



**WEST YORKSHIRE
ASSOCIATION
OF ACUTE TRUSTS**

**ANNUAL REPORT
2022/23**



Contents

Introduction from the Trust Chairs	3
Working with the West Yorkshire Integrated Care Board	5
CORPORATE	6
Scan4Safety	7
Procurement	8
CLINICAL SUPPORT	9
Diagnostics: Community Diagnostic Centres	10
Diagnostics: Pathology	11
Diagnostics: Endoscopy	12
Diagnostics: Radiology	13
Pharmacy Aseptics	14
CLINICAL	15
Vascular Services	16
Neurology	17
Planned Care	18
Non-Surgical Oncology	19
FINANCE	21
WYAAT Staff Structure	23
Glossary of Abbreviations	24

Introduction from the Trust Chairs

The 2022/23 Annual Report for the West Yorkshire Association of Acute Trusts (WYAAT) gives an overview of the collaborative's progress and performance over the last 12 months.

WYAAT is part of the West Yorkshire Health and Care Partnership. WYAAT is an innovative provider collaborative (not an organisation) which brings together six NHS trusts across West Yorkshire and Harrogate to deliver joined up acute hospital services.

The six hospital trusts who make up WYAAT are:

- [Airedale NHS Foundation Trust \(ANHSFT\)](#)
- [Bradford Teaching Hospitals NHS Foundation Trust \(BTHFT\)](#)
- [Calderdale and Huddersfield NHS Foundation Trust \(CHFT\)](#)
- [Harrogate and District NHS Foundation Trust \(HDFT\)](#)
- [Leeds Teaching Hospitals NHS Trust \(LTHT\)](#)
- [Mid Yorkshire Teaching NHS Trust \(MYTT\)](#)

Our six hospital trusts work together through WYAAT because they believe that the health and care challenges and opportunities facing our area cannot be solved by each hospital working alone. By working together as a partnership of hospital trusts, WYAAT is 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. Our member trusts are committed to ensuring our work is clinically, financially, and environmentally sustainable, whilst focused on addressing inequality in access, outcomes, and experience.

WYAAT is now part 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. The achievements outlined in this report could not have been achieved alone, and demonstrate why collaboration between our trusts remains fundamental to our success.

2022/23 has seen some major milestones in our collaborative work including:

- Major capital investment in community diagnostic centres, digital diagnostics, and pharmacy aseptics.
- Significant strides in reducing waiting lists for those waiting the longest for their planned appointments and procedures.
- A groundswell of engagement in our clinical and non-clinical networks of experts, demonstrating the desire from a range of teams and professionals to work together for peer support, manage issues consistently and support long-term transformation.

The WYAAT Five-Year Strategy

Whilst we're proud of our achievements, we're clear there are still significant opportunities to improve and innovate together, for the benefit of the populations we serve and the individuals and teams we employ.

Bringing together the learning from our partnership since 2016, with new opportunities for collaboration to benefit our patients and teams, WYAAT has developed a Five-Year Strategy which defines our ambition for the future, building on our success as one of the leading provider collaboratives in the country. The Strategy will be formally launched in early 2024.

We would like to acknowledge the leadership contribution and give our sincere thanks to Sir Julian Hartley who left the post of Chief Executive at LTHT and as Chair of the WYAAT Programme Executive in February 2023.



Andrew Gold
Chair
Airedale NHS Foundation Trust



Sarah Armstrong
Chair
Harrogate and District NHS
Foundation Trust



Helen Hirst
Interim Chair, Bradford Teaching Hospitals NHS Foundation Trust &
Chair, Calderdale and Huddersfield NHS Foundation Trust



Dame Linda Pollard
Chair
Leeds Teaching Hospitals NHS
Trust



Keith Ramsay
Chair
Mid Yorkshire Teaching NHS
Trust

Working with the West Yorkshire Integrated Care Board

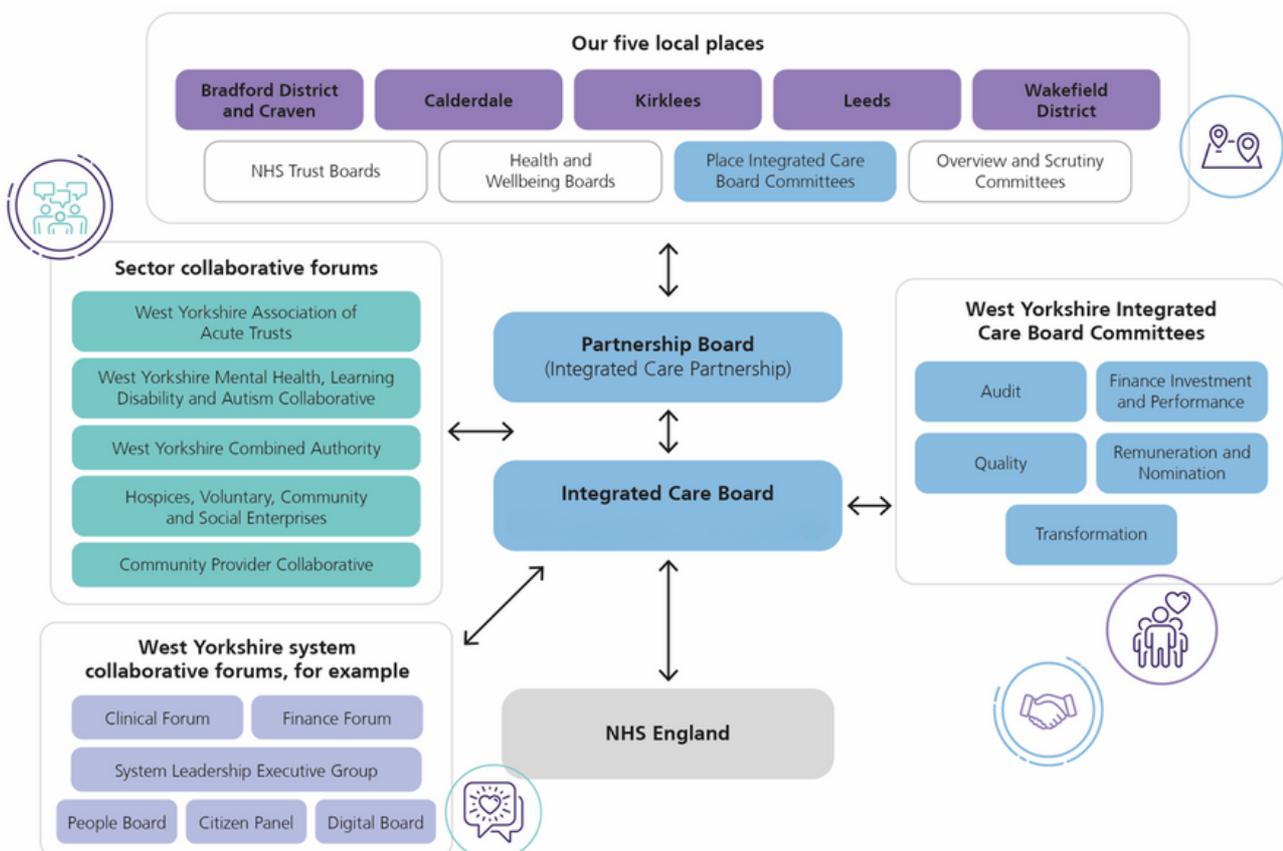
On 1 July 2022, NHS England (NHSE) established 42 statutory Integrated Care Boards (ICBs), in line with the Health and Care Act 2022 requirement to create Integrated Care Systems (ICSs) as a new way of locally managing health and care services for the lives of people who live and work in their area.

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Clinical Commissioning Groups (CCGs) were subsequently dissolved, and the West Yorkshire Integrated Care Board (ICB) was established. The role of the West Yorkshire ICB is to join up health and care services, reduce health inequalities, manage unwarranted variations in care, and secure the wider benefits of investing in health and care.

WYAAT member trusts are all key partners in their Places and the West Yorkshire Integrated Care System and WYAAT is formally represented as a partner member on the ICB Board. WYAAT leads key priority programmes of work on behalf of the ICB and in planned care and diagnostics.





CORPORATE



Scan4Safety

Senior Responsible Officer
Julian Hartley (until Feb 2023)

Executive Lead
Mr Stephen Bush

Programme Manager
Stuart Macmillan

In March 2023, our Scan4Safety programme successfully completed transitioning back to business as usual.

Building on the success already seen at LTHT, the Scan4Safety programme orchestrated the application of barcodes to products, patient wristbands and hospital estates, enabling clinicians to ensure the safety and security of the product/s they were administering.

Achievements in 2022/23

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

- Intelligent blood fridges and blood tracking
- Real time patient tracking
- RFID tracking cabinet across various sites
- Central procurement catalogue system
- Milk tracking systems
- Patient tracking and control centre systems

Benefits for Staff

- Improving clinical outcomes and efficiency by providing staff with the right tools to carry out their roles. The programme has removed old, paper-based processes and replaced them with efficient digital ones that enable staff to optimise time spent with patients, to provide the best clinical care.
- The Inventory Management System released nursing time previously spent looking for products 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.

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.

Find out more: [Scan4Safety](#)

Procurement

Senior Responsible Officer
Brendan Brown

Executive Lead
Chris Slater

Programme Manager
Tim Beardwood

The procurement programme works with the ICS to identify opportunities for savings and collaboration, whilst also focusing on sustainability and innovative opportunities utilising relationships with local suppliers.

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.

The programme is working towards the NHSE target to deliver a net zero NHS by 2050 working with sustainable suppliers and purchasing products that are more environmentally friendly.

Achievements in 2022/23

- Established the Minimally Invasive Surgery (MIS) project which is predicted to save WYAAT approximately £1.4 million by standardising products used in surgery.
- The programme saved an estimated £600,000 cumulative incremental value cash savings from across both clinical and non-clinical WYAAT procurement projects.
- Reviewed and standardised procurement governance across the organisations.
- Establishment of a centralised catalogue team to support best value purchasing across WYAAT.
- Development of Atamis contract monitoring database to support future procurement opportunities.
- Establishment of an ICS procurement working group to review the procurement operating model.
- Digital technology has enabled the programme to identify and achieve considerable savings and enhanced productivity across our member trusts.

Putting the Patient First

- The MIS project aims to improve patient care in both a healthcare and community environment by using the best quality products.
- Feedback is collected regularly from clinicians and medical support staff to gain a broader understanding of needs and requirements of patient care and informs future projects.

Benefits for Staff

- Procuring products collaboratively saves time, effort, resources, and skills that are required if individual products are sourced from each of member trusts.
- Maintaining strong working relationships with ICS procurement colleagues to ensure multiple projects progress at a manageable speed. As the programme expands, we may require additional workforce, allowing for greater strength to achieve additional NHS saving opportunities across West Yorkshire.



CLINICAL SUPPORT



Diagnosics: Community Diagnostic Centres

Senior Responsible Officer
Len Richards

Executive Lead
Stuart Straw

Programme Manager
Gary Cooper

The establishment of Community Diagnostic Centres (CDCs) is part of a national programme to improve efficiency, access and reduce delays for patients. CDCs are community-based, elective diagnostic centres with new pathways offering various tests for patients including CT scans, MRIs, X-rays, ultrasounds, phlebotomy, respiratory and cardiology. They support the integration of primary, community and secondary care and provide an opportunity to improve population health outcomes, productivity, and efficiency, taking demand away from secondary care.

Achievements in 2022/23

- Received approval for three hubs and four spoke sites. CDCs will be established in at Eccleshill in Bradford District and Craven; Huddersfield University and Halifax Broad Street Plaza; Westgate Retail Park in Wakefield; and within Leeds at Seacroft, Armley and Beeston.
- Secured capital investment of £51 million to enable the planning, development, and implementation of these sites.
- Commenced planning for implementation of these sites from 23/24 onwards.

Putting the Patient First

- Patients will be able to receive multiple diagnostic tests without the need to travel to a hospital.
- Earlier diagnoses for patients through easier, faster, and more direct access to the full range of diagnostic tests.
- A reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog.
- By providing multiple tests at one visit, CDCs can reduce the number of patient journeys, and helping to cut carbon emissions, air pollution, as well as patient exposure to radiation.

Benefits for Staff

- CDCs will provide an opportunity to develop training opportunities and expand the number of roles to support increased capacity for diagnostic services.
- CDCs will offer a new place of work and opportunities to rotate through different working locations.
- International recruitment will also be utilised to ensure that the CDCs have sufficient workforce to treat our local population.

Find out more: [Community Diagnostic Centres](#)

Diagnosics: Pathology

Senior Responsible Officer
Len Richards

Executive Lead
David Birkenhead

Programme Manager
Jonathan Waddington

There is a single pathology network across WYAAT which aims to standardise processes, consolidate routine testing from fewer locations, improve turnaround times for test results, and create service efficiencies.

The programme is driven by the need to address numerous key areas including workforce sustainability, cost, price, and service variation, and increasing demand.

Achievements in 2022/23

- The collaborative work on a joint Laboratory Information Management System (LIMS) moved from design to implementation phase. Two trusts are now live with the system in their blood transfusion and cellular pathology services, with further modules to be rolled out over the next 12 months to more trusts.
- Completed a review of cellular pathology services, which will inform the development of our services to improve diagnosis times for patients as well as opportunities for staff development and retention, including use of digital pathology delivered through the [National Pathology Imaging Cooperative \(NPIC\)](#).
- Concluded the tender for a Managed Service Contract (MSC) between three of our trusts (CHFT, LTHT, and MYTT) to install state of the art equipment in the laboratories. Once implemented, this will help reconfigure services across the three sites to improve outcomes for both patients and staff.

Putting the Patient First

- By working together as a collaborating network, pathology services will be able to provide the same, high standard of diagnostic testing for patients, no matter where they live.
- A reduction in repeat testing and rearranged appointments will result in a better patient experience across the region.
- Faster diagnosis and treatment for patients.

Benefits for Staff

- Our LIMS and Integrated Clinical Environment (ICE) solution improves user experience for clinicians by enabling better visibility of results, reduced duplication of ordering and sample collection.
- Expansion of training opportunities by working as a network including apprenticeships and advanced training.
- Work is underway to develop a mature, sustainable pathology workforce network that will offer development opportunities for our existing workforce, recruit and develop new roles with a robust strategy that delivers innovative solutions for succession planning.

Find out more: [Pathology](#)

Diagnostics: Endoscopy

Senior Responsible Officer
Len Richards

Executive Lead
Rob Aitchison

Programme Manager
Jane Lang

The endoscopy programme was established in 2021 to create an endoscopy network which provided timely, equitable, and high-quality endoscopy services across West Yorkshire.

Endoscopy services provide diagnostic examinations to patients to investigate problems in upper and lower gastric regions. NHSE commissioned the [Richard's Report](#) which identified endoscopy as a pressured service, due to increase in demand, inequality of service provision and workforce shortages.

NHSE established a national endoscopy strategy to develop endoscopy networks and training academies. WYAAT are supporting this work regionally by delivering a West Yorkshire Endoscopy Training Centre as part of the Yorkshire Endoscopy Academy. This centre will deliver training locally for our staff providing WYAAT with a route to train endoscopists more quickly.

The endoscopy programme also aims to ensure patients have equal access to equitable services. This will be delivered by endoscopy departments working together to enable an aligned approach to training, workforce and waiting list management, as well as looking at capacity and demand to future proof the service.

Achievements in 2022/23

- Established regular endoscopy network meetings and education sessions across our six trusts.
- Agreed an aligned endoscopy strategy.
- West Yorkshire are establishing a regional training centre for endoscopy, hosted by MYTT. The training centre forms part of the Yorkshire Training Academy, hosted by Sheffield Teaching Hospital. Work is underway to deliver basic skills courses and consolidated training to our trainees.

Putting the Patient First

- Collaboration on best practice and training will facilitate patients receiving their diagnosis and treatment in a timely manner.

Benefits for Staff

- Our network approach has enabled staff across the six trusts to come together to share learning, best practice and offer peer support.
- The new training academy will deliver consistent and streamlined teaching, regardless of which modality or route trainees are taking. Focused teaching will enable trainees to reach accreditation sooner than existing training routes.

Find out more: [Endoscopy](#)

Diagnosics: Radiology

Senior Responsible Officer
Len Richards

Executive Lead
David Crampsey

Programme Manager
Gary Cooper

The Yorkshire Imaging Collaborative (YIC) is a radiology transformation programme, enabled by technology. It aims to provide a technically connected radiology service, responsive to the evolving needs of patients. By adopting a common technical solution, radiology services across WY&H have been able to deliver on-demand availability of images and reports at the point of care, no matter which hospital patients attend to receive care within the network.

Achievements in 2022/23

- Progressed the implementation of the shared reporting solution, which will enable patient images to be both viewed and reported upon across our network.
- Introduced an additional 66 diagnostic homeworking stations allowing more than 200 colleagues to report diagnostic tests from home.
- Successfully secured funding from NHSE to support improvements to IT infrastructure, making radiology services more robust in the future.
- Supported our 14 Special Interest Groups to continue to meet to develop common practices, reducing variation across the network.

Putting the Patient First

- Images can be accessed instantly, allowing quicker diagnosis and treatment, and reducing the need for patients to return for repeat diagnostic tests.
- Historical diagnostic imaging tests are available at all our sites, supporting clinicians to make decisions during patient consultations.
- More consistency of scans regardless of which hospital patients attend.

Benefits for Staff

- Staff can now access patient diagnostic images taken at all six member trusts to support clinical decision making.
- Radiologists and reporting radiographers can now work from home and more flexibly where service needs allow.

Based on the experience of collaboratives that have implemented similar systems, it can be expected that such technology, coupled with service transformational activities, 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
- A common reporting network will allow access to sub-specialty clinical opinion across the network.
- Shared capacity and management of imaging reporting backlogs to optimise reporting turnaround times.
- A cohesive approach to quality improvement.

Pharmacy Aseptics

Senior Responsible Officer
Jonathan Coulter

Executive Lead
Phil Deady

Programme Managers
Charlotte Cleveland
Lauren Price (Workforce)

Our pharmacy programme aims to deliver efficiencies in pharmacy aseptic services, which provide controlled environments to prepare ready-to-administer, injectable medicines. Pre-preparing medicine in this format improves patient safety and care across our organisations.

There is currently limited capacity within aseptic services across the NHS. However, there continues to be a growth in demand for aseptic products such as chemotherapy, immunotherapy, and intravenous antibiotics. To continue to meet this growing demand to ensure patients receive critical treatment, the capacity across the region must also expand.

The programme will utilise a “hub and spoke” operating model, in which a new regional aseptic hub will be established to prepare large quantities of standardised pre-prepared medicines to our hospitals, while existing aseptic units in each organisation will continue to provide essential patient specific aseptic preparations.

The programme aims to deliver capacity of approximately 725,000 products per year to address unmet need, whilst also releasing nursing time previously spent preparing medicines back to patient care.

Achievements in 2022/23

- Successful pilot scheme which delivered pre prepared anti-microbial medicine to all trusts.
- Awarded national investment and “Pathfinder” status from NHSE, securing £24 million to invest in the new aseptic hub.
- Secured funding for the aseptic facility at BTHFT, which will support the hub and spoke implementation.

Putting the Patient First

- Improved patient care by releasing the time-to-care comparable to that delivered by 78 nursing whole time equivalents (WTEs).
- By manufacturing products in a specialist pharmacy aseptic facility, risks associated with errors or microbiological contamination are significantly reduced.

Benefits for Staff

- The hub will provide new entry routes into a career in pharmacy, as well as job opportunities for specialist staff who seek to advance their practice.
- Ready to administer injectable medicines will free up nursing staff to focus more on direct patient care, as medicines arrive at ward level pre-prepared.
- Creating a pharmacy career development pathway and exemplar development infrastructure, including the use of simulations suites, electronic learning systems and a dedicated training team.
- The programme is working to broaden the skill mix across existing staff, as well as reviewing training for technical pharmacy staff.

Find out more: [Pharmacy Aseptics](#)



CLINICAL



Vascular Services

Senior Responsible Officer
Mel Pickup

Executive Lead
Amanda Stanford

Programme Managers
Jane Lang
Clare Vickers

The West Yorkshire Vascular Service (WYVaS) was developed to achieve the best possible outcomes for vascular patients across the region. WYVaS brought together arterial and non-arterial centres across West Yorkshire into a single network.

The network is configured into two sectors which have an arterial centre and associated non-arterial centres. Arterial centres undertake complex surgery and have inpatient services. Non arterial centres provide outpatient and day case services. The two sectors are known as WYVaS East (across LTHT and MYTT) and WYVaS West (across BTHFT, ANHSFT and CHFT). By working together, the hospital trusts ensure that patients receive the same, high quality vascular care.

Achievements in 2022/23

- Aligned our clinical pathways as set out in the national service specification.
- Introduced a regional clinical governance structure, which will support shared learning across the trusts.
- Delivered regional educational meetings for staff to align clinical practice.
- Created a single regional data set to report key KPIs, saving individual trusts time and enabling WYVaS to understand waiting times across all trusts to best coordinate care.
- Increased the numbers of vascular nurse specialists, which has allowed us to provide services to patients at local hospitals.
- Implemented a process for sharing Electronic Patient Records (EPRs) between trusts to enable safe transition of care for vascular patients.

Putting the Patient First

- Improved patient experience by reducing length of stay by ensuring that discharge pathways are as efficient as possible.
- The introduction of virtual wards has facilitated patients having access to diagnostics under a vascular surgeon's care, without the need to be admitted to hospital. The new development of a community based vascular nurse will facilitate care in the home in Calderdale.
- The appointment of additional vascular nurse specialists into local hospitals has enabled patients to receive care closer to home.

Benefits for Staff

- Cross-site working in WYVaS West has increased peer support and shared learning.
- Consultant vascular surgeons have a better work life balance due to a decrease in on call frequency and more formal working patterns.
- Regional clinical governance has given opportunity to share good practice and facilitate learning from the multidisciplinary team.
- WYVaS is developing an advanced care practitioner vein lead service to increase capacity and give development opportunities to vascular nurse specialists.

Find out more: [Vascular Services](#)

Neurology

Senior Responsible Officer
Programme Executive

Executive Lead
Hamish McClure

Programme Manager
Asifa Ali

Work to develop the West Yorkshire Neurology Network (WYNN) commenced in October 2022. WYNN aims to deliver sustainable, equitable and outstanding neurology services as close to where people live, in ways that are innovative yet fully accessible, and delivered in an integrated way for all communities living in WY&H.

The programme covers all aspects of urgent, general and specialist neurology services, with specific focus on out of hours, diagnostic tests including neurophysiology, and aligned services such as neurorehabilitation. The programme also includes condition specific optimal pathway groups for multiple sclerosis, epilepsy, headache, and Parkinson's disease. Further workstreams are planned for Phase 2 of the programme.

Achievements in 2022/23

- Established clinical reference and steering groups with representation from all trusts.
- Delivered several engagement events with clinical and operational colleagues.
- Performed a clinically led future model option appraisal.
- Undertaken wider engagement with primary care and community services, and with voluntary sector organisations for a range of neurological conditions.
- Established early workstreams for neurophysiology and neuro-rehabilitation.
- Started optimal pathway development for epilepsy, multiple sclerosis, headache, and Parkinson's disease.

Putting the Patient First

- The programme will aim to provide neurology services closer to patients' homes, where possible.
- Timely access to consistent and equitable care, including more specialist support and interventions.
- A focus on health inequalities ensuring our most vulnerable patients are prioritised.

Benefits for Staff

- Our network approach will support colleagues in further developing their specialist expertise, working as part of a wider MDT and having more access to peer support and reviews.
- Staff will have the flexibility to work across West Yorkshire, in line with our portability agreement.
- The network will provide access to newer treatments and research opportunities.

Find out more: [Neurology](#)

Planned Care

Senior Responsible Officer
Foluke Ajayi

Executive Lead
Russell Nightingale

Programme Manager
Caroline Dada

WYAAT delivers the planned care programme on behalf the WYHCP. The programme has a focus on recovery of waiting lists after the COVID-19 pandemic and aims to increase capacity across our trusts by sharing best practice and workforce, and creating a consistent approach to prioritisation, ensuring all patients have equity of access and receive the right care, at the right time, in the right place.

Achievements in 2022/23

- Collaborated to ensure our longest waiting patients were seen as soon as possible, ensuring no patients were waiting two years or more for their planned appointment or procedure.
- Reduced the waiting list for patients waiting 18 months for elective care by 95%.
- Developed a single overarching Elective Access Policy ensuring a consistency of approach for patients accessing hospital services.
- Set up six clinical networks to drive the strategic direction of the programme, provide leadership within specialties and improve patient outcomes.
- Improving productivity metrics through shared approaches on outpatient procedures, theatre utilisation and day case rates.
- Established groups to bring together operational, clinical and transformation colleagues to assess reducing missed appointments, patients overdue for follow-up appointments, and data quality and waiting list validation.
- Developed an Optometry First Strategy for delivering care to transform eye care services in West Yorkshire, which includes new pathways and shared service specifications to ensure consistency in care.
- Harmonised over 30 policies covering clinical procedures and access to medicines. Doing so ensures equity of access across our region and also aligns our commissioning policies with up-to-date clinical evidence.

Putting the Patient First

- Taking a collaborative approach to reduce waiting lists, using our collective skills, knowledge, and capacity.
- Redesigning pathways so that patients receive the right care, at the right time, in the right place.
- Our Optometry First Strategy will see patients being able to access a greater range of diagnostic procedures in their local community optometry practice, avoiding the need for a hospital out-patient appointment.
- As demand for obesity and weight management services increases, we are developing a new clinical pathway that is trauma informed and based around the needs of the person living with overweight and obesity.

Benefits for Staff

- Enabling peer support and collaboration between clinical and operational teams to improve services for patients.
- Developing tailored workforce models, utilising technology with both clinical and operational alignment.

[Find out more: Planned Care](#)

Non-Surgical Oncology

Senior Responsible Officer
Len Richards

Executive Lead
Saj Azeb

Programme Manager
Angie Craig

Non-Surgical Oncology (NSO) services provide drug treatments for cancer patients and manage the care of patients who become unwell because of complications of treatment or as a consequence of the patient's cancer progressing. Both nationally and locally, NSO services are under-pressure, due to an increase in demand (more diagnoses), more available treatments, more complex treatments, and a shortage in specialist cancer staff, particularly medical oncologists.

The purpose of the NSO programme is to co-design, plan, and implement a new and more robust networked model for NSO across WY&H, to provide long-term safe, sustainable, high quality and equitable levels of patient care.

Achievements in 2022/23

- An outline model for a new configuration of NSO services has been agreed, after an extensive co-design process with patients and clinical teams. The model has a 'sector' approach to care, to create services with greater capacity and resilience ANHSFT, BTHFT, HDFT and LHTH will deliver services in the North (North Sector), and CHFT and MYTT will deliver services in the South (South Sector).
- A target operating model (TOM) has been developed in each sector through clinical workshops.
- Agreement that all trusts will move to the same system to provide anti-cancer drug therapy.
- Successful international recruitment drive, which has secured four posts to the service.
- Piloted remote monitoring systems to better support patients through their chemotherapy treatment journey, reducing attendance where appropriate.
- Workforce mapping to identify what skills and training are required at each stage, maximising and unifying roles such as consultants, advanced practice nurses, pharmacists, and Allied Health Practitioners (AHPs).

Putting the Patient First

- Care will be provided as close to a patient's home as practicable, including in non-hospital settings. This will improve patients' access to services and their experience of receiving care.
- Patients with rarer cancers which require specialist care may be able to receive treatments at their local hospital, opposed to travelling to specialist centres.
- A NSO telephone helpline service will be available 24/7 for patients to use for help and advice.
- Access to oncologist supported inpatient beds for patients who require more specialised care.
- Telephone and video outpatient appointments will be offered, wherever clinically appropriate, to support patients to receive care from home.

Non-Surgical Oncology

Senior Responsible Officer
Len Richards

Executive Lead
Saj Azeb

Programme Manager
Angie Craig

Benefits for Staff

- Standardisation of clinical practice and job roles will make it easier for professionals to work across WYAAT trusts, should they wish, to maximise access to career opportunities.
- A new skill mix with increased roles for advanced non-medical clinicians, who will support existing clinical teams. Creating a larger number of advanced practice roles will provide extended career opportunities for nursing, pharmacy and other health care professionals who wish to remain in a clinical role.
- Opportunities for oncologists to develop speciality interests at the Leeds Cancer Centre and utilise research opportunities.



FINANCE



Finance

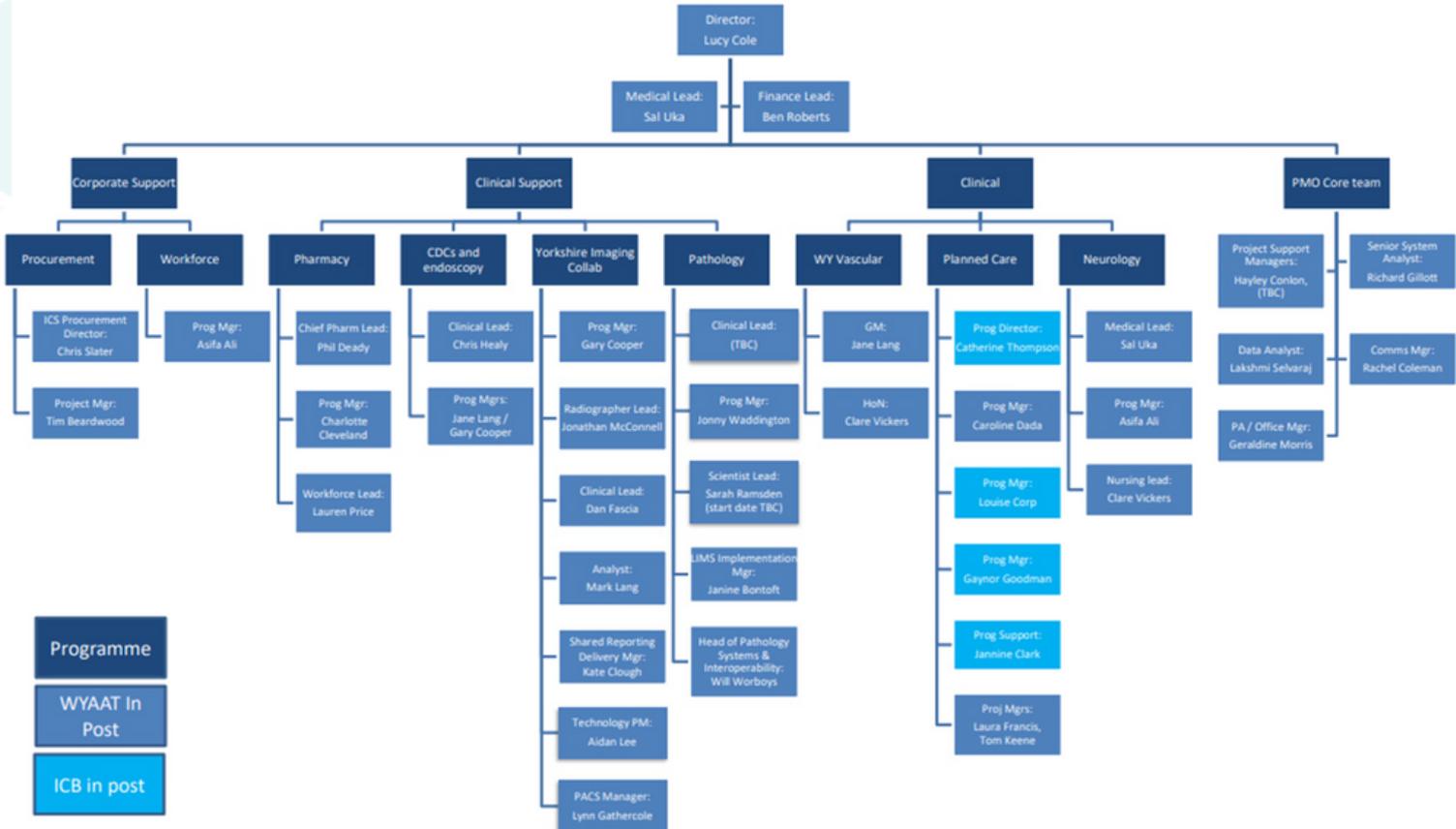
The budget set for the current financial year 2022/23 was £3,196k. This was funded from contributions from the six WYAAT member trusts and non-recurrent funding from the West Yorkshire Health & Care Partnership for Community Diagnostic Centres, all providers in the ICS for hosting the ICS procurement programme, and from NHSE to support the implementation of diagnostic networks and endoscopy academies.

Total income received for the year was higher than planned at £3,388k. Actual expenditure for the year was £3,091k, giving an underspend of £297k, mainly due to the capitalisation of staff costs at the year end.

The table below provides a summary of the 2022/23 position. Underspends due to delays in recruitment during the year has been reinvested into other programmes and training to support future waste reductions plans.

Programme	22/23 Budget	Actual	Variance
CORE WYAAT Trusts	£ 2,048,132	£ 2,048,132	£ -
Other Sources	£ 1,148,279	£ 1,340,107	£ 191,828
Total Income	£ 3,196,411	£ 3,388,239	£ 191,828
Core PMO	-£ 933,213	-£ 1,474,889	-£ 541,676
CDC & Endoscopy	-£ 122,340	-£ 102,796	£ 19,544
Imaging Collaborative	-£ 550,207	-£ 533,761	£ 16,446
Pathology	-£ 427,208	-£ 322,581	£ 104,627
Pharmacy	-£ 588,401	-£ 547,000	£ 41,401
Procurement	-£ 126,690	-£ 122,461	£ 4,228
Vascular	-£ 258,457	-£ 207,191	£ 51,266
Other	-£ 189,896	-£ 91,665	£ 98,231
Capitalised Staff	£ -	£ 311,104	£ 311,104
Total Spend	-£ 3,196,411	-£ 3,091,239	£ 105,172
Net I&E Position	£ 0	£ 297,000	£ 297,000

WYAAT Staff Structure



Programme

WYAAT In Post

ICB in post

Glossary of Abbreviations

Airedale NHS Foundation Trust	ANHSFT
Bradford Teaching Hospitals NHS Foundation Trust	BTHFT
Calderdale and Huddersfield NHS Foundation Trust	CHFT
Clinical Commissioning Groups	CCGs
Clinical Diagnostic Centre	CDC
Electronic Patient Records	EPRs
Harrogate and District NHS Foundation Trust	HDFT
Integrated Care Board	ICB
Integrated Care Boards	ICBs
Integrated Care Systems	ICSs
Integrated Clinical Environment	ICE
Laboratory Information Management System	LIMS
Leeds Teaching Hospitals NHS Trust	LTHT
Managed Service Contract	MSC
Mid Yorkshire Teaching NHS Trust	MYTT
National Pathology Imaging Cooperative	NPIC
NHS England	NHSE
Non-Surgical Oncology	NSO
Target Operating Model	TOM
West Yorkshire & Harrogate	WY&H
West Yorkshire Association of Acute Trusts	WYAAT
West Yorkshire Health and Care Partnership	WYHCP
West Yorkshire Integrated Care Board	WYICB
West Yorkshire Neurology Network	WYNN
West Yorkshire Vascular Service	WYVaS
Whole Time Equivalents	WTEs
Yorkshire Imaging Collaborative	YIC

www.wyaat.wyhpartnership.co.uk

[@WYAAT_Hospitals](https://twitter.com/WYAAT_Hospitals)

West Yorkshire
Association of Acute Trusts

