

The background features a repeating pattern of stylized human figures in shades of purple, teal, and light blue, arranged in a grid-like fashion. The figures are composed of geometric shapes like triangles and circles.

**WEST YORKSHIRE
ASSOCIATION
OF ACUTE TRUSTS**

**ANNUAL REPORT
2023/24**

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Introduction from the Committee in Common

The 2023/24 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, between April 2023 to end of March 2024.

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

The six hospital trusts which 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 WY&H, 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, and 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.

2023/24 has seen some major milestones in our collaborative work including:

- Successful launch of our first Senior Leadership Programme, giving aspiring executive leaders across our patch the chance to experience system level working and gain mentorship from an existing Executive Director.
- Completed over 50 procurements projects, which will continue to develop during the 2024/25 financial year to deliver £4m of savings.
- Designed and implemented a West Yorkshire Endoscopy Regional Training Centre as part of the Yorkshire Endoscopy Academy, enabling staff to access consistent and streamlined teaching, regardless of their endoscopy modality. Focused teaching will enable trainees to reach accreditation sooner than existing training routes.

The WYAAT Five Year Strategy

We developed our WYAAT Five Year Strategy (2024-2029), which launched in May 2024, and reflects on the successes and learnings since the partnership first formed in 2016, as well as setting our ambitions for the future.

The Strategy defines how our six trusts will continue to work together to achieve our vision, focusing on six priority areas – service delivery, workforce, infrastructure, productivity and efficiency, research, innovation and improvement and ways of working.

In developing the 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.



Our success will be measured and reported in our annual reports, keeping us accountable to deliver our ambitions for our patients, population, and our workforce.



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

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.

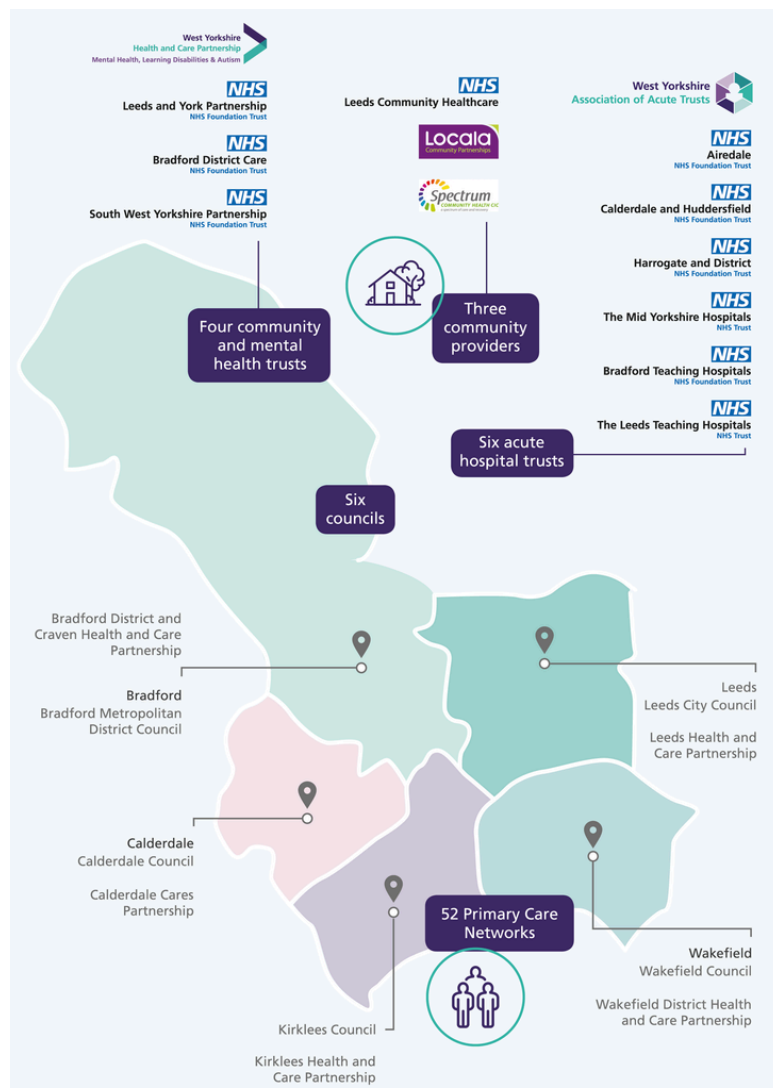
The purpose of ICSs is to bring partner organisations together to:

- 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.

In 2024/25 the planned care function and the Integrated Stroke Delivery Network (ISDN) will transfer to WYAAT, along with the associated teams and resources. This will formalise WYAAT's leadership of these priorities on behalf of the system.



Clinical Networks

There has been significant expansion of clinical networks in 2023/24, both in number and maturity. These are fundamental to supporting continuous improvement, ensuring clinical engagement in the work of WYAAT, and enabling a culture of collaboration across the trusts.

These work alongside networks already in place run by NHSE or the West Yorkshire ICB e.g. renal, respiratory, cardiovascular disease.

Each network has a set of objectives which support delivery of the WYAAT Strategy and Annual Plan. Networks are expanding from solely secondary care clinicians to engage a broader range of clinical colleagues from primary and community services in order to seek opportunities to improve the full patient pathway. Our WYAAT clinical networks:

Surgical

- Ophthalmology
- General surgery
- Urology
- Peri-operative care
- Trauma & orthopaedics
- Gynaecology
- ENT
- Children & young people (surgery)
- Vascular
- OMFS

Diagnostics & support services

- Outpatients
- Pathology:
 - Biochemistry
 - Histopathology
 - Microbiology
- Radiology

Medical

- Dermatology
- Gastroenterology & endoscopy
- Stroke
- Clinical psychology
- Clinical haematology
- Neurology
- Rheumatology



“Outpatients crosses all areas of secondary care, so it is integral that our Network shares good practice and develops strategies to support improvements across all individual specialties. We look at developing and disseminating system wide changes to ultimately reduce waiting lists.”

Gui Tran
Consultant Rheumatologist, HDFT
Chair of the Outpatients Clinical Network



NHS



CORPORATE SERVICES

Workforce

Senior Responsible Officer **Executive Lead** **Programme Manager**
Brendan Brown Human Resources Directors Asifa Ali

Across the WYAAT programmes there are a number of workforce initiatives taking place to look at ways to recruit, retain, deploy, and develop our NHS workforce. By working collaboratively, these initiatives enable partnership opportunities, a shared approach to how we work, and the opportunity to explore different ways of working across our local services.

In addition to the workforce focus within programmes, WYAAT has also supported wider workforce challenges across the ICS.

Achievements in 2023/24

- WYAAT successfully launched its first Senior Leadership Programme (SLP) in May 2023, aimed at aspiring executive directors across the Collaborative. The Programme offered an immersive experience of system working and experiential learning within a provider collaborative environment.
- Due to its success, the 2024 iteration of the SLP was adapted to increase cohort numbers and widen its access to other West Yorkshire collaborative providers in 2024, including mental health and community.
- Supported the ICB Global Partnerships International Recruitment Programme which enabled WYAAT to recruit medical, nursing and AHP positions across our trusts.
- Developed a framework for Advanced Clinical Practice to standardise how the role is utilised and managed across our trusts.

Putting the Patient First

- Through effective training and standardisation of practice, we are able to offer our patients better and more consistent care, no matter where they reside in WY&H.
- Increasing our workforce resource in pressured service areas, through our portability agreement, has allowed us to ensure patients waiting for care are seen in a timely manner across all our hospitals.

Benefits for Staff

- Our 'in-house' SLP allows us to invest in our workforce and prepare them for system-level working, as they progress to become executive leaders.
- Developing our international workforce, through an ethical and sustainable recruitment process, ensures a supportive and nurturing environment for our overseas colleagues.
- Providing clarity of roles for Advanced Clinical Practice by standardising practice will enable the easy movement for staff between our partner organisations.

Feedback from the first SLP cohort

"Who you are and how you work is good enough, you don't have to become someone else to be a good leader."

"Placement has highlighted the many layers of the NHS and thus the complexity in understanding it and the need for system leaders."

"Stretched me to consider my skills and strengths outside of my professional expertise."

"Developing as a cohort with time and space to talk, think and grow jointly should not be underestimated. Having that safe space is vital to develop."

"The openness and transparency shown to me by my mentor really enabled that reflection and growth."

"Collaboration and engagement are key to success."



Procurement

Senior Responsible Officer
Brendan Brown

Executive Lead
Chris Slater

Programme Manager
Tim Beardwood

The procurement programme works with all major providers of NHS services in the West Yorkshire Integrated Care System (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 2023/24

- During the last financial year, the ICS-wide programme delivered savings of over £1.1 million across the 12 organisations.
- The programme completed several large scale (and high value) clinical and non-clinical projects for products that are used extensively across the trusts.
- Successfully completed over 50 procurements projects, which will continue to develop during the 2024/25 financial year to deliver £4 million of savings.

Putting the Patient First

- By working together, our procurement teams can source the best quality products on the market, to be available consistently across our trusts, standardising patient care across our hospitals.

Benefits for Staff

- Our Minimally Invasive Surgery (MIS) project will identify ways to improve patient care in both secondary care and community environments.
- The programme has regular contact with clinicians and medical support staff to gain a broad and detailed understanding of patient needs, which informs the procurement exercises we chose to undertake.

The background of the image is a laboratory setting. It features a long white countertop with blue cabinets underneath and above. On the counter, there is a microscope, a round-bottom flask with liquid, and other lab equipment. A black and blue office chair is visible on the left side. The overall lighting is bright and clean.

CLINICAL SUPPORT SERVICES

Diagnosics: Community Diagnostic Centres

Senior Responsible Officer
Len Richards

Executive Lead
Stuart Straw

Programme Manager
Gary Cooper

The establishment of Community Diagnostic Centres (CDCs) was 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, 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 2023/24

- The programme, working across the five places in West Yorkshire, successfully supported the establishment of CDCs within the following locations, with further sites due to be implemented between 2024 and 2026:
 - Eccleshill, Bradford District and Craven
 - Seacroft, Leeds
 - Armley, Leeds
 - Westgate retail park, Wakefield
- Patients can now visit any of the above sites across West Yorkshire for multiple diagnostic tests, providing care closer to home and reducing diagnostic demand at our six hospitals trusts.

Putting the Patient First

- Patients can 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 tests.
- A reduction in waiting times by diverting patients away from hospitals, has allowed acute hospitals to treat urgent patients, while the CDCs focus on tackling the backlog.
- By providing multiple tests on one visit, CDCs can reduce the number of patient journeys and are helping to cut carbon emissions and air pollution.

Benefits for Staff

- CDCs provide an opportunity for staff to develop and have also allowed us to expand the number of roles we have working within diagnostics to support the increased capacity for diagnostic services.
- Our CDCs offer a new place of work and opportunities to rotate through different working locations.

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 workforce sustainability, cost, price, and service variation, and increasing demand.

Achievements in 2023/24

- In February 2024, the rollout of a digital pathology platform through the National Pathology Imaging Cooperative (NPIC) was completed, allowing images to be reported remotely, enabling greater workforce flexibility and information sharing opportunities.
- Awarded the 'Best Legal Services Partnership with the NHS' HSJ award for our work securing a Managed Service Contract (MSC) with support from Hempsons LLP.
- The implementation of a joint Laboratory Information Management System (LIMS) has continued with further successful go lives in blood transfusion. Significant design and testing work has taken place to support several large deployments in 2024/25.
- Work to progress the second pathology partnership between CHFT, LTHT, and MYTT has seen implementation of new equipment, through the jointly procured MSC at CHFT and plans to consolidate microbiology and blood sciences testing have progressed.

Putting the Patient First

- The move to digitise the network and implement the single network LIMS ensures that patients have access to services which are flexible and support timely diagnostic results.
- The implementation of a consolidated model for routine testing in the network aims to ensure that patient results can be turned around efficiently on the most up to date equipment.

Benefits for Staff

- The rollout of the NPIC digital solution ensures that staff continue to work with the latest cutting-edge technology.
- 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.
- Throughout the year, pathology teams have been involved in several engagement events and online surveys to share their views and opinions about changes we are making to pathology services. This ensures that we are considering staff opinions and ideas in our proposals and plans, to make the service a better place for our staff to work.

Find out more: [Pathology](#)

Diagnostics: Endoscopy

Senior Responsible Officer
Len Richards

Executive Lead
Rob Aitchison

Programme Manager
Jane Lang

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

NHSE established a national endoscopy strategy to develop endoscopy networks and training academies. WYAAT is 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 2023/24

- Established a West Yorkshire Regional Training Centre (RTC) at MYTT, as part of the Yorkshire Endoscopy Training Academy.
- Amalgamated the endoscopy and gastroenterology networks to ensure joined up working, providing education sessions across our six trusts to start sharing learning and best practice.
- Established sub-specialty networks in endoscopic ultrasound (EUS) and endoscopic retrograde pantograph (ERCP).

Putting the Patient First

- Our EUS and ERCP networks will work to reduce variation in patient care across our trusts and introduce a more robust governance structure to ensure equity of care.
- We are working towards implementing a mobile app to support the psychological wellbeing of patients with inflammatory bowel disease. The business case for this is currently being developed.

Benefits for Staff

- The new training academy means staff can access consistent and streamlined teaching, regardless of their endoscopy modality. Focused teaching will enable trainees to reach accreditation sooner than existing training routes.
- Increase the number of joint advisory group (JAG) accredited endoscopy clinicians. JAG accredited staff can work unsupervised and independently, delivering more endoscopy capacity.

Find out more: [Endoscopy](#)

West Yorkshire Endoscopy Training Centre

In March 2024, The Mid Yorkshire Teaching NHS Trust (MYTT) officially opened the West Yorkshire Regional Training Centre (RTC) for Endoscopy, on behalf of the Yorkshire Endoscopy Training Academy (YETA), at Pinderfields Hospital, Wakefield.

The YETA has been implemented to improve the access to endoscopy training for gastroenterologists, surgeons and clinical endoscopists across WYAAT.

Academies are being opened nationally in response to the post-Covid publication of Sir Mike Richards (Oncologist and former National Cancer Director for the Department of Health) 'Diagnosics: Recovery and Renewal'.

They aim to provide high quality training, efficient and trainee-focused learning and develop the Clinical Endoscopist workforce, all whilst upholding a safe and comfortable environment for patients and staff involved in the delivery of the procedures.

The West Yorkshire RTC will provide accelerated and coordinated training to support a resilient and skilled endoscopy workforce, focusing on issues such as skills gaps, recruitment, Joint Advisory Group (JAG) on GI Endoscopy standards and NHS needs.

The first session at the RTC saw clinicians take part in 'basic skills in colonoscopy' training.



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 2023/24

- Progressed the implementation of the shared reporting solution, which will enable patient images to be both viewed and reported upon across our network, including supporting the reporting of studies for patients attending the Community Diagnostic Centre (CDC) based in Eccleshill.
- Successfully secured funding from NHSE to support improvements to IT infrastructure, making radiology services more robust in the future.
- Successfully secured funding to implement a Chest X-Ray Artificial Intelligence (AI) tool to support quicker diagnosis of Lung Cancer, Chest Infections (Sepsis) and tube and line safety.
- Completion of homeworking station deployment, with 260 workstations deployed to radiologists and reporting radiographers.

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.
- Implementing the Chest AI X-ray will help prioritise patients who need to be progressed, helping to shorten patient pathways.

Benefits for Staff

- 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

YIC homeworking stations

Across WYAAT, 260 workstations have been deployed to support radiologists and reporting radiographers with capacity and demand of reporting.

At Bradford Teaching Hospitals NHS Foundation Trust, six reporting stations have been created on site, situated in the radiology department, but away from clinical areas, providing “protected” space away from patients and staff.

At least two clinicians work on site during peak hours, with other colleagues offering support remotely from home to x-ray areas, emergency department staff and for urgent reports for inpatients and GPs.



This hybrid way of working has enabled the trust to significantly reduce costs previously being spent on insourcing.

Having a communal reporting space also allows colleagues to discuss cases with each other, providing quality learning opportunities and peer development.

Colleagues have commented that the cohesion of the team has greatly improved since the reporting stations were created, as they are easily able to support each other and build rapport.

The team manage the workload themselves and ensure turn-around times are well within KPI, whilst also providing balance within the team.

Plain film x-rays are now reported by a reporting radiographer, freeing up consultant activity capacity for reporting more complex cases.

Pharmacy Aseptics

Senior Responsible Officer
Jonathan Coulter

Executive Lead
Phil Deady

Programme Managers
Charlotte Cleveland

Our pharmacy programme aims to deliver efficiencies in pharmacy aseptic services, which provide controlled environments to prepare ready-to-administer, injectable medicines.

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.

Achievements in 2023/24

- Successful pilot scheme which delivered pre-prepared anti-microbial medicine to all trusts.
- Business case approval by NHSE to proceed to implementation of a new aseptic hub, supported by £24 million of investment as part of the national ‘Pathfinder’ scheme.
- Identified and signed the lease suitable site for the aseptic hub.
- Developed a workforce plan identifying key roles required to facilitate the new hub.

Putting the Patient First

- The aim of the programme is to release nursing time directly back into patient care, by removing the manual process of compiling patient medicine from their role.
- By manufacturing products in a specialist pharmacy aseptic facility, risks associated with errors or microbiological contamination are significantly reduced.

Benefits for Staff

- Creating a pharmacy career development pathway and exemplar development infrastructure, including the use of simulations suites, electronic learning systems and a dedicated training team. Supported by new entry routes into the profession.
- 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 SERVICES

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 2023/24

- Brought nursing and allied health professional (AHP) colleagues from across the regions (West and South Yorkshire) together for the first time to share learning and best practice.
- Developed and automated a new dashboard, which will launch later in 2024, to allow staff to monitor performance across the two geographic sectors.
- Implemented a new clinical leadership structure to support implementation of new ways of working in both sectors.
- Created a joint community and acute trusts vascular nurse specialist (VNS) post to facilitate better joined up working between community services and secondary care.

Putting the Patient First

- WYVaS supports the principles of care closer to home and therefore strives to provide as many services as possible in local trusts by ensuring consultants, vascular nurse specialists and diagnostics are available wherever possible across the service.
- The new community / acute vascular nurse specialist post will support patients with consistency of care, across community and acute trust settings as well as in the patient's home.

Benefits for Staff

- The cross-regional educational event enabled staff to widen their peer support network and participate in shared learning.
- The community vascular nurse specialist post will help staff to work more efficiently between the acute arterial centre and community settings.
- By undertaking a workforce capacity and demand plan for therapy services across WYVaS East we will ensure services are delivered equitably.

Find out more: [Vascular Services](#)

Neurology

Senior Responsible Officer
Programme Executive

Executive Lead
Magnus Harrison

Programme Manager
Asifa Ali

Work to develop the Neurology programme commenced in October 2022, which 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.

Achievements in 2023/24

- Commenced planning for service provision that will boost local neurology services and provide equitable and timely access to care across our hospitals.
- Established specialty groups with clinical staff to review current patient pathways and ensure there is standardisation of practice in the delivery of specialised services, by following the optimal and evidenced based approach to care.
- Review of specialist nursing has enabled opportunities to address gaps in training skills, opening opportunities to work differently, and embedding good practice.
- Implemented a mutual support offer at CHFT, with LTHT consultant neurologists providing support to work through patient wait lists in multiple specialties including epilepsy, MS, Parkinson's disease, movement disorders and migraine.

Putting the Patient First

Recognising the current challenges and limited access to services, the guiding principles to provide the following gold standard of care for patients will be key to the success of the programme:

- By ensuring patients are cared for as close to where they live and by the most appropriate people.
- There is equitable access to general and specialist clinics.
- There is timely access for our most vulnerable patients.
- We eliminate health inequalities across the service.

This year we have engaged with a local MS (multiple sclerosis) patient group to gather views about our services and are working with local charities to inform our programme priorities.

Our outreach specialist clinics at centres that were previously without medical cover means that patients can be seen sooner, reducing waiting lists for clinic appointments.

Find out more: [Neurology](#)

Neurology

Benefits for Staff

- Giving staff the opportunity to influence programme priorities will enable them to shape the future of neurology services.
- New training opportunities and cross-trust visits to share learning, supporting job satisfaction and retention.
- A review of clinical nurse specialist roles and competencies is being undertaken to ensure standardisation in practice, which will provide opportunities to increase skills across the collaborative.
- Enabled greater partnership working between medical staff delivering outreach specialist clinics at centres that were previously without medical cover.

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 2023/24

- Our trusts worked together to ensure our longest waiting patients were seen as soon as possible, identifying where patients could move to other providers to be treated sooner.
- Prioritised the treatment of patients with learning disabilities on elective waiting lists across our trusts.
- Recognised by the national Getting It Right First Time (GIRFT) team as a leading Collaborative.
- Successfully delivered our first 'NHS: A career in surgery' schools programme to over 300 secondary school pupils interested in careers in the NHS.
- Facilitated the decrease of 'Did Not Attends' (DNAs) across multiple specialties by 1%, freeing up over 3,500 appointments monthly.
- Improved how we maximise theatre capacity by moving some procedures to other clinical areas, where appropriate, freeing up theatres for more complex procedures.

Putting the Patient First

- Offering patient choice at the point of referral, allowing patients to choose where they are seen to receive their treatment.
- The Children and Young People's (CYP) network works to ensure this group of patients are prioritised for treatment, as delays can be detrimental to their development. This work is driven by the national CYP toolkit.
- Our shared protocol to implement the use of Pentrox (an environmentally friendly local anaesthetic) into ambulatory gynaecological settings will reduce the pain experienced by women undergoing certain procedures.
- Patients can access the 'My Eye Health' portal for information and links to local services in WY, as well as view animations for certain procedures such as cataracts and glaucoma.

Benefits for Staff

- Our networks have promoted site visits, shadowing other services, seeking new ideas to improve services within their own trusts.
- Facilitating a referral platform between primary care, optometry, and secondary care eye services has resulted in benefits for optometry, as well as providing the technology to tracking of referrals.

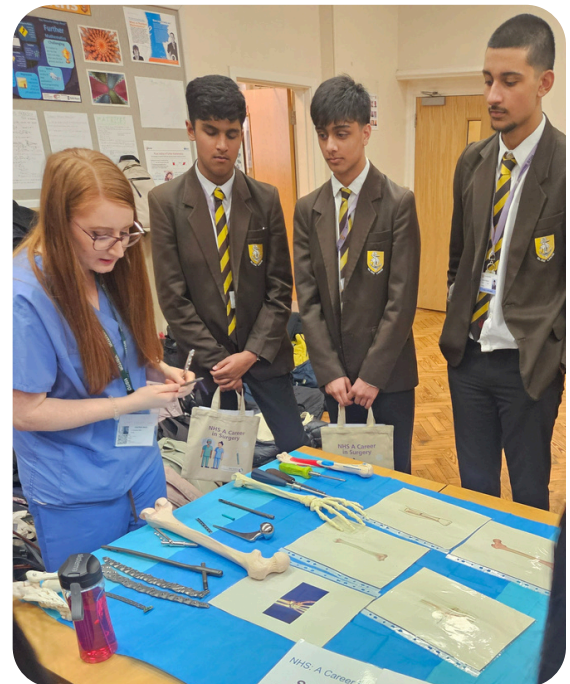
Find out more: [Planned Care](#)

'NHS: A Career in Surgery' project

Our schools career package aimed to attract the future healthcare workforce by getting young people interested in different roles and professions within the NHS. Colleagues from across WYAAT delivered a combination of webinars and face to face events to students across West Yorkshire, focused on clinical and non-clinical careers in the NHS and the various entry routes available when considering their career journeys.

The below photographs were taken at the January 2024 face to face event held at Heckmondwike Grammar School, where over 110 sixth form students attended learn about roles within NHS surgery, as well as test their practical and interview skills with support from 30 existing WYAAT colleagues.

The day was incredibly successful, with X of students providing feedback that the day had only solidified their ambitions to pursue a career in the NHS. Local media also wrote a feature on the event: [Careers in Surgery: Are the next generation of NHS professionals going to come from this Heckmondwike school?](#)



Find out more: [A Career in Surgery](#)

Non-Surgical Oncology

Senior Responsible Officer
Len Richards

Executive Lead
Saj Azeb

Programme Manager
Angie Craig

Non-Surgical Oncology (NSO) services provide drug and radiotherapy 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 the non-radiotherapy elements of NSO across WY&H, to provide long-term safe, sustainable, high quality and equitable levels of patient care.

Achievements in 2023/24

- Completed multiple public engagement events with over 700 members of the public across a wide range of geographical localities and groups, using their views to inform the proposed changes to NSO service to mitigate current inequalities where we can.
- A target operating model (TOM) has been developed in each sector.
- Completed a procurement exercise for a new anti-cancer drug prescribing system, which will be deployed across all WYAAT trusts.
- Opened a new ward and assessment area for oncology patients at Huddersfield Royal Infirmary, providing additional specialised oncologist supported assessment and inpatient care for patients from both CHFT and MYTT catchments, as part of a partnership agreement.
- Launched a 24/7 helpline for all patients across CHFT and MYTT to use for direct oncology support and advice.
- Mapped care pathways for common tumour sites which has identified what skills and training are required at each stage. This information has also highlighted opportunities to maximise the usage of roles such as non-medical consultants, advanced practice nurses, pharmacists, and Allied Health Practitioners (AHPs).
- Developed and piloted remote monitoring systems (ePROMS) to better support patients through their chemotherapy treatment journey, reducing the number of attendances at hospital wherever possible.
- Collected standardised capacity and demand data in all trusts for systemic anti-cancer therapy delivery and NSO outpatients, as required by NHSE.

Find out more: [Non-Surgical Oncology](#)

Non-Surgical Oncology

Putting the Patient First

- Local services will be developed to ensure that all six trusts are able to continue supplying oncology outpatient and treatment services for all common cancers (breast, bowel, lung, and prostate). This improves the patient's experience and addresses health inequalities arising from affordability/availability of transport and time commitments.
- Focus on increasing the use of chemotherapies that can be administered orally or via sub-cutaneous injection, providing care to patients in their homes or in local community settings.
- The establishment of the NSO 24/7 helpline ensures the highest quality of care and advice is available to our cancer patients and provides equitable access to oncologist supported inpatient beds for the minority of patients who require the most specialised oncologist supervised inpatient care.

Benefits for Staff

- Development of a sustainable workforce that has the scale and advanced clinical competencies necessary to deliver care which provides of the highest quality to all.
- A new skill-mix with an increase in non-medical advanced and consultant practitioner roles for nurses, AHPs and pharmacists, ensuring us to use the right skill at the right place.
- Standardisation of clinical practice and job roles will make it easier for professionals to work across sites.
- Opportunities will be made for oncologists to develop specialty interests at the Leeds Cancer Centre and research opportunities will be available across our hospitals.

The word 'FINANCE' is centered in the middle of the image. It is written in a bold, teal, sans-serif font and is contained within a white rectangular box that has a slight drop shadow, making it stand out from the background.

Finance

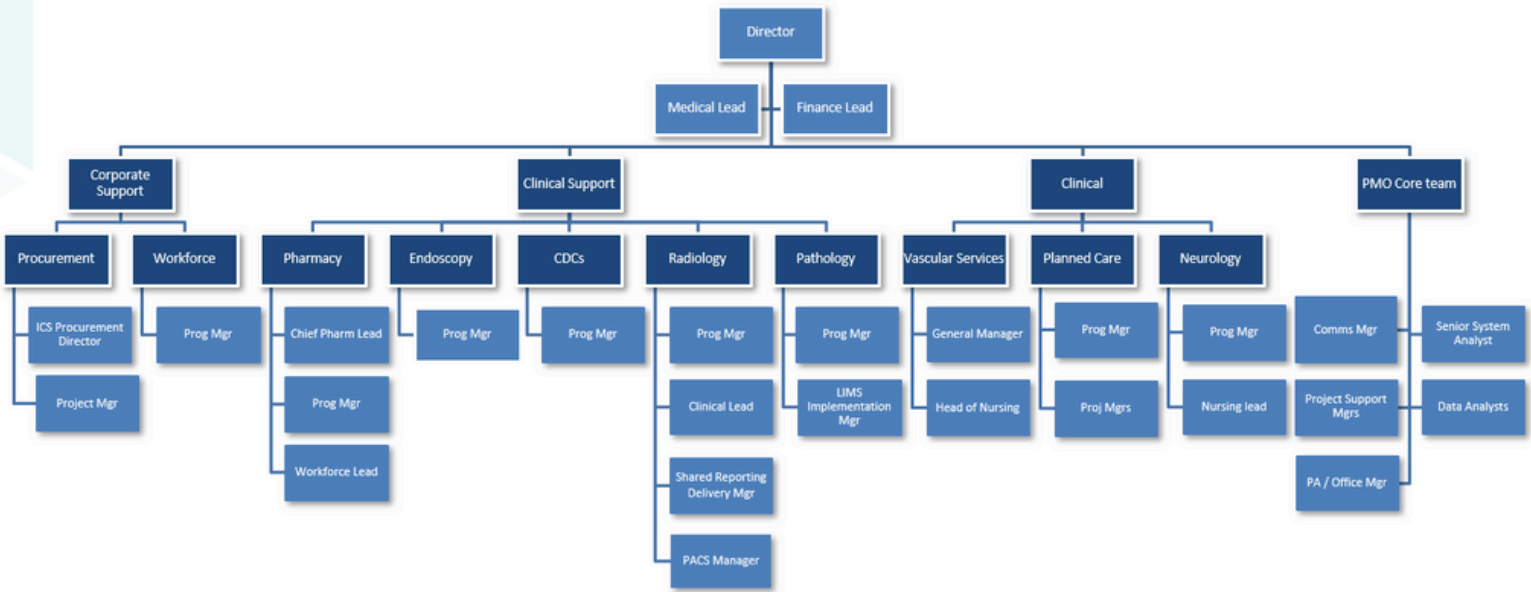
During the financial year WYAAT has supported savings of £7m across procurements, contract management, benefits from programmes and additional funding. The return on investment is two to one in savings, with further benefits from cost avoidance.

The core budget set for the financial year 2023/24 was £2.9m. 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. As well as all providers in the ICS for hosting the ICS Procurement programme and from NHS England to support the implementation of diagnostic networks.

Total income received for the year was higher than planned at £3,481k, due to some deferred income being released in year. Actual expenditure for the year was £3,474k delivering an underspend of £7k. Appendix 1 provides a summary of the 23/24 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	23/24 Budget	Actual	Variance
CORE WYAAT Trusts	£ 2,048,132	£ 2,048,132	£ -
Other Sources	£ 833,636	£ 1,432,868	£ 599,232
Total Income	£ 2,881,768	£ 3,481,000	£ 599,232
Core PMO	-£ 1,626,184	-£ 1,471,476	£ 154,708
Radiology	-£ 383,202	-£ 452,570	£ 35,644
Pathology	-£ 383,202	-£ 254,280	£ 128,922
Pharmacy	£ -	£ -	£ -
Procurement	-£ 122,489	-£ 157,593	-£ 35,104
Vascular	-£ 212,252	-£ 186,513	£ 25,739
Community Diagnostic Centres	-£ 49,427	-£ 29,142	£ 20,285
Other incl System	£ -	£ 922,426	£ 922,426
Total Spend	-£ 2,881,768	-£ 3,474,000	£ 592,232
Net I&E Position	£ 0	£ 7,000	£ 7,000

WYAAT Staff Structure



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
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 Vascular Service	WYVaS
Yorkshire Imaging Collaborative	YIC

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