

Item: 11.2

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2017, 9AM – 12PM,
IN THE BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY**

PRESENT:

Dr James Moulton, GP Member (Chair), Hull CCG
David Blain, Designated Professional for Safeguarding Adults, Hull CCG
James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull CCG and Hull City Council
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, Hull CCG
Karen Ellis, Deputy Director of Commissioning, Hull CCG
Gareth Everton, Head of NHS Funded Care, Hull CCG
Helen Harris, Quality Lead, Hull CCG
Karen Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
Karen Marshall, Lay Member, Hull CCG (representing Jason Stamp)
Kate Memluks, Quality Lead, Hull CCG
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

IN ATTENDANCE:

Gail Baines, Delivery Manager, HealthWatch
Kevin Mccorry, Senior Pharmacist, North of England Commissioning Support
Jo Raper, Infection Prevention & Control Lead Nurse, NHS East Riding of Yorkshire CCG providing senior IPC advice to Hull CCG
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG
Sue Lee, Associate Director (Communications and Engagement), Hull CCG
Lorna Morris, Designated Nurse for Safeguarding Children, Hull CCG
Ross Palmer, Head of Contracts Management, Hull CCG
Jason Stamp, Lay Representative, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 24 OCTOBER 2017

The minutes of the meeting held on 24 October 2017 were presented and it was agreed that they were a true and accurate record

Resolved

(a)	That the minutes of the meeting held on 24 October 2017 would be signed by the Chair.
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3. MATTERS ARISING FROM THE MINUTES / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 24 OCTOBER 2017 the action list was presented and the following updates were received:

26/09/17 - Quality and Performance Report – CAHMS update to be presented at the December meeting.

All other actions were marked as closed.

Resolved

(a)	That the action list be noted and updated accordingly.
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4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no items of Any Other Business.

5. DECLARATIONS OF INTEREST In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the action taken
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda No	Nature of Interest / Action Taken
J Moulton	All Items	<ul style="list-style-type: none">• GP Partner Faith House Surgery Modality, providing General Medical Services• GP Tutor Hull York Medical School• Registered with the General Medical Council• Registered with the Royal College of General Practitioners• Voting GP on Health and Wellbeing Board - Hull City Council
J Crick		<ul style="list-style-type: none">• Qualified GP and undertakes sessional GP work outside of the Clinical Commissioning Group.• As part of sessional GP work undertakes ad

		<p>hoc GP out of hours GP sessions for Yorkshire Doctors Urgent Care (part of the Vocare Group).</p> <ul style="list-style-type: none"> • Joint appointment between Hull Clinical Commissioning Group and Hull City Council. • Standing Member of one of the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committees. • Spouse is a Salaried GP who undertakes out of hours GP work for Yorkshire Doctors Urgent Care (part of the Vocare Group) and also provides out of hours cover for a hospice. All of this work is undertaken outside of the Clinical Commissioning Group area.
S Smyth	All Items	<ul style="list-style-type: none"> • Registered nurses on the NMC register
K Martin	All Items	<ul style="list-style-type: none"> • Registered nurses on the NMC register
Gareth Everton	All Items	<ul style="list-style-type: none"> • Spouse works for Hull and East Yorkshire Hospital Trust as a Rehabilitation Coordinator • Professional registration with Health and Care Professions • Member of the Royal College of Occupational Therapy

Resolved

(a)	That the above declarations be noted.
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6. QUALITY AND PERFORMANCE REPORT

Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report and the key areas of discussion were :

Quality Premium

It was agreed that the December meeting would provide a more detailed focus on CCG Performance.

Discussions took place around A&E waiting times and it was noted that HEYHT were unable to open the winter ward due to insufficient nursing numbers. The Quality Lead was to look at the figures of patients that have been sent to A&E directly from their GP and report into the Primary Care Quality and Performance Sub Committee.

Contract Performance and Quality

HEYHT

A quality visit has been undertaken to ward 70 at Hull Royal infirmary on 25 July 17 due to concerns raised by commissioners at the Hull and ERY Collaborative Serious Incidents Panel in relation to a number of pressure ulcers and falls SI's that the trust had declared during 16/17 on ward 70. The visit was a positive with the Trust

responding to recommendations made. 3 Never events had been reported for HEYHT and were currently been reviewed

Humber

Additional Staff and excess hours have been agreed in September which should build capacity due to staffing issues. The Trust were currently in discussions with commissioners regarding the establishments for the wards, a further meeting will be set up in December 17.

Quality

An overarching action plan had been put into place to monitor the incidents. Support has been offered by the Patient Safety Manager at Hull CCG which has been well received. It was acknowledged that that the action plan was over 20 pages long and the SI panel had raised concerns that the detail in relation to the recommendations could get lost and that the trust should put in place a clear monitoring process.

Spire

Contracting

Up to the current reporting month, spire delivered around £460,000 more activity than the agreed, contracted plan. This has been kept under review within the Contracting Team.

Quality

Spire was currently compliant with Prevent training at 87% and underperforming for Wrap training at 44.3%. Spire had declined help from the CCG to raise their current training levels.

YAS

YAS had declared 5 SI's within the past 14 months with an emerging theme of resuscitation issues.

It was noted that the Clinical Quality Indicators are not included within the Quality and Performance Report. The Quality Lead and the Designated Professional for Safeguarding Adults are to meet with the BI Team to see how this can be incorporated within the report.

Level of Confidence
PROCESS A high level of confidence was reported for process for financial management and reporting due to established procedures that are subject to internal and external audit. A high level of confidence was reported for process for contract and performance management due to the robust governance processes in place for contract management of providers including finance, quality and performance.
PERFORMANCE A high level of confidence was reported for Financial Position due to financial performance being on target A Medium level of confidence was reported for H&EY Hospitals A&E 4 hour waiting times due to performance being variable A Low level of confidence was reported for H&EY Hospitals Referral to Treatment waiting times performance inc. diagnostics due to consistently not achieving the national 18 week standard for waiting times performance. A Medium level of confidence was reported for H&EY Hospitals Cancer waiting times as these still remain variable

A **low** level of confidence was reported for H&EY Hospital Cancer Waiting Times – 62 Days due to continued underperformance against the standard.

A **low** level of confidence was reported for Humber Foundation Trust waiting times (all services) due to not achieving the waiting times targets

A **low** level of confidence was reported for City Health Care Partnership Community Paediatrics waiting times due to variable performance

A **low** level of confidence was reported for Yorkshire Ambulance Service Ambulance Handover times due to non-achievement of the targets

A **Medium** Level of confidence was reported for Spire in respect of safeguarding training due to the level of compliance and the decline of the offer of help and support from the CCG with mandatory training

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality and Performance Report
(b)	The Head of Performance and Programme Delivery and Head of Contracts Management to include a more detailed report on the Quality Premium within the Quality and Performance Committee
(c)	The Quality lead was to look at the figures of patients that have been sent to A&E directly from their GP and report into the Primary Care Quality and Performance Sub Committee
(d)	The Quality lead and Designated professional for Safeguarding Adults to meet to see how the Clinical Quality Indicators can be incorporated within the Quality and performance report

7. CAMHS UPDATE

DEFERRED TO 19TH DECEMBER 17

8. QIPP REPORT

Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery Presented the QIPP Report to note.

It was agreed the QIPP Report would be presented at the Quality and Performance Committee Meeting with more detail at the next Committee Meeting.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the QIPP Report
(b)	The QIPP Report with more detail would be produced for the next Committee Meeting taking place on 19 December 17

9. HEALTH WATCH REPORT

The Delivery Manager at Health Watch presented the Health watch report to note.

Highlighted within the report was the good work around Advocacy and the Outreach and Engagement in the city. Discussion took place around the discharge from hospital themes, the Designated Professional for Safeguarding Adults questioned whether Mental Health discharge was a common theme, the Delivery Manager will

review and check this information and report back to the Designated Professional for Safeguarding Adults.

The Continuing Health Care information within the report should also be shared with the Head of NHS Funded Care. The Delivery Manager highlighted that the next area of focus would be Stroke looking across the pathway. It was agreed The Delivery Manager would make contact with the Deputy Director of Quality and Clinical Governance/ Lead Nurse and the Head of Acute Care as they had been recently involved with the stroke peer review.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Health Watch Report
(b)	The Delivery Manager from Health Watch to share with The Designated professional for Safeguarding Adults if any of the discharge from hospital themes contained mental Health issues
(c)	The Delivery Manager from Health Watch to share the Continuing Healthcare information within the Health Watch Report with the Head of NHS Funded Care
(d)	The Delivery Manager would make contact with the Deputy Director of Quality and Clinical Governance/ Lead Nurse and the Head of Acute Care around the Stroke Service.

10. QTR2 SAFEGUARDING ADULTS REPORT

The Designated Professional for Safeguarding Adults presented the QTR2 Safeguarding Adults report to note

Discussions took place around the performance of each organisation and highlighted within the report were.

Primary Care

During Q1 the Named GP for safeguarding adults tendered their resignation from the CCG safeguarding post. Recruitment for a replacement was completed in Q2 and a successful candidate has accepted the offer of the position. Special thanks was mentioned from the Designated Safeguarding for Adults for all the hard work the GP for Safeguarding Adults had provided for Hull CCG over the past year.

CT Prevent Silver Group and Channel Panel

The Q&P committee will receive a full report in relation to the current status of CT prevent in December 2017.

A discussion took place around the IFR panel as it was felt that if any safeguarding adult issues were raised at the IFR panel they should be escalated to the Designated Professional for Safeguarding Adults. It was also agreed a review of the IFR paperwork should take place to include reference to Mental Health, Mental Capacity Act and Domestic abuse.

Performance
Hull CCG
Process
A high level of confidence was reported for NHS Hull CCG due to strong safeguarding

children assurance processes in place. There is an executive lead, designated professionals and a named GP in place. Regular safeguarding audits (the last by NHS E in July 2016) have found significant assurance.

Performance

A **high** level of confidence was reported for NHS Hull CCG as there has been a drop in training uptake, reported to Q&P owing to problems with ESR. Consequently, steps were put in place to rectify this and significant improvement seen as a result. Although important, training is one element of the CCG safeguarding performance only which is otherwise strong.

Hull and East Yorkshire Hospitals (HEY)

Process

A **high** level of confidence was reported for HEY in discharging its duties in relation to safeguarding adults due to processes been in place.

Performance

A **Medium** level of confidence was reported for HEY in discharging its duties in relation to safeguarding adults due to stagnation of training compliance rates in Q2 being under trajectory for Prevent training.

Humber Foundation Trust (HFT)

Process

A **high** level of confidence was reported for HFT discharging its duties in relation to Safeguarding adults due to processes been in place

Performance

A **medium** level of confidence was reported for HFT in discharging its duties in relation to safeguarding adults due to recent Safeguarding Adult Reviews (SAR) highlighting unsafe discharge of patients with safeguarding issues

City Health Care Partnership (CHCP)

Process

A **high** level of confidence was reported for CHCP in discharging its duties in relation to Safeguarding adults due to processed been in place

Performance

A **high** level of confidence was reported for CHCP in discharging its duties in relation to safeguarding adults due to them been fully engaged and compliant with all current training.

Spire

Process

A **low** level of confidence was reported for Spire in discharging its duties in relation to safeguarding adults due lack of engagement with local multi agency safeguarding arrangements.

Performance

A **low** level of confidence was reported for spire in discharging its duties in relation to safeguarding adults due to the drop in CT prevent training compliance and lack of robust arrangements/processes being in place to increase this

YAS

Process

A **high** level of confidence was reported for YAS in discharging its duties in relation to safeguarding adults due to processes been in place

Performance

A **high** level of confidence was reported for YAS in discharging its duties in relation to safeguarding adults due to consistently high training compliance in quarterly reports and recent CQC judgements.

Resolved

(a)	Quality and Performance Committee Members noted Qtr 2 Safeguarding Adults Report
(b)	The Q&P committee will receive a full report in relation to the current status of CT prevent in December 2017.
(c)	The Designated Professional for Safeguarding Adults to make contact with the Head of Acute Care regarding the IFR process around Safeguarding adults and the review of the IFR paperwork

11. QTR2 SAFEGUARDING CHILDRENS REPORT

The Designated Professional for Safeguarding Adults presented the QTR2 Safeguarding Children's report to note.

Discussions took place around the performance of each organisation and the CQC inspection action plan. The Quality and Performance Committee agreed that they require a more detailed presentation of the CQC inspection plan. It was agreed the Designated Nurse for Safeguarding Children would present this at a future Quality and Performance Committee.

Performance
<p>Hull CCG Process A High level of confidence was reported in Hull CCG due to strong safeguarding children assurance processes in place. There is an executive lead, designated professionals and a named GP in place. Regular safeguarding audits (the last by NHS E in July 2016) have found significant assurance.</p> <p>Performance A High level of confidence was reported in Hull CCG as there has been a drop in training uptake, reported to Q&P owing to problems with ESR. Consequently, steps were put in place to rectify this and significant improvement seen as a result. Although important, training is one element of the CCG safeguarding performance only which is otherwise strong.</p>
<p>HEYHT Process A High level of confidence was reported in HEYHT as they have robust safeguarding processes in place with clear leadership, required professionals either in post or with interim cover arrangements and internal monitoring via a safeguarding committee with strong links to the CCG.</p> <p>Performance A High level of confidence was reported for HEYHT as they had maintained a safeguarding children training compliance rate of over 80% consistently. Significant progress is being achieved in relation to required inspection actions. Prevent training levels should not impact on this report as well as the safeguarding adult's report.</p>
<p>HFT Process A High level of confidence was reported for HFT as they had maintained a safeguarding children training compliance rate of over 80% consistently. Significant progress is being achieved in relation to required inspection actions. Prevent training levels should not impact on this report as well as the safeguarding adult's report.</p> <p>Performance A Medium level of confidence was reported for HFT as although progress is being achieved a contract query notice remains in place in relation to safeguarding children training uptake and compliance has not yet achieved the trajectory set by HFT. Progress is reported in relation to</p>

required inspection actions with some audit reporting awaited.

CHCP

Process

A **High** level of confidence was reported for CHCP as they have robust safeguarding processes in place with clear leadership, required professionals either in post or with interim cover arrangements and internal monitoring via a safeguarding committee with strong links to the CCG.

Performance

A **High** level of confidence was reported for CHCP as a drop in training uptake in one quarter only has been rectified. CHCP is making significant progress in relation to required inspection actions with some audit reporting awaited

SPIRE

Process

A **Medium** level of confidence was report for Spire due to the self- declaration reported via CMB does not identify any deficits. However, training compliance can only be reported incrementally.

Performance

A **Medium** level of confidence was reported for Spire due to Safeguarding children training compliance has now risen to 80%. However, it has only just reached this level owing to the incremental reporting. Prevent training levels should not impact on this report as well as the safeguarding adult's report.

YAS

Process

A **High** level of confidence was reported for YAS due to the required safeguarding processes are in place, monitored by Wakefield CCG as the lead commissioner.

Performance

A **High** level of confidence was reported for YAS due to training compliance was consistently high. Reporting received via Wakefield provides assurance.

Resolved

(a)	Quality and Performance Committee Members noted the update on the Qtr2 Safeguarding Children's Report
(b)	The Designated Nurse for Safeguarding Children would present the CQC inspection plan at a future Quality and Performance Committee

12. INFECTION, PREVENTION AND CONTROL ACTION PLAN UPDATE

The Infection, Prevention & Control Lead Nurse presented the Infection, prevention and Control updated action plan to note. This action plan follows the actions that Hull CCG have to put in place to address the reduction in gram negative bactermia's.

The points highlighted within the report were the current Ecoli figures were on trajectory at 152 which was on target for last month's figures. The committee were updated regarding a MRSA bactermia which had been reported through to Public Health England. The case was currently been reviewed. The date for submission of the PIR is the 11th December 2017. The Deputy Director of Quality and Clinical Governance/ Lead Nurse and The Lead Nurse for Infection, Prevention and Control would be taking this forward.

Performance

Process

A Medium level of confidence was reported for the processes of Infection, prevention and control due to robust processes been in place for the review of C-diff cases, however these were still being established for e.coli.

Performance

A low level of confidence was reported for the performance of infection, prevention and control due to the 10% reduction plan for E coli BSI currently been over objective of quarter 1

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Infection, prevention and control Action plan update.
(b)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse and The Lead Nurse for Infection, Prevention and Control are to take forward the submission for PIR

13. RISK REPORT

The Committee Chair presented the Risk report to note

The following updates were agreed by the Committee members

- 909 MRSA Trajectory – Due to receiving a MRSA bacteraemia Notification, but still deciding who this is attributable to, so would remain under review
- 927 E coli - a reduction in ecoli blood stream infections by 10% 2017-18 – the likelihood should be updated from 9 to 12 due to potentially not achieving the Ecoli trajectory

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Risk Report
(b)	The Deputy Director of Quality and Clinical Governance/ lead Nurse to update Corporate Affairs officer of the changes to the risk report

14. YAS ANNUAL RISK, QUALITY ASSURANCE BOARD

The Quality lead presented the YAS Annual Risk, Quality Assurance Board paper for Information.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the YAS Annual Risk, Quality
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15. CARE HOMES QUALITY ASSURANCE BOARD

The Consultant in Public Health Medicine and Associate Medical Director presented the Care Homes Quality Assurance Board Report.

Updated was given on the current position of Care Homes Quality Assurance Board. Highlighted was the use of stroke and step down beds in Rossmore Nursing Home.

The CQC have reviewed Rossmore Care Home which has now received the rating as required improvement, further work is ongoing to ensure that the home becomes fully compliant with the CQC standards. The stroke beds had been reviewed by commissioners and discussions had been ongoing with CHCP, a further meeting and a walk around of the premises is planned for December 17.

The Quality and performance Committee identified the potential risks and the positive assurance in the Adult Social care management of the residential and nursing homes contract in Hull.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Care Homes Quality Assurance Board Report.
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16. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were highlighted.

17. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

No issues have been raised to go to the Planning and Commissioning Committee.

18. NOTES FROM THE FOLLOWING MEETINGS ARE AVAILABLE ON REQUEST:

- HEYHT Contract Management Board
- Humber FT Contract Management Board
- Spire Contract Management Board
- H&ERY Serious Incident Panel
- Infection, Prevention and Control Group

19. ANY OTHER BUSINESS

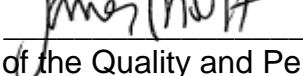
It was agreed that 4 deep dives for 2018 would be put in the diary for the Quality and performance Committee a year.

20. CHAIR'S UPDATE REPORT

The content of the Chair's Update Report would be discussed outside of the meeting.

21. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 19 December 2017, 2pm – 5pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: 
(Chair of the Quality and Performance Committee)

Date: 20 December 2017

GLOSSARY OF TERMS

2WW	2 Week Wait
BAF	Board Assurance Framework
BAFF	British Association for Adoption and Fostering
BI	Business Intelligence
BME	Black Minority Ethnic
BSI	Blood Stream Infections
CAB	Choose and Book
CAMHS	Child and Adolescent Mental Health Services
CCE	Community Care Equipment
C diff	Clostridium difficile
CDI	Clostridium Difficile Infection
CDOP	Child Death Overview Panel
CHCP	City Health Care Partnership
CIP	Cost Improvement Programme
CMB	Contract Management Board
COG	Corporate Operations Group
CoM	Council of Members
COO	Chief Operating Officer
CQC	Care Quality Commission
CQF	Clinical Quality Forum
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
DoN	Directors of Nursing
FFT	Friends and Family Test
GAD	General Anxiety Disorder
GNCSI	Gram Negative Bloodstream Infection
GMC	General Medical Council
HANA	Humber All Nations Alliance
HCAI	Healthcare Acquired Infection
HCW	Healthcare Worker
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HMI	Her Majesty's Inspectors
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
Humber FT	Humber NHS Foundation Trust
HYMS	Hull York Medical School
IAGC	Integrated Audit & Governance Committee
ICES	Integrated Community Equipment Service
IDLs	Immediate Discharge Letters
IFR	Individual Funding Requests
IMD	Index of Multiple Deprivation
IPC	Infection, Prevention and Control
IRS	Infra-Red Scanning
IST	Intensive Support Team
LA	Local Authority
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews

LIN	Local Intelligence Network
LSCB	Local Safeguarding Children Board
MCA/DoLs	Mental Capacity Act / Deprivation of Liberty Safeguards
MIU	Minor Injury Unit
MoU	Memorandum of Understanding
MRSA	Methicillin-Resistant Staphylococcus Aureus
NE	Never Event
NECS	North East Commissioning Support
NHSE	NHS England
NIHR	National Institute for Health Research
NLAG	North Lincolnshire and Goole NHS Trust
OOA	Out of Area
P&CC	Planning and Commissioning Committee
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PDB	Programme Delivery Board
PEN	Patient Experience Network
PHE	Public Health England
PPA	Prescription Pricing Authority
PPFB	Putting Patients First Board
PPI	Proton Pump Inhibitors
PTL	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
QSG	Quality Surveillance Group
PandA	Performance and Activity
RCF	Research Capability Funding
RCA	Root Cause Analysis
RfPB	Research for patient Benefit
RTT	Referral To Treatment
SAR	Safeguarding Adult Review
SCB	Safeguarding Children Board
SCR	Serious Case Review
SI	Serious Incident
SIP	Service Improvement Plan
SNCT	Safer Nursing Care Tool
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Fund
STP	Sustainable Transformation Plan
TDA	NHS Trust Development Authority
UTI	Urinary Tract Infection
VoY	Vale of York
WRAP	Workshop to Raise Awareness of Prevent
WYCS	West Yorkshire Urgent Care Services
YAS	Yorkshire Ambulance Service
YFT	York Teaching Hospital NHS Foundation Trust
YHCS	Yorkshire and Humber Commissioning Support
YTD	Year to Date