

West Yorkshire Association of Acute Trusts

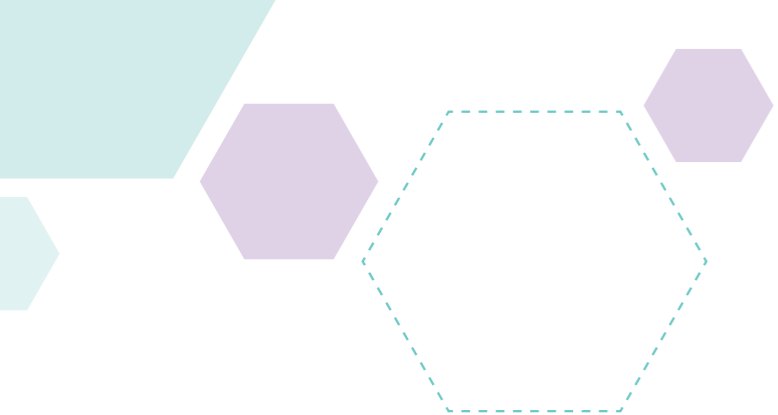
Annual Report 2021/2022





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1. Introduction from the Trust Chairs

Welcome to the 2021-22 Annual Report for the West Yorkshire Association of Acute Trusts (WYAAT), which gives an overview of the Collaborative's progress and performance over the last 18 months.

This report details achievements between September 2020 and April 2022, as our previous annual report covered an 18-month period from 2019/20 into 20/21, documenting the initial response to the Covid-19 pandemic.

Our six hospital trusts work together through WYAAT because we believe that the health and care challenges and opportunities facing our area cannot be solved by each hospital working alone. This has never been more true than during the pandemic, where our collaboration as WYAAT, and with the wider health and care system, saw us deliver an effective response to Covid-19.

This response included enabling mutual aid between hospitals to ensure patients were able to be cared for safely, protecting our staff with the right Personal Protective Equipment (PPE), scaling our ability to test patients and staff for Covid-19, deploying a mass vaccination programme, and rapidly delivering new services to offer anti-viral treatments for some of the most vulnerable patients who contracted Covid-19.

By working together as a partnership of hospital trusts, we are helping to address health inequalities for the 2.7 million people who live across West Yorkshire and Harrogate, so that all patients can receive the same high level of care, no matter where they live.

We have now faced a second year living with Covid-19, and the challenges it continues to place on our hospital trusts. Over the past 18 months, WYAAT has delivered a wide range of programmes, which is helping to address some of these challenges and make improvements to services. There has been great unity of teams from all trusts and a huge commitment of time and effort from our management teams, clinicians, and support staff.

The impact of Covid-19, and the resultant backlog of people waiting for treatment, has meant that many areas of collaboration and partnership have grown substantially. Our hospitals are working together, through WYAAT, as a vehicle for collective recovery and ensure patients across West Yorkshire and Harrogate are treated as quickly as possible. Nationally, many other provider collaboratives are now working in this way.

Our member trusts are committed to ensuring our work is clinically, financially, and environmentally sustainable, whilst being focused on addressing inequality in access, outcomes and experience.

Through our procurement sustainability group, we have been working to track and reduce the regional supply chain carbon footprint and reduce plastic waste across our hospital trusts. WYAAT trusts were amongst the first acute providers in the country to analyse their waiting lists through the lens of deprivation, ethnicity, and disability, and take actions to address inequality in waiting times.

WYAAT is now part of our everyday business and we encourage and support our teams to communicate and collaborate with other trusts to enable the best experience for patients and our workforce.

We would like to acknowledge the leadership contributions of the Trust Chief Executives and Chairs that have moved on from their posts during the period of this report, alongside the contributions of the former WYAAT Director. Thank you to:

Martin Barkley, former Chief Executive of The Mid Yorkshire Hospitals NHS Trust

Owen Williams, former Chief Executive of Calderdale and Huddersfield NHS Foundation Trust

Steve Russell, Chief Executive of Harrogate and District NHS Foundation Trust (currently on secondment to NHS England and Improvement as National Director for Vaccination and Screening)

Philip Lewer, former Chair of Calderdale and Huddersfield NHS Foundation Trust

Angela Schofield, former Chair of Harrogate and District NHS Foundation Trust

Matt Graham, former WYAAT Director



Andrew Gold

Andrew Gold
Chair, Airedale NHS Foundation Trust



Max Mclean

Max Mclean
Chair, Bradford Teaching Hospitals NHS Foundation Trust



Helen Hirst

Helen Hirst
Chair, Calderdale & Huddersfield NHS Foundation Trust



Sarah Armstrong

Sarah Armstrong
Chair, Harrogate & District NHS Foundation Trust



Linda Pollard

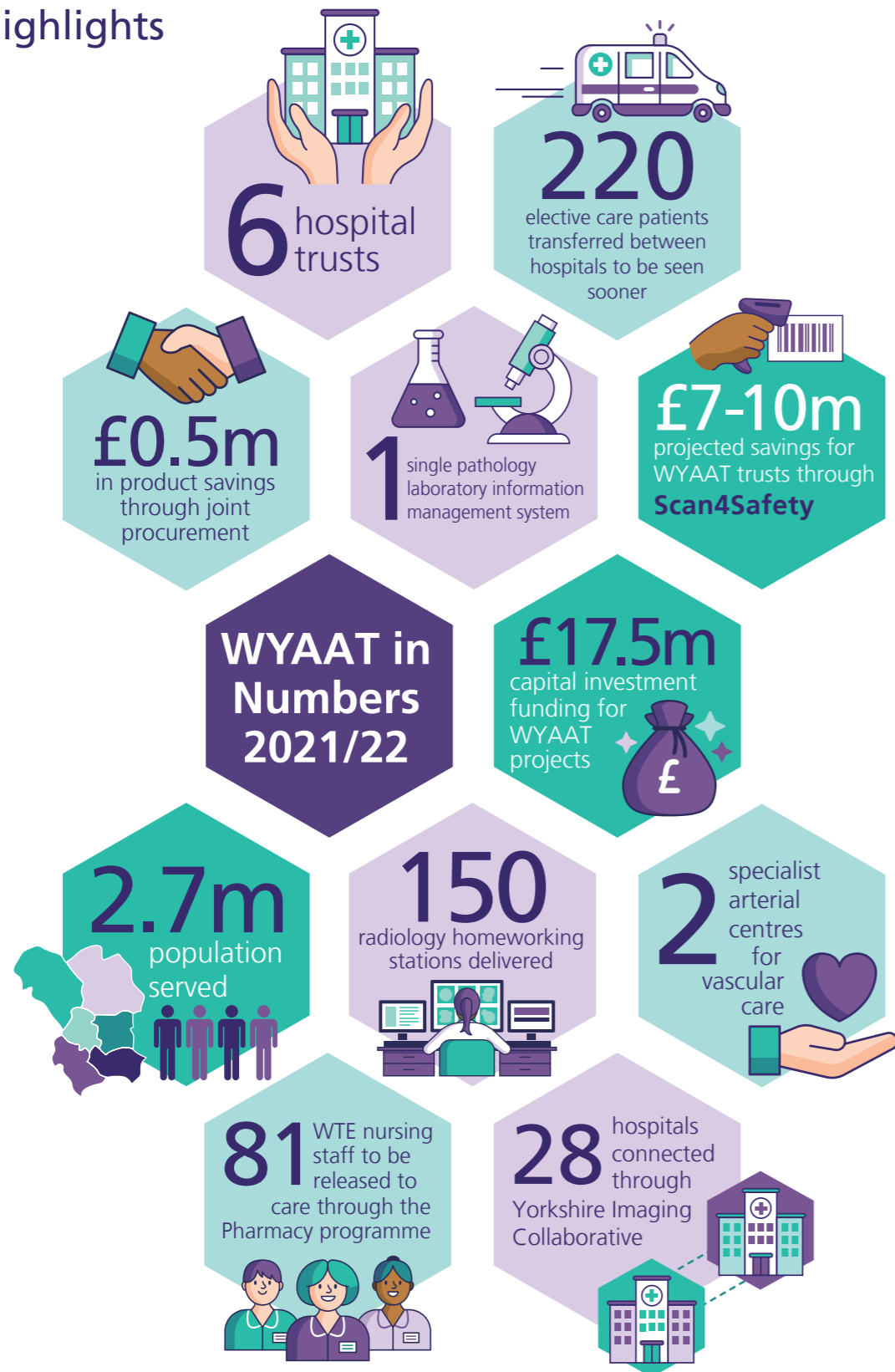
Dame Linda Pollard
Chair, Leeds Teaching Hospitals NHS Trust



Keith Ramsay

Keith Ramsay
Chair, Mid Yorkshire Hospitals NHS Trust

2. Highlights



3. Corporate

Senior Responsible Officer: Sir Julian Hartley

Executive Lead: Stephen Bush

Programme Manager: Stuart Macmillan

Scan4Safety is all about the use of barcodes to improve patient safety and experience. The aim of the programme is to implement Scan4Safety across all WYAAT trusts, building on the success already seen at Leeds Teaching Hospitals NHS Trust.

Through the tracking of products and people throughout the healthcare supply chain and across hospital estates, clinicians will be better able to ensure the safety and security of the product they are administering.

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. Based on Department of Health & Social Care (DHSC) estimates, the programme is estimated to deliver annual financial savings of £7-10m across WYAAT.

Putting the Patient First

The patient is at the core of everything the Scan4Safety programme does - from improving the traceability of products used, to ensuring the right patient is in the right theatre at the right time.

WYAAT is working closely with the national team to support improvements in data capture and utilisation, allowing for patients to be seen quicker, and ensuring their care within the hospitals is as safe and effective as possible.

Benefits for Staff

The Scan4Safety programme is aimed at improving clinical outcomes and efficiency by providing staff with the right tools to carry out their roles. The programme is removing old, paper-based processes and replacing them with efficient digital ones that ensure the staff can optimise the time they spend with patients, to provide the best clinical care.

The Inventory Management System will release nursing time spent looking for products required in theatre or products that need to be removed from shelves due to national product recalls, by digitally managing all stock locations. This has proven to reduce product recalls from several hours down to less than 10 minutes, with all that time released back to clinical care of patients.

Achievements in 2021/22

Following the approval of funding to deliver the programme in early 2020, the programme has gone on to deploy the regional shared Inventory Management System, (SupplyX from Omnicell in Leeds) including the deployment of an entirely new Android platform. The remaining five WYAAT trusts are due to go live in early 2022/23.

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.

To support this, all the trusts have agreed to use the same shared catalogue, (Nexus from GHX) which has now been successfully deployed alongside the same access point, Pagero, to facilitate the automation of producing orders and matching received invoices. This removes the manual burden from each finance team.

Individually, each trust has now deployed the foundations of Scan4Safety. The barcoding of patients and places, with the implementation of new standardised wristbands and new location labels, aids full traceability of the patient journey. It also supports maintenance work and tracing deliveries.

Each trust has taken on individual projects to bring them all up to the same high level, including new digital solutions to:

- track and monitor the use of blood
- track equipment in use across the trust to improve its effectiveness
- track milk in the maternity and neonatal wards

All these projects are improving patient safety, providing staff with more efficient systems, and improving clinical outcomes.

Plans for 2022/23

Scan4Safety is a multi-year programme and as it moves into its final year, the benefits are starting to be realised. By the end of March 2023, all the trusts will have deployed the shared Inventory Management System, SupplyX alongside various individual projects:

- 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) and Medical Device Information System (MDIS).



Senior Responsible Officer: Brendan Brown

Executive Lead: Chris Slater

Programme Manager: Jonathan Edwards

The procurement programme brings together the procurement leads at member trusts to drive standardisation of product selection across West Yorkshire. Using the aggregated volumes leverages economies of scale with suppliers to make procurement savings.

There is a focus on standardising procurement infrastructure (catalogues and contract databases), with a collaborative approach to contract sourcing to share resources and avoid duplication.

Supply chain resilience is a priority, with the changing global market and the need to hold UK-based safety stock to manage supply chain interruptions.

The programme also supports the equipment set-up of vaccination sites and the supply of PPE and vaccination consumables.

Through an ongoing mutual aid programme, procurement teams across West Yorkshire ensure that PPE products are available across all sites and that a central regional contingency stock is maintained.

The Procurement Sustainability Group aims to track and reduce the regional supply chain carbon footprint and reduce plastic waste.

Putting the Patient First

Products and equipment used in trusts are selected with clinical teams to ensure the patient receives the best treatment, with safe products.

The supply chain teams ensure the correct products are available when required.

Benefits for Staff

A robust supply chain for PPE products has been established that will ensure staff are protected in line with infection control guidance. Additional regional safety stocks are in place, as well as national stocks.

As products are standardised across sites, staff will not require additional training as they move between sites.

Clinical products are reviewed to ensure the correct product standards are delivered.

Achievements in 2021/22

During 2021/22, the procurement programme has made good progress in five main areas.

Moving to an ICS-wide approach

Widening the procurement engagement to all West Yorkshire ICS providers to have a common approach, in line with NHSEI guidance:

- People and skills
- Supply chain management
- Strategic procurement
- Data, technology, and performance
- Sustainability

Supporting the vaccination programme

Ensuring equipment was delivered (and removed) from vaccination sites as they were set up and decommissioned around the region. Providing a back-up emergency service for sites requiring vaccination consumables.

Savings workplan

The savings workplan has continued but has prioritised contract areas where no clinical involvement was required to evaluate products.

Savings were over £500k in difficult global supplier market conditions. Contract areas include medical pulp and paper hygiene.

Digital Technology

All member trusts are on schedule to move to a common product catalogue and contract management portal for April 2022. This is to standardise procurement data and processes and to provide transparency on contract pricing and renewal workplans.

Sustainability

The sustainable procurement group has been established to create a sustainable procurement policy, looking to reduce the trusts' supply chain carbon footprint and reduce plastic waste.

Plans for 2022/23

Building on our successful collaboration during the pandemic, our programme will formally be established across all NHS providers in the ICS. Based on our successful experience across WYAAT, the programme will drive the procurement workplan and ensure all members to look to avoid duplication, share knowledge and skills and aggregate product spend to leverage best prices.

The workplan will look to prioritise areas that can be standardised across the ICS, ensure price and supply chain resilience and move to sustainable products.

The programme will identify contract areas where waste can be reduced and look to minimise supply chain carbon footprints, as well as buying local where appropriate to support the wider economy.

The programme will look to national NHS contracts to deliver savings opportunities and implement supplier and product changes at trust level to support this.



4. Clinical Support

4.1

Diagnostics: Community Diagnostic Centres

Senior Responsible Officer: Len Richards

Executive Lead: Rob Aitchison

Programme Manager: Becca Spavin

The establishment of Community Diagnostic Centres (CDCs) is a national programme to improve efficiency, access and reduce delays for patients. It is based on community-based, elective diagnostic centres with new pathways that separate emergency and elective diagnostics.

Community Diagnostic Centres provide an opportunity to deliver increased diagnostic capacity in West Yorkshire. The six primary aims of the programme are:

- improved population health outcomes
- increased diagnostic capacity
- improved productivity and efficiency

- reduced health inequalities
- improved patient experience
- support for the integration of primary, community and secondary care

The Centres provide the opportunity to divert many patients from hospital. This allows the acute trusts to treat the most urgent patients, while the community diagnostic centres focus on tackling the backlog.

CDCs will contribute to the NHS 'Net Zero' ambition by providing multiple tests at one visit, reducing the number of patient journeys, and helping to cut carbon emissions and air pollution.

Putting the Patient First

Community Diagnostic Centres mean that patients will be able to receive many diagnostic tests without the need to travel to a hospital. In many cases, this means that people will be seen quicker than if they were waiting for an appointment at the hospital.

The range of tests available will include CT and MRI scans, X-rays, ultrasounds, phlebotomy (blood tests), and respiratory and cardiology tests.

Many patients will benefit from an earlier diagnosis and a reduction in waiting time.

Benefits for Staff

Community Diagnostic Centres will provide an opportunity to develop training opportunities and expand staff numbers to support increased capacity for diagnostic services.

Achievements in 2021/22

The focus of our work has been to assess our current diagnostic services to our local communities and understand what CDCs will need to provide in order to meet the needs of our population.

West Yorkshire has been allocated £52m in capital to support the implementation of CDCs during 2022/23, 2023/24 and 2024/25.

Support for the delivery of CDCs has been established through the West Yorkshire and Harrogate Level Diagnostic Programme and Steering Board and by place-level governance.

Plans for 2022/23

WYAAT will produce three-year strategic plans for diagnostic services within Community Diagnostic Centres. These plans will demonstrate how the development of CDCs will address health inequalities in diagnostic services.

We will submit business cases to NHS England to secure capital investment to implement our plans.

In 2022/23 WYAAT will establish at least one CDC 'hub' in the region and continue work across all Places on the delivery of our ambitions for CDCs.

All CDCs will have an integral connection with the six hospital trusts across West Yorkshire and Harrogate.

4.2

Diagnostics: Pathology

Senior Responsible Officer: Len Richards

Executive Lead: David Birkenhead

Programme Manager: Nicola Moss

The pathology programme facilitates the development of a single pathology network for West Yorkshire and Harrogate. It joins up pathology services from the six WYAAT member trusts.

The programme's objectives include the standardisation of processes, consolidation of routine testing from fewer locations, improvement of workforce sustainability and the exploration of potential business efficiencies.

This is driven by the need to address:

- Workforce sustainability
- Cost and price variation
- Variation in efficiency
- Unwarranted variation between services
- Increasing demand
- Quality and accreditation requirements
- Estate capacity

Putting the Patient First

The pathology programme aims to improve diagnostics and patient services across West Yorkshire and Harrogate.

By working together as a single network, pathology services will be able to provide the same, high standard of diagnostic testing for patients, no matter where they live.

Many of the workstreams will help to reduce repeat testing and rearranged appointments, provide the opportunity for testing closer to home and support visibility of results across primary and secondary care.

Benefits for Staff

There will be improved user experience for clinicians by enabling better visibility of results, reduced duplication of ordering and sample collection. This ultimately supports quicker diagnosis and treatment for the patient.



Achievements in 2021/22

There has been significant progress in three key areas over the past 18 months.

Laboratory Information Management System (LIMS)

A single Laboratory Information Management System (LIMS) is being implemented across the WYAAT member trusts. The new LIMS will improve productivity and efficiency, reduce unwarranted variation (thereby improving patient safety and quality outcomes) and provide a resilient and sustainable solution for the future. This will lead to improvements in care for patients in West Yorkshire and Harrogate by supporting earlier diagnosis and treatment for a wide range of conditions and supporting availability of quick access to improve clinical decision-making.

Over the last 18 months, the team has successfully procured a system, achieved national approval for a business case to secure the release of £12m in capital and worked in collaboration to carefully design the content and functionality for all pathology disciplines.

Low-level design is now complete, and the next phase will test the system using the process of User Acceptance Testing (UAT). NHSEI awarded the West Yorkshire and Harrogate Pathology Network a further £3.75m to support the implementation of a solution to support interoperability in pathology. Order comms systems are vital in enabling electronic requests for tests and receiving results. ICE is the most widely used system (for all primary care in the region, and for acute and inpatient requesting and resulting in four of the six trusts).

Formation of a Second Pathology Partnership

Service consolidation commenced in 2019 with the formation of a joint venture between Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust.

A second new partnership between CHFT, MYHT and LTHT is now being formalised through a Full Business Case (FBC) which will support a final decision in respect of the laboratory operating model across the three trusts. This is in line with the model and process described in the Network Strategy approved by the trusts in 2019.

In May 2021 the three trusts commenced a collaborative procurement for a Pathology Managed Equipment Service. The trusts are seeking the best value commercial option for their pathology equipment and consumable requirements. This new joint contract will help to deliver improved, efficient and sustainable pathology services now, whilst also allowing for opportunities for business generation, regional integration and innovation.

Using standardised equipment, reagents and consumables will help support consolidation of testing and resilience in the network by supporting cross-site working and facilitating the easier transfer of work between sites. In addition, the arrangements will allow rationalisation of consumable suppliers and enable financial efficiencies.

Construction of a new laboratory

Key to the delivery of the Network Strategy is the construction of a new, state-of-the-art laboratory facility at St James's University Hospital, which will support hospitals across the region to improve diagnostics for patients and help to meet the growing regional demand for specialist treatment and care.

Leeds Teaching Hospitals NHS Trust was successful in national approval of its Full Business Case (FBC) in February 2022, to secure capital investment to construct the new facility. The laboratory will be served by the single LIMS and state of the art equipment and automation provided through the Managed Equipment Service.

Plans for 2022/23

Laboratory Information Management System (LIMS) and ICE

The next phase of the project will focus on user testing and system refinement, followed by a phased implementation. The first implementation is scheduled for autumn 2022 and the final trust will be live by autumn 2023. In 2022/23, three WYAAT trusts will have upgraded to the latest version and our ICE Diagnostic Hub will start to be populated with results from Airedale and Bradford.

Cellular Pathology

The Network Strategy in 2019 focused on the network model for blood sciences and microbiology. In 2022/23 a review of cellular pathology services will conclude to understand future service requirements including how the service will utilise digital histopathology, the deployment of which is due to complete in 2022/23, led by the National Pathology Imaging Cooperative (NPIC).

Formation of a Second Pathology Partnership

The new Pathology Partnership Board and Operations Group (CHFT, MYHT and LTHT) will be in place to lead delivery of the reconfiguration of services as described in the Full Business Case which will be assessed by the three trust boards during summer 2022/23. Operational performance will be overseen as a single service with information at site and trust level to minimise unwarranted variation between sites.

The trusts will agree a detailed solution for the Managed Equipment Service through dialogue with bidders, with a target of agreeing a preferred bidder by autumn 2022. The aim is to have the contract signed in early 2023, with the contract commencing in spring 2023.

New Laboratory

The new pathology laboratory situated at St James's University Hospital will be completed in summer 2023 and the current plan is for it to open in autumn 2023.



Diagnosics: Endoscopy

Senior Responsible Officer: Len Richards

Executive Lead: Rob Aitchison

Programme Manager: Becca Spavin

The West Yorkshire and Harrogate (WYH) Endoscopy Network is a collaborative group of primary and secondary care endoscopy clinicians and managers from trusts and places across West Yorkshire and Harrogate.

The aim of the Network is to provide, timely, safe and high-quality endoscopy services equitably for the population of West Yorkshire and Harrogate.

The WYH Endoscopy Network encourages collaboration and sharing of information. It brings together colleagues to share good practice to improve patient outcomes, so that patients receive the same high-quality care, no matter where they live.

The Network oversees a programme of work, with projects focusing on quality and outcomes, capacity and workforce.

Putting the Patient First

The aim of the Network is to equitably provide timely, safe and high-quality endoscopy services for the population of West Yorkshire and Harrogate (right scope, right time, right patient, right outcome).

Benefits for Staff

Working collaboratively has allowed colleagues to develop a strategic approach to transforming endoscopy services in West Yorkshire and Harrogate. This includes producing tailored workforce and service investment plans.

The WYH Endoscopy Network approach to workforce development is to support endoscopy training for clinical, managerial and administrative staff.

The Network offers an opportunity to professionalise the delivery of endoscopy, by providing mutual peer support, mentoring and supporting a forum for debate, continued education and personal development.

Achievements in 2021/22

The WYH Endoscopy Network was established in 2020/21 and has supported colleagues across the region during this period of unprecedented challenge.

Working closely with the Cancer Alliance, the Network established participation in both regional and national Colon Capsule Endoscopy pilots across all West Yorkshire and Harrogate providers.

An endoscopy simulator was purchased to support training and education for colleagues across West Yorkshire and Harrogate.

The Network supported the delivery of mutual aid between hospital trusts to manage the significant backlog of referrals due to the Covid-19 pandemic.

Plans for 2022/23

Throughout 2022/23, the programme aims to:

- Implement service and delivery innovations
- Perform clinical audits to improve outcomes
- Conduct a review of pre-assessment processes across West Yorkshire and Harrogate with view to standardising best practice
- Review clinical pathways for specialist endoscopy services
- Conduct a demand and capacity review for endoscopy services
- Develop a training strategy, including an outline approach to delivering 'Endoscopy Academies' with partners across the wider region.



Diagnosics: Yorkshire Imaging Collaborative

Senior Responsible Officer: Len Richards

Executive Lead: David Crampsey

Programme Manager: Gary Cooper

The Yorkshire Imaging Collaborative (YIC) is a transformation programme enabled by technology. It comprises 28 hospitals across nine NHS trusts, supporting a population of more than four million people. It combines the Humber and North Yorkshire regional partner trusts with those from WYAAT.

The Collaborative aims to provide a technically connected radiology service that is responsive to the current and evolving needs of patients.

By adopting a common technical solution, radiology services 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.

In addition, through the purchase of additional technology, the Collaborative aims to balance reporting capacity with demand for reporting across its member trusts.

To improve the work-life balance of radiologists across the region, diagnostic standard homeworking computers are being rolled out to all colleagues who wish to be able to work from home.

There is a focus to create a sustainable and resilient radiology workforce, with the ability to facilitate outstanding development and training opportunities and be the employer of choice in England.

The programme aims to reduce clinical variation through the adoption of standardised imaging and reporting protocols. This means that patients will receive the same type of scan, regardless of which hospital they attend, depending on their needs and according to clinical presentation.

Putting the Patient First

The programme enables patients presenting at hospital to have their historical diagnostic imaging tests available during their care decisions. Additionally, specialists in other hospitals can also be involved in these care decisions.

Images can be accessed instantly, allowing for faster diagnosis and treatment. This has a positive impact on patient care, saves time and resources, and improves outcomes across multiple domains.

Ready access to previous patient images and reports means that patients may not need to attend hospital for additional diagnostic tests.

Achievements in 2021/22

The focus of work in 2021/22 has been to implement the Intelrad IntelePACS system, which enables patient images to be both viewed and reported on across the network of hospitals.

Diagnostic homeworking stations have been introduced at scale. At the time of writing, more than 150 colleagues are now able to report diagnostic tests from home.

The recruitment of the team which will lead and run this new service has begun, with the service manager and information specialist now in post, assisting with the operationalisation of the service.

The programme successfully secured additional funding from NHSEI to support making IT infrastructure for radiology more robust, purchase 11 additional diagnostic homeworking stations, and implement the storage of non-diagnostic images at one of our hospitals.

In addition, YIC secured national funding to take forward its workforce and equipment strategies and work to reduce clinical variation across the hospitals through introducing common practices.

The West Yorkshire and Harrogate Cancer Alliance supported the Collaborative's Organisational Development projects, which saw six colleagues attend the two-day Royal College of Radiologists Radiology Events and Learning Training. This supports work to bring together the learning from events across member trusts to support clinical governance and service advancement.

Despite difficulties arising from the Covid-19 pandemic, the Collaborative's 14 Special Interest Groups continued to meet throughout 2021/22 to develop common practices.

Benefits for Staff

Doctors and radiographers will have access to previous diagnostic test images taken in member hospital trusts and include these in their clinical decisions.

Colleagues operating across the collaborative will be able to work from home and more flexibly, where service needs allow.

This technology will improve staff experience through:

- Improved sustainability and service resilience
- Staffing consistency and flexibility supporting enhanced personal development
- Staff retention through flexible working and flexible retirement opportunities
- Sharing and levelling of resources for both staff and equipment
- Distributed reporting network will allow access to sub-specialty opinion, irrespective of location of where images are acquired.
- Shared capacity and management of imaging reporting backlogs to optimise reporting turnaround times
- A cohesive approach to quality improvement.

Plans for 2022/23

April 2022 will see the pilot project for shared reporting between WYAAT member trusts commence, with patient images being shared between Harrogate and District Foundation Trust and The Mid Yorkshire Hospitals NHS Trust.

A Consultant Radiologist will report on patient images from the other hospitals. Following a successful pilot project, the service will be implemented in summer 2022 to allow radiology departments all six WYAAT member trusts to share patient images to be reported by colleagues from other hospitals. This will be both from an on-hospital site and also from home.

The YIC workforce strategy will be published in December 2022, setting out how the programme will achieve a sustainable, resilient radiology workforce with the ability to facilitate outstanding development and training opportunities and be the employer of choice in England.

During 2022, YIC will continue its programme of implementing home image reporting at scale and should see every Consultant Radiologist and Reporting Radiographer having access to diagnostic quality reporting computers.

YIC will continue to work alongside the Community Diagnostic Centres programme to ensure that the future centres are fully connected and embedded into the YIC technical and clinical systems.

4.5

Pharmacy Aseptics

Senior Responsible Officer: Jonathan Coulter

Executive Lead: Phil Deady

Programme Manager: Charlotte Cleveland / Lauren Price

The overarching aim of this programme is to improve patient care and enhance patient safety through the provision of ready-to-administer injectable medicines via a hub-and-spoke model.

Specific objectives of the programme are to:

- Improve patient care by releasing 81 nursing whole time equivalents' (WTEs) time to care
- Enhance patient safety through the provision of quality-assured products manufactured in a licenced facility

- Generate additional manufacturing capacity to satisfy current and future demand
- Leverage economies of scale concerning equipment and workforce
- Act as a focal point to reduce unwarranted variation for in-scope products
- Increase production resilience across WYAAT and contribute to resilience across the sector
- Increase patient safety by reducing errors in the manipulation and administration of medicines.

Putting the Patient First

The programme's aim is to improve the patient experience by providing access to ready-to-administer intravenous medicines across care settings. This increases patient safety by reducing errors in the manipulation and administration of these medicines. This is achieved by manufacturing these products in a specialist licenced facility by dedicated and highly-trained staff.

There is currently limited capacity within aseptic services but there continues to be a growth in demand for systemic anti-cancer therapies (SACT), non-cancer immunotherapy and intravenous antibiotics, which is predicted to continue to rise.

In order to continue to meet this growing demand to ensure patients receive critical treatment, capacity across the region must also expand. The project aims to deliver capacity of approximately 564,000 products per year -which meets the unmet need - in addition to releasing nursing time to care.

Benefits for Staff

Benefits for Staff

A skilled workforce will be required to operate the hubs and therefore the programme is expected to create additional jobs within pharmacy technical services. In addition to this, there will be additional career and development opportunities within the region.

The pharmacy collaboration will provide nursing staff with ready-to-administer product, releasing time-to-care. Ready-to-use injectable medicines will allow nursing staff to focus on patient care and reduce the need to prepare time-consuming products at ward level.



Achievements in 2021/22

An options appraisal was completed in January 2021 to assess scenarios to deliver pharmacy aseptic services at a regional level. The options appraisal produced three recommendations which outlined product scope, volume scope and delivery model.

A subsequent hub evaluation took place which determined the location of the first hub to be The Leeds Teaching Hospitals NHS Trust.

Following the completion of the Strategic Outline Case, a phased approach was designed to minimise the initial capital investment required for the project. The phases are defined as follows:

- Phase 1.** Proof of Concept - Use current clean room to demonstrate that the regional hub model can work and build the initial key processes
- Phase 2.** Scale up - Build a new clean room facility, partially equip and staff it to produce 20-40% of the final target production
- Phase 3.** Hub 1 - Fully equip and staff Hub 1 and operate it to its full capacity to achieve 50% of total target production
- Phase 4.** Hub 2 - Second hub built, fully equipped and staffed to achieve 100% of total target production

The Outline Business Case (OBC) was developed to outline Phase 1 and planning for Phase 2. It was submitted and approved to WYAAT Committee in Common in October 2021, where it was positively received. The OBC was subsequently approved by each of the six trusts' boards and is now in the implementation phase with established workstreams to focus on each of the key areas of the project.

During late 2020, members of the National Aseptic Implementation Board were invited to attend a programme board meeting to discuss the project. The WYAAT Pharmacy Aseptic Collaboration continues to be seen by the NHS England national team as a potential pathfinder, should national capital become available.

Plans for 2022/23

The phase 1 proof of concept has commenced at The Leeds Teaching Hospitals NHS Trust and will run until April 2023, with a dedicated workstream to oversee the process and feedback successes to the programme board.

Whilst phase 1 is underway, planning for phase 2 will start and the learning from phase 1 will help shape the Full Business Case (FBC). The FBC is planned for submission in June 2023 and will detail the delivery of phase 2.

The programme will continue to maintain close links with other collaboration projects, as well as the NHS Infusions and Special Medicines Board (formerly the English Aseptics Transformation Board).

5. Clinical

Senior Responsible Officer: Mel Pickup

Executive Lead: Amanda Stanford (current WYVaS Board Chair)

Programme Manager: Jane Lang / Clare Vickers

The West Yorkshire Vascular Service (WYVaS) was developed to achieve the best possible outcomes for vascular patients across West Yorkshire.

WYVaS aims to bring the services delivered across five West Yorkshire hospital trusts, Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and The Mid Yorkshire Hospitals NHS Trust together, in a single, shared regional service.

WYVaS brings together two arterial centres (which deliver patient, emergency and routine services) with three non-arterial centres (which deliver routine vascular outpatient clinics, diagnostic and operative services).

By working together, the hospital trusts ensure that patients across West Yorkshire receive the same, high quality vascular care, no matter where they live.

Putting the Patient First

New working models, such as Consultant of the Week, ensure that a patient has rapid access to a senior opinion to avoid delays in their treatment. In some cases, this also helps to reduce the number of hospital admissions.

This model also means that inpatients are seen daily, so that their care is progressed in a timely manner, with early detection of any complications.

The creation of the Urgent Vascular Assessment Clinic, virtual ward and repatriation pathways ensures that patients can be treated as close to home as possible and can reduce the amount of time the patient needs to spend in hospital.

The implementation of new roles helps to ensure that the patient discharge process is as smooth, quick and personalised as possible.

The pilot of a virtual multi-disciplinary leg ulcer clinic means that different healthcare professionals, from different organisations, are brought directly to the patient at the same time, in the same place. This reduces the number of visits a patient needs to make to the hospital.

Benefits for Staff

WYVaS has introduced a regional governance meeting to share learning across the whole of West Yorkshire and involve individuals to shape the service they work in.

There is increased collaborative working, with new working models, to allow staff to deliver care in a manner that is beneficial to both patients and staff.

Competency and advanced practice documents are in development to aid education, give clear indications of potential development routes, and support safe practice.

WYVaS continues to work hard to address nationally-recognised recruitment issues, to reduce the strain on the staff in understaffed areas.

Achievements in 2021/22

The programme created a single set of clinical pathways to ensure standardisation of care for the most common vascular problems.

Recognising the importance of patients receiving care as close to home as possible, WYVaS developed urgent vascular assessment clinics and a virtual vascular ward. This enables patients to have their consultations and tests in their local hospital. The trusts also developed a repatriation agreement so, when a patient can go home following their operation but may need some rehabilitation, that can be delivered closer to home in the community.

New posts were created to aid the smooth running and safety of the service. Several specialist nursing and surgical teams were also expanded to ensure there are enough staff to deliver comprehensive, 24/7 care.

WYVaS is developing a system to create an electronic 'dashboard' of performance indicators so that teams can ensure they are performing to the best possible standard.

WYVaS colleagues have supported teams in other specialties who are in the process of having to change the way they deliver their services, by sharing their learning. WYVaS has also been involved in regional and national meetings, to both share learning and learn from others.

Plans for 2022/23

The WYVaS leadership team has created an extensive work plan for the 2022-2023 year. Plans include:

- The implementation of a Complex Aortic Pathway, to ensure that complex, high-risk patients have a robust, safe pathway to receive their complex treatment at Leeds and their follow-up care closer to home
- A review of the service to ensure the capacity, staffing, distribution of skills is appropriate
- To address any backlogs in care created by the Covid-19 pandemic
- To further develop the performance dashboards
- To collect more patient experience measures and hear the patient voices on how their experience was whilst under the care of WYVaS.



Senior Responsible Officer: Foluke Ajayi (from 1 April 2022)

Executive Lead: Clare Smith / Russell Nightingale

Programme Manager: Caroline Dada

The planned care programme brings together the six acute hospital trusts in West Yorkshire and Harrogate with partners across health and social care to maintain the safe and timely delivery of screening, diagnostic and treatment services. WYAAT leads this cross-sector programme on behalf of the West Yorkshire Integrated Care System (ICS).

The programme is both clinically and operationally led and has a number of focal elements:

Elective Recovery

- Create shared pathways between patients, primary and secondary care clinicians to ensure the right referral or intervention is made first time.
- Increase capacity, so patients have shorter waiting times for their treatment
- Enable hospital trusts to treat the most unwell patients first, followed by those which have been waiting the longest, where possible
- Ensure that the right patients attend for appointments, using the right method, in the right organisation, at the right time
- Empower patients to identify when they need follow-up care
- Use data to learn from one another in WYAAT and nationally, making productivity and efficiency improvements and reducing unwarranted variation.
- Improve communication and provide better information and engagement with patients and carers
- Delivering inclusive recovery by tackling health inequalities, whilst reducing our waiting lists.

Clinical thresholds and single commissioning policies

- Harmonisation of the commissioning policies of the five Clinical Commissioning Groups (CCGs) to create a single policy for a specific procedure for adoption by the West Yorkshire Integrated Care Board (ICB) from 1 July 2022.

Eye Care

The Eye Care programme aims to ensure that all patients receive the same high standard of eye care, when they need it and in the most appropriate place.

- Improve clinical outcomes to reduce the risk of irreversible sight loss
- Reduce variation in service provision and addressing health inequalities
- Ensure that patients have equitable access to eye care services, so they are seen in the right place at the right time
- Transform services to meet demand growth and recover from the pandemic backlogs
- Provide quality eye care services closer to home
- Strengthening and widening shared care between primary and secondary care
- Implement digital enablers to enhance pathways and service provision across primary and secondary care

Achievements in 2021/22

Elective Recovery

The programme has facilitated an environment across six acute hospitals which collaborate and seek collective solutions to reduce the patient waiting lists across West Yorkshire and Harrogate.

In December 2021, our hospitals came together and identified opportunities for 650 patients to move between organisations (including the independent sector) so that patients could receive their treatment earlier. Between January and April 2022, more than 220 patients were transferred and received treatment who otherwise may have remained on a waiting list at their local trust. Despite the impact of the Omicron variant, WYAAT member trusts were able to reduce the numbers of patients waiting the longest (over two years) to the levels planned during September 2021.

In summer 2021, a listening event was held with patients on waiting lists across the six hospitals. This provided an opportunity for the team to hear the lived experiences of those on the waiting list. They shared that they would

be willing to receive treatment from other hospitals if it meant they could be treated sooner. They also shared the fact they would like to be able to receive more information from trusts whilst waiting. This was shared with the national team and formed the basis of the development of My Planned Care Platform, which is now rolled out nationally. Some of the panel were testers for the initial prototype.

The hospitals developed a collaborative, more resilient approach to operational pressures that facilitates the continuation of surgical procedures. These sites are located away from the main hospital sites and focus solely on providing elective and planned procedures for those on waiting lists. In March 2022, WYAAT received preliminary support from NHS England and Improvement for over £60m in capital to support the development and implementation of these sites.

We have continued to expand our use of virtual consultation across our services to ensure more patients can access secondary care appointments without requiring a hospital visit. This software was procured in conjunction with partners across Yorkshire and Humber.

Putting the Patient First

In West Yorkshire and Harrogate, some people have been waiting for a planned care procedure for up to two years.

To ensure patients can receive their treatment as quickly as possible, some patients have been offered the option to receive their care from another hospital in the region.

Work is progressing to allow patients who have received treatment at a different hospital to share their lived experience to help others with their decision-making.

Benefits for Staff

By taking a collaborative approach across the six trusts and remaining solution-focused, the workload can be shared, reducing pressures on trusts with the longest waiting lists.

The independent sector is also being engaged where appropriate to alleviate system pressures.

Eye Care

Through collaboration with partners, the programme has reviewed, enhanced and standardised a range of clinical pathways into provide patients with a high-quality, efficient experience, underpinned by best practice.

For patients with age-related macular degeneration, the programme has standardised the delivery of 'treat and extend' macular injection regimes across West Yorkshire. A rapid access referral form has also been designed to ensure patients are treated as quickly as possible.

Eye care monitoring has been established for patients taking hydroxychloroquine, which is a drug that, in some cases, can cause sight loss when taken for a long time.

The programme has introduced 'one stop' clinical pathways for cataract patients, to reduce the number of times a patient needs to attend hospital prior to surgery. A digital system is also being piloted with primary care Optometrists, to receive post-operative data to submit into the national audit for cataract surgery outcomes.

The programme has secured support from the National Eye Care Recovery and Transformation Programme to undertake a pilot that will enable detailed data collection to further understand the demand activity of specific eye conditions through our services. This will guide how we shape our provision in the future.

An electronic eye referral system has been procured, which will enable quality referrals including digital images and diagnostic test results to be sent electronically from community optometry into hospital eye services. This will enhance the quality of referrals, enabling effective triage. It will also signpost patients to the most appropriate care provision, with both primary and secondary care.

Plans for 2022/23

Elective Recovery

Our recovery is focused in line with the National Elective Recovery Plan for 2022/23. Our plan is to work collaboratively, sharing expertise and resources for the benefit of patients across WYAAT to:

- Ensure that no patient is waiting more than two years for elective care by July 2022 and no more than 78 weeks by March 2023, other than in instances where patients choose to wait.
- Deliver increased levels of activity for planned care pathways.

Key areas of work which will support these objectives include:

- Developing new ways of working, so that patients will receive the care they need from the most appropriate qualified person. For example, some procedures, that do not require an anaesthetist, could be performed outside a theatre environment in an outpatient suite. This creates capacity for more complex procedures to occur in the hospital.
- Working with patients who use our services to ensure that they meet the needs of all local communities. There will continue to be an emphasis on providing an equitable experience for all, regardless of social background, ethnicity, disability, or other protected characteristics.
- The submission of business cases for approval and the development of surgical hub sites to increase our capacity away from our main acute hospital sites, giving patients and staff teams more certainty that planned procedures will go ahead.

- Continuing to improve patient experience at the various stages of care across all six trusts, providing appropriate information and support from referral through to discharge, increasing the information and guidance available on the national My Planned Care platform.
- Continuing to use quality and outcomes benchmarking data, such as Getting it Right First Time, and our own local data and insight to ensure optimal productivity in the delivery of our elective services.
- Sharing best practice approaches to the delivery of shared pathways across primary and secondary care with the patient, and the successful approaches to embedding a personalised approach to outpatient appointments, removing the need for unnecessary follow-ups.
- Collaboratively expanding our workforce through local and international recruitment and developing new roles, building on the success of roles such as Anaesthetic Associates in Leeds. WYAAT is a national pilot site for extended surgical teams and Harrogate will be the first trust to test and evaluate this approach.

Eye Care

The eye care programme will continue to support increased activity and treatment of patients on our waiting lists, as well as delivering the wider objectives of the programme through:

- Standardising and optimising commissioned services provided by primary care Optometrists, delivering more enhanced care closer to home
- Delivering more high-volume diagnostics within community settings
- Reducing health inequalities and variation in provision, ensuring equitable access
- Implementing the procured electronic referral system across all eye units
- Through digital innovation, securing enhanced eye care record software to facilitate the transfer of care more efficiently between primary and secondary care
- Developing an online central store of patient information resources across all eye health, with the ability to signpost patients to support
- Embedding our eye care rehabilitation support workers and partners across all pathways
- Standardising clinical thresholds for specific eye procedures
- Developing a workforce plan investing in non-medical training and education to increase autonomy and scope of practice.



5.3

Clinical Service Sustainability

Senior Responsible Officer: Brendan Brown

Executive Lead: Sal Uka

Programme Manager: Asifa Ali

Achievements in 2021/22

Work on a clinical strategy was undertaken between 2018 and 2020 to create an aligned framework. This enables Places and trusts to develop their own services, while avoiding an adverse impact on other Places' or trusts' services. It also promotes collaboration between places and trusts on services where a WYAAT-wide or multi-place approach is required. The work was presented to the WYAAT Programme Executive in February 2020 and was then paused due to the pandemic response.

During summer 2021, WYAAT undertook a high-level review to identify clinical specialties which were fragile, or at risk of fragility in the short-term. No services were identified as immediately fragile, and several services already had proactive programmes in place across WYAAT. The risks in the services were mainly attributable to workforce shortages (medical and non-medical) and demand. In some cases this was resultant from the pandemic, and in others this was part of a longer-term demand growth.

Opportunities were identified to consider:

- The development of networked specialties to support resilience, particularly to maintain medical rotas
- The collaborative recruitment and new role development and innovation
- Wider pathway service transformation working with other partners across sectors
- A focus on sharing best practice and productivity improvements.

Plans for 2022/23

Bringing together the work in the original clinical strategy, with learning from the pandemic and the intelligence from the Fragile Services Review, WYAAT will develop a strategy for acute services which will, in line with its original aim, define different levels of working and collaboration opportunities within WYAAT, or at Place with partners across sectors. This will be set within the context of the changing NHS legislation and establishment of a West Yorkshire Integrated Care Board and its Committees at Place.



5.4

Covid-19 Response

The second half of 2020/21 and 2021/22 continued to be characterised by the response to Covid-19.

Operational Leadership

Across WYAAT there was a focus on continued best use of available hospital capacity, reconfiguring bed bases as variants changed and more patients required support in the general and acute bed base, rather than critical care.

We established WYAAT Gold during the second wave of the pandemic in autumn 2021, which regularly brought together Chief Operating Officers and a WYAAT Chief Executive to coordinate the acute response and facilitate the movement of patients between trusts where required, supported by the West Yorkshire Critical Care Network.

Pathology Testing

Capacity to offer tests to staff and patients was led by a WYAAT Chief Executive throughout the pandemic. The West Yorkshire and Harrogate Pathology Network was integral to the response in scaling testing in all trusts, providing cross-trust testing between sites where needed, and offering quick turnaround times to ensure key staff could be confirmed as Covid-19 negative in order to return to work.

Pathology teams across WYAAT responded to the availability of new equipment and assays to enable point of care testing in hospitals, allowing staff in Emergency Departments and on wards to obtain rapid results for patients, and improve patient flow through the hospitals whilst maintaining rigorous infection and prevention control (IPC) measures.

During the Omicron variant, WYAAT supported the coordination and distribution of lateral flow devices (LFDs) to staff across the health and care system.

Supply Chain Resilience

Building on the successful collaborative approach to securing and distributing Personal Protective Equipment (PPE) during the early stages of the pandemic, procurement leaders across WYAAT came together to manage supply chain and logistics challenges over the preceding 18 months. The Leeds Teaching Hospitals NHS Trust established a warehouse facility, which quickly became a regional receipt, storage, and distribution point for a wide range of supplies.

During the pandemic, there were major shortages of reagents - and subsequently blood tubes for a vital range of pathology tests. The Pathology Network, alongside procurement colleagues, coordinated the management of this as part of the National Incident Response, ensuring pathology testing could continue and vital patient testing and care was not compromised.

West Yorkshire Vaccination Programme

WYAAT, on behalf of the system, led the coordination of the West Yorkshire Vaccination Programme. The Senior Responsible Officer (SRO) was a Medical Director from a WYAAT trust and the Programme Director role was fulfilled by the WYAAT Director. A central System Vaccination Operations Centre was quickly established through the WYAAT PMO to support local places in the coordination and delivery of vaccines, often when supplies were challenging. The seven-day operation supported the astounding efforts of hospitals, community providers, GP practices, councils, CCGs and volunteers in local places to establish vaccination sites and deliver the Covid-19 vaccine to people across West Yorkshire.

The WYAAT procurement programme team took a lead in ensuring appropriate supplies were secured and distributed to set up vaccination sites and provide quick access to products to ensure delivery could continue.

The structure established through WYAAT successfully transitioned to the West Yorkshire Health and Care Partnership in autumn 2021, to integrate with the flu vaccination programme.

Covid Medicines Delivery Units (CMDUs)

In summer 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) approved the use of antiviral monoclonal antibodies as treatment for Covid-19. This commenced with inpatients. WYAAT, through a lead SRO and the PMO, coordinated work across its trusts to ensure clear pathways and protocols were in place to support the delivery of this treatment for inpatients.

In late 2021, the treatment was approved for use in pre-hospital pathways requiring a complex but agile approach to ensure vulnerable patients eligible for treatment could be identified and treated within a short timeframe from a positive Covid test. WYAAT worked alongside a multi-disciplinary team of colleagues from The Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare, as well as colleagues across the ICS, to quickly establish the first CMDU at the St James's site in Leeds in under two weeks. The learning, planning and protocols developed through this pilot were then shared to support the successful expansion of provision across West Yorkshire in early 2022.

6. Enablers

Digital technology has great potential to improve how our partner trusts work together to deliver services in a new and modern way, providing faster, safer, and more convenient care. Digital technology is an enabler to some of our most significant transformation programmes, as well as delivering benefits as standalone implementations.

As we saw at the start of 2020/21, the last 18 months has seen a huge expansion in the use of digital technology to support patient care during the pandemic. All trusts implemented virtual consultation software, allowing patients to have virtual appointments away from our main hospital sites.

Our collaborative approach to procurement supports us to deliver our transformation objectives and to secure the best commercial deals with our combined buying power. Our reputation and our scale make WYAAT an attractive delivery partner.

Over the last 18 months we have:

- Successfully procured and collaboratively designed a single Laboratory Information Management System (LIMS). This includes the approval of a Full Business Case by the WYAAT CIC, all six trust boards and NHSEI to secure £12m capital investment to purchase the system
- Secured an additional £3.75m from NHSEI to deliver, alongside the LIMS, a single ICE diagnostic hub across West Yorkshire and Harrogate, allowing clinicians to access results across primary and secondary care across the footprint, reducing the need for unnecessary repeat tests for patients, and supporting clinical decision-making
- Deployed 150 homeworking stations to allow radiologists and reporting radiographers to work from home
- Secured £750k additional capital to purchase additional homeworking stations, bolster our IT infrastructure and support implementation of the image sharing solution

- Secured £1.7m additional capital to enable continued deployment of digital histopathology by the National Pathology Imaging Collaborative across the five remaining WYAAT trusts (based on the experience in LTHT)
- Scan4Safety is defined by its use of digital (Scan) to improve patient outcomes (Safety). Using digital systems, the trusts are now capable of tracking a unique product such as a knee replacement to a specific patient, paving the way for future research, such as implant utilisation. Systems have been deployed to track equipment as it travels around the trust, ensuring all equipment is serviced effectively. This technology uses beacons like those at the exits of supermarkets to pinpoint the last known position, such as a ward or theatre
- Digital technology enabled the creation of a vascular virtual ward. This allows the co-ordinated and tracked expedited outpatient treatment of patients, who otherwise may have been admitted to hospital. The virtual vascular ward allows a common shared view of the cases so different people can input in to tracking and progressing their care
- The Eye Care programme, in conjunction with the wider North-East and Yorkshire region has procured a new electronic referral system to deliver our aim of improving clinical safety, efficiency and standardising the quality of patient referrals from primary care Optometry into hospital eye services. This technology will enable more advanced data collection analysis to provide the intelligence surrounding demographics and demand for all eye care sub-specialties.

Plans for 2022/23

Next year will be an exciting one for digital technology across WYAAT, including:

- Implementation of a single procurement catalogue and contracting portal in April 2022
- Roll-out of My Mobility across WYAAT - an app to support people preparing for joint surgery
- Submission of a roadmap to secure additional capital funding for the next three years to support expansion of digital diagnostics, develop digital systems to support Community Diagnostics Centres, and strengthen our digital infrastructure to create resilience
- Deployment of the single Laboratory Information Management System (LIMS) and ICE Diagnostic hub to the initial sites (starting in ANHSFT and BTHFT in autumn 2022)
- Piloting and deployment of the Intelerad shared reporting system, allowing clinicians to report images from other Trusts, enabling insourcing work from home, reducing our reliance on outsourcing providers
- Expansion of the My Planned Care app to support communication with patients on our waiting lists
- Deployment of a single Inventory Management System (SupplyX) to the five remaining trusts in WYAAT, based on the learning from the LTHT roll-out. A single inventory management system across all trusts will enable teams to standardise the supply chain process and to ensure stock is stored in the correct location and can be tracked to the patient. Having a regional perspective will help to avoid wastage, as stock can be moved to ensure it is used before expiry
- Roll-out of Scan4Safety initiatives, including the expansion of BloodTrack to further trusts
- Continuing to understand the potential for AI and assistive AI
- Deployment of eERS in eye care.



The challenges facing the NHS workforce are well documented. Through its programmes, WYAAT looks at ways to recruit, retain, deploy, develop, and continue to support the healthcare workforce, to meet the growing and changing needs of local populations in West Yorkshire and Harrogate.

Below is a summary of the key workforce developments that have been facilitated or implemented by WYAAT.

Over the past 18 months, we:

- Undertook a review of fragile services to understand where there are workforce capacity constraints
- Shared best practice approaches across trusts through established workforce groups and WYAAT HRDs, including sharing job descriptions, approaches to health and wellbeing and support for staff teams
- Created better shared workforce intelligence working with Health Education England and NHS England and Improvement
- Support training and education of primary care optometrists and non-medical eye health professionals through the eye care programme. This supports the vision to increase shared care pathways across high volume specialty areas (glaucoma, medical retina, cataract and emergency eye care), increase detection, diagnose, and commence treatment monitoring by a wider workforce.

- Established new roles in the West Yorkshire Vascular Service in therapies and care co-ordination to aid safe and efficient patient flow and developed competency and advanced practice documents to aid education, give clear indications of potential development routes, and support safe practice. A booklet has been developed collaboratively by the Vascular Ward Managers for new ward nurses covering the anatomy, physiology, equipment, and terminology used within the service. This also has competency development to allow them to set goals and develop their skillset

Plans for 2022/23

The focus for 2022/23 is in the following areas:

- Expanding and developing our workforce in an inclusive way, creating a workforce that is more representative of the communities we serve
- Delivering collaborative workforce strategies for diagnostic modalities, including clear pipeline to support Community Diagnostic Centres
- Agreeing and enacting a collaborative approach to recruitment for the surgical hub sites across West Yorkshire

- Delivering of a collaborative proposal for international recruitment across WYAAT and with ICS partners, building on the success of place-based hub-and-spoke models
- Acting as a pilot site for extended surgical teams, taking the learning and expanding the model
- Expanding new roles in theatres including anaesthetic associates
- Working with colleagues across the region to develop the approach to training academies for endoscopy and imaging
- Centralising and standardising training for technical pharmacy staff using a WYAAT regional academy for education, training and development of workforce
- Developing our procurement teams through standardising procurement role competencies to enable procurement teams to share training and development programmes and identify all national and regional courses when conducting personal development reviews with staff members. Standardising roles and competencies across providers will enable staff development and help individuals to progress into more senior procurement roles.

- Expanding technical services staff in aseptic preparation, with the aim to release nursing time to care
- Updating our WYAAT Portability Agreement to ensure it provides the framework to support our implementation plans in 2022/23.



7. Finance

7.1

Finance

The budget set for the current financial year 2021/22 was £2.604m. This was funded from contributions from the six WYAAT member trusts and non-recurrent funding from the West Yorkshire Health and Care Partnership for Community Diagnostic Centres and from NHS England and Improvement to support the implementation of Diagnostic Networks and Endoscopy Academies.

Actual expenditure for the year was £2.359m giving an underspend of £245k against the opening expenditure and income plan, and £468k against final outturn income before any assumed deferrals. Appendix 1 provides a summary of the 21/22 position. This underspend is mainly driven by delays in appointing to posts and would have been £147k higher had it not been agreed to support the Year 1 costs of Phase 1 of the pharmacy aseptics programme from the existing income streams.

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

8. Looking ahead to 2022/23: A view from WYAAT Chief Executives

As we move into 2022/23, the context for collaboration through WYAAT is strengthened, as providers from across all systems in England come together in formal provider collaborative arrangements and we transition to Integrated Care Boards as statutory organisations.

There is much we can offer by way of experience to colleagues from across the country as they forge these new relationships, and much for us to learn from them as they develop these partnerships.

We have achieved a huge amount as a collaborative over the last 18 months and have an even greater number of objectives for 2022/23 and beyond.

We are adjusting to a world changed by the pandemic, and the challenges for acute providers and the wider health and care system have never been greater. Equally, our vision of *'outstanding, high quality acute and specialist healthcare for the whole population of West Yorkshire and Harrogate: consistent, integrated and sustainable'* remains unchanged.

Looking ahead to the next year, the key areas of focus are:

- To recover our services from the impact of the pandemic, with a focus on waiting times for planned care and cancer diagnosis and treatment, ensuring that patients are seen as quickly as possible and get the best possible outcomes.
- To better understand and tackle disparities and inequalities in access, outcomes, and experience in our healthcare services.
- To support our people, a skilled and committed workforce, to do their jobs to the best of their ability, to support training, development and wellbeing of our existing teams and encouraging new entrants to the NHS through professional training, apprenticeships and transfer from other sectors and industries.
- To deliver a step-change in tackling inequity of opportunity and experience for colleagues with protected characteristics and ensure our organisations become more representative of the populations we serve, demonstrating to our current and future colleagues that representation matters.
- To manage within our resources, and through continuous improvement and a focus on efficiency through waste reduction, get the best outcomes for the public investment we receive.

We are proud that the culture of WYAAT has gone beyond the formal governance structures established in 2016. Looking forward at the testing road ahead, we know that it is through our collective ambition, our collective skill, and our collective experience that we will tackle our biggest challenges.



Foluke Ajayi
Chief Executive, Airedale NHS Foundation Trust



Jonathan Coulter
Acting Chief Executive, Harrogate & District NHS Foundation Trust



Mel Pickup
Chief Executive, Bradford Teaching Hospitals NHS Foundation Trust



Sir Julian Hartley
Chief Executive, Leeds Teaching Hospitals NHS Trust



Brendan Brown
Chief Executive, Calderdale & Huddersfield NHS Foundation Trust



Len Richards
Chief Executive, Mid Yorkshire Hospitals NHS Trust

9. Appendices

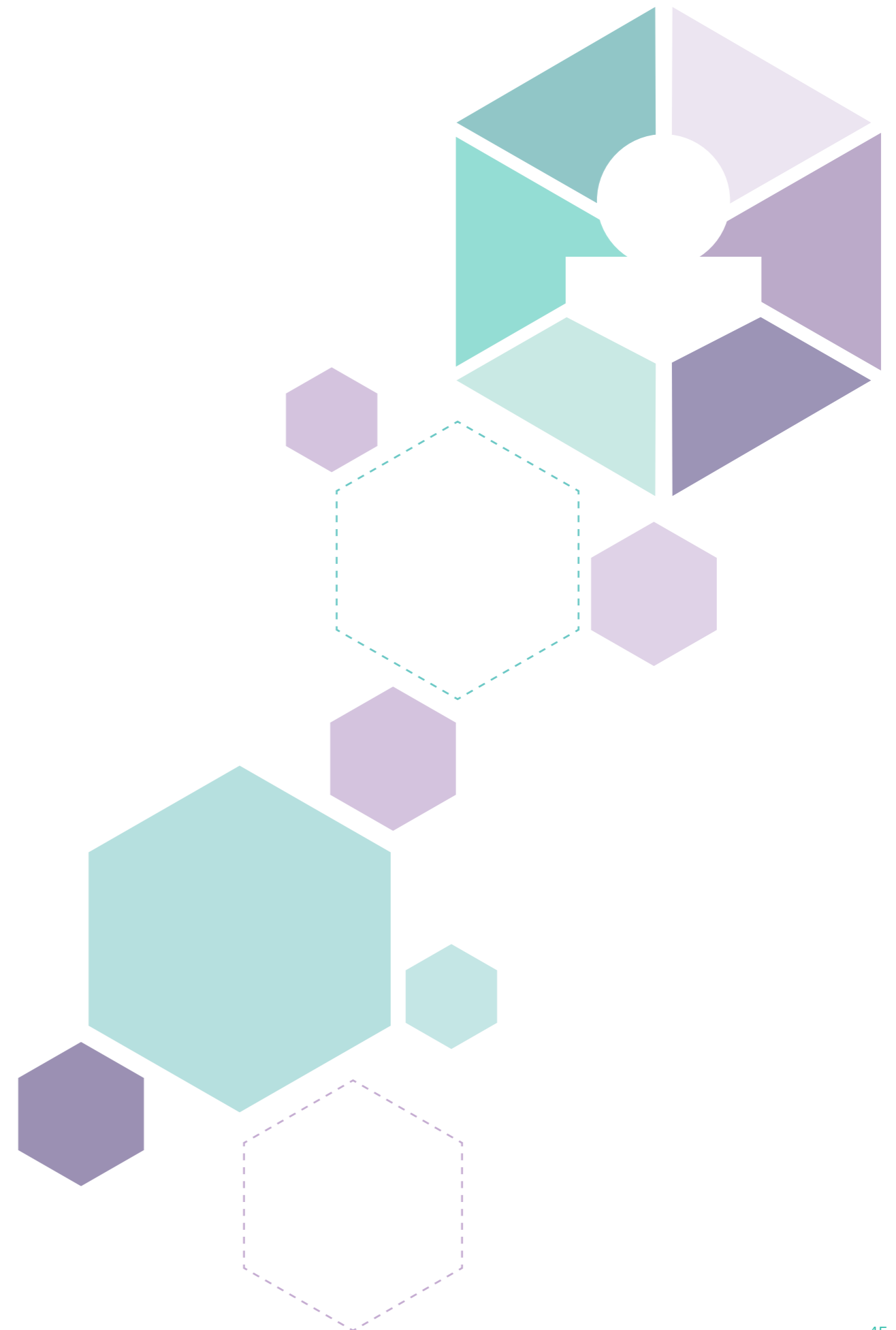
Appendix A: WYAAT Budget 2021/22

	21/22 Budget (£)	End of Year (£)	Variance (£)
Section 1 - Core budget			
Programme management	2,090,388	2,060,091	30,297
Imaging Collaborative shared reporting team	160,000	50,968	109,032
Total expenditure	2,250,388	2,111,059	139,329
Funded by:			
WYAAT organisations	1,555,129	1,525,519	29,610
HCV organisations	41,978	41,978	0
In-year non-recurrent funding	220,281	315,913	-95,632
B'fwd non-recurrent funding	433,000	433,115	-115
Total income	2,250,388	2,316,525	-66,137
Net I&G position on original scope	0	205,467	205,467
Fund Phase 1 and Pre Phase 2 Aseptics costs at LTHT		147,300	147,300
Final net I&E	0	58,167	58,167

Section 2 - Diagnostic networks			
Expenditure	353,998	40,621	313,377
NHSE funding	448,443	448,443	0
Final net I&E	94,445	407,822	313,377

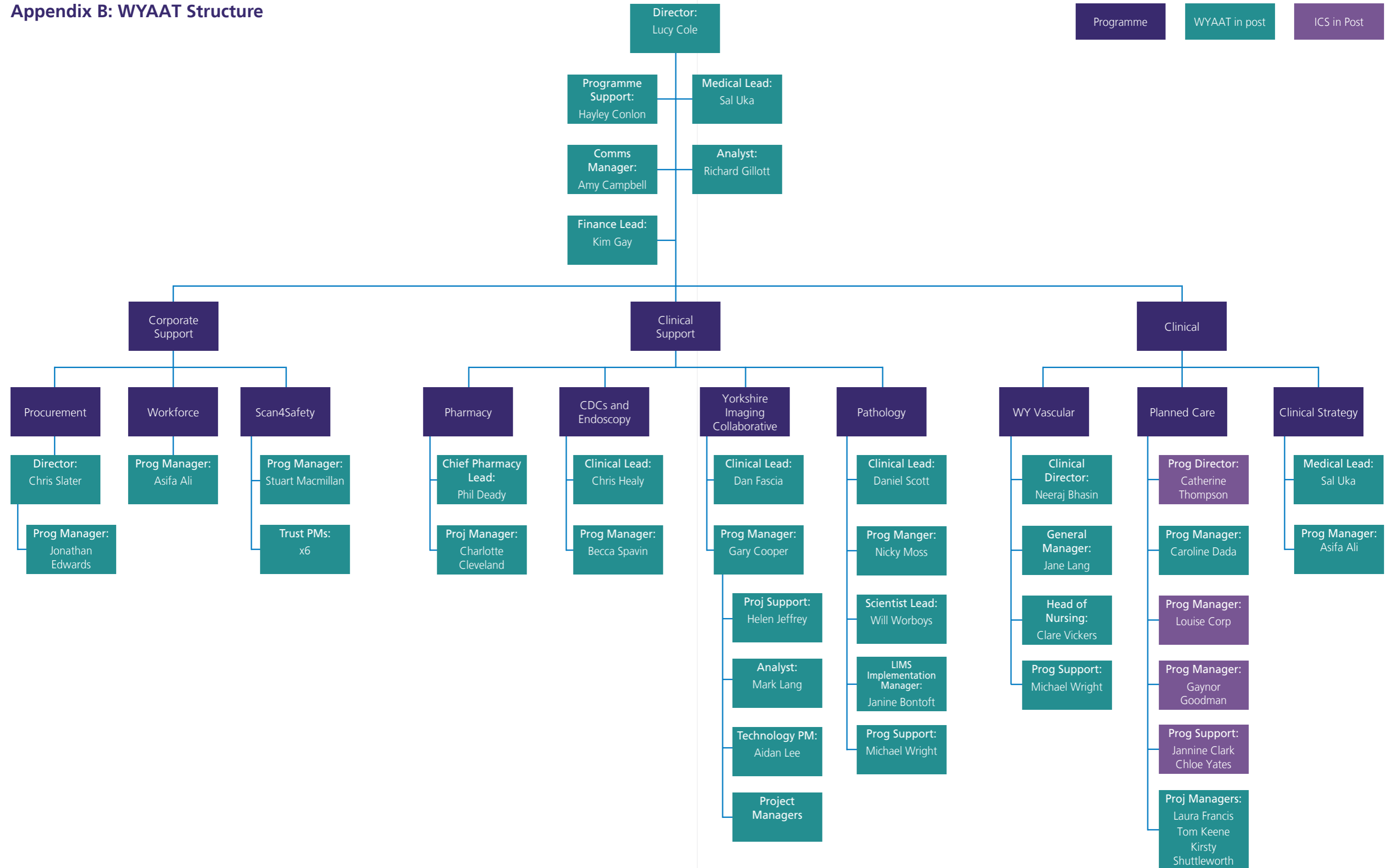
Section 3 - Community Diagnostic Hubs and Endoscopy Academy			
Expenditure		60,751	-60,751
NHSE funding		63,410	-63,410
Final net I&E		2,659	-2,659

Total WYAAT budget			
Total expenditure	2,604,386	2,359,730	244,655
Total income	2,698,813	2,828,378	129,547
Net I&G position and assumed c'fwd into 22/23	94,445	468,648	374,202



Appendix B: WYAAT Structure

Programme
WYAAT in post
ICS in Post





West Yorkshire
Association of Acute Trusts



West Yorkshire and Harrogate
Health and Care Partnership



<https://wyaat.wyhpartnership.co.uk>



@WYAAT_Hospitals