



## APPENDIX A - WYAAT PROGRAMME SUMMARIES

### 1. Procurement

| <b>SRO</b>   | <b>Executive Lead</b>  | <b>Programme Manager</b> |
|--|------------------------|--------------------------|
| Brendan Brown<br>(ANHSFT)  | Chris Slater<br>(LTHT) | Jon Edwards              |
| <b>Aims &amp; Objectives</b>   |                        |                          |
| To deliver procurement savings and standardise regional product usage.   |                        |                          |
| <b>Progress</b>  |                        |                          |
| <p>To date the procurement workstream has supported the identification of over £1.4m of procurement savings across the WYAAT trusts. £950k of savings have already been delivered by aggregating regional demand, standardisation and using that leverage to obtain better prices from suppliers. This has included standardisation of products such as anti-embolism stockings, film dressings and wound drainage.</p> <p>In January 2018 the WYAAT Medical Directors supported a proposal to standardise surgeons' gloves for a saving of over £200k which is currently being implemented with significant clinical engagement. This ambitious decision demonstrates the commitment of the trusts to collaboration. On another product the trusts agreed a gainshare mechanism to enable all trusts to agree to standardise the product for a reduced cost overall, despite a cost increase (before the gainshare) for one trust.</p> <p>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 tender for a regional tender management solution which will enable each trust to issue regional contracts has been completed and a tender for a regional contract for interpreter services has been developed.</p> |                        |                          |
| <b>Plans</b>   |                        |                          |
| <ul style="list-style-type: none"> <li>• Complete implementation of surgical gloves standardisation.</li> <li>• Implement regional services for tender management and interpreter services.</li> <li>• Continue to identify and deliver savings through standardisation of products and, increasingly, services.</li> </ul>  |                        |                          |

**2. Estates & Facilities**

| <b>SRO</b>  | <b>Executive Lead</b> | <b>Programme Manager</b> |
|---|-----------------------|--------------------------|
| Owen Williams<br>(CHFT)   | Lesley Hill<br>(CHFT) | None                     |
| <b>Aims &amp; Objectives</b>  |                       |                          |
| The aim of the Estates and Facilities programme is to increase the quality of estates and facilities services for the trusts while also realising substantial financial benefits. The core principles agreed for the programme are: to maintain and build on current service provision; to further develop a reputation for innovation and excellence; and to be the estates and facilities partner of choice for West Yorkshire and beyond.  |                       |                          |
| <b>Progress</b>   |                       |                          |
| <p>Following CIC approval of the Case for Change in March 2017, ANHSFT and HDFT decided to establish their own Wholly Owned Subsidiaries (WOS) independently, but with the intention of future collaboration with the other trusts. BTHFT, CHFT, LTHT and MYHT agreed to establish their WOSs through a joint WYAAT programme and the CIC approved the joint business case on 19 December 2017. The four trusts, with advice from ANHSFT and HDFT, have worked together to develop common commercial and legal documentation, and a shared HR framework. Current positions are:</p> <ul style="list-style-type: none"> <li>• ANHSFT: AGH Solutions established and trading since March 2018.</li> <li>• BTHFT: Project to establish a WOS paused while NHS Improvement consults on its approach to assurance of transactions to establish subsidiaries.</li> <li>• CHFT: Calderdale and Huddersfield Solutions Ltd established and operating since September 2018.</li> <li>• HDFT: Harrogate Healthcare Facilities Management Ltd established and trading since March 2018.</li> <li>• LTHT: NHS Improvement has indicated that it will not approve a WOS in 2018/19 and has begun a consultation on its approach to assurance of transactions to establish subsidiaries. As a result, LTHT has halted work on the project.</li> <li>• MYHT: NHS Improvement has indicated that it will not approve a WOS in 2018/19 and has begun a consultation on its approach to assurance of transactions to establish subsidiaries. As a result, MYHT has halted work on the project.</li> </ul> |                       |                          |
| <b>Plans</b>  |                       |                          |
| <ul style="list-style-type: none"> <li>• Review position in January 2019 to determine the potential for collaboration between the trusts on estates and facilities services.</li> </ul>   |                       |                          |

### 3. Information Management & Technology

| SRO  | Executive Lead              | Programme Manager |
|--|-----------------------------|-------------------|
| Owen Williams<br>(CHFT)  | Richard Corbridge<br>(LTHT) | Dawn Greaves      |
| <b>Aims &amp; Objectives</b>   |                             |                   |
| The IM&T Case for Change, approved by the CIC in April 2017, set the following vision: 'to create an exciting membership organisation, working to enable transformation, deliver operational sustainability and drive efficiencies through economies of scale and synergies. The WYAAT Informatics Service will have the ability to deliver services across the WYAAT Trusts'. The vision is expected to deliver operational productivity and performance benefits, support new models of care, provide financial benefits and respond to workforce challenges.  |                             |                   |
| <b>Progress</b>  |                             |                   |
| The case for change identified eight areas with opportunities for collaboration and proposed developing a business case for an alternative service delivery model (ASDM) for IT support services. Development of the business case highlighted challenges associated with the complexity and variation of service models and difficulties obtaining comparable data. A review of the programme was presented to the CIC in February 2018 and proposed a revised approach focussed on some specific areas for collaboration:  |                             |                   |
| <ul style="list-style-type: none"> <li>• <b>Common Email Solution.</b> 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. LTHT already uses NHSmail and ANHSFT, HDFT and MYHT are developing business cases to move to NHSmail, a tool already provided by NHS Digital, for use by any health and social care organisation. As part of an overall office software package, CHFT has decided to move to Microsoft Office 365 which includes an email solution while BTHFT is updating its own system to be GDPR compliant. CHFT and BTHFT will federate to NHSmail so that all WYAAT trusts are effectively on a common email system.</li> <li>• <b>Cyber Security.</b> The Chief Information Officers (CIO) reviewed the opportunity to move to a common cyber security platform but the costs and risks of migration significantly outweighed the benefits. Instead, the intention is to share best practice and skills to ensure staff are all trained to the same standard and can provide cross cover.</li> <li>• <b>Clinical Coding.</b> The programme manager is working with the clinical coding leads, with HR support, to look at opportunities to standardise job roles, training and processes to reduce variation in coding and secure staffing levels.</li> </ul> |                             |                   |
| In April a joint CIO and Chief Clinical Information Officers workshop was held to share the digital initiatives that are already delivering benefits to the trusts and to discuss the digital roadmaps for each trust. The WYAAT pathology, radiology and pharmacy programmes also presented their digital visions. The workshop was well received and identified a number of common themes for progression in future.   |                             |                   |
| In addition to the WYAAT programme, the trusts are collaborating across the WY&H, Humber Coast and Vale, and South Yorkshire and Bassetlaw systems as a Local Health   |                             |                   |



Care Record Exemplar (LHCRE). This will provide the technology to share health and social care data across all these organisations, which will enable more efficient delivery of patient care. It will provide a patient held record, with visibility of key data, to enable patients to keep themselves well. Finally it will deliver the technology to deal with population health data analysis to understand the population and future need for services.

**Plans**

- Complete the migration, or federation, to NHSmail.
- Develop standardised job roles, training and processes for clinical coding.
- Support the Pathology, Yorkshire Imaging Collaborative, Scan4Safety and other WYAAT programmes with procurement of common IM&T systems and infrastructure.
- Align the WYAAT IM&T programme with the LHCRE, building on the LHCRE governance and infrastructure to ensure that WYAAT's digital requirements are incorporated into the overall digital architecture.

#### 4. Workforce

| SRO   | Executive Lead  | Programme Manager |
|---|---|-------------------|
| Martin Barkley<br>(MYHT)  | Nick Parker (ANHSFT)<br>Pat Campbell (BTHFT)<br>Phillip Marshall (MYHT) | Madi Hoskin       |
| <b>Aims &amp; Objectives</b>  |   |                   |
| <p>The overall aim of the WYAAT workforce programme is to remove competition for staff between the trusts based on pay. Three projects have currently been prioritised:</p> <ul style="list-style-type: none"> <li>• Clinical Support Role Alignment aims to maximise the productivity of the workforce by redesigning and standardising roles to ensure the right role is doing the right task.</li> <li>• A project to establish the infrastructure, processes and policies to enable staff to work in and on behalf of all WYAAT trusts.</li> <li>• Collaborative medical bank will enable bank staff to work across WYAAT and reduce bank and agency costs.</li> </ul>  |   |                   |
| <b>Progress</b>   |   |                   |
| <p>The WYAAT workforce programme has been developed with the WYAAT HR Directors and the Local Workforce Action Board (LWAB). In March 2018, the Executive Workshop supported the three projects above as the priorities.</p> <ul style="list-style-type: none"> <li>• Clinical Support Role Alignment. Over 80 different job descriptions for clinical support roles have been collated demonstrating the wide variety of titles, tasks and bandings. This has demonstrated that different trusts use the same title for different roles, and different titles for the same role. Work is now beginning to standardise the job descriptions of the roles.</li> <li>• A draft agreement has been produced which will allow staff employed by any WYAAT trust to work on the site of any other WYAAT trust. The agreement confirms that each trust will recognise the recruitment checks and mandatory training of the others. This will reduce the bureaucracy associated with staff working in more than one trust, for instance to cover temporary shifts or as part of networked services.</li> <li>• Collaborative Medical Bank. The collaborative medical bank project held a number of workshops with trust medical bank managers and has identified wide variation in how the banks are run. We have been working to standardise the approaches and put in place data collection and escalation processes to enable us to trial a WYAAT wide collaborative bank.</li> </ul> |   |                   |
| <b>Plans</b>  |   |                   |
| <ul style="list-style-type: none"> <li>• Standardise job descriptions for key clinical support roles.</li> <li>• Approve the staff portability agreement.</li> <li>• Trial the collaborative medical bank</li> </ul>  |   |                   |

5. **Scan4Safety**

| <b>SRO</b>  | <b>Executive Lead</b>    | <b>Programme Manager</b> |
|---|--------------------------|--------------------------|
| Julian Hartley<br>(LTHT)  | David Berridge<br>(LTHT) | Stuart MacMillan         |
| <b>Aims &amp; Objectives</b>  |                          |                          |
| <p>To implement Scan4Safety across all WYAAT trusts building on the success of the LTHT demonstrator site. Scan4Safety implements standard barcode and scanning technology to improve patient safety and experience by ensuring “right patient, right product, 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 and Social Care estimates the programme is expected to deliver substantial annual financial savings across WYAAT.</p>   |                          |                          |
| <b>Progress</b>   |                          |                          |
| <p>LTHT has piloted Scan4Safety in a number of wards and other clinical areas as part of a Department of Health and Social Care demonstrator programme. This demonstrated the value of the system for both improving quality and reducing costs. In 2017/18 each trust completed a baseline assessment against the Scan4Safety standards which was used to inform a bid for capital funding. In April 2018, WYAAT was allocated £15m capital to implement Scan4Safety and in May 2018 the Programme Executive agreed to establish Scan4Safety as a new WYAAT programme. The programme is now well established with a WYAAT Programme Board and project teams in each trust. LTHT ran a live demonstration of the benefits of Scan4Safety in September 2018 which all trusts attended. A business case to release the capital funding and begin the procurement process has been completed and was approved by the CIC on 20 November.</p> |                          |                          |
| <b>Plans</b>  |                          |                          |
| <ul style="list-style-type: none"> <li>• Complete trust board approvals of the business then submit it to NHS Improvement in December to release the capital funding.</li> <li>• Progress the procurement process for a common inventory management system.</li> <li>• Begin the preparatory work in each trust eg barcoding locations, equipment.</li> </ul>   |                          |                          |

6. **Pharmacy**

| <b>SRO</b>   | <b>Executive Lead</b> | <b>Programme Manager</b> |
|--|-----------------------|--------------------------|
| Martin Barkley<br>(MYHT)   | Liz Kay<br>(LTHT)     | Ric Bowers               |
| <b>Aims &amp; Objectives</b>   |                       |                          |
| <p>The overall aim of this collaborative project is to improve the medicines supply chain serving six WYAAT Trusts plus three Regional Partner 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.</p>   |                       |                          |
| <b>Progress</b>  |                       |                          |
| <p>A detailed Service Specification and Outline Business Case (OBC) for a regional medicines supply chain solution were produced by the 9 acute trusts. The CIC approved the OBC in August 2017 which recommended seeking a commercial supply chain partner through a procurement process.</p>   |                       |                          |
| <p>The procurement process commenced in December 2017 using the ‘Competitive Dialogue’ procurement route in order to give the project the maximum opportunity to consider innovative solutions and evolve the requirements through the process. Six commercial organisations responded and a multidisciplinary procurement team, reporting directly to the Project Board, engaged in formal dialogue meetings with each potential supplier in order to aid them in constructing and articulating their proposed solutions. Through a number of stages, the number of potential suppliers has been reduced. The final meetings are now underway with the aim of confirming a preferred supplier with a viable solution by the end of December 2018.</p> |                       |                          |
| <b>Plans</b>   |                       |                          |
| <ul style="list-style-type: none"> <li>• Completion of the procurement process by the end of December 2018, including identification of the preferred supplier, completion of the full business case (FBC), and finalisation of the contract and commercial relationships.</li> <li>• FBC endorsement by the CIC (including the regional partner trusts) in January 2019.</li> <li>• Contract signature with the preferred supplier in Q1 2019/20, followed by initiation of the implementation phase.</li> </ul>  |                       |                          |

**7. Pathology**

| <b>SRO</b>   | <b>Executive Lead</b>   | <b>Programme Manager</b> |
|--|-------------------------|--------------------------|
| Martin Barkley<br>(MYHT)   | Simon Neville<br>(LTHT) | Emma Godfrey             |
| <b>Aims &amp; Objectives</b>   |                         |                          |
| The aims of the WY&H 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.   |                         |                          |
| <b>Progress</b>  |                         |                          |
| <p>From a starting position of little collaboration between most pathology services in WY&amp;H, the WY&amp;H Pathology Network made considerable progress in 2017/18 and this has continued in 2018/19. With the support of an external consultant, the network held two workshops to identify the benefits, risks and constraints on collaboration and visited Gateshead NHS FT to see an example of a consolidated service. This led to the creation of a monthly Pathology Collaboration Group and identification of the following workstreams:</p>  |                         |                          |
| <ul style="list-style-type: none"> <li>• Immunology. Immunology is a small, specialist pathology service which assesses the functioning of the immune system. The MYHT service was combined with the LTHT service on 1 April 2018; most other trust services were already provided by LTHT.</li> <li>• Common Laboratory Information Management System (LIMS). A common LIMS system will enable joint working and sharing of testing, and a number of trusts need to replace their LIMS imminently. To progress this work a WYAAT Pathology IT Managers groups has been established and LIMS supplier demonstration days have been held. A capital bid has been developed and submitted.</li> <li>• Digital Cellular Pathology. Digital cellular pathology creates digitised images of cellular pathology microscope slides which enables them to be stored, shared and reported digitally. In time it may also allow them to be analysed digitally. LTHT is a national leader in digital pathology and led a feasibility study for the implementation of digital pathology across WYAAT. Cancer Alliance funding was obtained to provide digital scanners in all WYAAT trusts.</li> <li>• Microbiology Clinical Service Partnership. In response to shortages of consultant microbiologists in some WYAAT trusts a microbiology group has been formed to undertake an options appraisal for the future microbiology service. In addition the group has agreed to align antibiotic policies and a project has been established.</li> </ul> |                         |                          |
| <p>In September 2017, NHS Improvement wrote to all trusts proposing pathology networks. For WYAAT the proposal was a hub and spoke network with LTHT as the hub. WYAAT responded together that, while we supported the geography of the proposed network, we wanted to do further work through our network on the model. WYAAT commissioned LTS Health, a specialist pathology consultancy, to support us to develop a Strategic Outline Case (SOC) recommending our preferred model. A number of workshops have been held to develop and consider different configuration options. On 20 September the Pathology Collaboration Group narrowed down the potential options to a small number for modelling.</p>   |                         |                          |
| <b>Plans</b>   |                         |                          |
| <ul style="list-style-type: none"> <li>• Complete LIMS business case and initiate procurement process</li> <li>• Complete the SOC for CIC approval in January 2019.</li> </ul>   |                         |                          |



**8. Radiology (Yorkshire Imaging Collaborative) - Transformation**

| <b>SRO</b>  | <b>Executive Lead</b>   | <b>Programme Manager</b> |
|---|-------------------------|--------------------------|
| Clive Kay<br>(BTHFT)  | Cindy Fedell<br>(BTHFT) | Gary Cooper              |
| <b>Aims &amp; Objectives</b>  |                         |                          |
| <p>The Yorkshire Imaging Collaborative (Y-IC) consists of the WYAAT trusts plus two regional partners. It has two programmes, both overseen by a single Programme Board and the same SRO and Executive Lead to ensure they are aligned:</p> <ul style="list-style-type: none"> <li>• Transformation Programme (this section): to provide a standardised, highly productive, shared radiology service across all 24 hospitals in the 8 member trusts. It will be responsive to patient needs, improve quality (for instance supporting early cancer diagnosis) and mitigate the increasing cost and demand for radiology services.</li> <li>• Technology Programme: to implement a shared Picture Archiving and Communications System (PACS), Agfa Enterprise Imaging (see section 9)</li> </ul>   |                         |                          |
| <b>Progress</b>   |                         |                          |
| <p>The CIC approved the Transformation Programme Case for Change in August 2017. A clinical lead and programme manager were appointed in January 2018 which led to the initiation of the programme and engagement with clinicians across the collaborative.</p> <p>Workshops on common practices, processes, workforce and shared core services have been undertaken, 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 and a further workshop on 3 July confirmed the workstreams to be taken forward. A priority is standardisation of imaging protocols and a number of specialty based “Special Interest Groups” are being established. Radiology is also being used as a test case for enabling staff to work easily for multiple organisations (see Workforce Programme, section 4)</p> <p>In April 2018, WY&amp;H was allocated £6.1m capital funding to build on the shared PACS (see section 9) and enable shared radiology reporting between the WYAAT trusts. Funding for a similar system has also been allocated to the Humber Coast and Vale trusts by their Cancer Alliance. The programme has developed a business case for release of the funding from NHS Improvement and approval to initiate a procurement process which is currently being approved through the WYAAT and trust governance processes.</p> |                         |                          |
| <b>Plans</b>  |                         |                          |
| <ul style="list-style-type: none"> <li>• Obtain CIC and trust approval for the business case in November 2018, for submission to NHS Improvement in December 2018.</li> <li>• Initiate the procurement process for a shared radiology reporting system.</li> <li>• Pilot the new protocols in early adopter specialties (paediatric radiology will be the first)</li> <li>• Continue the extensive communications and engagement activity to maintain clinical commitment to the programme</li> </ul>   |                         |                          |

9. **Radiology (Yorkshire Imaging Collaborative) - Technology**

| <b>SRO</b>   | <b>Executive Lead</b>   | <b>Programme Manager</b> |
|--|-------------------------|--------------------------|
| Clive Kay<br>(BTHFT)   | Cindy Fedell<br>(BTHFT) | Diane Rooney             |
| <b>Aims &amp; Objectives</b>   |                         |                          |
| <p>The aim of the Yorkshire Imaging Collaborative Technology programme is to implement a common radiology picture archiving and communications system (PACS), Agfa Healthcare's Enterprise Imaging (EI) solution, across the eight member trusts. There are 40 projects which will migrate trusts from their existing systems to Agfa EI. The technology programme is a key enabler for the Y-IC Transformation Programme (see section 8) and will also deliver benefits such as reduced annual licence cost, improved analytical tools, electronic dose management, electronic peer review and instant visibility of a patient's imaging anywhere in the collaborative.</p>   |                         |                          |
| <b>Progress</b>  |                         |                          |
| <p>Following completion of the procurement phase in October 2016, governance and programme management arrangements were established in early 2017. All trust business cases were approved and contracts signed with Agfa by the end of 2017. A number of issues slowed progress in 2017/18 both within the trust and with suppliers and a revised deployment plan was approved by the Programme Board in April 2018. HDFT went live with EI at the end of June. The integration of the Xero image viewer between BTHFT and MYHT began in July which will allow images to be shared between trusts. ANHSFT is the next WYAAT trust planned to go live in February 2019. Further trusts are will go live in 2019 with the whole programme complete by November 2019.</p> |                         |                          |
| <b>Plans</b>   |                         |                          |
| <ul style="list-style-type: none"> <li>• ANHSFT is planned to go live on EI in February 2019 with the remaining trusts in 2019.</li> <li>• Complete integration of the Xero image viewer across all trusts following proof of concept between BTHFT and MYHT.</li> <li>• Programme complete by November 2019.</li> </ul>   |                         |                          |

**10. Service Sustainability**

| <b>SRO</b>  | <b>Executive Lead</b>                     | <b>Programme Manager</b> |
|---|---|--------------------------|
| Matt Graham<br>(WYAAT Programme Director)   | Dr Robin Jeffrey<br>(WYAAT Clinical Lead) | Gary Cooper              |
| <b>Aims &amp; Objectives</b>  |   |                          |
| The service sustainability programme was established to identify service sustainability risks and determine the most appropriate approach to addressing them.   |   |                          |
| <b>Progress</b>   |   |                          |
| In the autumn of 2017 a data collection was undertaken for the major acute specialties across all the WYAAT trusts. This was used in early 2018, with the views of the WYAAT Medical Directors and Strategy and Operations groups, to identify potential services for further review. The shortlist was tested with the WYAAT Executive Workshop in March 2018 which led to three services, ophthalmology, dermatology and gastroenterology, being prioritised for service reviews. The reviews were undertaken in May and June and the results presented back to the Medical Directors and Strategy & Operations groups, and the specialties during July and September. The reviews identified common challenges in all three services: increasing demand; gaps in the consultant workforce and difficulties recruiting; estate and IT infrastructure. For all three services the solutions include establishing networked services (including with community services), increasing the use of non-medical roles and improving efficiency in order to increase capacity. |   |                          |
| <b>Plans</b>  |   |                          |
| <ul style="list-style-type: none"> <li>• WY&amp;H Ophthalmology “Getting It Right First Time” (GIRFT) workshop on 29 November 2018.</li> <li>• Appoint project managers to establish clinically led service improvement programmes for Ophthalmology, Dermatology and Gastroenterology. The WY&amp;H Elective Care programme has provided funding for a project manager for Ophthalmology to the end of 2018/19.</li> </ul>   |   |                          |

**11. Elective Surgery**

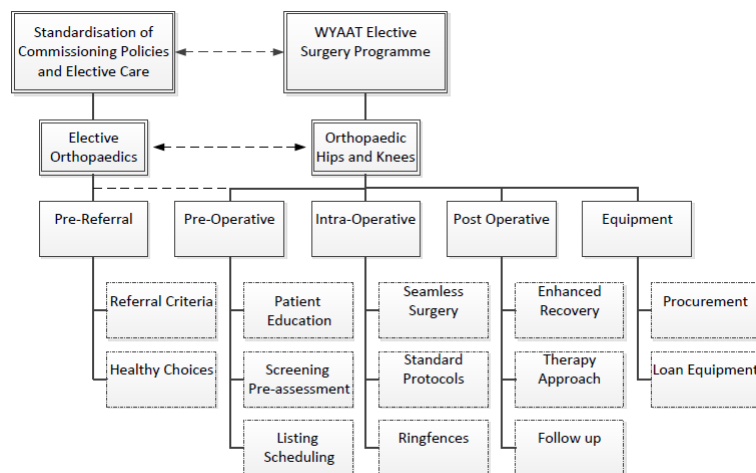
| <b>SRO</b>         | <b>Executive Lead</b> | <b>Programme Manager</b> |
|--------------------|-----------------------|--------------------------|
| Ros Tolcher (HDFT) | Rob Harrison (HDFT)   | Madi Hoskin              |

**Aims & Objectives**

The aim of the Elective Surgery programme is to establish WY&H Elective Orthopaedic Services as a national centre of excellence in order to drive up quality and optimise operational efficiency across WYAAT. It is a joint service improvement programme which will standardise clinical pathways, procurement and optimise estates for elective hip and knee replacement procedures to increase the capacity and efficiency of orthopaedic services in WY&H. This will ensure that patients anywhere in WY&H will receive the same, high standard of care.

**Progress**

The programme was launched on 9 October 2017 with a joint GIRFT event attended by over 100 surgeons from across WYAAT. Building on this event the programme has established a committed group of clinical and operational leads from the trusts. Workshops were held at all six organisations where two commissioning, nine clinical and two procurement opportunities were established as shown below:



The work is being led jointly with the WY&H Elective Care Programme ensuring a fully collaborative end to end pathway transformation with WYAAT leading eleven of the workstreams and the WY&H Elective Care programme leading two further workstreams on the pre-referral part of the pathway. Clinical and managerial engagement has been excellent, energised by the positive aims of the programme and the new programme approach.

Four projects have been prioritised initially: Patient Education, Seamless Surgery, Therapy Approach and Procurement. Patient Education has produced a draft patient education journey and has been testing new materials with patients. Seamless surgery is testing optimised theatre lists to increase operating capacity. A Clinical Leads group has also been established and is engaging with the GIRFT procurement report.

**Plans**

- Complete the development of the Patient Education journey, including digital materials and potentially an app.
- Complete the testing of the optimised theatre lists and plan implementation as business as usual.
- Explore the potential to pilot the GIRFT procurement approach.

## **12. WY Vascular Services**

Vascular services in WY are provided by ANHSFT, BTHFT, CHFT, LTHT and MYHT (vascular services for Harrogate are provided with York Teaching Hospitals NHS FT so are not part of the WY service). WYAAT is supporting NHS England to consider the future model for vascular services in WY. NHS England will brief the WY JHOSC on this work in early 2019.