Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 9 January 2014 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Mrs Wendy Barker (WB)	Acting Executive Nurse
Dr Emma Broughton (EB)	GP Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Shaun O'Connell (SO)	GP Member
Dr Andrew Phillips (AP)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair

In Attendance

Miss Lucy Botting (LB)	Chief Nurse Designate
Mrs Sue Roughton (SR) for item 10	Designated Nurse, Nurse Consultant for Safeguarding Children
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Dr Brian McGregor (BM)	Local Medical Committee Liaison Officer, Selby and York

14 members of the public were in attendance.

AM welcomed everyone to the meeting. He particularly welcomed Lucy Botting who was joining the CCG as Chief Nurse on 13 January. AM expressed appreciation to WB for her contribution as Acting Executive Nurse since her appointment in July 2013.

The following matters were raised in the public questions allotted time:

Mark Whyte

In relation to Improving Access to Psychological Therapies (IAPT) what steps is the CCG taking to:

a) meet the national target of 15% of people who have depression and/or anxiety disorders to access these services by 2015 when currently commissioning a third of this was problematic?

b) ensure an effective and efficient service model. Current levels of funding will not enable provision of an evidence based service model nor removal of waiting times?

MH agreed with the concerns expressed and explained that the contract, which the CCG had inherited, had been awarded at a level that made delivery of the required services difficult; this contract was in its final year. Whilst recognising some improvement had been made in service provision, MH noted that further work was required. He emphasised that the CCG would prioritise investment in mental health services.

EB reported that she had attended a meeting with Leeds and York Partnership NHS Foundation Trust and that discussions were taking place to improve access to IAPT services through primary care mental health workers. She also noted that some GP practices had access to cognitive behavioural therapy through these workers, with an aspiration to extend this to all practices.

AGENDA ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meetings held 7 November 2013

The minutes of the meeting held on 7 November were agreed.

The Governing Body:

Approved the minutes of the meeting held on 7 November 2013.

4. Matters Arising from the Minutes

Chief Clinical Officer Report: In regard to carers in the final paragraph of this item, JM clarified that GP practices did have registers of carers but that it was complex to keep the information up to date.

Pre-elective Surgery Smoking Cessation Service: EB reported that the Referral Support Service had been operational for two weeks and that no waiver forms had been received to date. She confirmed that all GP practices in the CCG were implementing "Stop Before Your Op", including those who had not supported it at the Council of Representatives as reported in item 5 below. EB noted that the impact of this policy would not be realised in the current financial year but in 2014/15. She also reported that several other CCGs had approached NHS Vale of York CCG with a view to adopting a similar policy.

Next Steps on Implementing the Integration Transformation Fund: WB noted that this had been renamed the Better Care Fund.

Equalities Strategy: In response to AM seeking clarification on timescales for integration of health and social care data, MH reported that the CCG had initiated a piece of work with the Commissioning Support Unit (CSU) to pull together existing systems in health, social care, primary care and community care. As an interim measure an "off the shelf" solution was being sought.

Section 136 Place of Safety within North Yorkshire and York: MH advised that the Partnership Commissioning Unit had reported the opening had been delayed due to an outbreak of norovirus on Ward 1. This delay meant that the work was now expected to be completed at the end of January, with the opening delayed until early February.

All other matters arising would be discussed through the agenda.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented his report which included updates on the 2013/14 winter plan; winter pressures monies; staff recruitment; communications; public and patient engagement; Council of Representatives; CCG Senior Management Team meetings; and the Quarter 2 checkpoint assurance meeting with the Area Team. He highlighted the appointment of Dr Joan Meakins as GP Lead for Cancer; the work with Health Education Yorkshire and Humber noting that the three posts for Specialty Trainees in General Practice would be advertised at the end of January for an August start date; and the implementation initially with three GP practices of Engaging Practices and Saving Time Through Practical Service Improvement Programme to increase effective working.

In regard to the winter pressures monies MH advised that the £1.4m would be spent on projects that could be implemented quickly to support the hospital through the winter period. AP, as GP Urgent Care Lead, described a number of the projects: pre-hospital care, hospital discharge planning, improving patient flow, frequent A&E attenders, and a capital scheme to increase additional capacity at York Teaching Hospitals NHS Foundation Trust. He also highlighted the impact of recent ward closures due to norovirus noting that this was now improving. AP reported that the programmes, which were being co-ordinated across a number of providers, appeared to be working and that current arrangements would be extended where appropriate.

RP added that the Urgent Care Working Group had agreed a range of schemes through the winter pressures monies. She commended the whole systems approach and partnership working in this regard. WB also reported on implementation of daily teleconferences across the agencies during the recent weeks of pressure in the system advising that feedback about the additional financial support, especially step up and step down beds, had been positive.

In regard to the Council of Representatives vote on "Stop Before Your Op" EB explained that the main concern of the GP practices who had not supported implementation had been the timeframe of 12 weeks. However, she noted that this was evidence based and that these practices were now signed up to the policy.

LB welcomed the GP training scheme and noted that she hoped to introduce a similar approach for nurses and allied health professionals.

The Governing Body:

Noted the Chief Clinical Officer Report.

6. NHS Vale of York CCG Assurance Update

RP referred to the report which highlighted the most significant risks to the delivery of the CCG's aims and programmes of work noting that three significant risks had been added from departmental risk registers since October: potential that the winter resilience plan did not result in the achievement of the expected A&E targets, potential that ambulance turnaround times were not met in the Emergency Department, and the potential that the CCG failed to identify cost savings to address the reduction in the allocation for 2014/15 and in future years. RP advised that the Governing Body would receive assurance of mitigation and management of risk through the Audit Committee and the Performance and Finance Committee.

In response to clarification sought by KR, RP reported that York Teaching Hospitals NHS Foundation Trust had given assurance that consistent delivery of A&E performance targets would be met by the first quarter of 2014/15 and agreed that the risk relating to the main provider exceeding the target for

Healthcare Acquired Infections resulting in increased harm to patients should be assessed as ‘red’ not ‘yellow’ as per the report.

The Governing Body:

1. Noted the Assurance Framework.
2. Noted that the risk relating to the main provider exceeding the target for Healthcare Acquired Infections resulting in increased harm to patients would be amended to ‘red’.

7. Performance

7.1 Performance Dashboard

WB presented the new format Performance Dashboard which was based on validated data as at October 2013. She noted that, following discussion with members, recognition of achievements and trend data was now included; the report was being further developed.

In regard to the Key Performance Indicators (KPI) 24 of the 31 were rated as ‘green’. Exception reporting described actions being taken to resolve areas of underperformance in the remaining KPIs which were rated as either ‘red’ or ‘amber’ and Appendix A provided overall detail of KPIs as at 13 December 2013.

WB highlighted aspects of the exception reports:

- A&E 4 hour waits: Achievement of the 95% target was forecast for quarter 4. The winter pressures monies had supported A&E patient flow; issues appeared to be out of hours and at weekends. Friends and Family Tests indicated positive experience. Performance against the recovery plan was being closely monitored.

- Cancer day 31 waits: subsequent cancer treatments – surgery: The breach had been by two patients.

- Ambulance clinical quality – Category A (Red 2) 8 minutes response time, 8 minute response time (Yorkshire Ambulance Service) and 19 minute transportation time (NHS Vale of York CCG): October had been a challenging month both locally and for Yorkshire Ambulance Service as a whole in terms of performance targets; the longest delay had been 17 minutes 36 seconds.

- Percentage of patients on a Care Programme Approach discharged from inpatient care who are followed up within 7 days: There had been a slight improvement. The breach related to two patients where numerous attempts had been made to contact the individuals.

- Percentage of people who have depression and/or anxiety who receive psychological therapies (IAPT): WB was meeting with the IAPT service managers to seek assurance. The introduction of text reminders had reduced non attendance. The development of Primary Care Mental Health Workers would also support this area.

- Incidence of healthcare associated infection: clostridium difficile – community and acute (54 acute cases currently against the target of no more than 43): The target for both community and acute infections had been breached. In addition to the significant work undertaken jointly between the CCG and York Teaching Hospitals NHS Foundation Trust a report was awaited from a Public Health England microbiologist following a visit to the York site. WB reported that she had also consulted the microbiologist at Sunderland Hospital, to learn from their experience of implementing environmental improvements and that the local CCG forum was considering environmental cleaning, ward capacity and bed spacing, prescribing, and quality of and dissemination of lessons learnt from root cause analyses. Work was continuing to look at the patient pathway as a whole to improve care. WB noted significant progress in joint working with providers, the Area Team and microbiologists since publication of the current iteration of the Performance Dashboard.

AP referred to the national measure for A&E activity. He reported that the November GP Forum had looked at quality in A&E at York Teaching Hospitals NHS Foundation Trust. This had shown favourable local against national performance in terms of conversion from attendance to admission. He also noted that all GP practices did not yet have Emergency Care Practitioners who helped reduce A&E attendance.

EB noted the improvement in performance against the 52 week referral to treatment performance indicator and proposed consideration of a reduction to 36 weeks. She also noted the plan to publish a maternity dashboard and requested that referral activity be incorporated into the new performance dashboard.

Members welcomed the new format of the report. However they reiterated long standing concerns about timeliness of data emphasising that reporting in the performance dashboard should be based on more recent information.

In response to AM seeking an update on psychiatric liaison, MH reported that this was part of discussion between York Teaching Hospitals NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust about improving services.

7.2 Finance and QIPP Report

TP presented the report which provided an overview of the CCG's financial position at month 8 and highlighted key risks and mitigation plans; QIPP exception reporting was also detailed. She confirmed that financial performance was currently an underspend of £405k against the planned 1%

surplus at month 8 of £2.4m. The delivery of the revised 0.57% surplus of £2m at the year end was still forecast but there was significant risk in this position.

TP advised that the only allocation change since the last report was the transfer to NHS Scarborough and Ryedale of £640k which was their allocation of the winter pressures monies.

In respect of acute services TP reported that the £1.5m forecast overtrade included a re-profiling of activity towards the year end in recognition of evidence from previous years. Meetings were taking place with providers to reach a joint understanding of year end positions and mitigate risk.

TP advised that the increased availability of validated data for mental health activity had resulted in further costs, however, as a result assumptions and information were more accurate. Work undertaken by the Partnership Commissioning Unit had achieved a reduction in out of area placements from 25 to 8 which offset the additional expenditure.

In regard to QIPP TP reported delivery of £2.7m against the planned £6.4m at month 8. Although a significant number of the savings were planned for the last quarter of the year TP noted risk to delivery of the schemes. She confirmed that, although work was under way, Home Oxygen and pathology benchmarking had not been implemented and highlighted that the other schemes on which timing had impacted for delivery in the current year would bring improvements in the next financial year. Mitigating contingencies would be required for the current year's QIPP which had been risk adjusted for delivery.

TP noted the greatest material risk was achievement of the 1:1.5 first to follow-up ratio with York Teaching Hospitals NHS Foundation Trust. The significant work already done and progress made in a number of specialties to reduce the ratio was recognised. However, the risk relating to the different expectations of payment for this activity between the two organisations was forecast to be around £2.7m. TP reported that formal and informal meetings were taking place to reach an agreement on the end of year contract position. She advised that a range of national evidence and benchmarking information confirmed a rate of 1:1.5 was achievable and noted that further work was required on care pathways to incorporate primary and community care.

In response to AM seeking clarification about the capacity created at York Teaching Hospitals NHS Foundation Trust through the reduction in follow-ups TP advised that they had improved efficiency of clinics, including reduced outsourcing, and that the savings contributed towards their cost efficiency requirements.

EB referred to the "Stop Before Your Op" smoking threshold which currently focused on primary care. She noted the need to ensure this was also implemented prior to re-referral. EB also reported that there was currently no contract validation relating to procedures of limited clinical value for which

payment should only be made in cases of genuine clinical need. Approximately 33 procedures had recently been included within the Referral Support Service for which the contract element required agreement.

KR commended the progress in managing the financial position. He also sought clarification in regard to the potential clostridium difficile penalty. In response TP reported that, if the current trajectory for York Teaching Hospitals NHS Foundation Trust was to continue, they would be subject to the maximum £1.3m penalty; the CCG's proportion would be £670k. She noted that York Teaching Hospitals NHS Foundation Trust were also forecasting £600k penalty in this regard.

GP sought clarification as to whether consultant to consultant referrals could be separated in terms of index case and non index case, TP agreed to ascertain this information and report back.

The Governing Body:

1. Noted the Performance Dashboard and welcomed the new format.
2. Noted the Finance and QIPP report.
3. Noted that TP would report back on separation of index case and non index case consultant to consultant referrals.

8. Procurement Decision Making Process

RP referred to the report that presented options for decision making on future procurements where Governing Body members may have a conflict of interest in decision making.

Members expressed a number of concerns at the proposed wording which would impact on GP and Practice Manager involvement in consideration of developments. The distinction was required between the Executive role and the role in the final decision making process when withdrawal may be required.

KR proposed, and members agreed, that he work with the Chief Operating Officer and Head of Integrated Governance to revise the proposals for presentation to the Governing Body at the next meeting.

The Governing Body:

Agreed that KR would work with the Chief Operating Officer and Head of Integrated Governance to revise the proposals at the next meeting.

9. Medicines Commissioning Update

SO reported that, following the changes agreed at the last meeting, he had received comments from York Teaching Hospitals NHS Foundation Trust. However, a meeting of the key personnel from the CCG, York Teaching Hospitals NHS Foundation Trust and NHS Scarborough and Ryedale CCG

had been delayed due to the holiday period; this was currently being arranged. SO would provide a further update at the next meeting at which time he hoped that the new ways of working would be established.

The Governing Body:

1. Noted the update.
2. Noted that SO would provide a further update at the next meeting.

10. Care Quality Commission Children Looked After and Safeguarding Inspections

SR attended for this item

SR gave a detailed presentation describing the background to and requirements for Care Quality Commission (CQC) Children Looked After and Safeguarding (CLAS) inspections. She advised that a briefing paper had been circulated to GP practices, providers and the governance and quality committees of each organisation.

In response to concern expressed by MH that the CCG did not appear to have been informed about the recent inspection in the East Riding, SR explained that on notification of an inspection the Designated Nurse, Nurse Consultant for Safeguarding Children would inform the Chief Nurse. She noted that the CQC had not requested participation from NHS Vale of York as it was not the main CCG in the area being inspected. TM, as an East Riding GP, and WB, as Acting Executive Nurse, advised that they too had been unaware of the inspection. SR noted that it was unlikely that TM's practice would have been informed unless the CQC wished to speak with them and that the main purpose of the inspection was to seek assurance on provider service delivery.

LB sought clarification regarding lack of services for 16 to 18 year old Looked After Children. SR advised that this position had been inherited as the former PCT had not been commissioned services for this age group who were not in either Local Authority education or a Local Authority residential unit. She reported that negotiations were currently taking place through the Partnership Commissioning Unit to address this. LB noted that this issue, which she would pick up with SR as a matter of urgency, should be added to the CCG Risk Register.

Members noted that MH was the GP responsible for Safeguarding Children and that any concerns raised relating to GP Safeguarding responsibilities would be referred to the Area Team.

In regard to the CQC report on the East Riding inspection SR assured MH that she would ensure he received a copy. She noted that reports were published on both the CQC and Healthwatch websites.

The Governing Body:

1. Noted the requirements and processes relating to Care Quality Commission Children Looked After and Safeguarding inspections.
2. Noted that LB would take up as a matter of urgency the lack of services commissioned for 16 to 18 year olds who were not in Local Authority education or a Local Authority residential unit and report back at the next meeting.
3. Noted that SR would ensure that MH received a copy of the CQC Children Looked After and Safeguarding Inspection in the East Riding.

11. Information Governance Strategy

RP referred to the report, based on best practice to meet statutory requirements, which had been developed with the support of the CSU. Implementation would be overseen by the Audit Committee. RP advised that an internal Information Governance Steering Group had been established to undertake work associated with the Information Governance Toolkit and required actions.

The Governing Body:

1. Approved the Information Governance Strategy.
2. Delegated responsibility for review and approval of supporting policies and standards to the Senior Responsible Information Officer (Chief Operating Officer) and Caldicott Guardian (Chief Nurse) at Management Team.

12. NHS Vale of York CCG Quality and Performance Committee

The Governing Body:

Received the minutes of the Quality and Performance Committee of 20 November 2013.

13. NHS Vale of York CCG Performance and Finance Committee

The Governing Body:

Received the unconfirmed minutes of the Performance and Finance Committee of 18 December 2013.

14. Next Meeting

The Governing Body:

Noted that the next meeting was on 6 March 2014 at 10am at West Offices, Station Rise, York YO1 6GA.

15. Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted.

16. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 9 JANUARY 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 May 2013	Section 136 Place of Safety within North Yorkshire and York	• Verbal updates to be provided at each meeting	MH	Monthly
7 November 2013	CCG Decision Making and Performance Arrangements	• Review of Performance and Finance Committee	RP/LS	Six months after implementation - May 2014, to be confirmed
7 November 2013	NHS Vale of York CCG Assurance Update	• Increase in reporting of significant risks to Governing Body	RP	Standing agenda item
7 November 2013 9 January 2014	Medicines Commissioning	• Update on progress of the medicines commissioning process • Further update to next meeting	SO SO	9 January 2014 meeting 6 March 2014 meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
9 January 2014	Assurance Framework	• Risk relating to the main provider exceeding the target for Healthcare Acquired Infections resulting in increased harm to patients would be amended to 'red'	RP	
9 January 2014	Performance and QIPP Report	• Separation of index case and non index case consultant to consultant referrals	TP	
9 January 2014	Procurement Decision Making Process	• Proposals to be revised	RP	
9 January 2014	Care Quality Commission (CQC) Children Looked After and Safeguarding (CLAS) inspections	• Commissioning of services commissioned for 16 to 18 year olds not in Local Authority education or a Local Authority residential unit. • MH to receive a copy of the CQC Children Looked After and Safeguarding Inspection in the East Riding.	LB LB/SR	6 March 2014 meeting

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
AMU	Acute Medical Unit
ARMD	Age Related Macular Degeneration
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIB	Collaborative Improvement Board
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
ECP	Emergency Care Practitioner
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record

Acronym	Meaning
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
HWB	Health and Wellbeing Board
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINk	Local Involvement Network
LDC	Local Dental Committee
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPFT	Leeds and York NHS Partnership Foundation Trust
MDT	Multi-Disciplinary Team
MH	Mental Health
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-Skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus

Acronym	Meaning
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSIQ	NHS Improving Quality
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OOA	Out of Area
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning
PbR	Payment by Results
PCU	Partnership Commissioning Unit
PDP	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
Propco	NHS Property Services
QALY	Quality Adjusted Life Year (used by NICE)
QIPP / QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SCCC	Strategic Collaborative Commissioning Committee
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SLAM	Service Level Agreement Management
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
SUS	Secondary User System
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Acronym	Meaning
UCC	Unscheduled Care Centre
VACCU	Vulnerable Adults and Children's Commissioning Unit
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT/YTHFT	York Teaching Hospital NHS Foundation Trust