



West Yorkshire Association of Acute Trusts

Annual Report 2018/2019

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

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Introduction from the Trust Chairs

In 2016 the six acute trusts in West Yorkshire and Harrogate (WY&H) decided to work together because we recognised that we are stronger together. We set ourselves the purpose “to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the West Yorkshire Association of Acute Trusts (WYAAT) service area” and we agreed principles for how we will work together and our approach to collaboration. Since that initial decision we have made good progress towards our objective, and those principles have become central to how we work together. The areas of collaboration and partnership have grown substantially such that working together through WYAAT is now part of our everyday business. Our philosophy is that WYAAT is the combination of the trusts, not a separate organisation; WYAAT does not deliver programmes for the trusts, the trusts deliver them together supported by the WYAAT programme management office.

We are all hugely committed to WYAAT as demonstrated by the £2m budget the trusts fund and the extensive time the Chairs, Chief Executives, Executive Directors and senior managers and clinicians spend on collaborative work through the Association. As the Association has developed and matured we have focussed on two main aims: taking a leading role as a partner in the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP); and delivering a collaborative portfolio of system wide change programmes.

In 2018/19 the programmes have continued to progress with key developments in:

- **Vascular:** making a unanimous recommendation to NHS England on our preferred option for the configuration of arterial centres in West Yorkshire and agreeing to create a single vascular service for the region; appointment of the leadership “triumvirate” for the single service and, with NHS England, moving towards public consultation on the arterial centres reconfiguration.
- **Orthopaedics (Hip and Knee Replacement):** standardisation of the pre-surgery pathway including helping patients prepare themselves for surgery; developing an “optimised surgical list” to increase capacity, and, with Getting it Right First Time (GIRFT), starting a national pilot on procurement.
- **Pharmacy:** completing the regional supply chain procurement process

- **Pathology:** gaining approval for the Case for Change and Options Appraisal
- **Yorkshire Imaging Collaborative:** gaining Business Case approval to seek release of £6m capital funding for a shared radiology reporting system and go live of the Agfa Picture Archiving and Communications System (PACS) in Harrogate & District Foundation Trust (HDFT) and North Lincolnshire and Goole Foundation Trust (NLAG).
- **Scan4Safety:** gaining Business Case approval to seek release of £15m capital funding.
- **Workforce:** a portability agreement to allow all WYAAT staff to work in any WYAAT trust

WYAAT has also cemented its position in the WY&H Health and Care Partnership (HCP), making important contributions to the development of the Memoranda of Understanding, achieving Integrated Care System status and influencing national discussions, for instance on the Long Term Plan. WYAAT's value to the HCP has been demonstrated by the significant level of transformation funding allocated to it.

We are very proud of the work we are doing together through WYAAT. We believe that the decisions we have been able to take together, the progress our programmes are making and the strength of the WYAAT voice nationally and within the HCP demonstrate that an association of trusts is an effective alternative to mergers and other organisational structure changes to achieve collaboration and system working. We hope you will agree and will find this short annual report on our work interesting and informative.

September 2019

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

Airedale
NHS Foundation Trust



Andrew Gold
Chair



Brendan Brown
Chief Executive

Bradford Teaching Hospitals
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Chair



Julian Hartley
Chief Executive

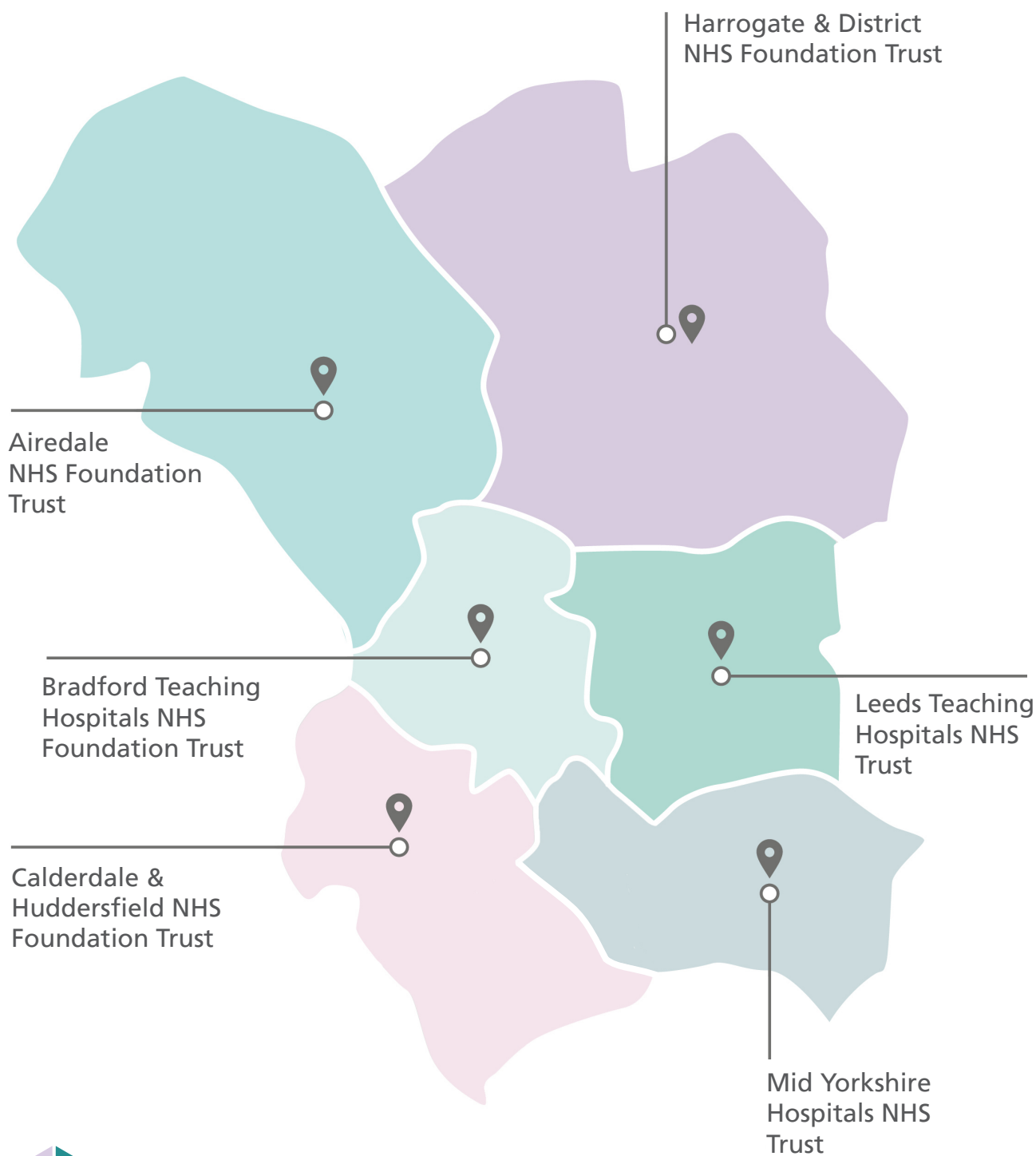
Mid Yorkshire Hospitals
NHS Trust



Keith Ramsay
Chair



Martin Barkley
Chief Executive



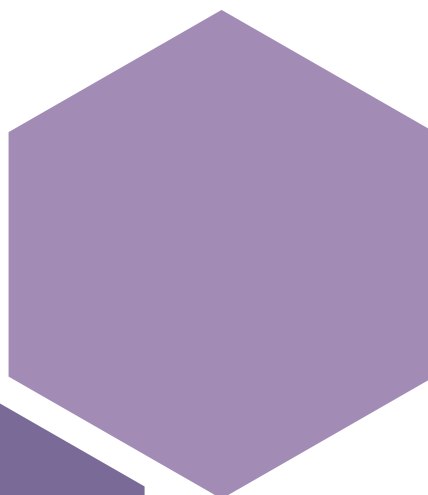
The West Yorkshire Association of Acute Trusts is made up of six trusts working closely together to plan health and care services across the area.

1. Introduction

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

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

This Annual Report provides an update on WYAAT's progress and development over the last year - April 2018-March 2019. In addition to summarising each programme, it also describes WYAAT's contribution to the development of the Partnership. It concludes with a summary of governance developments and the financial position for 2018/19.





2. Programmes

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

The programmes are explained in more detail on the following pages.



2.1 Procurement

SRO: Brendan Brown

Executive Lead: Chris Slater

Programme Manager: Jon Edwards

Aims & Objectives

To deliver procurement savings and standardise regional product usage.

Achievements in 2018/19

In 2018/19 the procurement workstream identified a further £400k savings whilst continuing to implement an additional £400k of previously identified procurement savings across the WYAAT trusts.

To date £1,000,000 of savings have been achieved by aggregating regional demand, standardising products across all six WYAAT trusts and using the leverage from that increased volume to obtain better prices from suppliers. This has included standardisation of products such as anti-embolism stockings, film dressings and wound drainage.

The standardisation of surgeons' gloves to Ansell across the region has ensured that clinical staff can access the same range of gloves as they move across sites and provided a saving of over £200k by working with the supplier to plan volumes and demand. The trusts have already met the required 80% of the total volume, with Airedale NHS Foundation Trust (ANHSFT) and HDFT still to fully complete the changeover.

Savings from national contracts during this year have been limited as the national procurement function has seen the advent of the Future Operating Model and savings opportunities are still being scoped at this level.

With the move to the Future Operating Model for NHS procurement of products, the workstream is increasingly focussing on reviewing services for opportunities for regional collaboration to avoid duplication and improve service quality. A regional tender management solution for WYAAT is being implemented that will enable each trust to issue regional contracts.

The programme has also begun to develop a future regional procurement model in which some functions are shared between the trusts. This approach will complement the national Future Operating Model for procurement.

To support the programme, both standardisation of products and services and the future regional collaboration model, and to provide procurement support to other WYAAT programmes, a WYAAT Procurement Lead has been appointed on a fulltime basis to replace the support received from Attain. This has increased capacity and reduced cost.

Plans for 2019/20

- Complete implementation of regional services for tender management and interpreter services.
- Continue to identify and deliver savings through standardisation of products and, increasingly, services.
- Complete the development of a future regional procurement model and a business case for its implementation.
- The procurement teams will work closely with the Scan4safety workstream (see section 2.2) in 2019/20 to implement a standard regional inventory management solution.





2.2 Scan4Safety

SRO: Julian Hartley

Executive Lead: David Berridge

Programme Manager: Stuart MacMillan

Aims & Objectives

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

Achievements in 2018/19

In April 2018, WYAAT was allocated £15m capital to implement Scan4Safety. In May 2018 the Programme Executive agreed to establish Scan4Safety as a new WYAAT programme. The overall programme and trust executive leads have been identified and the programme board has been established. LTHT hosted a live demonstration of the systems in use and the benefits delivered in September 2018.

In order to release the funding, a business case was developed, approved through all WYAAT governance and delivered to NHS England/Improvement (NHSE/I) in December 2018. Work has begun across each trust to build the required teams, develop implementation plans and procure a common inventory management system, for when the capital is released.

Plans for 2019/20

- Appoint project managers at each trust to deliver the programme

Once funding is released;

- Build internal trust teams
- Barcode physical locations (as required, implement a location management system)
- Procure and begin implementation of an access point, catalogue and inventory management system
- Work with each trust to build point of care scanning into current processes

2.3 Information Management & Technology

SRO: Owen Williams

Executive Lead: Richard Corbridge

Programme Manager: Dawn Greaves



Aims & Objectives

To work together on a range of projects to deliver operational productivity and performance benefits, support new models of care, provide financial benefits and respond to workforce challenges.

Achievements in 2018/19

The programme has faced challenges and has changed direction from the original vision. The following areas of collaboration have been progressed:

- **Common Email Solution.** All trusts needed to review their email systems to ensure they are GDPR compliant. A common email solution would help collaboration between staff from different trusts (eg shared address books, calendars) and offer efficiencies and improved resilience in the support team. Airedale NHS Foundation Trust (ANHSFT), Harrogate and District Foundation Trust (HDFT) and Mid Yorkshire Hospitals Trust (MYHT) are all progressing with migration to NHSmail, which Leeds Teaching Hospitals (LTH) already uses. Calderdale and Huddersfield Foundation Trust (CHFT) decided to move to Microsoft Office 365 which includes an email solution and Bradford Teaching Hospitals Foundation Trust (BTHFT) is updating its own system to be GDPR compliant. CHFT and BTHFT will, however, federate to NHSmail to provide the same benefits as a common system.
- **eRostering Solution.** In collaboration with the WYAAT Workforce Programme, work has started to understand requirements for a regional eRostering solution with an appropriate regional licensing agreement.
- **Local Health Care Record Exemplar (LHCRE).** The Yorkshire and Humber region has been designated as one of five LHCRE sites to deliver the technology to share health and social care data across all organisations. In addition, LHCRE will provide a patient held record and deliver the technology for population health management analysis. Supported by the WYAAT IM&T programme manager, current state assessments have been completed for each trust to understand their current level of interoperability and any blocks to data sharing.
- **VMware.** All of the WYAAT trusts use VMware for their virtual server infrastructure and the licensing of this technology can be costly. The programme manager is negotiating a regional licensing agreement that would give extra capacity in the region to deliver some services differently. A first proposal was received from the supplier, who is now developing a second proposal based on feedback.

- **Windows 10.** A national agreement has been negotiated with Microsoft and Windows 10 licences are available for organisations to implement. A proposal has been developed to procure additional resources centrally to support migration and meet the deadline of April 2020. By recruiting centrally, the costs would be lower, and it would be easier to recruit on a longer-term contract that covers all the organisations.

In July 2018 an architecture workshop was held, to understand the digital requirements for the other WYAAT schemes, as well as linking with the LHCRE deliverables. It was agreed to subsequently develop a Clinical and Technical Design Authority at a Yorkshire and Humber level to support these activities.

In August 2018, NHS England announced the Health System Led Investment fund aimed at providing funding to support the further digitisation of provider organisations. WY&H were given approximately £18m of funding over three years. In year one (2018/19) four of the WYAAT trusts secured funding to progress the development of their electronic patient records and improve identification of patients. These schemes will all support work ongoing across the other WYAAT programmes relating to improving patient pathways.

Plans for 2019/20

- Complete migrations for ANHSFT, HDFT, MYHT to NHSmail, along with four of the local CCGs. Federate CHFT and BTHFT to NHSmail.
- Support trusts to progress with LHCRE.
- Develop a regional approach to eRostering, potentially including procurement of a regional solution.
- Review the second VMware proposal and discuss with organisations whether they would want to progress.
- Support the WY&H Pathology Network with the procurement of a common Laboratory Information Management System for WY&H (see section 2.6).
- Review the governance of the WYAAT IM&T programme to consider closer alignment with the overall WY&H Digital Programme.

2.4 Workforce

SRO: Martin Barkley

Executive Lead: Nick Parker, Pat Campbell, Phillip Marshall

Programme Manager: Madi Hoskin



Aims & Objectives

The programme consists of three projects:

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

Achievements in 2018/19

- All WYAAT Human Resources directors signed a portability agreement in January that made it easier for staff to work across WYAAT for their own personal development and to provide the best possible services for our patients.
- WYAAT organisations now have a paragraph in all their job descriptions describing how their trust is part of a collaboration; “By bringing together the wide range of skills and expertise across West Yorkshire and Harrogate we are working differently, innovating and driving forward change to deliver the highest quality care”.
- Standard job descriptions for band two and three Clinical Support Workers have been completed for approval by the Chief Nurses.
- Work has continued on the collaborative medical bank. Data has been collected on all trusts medical bank and agency usage over an extended period, plus trust payment rates and variation orders. Detailed analysis of this data is being undertaken to enable implementation of an aligned payment rate, supported by transparency on variations and clear escalation criteria.
- A draft regional policy and pay framework for apprenticeships, to make the most of this route to train staff for our clinical and non-clinical services, has been developed and is being reviewed by HR directors.
- The provision of a single occupational health system across (and connected beyond) our organisations is now underway. Work is also underway to build a regional approach to e-rostering using our combined buying power and sharing our system developments to get best value and ensure regional best practice (see IM&T programme, section 2.3).

Plans for 2019/20

- Chief Nurses to agree standard job descriptions for band two and three Clinical Support Workers in Quarter 1 2019/20.
- Regional policy and pay framework for apprenticeships agreed by HR directors in Quarter 1 2019/20.
- We are also working with NHS Improvement (NHSI) and researchers at Huddersfield University regarding new nursing roles in Medical Admissions Unit (MAU) ward environments, the models are being explored at Airedale on behalf of WYAAT as part of a research project to evaluate the effectiveness and wider impact of the introduction.
- We will engage with the global learners programme and Health Education England (HEE) to attract more ready to qualify candidates to the region by working together.
- It is planned that we will have an aligned medical bank payment rate, and the governance processes in place to monitor against it, in early 2019/20. It will enable us to work towards the provision of a collaborative bank across all of our organisations, giving our staff the opportunity to fill bank shifts at other WYAAT trusts.
- We will continue to build on the national and regional streamlining workstreams, and the Local Workforce Action Board (LWAB) "Working in different places" project to implement the necessary policies and systems rapidly for WYAAT.



2.5 Pharmacy

SRO: Martin Barkley

Executive Lead: Liz Kay

Programme Manager: Ric Bowers



Aims & Objectives

The aim of this collaborative project is to improve the medicines supply chain serving the six WYAAT trusts plus the three Humber Coast & Vale (HCV) acute trusts. Specific objectives include reducing operational costs, improving service levels, managing supply chain risk, driving further innovation and ensuring the medicines supply chain is fit for the future.

Achievements in 2018/19

Phase 3 of an Official Journal of the European Union (OJEU) tender process, commenced in December 2017 using the 'Competitive Dialogue' procurement route which it was agreed would give the project the maximum opportunity to consider innovative solutions and evolve the requirements through the process.

Six commercial organisations responded, and subsequently engaged in a series of formal dialogue meetings and information exchanges throughout 2018 with Project Board members and supporting subject matter experts. The process included a series of milestones where solutions were submitted for scoring, to narrow down the number of suppliers at each stage.

This process resulted in a single remaining supplier, who submitted their Best and Final Offer in December 2018. The Project Board undertook a validation and value for money assessment, and subsequently prepared a Full Business Case for circulation through WYAAT and trust approval processes.

The full business case explained the benefits of this proposed innovative operating model, associated efficiencies and potential future opportunities. Although there is recognition that the model proposed is the right model for the long-term future pharmacy supply chain, the business case demonstrated that the supplier's offer did not provide sufficient value for money at an acceptable level of risk. The Project Board, WYAAT Programme Executive and Committee in Common (CiC) all decided that the procurement should be terminated, and the programme closed. While it is disappointing that the market was unable to provide an acceptable proposal, the programme has demonstrated excellent programme management and mature decision making.

This project has also demonstrated the value and potential opportunity of a shared approach to operating pharmacy services across organisations and benefits were realised during the programme. A future programme of collaborative work between pharmacy services will be developed building on the lessons and relationships from the programme.

Plans for 2019/20

- Identify opportunities for future collaboration within pharmacy services and develop them into a new Pharmacy Programme.



2.6 Pathology

SRO: Martin Barkley

Executive Lead: Simon Neville

Programme Manager: Emma Godfrey (to March 2019),
Lucy Cole (from April 2019)

Aims & Objectives

The aims of the WYH Pathology Network are to establish the highest quality, most efficient pathology service WYAAT can provide, building on the WYAAT principles of standardisation, collaboration and economies of scale.

Achievements in 2018/19

The main achievement for the Pathology programme in 2018/19 was approval of the Case for Change and Options Appraisal (equivalent to NHS Improvement's Strategic Outline Case) by the CiC in January 2019. Key points set out in the case were:

- NHS Improvement has set out a clear case for change for pathology services nationally and the same drivers for change apply to WY&H.
- WY&H pathology services need to work together in a single network to improve quality and productivity. A more formal network model, with stronger governance and increased resources, was agreed for the next phase of the programme when recommendations on future organisational and commercial models, and service configuration will need to be made.
- Clear principles of collaboration, specific to pathology, were agreed to enable the services to work together successfully as a network.
- An executive level programme board, a clinical lead and full time programme manager will strengthen the governance and increase the programme resources
- There are a number of potential organisational and commercial models which could be adopted. Further work, with legal and commercial advice, is required to determine the optimum model which must take into account the existence of the ANHSFT/BTHFT pathology joint venture and the different legal regimes for NHS and Foundation Trusts.
- Three service configuration scenarios have been identified for each of blood sciences, microbiology and cellular pathology. Further work is needed to analyse the scenarios in full and make robust recommendations on the preferred configuration.

Following approval of the Case for Change and Options Appraisal, the programme board has been established and the appointment processes for the Clinical Lead and Programme Manager have been started. In addition, the WYAAT Programme Executive agreed that a lead pathology scientist will also be appointed.

Work to develop the Outline Business Case, which will make recommendations on the future organisational and commercial models, and the configuration of services, has started. A communications plan has been developed and an initial briefing issued by CEOs to staff. A workforce strategy has also been developed.

The second major development in 2018/19 was the successful bid for capital funding to rebuild the LTH pathology laboratories, with a single main laboratory at St James's University Hospital. NHS Improvement gave permission for £27m capital spending, funded through loans (eg LIFT).

Plans for 2019/20

- Appointment of the Clinical Lead (May 2019), Programme Manager (September 2019) and lead Pathology Scientist (September 2019).
- Approval of the Outline Business Case.
- Completion of a business case for a common Laboratory Information Management System (LIMS) for all pathology services in WY&H.
- LTH to complete the Strategic Outline Case for the new pathology laboratory.



Hospitals working together - for the benefit of our patients

Inpatients



583,000

Turnover



Staff

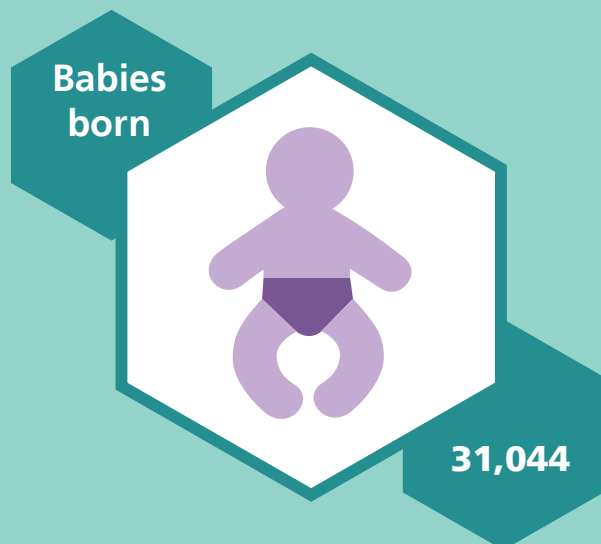
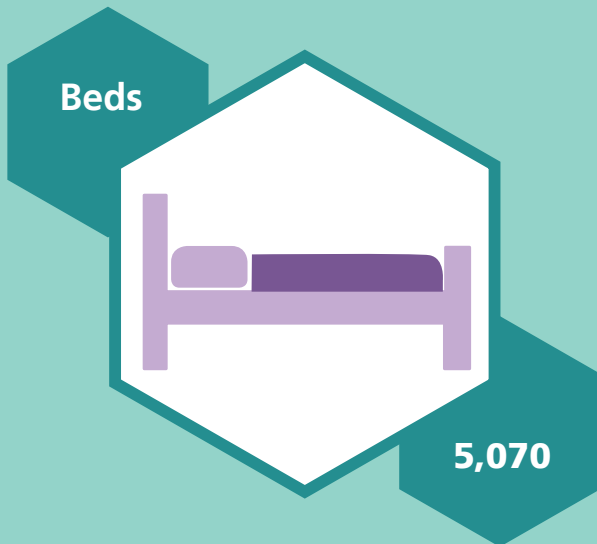
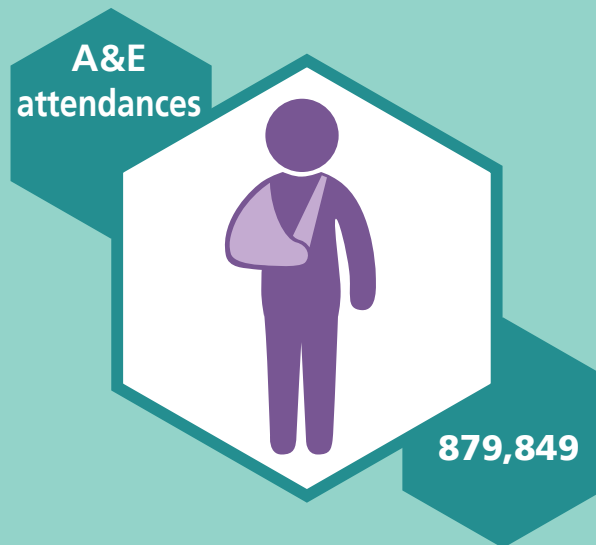


43,488

Outpatients



2.99
million



All figures approximate



2.7 Radiology (Yorkshire Imaging Collaborative) - Transformation

SRO: Clive Kay

Executive Lead: Cindy Fedell

Programme Manager: Gary Cooper

Aims & Objectives

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

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

Achievements in 2018/19

The CIC approved the Transformation Programme Case for Change in August 2017 and the Clinical Lead and Programme Management team were appointed in January 2018, allowing clinical engagement to commence.

Workshops on common practices, processes, workforce and shared core services were held in the early part of 2018/19, which were extremely well supported by trusts. Clinicians and managers generated a wide range of innovative ideas for improved ways of working. The ideas have been grouped into workstreams to be pursued. A workshop held on 3 July 2018 prioritised and proposed those work streams to be taken forward.

In April 2018, WY&H was allocated £6.1m capital funding to develop a shared radiology reporting system to enable shared workflow management and image reporting across the WYAAT trusts. Funding for a similar system was also allocated to the HCV trusts by the HCV Cancer Alliance. The programme submitted a business case for release of the funding from NHSI and is working closely with the HCV trusts to understand any lessons learnt from their procurement.

Work has begun on the common practices workstream at scale and it is being taken forward through the creation of 13 Special Interest Groups. The purpose of these groups is to assemble a regional group of experts to improve radiological practice around clinically important and difficult subjects, and statutory targets such as cancer and stroke. Paediatric and urology groups have been formed and work began on priority topics. An event to bring about the creation of the remaining groups was held on 22 January 2019, with the significant support of over 90 colleagues and key stakeholders from across the collaborative.

The Programme held a workshop with WYAAT HR Directors in October 2018, to build on the WYAAT workforce portability agreement and provide radiology staff with the ability to work seamlessly across the collaborative. This agreement will bring about cross member trust workflow once the shared reporting system is introduced.

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

Plans for 2019/20

- Clinical fellow to join the programme team in September 2019.
- Fully establish and maintain 13 Special Interest Groups to create common imaging protocols, patient advice, post procedural and safety documents, imaging pathways and reporting standards to enable use of the shared technology.
- Complete the procurement work for the shared reporting solution across the WYAAT members of the collaborative for sharing of radiology images and reporting.
- Refresh the business case for the shared reporting solution with final negotiated supplier costs and obtain CIC and trust approval. This is targeted for February 2020 for submission to NHSI in March 2020.
- Continue the extensive communications and engagement activity to maintain clinical commitment to the programme.



2.8 Radiology (Yorkshire Imaging Collaborative) - Technology

SRO: Clive Kay

Executive Lead: Cindy Fedell

Programme Manager: Diane Rooney

Aims & Objectives

The aim of the Yorkshire Imaging Collaborative Technology Programme is to adopt a common radiology picture archiving and communications system (PACS) across the eight Member trusts in WY&H and part of HCV (YTHFT is not part of this programme). The system procured is Agfa's Enterprise Imaging (EI) solution incorporating the Xero (web based) viewer. There are 40 projects which will migrate trusts from their existing systems to Agfa EI. Whilst the Technology Programme is a key enabler for the Transformation Programme, it will deliver additional benefits such as reduced annual licence cost, improved analytical tools, electronic peer review and an optional radiation dose management module. In addition, Xero will provide access to a patient's radiology imaging and reports across collaborative trusts.

Achievements in 2018/19

HDFT successfully deployed the EI solution and Xero Viewer in June 2018. As the first site there were numerous post-verification issues to resolve for the benefit of all member trusts. NLAG also went live with the system in February 2019.

The deployment plan was revised in April 2018 for a variety of reasons and a revised "gateway" readiness process was implemented in early 2019. Throughout the year, the programme teams have made significant progress in preserving the overall timeframes, maintaining a completion date of February 2020. LTHT delayed its plan to go live in November 2018 to enable more testing, and whilst a revised deployment date has not yet been announced, the Trust is making significant progress with the project. Progress currently remains on track in the other trusts with five others expected to go live with EI before August 2019.

Plans for 2019/20

Deployments dates are:

- Calderdale & Huddersfield NHS FT - April 2019
- Airedale NHS FT - May 2019
- Mid Yorkshire Hospitals NHS Trust - June 2019
- Leeds Teaching Hospitals NHS Trust - possibly late summer 2019
- Bradford Teaching Hospitals NHS Trust - planned for September 2019
- Hull University Teaching Hospital Trust - planned for December 2019

In parallel, the Xero image viewer is being introduced across member trusts and integration of local Xero instances into a single system (allowing cross-trust image viewing) will take place.

A further piece of work is being implemented to agree standardisation and consolidation of naming conventions across member trusts, which will then allow workflow sharing.





2.9 Service Sustainability

SRO: Brendan Brown

Executive Lead: Matt Graham

Programme Manager: Dr Robin Jeffrey, Gary Cooper

Aims & Objectives

The aims of the programme are to identify the services most at risk of unsustainability and determine the most appropriate approach to addressing the risks.

Achievements in 2018/19

Following a prioritisation exercise by the WYAAT executives in early 2018, three services were identified as facing particular sustainability challenges: ophthalmology, dermatology and gastroenterology. An in depth diagnostic of these specialties was carried out across WYAAT in Quarter 1 2018/19 and the results were fed back to the executive and clinical teams. The conclusion was that further work was required and a programme should be developed in each specialty.

The first programme to be developed was ophthalmology. The results of the diagnostic showed that the programme needed to cover commissioning, acute and community provision because a very significant proportion of ophthalmology activity is delivered by community optometrists. As a result the WY&H HCP Planned Care programme agreed to fund a programme manager, hosted by WYAAT, to lead it. Following a recruitment process the programme manager started in post in March 2019.

In November 2018 WYAAT and the WY&H HCP Planned Care Programme hosted a system wide Ophthalmology GIRFT and RightCare event to launch the programme. The event was well attended by trusts, commissioners and community providers and set out a framework for the programme which will be the basis of delivery in 2019/20.

In gastroenterology, the diagnostic indicated that a more detailed analysis of capacity and demand is required and the NHS Improvement Intensive Support Team (IST) has been engaged to undertake it with the work starting in early 2019/20.

Support has been obtained from the Joint Committee of CCGs, the Clinical Forum and the WYAAT Programme Executive for a system-wide dermatology programme which would include hospital and community pathways. The Programme Management Office (PMO) is working with the WY&H HCP Planned Care programme to develop a Programme Initiation Document (PID) and identify programme management resources to lead this work.

During 2018/19, the WYAAT PMO was also successful in bidding for funding from NHS England to develop Clinical Service Networks. Six networks are being established: three will be linked to the ophthalmology, dermatology and gastroenterology programmes above; the other three will be in cardiology, urology and maxilla-facial surgery. The latter three will be used to test the idea that, with a small amount of support, explicit permission to collaborate and light-touch direction, networks of clinicians and service managers can build relationships and work together to improve their services.

Plans for 2019/20

- Establish the Ophthalmology programme, including an approved PID, governance and the clinical service network.
- Begin the development of a co-designed service model for ophthalmology across all care settings with staff and patients.
- Establish the Dermatology programme, including identifying programme management capacity, an approved PID, governance and the clinical service network.
- Hold a regional Dermatology GIRFT event.
- Complete the capacity and demand analysis, of gastroenterology by the NHS Improvement IST. Based on the analysis, determine whether a full programme is required.
- Establish clinical service networks in cardiology, maxillo-facial surgery and urology
- Hold a regional Urology GIRFT meeting in September 2019.
- Undertake diagnostic reviews in Paediatric Surgery & Oncology following concerns about sustainability.



2.10 Elective Surgery (Orthopaedics)

SRO: Ros Tolcher

Executive Lead: Rob Harrison

Programme Manager: Madi Hoskin

Aims & Objectives

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

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

Achievements in 2018/19

- **Commissioning Policies.** WY&H commissioning policies for hips, knees and shoulders have been developed and agreed with our clinicians to provide the start of our standard WY&H pathways. The Joint Committee of CCGs is expected to approve the policies shortly.
- **Theatre Productivity.** All six orthopaedic theatre teams worked together to design a set of efficiency principles that took best practice and innovation and applied it to all trusts. "Optimised Theatre Lists" will increase capacity across the region, providing capacity for repatriation of some activity currently outsourced to the independent sector. We have also developed a regional theatre performance dashboard aligned to the model hospital and trust information.
- **Pre-op Preparation.** Our joint school leads, physiotherapists and patient information leads worked together to design a common approach to a single patient education journey. The team continues to rationalise patient information and design standard content including short patient education and information videos. We have engaged with technology companies about the potential for an "app" to support patient education and an options appraisal will be drawn up in early 2019/20.
- **Procurement.** The clinical leadership group worked with the GIRFT Procurement and Implementation teams to design a national pilot project for procurement of orthopaedic prostheses.

Plans for 2019/20

- Complete the implementation of standard patient education materials, including an options appraisal for an interactive digital patient education journey.
- Embed and expand the “Optimised Theatre Lists” in all trusts and model capacity, demand and costs to support the design of future services, launch regional performance dashboards that align with trust, GIRFT and Model Hospital data.
- Complete the post-surgical, therapy element of the pathway.
- Complete the orthopaedic procurement collaboration pilot with GIRFT to reduce product variation and save cost across the region.
- Hold a WYAAT Orthopaedic Summit on the 18 June.





2.11 WY Vascular Service

SRO: Yvette Oade

Executive Lead: Matt Graham

Programme Manager: Rebecca Malin

Aims & Objectives

To establish a single WY Vascular Service encompassing the current services in ANHSFT, BTHFT, CHFT, LTHT and MYHT, with two arterial centres in line with the recommendations of the Yorkshire and Humber Clinical Senate. Vascular services for Harrogate are provided with York Teaching Hospital NHS FT so HDFT is not part of the WY Vascular Service.

Achievements in 2018/19

2018/19 began with a unanimous decision from the WY&H Committee in Common (April 2018) to recommend Bradford Royal Infirmary (BRI) to NHS England as the preferred option for the location of the second arterial centre.

In July 2018 the West Yorkshire Vascular Service (WYVaS) Joint Board was established chaired by Yvette Oade (Chief Medical Officer, LTHT). The Joint Board has continued to meet monthly and oversees the development of a single service via the following workstreams led by Board members:

- Governance
- Workforce
- Operations and Performance
- Finance and Contracting
- Communications and Engagement
- Repatriation
- Standardisation.

A triumvirate (Clinical Director, General Manager and Head of Nursing) was appointed to oversee the development and running of the WYVaS. The team will take up their posts between April and June 2019. The WYAAT PMO also made a successful bid to HEE for a clinical fellow to work with WYVaS and a fellow has been appointed to start in September 2019.

In parallel, we have been working with NHS England to complete their assurance process and prepare for a public consultation on the proposal for BRI to be the second arterial centre in WY. Supported by WYAAT, NHS England completed their assurance process and confirmed that the proposal was ready for public engagement and

consultation in September 2018. NHS England then began to prepare for engagement with the WY Joint Health Oversight and Scrutiny Committee (WY JHOSC) and public consultation. NHS England and WYAAT, including the new WYVaS Clinical Director, attended the WY JHOSC in January and February 2019, to explain the intended changes and agree the approach to public consultation. NHS England has agreed with the WY JHOSC that a 12 week public consultation across the whole of West Yorkshire (including the Airedale part of North Yorkshire) is required. Following completion of the approval process in NHS England, the consultation eventually began in August 2019 and will run to the end of November 2019. This means NHS England's final decision on the CHFT/BTHFT arterial centre reconfiguration is not expected until early 2020 (dependent on the outcome of the public consultation).

Plans for 2019/20

- Management "Triumvirate" in post by June 2019, with a clinical fellow joining the team in September.
- Changeover of the WYVaS Joint Board chair from Yvette Oade (Chief Medical Officer, LTHT) to Bryan Gill (Medical Director, BTHFT) in July 2019.
- Continued work to design and implement an integrated, single service.
- Revise the capital bid for a hybrid theatre at BTHFT and discuss funding routes with the WY&H Capital and Estates Board.
- Complete public consultation on reconfiguration of CHFT/BTHFT arterial centres in May-August and obtain NHS England decision in September 2019 (subject to outcome of the public consultation).
- Complete planning for reconfiguration of the arterial centres so that implementation can begin immediately there is a decision from NHS England.
- Increased and ongoing communications and engagement with WYVaS staff.

3. West Yorkshire and Harrogate Health and Care Partnership

WYAAT's second role is to provide a strong and consistent acute trust voice into the WY&H HCP. Over the last year this has mainly been in two areas: the development of WY&H as an integrated care system (ICS) and the development of a clinical strategy for WY&H.

3.1 WY&H Integrated Care System

In May 2018, WY&H was announced by NHS England as one of the second wave of shadow ICS. Over the last year, the WYAAT trusts and senior leaders have played a significant part in the further development of the HCP by:

- Supporting the agreement of the MoUs between the HCP and NHS England, and between the partner organisations within the ICS.
- Taking senior leadership roles:

Angela Schofield, chair HDFT: vice chair of the WY&H HCP Partnership Board

Owen Williams: SRO for the WY&H HCP Capital & Estates programme

Martin Barkley: SRO for the WY&H Innovation & Improvement programme

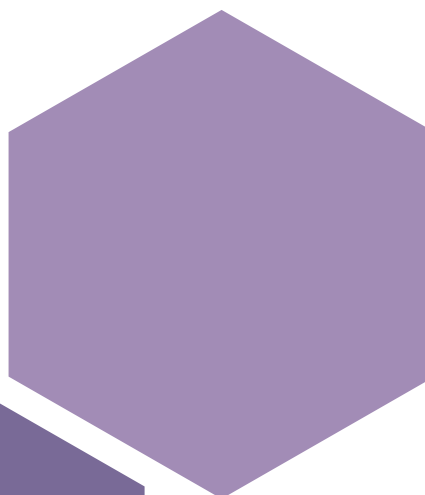
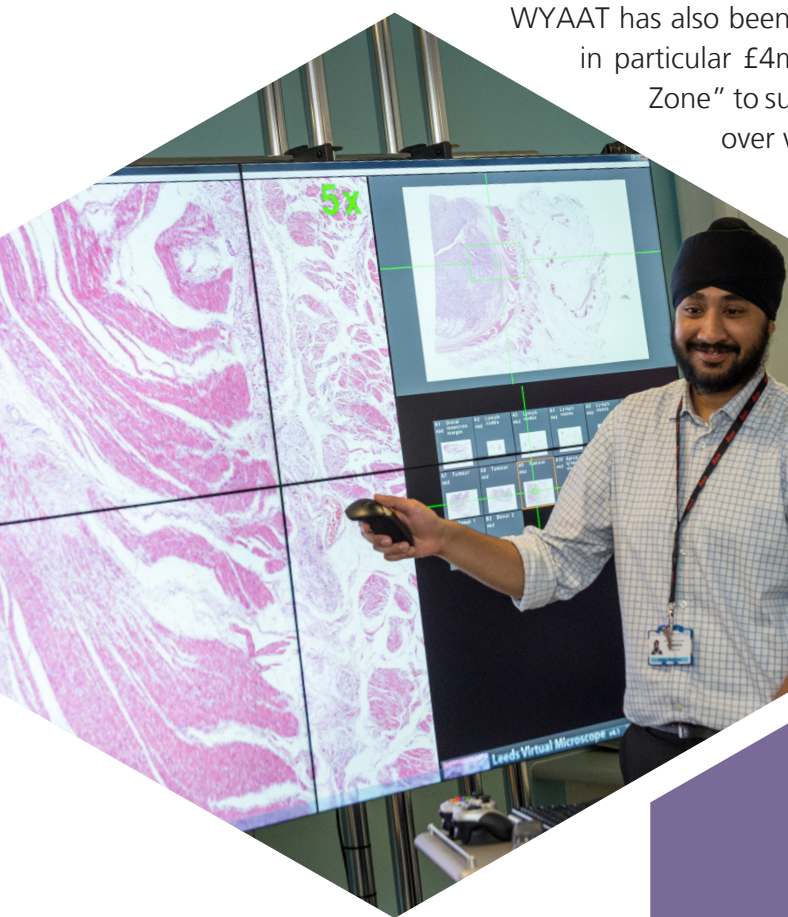
Clive Kay: SRO of the WY Cancer Alliance

Julian Hartley, Clive Kay and Bryan Gill: members of the System Oversight & Assurance Group

Ros Tolcher: Chair of the Local Workforce Action Board

Suzanne Hinchliffe: SRO of the Local Maternity System

WYAAT has also been allocated significant transformation funding, in particular £4m for a second "West Yorkshire Acceleration Zone" to sustain urgent and emergency care performance over winter 2018/19.





3.2 WY&H Clinical Strategy

The aim of the WY&H Clinical Strategy is to develop an outline description of the future WY&H health and care system which connects the vision and ambition to the programmes, and ensures coherence between WY&H and place plans - and between specialty level projects.

The WYAAT PMO agreed to lead this work on behalf of the whole WY&H system. The HCP provided funding to increase capacity and the HDFT business development team were commissioned to support the work. A Clinical Strategy Steering Group was established with representatives from all places and all sectors to guide the work.

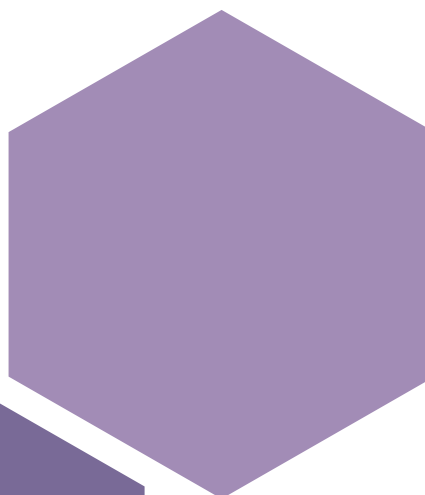
The current phase of the work is about creating a better understanding of the current system and gaining an initial insight into future developments. It has consisted of three elements: investigation of patient journeys for frailty; for children, young people and families; and development of "Service Profiles on a Page" for acute hospital and acute mental health services. The findings will influence and be captured in the Partnership's five year strategic plan being developed in response to the NHS Long Term Plan - and due to be published in the autumn of 2019.

In autumn 2018 the PMO, supported by HDFT, held three clinical services workshops for medical and surgical specialties. From these workshops, service profiles on a page have been developed for 24 clinical specialties. The profiles describe the service from prevention and wellbeing, through primary and community care to tertiary hospital services. They capture the current shape of the services - their size, configuration and challenges - as well as an indication of future opportunities - including new technology and digital. We now have a better understanding of the health and care system in

WY&H, but have also identified lots of areas for further investigation. Looking across the profiles is generating potentially consistent ways to organise services and to think about the interfaces between parts of the system differently, particularly between acute hospital services and primary care networks. In individual specialties, they are identifying specific activity, currently in hospital, which with the right services and staff could be done closer to home, enabling the “left shift”.

For the patient journeys, the team developed four (fictional but representative) patients and their families stories for frailty and another four for children and families. Over 200 professionals and service users, covering all our six local places and all sectors, were interviewed to describe the services and other assets available for each journey in each place. In March we held two workshops, each attended by over 50 professionals, to feedback the results of the research. A number of themes have been identified, such as the importance of taking an asset rather than a deficit-based approach - something we aspire to do, but in practice rarely achieve.

In early 2019/20 we will be pulling together all the work we have done and we will be reporting back to the Clinical Forum and System Leadership Executive in May with our findings and recommendations. A key recommendation is likely to be that we need to build on the work to date to refine our understanding of the current system and define the future more clearly, with further involvement and engagement with even more people across the system, including colleagues and of course the public. In conjunction with the HCP Planned Care programme and the Urgent and Emergency Care Board, we are also developing two further workstreams for 2019/20 to examine the organisation and structure of planned/elective care and urgent and emergency care across our system.





3.3 WY&H Cancer Alliance

The WYAAT trusts are key partners in the WY&H Cancer Alliance and have been involved in all elements of the Alliance's work. A particular focus has been on improving performance on the 62-day target for the start of treatment. Actions in 2018/19 have included:

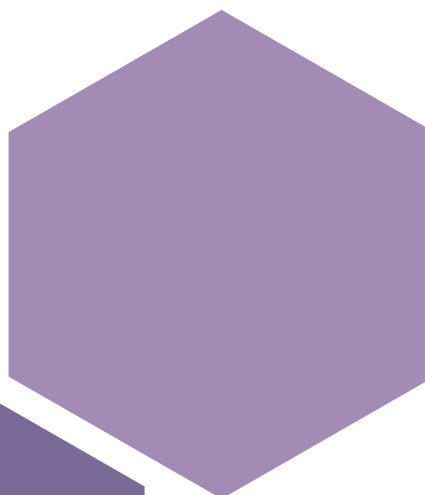
- Agreement of an inter hospital provider transfer policy to streamline referral pathways and allocation of breaches for two provider pathways.
- Development of standardised pathways and clinical guidelines for the main tumour groups.
- Detailed analysis and improvement, supported by the NHS Improvement Intensive Support Team, of the prostate, colorectal and lung pathways.
- Recruiting three cancer advanced clinical practitioners for the prostate pathway.
- Detailed analysis of 62-day performance to understand what would be required from each trust to meet the standard in aggregate at WY&H level.

For 2019/20 the trusts have asked the Cancer Alliance to initiate a collaborative quality improvement programme focussing on the prostate and lung cancer pathways. This programme will use a rigorous quality improvement approach to engage clinicians and other staff in improving the quality of care for our cancer patients. We believe taking a quality improvement approach to the whole pathway will also improve 62-day performance more effectively than continuing the performance management approach which has not been successful so far.

4. WYAAT Governance

During 2018/19 the WYAAT governance system has been tested with a number of significant decisions. The most challenging was probably reaching a unanimous recommendation to NHS England on a preferred option for the future configuration of vascular arterial centres in WY (see page 30). In addition the trusts, through the Committee in Common, have also taken significant decisions on business cases for Scan4Safety and the Yorkshire Imaging Collaborative, and the case for change and options appraisal for the WY&H Pathology Network. The decision not to continue the Pharmacy Regional Supply Chain programme after it became clear, through the procurement process, that the risks outweighed the potential benefits, demonstrates the robustness of our programme management and governance. Our governance structures have also enabled the trusts to provide a single shared view to our partners in the WY&H HCP on its development as an ICS, to NHS Improvement on pathology networks and on the draft NHS Workforce Implementation Plan.

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





4.1 Programme Management Office

The WYAAT Programme Management Office (PMO) has continued to grow this year to have sufficient capacity to deliver its increasing portfolio of programmes. There are now 20 members of staff in post, with several additional staff due to start early in 2019/20 and some new roles being recruited. In addition we have engaged external support for the pathology, pharmacy and clinical strategy work.

5. 2018/19 Financial Position

The full-year expenditure for 2018/19 was £1,521k. This was lower than expected at the start of the year, mainly due to delays in appointing to permanent roles, in part offset by increased costs for agency roles and additional work on Wholly Owned Subsidiaries. This expenditure was funded in the main by the six trusts but additional funding was also secured from external sources:

- WY&H HCP to support development of the clinical strategy
- NHS England for development of clinical services networks
- WY Cancer Alliance for the Yorkshire Imaging Collaborative
- Local Workforce Action Board for the national “Streamlining” programme
- Partner Trusts in Humber, Coast and Vale for the Pharmacy and Imaging Collaborative programmes

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





6. Conclusion

In 2017/18, WYAAT built on the firm foundations established through the MoU, initial programmes and PMO and matured into a strong partnership between the trusts with the capacity and capability to deliver a wide-ranging portfolio of programmes.

2018/19 has seen the programmes progress substantially with a number gaining key approvals and securing capital funding. The portfolio of programmes has grown, particularly in clinical services, with the trusts recognising the benefits of working together. WYAAT has also cemented its position at the heart of the WY&H HCP, attracting significant transformation funds and with key leadership roles being taken by WYAAT chairs and chief executives.

Appendices

Appendix A: WYAAT 2018/19 Income and Expenditure position

EXPENDITURE	£
Programme Management Office (PMO)	
Total Pay	(530,561)
Total Non Pay	(281,969)
Total Expenditure PMO	(812,530)
Programmes	
Estates & Facilities	(73,935)
IM&T	(37,687)
Imaging Collaborative - Technology	(98,695)
Imaging Collaborative - Transformation	(80,317)
Pathology	(123,593)
Pharmacy Supply Chain	(73,530)
Procurement	(111,884)
Scan for Safety	(111,878)
Vascular	(24,000)
Workforce	(13,269)
Total Expenditure Programmes	(748,788)
Total 18/19 costs	(1,561,318)
Non-recurrent benefits from 2017/18	39,921
TOTAL WYAAT PORTFOLIO	(1,521,397)
FUNDING	£
AHFT	84,311
BTHFT	181,030
CHFT	180,760
HDFT	84,311
LTHT	265,343
MYHT	181,030
Total WYAAT	976,785
Funding from regional partners	
WY&H ICS, HEE etc	522,000
HUTH & NLAG	11,679
Total	533,679
TOTAL ALL SOURCES	1,510,464
SURPLUS/(DEFICIT)	(10,933)

Appendix B: Glossary of terms

WYAAT – West Yorkshire Association of Acute Trusts

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

ANHSFT – Airedale NHS Foundation Trust

BTHFT – Bradford Teaching Hospitals NHS Foundation Trust

CHFT – Calderdale and Huddersfield NHS Foundation Trust

HDFT – Harrogate and District NHS Foundation Trust

LTHT – Leeds Teaching Hospitals NHS Trust

MYHT – Mid Yorkshire Hospitals NHS Trust

CCGs – Clinical Commissioning Groups

CiC – Committee in Common

DH – Department of Health

GIRFT – Getting It Right First Time

HEE – Health Education England

HUTH – Hull University Teaching Hospitals NHS Trust

IM&T – Information Management and Technology

LHCRE – Local Health and Care Record Exemplar

LIMS – Laboratory Information Management System

LWAB – Local Workforce Action Boards

MAU – Medical Assessment Unit

MoU – Memorandum of Understanding

NHSE – NHS England

NHSI – NHS Improvement

NLAG – North Lincolnshire and Goole NHS Foundation Trust

OJEU – Official Journal of the European Union

PACS – Picture Archiving and Communications System

PID – Programme Initiation Document

PMO – Programme Manager's Office

WYJHOSC – West Yorkshire Joint Health Oversight and Scrutiny Committee

WYVaS – West Yorkshire Vascular Service





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