

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held on 6 June 2013 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr David Hartley	GP, Council of Representatives Member
Dr Mark Hayes	Chief Clinical Officer
Dr Tim Maycock	GP Member
Dr Andrew Phillips	GP Member
Dr Guy Porter	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts	Chief Operating Officer
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Ms Kersten England (Part)	Chief Executive, City of York Council
Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman	Executive Assistant

Apologies

Dr Shaun O'Connell	GP Member
Mr Keith Ramsay	Lay Member and Audit Committee Chair
Ms Helen Taylor	Corporate Director, Health and Adult Services, North Yorkshire County Council
Dr Phil Underwood	GP, Council of Representatives Member

Twenty one members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting. He particularly welcomed Dr David Hartley as Council of Representative member and noted that Dr Phil Underwood had also been appointed in this capacity but was unable to attend the meeting.

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

1. Lesley Pratt

Would the Governing Body advise how they intend to monitor the reporting of never incidents at York Hospital and will they inform the public of their findings?

Carrie Wollerton explained that never events were a sub set of serious incidents set out on an annual basis by the Department of Health, effectively, events that should never occur. However it was recognised such events, for example wrong site surgery, did happen on rare occasions, despite a zero tolerance. In the event of such an occurrence a full investigation and a root cause analysis would be undertaken by the provider and lessons to be learnt would be identified and shared. Such information would be reported in the Dashboard in terms of numbers but the detail would be discussed in the Quality and Performance Committee. Carrie Wollerton noted that she would contact Lesley and would arrange a regular meeting with Healthwatch to discuss learning from serious incidents.

2. Anne Leonard (on behalf of Defend our NHS York)

There is a great deal of concern across the Vale of York about current developments in mental health services, in particular the extent to which the likelihood of out-of-area hospital admissions for local residents are increasing, with the damaging effects that result from being away from personal support and connections. Can the situation be clarified by making the facts and figures available regarding how many people are affected by such placements; what is the scale of the related cut-back of local services and facilities; what measures are being adopted to off-set the damaging effects of long-distance placements, for example subsidised travel for relatives and friends with few resources; what measures are being undertaken to increase the availability of tried, tested and low-cost support (e.g. CBT, counselling services) for people with mental health needs?

Cath Snape responded that the NHS Vale of York was currently looking in detail at out of contract placements, that is placements outside the block contract for mental health services, and clarified that these were not all out of area but were for specific services. In the past six months there had been 101 out of contract placements, including 24 emergency out of area placements. Support for accessing services was determined on an individual basis; this included transport.

Cath Snape advised that work was ongoing with providers to reduce services not provided within the contract. This included discussions to agree alternative provision, for example an increase in support for nursing homes. Discussions were also currently taking place in regard to psychiatric liaison and additional mental health nurses were being recruited for emergency provision particularly at peak hours.

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 Meeting held on 2 May 2013

The minutes of the meeting held on 2 May were agreed.

The Governing Body

Approved the minutes of the meeting held on 2 May 2013.

4. Matters Arising from the Minutes

Section 136 Place of Safety in York: Cath Snape reported that two potential sites had been identified, one at Bootham Park Hospital, the preferred option, and the other a City of York Council premises. She noted her scheduled visit to the former and discussion of staffing levels. A formal estates review would take place during June and work was ongoing with all stakeholders to agree care pathways and specifications. Cath Snape was pleased to report the potential for a medium term solution and also noted that a project manager had been recruited to support the work to establish the Section 136 Place of Safety as soon as possible.

Kersten England welcomed the progress. She also emphasised that the City of York Council premises would be available in the event of any delay.

Clostridium Difficile: In response to clarification sought by Alan Maynard, Carrie Wollerton confirmed that the clostridium difficile performance indicator for the current year was 43 across both York and Scarborough Hospitals.

Mental Capacity Act / Deprivation of Liberty Safeguards: Carrie Wollerton would check that the policies had been circulated to GP practices.

Age Related Macular Degeneration: Mark Hayes reported that he had met with York Teaching Hospitals NHS Foundation Trust and Novartis to discuss Lucentis. Discussions were ongoing about service provision.

Other actions on the follow up schedule were either completed or ongoing.

The Governing Body

Noted the updates and ongoing work.

5. Chief Clinical Officer Report

Mark Hayes presented his report which provided information relating to communications and engagement, meetings, the Council of Representatives, staff appointments, the CCG appraisal system, and the CCG authorisation directions support. He additionally advised that the North Yorkshire and York CCGs were working with NHS IQ (Improving Quality) with a view to involvement in a national CCG development programme; the support of the NHS England Area Team was noted in this regard.

In response to clarification sought about timescales for removal of the authorisation conditions, Mark Hayes explained that one of the conditions related to multi professional meetings and would be removed following submission of their minutes. The others related to the financial plan and achievement of financial balance. Due to reporting schedules there was the potential for these conditions to remain until the end of the financial year. Mark Hayes emphasised the importance of focusing on achieving financial balance and commissioning of quality services which would emanate in removal of the conditions.

Mark Hayes also explained that the discussions regarding NHS IQ were in the early stages and the need for early primary care involvement on implementation was noted.

In regard to public and patient engagement, Cath Snape noted that two patient representatives were currently being recruited to join the Public and Patient Engagement Steering Group.

The Governing Body

Noted the Chief Clinical Officer's Report.

6. Director of Public Health Report

Paul Edmondson-Jones tabled for members and presented a briefing, attached at Appendix A, noting that he would provide a written report for future meetings.

David Hartley expressed concern at the increasing requests from City of York Council to GP practices for complex information. Kersten England and Paul Edmondson-Jones referred to the transition of procurement processes and noted ongoing discussions with the Local Medical Committee (LMC) and Local Pharmaceutical Committee to ensure implementation was both as smooth as possible and also complied with legal and contractual requirements. Brian McGregor additionally advised that a number of issues had been resolved at a recent LMC meeting.

Alan Maynard sought clarification regarding the difference in mortality and quality of life between those with mental illness and the rest of the population. He also noted the University of York's Festival of Ideas. In response Paul

Edmondson-Jones referred to agreement with the CCG of smoking cessation, alcohol and obesity as the three priorities and advised that there were clear programmes which would be implemented across the city, also noting early diagnosis for treatment of long term conditions, including cancer and diabetes, as a further priority. Alan Maynard raised concerns about the cost effectiveness of local public health interventions. In regard to mental health the Joint Strategic Needs Assessment (JSNA) was being refreshed.

Kersten England noted that the Health and Wellbeing Board was the decision making body and highlighted the CCG's views required feeding through to the JSNAs for the three aligned local authorities. Paul Edmondson-Jones was working with Directors of Public Health across the North of England.

Cath Snape reported that she had met with mental health providers to promote uptake of physical health checks and interventions and that similar meetings were planned with providers from the learning disabilities sector. Work was also ongoing with York College to embed mental health awareness and physical health training at an early age.

The Governing Body

Noted the update.

7. Urgent Care Programme

Andrew Phillips detailed the ongoing work to inform a report for presentation at the next Governing Body meeting noting a whole system approach as a key driver. Collaborative discussions with stakeholders, which included Scarborough and Ryedale CCG, were taking place and included consideration of management of patients before attendance at A&E, patient flow through secondary care, emergency department discharge processes and development of an urgent care dashboard. The programme comprised three phases: immediate priorities, in particular procurement of an out of hours service which could deliver efficiency gains under QIPP; modelling, and implementation and delivery.

An Urgent Care Board had been established with wide representation of stakeholders and would develop a strategic model. The out of hours procurement would be via presentation of a business case. Care pathways, including in respect of care homes, were being evaluated.

Rachel Potts additionally reported that an Improvement Plan, focusing on A&E, had been submitted to NHS England on 31 May in accordance with the national requirement for a local response to A&E concerns.

Discussion included evidence and evaluation; current political and media interest in A&E attendances; and NHS 111. Andrew Phillips additionally noted that the theme of the last Public and Patient Engagement Forum had been the responsibility of the individual for health.

The Governing Body

1. Noted the update and ongoing work.
2. Noted that a report would be presented at the July meeting of the Governing Body.
3. Noted that the A&E Improvement Plan would be presented at the July Governing Body meeting.

8. Performance and Quality Dashboard

Quality and Performance

Carrie Wollerton referred to the Exception Report for Quality and Performance Indicators noting that the information related to the end of the last financial year. She highlighted continuing concerns regarding A&E and ambulance turnaround times, advising that the figures regarding Pocklington required clarification, and reported that fast track data for the current financial year appeared to be more positive. Measures were being undertaken with York Teaching Hospitals NHS Foundation Trust through the urgent care programme, collaborative implementation plan agreed via the Performance Summit, and support through further workstreams. Carrie Wollerton noted that the Trust required implementation time.

The number of patients waiting 52 weeks or more from referral to treatment remained over the target of zero but was reducing.

In respect of clostridium difficile performance Carrie Wollerton advised that Scarborough Hospital was within target for the previous year, though the figures required validation. It was acknowledged that York Hospital had challenging targets but appeared to have remained on a stable trajectory over the past three years which the CCG wanted to see reducing (i.e. numbers of clostridium difficile cases dropping year on year). A number of actions were being implemented via the Infection and Prevention Control Team commissioned by the CCG and plans to develop a whole system approach supported by the Commissioning Support Unit were being developed. Rachel Potts noted that in the current financial year 12 cases, which required validation, had been reported to date against a combined annual total across Scarborough and York of 43.

Cath Snape referred to the inclusion of the Mental Health indicators noting ongoing work to reduce readmissions through improvements to crisis resolution services and the increase in A&E care as reported earlier in the meeting and links to Section 136 developments. She also advised that provider assessment practice was being reviewed and highlighted the review of IAPT services to provide support to a greater number of people.

Finance

Adrian Snarr provided a verbal report advising that traditionally NHS organisations did not provide a Month 1 finance report due to the annual

accounts processes. In respect of specialist services the reduction on this complex resource had been agreed therefore financial envelopes had been finalised. In this regard CCG budgets were being rationalised nationally. Work was required within North Yorkshire in view of York Teaching Hospitals NHS Foundation Trust covering a footprint larger than the Vale of York CCG population; a financial risk sharing agreement would be implemented.

Final negotiations were taking pace with York Teaching Hospitals NHS Foundation Trust and elective activity was being validated to conclude the 2012/13 financial position. The key schedules for 2013/14 had been agreed with the exception of the performance improvement plan for which the final framework wording required agreement in order to sign the contract.

The Yorkshire Ambulance Service (YAS) Performance Report, agenda item 9 below, was moved up the agenda. Carrie Wollerton noted that this brought together concerns expressed in a number of forums. She noted that the CCG was an associate to the contract but that a Quality Sub Group had been established to address North Yorkshire and York issues.

Discussion included the issue of YAS phones not being answered and the associated impact on GP time; request for recording of length of time GPs were kept on hold on the phone; the potential for GPs to make referrals via secure email; and suggestion that a member of YAS, be asked to attend the Quality and Performance Committee.

QIPP

Rachel Potts reiterated that the information presented related to 2012/13. She reported that, following confirm and challenge of the 2013/14 QIPP programme, the Business Committee had approved a reporting format and that this would provide more real time data;

The Governing Body

Noted the Performance and Quality Dashboard.

9. Yorkshire Ambulance Service Performance

This item was noted within the discussion at item 8 above.

10. NHS Vale of York Clinical Commissioning Group Authorisation Conditions and Directions Rectification Plan

Rachel Potts referred to the discussion at item 5 above. She emphasised that focus on outcomes and delivery of the operational plan priorities would enable removal of the conditions and directions. Rachel Potts additionally noted that the Area Team attended the Business Committee to gain assurance on progress.

The Governing Body

Noted the NHS Vale of York Clinical Commissioning Group Authorisation Conditions and Directions Rectification Plan

11. NHS Vale of York Clinical Commissioning Group Assurance Framework 2013-14

Rachel Potts described the development of the Assurance Framework noting that it was a working document which would be developed in accordance with assessment of risk of priorities and programmes. She highlighted the current most significant areas of risk as the Vulnerable Adults and Children's Commissioning Unit and delivery of the CCG's financial plan.

Members agreed the proposal for the Audit Committee to oversee the development of the Assurance Framework with further work being undertaken for their respective areas by the Finance and Contracting Committee and the Quality and Performance Committee.

In response to Alan Maynard's observation that NHS England had identified York Teaching Hospitals NHS Foundation Trust as an outlier for child respiratory care, Rachel Potts advised that specific areas of risk were the next stage of the development of the Assurance Framework.

The Governing Body

1. Reviewed and approved the Assurance Framework and Schedule of Reporting.
2. Endorsed the proposal for forward plans for the Governing Body and relevant committees to incorporate reporting on significant risks.
3. Endorsed the proposed next steps outlined.
4. Agreed that the action plans.

12. NHS Vale of York Clinical Commissioning Group Constitution Update

Rachel Potts referred to the report which sought endorsement of a number of amendments to the NHS Vale of York CCG Constitution. If agreed these would be presented to the Council of Representatives for approval. A procedure for 'Use of the Common Seal' was also presented.

The Governing Body

1. Endorsed the proposed changes to the NHS Vale of York CCG Constitution for submission to the Council of Representatives.
2. Approved the 'Use of the Corporate Seal Procedure'.
3. Noted that an update on progress of ratification would be provided at the July meeting of the Governing Body.

13. Finance and Contracting Committee Terms of Reference

Adrian Snarr advised that draft terms of reference had been considered at the first meeting of the Finance and Contracting Committee and were presented for approval.

The Governing Body

Approved the Finance and Contracting Committee Terms of Reference.

14. Adoption of Treatment Advisory Group Recommendations from April 2013

Mark Hayes referred to the report which detailed recommendations made by the Treatment Advisory Group and the associated decision of NHS Vale of York CCG Business Committee in respect of Dapagliflozin - which had been approved by NICE since the Business Committee's meeting - Tadalafil, Afibercept, and Colistimethiate Sodium and Tobramycin Dry Powders for Inhalation.0.

The Governing Body

Received the decisions of the NHS Vale of York CCG Business Committee.

15. Strategic Collaborative Commissioning Committee Minutes

The Governing Body:

Received the minutes of the Strategic Collaborative Commissioning Minutes of 14 March and 11 April 2013.

16. NHS Vale of York CCG Quality and Performance Committee Minutes

The Governing Body

Received the minutes of NHS Vale of York CCG Quality and Performance Committee held on 17 April 2013.

17. NHS Vale of York CCG Audit Committee

Received the minutes of the NHS Vale of York CCG Audit Committee held on 17 April 2013.

Alan Maynard requested that consideration be given to the scheduling of Governing Body meetings in relation to availability of information reported.

18. Any Urgent Business

None.

.Next Meeting

The Governing Body:

Noted that the next meeting would be held on 4 July 2013 at 10am in the George Hudson Boardroom, West Offices, Station Rise, York YO1 6GA

19. 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.

20. Follow Up Actions

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

Public Health Report

Thank you, Chair, as you will know I was asked last week to produce a regular PH Report and there will be a written report with effect from next month. For this Governing Board Meeting, however, I will do a very quick verbal update.

As the Board will know, one of the key provisions of the Health and Social Care Act 2012 was the transfer of leadership for PH to the local authority. This involved the transfer of a number of key PH Functions, some of which are mandatory and some of which allow more discretion – to support this we transferred 6 members of staff by TUPE (including myself) and we have been allocated a budget this year of just under £6.5 Million.

We have transferred over from NHS to Local Authority a significant number of contracts for public health services – ranging from the sexual health services to specialist smoking cessation service. We now have contracts between the local authority and both York Teaching Hospital FT and Harrogate FT as well as with all the GP practices and the pharmacies in the City. This has been a massive undertaking for both the local authority and all those providers but we are now in a strong position to build on these early foundations.

There is a new PH Outcomes Framework which will provide a significant backdrop for the future PH Report that we will bring to you – probably in terms of performance against the PHOF itself this will probably only be useful on an annual or maybe quarterly basis and so we will develop some other “real time indicators” that will help us assess our progress and performance. One of the advantages of the direct contract between local authority and our providers is that we will have real time data on things like smoking quitters, Chlamydia screening and health checks instead of being constrained by the previously slow NHS data flows.

The key driver in all our work is to improve health outcomes and reduce health inequalities. We do have a relatively good level of overall health in York but we have significant inequalities, especially in men’s health where there is a ten year LE gap between the top 10% and bottom 10% and we are aware that the 20% of men with poorest outcomes are very significantly disadvantaged with a 5-6 gap between the average LE for the top 80% of men and the bottom 20%. This needs addressing early by some very significant targeting of services while not forgetting the need for a wider universal offer. Everything must be governed by the principle of the 3 E’s – Effective, Efficient and Equitable.

We know that the key killers in that group of men are, in decreasing level of impact in terms of overall numbers: CHD (as opposed to CVD), Lung Cancer, COPD, Liver Cirrhosis and Suicides. The key drivers for these are the significant harm caused by smoking, alcohol and obesity, coupled with a poor awareness and late diagnosis of diabetes, CHD and cancer. I will be working with the CCG and other partners over the next 3 months to ensure that we

have a comprehensive, systematic programme of work in place across the City and covering all of these major issues to ensure that we continue to improve the overall health outcomes for the City but in doing so we ensure that we improve outcomes for the poorest, fastest.

Of course, this is all compounded by the wider determinants of health – in terms of poverty, lack of employment, poor housing as well lack of educational and job skills. Given the role of the local authority in leading on all of those agendas it is easy to see why the return of PH leadership to local authorities was absolutely the right thing to do.

Dr Paul Edmondson-Jones MBE
Director of Public Health & Well-being
City of York Council and VOY CCG
5th June 2013

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 6 JUNE 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 March 2013 6 June 2013	Mental Capacity Act / Deprivation of Liberty Safeguards	GP practices to be informed of safeguarding adults policies and training Confirmation to be sought that policies had been circulated	Carrie Wollerton	31 May 2013
4 April 2103	Procurement Policy	Procurement limits to be reviewed via the Audit Committee	Adrian Snarr	17 July 2013
4 April 2013 2 May 2013	Section 136 Place of Safety within North Yorkshire and York	Update to be provided at the next meeting Verbal updates to be provided at each meeting	Cath Snape	2 May 2013 meeting Monthly

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
6 June 2013	Public Questions: Never Incidents	<ul style="list-style-type: none"> • Meeting to be arranged with Lesley Pratt • Regular meeting with Healthwatch to discuss learning from serious incidents 	Carrie Wollerton Carrie Wollerton	31 July 2013 31 July 2013
6 June 2013	Urgent Care Programme	<ul style="list-style-type: none"> • Report to be presented • Improvement Plan to be presented 	Andrew Phillips Andrew Phillips	4 July meeting 4 July meeting
6 June 2013	NHS Vale of York Clinical Commissioning Group Constitution Update	<ul style="list-style-type: none"> • Update on ratification of amendments 	Rachel Potts	4 July 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
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
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
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
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
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions

Acronym	Meaning
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
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
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	Leeds and York NHS Partnership Foundation Trust
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
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHS IQ	NHS Improving Quality
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England

Acronym	Meaning
NMC	Nursing and Midwifery Council
NpflIT	National Programme for Information Technology
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
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
PDR	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
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
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
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	York Teaching Hospital NHS Foundation Trust