NHS
Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

6 December 2018 9.30am to 10.30am

The Snow Room, West Offices, Station Rise, York YO1 6GA

The agenda and associated papers will be available at:
www.valeofyorkccg.nhs.uk

AGENDA

1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3 to 18	Minutes of the meeting held on 1 November 2018	To Approve	All
4.	Verbal	Matters Arising		All
5.	Pages 19 to 31	The NHS in the Vale of York and Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23	To Approve	Simon Bell Chief Finance Officer
EXCLUSION OF PRESS AND PUBLIC				
In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is 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 as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.				

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Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 1 November 2018 at West Offices, York

Present

Dr Nigel Wells (NW)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Keith Ramsay (KR)	Lay Member and Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Michèle Saidman (MS)	Executive Assistant

Apologies

Phil Goatley (PG)	Lay Member and Audit Committee Chair
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health
Sharon Stoltz (SS)	Director of Public Health, City of York Council

There were four members of the public and a member of Healthwatch York present.

The following matter was raised in the public questions allotted time.

Gwen Vardigans, Defend Our NHS

The issues within Unity Health have been brought to the attention of the CCG by patients for some time.

The latest report on the practice as 'inadequate' is worrying particularly now that 5,000 students have arrived to study at the University of York.

If Unity Health cannot cope adequately with the influx of students, what contingency plans will be in place and what impact will this have on other GP services?

Response provided by KS

The CCG contacted Unity Health early this year with concerns over a number of issues, including problems with the telephone and online triage. We were arranging to meet with Unity Health when the Care Quality Commission (CQC) informed the Practice that they would be inspected. At this time we agreed to pause our conversations with the Practice regarding our concerns so that they could focus on responding to the CQC.

The CQC inspection of Unity Health, which took place in May, raised a number of commonly known concerns which led to a temporary suspension on new registrations at the Practice. A revisit in September found that significant progress had been made in addressing a number of issues. Although assured in that respect the CQC rating of Inadequate remains unchanged but the suspension on registration has been lifted. All concerns raised with the CCG in advance of the CQC inspection were addressed in the action plan agreed with the CQC and are part of the CCG's ongoing work with the Practice.

Since the start of term students have been able to register with Unity Health, as well as other Practices in the city; this has gone smoothly. The CCG did have contingency plans but these were not needed.

Unity Health have been experiencing problems with the telephone service due to issues beyond their control but a full clinical service is in place and available for their registered list. There had been a notable rise in registrations in neighbouring Practices over the summer when the list at Unity Health was closed but student registrations are now expected to flow back into Unity.

The CCG continues to work closely with the Practice to help address the issues raised by the CQC in preparation for a full inspection in early 2019. As a commissioner we are also working with NHS England, the Royal College of General Practitioners, the Local Medical Committee and other Practices to both support Unity Health and ensure lessons are learnt and the necessary improvements made so that all Practices are as assured as possible.

AB noted that the Local Medical Committee had also been involved with Unity Health since May highlighting that contingency arrangements had been established quickly and commending York Practices for coming together to assist.

MC added that due to the legislation Unity Health would remain in Special Measures and with the CQC Inadequate rating until the full inspection in January 2019.

Prior to commencing the agenda NW reported that since the last meeting Dr Andy Field had resigned as the Central Locality GP representative on the Governing Body and expressed appreciation of his contribution. In addition to seeking expressions of interest from Central Locality GPs for this role NW, HE and RW were also discussing how this could be progressed. NW noted that Local Medical Committee support would also be welcome in this regard.

AGENDA

STANDING ITEMS

1. Apologies

As noted above.

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

SB declared that his partner was taking up post as Business Intelligence Manager with eMBED on 5 November 2018. All other declarations were as per the Register of Interests.

3. Minutes of the Meeting held on 6 September 2018

The minutes of the meeting held on 6 September were agreed.

The Governing Body:

Approved the minutes of the meeting held on 6 September 2018.

4. Matters Arising from the Minutes

Accountable Officer Report – Delayed rollout of free wi-fi capability to GP Practices: SB and KR noted that this matter was being reported through the Primary Care Commissioning Committee. It had been agreed that there should be no further extension to the CCG's contract with eMBED for public access wifi in Practices beyond the already agreed mid September extension and that contractual penalties should be applied in the event of further delays.

Risk Update Report – Concerns about Personality Disorder Access and *Accountable Officer Report – regarding information flow between GP systems and Tees, Esk and Wear Valleys NHS Foundation Trust systems for patients with a mental health condition:* DN and RW reported on their meeting the previous week when they had had wide ranging discussion about RW's concerns relating to aspects of care of mental health patients. DN and PM had subsequently met the Tees, Esk and Wear Valleys NHS Foundation Trust Chief Executive and Director of Operations and started discussions about primary care issues of GPs not knowing about availability of and access to services, and also the interface with secondary care. DN advised that Tees, Esk and Wear Valleys NHS

Foundation Trust were equally keen to address these issues. She also noted that a joint CCG / Tees, Esk and Wear Valleys NHS Foundation Trust post was being established that would report to her and their Director of Operations. This would enable improved system working and seek to achieve the best services possible with the recognition of the need for further investment in mental health services. DN also advised that there had been discussion at the CCG's Contract Management Board with Tees, Esk and Wear Valleys NHS Foundation Trust relating to issues from a GP perspective. There was recognition that some early improvements could be made.

Detailed discussion ensued from the GP perspective with particular reference to the need for improved letters from mental health secondary care so that there was clear information for GPs at the top of the detailed report on a patient. AB noted that similar discussions had taken place at the Local Medical Committee about the need for improved and timely communication.

Further discussion included welcoming the progress made in joint working; the national funding for mental health in the recent budget for mental health facilities in A and E Departments with recognition that this model would not always be appropriate for local systems. Emphasis was needed to ascertain options to deliver the most clinical benefit but noting the context of the need for greater investment in mental health services; and the need for community mental health services to be strengthened as part of the development of the new mental health hospital.

Integrated Performance Report - Resolution to be sought to address the up to six week timescale from GP visit to diagnostic results: PM reported on discussions about capacity issues in and around hospitals and potential opportunities for other parts of the system, including primary care, to defuse pressures. He emphasised that the complexity of these issues had become apparent. NW added that discussions were also taking place at Strategic Transformation Partnership level about addressing these issues with regard to cancer radiology.

PM highlighted the need for the acute providers to work together to bring about rapid improvement in meeting diagnostic standards, also noting that the Cancer Alliance, which did not appear to be as effective as in other parts of the country, had been charged with presenting a recovery plan for the financial year. PM emphasised the urgency due to the impact on services being provided for patients.

In response to HE referring to a specific example, which she would discuss outside the meeting, and noting that GP workload was impacted by the diagnostic delays, MC explained the process by which quality issues were managed, and escalated if required, under the Aligned Incentive Contract with York Teaching Hospital NHS Foundation. However radiology was currently still activity based, the CCG did not have any threshold for referrals and the CCG had not yet seen York Teaching Hospital NHS Foundation Trust's recovery plan. The development of guidance for GP diagnostic referrals would alleviate pressures both in primary and secondary care.

The Governing Body:

Noted the updates and associated actions.

5. Accountable Officer's Report

PM presented the report which provided an update on turnaround, local financial position and system recovery; acute service transformation; winter resilience; Commissioning intentions 2019/20: aligning work with partners; joint commissioning; the Care Quality Commission Local System Review; developing the long term plan for the NHS; Better Care Fund; Emergency Preparedness, Resilience and Response; and national issues.

PM referred to the significant deterioration in the CCG's forecast deficit position. He explained that this was primarily as a result of the spending with York Teaching Hospitals NHS Foundation Trust being above plan. The Aligned Incentive Contract was not operating as expected in delivering cost reduction at the level required within the plan; the proposed charging for the additional costs of meeting unplanned care demand under the Aligned Incentive Contract arrangements being above plan; and the completion of the continuing healthcare reconciliation position by NHS Scarborough and Ryedale CCG across the North Yorkshire and York CCGs following the withdrawal from that joint arrangement by the CCG. SB proposed, and PM agreed, that the paragraph in his report about the 2018/19 position should read 'the CCG aimed to deliver no worse a position than the 2017/18 deficit of £20.0m excluding the Commissioner Sustainability Fund' rather than 'ensuring the CCG delivers the 2018/19 deficit is essential to ensuring it starts the next financial year in the best possible position'.

PM explained that the CCG and York Teaching Hospital NHS Foundation Trust had started the financial year working towards a new financial incentive scheme offered by the respective regulators. They had agreed to work to an aligned incentive, instead of activity based, contract and to reduce costs as much as possible. However, under an Aligned Incentive Contract the former commissioner opportunities, such as Quality, Innovation, Productivity and Prevention (QIPP), no longer applied and reducing costs could only be achieved by the provider with the support of the commissioner. It was more challenging for the commissioner to realise in hospital cost reduction and the ambition of the Aligned Incentive Contract was not being met. PM noted that York Teaching Hospital NHS Foundation Trust was making progress reducing costs internally but not at the level agreed in the plan. The associated financial consequences would sit on the commissioners' books and at month 6 the CCG was in the position of having the financial plan with the largest deterioration in the North of England. PM also noted that the CCG would remain in legal Directions with limited capacity or flexibility to provide support to partners. He emphasised however that collaborative and constructive work with partners and providers would continue towards clinically led system financial recovery.

In response to KR enquiring whether there was still a shared ambition to continue with regard the Aligned Incentive Contract arrangement SB explained that this was a one year arrangement currently but there was ambition to go further than

the current contract. In thinking about a new arrangement it would be important to ensure clarity over what the contract envelop funds and to avoid situations such as the specific exclusion of winter, which had not been fully evaluated prior to contract signing this year.

SB reported that he was working with York Teaching Hospital NHS Foundation Trust on a multi year arrangement with commitment to financial recovery by both organisations and with explicit prioritisation of the system's utilisation of resources, for example winter, waiting lists and diagnostics. He advised that York Teaching Hospital NHS Foundation Trust was broadly committed to this approach but had understandable concerns about funding non-elective activity above plan and pass through drug and devices costs above plan.

DB noted that the Finance and Performance Committee was extremely concerned about the position and the need for system transformation. He had written to both regulators on behalf of the Committee requesting that they support the system in progressing towards a more balanced approach to risk sharing, within the finite resources available. To date DB had received a holding reply.

Members sought and received assurance about York Teaching Hospital NHS Foundation Trust's underlying deficit position and commitment to joint working to address the system challenges. SB explained that the initial draft of the costed four year plan demonstrated return to financial balance by both commissioner and provider but emphasised that this required redesign of delivery of health care across the system to manage within the fixed resource. Key to this was a mechanism to resolve the issue of payment for unplanned activity.

In response to HE expressing concern about the level of culture change required, SB stressed the role of the CCG in moving from a focus on money and financial transactions to one of resolving the problems. He reported that at the respective Governing Body and Board meetings in December he and the York Teaching Hospital NHS Foundation Trust Finance Director would present a draft plan describing principles for a multi year approach in which their income would reflect the CCG's expenditure assumptions. SB noted however that changes to this may be required in response to planning guidance which would be published subsequently.

SB emphasised the need for the financial plan to be fully evaluated citing the example of York Teaching Hospital NHS Foundation Trust initially offering £10.0m cost reduction for the Aligned Incentive Contract which had actually been £2.0m in reality.

Further discussion included opportunities to learn from international models of care that had successfully addressed workforce challenges, the NHS 10-Year Plan and the convergence of NHS England and NHS Improvement. PM emphasised that the CCG's priorities remained as identified by patients through the 'big conversation' public events of 2017 and subsequently detailed in the Commissioning Intentions. The CCG's role was to work collaboratively with partner organisations, both statutory and non statutory, to facilitate and lead change to return the system to financial balance.

PM highlighted establishment of a Joint Commissioning Strategic Group with City of York Council noting that a number of shared priorities were being developed. These were likely to include Children's Services and in particular Children's Mental Health Services. In response to RW enquiring whether the CCG was adopting a similar approach with North Yorkshire County Council PM noted the wish to do so but referred to the context of the CCG footprint being only a quarter of their population and their wish for a single approach across the county. He noted any suggestions in this regard from HE or RW would be welcome.

HE advised that she, NW and RW had been in email discussion regarding the need for culture change from a biological to a psycho social model of care. She also highlighted that where management of mental health patients was not optimised this was very costly to the system and commended Compass Buzz, as referred to in item 10, in this regard.

DN noted that KS had sent apologies to the Governing Body meeting as he was interviewing for a Lead Officer for Primary Care in York who would work with GPs as providers to develop out of hospital care. The CCG aimed to adopt a similar approach for the North and South Localities with joint posts focusing on the system and patients.

NW reported that a programme of protected learning time was being developed which would include working with "The First Ten", GPs in their first ten years of practice, with the aim of building resilience. The first session was scheduled for the end of January 2019. NW had also discussed this approach with the Chair of York Teaching Hospital NHS Foundation Trust for consultants in their first ten years noting the potential to eventually adopt this approach across clinicians.

With regard to national issues in the report MC explained that sepsis was a new Improvement and Assessment Framework indicator, particularly with regard to management in primary care. This would be reported through the Quality and Patient Experience Committee. MC noted the intention of including sepsis in the protected learning time programme and advised that a bid had been submitted through the Academic Health Science Network for a Clinical Leadership Fellow for a full time clinician whose remit would include delivering sepsis programme of support. She also noted that associated work was already taking place through Managing the Deteriorating Patient. RW advised that she would share learning from work within her Practice in this regard.

The Governing Body:

Received the Accountable Officer's Report.

6. Risk Update Report

PM referred to the report which described events for which ratings had been increased, de-escalated or remained the same noting that all events had been reviewed by the relevant lead since the last Governing Body. There was one new event, included following discussion of concerns and priorities at the recent Council of Representatives meeting: *There are increasing signs that workforce numbers in primary care (GPs, Nurses and other staff) are impacting on capacity. With the additional challenges of winter there is a risk that services will not be*

maintained with consequent risks to patient safety. PM advised that a response to the priorities identified by the Council of Representatives would be provided the following week.

NW highlighted aspects of the risk relating to workforce including recruitment, workload and impact from Improving Access to General Practice. He noted that, although the role of allied health professionals was a benefit, this also resulted in impact on GP workload. HE highlighted that allied health professionals were of value to larger Practices who could mentor them but smaller Practices did not have capacity for this support. RW also noted that locums were expensive and did not always undertake the full GP role resulting in additional workload and longer hours for other GPs. Whilst recognising there was no perfect model, improvements and efficiencies could be shared to manage capacity and demand, for example effective use of data. AB referred to the CCG's patient focus but requested that consideration also be given to education regarding patient access expectations.

Discussion ensued in the context of the need for the CCG to understand mitigation of risk in primary care to be able to provide support; recognition of capacity issues in other areas particularly Child and Adolescent Mental Health Services, radiology and A and E; examples of easy ways to use data to change working practice; the need for a platform to share good practice; and opportunities to optimise roles such as health care assistants which varied across Practices. DB and KR, as respective Chairs of the Finance and Performance Committee and Quality and Patient Experience Committee, noted their meetings included consideration of risks associated with primary care.

AB referred to previous discussion about development of a dashboard for an OPEL (Operational Pressures Escalation Level) system for General Practice; MC agreed to seek an update in this regard. AB also requested support from the CCG for an equivalent facility for data collection for Practices using SystmOne to that available on EMIS.

HE agreed to lead a session at the January protected learning time on examples of ways to support General Practice.

The Governing Body:

1. Received the Risk Update Report.
2. Noted that MC would seek an update regarding a dashboard for a General Practice OPEL system.

FINANCE AND PERFORMANCE

7. Financial Performance Report 2018/19 Month 6

SB referred to the earlier discussion about the CCG's disappointing financial position noting that this had been reported through the Finance and Performance Committee and Audit Committee as well as the Governing Body. Discussions were ongoing with NHS England.

SB explained that the main reason for the £6.0m deterioration in the CCG's position was the significant spending above plan with York Teaching Hospital NHS Foundation Trust. As previously noted, this was largely as a result of the operation of the Aligned Incentive Contract as it currently operated. He noted, however, that the contract was delivering as intended for planned care and cited the work the hospital and the CCG had undertaken to reduce the total number of people waiting for elective surgery above March 18 levels from c.1,700 to 300 at no additional cost to the system.

SB reiterated the need for realistic financial planning, as discussed earlier, and advised that in response to non-delivery of the £10.0m cost reduction at the Trust which triggered the Aligned Incentive Contract risk share, the CCG's Executive Committee had agreed recovery actions which had been supported by the Finance and Performance Committee and the Audit Committee. Whilst noting that the £6.0m deterioration was after delivery of these actions further work was required to ensure no further deterioration. SB highlighted that this was still an improvement on the position at the end of 2017/18.

SB reported that the CCG had commissioned an external review of the Aligned Incentive Contract by colleagues in Hull to ensure lessons were learnt. The Finance and Performance Committee would receive the report at its November meeting.

In response to members seeking clarification about data provision and understanding by partners, SB advised that this was complex and varied. He commended ambulance services in general for their use of real time data but noted that other parts of the system were less effective in using data effectively.

The Governing Body:

Received the Month 6 Financial Performance Report

8. Quarter 2 Financial Control, Planning and Governance Assessment

SB reported that the Financial Control, Planning and Governance Assessment for quarter 2, presented in accordance with NHS England's process, had been completed based on the month 6 financial position and revised forecasts. He noted that the exceptions detailed all related to failure to deliver the financial plan.

PM highlighted that, notwithstanding the earlier Aligned Incentive Contract discussion, the CCG had achieved £7.0m QIPP in 2017/18 and was planning to achieve a further QIPP efficiency of £8.0m in 2018/19 without impact on services. He commended this in the context of the current challenging position. SB additionally noted that, as the recovery actions were £4.0m, the total required for the year was c£12.0m. KR commended the progress including in respect of culture change.

The Governing Body:

Received the quarter 2 Financial Control, Planning and Governance Assessment

9. Integrated Performance Report 2018/19 Month 5

PM presented the report which comprised performance headlines; performance summary against all constitutional targets; programme overviews relating to planned care, unplanned care, mental health, learning disability and complex care, primary care performance; the CCG Improvement and Assessment Framework; and Quality Premium; core supporting performance information was included in a number of annexes.

PM commended progress by York Teaching Hospital NHS Foundation Trust in respect of A and E four hour performance as this trajectory had been met every month since April 2018. He particularly commended the work of Wendy Scott, Chief Operating Officer, in this regard.

NW reported on his attendance at the clinical reference group of the ongoing acute services review of Scarborough Hospital. He noted there were also patient and public engagement and finance groups, the latter being attended by SB. NW explained that a number of potential alternative models of care were being considered. The plan for a decision to be reached in the third meeting had not been met and a fourth meeting was being arranged.

PM welcomed the improvement in continuing healthcare 28 days performance, now at 91% against the 80% target with the number waiting more than 28 days down to two this reporting period. Whilst welcoming the progress DN advised that further work was required. She explained that there were two key aspects to this national indicator. Firstly Decision Support Tools, assessment for continuing healthcare, should not be undertaken in hospital; this had previously been the routine practice. It was now recognised this should take place when the person was in a stable position for assessment of long term care needs. Discharge to assess beds had now been established to facilitate assessment out of hospital and the target was being met for continuing healthcare. DN highlighted that the 28 days had been a challenge due to the requirement for manual tracking following disconnection from the North Yorkshire system, however a new system would be in place from January 2019. The second aspect related to the fact that a Decision Support Tool required a social care professional to be present and until 2017 this could be considered by Local Authorities as a health target. DN expressed appreciation to City of York Council for joint working in this regard and the progress made.

PM commended DN's work noting the challenge to reach the present position. KR and DB additionally welcomed this progress in the context of longer term planning.

With regard to areas of deterioration PM referred to the earlier discussion about cancer two week and cancer 62 day performance and the 18 week referral to treatment performance to the end of March 2019 noting that the latter would be influenced by winter pressures.

DN reported in respect of Child and Adolescent Mental Health Services that Tees, Esk and Wear Valleys NHS Foundation Trust had recruited through the

recurrent investment but performance was not expected to improve until the end of the year. The non recurrent investment was being utilised to reduce assessment waiting times for children with autism. DN noted that the Child and Adolescent Mental Health Services clinical team had attended the recent CCG / Tees, Esk and Wear Valleys NHS Foundation Trust Contract Management Board which had been invaluable in providing a better understanding of the issues and the alignment of risk management.

DN reported that investment in Early Intervention Psychosis had enabled recruitment to these specialist posts. However, improvement was not expected to start before quarter three.

The Governing Body:

Received the Integrated Performance Report as at Month 5.

ASSURANCE

10. Quality and Patient Experience Report

MC presented the report which provided an overview of the quality of services across the CCG's main providers and an update on the quality improvement work of the CCG's Quality Team relating to quality improvements affecting the wider health and care economy. Key pieces of improvement work included: Special School Nursing Review as part of review of the 0 – 19 pathway, Care Home Strategy development, maternity services transformation and workforce transformation.

MC referred to previous concerns about Never Events and Serious Incidents at York Teaching Hospital NHS Foundation Trust. She welcomed the significant progress since appointment of the Deputy Director of Patient Safety and reported openness and transparency had been established. Theatre site visits at York Hospital had been arranged and arrangements were being made for similar visits to Scarborough and Bridlington Hospitals. MC added that there had been no Never Events since the last Governing Body meeting.

MC referred to the earlier discussion about radiology and diagnostics.

MC noted that for the first time the CCG had needed to support Practices, as detailed, in respect of influenza (flu) vaccination. She noted the success of the offer of District Nurses providing flu vaccination to housebound patients not on their lists.

MC advised that a detailed report on Medicines Management had been welcomed at the last Quality and Patient Experience Committee. This area of work would now be regularly reported both to the Committee and the Governing Body from the quality, as opposed to the cost, perspective.

MC additionally reported that work was taking place with a number of partner organisations, including Local Authorities and providers, to resolve issues relating

to continence provision for children. She explained that the biggest gap was for Level 2 continence provision noting that CCGs should commission this. The required specialist assessment was not readily available which resulted in over reliance on products and attendance at GPs. MC explained that an initial investment for a specialist nurse was required and she was preparing a business case for consideration by the Executive Team in this regard. She also noted that commissioning guidance was expected before Christmas.

MC introduced Karen McNicholas who had recently taken up post as Children's and Young People's Senior Quality Lead and whose role focused on areas that required partnership working, such as short breaks and development of new models of care. She was optimistic about transformation of the service for continence provision for children advising that York Teaching Hospital NHS Foundation Trust and City of York Council were committed to joint working in this regard.

In response to NW referring to the need for primary care to be informed of the position MC advised that she had requested detail of the 0-19 offer for Level 1 provision which was a City of York Council commissioning responsibility. However, the School Nursing Service was not yet fully staffed but, as previously, Health Visitors should still be providing this support for younger children. MC noted she had requested that information be provided to primary care on the current service.

AB left the meeting

Discussion ensued regarding Compass Buzz, part of North Yorkshire County Council's Schools Mental Health and Wellbeing Service. NW noted a confidentiality issue in terms of communication relating to safeguarding and HE highlighted that schools where this training had been undertaken could be supported if this fact was known. Members noted that City of York Council had a different mechanism in this regard.

The Governing Body:

Received the Quality and Patient Experience Report.

11. Aligned Incentive Contract Governance Arrangement

PM presented the report which encompassed a governance structure to support the system work under the Aligned Incentive Contract across NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust, also including NHS East Riding of Yorkshire CCG. The report comprised an overarching Aligned Incentive Contract governance structure and terms of reference for the associated working groups, namely the Aligned Incentive Contract Management Group, Performance Group, Quality and Safety Group, Planned Care Steering Group, Health and Care Resilience Board (formerly the A&E Delivery Board) and the Technical Informatics Group. PM commended the arrangements as a framework for clinicians to work together, also noting that it was consistent with the NHS 10-Year Plan.

Members expressed concern at the CCG's very limited clinical representation on the working groups referring to the earlier discussion about capacity issues. HE and RW also highlighted the need for flexibility across the localities as a "one size fits all" approach, for example in terms of compensation for time commitment, may not be appropriate. Assurance was also required that representatives attending meetings had authority to make decisions on behalf of their organisation.

MC additionally noted that the Clinical Reference Group, which would provide a key overview, was omitted from the framework. The plan was to ensure that its membership also comprised the York Teaching Hospital NHS Foundation Trust Medical Director and Chief Nurse, CCG GP Leads and CCG Chief Nurses.

In response to DB referring to the need for a dispute resolution mechanism, SB advised that this would be through contracts.

It was agreed that work would take place outside the meeting to address members' concerns.

The Governing Body:

1. Noted the Aligned Incentive Contract governance structure and associated governance documents in support of each organisation working to deliver continued system financial and performance recovery.
2. Noted that further work would take place to address the concerns detailed.

12. Safeguarding Children Designated Professionals Annual Report 2017/18

MC referred to the annual report that described some of the key national safeguarding children issues which had arisen during the year including the national and local context, Local Safeguarding Children Boards and Case Reviews, statistical information, progress against the Designated Professionals 2017/19 Strategic Priorities, 2018/19 challenges and opportunities and the Safeguarding Children Strategic Plan for 2018/19.

MC highlighted that new guidance replaced Local Safeguarding Children Boards with partnership arrangements between CCGs, the Police and Local Authorities and that CCGs were now responsible for Child Death Overview Panels and associated processes. She reported that, due to the number of child deaths and the existing arrangements, City of York Council and North Yorkshire Council would continue to work together for Child Death Overview Panels.

Members sought and received clarification on a number of aspects of the report, including in respect of succession planning, as reported at the previous Governing Body meeting, and welcomed the format of the report. KR, as Chair of the Quality and Patient Experience Committee, commended the work of the Designated Professionals for Safeguarding Children.

The Governing Body:

Received the Safeguarding Children Designated Professionals Annual Report 2017-18

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Audit Committee chair's report and minutes of 27 September 2018.

14. Executive Committee chair's report and minutes of 15 August, 5 and 19 September and 3 October 2018.

15. Finance and Performance Committee chair's report and minutes of 23 August and 27 September 2018.

16. Primary Care Commissioning Committee chair's report and minutes of 11 October 2018.

17. Quality and Patient Experience Committee chair's report and minutes of 11 October 2018.

18. Medicines Commissioning Committee recommendations of 12 September 2018.

ADDITIONAL ITEM

PM referred to the Care Quality Commission York Local System Review in November 2017 which had focused on care of the over 65s and had identified areas that needed improvement including collaborative system working. He reported that the Care Quality Commission was returning to review progress.

HE reported that Practices welcomed the support the CCG was offering in preparing for Care Quality Commission visits.

The Governing Body:

Noted the update.

19. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 3 January 2019 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and 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 as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

Follow Up Actions

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

A glossary of commonly used terms is available at:

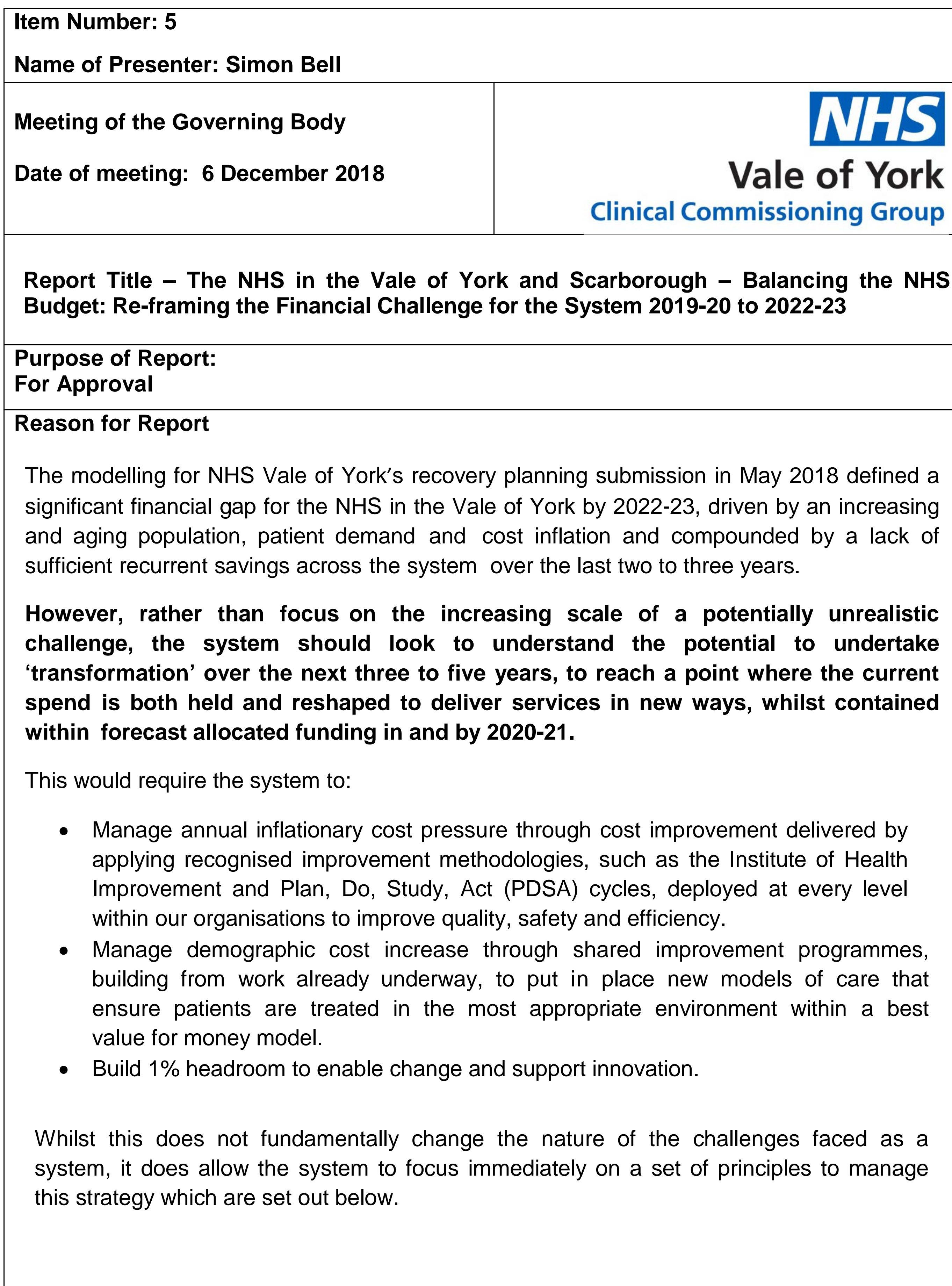
http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 1 NOVEMBER 2018 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
1 November 2018	Risk Update Report	• Update on a dashboard for a General Practice OPEL system to be sought	MC	
1 November 2018	Aligned Incentive Contract Governance Arrangement	• Further work to take place to address concerns	PM	



Item Number: 5

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 6 December 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – The NHS in the Vale of York and Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23

Purpose of Report:
For Approval

Reason for Report

The modelling for NHS Vale of York's recovery planning submission in May 2018 defined a significant financial gap for the NHS in the Vale of York by 2022-23, driven by an increasing and aging population, patient demand and cost inflation and compounded by a lack of sufficient recurrent savings across the system over the last two to three years.

However, rather than focus on the increasing scale of a potentially unrealistic challenge, the system should look to understand the potential to undertake 'transformation' over the next three to five years, to reach a point where the current spend is both held and reshaped to deliver services in new ways, whilst contained within forecast allocated funding in and by 2020-21.

This would require the system to:

- Manage annual inflationary cost pressure through cost improvement delivered by applying recognised improvement methodologies, such as the Institute of Health Improvement and Plan, Do, Study, Act (PDSA) cycles, deployed at every level within our organisations to improve quality, safety and efficiency.
- Manage demographic cost increase through shared improvement programmes, building from work already underway, to put in place new models of care that ensure patients are treated in the most appropriate environment within a best value for money model.
- Build 1% headroom to enable change and support innovation.

Whilst this does not fundamentally change the nature of the challenges faced as a system, it does allow the system to focus immediately on a set of principles to manage this strategy which are set out below.

The implications of this strategy are that:

- in the interim years, the system in aggregate, and at least one statutory organisation, will continue to operate with deficits.
- resolving CCG cumulative deficits and York Teaching Hospitals NHS Foundation Trust's ability to achieve a five-year break-even duty are not currently achieved as part of the financial planning approach outlined.
- Neither planning guidance, nor control totals for 2019-20 have yet been notified so the finances shown are draft.

It should be acknowledged at this early stage that a three to five year recovery plan of this nature would entail deficits in 2019-20 and through to 2021/22 and therefore requires the support of Boards and Regulators.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☒North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is asked to approve the report.

Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

Report Author and Title

Simon Bell, Chief Finance Officer
Andrew Bertram, Finance Director
York Teaching Hospital NHS Foundation Trust

Annexes:

Annex A - The NHS in the Vale of York and Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23
Annex B – Illustrative summary financial model – NHS Vale of York and York Teaching Hospital NHS Foundation Trust focus

The NHS in the Vale of York & Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23

1) Background

The NHS in the Vale of York and Scarborough area has acknowledged that it is overspending and underperforming in some areas. At whole system level, the NHS locally consistently fails several national financial performance standards and some constitutional requirements.

In the current financial year the system is also recurrently overspending its current resources/income by c.£3m per month. The consequences of this position has been the imposition of statutory directions/undertakings on the Clinical Commissioning Groups and York Teaching Hospitals NHS Foundation Trust.

Partners know that the system is broadly spending now the resources it will have available to spend in 2022/23. Strategically, any failure to address these financial and performance failures may substantially undermine locally shared intentions to move to an appropriately integrated care partnership.

This paper therefore considers the high-level financial outlook for the NHS in the Vale of York & Scarborough and seeks to re-describe it in terms of the potential for recovery rather than the cumulative challenges to success.

2) Re-framing the Context – Multi-Year Financial Recovery

The modelling for NHS Vale of York's recovery planning submission in May 2018 defined a significant financial gap for the NHS in the Vale of York by 2022-23, driven by an increasing population, patient demand and cost inflation and compounded by a lack of sufficient recurrent savings across the system over the last two to three years.

The modelling for NHS Scarborough and Ryedale identified a similar financial gap, driven by growth in demand for services and inflation.

Although system transformation plans are developing within the system work-streams, they do not yet have the detail or certainty to show that the 'gap' can be convincingly resolved in addition to the expectation of 'Business as Usual' savings across a three to five year time period. This lack of assurance leaves the System without a compelling narrative to describe a future NHS that can command the confidence of the public and the system regulators.

Whilst the development and detail of the plans will be critical in moving local services forward to make the case for a viable integrated NHS in the future, there is a need now for a different perspective based upon a few key principles to assess both the problem and the solutions.

On this basis, **rather than focus on the increasing scale of a possible financial challenge, the system should look to understand the potential to undertake 'transformation' over the next three to five years, to reach a point where the current spend is both held and reshaped to deliver services in new ways, whilst contained within forecast allocated funding in and by 2022-23.**

This would require the system to:

- Manage annual inflationary cost pressure through cost improvement delivered by applying recognised improvement methodologies, such as IHI and PDSAs, deployed at every level within our organisations to improve quality, safety and efficiency.
- Manage demographic cost increase through shared improvement programmes, building from our local work programmes, to put in place new models of care that ensure patients are treated in the most appropriate environment within a lowest cost / best value for money model
- Build 1% headroom to enable change and support innovation.

Whilst this does not fundamentally change the nature of the challenges faced as a system, it does, allow the system to focus immediately on a set of principles to manage this strategy. These are set out below.

3) System Viability

The material level of overspending in the current financial year by NHS Vale of York and NHS Scarborough and Ryedale CCGs is sustaining the current cost base of local NHS providers, including York Teaching Hospital NHS Foundation Trust, Tees and Esk Wear Valleys NHS Foundation Trust, Yorkshire Ambulance Service NHS Trust, GP practices, and other provision services within the CCG. Current forecasts are for the NHS system in Vale of York and Scarborough to overspend by around £29m in 2018-19 (excluding the impact of prior year deficits). In addition, York Teaching Hospital NHS Foundation Trust has an underlying recurrent deficit in the order of £14m.

Future investment in the NHS is a matter for political debate and determination, but the indicative figures for NHS Vale of York provided by NHS England highlight year-on-year funding growth for 2019-20 to 2023-24 of 3.6%, 3.6% and then 3.27%, before any 2019/20 and beyond Operating Framework changes relating to the latest budget

announcement, national mental health funding, potential revised provider sustainability funding arrangements and NHS pay award funding arrangements. In absolute terms, this brings in new commissioning funding of c.£84m over the next five years to 2023-24 with indicative funding of c.£548m (inclusive of running costs) in 2023-24 for NHS Vale of York. The equivalent growth for NHS Scarborough and Ryedale CCG is 3.6% for 2019-20 and 20-21, and 3.4% for the following years, an increase of c. £33m by 2023-4 with indicative funding of c. £217m (inclusive of running costs) in 2032-24.

In addition to the locally allocated CCG commissioning resources noted above, there are nationally held NHS transformation reserves and the Sustainability Fund for both providers and commissioners (at the time of writing this is £14m for VOY CCG, £4m for S&R CCG and £12m for the Trust).

Within the wider system, the 2015 spending review and more recent Governmental announcements have identified further Council funding to be included in the 'Improved Better Care Fund', which requires joint planning between Health and Social Care.

Current cost estimates by the end of 2018-19 indicate baseline expenditure levels will be at similar levels to the baseline 2022-23 resource position. Currently, and for the foreseeable future, the basis of allocating resources to the local system will remain based on a fixed weighted, per capita allocation per capita. A viable system should be seeking to live within these allocated resources and have some margin available to meet unforeseen challenges that arise (approximately 1% the equivalent of c.£5-7m would be a reasonable estimate for this). The current basis of allocation presents particular problems in the Scarborough area where geography, remoteness and limited scale of service provision challenges operational and financial viability.

Rather therefore than looking at the system gap, a more viable and realistic way of looking at the challenge is to accept a requirement across organisations to bring the system back into balance by 2020-21 by:

- **holding system spending at current 2018-19 levels for the next 4 years focussing on cost containment rather than seeking to identify major demand reduction programmes that in turn facilitate cost saving programmes;**
- **focussing on realistic underlying levels of efficiency savings at say 1.5% to 2% through joint programmes of work across the system;**
- **not fully committing future growth funding in order to fund existing cost pressures, and prioritise remaining growth as a system to address key service requirements and ambitions. This will include consideration of how the system rebalances provision and in doing so provides investment into domiciliary and residential care, primary care, community care, and mental**

health services, alongside the priorities of acute care;

- **In the context of the national payment model, understand how individual organisation demand and cost volatility can be managed within an overall fixed commissioner resource.**
- **using 'transformation' to incrementally meet demand and cost impacts of that demand growth, reallocate expenditure at 'service line' to critical services;**
- **redirecting the cost attributed to current services lines through new models of care to ensure patients are treated in the most appropriate environment with the best value for money model;**
- **establish a c.1% reserve across all system partners at that point and provide investment funds for new targets that are likely to come with the increased funding growth in the final year.**

The implications of this strategy are that:

- in the interim years the system and at least one organisation will continue to operate with deficits;
- resolving the CCGs' historic deficits and YTHFT's ability to achieve a five-year break-even duty are not currently resolved in-year as part of the multi-year financial plan;
- National planning parameters and control totals at the system level for 2019-20 and beyond have not yet been announced; though it may be that these would not be met across the system, it still may be possible for some individual organisations;
- It should be acknowledged at this early stage that a three to five year recovery plan of this nature would require deficits in 2019-20 and through to 2022-23 and therefore the support of Boards and Regulators to support such a strategy is essential.

Notwithstanding the real challenges that the NHS system faces over this period, this view of the financial outlook describes a management challenge for the local NHS to rise to, if we are to move effectively and swiftly to re-cast a single System that comes together to deliver safe, modern and affordable care for the people of the Vale of York and Scarborough. If we cannot jointly commit to this way forward, which is likely to require all organisations to align our management and expenditure resources to meet the overall goal, then we are unlikely to be able to describe a path to an integrated partnership approach that meets the fundamental test of affordability in future years.

Although the footprint for the future shape of provision and commissioning has yet to be determined, if the system ambition is towards a greater consolidation of commissioning functions (including with local authorities, which would in turn allow for a greater co-ordination in shaping the care market in support of the NHS system), alongside the

development of a wider integrated care system of providers with the acute provider as the largest System provider, then as a system there is a need to describe the trajectory back to financial balance and ultimately how each organisation will live within the resources of a fixed, capitated budget, alongside ensuring appropriate investment in all areas of provision. Describing the collective ambition in this way also helps frame the timescale of the potential transition.

An initial financial model based upon this strategy is in place currently indicating the set of parameters within which this framework would need to work. The detail is not yet presented so as to allow debate on the high-level direction of travel and support for the strategy as set out. ***Annex B*** indicates the cost model sitting behind the planning assumptions and indicative model as 'proof of concept'. The model is predicated on aligned commissioner and provider expenditure and income expectations.

4) Dealing with the Practical Realities

Reflecting the challenge in this way is not intended to indicate that its delivery is no longer a demanding 'ask' of the whole System, but it does allow us to reconsider how the business of managing our joint resources might be successfully taken forward.

Contract Management, Planning and Regulation

The annual process of negotiating and managing NHS contracts is time consuming. This process can be vastly simplified with the benefit of re-focussing energy on the joint planning approach.

Currently each organisation is managed individually by its respective Regulator. At times, the Regulatory regimes have been shown not to be aligned and we would need to ensure that this is resolved to achieve this common goal. Obtaining a unified Regulatory approach, both to endorsement of plans and accountability for our decision making and delivery would be critical to the success of any three to five year plan. This may be supported by introduction of the new alignment of NHS England and NHS Improvement in the North region from November.

That being said, a recovery timescale that stretches out into 2023-24 is beyond the expectations of the current Regulators and Regulatory control totals. Support for any plan that requires this extended period will need to demonstrate that plans are not only robust and realistic but are also delivering as fast as is reasonably and safely possible. A jointly owned plan that shows how system resources are being transformed over time to meet our goals will be an important element of providing this assurance.

Given the inevitable and justified political and public interest in how we move forward,

a coherent plan that can describe what service model is in place, instead of just what 'savings' are required, will be a stronger platform to lead the debate. Part of this service model narrative will need to focus on the unique aspects of our provider infrastructure and the opportunities and challenges that presents locally. National guidance has set out an option for a System-level control total: this may not be a perfect solution for Vale of York and Scarborough but, in the absence of an alternative proposal that very clearly motivates all parties to work towards a single financial framework, it may be a route worth developing.

The current procurement regime can act as a bar to collaborative work with providers if not carefully managed. Any proposal for a large-scale integrated care provider arrangement for our area will need to be fully compliant with current regulation. However, NHS Vale of York and NHS Scarborough and Ryedale CCG intend to explore procurement options that first seek collaborative input as part of a strategic approach to future provision. The CCG's will take advice on options to ensure that potential future gains described in this paper are not compromised by next steps on approaching contract deadlines for local providers.

5) Programme Principles for Board/Governing Body Endorsement:

Directors of Finance will lead work through October to December to set out, through briefings, formal meetings, and ultimately organisational Boards a three to five year financial plan for the Vale of York and Scarborough system through reframing and resetting the financial plan at both system and organisational levels. The principles of this are:

- The NHS system as a whole is only viable if each organisation can have a sustainable financial position within the overall funding framework;
- A jointly owned process of planning and agreement across NHS organisations would be fundamental to achieving change of this nature (and consistent with integrated care system principles);
- Our collective focus will be on managing the system within the total available resource, rather than from any single organisations perspective and thus managing financial risk collectively;
- A viable System plan to contain spending within available resources by 2023-24, at the latest, which is a fundamental aspect of a successful integrated care system development;
- A focus on service planning that starts from the current position and moves it forward by (primarily) re-shaping current investment to meet demand and cost pressures (is an appropriate route to achieving this goal);
- All NHS partners will commit to working jointly and mitigate the current statutory and Regulatory constraints where possible, rather than starting from an individual organisational perspective, to model the ways of working needed for integrated

partnership System delivery;

- An expectation that over time we will see more people in community and primary care based settings, and that this will need appropriate resourcing;
- Current System work-streams will facilitate these changes, but the System mind set will be one of redistribution of our total resource to best achieve our aims;
- Jointly manage financial delivery across our organisations: clear accountability for individual actions must remain, but with all parties agreeing where and how our resources are most appropriately deployed across existing organisational boundaries;
- All NHS partners will seek combined Regulatory engagement on financial and performance delivery, to ensure the entire System is aligned on the delivery and decisions set out in our future plans. The benefits of a System-wide control total, or an alternative jointly agreed mechanism that incentivises all organisations to work towards the unified goal of overall financial stability for the local NHS should be part of this consideration;
- The value of the existing transformation work streams is supported, and their appropriate development to support the transformation needed to deliver the medium-term recovery plan will be supported by aligning the right skills drawn from across the separate organisations to deliver the work at pace;
- A clear and consistent NHS interface with key partners, in particular the Councils, will best deliver 'whole pathway' planning for local people and maximise benefits from the Improved Better Care Fund monies. This will include developing our focus on prevention.
- Developing a clearly understood narrative at the outset around what the financial plan delivers, what services and performance standards are being planned and resourced, and equally being clear about what is not planned and resourced.

6) Progress Still Needed

The cost impact of non-elective activity above plan, and of 'pass through' drug and device activity above plan is an area of key concern to the acute hospital in terms of delivering financial plan. How this is reconciled with working within a fixed system resource has yet to be resolved.

Some of the options currently being considered include phasing the CCG recovery trajectory such that recovery takes place more slowly in the earlier years of the plan, but happening at greater pace in the later years; having a System risk reserve set as part of the CCGs initial planning in order to manage unexpected events, this would reduce the amount of resource committed at the plan stage; transacting risk sharing as part of provider organisation inter-dependencies, for example, mental health providers working with people experiencing mental health problems attending A&E in order to reduce delays Or it might be that the newly announced (but at present unpublished) national payment model may damp down payment volatility.

7) Recommendations

The immediate priority is for:

- Organisations to agree principles as set out in the framework;
- Assessment of organisations and system plans in light of this agreement;
- Organisations to note that planning guidance and control totals have not yet been announced and that organisation and system plan developments will need to be cognisant of the national Operating Framework;
- Organisations to note that further progress is needed around fair funding of costs and reconciling risk sharing between organisations within an overall fixed System resource;
- Organisations to enable clinical leadership to support programmes with improvement methodology.

Simon Bell, Chief Finance Officer NHS Vale of York CCG
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Richard Mellor, Chief Finance Officer, Scarborough and Ryedale CCG
November 2018

	2018/19 exit	2019/20		2020/21		2021/22		2022/23		2023/24	
	position	Growth	Plan	Growth	Plan	Growth	Plan	Growth	Plan	Growth	Plan
Allocation growth assumption		3.60%		3.60%		3.27%		3.27%		3.27%	
In year allocation	463,710	16,694	480,404	17,295	497,698	16,275	513,973	16,807	530,780	17,356	548,136
Expenditure -											
YTHFT	226,898	5,721	232,619	7,397	240,016	5,996	246,012	6,154	252,166	6,315	258,481
Other Acute	45,598		45,598		45,598		45,598		45,598		45,598
Mental Health	50,448		50,448		50,448		50,448		50,448		50,448
Other Community	8,765		8,765		8,765		8,765		8,765		8,765
CHC & FNC	31,490		31,490		31,490		31,490		31,490		31,490
Other services	16,026		16,026		16,026		16,026		16,026		16,026
Prescribing	49,827		49,827		49,827		49,827		49,827		49,827
Primary Care Delegated	43,075		43,075		43,075		43,075		43,075		43,075
Other Primary Care	6,995		6,995		6,995		6,995		6,995		6,995
Running Costs	6,799		6,799		6,799		6,799		6,799		6,799
Reserves	-86		-86		-86		-86		-86		-86
Growth available		5,465	5,465	4,192	9,657	4,910	14,567	5,108	19,675	5,315	24,990
Total expenditure	**485,837**		**497,023**		**508,612**		**519,518**		**530,780**		**542,410**
In year surplus / (deficit)	-22,127	5,507	**-16,620**	5,706	**-10,914**	5,369	**-5,545**	5,545	**0**	5,726	**5,726**

Percentage through to fund baseline services above: 33.0%

	% to bottom line	Average £ available
3 Year Implications	44.0%	9,452
4 Year Implications	33.0%	11,315
5 Year Implications	26.2%	12,460

	Plan	Medium Term Financial Plan				
	2018/19 £m	**2019/20 £m**	**2020/21 £m**	**2021/22 £m**	**2022/23 £m**	**2023/24 £m**
Vale of York CCG	218.644	232.619	240.016	246.012	252.166	258.481
Scarborough & Ryedale CCG	77.180	79.876	81.140	82.470	83.853	85.288
Other Income Sources	179.642	191.352	202.265	206.048	209.917	213.878
Total Income	**475.465**	**503.846**	**523.420**	**534.530**	**545.935**	**557.647**
Expenditure	**-521.974**	**-543.169**	**-558.807**	**-563.960**	**-571.704**	**-580.251**
Surplus/ (Deficit) Pre CIP and QIPP	**-46.509**	**-39.323**	**-35.387**	**-29.430**	**-25.769**	**-22.604**
CIP	21.660	20.729	18.095	14.853	13.482	12.314
QIPP	10.463	3.138	3.874	2.650	2.746	2.843
Pre-PSF Surplus/(Deficit) Post CIP and QIPP	**-14.386**	**-15.456**	**-13.418**	**-11.927**	**-9.541**	**-7.447**
Post-PSF Surplus/(Deficit) Post CIP and QIPP	-1.907	-2.977	-0.939	0.552	2.938	5.032