

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS

Briefing to West Yorkshire Joint Health Overview and Scrutiny Committee July 2025

1. Purpose

The purpose of the paper is to provide a briefing to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) on the work programme of the West Yorkshire Association of Acute Trusts (WYAAT).

2. Background

WYAAT is part of the West Yorkshire Health and Care Partnership. WYAAT is an innovative provider collaborative (not an organisation) which brings together six NHS trusts across West Yorkshire and Harrogate to deliver joined up acute hospital services. The six member 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. WYAAT provides a mechanism to share best practice and learn from each other to tackle unwarranted variation or inequalities in access, outcomes, and experience. WYAAT aims to organise services around the needs of people living in West Yorkshire and Harrogate as a whole, rather than solely planning at individual organisational level. This will enable our trusts to deliver more joined up care, high-quality, cost-effective care for patients.

The organisations which make up WYAAT are:

- Airedale NHS Foundation Trust (AFT)
- 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).

WYAAT set a [Five Year Strategy 2024-2029](#) focused around its continued collaboration in six core areas:

- Service Delivery
- Workforce
- Productivity and Efficiency
- Infrastructure
- Research, Innovation and Improvement
- Ways of Working.

3. Governance and decision-making

WYAAT is a collaboration of the six member trusts, each with statutory boards. WYAAT utilises a Committee in Common model, where the six Chairs and Chief Executives of each of the member trusts meet to consider priorities and direct and oversee the collaborative work

WYAAT incorporates 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 Teaching NHS Trust.



programme. This is set out in a Memorandum of Understanding. The Committee is a formal committee of each of the trust boards. In practice this means that any decisions supported by the Committee in Common will need to be formally approved by each of the trust boards, reporting is therefore through each of these boards.

WYAAT reports progress on the relevant areas of its workplan to NHS West Yorkshire ICB. Any decisions which impact the way in which patients access services remain with the ICB as the commissioner, with appropriate engagement with Health Overview and Scrutiny Committees and wider partners, in line with statutory responsibilities.

4. Current work programme

The current formal programmes of work across WYAAT are:

- **Pharmacy Aseptics** – WYAAT is part of a national ‘pathfinder’ programme and has received national capital investment to build an aseptics manufacturing facility which will prepare large quantities of standardised pre-prepared medicines to our hospitals. This will allow the trusts to provide products currently purchased from the commercial sector which has experienced supply issues, at a lower unit cost and will release nursing time to care on hospital wards, where some of these products are currently prepared by nursing staff. Production has commenced from the existing site in smaller numbers to deliver benefits to staff and patients ahead of the completed construction of the hub. Existing aseptics units at every trust will remain in place, with a focus on preparing more bespoke patient-specific products.
- **Pathology** – pathology has been a long-term programme of work across WYAAT, following reports by Lord Carter on productivity in 2008 and 2016, and a national programme of work to develop pathology networks. Our pathology network includes all WYAAT trusts. The programme is focused on consolidation of direct access testing (from primary care) to fewer sites, in order to maximise the available automation and equipment. To enable this, WYAAT has been focused on the deployment of a single Laboratory Information Management System (LIMS) which enables trusts to share work across laboratories and upgrade old infrastructure. Alongside this, software has been deployed which provides visibility of pathology results across all WYAAT trusts, reducing unnecessary repeat testing for patients and improving clinicians’ access to information to support diagnosis and treatment. This work is also enabled by new state of the art equipment at a number of sites, including the new Centre for Laboratory Medicine at St James’s Hospital in Leeds which will be a hub for blood sciences and microbiology, and the specialist reference centre for the region.
- **Imaging** – the imaging programme has focused on technical solutions to support networked working between radiology departments. This has included the deployment of over 250 home working stations for radiologists and reporting radiographers, and a shared reporting solution which allows cross-site reporting of patient images. Additionally, all trusts are adopting an Artificial Intelligence (AI) software for Chest X-Rays. Chest X-rays provide clinicians with useful information regarding the possibility of lung cancer and infections such as pneumonia or empyema, as well as helping to rule out other conditions such as fluid in the lungs or complications caused by

misplaced feeding tubes. The software provides clinicians with comprehensively annotated images to help with clinical decision making.

- **Planned care** – the planned care programme is focused on improvements across planned care pathways, with the objective to reduce waiting times for patients. This includes a focus on improving productivity, using benchmarking information and through implementation of national recommendations such as [Getting It Right First Time](#), new ways of working such as provision of advice and guidance between primary and secondary care clinicians, patient initiated follow-up (PIFU) and appropriate use of virtual appointments, collaborative working across trusts to share improve access and reduce waiting times for patients for surgical procedures. Much of this work is driven through WYAAT clinical networks, specialty-based meetings of clinical experts across secondary, often engaging with primary care to identify and implement improvements across WYAAT trusts.
- **Procurement** – by working collaboratively on a number of procurement projects, the teams across WYAAT and with wider NHS providers in West Yorkshire, were able to save £2.3m last year by purchasing goods and services together. Further work is focused on a more formalised collaborative structure which can deliver more savings in future.

Additionally, WYAAT hosts the Integrated Stroke Delivery Network (ISDN), an NHS England commissioned network for West Yorkshire and Harrogate which supports a series of improvement projects across the stroke pathway. This includes implementation of AI software to support detection of strokes on X-rays. The Network has launched the 'All Things Stroke' website to provide essential post-discharge support for patients, their families, and carers, further work is planned this year to provide resources for professionals.

5. Responding to the 10 Year Health Plan

The [10 Year Health Plan](#) is focused on how the NHS makes the three shifts:

- hospital to community, with a focus on delivering an integrated neighbourhood health service
- treatment to prevention
- analogue to digital.

Alongside these strategic shifts to deliver a sustainable NHS, there remains a medium-term focus over the next 3-4 years to deliver the constitutional commitments with emphasis on driving down waiting lists with the recognition of the wider economic impact of large numbers of people waiting for planned care, and ensuring the NHS lives within its resource allocation.

In response to this, WYAAT is currently reviewing how it will need to respond to these imperatives and organise its services:

- at **Place** working alongside primary care, community services, social care, and voluntary and community sector organisations to meet the physical and mental health

needs of local populations, through and Integrated Neighbourhood Health (INH) model.

- through **collaboration with secondary care partners** to provide equitable patient access, outcomes, and experience and ensuring these services are clinically and financially sustainable. This could include working with a neighbouring trust to make best use of assets like surgical hubs and community diagnostic centres or planning services once across WYAAT but delivering these across multiple places.

This work is also considering how corporate and support functions can be provided most efficiently and effectively in future.

The outputs from this work will inform the future priorities and workplan for WYAAT.

6. Impact of changes to the NHS structure

In March 2025, the Secretary of State announced that NHS England (NHSE) will be absorbed into the Department of Health and Social Care (DHSC) and headcount will be reduced by 50%, to reduce over-regulation, duplication, and bureaucracy. Integrated Care Boards (ICBs) have been directed to make 50% reductions in running costs in 2025/26 and provider trusts asked to reduce the growth in corporate services budgets since 2018/19.

As part of these changes, there is clear direction that ICBs will move to a role as strategic commissioners ([Model ICB Blueprint, May 2025](#)), with groups of providers working together to deliver coordinated services to local populations. Whilst there is further work required to determine how the new model will be implemented, collaboration between providers, whether across sector at Place, or within sectors (like WYAAT) will be key partners in the delivery of the care and outcomes commissioned by the ICB.

WYAAT trusts, like all providers, continue to work with the ICB and wider partners to manage this transition to a new way of working.

7. Recommendations

West Yorkshire Joint Health Overview and Scrutiny Committee is recommended to note the contents of this briefing note.