



# WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS Five Year Strategy 2024-2029



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# Introduction from the Committee in Common

We are delighted to launch the West Yorkshire Association of Acute Trusts (WYAAT) Five Year Strategy. In developing this Strategy, we have reflected on the success and learning from our partnership since 2016 and considered new opportunities for collaboration to benefit our patients and teams. This document defines our ambition for the future, building on our success as one of the leading provider collaboratives in the country.

WYAAT was an early example of acute hospital providers seeing the value that collaboration, rather than competition, could add to our patients and our services. We have seen national policy, guidance and legislation follow suit, with collaboration now an expectation of all providers of NHS services.

Our collaboration has brought significant investment (c.£70m capital) for shared schemes such as a single Laboratory Information Management System (LIMS) to support our strategy to deliver state of the art pathology testing through a networked approach, a shared reporting to solution to enable cross-site reporting of images, deploy Scan4Safety capability across the trusts, and to design and build a single hub for the aseptic preparation of Ready to Administer medications, to serve patients across West Yorkshire and Harrogate (WY&H).

We've taken difficult decisions in the interests of the whole population to ensure safe and sustainable services, including reconfiguring our vascular services to operate through a networked approach, developing a new model for the delivery of Non-Surgical Oncology (NSO) and Neurology, and working together to reduce our waiting lists for planned care to ensure patients are seen as quickly as possible for their appointment or procedure.

Our collaboration has brought opportunities to innovate and act as a test bed for new ways of working such as the National Pathology Imaging Cooperative (NPIC), a pilot for the PinPoint test, and piloting artificial intelligence solutions in imaging.

We have over 40 networks across our trusts of clinical experts and subject matter experts in non-clinical support services such as finance, HR, digital and estates. These networks share information, ideas, and learning, to support continuous improvement.

The COVID-19 pandemic only strengthened our collaboration. At the most testing of times, being part of WYAAT gave our teams a network of support, shared learning, and infrastructure to tackling the most challenging issues such as testing capacity, personal protective equipment (PPE) availability, and bed capacity.

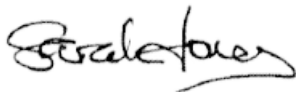
All of this has been achieved without changes to the structures or form of our organisations - a true collaboration without creating a single organisation - demonstrating what can be achieved with the commitment to work together and an ethos of dispersed leadership. We continue to hold to this principle as we look to the next five years. Our Strategy is one of consolidation, building on the work we have already done, with a continued drive for evolution and innovation to enable us to provide consistent, integrated, and sustainable services for the population of WY&H for years to come.



Andrew Gold  
Chair  
Airedale NHS Foundation Trust



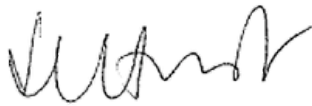
Foluke Ajayi  
Chief Executive  
Airedale NHS Foundation Trust



Sarah Jones  
Chair  
Bradford Teaching Hospitals NHS  
Foundation Trust



Mel Pickup  
Chief Executive  
Bradford Teaching Hospitals NHS  
Foundation Trust



Helen Hirst  
Chair, Calderdale and Huddersfield  
NHS Foundation Trust



Brendan Brown  
Chief Executive  
Calderdale and Huddersfield NHS  
Foundation Trust



Sarah Armstrong  
Chair  
Harrogate and District NHS Foundation  
Trust



Jonathan Coulter  
Chief Executive  
Harrogate and District NHS Foundation  
Trust



Dame Linda Pollard  
Chair  
Leeds Teaching Hospitals NHS Trust



Dr Phil Wood  
Chief Executive  
Leeds Teaching Hospitals NHS Trust



Keith Ramsay  
Chair  
Mid Yorkshire Teaching NHS Trust



Len Richards  
Chief Executive  
Mid Yorkshire Teaching NHS Trust

## About us

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 WY&H to deliver joined up acute hospital services.

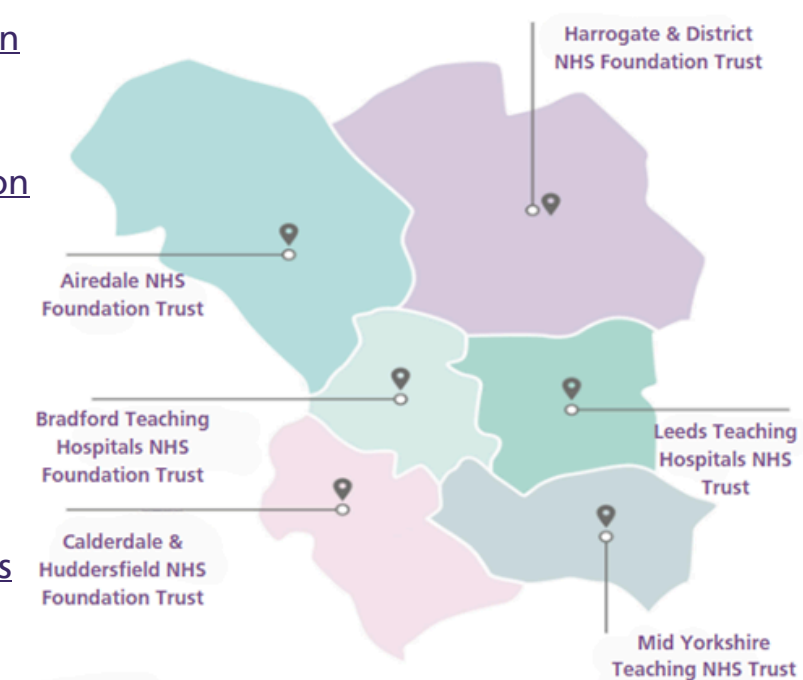
Our six hospital trusts work together through WYAAT because they believe that the health and care challenges and opportunities facing our area cannot be solved by each hospital working alone. By working together as a partnership of hospital trusts, WYAAT is helping to address health inequalities for the 2.7 million people who live across WY&H, so that all patients can receive the same high level of care, no matter where they live.

Led through a dispersed leadership model with support from a shared resource (programme management office), WYAAT provides a mechanism to share best practice and learn from each other to tackle unwarranted variation or inequalities in access, outcomes, and experience.

WYAAT aims to organise services around the needs of people living in WY&H as a whole, rather than planning at individual organisational level. This will enable our trusts to deliver more joined up care, high-quality, cost-effective care for patients.

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 \(MYTT\)](#)



Since its formation in 2016, WYAAT has evolved from collaborative working on a small number of programmes to a comprehensive portfolio of programmes, numerous clinical and subject matter expert networks supporting learning and best practice, and operational service networks, delivering services to the population of WY&H.

WYAAT benefits from over seven years of collaboration and learning. There are therefore some fixed points drawn from our experience and learning which underpin our strategy for the next five years:

- Our original vision and purpose, underpinned by our Memorandum of Understanding (MoU), still stands. This was first approved in 2017, detailing how the six trusts would work together. It was refreshed in 2019 and reviewed in 2021 following the experience of the COVID-19 pandemic.
- WYAAT remains (and will continue to remain) a collaboration, not an organisation.
- We will collaborate where it makes sense for our patients, workforce, and services. This does not need to be across all six of the trusts, all of the time.
- Engagement in shared programmes and work remains voluntary and organisations retain the ability to opt in and out of any collaborative work to ensure it is in line with their own organisational and place-based strategies and objectives.
- WYAAT will continue to focus on peer support, not performance management.
- Our priorities meet the 'three tests' which we apply to collaborative working at a West Yorkshire level:
  - to achieve a critical mass beyond the local population level to achieve the best outcomes;
  - to share best practice and reduce variation; and,
  - to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).
- Our strategy is supportive of and underpins the strategic direction set through the Health and Care Partnerships we are a part of - our Place-based partnerships between health and care providers, and of our statutory organisations. Our strategy demonstrates how being a part of WYAAT can enable delivery against a range of priorities whether organisational, place-based, or across a broader system geography.
- WYAAT will continue to provide a unified voice as a group of providers on a range of issues impacting service provision.

## Vision and purpose

Our strategy for the next five years remains rooted in a strong vision and purpose:

### **Vision:**

Outstanding, high quality acute and specialist healthcare for the whole population of WY&H: consistent, integrated, and sustainable.

### **Purpose:**

To achieve and sustain a collaborative, partnership model of integrated acute and specialist healthcare across WY&H.

In order to achieve our vision and purpose, we will continue to follow these ten key principles:

### **Principles:**

1. Prioritise the needs of the WY&H population rather than individual organisations, places, or sectors
2. Address the vision
3. Collaborate & cooperate
4. Be accountable
5. Be open and transparent and act with integrity
6. Adhere to statutory requirements and best practice
7. Act in a timely manner
8. Manage stakeholders effectively
9. Deploy appropriate resources
10. Act in good faith

## Context

There are a number of key drivers for developing a strategy for the next five years:

### Population changes:

More people are living longer and presenting with multiple long-term conditions and greater evidence of health inequity between communities

### Capacity challenges:

National and local workforce shortages for key roles with clinical and non-clinical expertise

### Advancements in care:

Continued progress in diagnostics, treatment, and technology

### Pandemic recovery:

Health impacts of COVID-19 including Long Covid, mental health and wellbeing, longer waiting times for planned care, and fatigue and wellbeing of the workforce

### Financial constraints:

Inflationary costs and challenges returning to pre-pandemic productivity levels

### New ways of working:

Health and Care Act 2022 formally introduced Integrated Care Boards (ICBs) in place of Clinical Commissioning Groups and policy increasingly focusing on the need for collaboration amongst health and care providers



The work of a hospital trust is no longer confined to the walls of its buildings. Trusts now need to work:

- as part of and through a single trust to meet the needs of patients and their carers on their care pathway
- with partners at Place as part of an integrated service offering to support the health and wellbeing of a local population including provision of urgent and emergency care services, discharge pathways from hospital to a patient's place of residence, management of long-term conditions and the management of the overall health and wellbeing of the population
- as part of WYAAT, learning from one another, collaborating to deliver services at scale for a larger population, and working together to solve complex issues, to deliver high-quality, sustainable services for the population of West Yorkshire
- as a partner in a wider Integrated Care System (ICS), supporting the population to live well and deliver the Integrated Care Strategy.

In developing this Strategy, we aim to:

Signal to our **partners** our commitment to leading key priorities and working together effectively to deliver the best outcomes for our communities

Demonstrate to our **patients** how we will work together to provide high quality services and tackle inequality in access, outcomes, or experience

Show our **teams** they have permission and support to collaborate across organisations and create networks, and how working together can support their patients, services, and career development

Give our **leaders** clarity on where we collaborate purposefully as WYAAT, and structures and support in place to enable this

# The six pillars of our strategy



**Service  
delivery**



**Workforce**



**Infrastructure**



**Productivity  
& efficiency**



**Research,  
innovation &  
improvement**



**Ways of  
working**

# Pillar one: service delivery



## Service delivery

WYAAT hospitals deliver a wide range of clinical services to the collective population of WY&H, to support unplanned and planned care needs. Delivery of these clinical services would not be possible without the expertise of our support services.

Increasingly, services are delivered in collaboration with partners to ensure best patient outcomes and experience. In clinical services, we have traditionally focused our collaborative work around 'fragile' services, whereby equitable provision is challenging and usually linked to rising demand and workforce constraints. This has led to short-term work to maintain services and longer-term work to redesign services, to meet the needs of the population and get the best outcomes.

Our focus will continue to be on service resilience, quality, and equitable provision, maintaining care as close to where people live as possible.

WYAAT will:

- Undertake proactive long-term demand and capacity planning to best meet the needs of the population, ensuring health inequalities are highlighted and addressed
- Retain our capability to be agile to short-term challenges in service provision
- Through proactive sharing of our performance, quality benchmarking metrics, and establishment of peer networks consisting of subject matter experts, we will proactively support service improvements for our populations, as well as responding to service pressures as required
- Continue to establish operational networks across a range of services and implement clear governance arrangements to oversee equity of access and provision and appropriately discharge accountability with clear links to our Trust Boards
- Work with partners outside of West Yorkshire to undertake cross-ICS and regional service design and delivery. This includes supporting the development of specialised and very specialist service provision with partners from the Integrated Care Board (ICB), neighbouring systems, and NHS England.
- Nationally, we will work share our work and learning with others to demonstrate the benefits of networked models of service delivery to patients.

*Our collective approach to elective recovery supported over 400 patients to have their treatment at an alternative provider, reducing long waiting times for patients for planned care services, meaning that they received care sooner.*

*We've supported rapid mutual aid in services like head and neck surgery, with clinicians from two trusts providing surgery at another site to ensure patients could have their treatment close to home.*

*Our procurement network has been working together since 2017 and has delivered financial savings for the trusts through collaborative procurement projects and sharing of expertise.*

*WYAAT implemented a new model for vascular surgery, reconfiguring from three arterial centres to two by forming a West Yorkshire Vascular Network (WYVaS).*

# Pillar two: supporting our workforce



## Supporting our workforce

Collectively, WYAAT employs around 50,000 people with a broad range of skills, qualifications, and experience. The NHS workforce challenge is well-documented with all WYAAT trusts focused on recruitment, retention, and wellbeing of their teams, as well as developing new and innovative roles to create a sustainable future workforce.

Much of this work is best undertaken in each organisation, at the point closest to our teams, or at a place-level. To date, WYAAT members have implemented several successful workforce models on behalf of a range of health and social care providers in their place.

The WYAAT approach to supporting our people is and will continue to be focused on a 'test, learn and scale' approach on new roles or workforce initiatives, alongside design and development work such as diagnostic training academies, senior leadership talent management, and targeted recruitment and role design for new service models.

WYAAT will continue to:

- Learn through sharing best practice on matters such as recruitment, retention, new role development, and training initiatives
- Undertake collective design of a future workforce for our shared priorities and networks
- Take a shared approach to ensuring the appropriate supply of a range of roles to ensure we can continue to meet the needs of our population
- Enable ease of movement of staff across our trusts (portability)
- Support career pathways for our people to ensure a diverse and inclusive leadership for the future
- Engage, support, and influence national bodies on the most pressing workforce issues and ensuring a pipeline of people are available to deliver sustainable services.

*WYAAT's well-established portability agreement enables staff to work flexibly across our organisations, supporting the delivery of more integrated service models, while also reducing the need for repeating pre-employment checks and mandatory training. This is reviewed regularly and has been updated to support new models of cross-site working e.g., virtual working.*

*Our established networks have supported sharing of learning and experience on implementing new roles. For example, LTH has been proactive in sharing the benefits and experience of Anaesthetic Associates - a role which is now being expanded across the six trusts.*

*In 2023, WYAAT offered its first Senior Leadership Programme (SLP) to aspiring executive directors across our workforce. The programme offers placement opportunities across our trusts and with other partners to provide experience of system level thinking.*

*To support NSO services, WYAAT is developing a new workforce model expanding roles across nursing, pharmacy, and Advanced Clinical Practitioners to support the medical oncology workforce.*

*Our West Yorkshire Endoscopy Training Centre will deliver training locally providing WYAAT with a course to train endoscopists that is quicker than existing routes.*

# Pillar three: infrastructure



# Infrastructure

Our estate and infrastructure are central to making the delivery of high-quality services possible for the population of WY&H. Across WYAAT, we occupy 22 sites and a total indoor floor space equivalent to 160 football pitches. Our estate varies from Victorian to modern state of the art facilities. There is extensive digital infrastructure across WYAAT supporting patients and clinical teams in access and delivery of care.

Whilst we continue to invest in state-of-the-art facilities and technology, there is a need to continue to invest in basic infrastructure. There is a total of £700m backlog maintenance, of which over £200m is considered critical infrastructure. Over £70m of investments are required to support the basic digital infrastructure across the trusts. In excess of £45m remains unfunded.

We have a number of shared infrastructure initiatives and increasingly have been able to collectively prioritise investments across WYAAT for national initiatives in order to maximise patient benefits, including elective 'hub' developments across our geography, and community diagnostic centres in Leeds, Bradford, Wakefield, Halifax and Huddersfield.


WYAAT will:

- Share information and practice to enable us all to achieve Carter benchmarks of 2.5% underused / empty space by 2030 and a maximum of 35% trust estate used for non-clinical purposes and maximise our place-based infrastructure
- Share learning on digital business case development, design and deployment including Electronic Patient Record (EPR) implementations, where we're at different stages of development
- Use shared infrastructure to support operational networks and service delivery models such as our single aseptics hub or protected elective hubs sites, and enable service transformation e.g., pathology LIMS and the shared reporting solution in imaging and a shared support model to these systems
- Make the case for investment in basic digital and estate infrastructure and the criticality of this in the operation of services in the future
- Share our experience of how infrastructure can be a key enabler to collaborative transformation and service delivery.

*Our approved Pharmacy Aseptics business case proposes the creation of a shared aseptics service hub, which will make best use of the 'spoke' capacity and estate across all our WYAAT sites. The hub will prepare high-volume products, with local spokes preparing bespoke patient-specific products. WYAAT has been an early adopter of single instance digital systems supporting new service models.*

*Using £12m capital funding, we are implementing a single pathology LIMS across the six trusts. A single system has been jointly specified, procured, and designed and is now in the testing and implementation phase. This will transform the delivery of pathology services, enabling standardisation and consolidation of laboratory testing, making best use of our physical laboratory estate.*





**Pillar four:  
productivity &  
efficiency**



## Productivity & efficiency

Across WYAAT we have worked collaboratively to understand our opportunities for improving productively and efficiently as we enter a challenging financial position for the NHS.

Using established benchmarking metrics and our own insights from within the trusts, we have identified an opportunity of £580m over the next five years. Our focus is now how we can pursue this opportunity by learning from each other and other 'best in class' performers across the country. Our local calculations of the real productivity gap between pre-pandemic and current activity levels suggests that this is approximately 6-10% when pathway changes and coding changes (such as Same Day Emergency Care) are accounted for.

Our emphasis on productivity is focused on our ability to meet the needs of our patients for unplanned care and for those waiting long periods of time for planned appointments or procedures. Our ability to improve productivity will be largely delivered through our focus on service delivery, people, infrastructure, innovation, and ways of working.

WYAAT will:

- Continue to expand and share data, benchmarking, and financial information to support improvements within trusts and Places, learning from the best.
- Develop and deliver 'at scale' investment cases to deliver a productivity benefit across WYAAT. Examples of this include using robotic process automation to carry out repetitive and lengthy administrative tasks, freeing up staff time to best utilise their skillsets.
- Work collaboratively to maximise best value from our suppliers and achieve economies of scale through shared procurement and contract management approaches.
- Work with the ICB and national bodies to influence levers for productivity and how collaboration can support productivity and improvement.

*Our planned care programme provides networks and resources to support trusts to deliver two productivity targets in surgical recovery - 85% day case provision as a proportion of surgical activity, and 85% theatre utilisation for staffed / operational theatres. Several new clinical networks have been established with a focus on improving productivity at specialty level.*

*Our joint approach to large procurement exercises has supported us to make savings of an additional 3% compared to that which we would have achieved as individual organisations, as well as efficient use of specialist resource running a process once.*

*We have an established robotic process automation (RPA) network of subject matter experts across WYAAT, through which processes, learning and knowledge are shared to benefit trusts at different stages of implementation.*

# Pillar five: research, innovation & improvement



# Research, innovation & improvement

All WYAAT trusts have active research and innovation functions, working with partners in industry and academia to make advancements in diagnosis and treatment of disease. There are significant assets in West Yorkshire supporting this work, for example the Leeds Academic Health Partnership, the well-established 'Born in Bradford' project and associated Born and Bred in (BaBi) network, the expanding Leeds Innovation Arc, and burgeoning health tech industry which forms a substantial part of our economy.

West Yorkshire benefits from an excellent university and education sector and support for spread of innovation through the Yorkshire and Humber Health Innovation Network (HIN) and the West Yorkshire Innovation Hub, enabling industry partners and clinicians with a specialist interest to bring forward innovations to support with the challenges facing the NHS.

WYAAT will:

- Work collectively with partners to define the needs of our population in the future.
- Use this needs assessment to ensure the focus on research and innovation developments are driven by population health, providing insight and direction to partners leading research work and engaging commercial innovation partners.
- Use our networks to engage and bring together partners from research and innovation organisations with our clinical teams to share current and prospective research, innovation, and improvement opportunities with potential to scale for wider benefit.
- Use WYAAT networks and infrastructure alongside expertise in the Yorkshire and Humber HIN and West Yorkshire Innovation Hub to embed a 'test and scale' approach to maximise impact across WYAAT.
- Ensure our programmes and networks have a continuous improvement focus, in line with trust improvement methodologies and the principles outlined by NHS IMPACT.
- Work with the Leeds Academic Health Partnership (LAHP) in the next phase of development to ensure a more systematic engagement between health and care and academia around a shared focus on health inequalities for people with long term conditions. This enables translation of early scientific research and discoveries into benefits for patients and populations locally, nationally and internationally.
- Our aim is that WYAAT illustrates the power of provider collaboratives and systems as partners in research and innovation and that West Yorkshire is viewed as a 'ready' and mature partner.

*The NPIC is a unique collaboration between NHS, Academic and Industry partners. Hosted by LTHT and involving all WYAAT trusts NPIC's original funding allocation was secured by the ability to offer a network of hospitals as a test site to deploy digital pathology capability and develop an artificial intelligence (AI) solution. Subsequently, significant national funding was made available to scale up NPIC outside of WYAAT to deploy digital pathology scanners across over 40 hospitals across England, scanning over 2.3m images per year and generating three Petabytes of image data per year. The consortium is a globally leading centre for applying AI research to cancer diagnosis.*

*In partnership with the Cancer Alliance, we have supported the delivery of a service evaluation for the Pinpoint test, using blood testing and machine learning to identify the likelihood that a patient may have cancer and therefore support decisions of referral to cancer pathways.*

*Through our imaging network, we have implemented a range of pilots to test how artificial intelligence can assist clinicians in the reporting of images in a range of sub-specialties.*

# **Pillar six: ways of working**



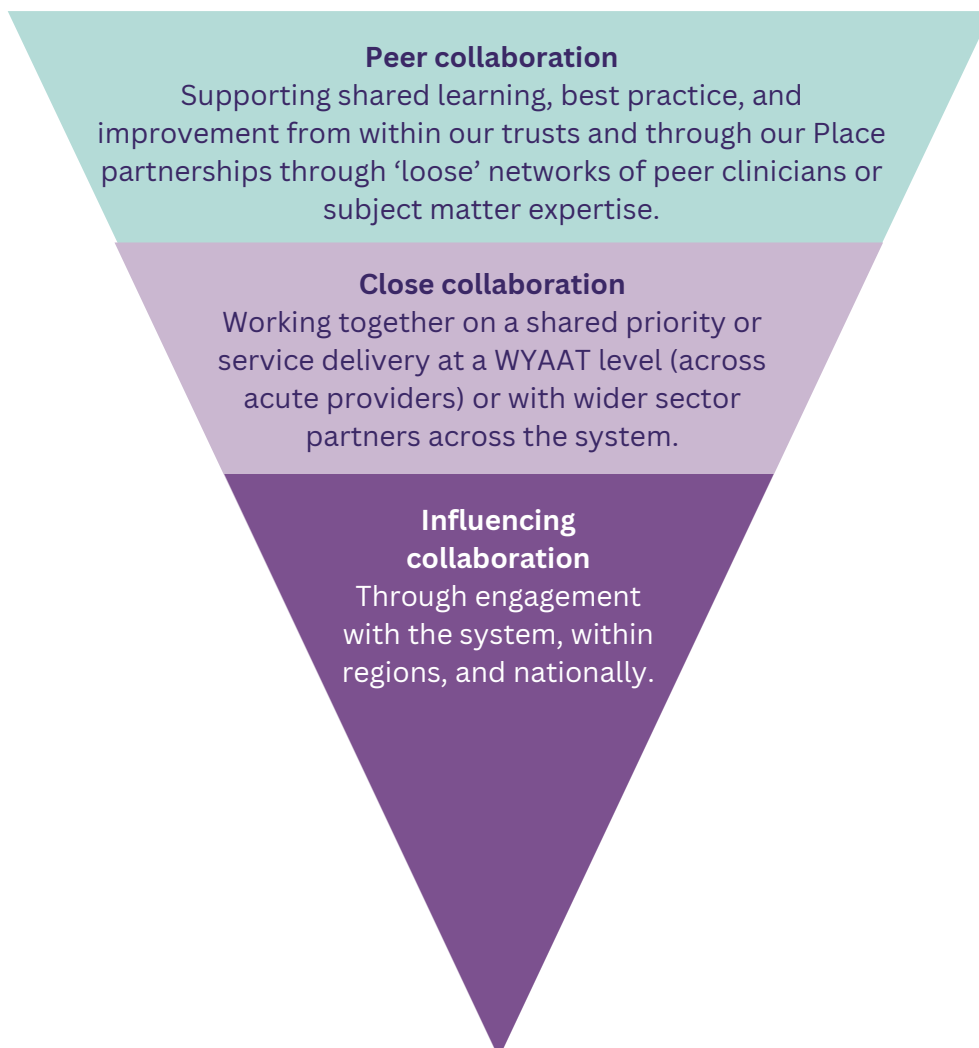
# Ways of working

WYAAT has built trusted relationships with local, regional and system colleagues, which is a pre-requisite for collaboration. As a result, the breadth and depth of the collaboration has grown from a small number of projects to a wide range of programmes across clinical, clinical support and corporate services, including leadership of programmes and priorities on behalf of the Health and Care Partnership, such as planned care and diagnostics.

Now our operating context has changed, we must be agile in ensuring that our efforts are expended in the right places, with responsibility and accountability remaining clear, in order to make the biggest difference for patients and staff.

To do this, we must continue to evolve our ways of working with WYAAT, as a partner in the system, supporting our teams to understand this change and create a permissive culture for collaboration in pursuit of improvement at all levels.

WYAAT's role is to enable collaboration in three ways:



### **Peer collaboration: supporting collective improvement**

The WYAAT member trusts are complex organisations with statutory responsibilities and accountabilities. Much of the work of the clinical teams, support services and management teams is 'within' and 'through' the organisations.

WYAAT trusts will support each other to deliver high quality services through high-functioning organisations by:

- creating and maintaining 'loose networks' around clinical specialties and (non-clinical) subject matter expertise
- sharing best practice, innovation and learning with an improvement ethos
- supported by shared information, benchmarking, and insights and a WYAAT peer support and learning framework
- embrace a test, learn, and scale approach.

### **Close collaboration: delivering together for West Yorkshire and Harrogate**

The core work of WYAAT is focused on the delivery of programmes and acute services at scale where there is a patient benefit to doing so. This includes:

- Continued delivery of acute focused transformation programmes which benefit patients and teams across our organisations
- A collective approach to service delivery through collaborative operational networks in which all trusts contribute collective resources to deliver an equitable service for a wider population building on learning from the creation of WYVaS
- Establishing shared governance to direct and oversee these networks together, ensuring clarity of responsibility and accountability within and between trusts
- Continue to develop innovative approaches to best use our shared resources to meet the needs of the population of WY&H including our people, our estate, digital infrastructure, partnerships and research and innovation structures.

### **Influencing collaboration: locally, regionally, and nationally**

WYAAT is nationally recognised as one of the most mature provider collaboratives in the country. In turn, WYAAT is a partner in the West Yorkshire ICS, a mature partnership with a focus on its five places. WYAAT has strong relationships with the ICB, with other sector-based provider collaboratives and as trusts within their respective places. WYAAT's principles, delivery model and track record of success within and alongside the ICS is crucial in supporting others to learn from our experience and to influence the national policy agenda to demonstrate that:

- ICBs and provider collaboratives can successfully work together to deliver on big ambitions for their shared population as a true partnership approach
- True collaboration can deliver change without requiring complex organisational changes such as group models or mergers
- Providers can make real change within the system through a model of dispersed leadership, with shared vision and objectives
- We should resist duplicative or over-focus on assurance and performance management at the expense of strong working relationships and peer support.



## Delivering the strategy

Our strategy describes our ambition and focus at a high-level for the next five years. As a collaboration, our work is delivered through our six member trusts. Our key objectives in the delivery of this Strategy are to support our member trusts to:

- **Service delivery** – to deliver sustainable services, providing the best outcomes for all of our patients, reducing health inequalities
- **Workforce** – to recruit, retain and develop their teams
- **Infrastructure** – to provide the best patient environments and new technologies
- **Productivity and efficiency** – to provide financially sustainable services and return to levels of productivity higher than pre-pandemic benchmarks
- **Research, innovation, and improvement** - to support our patients and population to access the latest and best healthcare advancements in diagnosis and treatment and improve population health for all
- **Ways of working** - to support our teams share, learn, and grow.

Our objectives will be delivered through a series of priorities, set on an annual basis to align with those set through the ICB Joint Forward Plan and the annual NHS operational planning process.

Our annual priorities will be set collectively across the WYAAT trusts, deploying our shared programme management office resource to support the delivery of these priorities.



## Glossary of abbreviations

Artificial Intelligence	AI
Airedale NHS Foundation Trust	ANHSFT
Bradford Teaching Hospitals NHS Foundation Trust	BTHFT
Calderdale and Huddersfield NHS Foundation Trust	CHFT
Electronic Patient Record	EPR
Harrogate and District NHS Foundation Trust	HDFT
Health Innovation Network	HIN
Integrated Care Board	ICB
Integrated Care Boards	ICBs
Integrated Care System	ICS
Laboratory Information Management System	LIMS
Leeds Academic Health Partnership	LAHP
Leeds General Infirmary	LGI
Leeds Teaching Hospitals NHS Trust	LTHT
Mid Yorkshire Teaching NHS Trust	MYTT
Memorandum of Understanding	MoU
National Pathology Imaging Cooperative	NPIC
Non-Surgical Oncology	NSO
Personal Protective Equipment	PPE
Robotic Process Automation	RPA
Senior Leadership Programme	SLP
West Yorkshire and Harrogate	WY&H
West Yorkshire Association of Acute Trusts	WYAAT
West Yorkshire Vascular Service	WYVaS

[www.wyaat.wyhpartnership.co.uk](http://www.wyaat.wyhpartnership.co.uk)

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