images acquired at the Nightingale Hospital could be accessed at the other connected hospital sites.

As non-COVID-19 activity is restored, the XEN will help colleagues avoid requesting duplicate scans and increasing demand on our diagnostic services.

6.3 West Yorkshire and Harrogate Pathology Network

The West Yorkshire and Harrogate Pathology Network worked collaboratively across WYAAT in its response to COVID-19. The Network worked as part of the national testing cell's response – appointing a single Pathology Incident Director, Procurement Lead and Quality Lead to work across the Network as one of 29 nationally.

The Network increased capacity for COVID-19 PCR testing from 100 tests per day from LTH at the start of the pandemic in March, to capacity to run 5,000 tests a day with testing available at every trust in the Network by mid-June. All teams rose to the challenge to increase capacity for this complex molecular test, including the purchasing and installation of new platforms and training for wider staff teams who would not normally run this sort of test. The Network also operated extended hours during the surge to improve capacity across WYAAT hospitals.

As of mid-June, the Network was able to offer almost 4,000 antibody tests per day to the region and mobilised quickly to do 1,500 staff tests on the first day of testing, only two days after the testing kits were released.

6.4 Supporting NHS Nightingale Hospital Yorkshire and the Humber

Although a regional facility, the implementation of NHS Nightingale Hospital Yorkshire and the Humber was led by WYAAT, through LTHT. The majority of the executives and project team were from WYAAT trusts and the WYAAT PMO.

The relationships built through WYAAT and the Partnership were an important factor in the ability to establish the facility so quickly and maintain its readiness for reactivation.

The WYAAT PMO also supported trusts to deliver additional radiology capacity by introducing outpatient CT appointments for non-COVID ambulatory patients at NHS Nightingale. Initially this has been utilised by LTHT and HDFT but is available to all trusts in the region and a number of others are exploring its use.

6.5 PPE and Medical Equipment Supplies

In response to the nation-wide shortage of personal protective equipment (PPE) and other medical supplies, the WYAAT Procurement team supported by the PMO organised daily stock reporting on supplies and co-ordinated supplier offers of help across local trusts.

WYAAT established a common data capture to develop a combined WYH view of our organisations for each type of PPE. Using this combined view, we were able to facilitate immediate 'mutual aid' between trusts based on individual stock levels. In addition, WYAAT sourced several large orders from overseas and established a regional store at the Harrogate showground, where these large volume orders were delivered for onward distribution. We also took a lead across the broader system by supporting the six other community and mental health providers and provided assistance in the development of a model that estimates the impact of changes in patient activity on the volumes of PPE required.

This joint working meant that no WYAAT trusts had to limit their service offer on the back of access to PPE.





6.6 Ethical Principles

The Partnership recognised a need to support their staff across social, community and hospital care to act with confidence and integrity during the COVID-19 pandemic and into the future. This led to a desire to have clarity and consistency of clinical ethical principles across the WYH system that supported all staff to make sound decisions. The aim was to set out broad ethical principles that could be applied to adults across the health and care system but still be specific enough to be of practical use.

WYAAT colleagues worked closely with the WYH Clinical Forum subgroup to rapidly scope, draft and ratify these principles. The principles were generated by looking across a wide range of sources of ethical thinking (RCP, RCGP, NHS England, BMA, HDFT, Bradford and Craven Districts, NICE) and drawing these into a set of principles relevant to WYH. These were then tested in situ across the Partnership by members of the Clinical Forum Subgroup to make them as applicable as possible across the breadth of services provided.

The principles were ratified by the WYH Clinical Forum and are now used at a place level to support programmes and services in making challenging decisions with confidence and integrity. Once the principles have been used to assist programmes (notably around Advanced Care Planning), these real case examples are planned to be written up to inform staff across the Partnership about how they too can use these principles to support their work.



7. Conclusion

2018/19 saw the programmes progress substantially with a number gaining key approvals and securing capital funding, underpinned by strong partnerships and the WYAAT MOU. 2019/20 has been a year of consolidation, of our relationship as partners, of our governance and decision-making processes and of our programme delivery. 2019/20 has also seen much recognition of our collaborative model as a credible means by which to deliver system-level change. The end of the year has been dominated by our response to the coronavirus pandemic which has validated and reinforced the importance of collaboration and the value of the strong relationships between us - trust and mutual support have been critical to our success in the last few months.

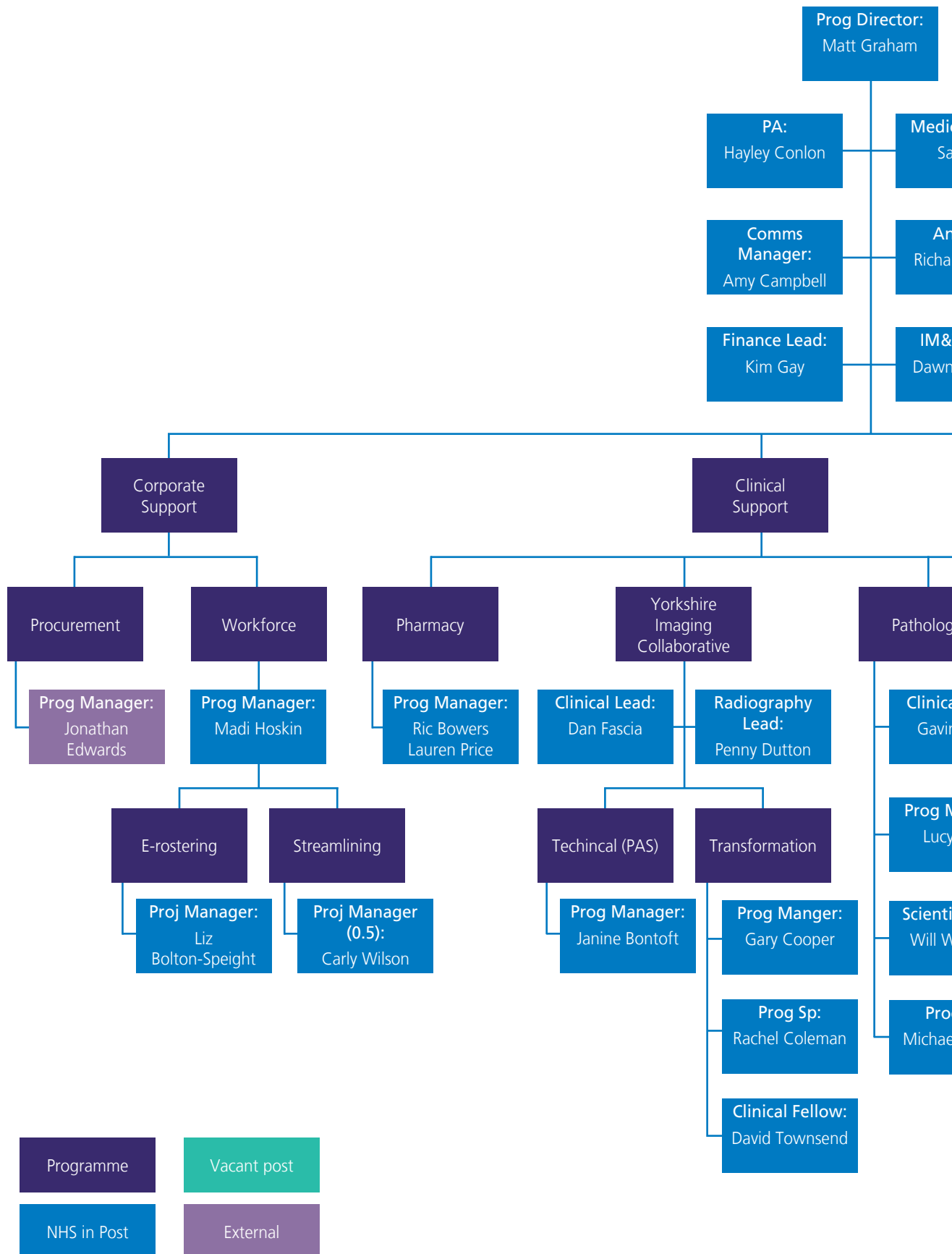
Appendices

Appendix A: WYAAT Budget 2019/20

Original Plan	Annual budget (£)	Actual expenditure (£)	Variance (£)
Programme Office	637,136	647,180	10,044
Procurement	101,520	104,321	2,801
Pharmacy	47,568	48,116	548
YIC - Technology	93,590	77,754	-15,836
Scan4Safety	226,100	193,577	-32,523
YIC - Transformation	97,807	88,220	-9,588
IM&T	35,424	39,299	3,875
Pathology	350,000	272,770	-77,231
Workforce	52,000	49,684	-2,316
Vascular	203,667	199,038	-4,629
Pay award provision (costs in rows above)	20,000	0	-20,000
Total	1,864,812	1,719,957	-144,856

Additional projects funded in year	Income (£)	Expenditure (£)	Variance (£)
Joint project with ICS on Ophthalmology	53,122	53,122	0
Hosted ICS carers project	40,000	13,826	-26,174
Clinical fellows	58,664	84,437	25,773
Total	151,786	151,385	-401

Appendix B: WYAAT PMO Structure



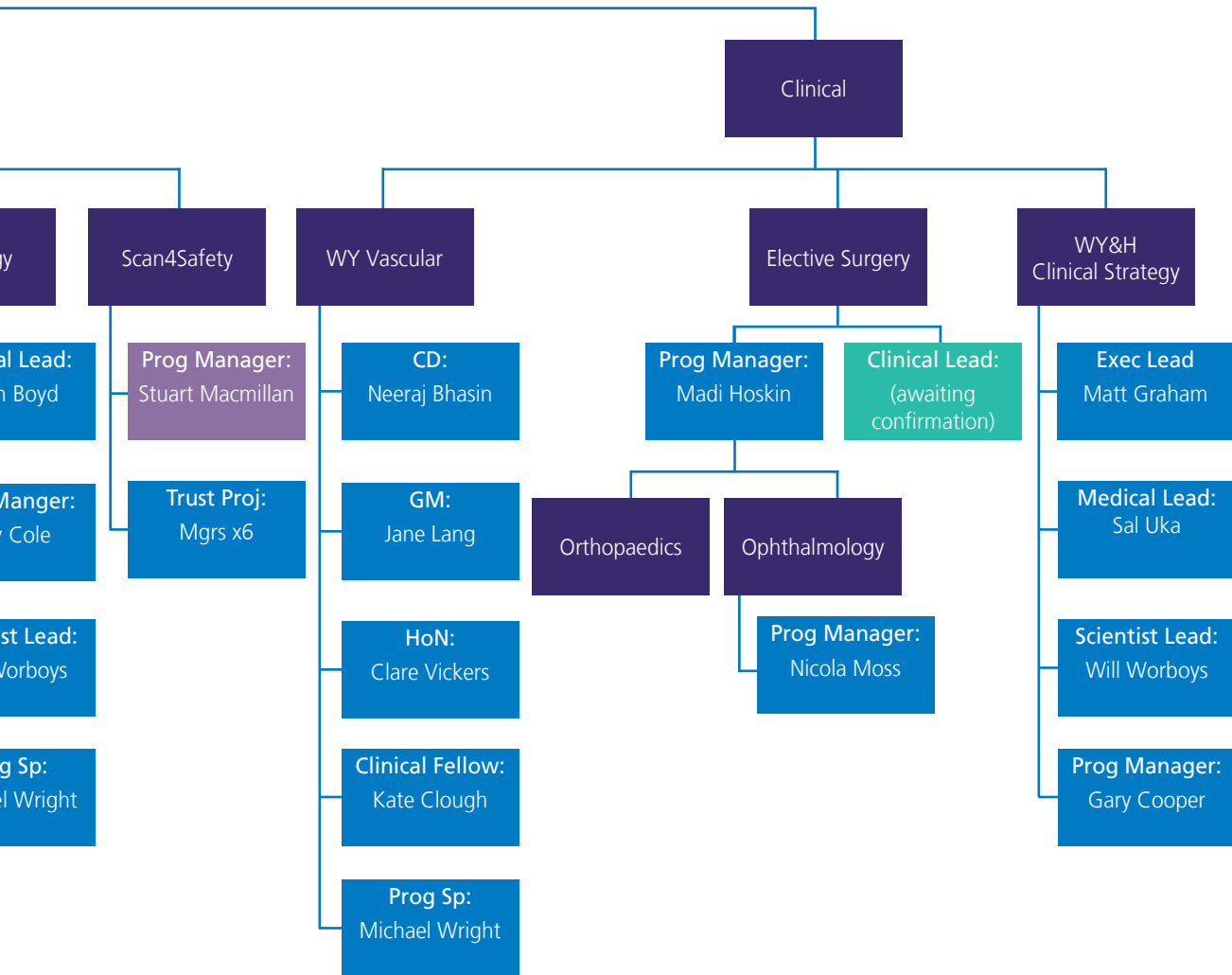
Notes:

1. Posts are permanent contracts hosted by LTHT, or secondments from WYAAT trusts.
2. All posts and external support funded by WYAAT trusts, with exception of:
 - Workforce: Streamlining Project Manager funded LWAB
 - YIC: Radiologist & Radiographer leads, Project Manager funded by Cancer Alliance
 - Ophthalmology Project Manager. Funded by WYH Elective Care Programme
 - Clinical Fellows: Funded by HEE

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Appendix C: Glossary of terms

ANHSFT - Airedale NHS Foundation Trust

BTHFT - Bradford Teaching Hospitals NHS Foundation Trust

CCGs - Clinical Commissioning Groups

CHFT - Calderdale and Huddersfield NHS Foundation Trust

CiC - Committee in Common

DH - Department of Health

GIRFT - Getting It Right First Time

HDFT - Harrogate and District NHS Foundation Trust

HEE - Health Education England

HUTH - Hull University Teaching Hospitals NHS Trust

IM&T - Information Management and Technology

LHCRE - Local Health and Care Record Exemplar

LIMS - Laboratory Information Management System

LTHT - Leeds Teaching Hospitals NHS Trust

LWAB - Local Workforce Action Boards

MAU - Medical Assessment Unit

MoU - Memorandum of Understanding

MYHT - Mid Yorkshire Hospitals NHS Trust

NHSE- NHS England

NHSI - NHS Improvement

NLAG - North Lincolnshire and Goole NHS Foundation Trust

OJEU- Official Journal of the European Union

PACS - Picture Archiving and Communications System

PID - Programme Initiation Document

PMO - Programme Manager's Office

WYAAT - West Yorkshire Association of Acute Trusts

WY&H HCP - West Yorkshire and Harrogate Health Care Partnership

WYJHOSC - West Yorkshire Joint Health Oversight and Scrutiny Committee

WYVaS - West Yorkshire Vascular Service





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