

The Sustainability and Transformation Fund and financial control totals for 2017/18 and 2018/19: guidance (Indicative)

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About NHS Improvement

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Contents

1. Introduction to the Sustainability and Transformation Fund 2017/18 to 2018/19.....	4
1.1. Background	4
1.2. Shared planning guidance for 2017/18 and 2018/19	4
1.3. Our requirements of NHS trusts and NHS foundation trusts in 2017/18 and 2018/19	5
1.4. Sustainability and Transformation Fund objectives.....	5
1.5. Principles underpinning our deployment of the Sustainability and Transformation Fund in 2017/18 and 2018/19	6
1.6. Sustainability and Transformation Fund focus on sustainability in 2017/18 and 2018/19	6
2. Methodology for Sustainability and Transformation Fund allocations in 2017/18 and 2018/19.....	7
2.1. 'General' fund allocations of £1.5 billion per annum based on emergency services cost.....	7
2.2. 'General' fund allocations of £100 million per annum to non-acute NHS trusts.....	9
2.3. 'Targeted' fund of approx. £200 million per annum.....	9
2.4. Sign-off of Sustainability and Transformation Fund allocations	9
3. Criteria attached to receipt of the Sustainability and Transformation Fund	9
3.1. Summary of requirements	9
3.2. Delivery of agreed financial control totals	10
3.3. Delivery of access standards (or agreed performance improvement trajectories)	12
3.4. Treatment of sanctions.....	16
3.5. Quarterly review and payment process.....	18
3.6. Targeted fund – eligibility criteria.....	21
3.7. How receipt of the Sustainability and Transformation Fund should be treated in operating plans	21
4. Determination of financial control totals for 2017/18 and 2018/19	22
4.1. Technical basis for control totals	22
4.2. NHS Improvement determination of financial control totals	23
4.3. Process for trusts to agree control totals for 2017/18 and 2018/19	25
Annex 1: Provisional allocation of the general element of the Sustainability and Transformation Fund	27
Annex 2: Provisional allocation of non-acute fund for non-acute trusts only	39
Annex 3: Provisional allocation of general fund and non-acute fund for non-acute trusts only.....	45

1. Introduction to the Sustainability and Transformation Fund 2017/18 to 2018/19

1.1. Background

On 21 July 2016, a 'financial reset' in the NHS underscored the agreed legal responsibilities of individual NHS bodies to live within the funding available. Specifically, it confirmed actions by NHS England and NHS Improvement to dramatically cut the annual NHS provider deficit in 2016/17, and to sharpen the direct accountability of NHS trusts and NHS foundation trusts (collectively 'trusts') and their commissioners to live within the public resources made available by Parliament and the government.

The actions taken by the national NHS bodies in 2016/17 included:

- the allocation of an extra £1.8 billion to trusts (as part of the recurrent real-terms uplift for the NHS of £3.8 billion), aiming to help cut the combined trust deficit to around £250 million in 2016/17, and with the ambition that in aggregate trusts would begin 2017/18 in run-rate balance
- the agreement of 'financial control totals' with individual trusts. These represent the minimum level of financial performance required for the year, against which the boards, governing bodies and chief executives of organisations will be held directly accountable.

The accountabilities of individual organisations will be supplemented by the sustainability and transformation plans (STPs) being developed concurrently in communities across England, which will set out the wider, shared action they must take together to achieve broader improvement in health, care and financial sustainability over the Five Year Forward View (FYFV) period. These plans are expected to be submitted in October 2016.

1.2. Shared planning guidance for 2017/18 and 2018/19

As well as orchestrating a range of immediate actions to ensure financial delivery in 2016/17, NHS Improvement and NHS England are making the planning process from 2017/18 more supportive. We are doing this by moving to two-year operating plans that deliver on the STP visions, giving us the best opportunity to bring the NHS back onto a sustainable footing.

On 22 September 2016 the national NHS bodies published *NHS operational planning and contracting guidance 2017/18 and 2018/19*,¹ providing details of the two-year operational planning approach for 2017/18 and 2018/19 to help local

¹ Available at: <https://improvement.nhs.uk/resources/nhs-shared-planning-guidance/>

organisations deliver a sustainable, transformed health service and improve quality of care, wellbeing and NHS finances.

The planning guidance confirms that a £1.8 billion Sustainability and Transformation Fund (STF) will be allocated to trusts in both 2017/18 and 2018/19, based on an allocation determined by NHS Improvement. This additional income for trusts is non-recurrent and should not be counted on beyond 2018/19. As in 2016/17 the fund will concentrate on sustainability rather than transformation, aiming not to fund service enhancements but to sustain services.

1.3. Our requirements of NHS trusts and NHS foundation trusts in 2017/18 and 2018/19

The £1.8 billion STF settlement for the trust sector in each of 2017/18 and 2018/19 depends on trusts achieving an aggregate financial position of at least break-even in both years after application of the fund. To ensure this happens, all trusts must deliver an agreed financial control total in each year. Delivery of these control totals is a core part of NHS Improvement's new [Single Oversight Framework](#).

To determine control totals, NHS Improvement has developed an impact assessment model for a range of known factors at individual trust level.

The NHS settlement for 2017/18 and 2018/19 will also rely on tight collective management of the capital budget. Trusts therefore need to be prepared for continuing restrictions on both external finance access and deployment of existing cash reserves to ensure the NHS does not exceed its capital budget. They should develop their capital plans in time for the draft operating plans submitted on 24 November 2016, distinguishing essential expenditure from strategic investments.

1.4. Sustainability and Transformation Fund objectives

In 2016/17 the Sustainability and Transformation Fund was allocated to support and incentivise the sustainable provision of efficient, effective and economic care by NHS trusts and foundation trusts.

In 2017/18 and 2018/19 the Sustainability and Transformation Fund will build on the progress achieved in 2016/17, supporting the levels of financial and operational recovery required to sustain the delivery of NHS services. It will continue to accelerate the financial recovery trajectory of trusts that are in deficit, and consolidate the maintenance of (or progress towards) NHS Constitution service standards.

As in 2016/17 the general element of the Sustainability and Transformation Fund will be allocated primarily to trusts providing acute emergency care, as they remain under the greatest financial and operational pressure. It will also include elements of funding designed to support the sustainability of non-acute services, to support the overall sustainability of the trust sector.

1.5. Principles underpinning our deployment of the Sustainability and Transformation Fund in 2017/18 and 2018/19

To ensure a robust basis for allocation of the Sustainability and Transformation Fund in 2017/18 and 2018/19, we have applied four principles (largely mirroring those applied in 2016/17) when developing and agreeing the allocation and conditions of the fund:

1. to primarily support provision of emergency services, and address the financial and operational challenges of trusts in connection with providing those services
2. to support the objectives set out in the planning guidance, including the requirement that in both 2017/18 and 2018/19 the trust sector, in aggregate, must at least break even
3. to support the overall sustainability of the trust sector by incentivising greater efficiency savings in future without rewarding past poor- or under-performance
4. to be explained to stakeholders as clearly and transparently as practicable.

Based on these principles, for 2017/18 and 2018/19 the Sustainability and Transformation Fund will again focus on supporting sustainability rather than transformation, aiming not to fund service enhancements but to sustain services.

As described in the planning guidance the STF disposition includes the indicative allocation of a £1.5 billion 'general' element to providers of emergency care, which continue to face the most significant financial and operational pressures.

A further £100 million 'general' element has been allocated to providers of non-acute services to incentivise adherence to financial control totals and to the other STF criteria, and to thereby support the general sustainability of those services.

Any 'general' funding not accepted by trusts at the start of the year, or not earned by them during the year because of failure to meet the eligibility criteria, will be added to the £200 million 'targeted' element of the fund.

1.6. Sustainability and Transformation Fund focus on sustainability in 2017/18 and 2018/19

Funding must deliver at least a pound-for-pound improvement in the aggregate trust position, to stabilise the financial position of the trust sector. It will not, for example, be used for reconfiguration, transactions, new care models or private finance initiative buyouts, unless at least pound-for-pound benefits to the bottom line can be realised in-year by the trust receiving the funding.

The main benefits of the Sustainability and Transformation Fund to trusts are:

- improvement in income and expenditure (I&E) margin
- increase in cash balances
- improved metric scores under the Single Oversight Framework ‘use of resources’ assessment
- suspension of fines to ensure the double jeopardy commitment is met
- settling the planning numbers earlier and for a longer duration thereby enabling more energy to be devoted to redesigning and delivering better, more efficient care.

Commissioners will not ask for the fund to be spent on delivering increased volumes of activity. The full impact needs to flow to trusts’ bottom-line positions and it cannot result in any extra costs to trusts. The Sustainability and Transformation Fund is a ringfenced pass-through payment and cannot be used by commissioners to offset the cost of extra volumes of care required or any other elements of usual contractual arrangements.

2. Methodology for Sustainability and Transformation Fund allocations in 2017/18 and 2018/19

Most of the £1.8 billion Sustainability and Transformation Fund in each of 2017/18 and 2018/19 will be allocated to individual trusts on an indicative basis on 30 September 2016. This will ensure that each trust has enough time to prepare a credible plan in sufficient detail to meet its control total and achieve the maximum amount of financial benefit in year.

Each trust’s offer of general funding for 2017/18 and 2018/19 is being communicated in a letter from NHS Improvement on 30 September 2016.

The guidance below provides an overview of the principles and methodology used to determine indicative allocations of the Sustainability and Transformation Fund in 2017/18 and 2018/19, as set out in those letters.

2.1. ‘General’ fund allocations of £1.5 billion per annum based on emergency services cost

Of the £1.6 billion ‘general’ element of the fund, £1.5 billion will be provisionally allocated to trusts in proportion to the cost of emergency services they provide, as reported to trusts in draft 2015/16 reference costs.² The allocation is therefore linked

² Full 2015/16 reference costs data will be published in due course by the Department of Health (DH). In the absence of up-to-date, publicly available data DH has validated the draft 2015/16 reference costs and confirmed that NHS Improvement can use them to determine emergency share. Using the

to the cost of providing emergency services, rather than to deficit or to historic performance against plan.

The allocation method will support the provision of emergency services and help address the financial and operational challenges associated with the provision of those services. Monitor’s research on why NHS trusts and NHS foundation trusts failed to meet the 95% four-hour waiting-time standard for A&E departments in 2014/15 showed that high occupancy rates in other hospital departments were the main driver of poor performance.³ NHS Improvement expects the allocation of funding based on the cost of emergency services to incentivise trusts to reduce deficits and increase surpluses, and to maintain or improve performance against access standards, as set out in the conditions attached to the fund.

For calculating 2017/18 and 2018/19 STF allocations, ‘emergency services’ includes critical care. Table 1 below shows the point of delivery and service codes identifying the cost of emergency services using reference costs.

Table 1: Cost data for emergency spend using draft 2015/16 reference costs

Point of delivery code	Service code	Description
EM	All	Emergency medicine
NEL	All	Non-elective inpatients – long stay
NEL_XS	All	Non-elective inpatients – excess bed days
NES	All	Non-elective inpatients – short stay
CC	CCU	Adult critical care
CC	NEO	Neonatal critical care
CC	PD	Paediatric critical care

Where a trust has merged with another organisation since 2015/16, we have reassigned the costs reported in reference costs to the new merged organisation.

Reference cost data were used without any adjustment for the market forces factor (MFF), so that allocations would take into account the regional differences in costs. This also means that trusts with higher costs structurally will receive a proportionally larger share.

To calculate the provisional £1.5 billion allocation of the general fund for providers of emergency services, we have applied the following formula for each trust:

$$\frac{\text{Emergency services cost}}{\text{Total emergency services cost}} \times \text{£1.5 billion} = \text{Provisional allocation}$$

most up-to-date data will ensure that indicative STF allocations better reflect current emergency services provision.

³ www.gov.uk/government/publications/ae-delays-why-did-patients-wait-longer-last-winter

Annex 1 sets out our calculations for indicative allocations of the Sustainability and Transformation Fund to NHS trusts and NHS foundation trusts based on emergency share.

2.2. 'General' fund allocations of £100 million per annum to non-acute NHS trusts

A further £100 million 'general' element will be allocated to ambulance, mental health and community NHS trusts in proportion to their size (based on total operating revenue), with a minimum total allocation from the general fund of £0.5 million.

NHS Improvement expects the allocation of funding to incentivise non-acute trusts to reduce deficits and increase surpluses.

These allocations are made provisionally on the basis that organisations commit to delivery of a financial control total that improves their bottom line by at least the value of Sustainability and Transformation Fund received, thereby ensuring at least a pound-for-pound benefit to the NHS from receipt of the funding. Annex 2 sets out our calculations for indicative allocations of the Sustainability and Transformation Fund to non-acute NHS trusts and NHS foundation trusts, based on non-acute trust size. Annex 3 shows the sum total of general funding for non-acute trusts, including any funding based on emergency share.

2.3. 'Targeted' fund of approximately £200 million per annum

A 'targeted' element of approximately £200 million will be used to support and incentivise high performance by trusts in each year of the two-year planning period. These allocations will be made on the basis that they must deliver at least a pound-for-pound improvement in the bottom-line position during the financial year. Further details on the operation of the targeted fund will follow.

2.4. Sign-off of Sustainability and Transformation Fund allocations

NHS Improvement has calculated the provisional allocations of Sustainability and Transformation Fund to trusts for both years.

Commissioners will not sign off the STF allocations and will not be able to attach any additional conditions to receipt of the fund.

3. Criteria attached to receipt of the Sustainability and Transformation Fund

3.1. Summary of requirements

To be eligible for access to the STF 'general' fund (and, by extension, access to the 'targeted' fund), trusts must formally meet all the conditions set out in Table 2 below:

Table 2: Sustainability and Transformation Fund conditions and measurement

Objective	Conditions/measurement
<p>Deliver agreed financial control total</p> <p>Trust deficit reduction/ surplus increase</p>	<p>(1) By 24 November 2016: agree financial control totals for both 2017/18 and 2018/19.</p> <p>And, for trusts in deficit, agreement of milestone-based recovery plan with NHS Improvement via the STP process.</p> <p>Plans to include compliance with Carter implementation (including reporting and sharing data in line with the national timetable) and compliance with the NHS Improvement agency controls guidance.</p> <p>(2) Q1 2017/18 to Q4 2018/19: delivery of year-to-date financial control total trajectories.</p>
<p>Access standards</p>	<p>(1) On 24 November and 23 December 2016: submission of assurance statements to NHS Improvement, confirming the commitment to deliver the national standard in full on an ongoing basis.</p> <p>And/or, where trusts do not have an STF trajectory to deliver the four-hour A&E waits, RTT 18-week incomplete pathways and 62-day cancer waits for patients by March 2017.</p> <p>On 24 November and 23 December 2016, submission of trajectories agreed with NHS England and NHS Improvement of a credible plan to deliver the performance standard.</p> <p>(2) Q1 2017/18 to Q4 2018/19: delivery of core national standards</p> <p>Or, if applicable, delivery of agreed performance improvement trajectories.</p>

3.2. Delivery of agreed financial control totals

In October 2016 NHS Improvement introduces the new [Single Oversight Framework](#) for NHS trusts and NHS foundation trusts. This includes a significant use of resources component designed to promote financial control, increase the focus on efficiency and enable early identification of trusts that require the most intensive support.

Agreement and delivery of financial control totals will represent a key part of this financial oversight regime. A trust's achievement of its year-to-date control total in

each quarter of the two-year period acts as a binary on/off switch to secure its indicative allocation of Sustainability and Transformation Fund for that quarter.

Agreeing control totals

NHS Improvement will send each trust on 30 September 2016 a letter containing a financial control total offer for 2017/18 and 2018/19. Our methodology for calculating control totals, as well as the process for trusts to agree them, is explained in section 4.

By 24 November 2016, the deadline for full draft operating plans, all trusts must have agreed financial control totals for the two-year period 2017/18 to 2018/19.

Monitoring delivery of control totals

A trust's achievement of its year-to-date control total in each quarter of the two-year period acts as a binary on/off switch to secure its indicative allocation of Sustainability and Transformation Fund for that quarter. Calculations will compare a trust's actual financial performance to its financial control total. Having achieved (or exceeded) the control total, the organisation becomes eligible for funding. If a trust fails on its financial performance target it will not be eligible for any STF funding in that quarter even if it meets all other eligibility criteria.

Achievement of the financial control total for the quarter is weighted at a minimum of 70% of the trust's indicative allocation. This may in practice be as much as 100% depending on which performance standards the trust is also being monitored against for STF calculation purposes (see the next section 3.3 for more details).

As set out in Table 2 above, payment for Quarter 1 in 2017/18 will be based on trusts' delivery of financial control total year-to-date trajectories, and not on agreement of those trajectories (which was the sole measure of their financial performance for Quarter 1 of 2016/17). Trusts must have agreed their control totals by 24 November 2016 in their financial plan submission. Trusts that have not signed up to the control total and associated conditions by 24 November but do so at a later date may forfeit eligibility to receive at least the first quarter of the Sustainability and Transformation Fund in 2017/18.

A trust's year-to-date financial control total is measured excluding receipt of the Sustainability and Transformation Fund, so that a trust will not be penalised twice for a single issue (ie where a trust has a proportion of its funding withheld because of a performance failure, this will not also contribute to it missing its financial control total). In the finance reporting forms the control total will be prepopulated including STF funding, and will include a calculation to remove the Sustainability and Transformation Fund from the control total for measuring performance.

Bottom-line financial performance measure for control totals

Measurement of trusts' performance against financial control totals will be consistent with how financial performance is calculated within planning and monitoring forms for NHS trusts and NHS foundation trusts.

From 2017/18 all trusts will be monitored against a revised definition of the control total and bottom-line financial position, and this will affect the bottom lines of both NHS trusts and NHS foundation trusts. More details are provided in section 4.

Tolerances

The intention is that no tolerances will be allowed for failure to meet quarterly finance control totals in any quarter of 2017/18 or 2018/19.

Where a trust does not achieve its control total as a result of a national overspend on Hepatitis C it may be necessary to adjust a trust's Quarter 4 control total to compensate.

Reductions in agency spend

In the control total and STF letters being sent to trusts on 30 September 2016, all trusts will be informed of their agency spend ceilings for 2017/18 and 2018/19.

All trusts are required to submit two-year operating plans in November and December 2016 that include compliance with the NHS Improvement agency controls guidance and reflect targets to reduce agency spend. NHS Improvement workforce leads will continue to work with trusts to help them deliver agency spend reductions.

Provided trusts co-operate with the workforce teams with follow-up actions and reporting requirements, they will continue to be eligible for the Sustainability and Transformation Fund.

3.3. Delivery of access standards (or agreed performance improvement trajectories)

Access to up to 30% of a trust's STF allocation depends on it maintaining delivery of core access standards through 2017/18 and 2018/19.

Agreeing performance improvement trajectories (where necessary)

Where trusts do not have an STF trajectory to deliver the four-hour accident and emergency (A&E) waits, referral to treatment (RTT) 18-week incomplete pathways and 62-day cancer waits for patients by March 2017, new improvement trajectories will need to be agreed and submitted by those trusts for 2017/18. These will form part of the NHS standard contract for 2017/18 and show how the trust will achieve this national standard by March 2018 at the latest.

If a trust does not expect to deliver its improvement trajectories for 2016/17 but has successfully been through the appeals process, new trajectories for 2017/18 may reflect this adjusted baseline. If an appeal has not been made or has been made but was not successful, the baseline for 2017/18 will revert back to the trajectories planned for 2016/17.

All trusts from which trajectories are required must submit agreed recovery trajectories to NHS Improvement as an additional part of the draft and final operating plans submitted on 24 November and 23 December 2016 respectively. This will support the finalisation of two-year plans and contracts.

No trajectories will be collected for 2018/19 from any trust, as the assumption is that all trusts will be meeting national standards by March 2018 at the latest.

In 2016/17, the key criterion for payment of this portion of the Sustainability and Transformation Fund in Quarter 1 was the agreement of performance improvement trajectories with commissioners. In every quarter of 2017/18 and 2018/19, however, our only criterion for STF eligibility will be the delivery of either access standards or agreed improvement trajectories.

Monitoring delivery of access standards (or improvement trajectories)

Performance against access standards (or recovery trajectories) is weighted at maximum 30% of a trust's Sustainability and Transformation Fund for each quarter. Of this 30%, RTT incomplete pathways and A&E four-hour waits each account for 12.5%, and cancer 62-day waits for 5%.

As explained in the previous section, a trust's achievement of its year-to-date financial control total acts as a binary on/off switch to secure its indicative allocation of Sustainability and Transformation Fund for that quarter. Therefore, if a trust fails on its financial performance target it will not be eligible for any STF funding in that quarter even if these access standards (or agreed improvement trajectories) are met.

If a non-acute trust does not have any core access targets, 100% of its STF allocation will be based on delivery of the financial control total. In the case of a trust that has only one access target, eg RTT, the STF calculation will be weighted between 12.5% for RTT and 87.5% for financial performance. The in-year finance reporting forms include STF sections that will perform these calculations, enabling trusts to reflect their own circumstances and understand how the STF calculations will be made.

As set out in Table 2 above, payment for Quarter 1 in 2017/18 will be based on trusts' delivery of access standards (or improvement trajectories), and not solely on agreement of those trajectories (which was the sole measure of their operational performance for STF purposes for Quarter 1 of 2016/17).

Tolerances

The intention is that no tolerances will be allowed for failure to meet access standards (or improvement trajectories) in any quarter of 2017/18 or 2018/19.

In 2016/17 limited tolerances were permitted for the delivery of improvement trajectories, weighted towards the earlier part of the year. It was accepted that performance would need to be turned around gradually in many cases and that delivery of an absolute trajectory percentage at this stage of the year might be less certain. However for 2017/18 and 2018/19 trusts are expected either to meet national standards or be on a steady trajectory towards achieving them, and therefore tolerances are redundant.

Access standards not linked to calculation of the Sustainability and Transformation Fund

The A&E standard relevant to receipt of the Sustainability and Transformation Fund is four-hour waiting times. It does not cover performance on 12-hour trolley waits, although trusts are expected to take action to achieve this national standard.

The RTT standard relevant to receipt of the Sustainability and Transformation Fund is RTT incomplete pathways, based on all consultant-led services. It does not cover 52-week waits, although trusts are expected to take action to achieve this national standard.

If, during the two-year period of the contract, revised national standards are introduced for ambulance response times (following completion of the ongoing pilots), NHS Improvement and NHS England may also decide to require specific performance improvement trajectories on the new standards from the relevant trusts.

No Sustainability and Transformation Fund is linked to achievement of six-week wait diagnostics in 2017/18 and 2018/19 and therefore no trajectories will be collected where these are not being met (ie these were collected for 2016/17 only). However, it is still important that trusts deliver the standard.

As explained in section 3.4, for sanctions not to be applicable to the relevant standards – ie those covering 12-hour trolley waits, RTT 52-week waits, six-week diagnostic waits, other cancer waits, ambulance response times (Red 1, Red 2, other Category A) and ambulance handover standards (affecting both A&E and ambulance providers) – as part of the STF arrangement, trusts must make the required assurance statements to NHS Improvement. We will collect and hold these assurance statements from trusts as part of the draft and final operating plan submissions.

Non-reporting trusts

The RTT element of STF funding can still be earned by non-reporting trusts that have been unable to agree RTT improvement trajectories, provided they are making the required progress to start reporting again in line with the agreed plan and timescales. Once the trust starts reporting again it will be required to agree an RTT improvement trajectory with commissioners, which will be used to assess RTT performance thereafter.

If a trust decides to become a non-reporter during the two-year period because of data quality issues, we reserve the right to remove STF funding. Decisions will be made on a case-by-case basis between trusts, NHS Improvement and commissioners.

Matters outside a trust's control that may jeopardise the delivery of standards

In some circumstances factors outside a trust's control may jeopardise its delivery of access standards (or agreed recovery trajectories). If this happens, the trust may still be able to access its indicative allocation of the Sustainability and Transformation Fund.

In preparing plans for the two-year period (and/or agreeing improvement trajectories where appropriate for 2017/18), it will be vital that there is an agreed set of underlying assumptions between trusts and commissioners regarding the levels of activity and capacity needed to deliver the standards. This will include assumptions around levels of demand growth, and the implications for access to the Sustainability and Transformation Fund if growth is higher or lower than assumed and delivery against standards or an agreed trajectory is no longer possible. These assumptions should be detailed in the contract, and if applicable the trajectory schedule. NHS England and NHS Improvement have a joint assurance process for 2017/18 and 2018/19 operating plans that will aim to ensure trust and commissioner activity, performance plans and contract values are aligned and robust.

If a trust or commissioner can demonstrate there has been a material change in the underlying assumptions, whether an increase in GP referrals, change in activity delivered or some other factor that means the standard (or agreed trajectory) cannot be achieved during the quarter, it may wish to revert to the quarterly appeals process undertaken by the regional directors of NHS England and NHS Improvement. If the trust's appeal is upheld the STF payment can still be made, and the trust and commissioner will need to agree a revised trajectory for the rest of the year. Appeals will only be by exception and treated on a case-by-case basis. Details of the quarterly appeals process, for instance the cut-off date, will be issued in due course.

Where trajectories are collected from trusts and commissioners, NHS Improvement will hold details of the trajectories that were agreed. If the trust or commissioner does

not believe that the trajectory is a correct reflection of its agreement with the other party, it should use the appeals process.

If a new service is awarded to a trust during the two-year period 2017/18 to 2018/19 it should be included in the overall measure of performance. Access standards and improvement trajectories cover all activity at a particular trust and are not limited to specific services. This means the inclusion of extra services to the existing standard or trajectory should not cause an issue, as the performance for the trust will simply be reported, going forwards, including the new service. This assumes that the impact of the newly added service is immaterial and therefore will neither cause the trust undue difficulty in meeting the standard nor materially improve the expectations. Where the inclusion of a new service makes achievement more difficult or improves the trajectory because the new service is so large that it has a material effect on the total trust performance, organisations should use the appeals process.

3.4. Treatment of sanctions

In 2016/17, NHS England and NHS Improvement agreed that national sanctions would be suspended and be replaced by trust-specific incentives linked to agreed, published performance improvement trajectories. This arrangement was designed to kickstart a multi-year recovery and re-design of A&E and elective care. The agreement ensured that trusts meeting the eligibility criteria for the Sustainability and Transformation Fund did not face a 'double jeopardy' scenario whereby they might incur contract penalties as well as losing access to funding. A single penalty would instead be imposed.

For 2017/18 and 2018/19, arrangements in respect of financial sanctions under the NHS standard contract will continue broadly as in 2016/17. Where a trust either issues to NHS Improvement assurance statements with regard to its performance against key national standards, or (where appropriate) agrees performance improvement trajectories with NHS Improvement and NHS England, then the operation of certain contractual sanctions will continue to be suspended for both 2017/18 and 2018/19. The suspension is described in Service Condition 36.37A of the NHS standard contract.

This temporary measure applies to the financial sanctions which would otherwise apply where providers fail to deliver certain of the national standards set out in Schedules 4A and 4B of the particulars of the contract.

If, during the two-year period of this contract, revised national standards are introduced for ambulance response times (following completion of the ongoing pilots), NHS Improvement and NHS England may decide to require specific performance improvement trajectories on the new standards from the relevant providers.

Which national standards require assurance statements, or (where necessary) improvement trajectories?

The standards and sanctions affected are:

- those covering four-hour A&E waits, RTT 18-week incomplete pathways and 62-day cancer waits (for which trusts will either have to submit an assurance statement to NHS Improvement, confirming their commitment to deliver the national standard in full on an ongoing basis; or will have to agree with NHS Improvement and NHS England a monthly performance improvement trajectory, setting out their commitment to improving their performance, over time, towards the level required by the national standard)
- those covering 12-hour trolley waits, RTT 52-week waits, six-week diagnostic waits, other cancer waits, ambulance response times (Red1, Red 2, other Category A) and ambulance handover standards (affecting both A&E and ambulance trusts), for which trusts will have to submit an assurance statement to NHS Improvement, confirming their commitment to deliver the national standard in full on an ongoing basis.

Trusts for which sanctions under the contract are suspended will instead face the withdrawal by NHS Improvement of STF funding if their performance is not in line with their assurance statements or improvement trajectories in relation to four-hour A&E waits, RTT 18-week incomplete pathways and 62-day cancer waits. For the other standards (12-hour trolley waits, RTT 52-week waits, other cancer standards, six-week diagnostic waits, ambulance response times and ambulance handover standards), there will be no financial jeopardy under the Sustainability and Transformation Fund for trusts for which sanctions under the contract are suspended.

Note that the trajectories and assurance statements will operate on a whole-provider basis – so if a trust holds multiple contracts, the same service development and improvement plan (SDIP) will be included in each.

Local sanctions

In accordance with the principles established in the joint dispute resolution process, local sanctions can only be applied if agreed between commissioners and trusts. If agreement cannot be reached, the default position is that no local sanctions can be applied. If local sanctions are agreed, they are outside the scope of double jeopardy.

Commissioner powers

The suspension of sanctions in specific circumstances does not affect the ability of commissioners to use other levers available in the NHS standard contract to manage the general performance of trusts (including, for instance, the provisions of General

Condition 9 on Remedial Action Plans (RAPs) and Service Condition 28 on Information Breaches).

However, specifically in relation to the agreed performance improvement trajectories and assurance statements described above, although commissioners should monitor and manage trusts' performance and support them in delivering their trajectories and assurance statements, they must not withhold or retain funding under GC9 of the contract if trusts fail to achieve the trajectories in full. Also, where a RAP has been agreed in a previous contract year and would normally be carried forward into 2017/18 as an SDIP, it must be superseded by the SDIP described above; again, no financial sanctions must be applied in relation to this SDIP.

NHS England has included a provision at GC9.26 (GC9.9 in the shorter form) of the NHS standard contract to make clear that –to avoid 'double jeopardy' – financial sanctions must not be applied in the above circumstances.

3.5. Quarterly review and payment process

Release of the Sustainability and Transformation Fund will be subject to a quarterly review process in arrears. This will cover delivery against the STF conditions only. Access to funding will be determined through our monitoring process and agreed between NHS Improvement, NHS England, the Department of Health and HM Treasury before any funds are paid.

Quarterly review of delivery against financial control totals

Financial performance will be assessed at the end of each quarter against the agreed year-to-date control total.

Payment for quarters 1 to 3 in both 2017/18 and 2018/19 will be made in arrears on the basis of actual performance.

To enable all cash to be released before year end, Quarter 4 will be assessed based on forecast outturn and compliance with STF criteria, rather than on actual performance. In the financial reporting forms the forecast outturn is used to calculate the estimated STF to be paid. Before year end, cash for Quarter 4 will be paid on account. If the final outturn position differs from that forecast, final adjustments to the STF recognised will need to be actioned between draft and final accounts.

Quarterly review of delivery against access standards

Performance against national standards will also be assessed at the end of each quarter. We will assess the trust's achievement against each standard in each month of that quarter. Achievement of the standard or recovery trajectory in each month will earn the trust a third of its quarterly Sustainability and Transformation Fund for that performance area. This should ensure that trusts are incentivised to do all they can to deliver the trajectory in each and every month of the year. However, it also allows

flexibility for trusts that have failed in one month to still earn two-thirds of their quarterly payment in that performance area.

As for finances, payment for quarters 1 to 3 in both 2017/18 and 2018/19 will be made in arrears on the basis of actual performance. The process for Q4 payment will be on the same basis as for the financial criteria.

Earning back missed payments – 70% or more based on financial control totals

Missed payments can be earned back in later quarters of each year on a cumulative basis.

The finance aspect of the Sustainability and Transformation Fund will operate on a cumulative basis so that if a trust misses the year-to-date control total in a quarter, but then recovers its cumulative control total in a subsequent quarter, it can still receive its full amount of funding.

For example, a trust that did not meet its financial control total in Quarter 1 would miss all its Quarter 1 Sustainability and Transformation Fund. However, if the trust then met its year-to-date control total successfully in Quarter 2, it would be eligible for both its full Sustainability and Transformation Fund for Quarter 2 and the missed fund for Quarter 1.

Earning back missed payments – 30% (or less) based on access standards

As for finance, missed payments relating to delivery of access standards can be earned back in later quarters of each year on a cumulative basis. This applies only to A&E and RTT targets, not to cancer.

Recovery of missed funding linked to A&E and RTT assumes that the trust is also meeting its cumulative financial control total, ie the binary on/off switch that enables any Sustainability and Transformation Fund to be paid.

Please note that the 62-day cancer access standard cannot be recovered by over-performing in later quarters. Cancer is measured on a non-cumulative quarterly basis with each quarter measured separately.

The table below sets out how the assessment of performance against national standards and trajectories will work for each quarter, and the criteria that will be applied to earn back payments from previous quarters.

Table 3: Criteria for assessing delivery of improvement trajectories

Metric	% allocation	Monthly assessment	Quarterly assessment	Cumulative (earn back)
RTT Incomplete pathways	12.5%	In-month assessment of performance against national standard (or improvement trajectory)	Receive whole quarter's worth of STF as long as national standards (or trajectories) are delivered in all three months. Deduct 1/3 STF for each month missed	Earn back any monthly payments missed in previous quarters, by the quarterly performance exceeding the standards (or trajectory) on a cumulative basis
A&E Four-hour wait	12.5%	In-month assessment of performance against national standard (or improvement trajectory)	Receive whole quarter's worth of STF as long as national standards (or trajectories) are delivered in all three months. Deduct 1/3 STF for each month missed	Earn back any monthly payments missed in previous quarters, by the quarterly performance exceeding the standards (or trajectory) on a cumulative basis
Cancer 62-day wait	5%	In-month assessment of performance against national standard (or improvement trajectory)	Receive whole quarter's worth of STF as long as national standards (or trajectories) are delivered in all three months. Deduct 1/3 STF for each month missed	Measured on a non-cumulative quarterly basis, with each quarter representing a fresh start. Therefore there can be no earn back in subsequent quarters

Measures to prevent trusts going off-plan in later quarters

Where a trust earns its STF allocation in one quarter, but then goes off-plan in subsequent quarters (in terms of financial and/or operational performance), the funds it has previously received will not be clawed back.

To mitigate the risk of trusts going off-plan in later quarters, measures are being introduced that will apply to the STF regime in 2017/18 and 2018/19:

- 1) STF payments will be phased so that extra weighting is given to performance towards the end of each year, underlining the importance of consistent high performance. A total of 15% of the funding will be allocated in Quarter 1, 20% in Quarter 2, 30% in Quarter 3 and 35% in Quarter 4. Trusts' operating plans for both 2017/18 and 2018/19 should reflect this distribution of indicative funding in their profiled position.
- 2) The Sustainability and Transformation Fund cannot be moved between financial years – this includes between 2017/18 and 2018/19, irrespective of the two-year planning round and STF programme. For example, where STF payments are missed in quarters 3 and/or 4 of 2017/18 due to deterioration in performance, the missed Sustainability and Transformation Fund cannot be 'rolled over' and earned back in 2018/19

Annual review process

Delivery against the Sustainability and Transformation Fund during 2017/18 and 2018/19 will be subject to an annual review process and sign off by the Department of Health (DH), NHS England, NHS Improvement and HM Treasury.

3.6. Targeted fund – eligibility criteria

To be eligible to access any of the 'targeted' element of the Sustainability and Transformation Fund in 2017/18 and/or 2018/19, trusts must plan to deliver their financial control totals and the associated STF eligibility criteria.

3.7. How receipt of the Sustainability and Transformation Fund should be treated in operating plans

Assuming each trust agrees to its control total for each year and the other eligibility criteria, it should assume the following in its operating plan for the two-year period 2017/18 to 2018/19:

- general fund: full receipt of its indicative STF allocation in both years
- targeted fund: no funding to be assumed – details to be confirmed during each of 2017/18 and 2018/19.

The phasing of Sustainability and Transformation Fund modelled in plans for each of 2017/18 and 2018/19 should reflect the STF phasing set out earlier in this guidance: 15% in Quarter 1, 20% in Quarter 2, 30% in Quarter 3 and 35% in Quarter 4 (ie back-loaded so that more is received in later quarters).

In rare cases where trusts reject their control totals, they should plan to receive no Sustainability and Transformation Fund in either year.

Trusts that have accepted their financial control totals (and, if necessary, performance improvement trajectories) should not plan for sanctions against the relevant access standards.

Arrangements are being agreed for trusts that require working capital before the release of funds. These are likely to involve interest-bearing working capital facilities provided by DH. Operating plans should be prepared on this basis until further guidance is provided. Trusts that are in deficit and require cash support after receiving funding, and after local efficiencies, will have access to DH interim support loans as at present via interest bearing loans.

4. Determination of financial control totals for 2017/18 and 2018/19

Access to the Sustainability and Transformation Fund depends on trusts agreeing to financial control totals for 2017/18 and 2018/19 that will allow the trust sector to achieve an aggregate position of at least break-even. These control totals are part of the [Single Oversight Framework](#) that NHS Improvement will be implementing in October 2016.

These control totals reflect the minimum improvement in financial position that NHS Improvement expects each trust to be able to achieve in 2017/18 and 2018/19, given their provisional allocations of the Sustainability and Transformation Fund.

Below is an overview of the principles, methodology and process used to determine indicative financial control totals for each NHS trust and NHS foundation trust.

4.1. Technical basis for control totals

For consistency across NHS trusts and NHS foundation trusts, control totals and financial performance measure will be set and monitored on the technical accounting basis set out in Table 4, below.

Table 4: Technical accounting basis for financial control totals

	Surplus/deficit for the year
Less	Impairments charged to I&E
Add back	'DEL' impairments (1)
Less	Gains/losses on transfers by absorption
Less	I&E impact of capital donations
Add	Impact of prior period adjustments (2)
=	Adjusted financial performance (control total basis)

Notes:

1. Department Expenditure Limited (DEL) impairments are impairments charged to I&E that score against the Departmental Expenditure Limit. They are impairments arising from loss or damage resulting from normal operations, the abandonment of projects, or over-specification of assets. There is more information on these categories in HM Treasury's [Consolidated budgeting guidance](#).⁴ We do not expect a provider to plan for these items to occur very often.
2. Prior period adjustments score against the Departmental Expenditure Limit in the current year so in most cases will be taken into account when measuring performance against the current year control total to ensure organisations are held to account. We do not expect a provider to plan for these items very often.

Impact for NHS trusts

Compared to the 2016/17 basis for setting control totals, the International Financial Reporting Interpretations Committee Service Concession Agreements (IFRIC 12) performance adjustment relating to private finance initiatives (PFIs) will no longer apply. NHS trusts control totals will not be negatively affected by this change as it is being reflected in both the setting and monitoring of control totals. The impact of DEL impairments will affect the monitoring against control totals for the first time.

Impact for NHS foundation trusts

Compared to the 2016/17 basis for setting control totals, gains and losses on asset disposals will no longer be removed from the measure of the bottom line. For 2017/18 no adjustment is being made, and this is being applied to both the setting and monitoring of control totals. The impact of DEL impairments and prior period adjustments will affect the monitoring against control totals for the first time.

4.2. NHS Improvement determination of financial control totals

NHS Improvement has developed an impact assessment model that considers a range of known factors at an individual trust level. The outcome of this work, undertaken by a central NHS Improvement team with input from the regional teams, is an indicative financial control total for each trust for both 2017/18 and 2018/19. Each control total is consistent with the technical basis outlined above.

Each control total has been subject to internal review to make sure it is both stretching and realistic.

⁴ www.gov.uk/government/uploads/system/uploads/attachment_data/file/503365/Consolidated_budgeting_guidance_2016-17.pdf

Baseline for 2017/18 and 2018/19 control totals

For our calculations, the baseline for each trust's 2017/18 and 2018/19 control total is its control total for 2016/17.

By using each trust's 2016/17 financial control total as the baseline for new control totals, trusts that take positive steps to go further on a recurring basis in 2016/17 will have a less demanding efficiency requirement in 2017/18. It will also provide a disincentive for trusts to under-perform against their control totals in 2016/17, as they would have further to catch up in 2017/18 to meet their new control totals and qualify for the Sustainability and Transformation Fund.

Control total baselines have been calculated centrally on a consistent basis. Normalising adjustments have not been made (we have not, for instance, removed the impact of non-recurrent cost improvement programmes), nor have adjustments been made centrally to factor in trusts' 2016/17 forecast outturn.

Incremental policy impacts for 2017/18 and 2018/19

After establishing a baseline for each trust's 2017/18 and 2018/19 control totals, NHS Improvement has applied adjustments for known incremental policy impacts. This is in order to more accurately reflect the financial pressures faced by each trust.

As at 30 September 2016, our adjustments are intended to reflect the following:

- net efficiency factor and cost inflation uplift in tariff of +0.1% in 2017/18 and +0.1% in 2018/19, applied to non-pass-through clinical income
- relative price impact of the introduction of HRG4+
- known transition to national education and training tariff price

Other impacts arising from education and training tariff changes have **not** been included.

Note

As at 30 September 2016, Clinical Negligence Scheme for Trust (CNST) contributions for each trust for 2017/18 and 2018/19 have **not** been communicated by the NHS Litigation Authority (NHSLA). We have therefore been unable to model these in the 30 September control totals. To ensure that trusts are not adversely affected from a control total perspective, we have temporarily assumed in the model that each trust's increase in CNST contributions is equal to its corresponding tariff uplift, thus neutralising its impact for the 30 September control totals. Once we know the CNST contributions, adjustments (both upward and downward) will be applied to each trust's final control total to absorb the impact. If there are material changes to prices in the Section 118 consultation we may consider amending control totals.

Final control total offers will be issued to trusts later in the year in the two-year operating planning forms.

Please also note that for our central modelling we have assumed that activity growth affects operating costs and revenue equally, so that the net impact on the bottom-line position is neutral.

Efficiency requirements for 2017/18 and 2018/19

NHS Improvement's final step in the control total calculation process was to apply the necessary efficiency requirements for 2017/18 and 2018/19.

As a minimum in each year, an efficiency requirement of 2% of expenditure has been applied to each trust's control total in line with the 2% efficiency factor set by the tariff. Efficiency asks above 2% have been applied depending on the starting surplus/deficit position of each trust.

4.3. Process for trusts to agree control totals for 2017/18 and 2018/19

NHS Improvement control total offers

Financial control totals will be offered to trusts on 30 September 2016 in individual letters from NHS Improvement.

Rather than debate the method by which the numbers have been calculated, trust boards should now consider if, with the help of access to the Sustainability and Transformation Fund, their control totals are achievable in 2017/18 and 2018/19. Trusts should work through all possible actions they could take in 2017/18 and 2018/19 to deliver the control total and safe services, and be clear about the bridge to 2020/21 in their STPs.

As explained above, the control totals offered to trusts on 30 September 2016 are final, pending:

- the impact of CNST contributions when they become known (probably October 2016)
- HM Treasury sign off of the scheme.

The impact of CNST allocations will ultimately be neutral for the trusts in question from a control total perspective, as control totals will simply be adjusted upwards or downwards in line with the additional (or less onerous) cost compared to income changes.

There is no headroom available in the system's finances for challenges to control totals, and in general terms we do not expect to amend them.

Accepting control totals

Access to the Sustainability and Transformation Fund will be through a formal agreement between NHS Improvement and trust boards before any funds are paid. This agreement will be embedded in a high quality board-approved two-year plan that fully complies with the criteria outlined above.

The offer of payment to each trust from the Sustainability and Transformation Fund is for a limited period only. Trusts must signal acceptance of their control totals in the draft operating plans submitted on 24 November and in doing so agree to the associated conditions. These plans should include the notified STF amount and include a surplus/deficit position in line with, or better than, the 2017/18 and 2018/19 control totals.

The accompanying plan narrative should also reference the Sustainability and Transformation Fund and an update on how each trust plans to meet the associated conditions.

There must be no ambiguity in trusts' plans about whether or not they have accepted their control totals. If control totals have **not** been accepted, this must be stated clearly and explained in the accompanying plan narrative. Where trusts reject control totals there will be implications for them under the [Single Oversight Framework](#).

In both draft and final plans, trusts must not plan to receive their indicative STF allocations if they have rejected the control total.

Annex 1: Provisional allocation of the general element of the Sustainability and Transformation Fund

Provider name	Code	Reference costs	Share of fund	Allocation of fund
		£m	%	£m
2Gether NHS Foundation Trust	RTQ	£0.000	0.00%	£0.000
5 Boroughs Partnership NHS Foundation Trust	RTV	£2.074	0.009%	£0.139
Aintree University Hospital NHS Foundation Trust	REM	£127.205	0.567%	£8.499
Airedale NHS Foundation Trust	RCF	£61.605	0.274%	£4.116
Alder Hey Children's NHS Foundation Trust	RBS	£66.324	0.295%	£4.431
Ashford and St Peter's Hospitals NHS Foundation Trust	RTK	£114.827	0.511%	£7.672
Avon and Wiltshire Mental Health Partnership NHS Trust	RVN	£0.000	0.000%	£0.000
Barking, Havering and Redbridge University Hospitals NHS Trust	RF4	£279.172	1.244%	£18.652
Barnet, Enfield and Haringey Mental Health NHS Trust	RRP	£0.000	0.000%	£0.000
Barnsley Hospital NHS Foundation Trust	RFF	£88.013	0.392%	£5.880
Barts Health NHS Trust *	R1H	£584.139	tbc	tbc
Basildon And Thurrock University Hospitals NHS Foundation Trust	RDD	£160.502	0.715%	£10.724
Bedford Hospital NHS Trust	RC1	£78.567	0.350%	£5.249
Berkshire Healthcare NHS Foundation Trust	RWX	£4.353	0.019%	£0.291
Birmingham And Solihull Mental Health NHS Foundation Trust	RXT	£0.000	0.000%	£0.000
Birmingham Children's Hospital NHS Foundation Trust	RQ3	£75.681	0.337%	£5.057
Birmingham Community Healthcare NHS Foundation Trust	RYW	£0.566	0.003%	£0.038

Birmingham Women's NHS Foundation Trust	RLU	£40.877	0.182%	£2.731
Black Country Partnership NHS Foundation Trust	TAJ	£0.000	0.000%	£0.000
Blackpool Teaching Hospitals NHS Foundation Trust	RXL	£139.951	0.623%	£9.351
Bolton NHS Foundation Trust	RMC	£118.071	0.526%	£7.889
Bradford District Care NHS Foundation Trust	TAD	£0.000	0.000%	£0.000
Bradford Teaching Hospitals NHS Foundation Trust	RAE	£146.467	0.652%	£9.786
Bridgewater Community Healthcare NHS Foundation Trust	RY2	£6.046	0.027%	£0.404
Brighton and Sussex University Hospitals NHS Trust	RXH	£219.123	0.976%	£14.641
Buckinghamshire Healthcare NHS Trust	RXQ	£127.046	0.566%	£8.489
Burton Hospitals NHS Foundation Trust	RJF	£80.556	0.359%	£5.382
Calderdale and Huddersfield NHS Foundation Trust	RWY	£151.128	0.673%	£10.097
Cambridge University Hospitals NHS Foundation Trust	RGT	£253.752	1.130%	£16.954
Cambridgeshire and Peterborough NHS Foundation Trust	RT1	£2.123	0.009%	£0.142
Cambridgeshire Community Services NHS Trust	RYV	£6.022	0.027%	£0.402
Camden and Islington NHS Foundation Trust	TAF	£0.000	0.000%	£0.000
Central and North West London NHS Foundation Trust	RV3	£1.026	0.005%	£0.069
Central London Community Healthcare NHS Trust	RYX	£9.726	0.043%	£0.650
Central Manchester University Hospitals NHS Foundation Trust	RW3	£302.485	1.347%	£20.210
Chelsea and Westminster Hospital NHS Foundation Trust	RQM	£211.361	0.941%	£14.122

Cheshire and Wirral Partnership NHS Foundation Trust	RXA	£0.000	0.000%	£0.000
Chesterfield Royal Hospital NHS Foundation Trust	RFS	£90.804	0.404%	£6.067
City Hospitals Sunderland NHS Foundation Trust	RLN	£138.252	0.616%	£9.237
Colchester Hospital University NHS Foundation Trust	RDE	£132.432	0.590%	£8.848
Cornwall Partnership NHS Foundation Trust	RJ8	£0.000	0.000%	£0.000
Countess Of Chester Hospital NHS Foundation Trust	RJR	£77.660	0.346%	£5.189
County Durham and Darlington NHS Foundation Trust	RXP	£192.552	0.858%	£12.865
Coventry and Warwickshire Partnership NHS Trust	RYG	£0.000	0.000%	£0.000
Croydon Health Services NHS Trust*	RJ6	£130.039	tbc	tbc
Cumbria Partnership NHS Foundation Trust	RNN	£9.131	0.041%	£0.610
Dartford and Gravesham NHS Trust	RN7	£109.300	0.487%	£7.303
Derby Teaching Hospitals NHS Foundation Trust	RTG	£189.809	0.845%	£12.682
Derbyshire Community Health Services NHS Foundation Trust	RY8	£7.058	0.031%	£0.472
Derbyshire Healthcare NHS Foundation Trust	RXM	£0.000	0.000%	£0.000
Devon Partnership NHS Trust	RWV	£0.000	0.000%	£0.000
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	RP5	£172.818	0.770%	£11.547
Dorset County Hospital NHS Foundation Trust	RBD	£62.505	0.278%	£4.176
Dorset Healthcare University NHS Foundation Trust	RDY	£3.952	0.018%	£0.264
Dudley and Walsall Mental Health Partnership NHS Trust	RYK	£0.000	0.000%	£0.000
East and North Hertfordshire NHS Trust	RWH	£152.864	0.681%	£10.213

East Cheshire NHS Trust	RJN	£60.287	0.269%	£4.028
East Kent Hospitals University NHS Foundation Trust	RVV	£217.570	0.969%	£14.537
East Lancashire Hospitals NHS Trust	RXR	£168.707	0.751%	£11.272
East London NHS Foundation Trust	RWK	£4.139	0.018%	£0.277
East Midlands Ambulance Service NHS Trust	RX9	£0.000	0.000%	£0.000
East of England Ambulance Service NHS Trust	RYC	£0.000	0.000%	£0.000
East Sussex Healthcare NHS Trust	RXC	£148.321	0.661%	£9.910
Epsom and St Helier University Hospitals NHS Trust	RVR	£154.642	0.689%	£10.332
Frimley Health NHS Foundation Trust	RDU	£278.469	1.240%	£18.606
Gateshead Health NHS Foundation Trust	RR7	£77.504	0.345%	£5.178
George Eliot Hospital NHS Trust	RLT	£59.919	0.267%	£4.003
Gloucestershire Care Services NHS Trust	R1J	£4.852	0.022%	£0.324
Gloucestershire Hospitals NHS Foundation Trust	RTE	£171.576	0.764%	£11.464
Great Ormond Street Hospital for Children NHS Foundation Trust	RP4	£80.588	0.359%	£5.384
Great Western Hospitals NHS Foundation Trust	RN3	£101.117	0.450%	£6.756
Greater Manchester West Mental Health NHS Foundation Trust	RXV	£0.000	0.000%	£0.000
Guy's And St Thomas' NHS Foundation Trust	RJ1	£330.672	1.473%	£22.094
Hampshire Hospitals NHS Foundation Trust	RN5	£141.565	0.631%	£9.459
Harrogate and District NHS Foundation Trust	RCD	£56.524	0.252%	£3.777
Heart of England NHS Foundation Trust	RR1	£319.021	1.421%	£21.315
Hertfordshire Community NHS Trust	RY4	£0.434	0.000%	£0.029
Hertfordshire Partnership University NHS Foundation Trust	RWR	£0.000	0.000%	£0.000
Hinchingbrooke Health Care NHS Trust	RQQ	£49.846	0.222%	£3.330

Homerton University Hospital NHS Foundation Trust	RQX	£95.680	0.426%	£6.393
Hounslow and Richmond Community Healthcare NHS Trust	RY9	£7.278	0.032%	£0.486
Hull and East Yorkshire Hospitals NHS Trust	RWA	£178.602	0.796%	£11.933
Humber NHS Foundation Trust	RV9	£9.571	0.043%	£0.639
Imperial College Healthcare NHS Trust	RYJ	£363.599	1.620%	£24.294
Ipswich Hospital NHS Trust	RGQ	£106.346	0.474%	£7.105
Isle of Wight NHS Trust	R1F	£52.155	0.232%	£3.485
James Paget University Hospitals NHS Foundation Trust	RGP	£66.257	0.295%	£4.427
Kent and Medway NHS and Social Care Partnership Trust	RXY	£0.000	0.000%	£0.000
Kent Community Health NHS Foundation Trust	RYY	£5.029	0.022%	£0.336
Kettering General Hospital NHS Foundation Trust	RNQ	£105.849	0.471%	£7.072
King's College Hospital NHS Foundation Trust	RJZ	£458.339	2.042%	£30.624
Kingston Hospital NHS Foundation Trust	RAX	£114.583	0.510%	£7.656
Lancashire Care NHS Foundation Trust	RW5	£0.000	0.000%	£0.000
Lancashire Teaching Hospitals NHS Foundation Trust	RXN	£169.003	0.753%	£11.292
Leeds and York Partnership NHS Foundation Trust	RGD	£0.000	0.000%	£0.000
Leeds Community Healthcare NHS Trust	RY6	£0.000	0.000%	£0.000
Leeds Teaching Hospitals NHS Trust	RR8	£344.884	1.536%	£23.042
Leicestershire Partnership NHS Trust	RT5	£0.000	0.000%	£0.000
Lewisham and Greenwich NHS Trust	RJ2	£249.695	1.112%	£16.683
Lincolnshire Community Health Services NHS Trust	RY5	£10.690	0.048%	£0.714
Lincolnshire Partnership NHS Foundation Trust	RP7	£0.000	0.000%	£0.000

Liverpool Community Health NHS Trust	RY1	£7.144	0.032%	£0.477
Liverpool Heart And Chest Hospital NHS Foundation Trust	RBQ	£38.227	0.170%	£2.554
Liverpool Women's NHS Foundation Trust	REP	£47.988	0.214%	£3.206
London Ambulance Service NHS Trust	RRU	£0.000	0.000%	£0.000
London North West Healthcare NHS Trust	R1K	£290.079	1.292%	£19.381
Luton and Dunstable University Hospital NHS Foundation Trust	RC9	£125.988	0.561%	£8.418
Maidstone and Tunbridge Wells NHS Trust*	RWF	£167.282	tbc	tbc
Manchester Mental Health and Social Care Trust	TAE	£0.000	0.000%	£0.000
Medway NHS Foundation Trust	RPA	£134.772	0.600%	£9.005
Mersey Care NHS Foundation Trust	RW4	£0.000	0.000%	£0.000
Mid Cheshire Hospitals NHS Foundation Trust	RBT	£89.695	0.400%	£5.993
Mid Essex Hospital Services NHS Trust	RQ8	£136.146	0.606%	£9.096
Mid Yorkshire Hospitals NHS Trust	RXF	£202.283	0.901%	£13.515
Milton Keynes University Hospital NHS Foundation Trust	RD8	£109.241	0.487%	£7.299
Moorfields Eye Hospital NHS Foundation Trust	RP6	£13.172	0.059%	£0.880
Norfolk and Norwich University Hospitals NHS Foundation Trust*	RM1	£198.830	tbc	tbc
Norfolk and Suffolk NHS Foundation Trust	RMY	£0.000	0.000%	£0.000
Norfolk Community Health and Care NHS Trust	RY3	£0.000	0.000%	£0.000
North Bristol NHS Trust*	RVJ	£204.109	tbc	tbc
North Cumbria University Hospitals NHS Trust	RNL	£123.235	0.549%	£8.234
North East Ambulance Service NHS Foundation Trust	RX6	£0.000	0.000%	£0.000
North East London NHS Foundation Trust	RAT	£2.824	0.013%	£0.189

North Essex Partnership University NHS Foundation Trust	RRD	£0.000	0.000%	£0.000
North Middlesex University Hospital NHS Trust	RAP	£133.420	0.594%	£8.914
North Staffordshire Combined Healthcare NHS Trust	RLY	£0.000	0.000%	£0.000
North Tees And Hartlepool NHS Foundation Trust	RVW	£102.919	0.458%	£6.876
North West Ambulance Service NHS Trust	RX7	£0.000	0.000%	£0.000
Northampton General Hospital NHS Trust	RNS	£130.437	0.581%	£8.715
Northamptonshire Healthcare NHS Foundation Trust	RP1	£0.000	0.000%	£0.000
Northern Devon Healthcare NHS Trust	RBZ	£59.046	0.263%	£3.945
Northern Lincolnshire and Goole NHS Foundation Trust	RJL	£153.223	0.683%	£10.238
Northumberland, Tyne And Wear NHS Foundation Trust	RX4	£0.000	0.000%	£0.000
Northumbria Healthcare NHS Foundation Trust	RTF	£128.414	0.572%	£8.580
Nottingham University Hospitals NHS Trust	RX1	£348.512	1.552%	£23.286
Nottinghamshire Healthcare NHS Foundation Trust	RHA	£0.000	0.000%	£0.000
Oxford Health NHS Foundation Trust	RNU	£1.878	0.008%	£0.125
Oxford University Hospitals NHS Foundation Trust	RTH	£304.187	1.355%	£20.324
Oxleas NHS Foundation Trust	RPG	£0.000	0.000%	£0.000
Papworth Hospital NHS Foundation Trust	RGM	£50.978	0.227%	£3.406
Pennine Acute Hospitals NHS Trust	RW6	£270.896	1.207%	£18.100
Pennine Care NHS Foundation Trust	RT2	£1.891	0.008%	£0.126
Peterborough and Stamford Hospitals NHS Foundation Trust	RGN	£133.457	0.594%	£8.917
Plymouth Hospitals NHS Trust	RK9	£176.595	0.787%	£11.799

Poole Hospital NHS Foundation Trust	RD3	£97.293	0.433%	£6.501
Portsmouth Hospitals NHS Trust	RHU	£201.023	0.895%	£13.431
Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust	RCX	£86.583	0.386%	£5.785
Queen Victoria Hospital NHS Foundation Trust	RPC	£14.093	0.063%	£0.942
Rotherham Doncaster and South Humber NHS Foundation Trust	RXE	£0.000	0.000%	£0.000
Royal Berkshire NHS Foundation Trust	RHW	£134.876	0.601%	£9.012
Royal Brompton and Harefield NHS Foundation Trust	RT3	£122.566	0.546%	£8.189
Royal Cornwall Hospitals NHS Trust	REF	£125.884	0.561%	£8.411
Royal Devon and Exeter NHS Foundation Trust	RH8	£130.079	0.579%	£8.691
Royal Free London NHS Foundation Trust	RAL	£286.865	1.278%	£19.167
Royal Liverpool and Broadgreen University Hospitals NHS Trust	RQ6	£138.510	0.617%	£9.254
Royal National Orthopaedic Hospital NHS Trust	RAN	£17.486	0.078%	£1.168
Royal Surrey County Hospital NHS Foundation Trust	RA2	£100.549	0.448%	£6.718
Royal United Hospitals Bath NHS Foundation Trust	RD1	£116.618	0.519%	£7.792
Salford Royal NHS Foundation Trust	RM3	£156.309	0.696%	£10.444
Salisbury NHS Foundation Trust	RNZ	£80.785	0.360%	£5.398
Sandwell and West Birmingham Hospitals NHS Trust	RXK	£156.896	0.699%	£10.483
Sheffield Children's NHS Foundation Trust	RCU	£37.190	0.166%	£2.485
Sheffield Health and Social Care NHS Foundation Trust	TAH	£0.000	0.000%	£0.000
Sheffield Teaching Hospitals NHS Foundation Trust	RHQ	£277.821	1.237%	£18.562

Sherwood Forest Hospitals NHS Foundation Trust	RK5	£131.914	0.588%	£8.814
Shrewsbury and Telford Hospital NHS Trust	RXW	£139.418	0.621%	£9.315
Shropshire Community Health NHS Trust	R1D	£1.753	0.008%	£0.117
Solent NHS Trust	R1C	£1.036	0.005%	£0.069
Somerset Partnership NHS Foundation Trust	RH5	£9.250	0.041%	£0.618
South Central Ambulance Service NHS Foundation Trust	RYE	£0.000	0.000%	£0.000
South East Coast Ambulance Service NHS Foundation Trust	RYD	£0.000	0.000%	£0.000
South Essex Partnership University NHS Foundation Trust	RWN	£0.000	0.000%	£0.000
South London And Maudsley NHS Foundation Trust	RV5	£0.000	0.000%	£0.000
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	RRE	£0.000	0.000%	£0.000
South Tees Hospitals NHS Foundation Trust	RTR	£197.257	0.879%	£13.180
South Tyneside NHS Foundation Trust	RE9	£62.897	0.280%	£4.202
South Warwickshire NHS Foundation Trust	RJC	£73.216	0.326%	£4.892
South West London and St George's Mental Health NHS Trust	RQY	£0.000	0.000%	£0.000
South West Yorkshire Partnership NHS Foundation Trust	RXG	£0.000	0.000%	£0.000
South Western Ambulance Service NHS Foundation Trust	RYF	£1.021	0.005%	£0.068
Southend University Hospital NHS Foundation Trust	RAJ	£114.798	0.511%	£7.670
Southern Health NHS Foundation Trust	RW1	£13.310	0.059%	£0.889
Southport and Ormskirk Hospital NHS Trust	RVY	£72.165	0.321%	£4.822

St George's University Hospitals NHS Foundation Trust	RJ7	£268.708	1.197%	£17.954
St Helens and Knowsley Hospital Services NHS Trust	RBN	£136.450	0.608%	£9.117
Staffordshire and Stoke on Trent Partnership NHS Trust	R1E	£8.232	0.037%	£0.550
Stockport NHS Foundation Trust	RWJ	£113.860	0.507%	£7.608
Surrey and Borders Partnership NHS Foundation Trust	RXX	£0.000	0.000%	£0.000
Surrey and Sussex Healthcare NHS Trust	RTP	£131.538	0.586%	£8.789
Sussex Community NHS Foundation Trust	RDR	£6.405	0.029%	£0.428
Sussex Partnership NHS Foundation Trust	RX2	£0.000	0.000%	
Tameside Hospital NHS Foundation Trust	RMP	£89.848	0.400%	£6.003
Taunton and Somerset NHS Foundation Trust	RBA	£105.074	0.468%	£7.020
Tavistock and Portman NHS Foundation Trust	RNK	£0.000	0.000%	£0.000
Tees, Esk And Wear Valleys NHS Foundation Trust	RX3	£0.000	0.000%	£0.000
The Christie NHS Foundation Trust	RBV	£22.380	0.100%	£1.495
The Clatterbridge Cancer Centre NHS Foundation Trust	REN	£5.700	0.025%	£0.381
The Dudley Group NHS Foundation Trust	RNA	£128.318	0.572%	£8.574
The Hillingdon Hospitals NHS Foundation Trust	RAS	£87.714	0.391%	£5.861
The Newcastle upon Tyne Hospitals NHS Foundation Trust	RTD	£275.592	1.228%	£18.414
The Princess Alexandra Hospital NHS Trust	RQW	£112.561	0.501%	£7.521
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	RL1	£8.860	0.039%	£0.592
The Rotherham NHS Foundation Trust	RFR	£87.068	0.388%	£5.817
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	RDZ	£95.792	0.427%	£6.400

The Royal Marsden NHS Foundation Trust	RPY	£27.641	0.123%	£1.847
The Royal Orthopaedic Hospital NHS Foundation Trust	RRJ	£6.525	0.029%	£0.436
The Royal Wolverhampton NHS Trust	RL4	£148.089	0.660%	£9.894
The Walton Centre NHS Foundation Trust	RET	£24.076	0.107%	£1.609
The Whittington Hospital NHS Trust	RKE	£99.834	0.445%	£6.670
Torbay and South Devon NHS Foundation Trust	RA9	£87.264	0.389%	£5.830
United Lincolnshire Hospitals NHS Trust	RWD	£220.511	0.982%	£14.733
University College London Hospitals NHS Foundation Trust	RRV	£220.550	0.982%	£14.736
University Hospital of South Manchester NHS Foundation Trust	RM2	£154.441	0.688%	£10.319
University Hospital Southampton NHS Foundation Trust	RHM	£266.498	1.187%	£17.806
University Hospitals Birmingham NHS Foundation Trust	RRK	£252.900	1.126%	£16.897
University Hospitals Bristol NHS Foundation Trust	RA7	£199.252	0.888%	£13.313
University Hospitals Coventry and Warwickshire NHS Trust	RKB	£219.251	0.977%	£14.649
University Hospitals of Leicester NHS Trust	RWE	£326.258	1.453%	£21.799
University Hospitals of Morecambe Bay NHS Foundation Trust	RTX	£132.211	0.589%	£8.834
University Hospitals of North Midlands NHS Trust	RJE	£306.846	1.367%	£20.502
Walsall Healthcare NHS Trust	RBK	£105.791	0.471%	£7.068
Warrington And Halton Hospitals NHS Foundation Trust	RWW	£105.197	0.469%	£7.029
West Hertfordshire Hospitals NHS Trust	RWG	£159.599	0.711%	£10.663
West London Mental Health NHS Trust	RKL	£0.000	0.000%	£0.000
West Midlands Ambulance Service NHS Foundation Trust	RYA	£0.000	0.000%	£0.000

West Suffolk NHS Foundation Trust	RGR	£77.849	0.347%	£5.201
Western Sussex Hospitals NHS Foundation Trust	RYR	£172.978	0.770%	£11.557
Weston Area Health NHS Trust	RA3	£46.085	0.205%	£3.079
Wirral Community NHS Foundation Trust	RY7	£3.709	0.017%	£0.248
Wirral University Teaching Hospital NHS Foundation Trust	RBL	£132.821	0.592%	£8.874
Worcestershire Acute Hospitals NHS Trust	RWP	£189.529	0.844%	£12.663
Worcestershire Health and Care NHS Trust	R1A	£2.337	0.010%	£0.156
Wrightington, Wigan and Leigh NHS Foundation Trust	RRF	£96.436	0.430%	£6.443
Wye Valley NHS Trust	RLQ	£62.744	0.279%	£4.192
Yeovil District Hospital NHS Foundation Trust	RA4	£64.268	0.286%	£4.294
York Teaching Hospital NHS Foundation Trust	RCB	£177.084	0.789%	£11.832
Yorkshire Ambulance Service NHS Trust	RX8	£0.000	0.000%	£0.000

*STF allocations and control totals will be confirmed through the financial special measures recovery plan process

Annex 2: Provisional allocation of non-acute fund for non-acute trusts only

Provider name	Code	Revenue	Share of revenue	Allocation of fund (non-acute)
		£m	%	£m
2Gether NHS Foundation Trust	RTQ	£105.820	0.644%	£0.642
5 Boroughs Partnership NHS Foundation Trust	RTV	£152.197	0.926%	£0.923
Avon and Wiltshire Mental Health Partnership NHS Trust	RVN	£197.394	1.201%	£1.197
Barnet, Enfield and Haringey Mental Health NHS Trust	RRP	£192.243	1.170%	£1.166
Berkshire Healthcare NHS Foundation Trust	RWX	£237.325	1.444%	£1.439
Birmingham and Solihull Mental Health NHS Foundation Trust	RXT	£244.818	1.490%	£1.485
Birmingham Community Healthcare NHS Foundation Trust	RYW	£260.853	1.587%	£1.582
Black Country Partnership NHS Foundation Trust	TAJ	£102.513	0.624%	£0.622
Bradford District Care NHS Foundation Trust	TAD	£123.969	0.754%	£0.752
Bridgewater Community Healthcare NHS Foundation Trust	RY2	£148.780	0.905%	£0.902
Cambridgeshire and Peterborough NHS Foundation Trust	RT1	£193.966	1.180%	£1.176
Cambridgeshire Community Services NHS Trust	RYV	£110.365	0.672%	£0.669
Camden and Islington NHS Foundation Trust	TAF	£138.153	0.841%	£0.838
Central and North West London	RV3	£471.549	2.870%	£2.859

NHS Foundation Trust				
Central London Community Healthcare NHS Trust	RYX	£196.671	1.197%	£1.193
Cheshire and Wirral Partnership NHS Foundation Trust	RXA	£161.588	0.983%	£0.980
Cornwall Partnership NHS Foundation Trust	RJ8	£87.622	0.533%	£0.531
Coventry and Warwickshire Partnership NHS Trust	RYG	£202.567	1.233%	£1.228
Cumbria Partnership NHS Foundation Trust	RNN	£172.971	1.053%	£1.049
Derbyshire Community Health Services NHS Foundation Trust	RY8	£175.650	1.069%	£1.065
Derbyshire Healthcare NHS Foundation Trust	RXM	£130.949	0.797%	£0.794
Devon Partnership NHS Trust	RWV	£139.976	0.852%	£0.849
Dorset Healthcare University NHS Foundation Trust	RDY	£252.628	1.537%	£1.532
Dudley and Walsall Mental Health Partnership NHS Trust	RYK	£64.546	0.393%	£0.500
East London NHS Foundation Trust	RWK	£356.404	2.169%	£2.161
East Midlands Ambulance Service NHS Trust	RX9	£154.089	0.938%	£0.934
East of England Ambulance Service NHS Trust	RYC	£232.513	1.415%	£1.410
Gloucestershire Care Services NHS Trust	R1J	£114.947	0.700%	£0.697
Greater Manchester West Mental Health NHS Foundation Trust	RXV	£184.528	1.123%	£1.119

Hertfordshire Community NHS Trust	RY4	£146.266	0.890%	£0.887
Hertfordshire Partnership University NHS Foundation Trust	RWR	£208.137	1.267%	£1.262
Hounslow and Richmond Community Healthcare NHS Trust	RY9	£68.489	0.417%	£0.415
Humber NHS Foundation Trust	RV9	£130.541	0.794%	£0.792
Kent and Medway NHS and Social Care Partnership Trust	RXY	£181.334	1.104%	£1.100
Kent Community Health NHS Foundation Trust	RYY	£234.607	1.428%	£1.423
Lancashire Care NHS Foundation Trust	RW5	£343.869	2.093%	£2.085
Leeds and York Partnership NHS Foundation Trust	RGD	£167.321	1.018%	£1.015
Leeds Community Healthcare NHS Trust	RY6	£156.367	0.952%	£0.948
Leicestershire Partnership NHS Trust	RT5	£275.422	1.676%	£1.670
Lincolnshire Community Health Services NHS Trust	RY5	£105.943	0.645%	£0.642
Lincolnshire Partnership NHS Foundation Trust	RP7	£98.138	0.597%	£0.595
Liverpool Community Health NHS Trust	RY1	£134.929	0.821%	£0.818
London Ambulance Service NHS Trust	RRU	£319.992	1.947%	£1.940
Manchester Mental Health and Social Care Trust	TAE	£107.664	0.655%	£0.653
Mersey Care NHS Foundation Trust	RW4	£213.443	1.299%	£1.294

Norfolk and Suffolk NHS Foundation Trust	RMY	£211.776	1.289%	£1.284
Norfolk Community Health and Care NHS Trust	RY3	£129.920	0.791%	£0.788
North East Ambulance Service NHS Foundation Trust	RX6	£117.583	0.716%	£0.713
North East London NHS Foundation Trust	RAT	£348.568	2.121%	£2.114
North Essex Partnership University NHS Foundation Trust	RRD	£122.801	0.747%	£0.745
North Staffordshire Combined Healthcare NHS Trust	RLY	£78.588	0.478%	£0.500
North West Ambulance Service NHS Trust	RX7	£284.007	1.728%	£1.722
Northamptonshire Healthcare NHS Foundation Trust	RP1	£188.890	1.150%	£1.145
Northumberland, Tyne and Wear NHS Foundation Trust	RX4	£317.150	1.930%	£1.923
Nottinghamshire Healthcare NHS Foundation Trust	RHA	£450.639	2.742%	£2.733
Oxford Health NHS Foundation Trust	RNU	£297.684	1.812%	£1.805
Oxleas NHS Foundation Trust	RPG	£245.511	1.494%	£1.489
Pennine Care NHS Foundation Trust	RT2	£280.007	1.704%	£1.698
Rotherham Doncaster and South Humber NHS Foundation Trust	RXE	£162.791	0.991%	£0.987
Sheffield Health and Social Care NHS Foundation Trust	TAH	£128.685	0.783%	£0.780
Shropshire Community Health NHS Trust	R1D	£78.940	0.480%	£0.479
Solent NHS Trust	R1C	£178.550	1.087%	£1.083

Somerset Partnership NHS Foundation Trust	RH5	£168.211	1.024%	£1.020
South Central Ambulance Service NHS Foundation Trust	RYE	£175.061	1.065%	£1.062
South East Coast Ambulance Service NHS Foundation Trust	RYD	£208.902	1.271%	£1.267
South Essex Partnership University NHS Foundation Trust	RWN	£258.376	1.572%	£1.567
South London and Maudsley NHS Foundation Trust	RV5	£373.106	2.271%	£2.262
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	RRE	£177.724	1.082%	£1.078
South West London and St George's Mental Health NHS Trust	RQY	£162.180	0.987%	£0.983
South West Yorkshire Partnership NHS Foundation Trust	RXG	£229.878	1.399%	£1.394
South Western Ambulance Service NHS Foundation Trust	RYF	£232.211	1.413%	£1.408
Southern Health NHS Foundation Trust	RW1	£332.847	2.026%	£2.018
Staffordshire and Stoke on Trent Partnership NHS Trust	R1E	£372.553	2.267%	£2.259
Surrey And Borders Partnership NHS Foundation Trust	RXX	£150.833	0.918%	£0.915
Sussex Community NHS Foundation Trust	RDR	£212.698	1.294%	£1.290
Sussex Partnership NHS Foundation Trust	RX2	£244.361	1.487%	£1.482
Tavistock And Portman NHS Foundation Trust	RNK	£45.256	0.275%	£0.500
Tees, Esk and Wear Valleys NHS Foundation Trust	RX3	£312.312	1.901%	£1.894

West London Mental Health NHS Trust	RKL	£233.089	1.419%	£1.413
West Midlands Ambulance Service NHS Foundation Trust	RYA	£227.883	1.387%	£1.382
Wirral Community NHS Foundation Trust	RY7	£71.085	0.433%	£0.431
Worcestershire Health and Care NHS Trust	R1A	£172.346	1.049%	£1.045
Yorkshire Ambulance Service NHS Trust	RX8	£248.965	1.515%	£1.510

Annex 3: Provisional allocation of general fund and non-acute fund for non-acute trusts only

Provider name	Code	Allocation of general fund	Allocation of non-acute fund	Total allocation of funds
		£m	£m	£m
2Gether NHS Foundation Trust	RTQ	£0.000	£0.642	£0.642
5 Boroughs Partnership NHS Foundation Trust	RTV	£0.139	£0.923	£1.061
Avon and Wiltshire Mental Health Partnership NHS Trust	RVN	£0.000	£1.197	£1.197
Barnet, Enfield and Haringey Mental Health NHS Trust	RRP	£0.000	£1.166	£1.166
Berkshire Healthcare NHS Foundation Trust	RWX	£0.291	£1.439	£1.730
Birmingham And Solihull Mental Health NHS Foundation Trust	RXT	£0.000	£1.485	£1.485
Birmingham Community Healthcare NHS Foundation Trust	RYW	£0.038	£1.582	£1.620
Black Country Partnership NHS Foundation Trust	TAJ	£0.000	£0.622	£0.622
Bradford District Care NHS Foundation Trust	TAD	£0.000	£0.752	£0.752
Bridgewater Community Healthcare NHS Foundation Trust	RY2	£0.404	£0.902	£1.306
Cambridgeshire And Peterborough NHS Foundation Trust	RT1	£0.142	£1.176	£1.318
Cambridgeshire Community Services NHS Trust	RYV	£0.402	£0.669	£1.072
Camden And Islington NHS	TAF	£0.000	£0.838	£0.838

Foundation Trust				
Central And North West London NHS Foundation Trust	RV3	£0.069	£2.859	£2.928
Central London Community Healthcare NHS Trust	RYX	£0.650	£1.193	£1.842
Cheshire And Wirral Partnership NHS Foundation Trust	RXA	£0.000	£0.980	£0.980
Cornwall Partnership NHS Foundation Trust	RJ8	£0.000	£0.531	£0.531
Coventry and Warwickshire Partnership NHS Trust	RYG	£0.000	£1.228	£1.228
Cumbria Partnership NHS Foundation Trust	RNN	£0.610	£1.049	£1.659
Derbyshire Community Health Services NHS Foundation Trust	RY8	£0.472	£1.065	£1.537
Derbyshire Healthcare NHS Foundation Trust	RXM	£0.000	£0.794	£0.794
Devon Partnership NHS Trust	RWV	£0.000	£0.849	£0.849
Dorset Healthcare University NHS Foundation Trust	RDY	£0.264	£1.532	£1.796
Dudley and Walsall Mental Health Partnership NHS Trust	RYK	£0.000	£0.500	£0.500
East London NHS Foundation Trust	RWK	£0.277	£2.161	£2.438
East Midlands Ambulance Service NHS Trust	RX9	£0.000	£0.934	£0.934
East of England Ambulance Service NHS Trust	RYC	£0.000	£1.410	£1.410
Gloucestershire Care Services NHS Trust	R1J	£0.324	£0.697	£1.021
Greater Manchester West Mental Health NHS Foundation Trust	RXV	£0.000	£1.119	£1.119

Hertfordshire Community NHS Trust	RY4	£0.029	£0.887	£0.916
Hertfordshire Partnership University NHS Foundation Trust	RWR	£0.000	£1.262	£1.262
Hounslow and Richmond Community Healthcare NHS Trust	RY9	£0.486	£0.415	£0.902
Humber NHS Foundation Trust	RV9	£0.639	£0.792	£1.431
Kent and Medway NHS and Social Care Partnership Trust	RXY	£0.000	£1.100	£1.100
Kent Community Health NHS Foundation Trust	RYY	£0.336	£1.423	£1.759
Lancashire Care NHS Foundation Trust	RW5	£0.000	£2.085	£2.085
Leeds And York Partnership NHS Foundation Trust	RGD	£0.000	£1.015	£1.015
Leeds Community Healthcare NHS Trust	RY6	£0.000	£0.948	£0.948
Leicestershire Partnership NHS Trust	RT5	£0.000	£1.670	£1.670
Lincolnshire Community Health Services NHS Trust	RY5	£0.714	£0.642	£1.357
Lincolnshire Partnership NHS Foundation Trust	RP7	£0.000	£0.595	£0.595
Liverpool Community Health NHS Trust	RY1	£0.477	£0.818	£1.296
London Ambulance Service NHS Trust	RRU	£0.000	£1.940	£1.940
Manchester Mental Health and Social Care Trust	TAE	£0.000	£0.653	£0.653
Mersey Care NHS Foundation Trust	RW4	£0.000	£1.294	£1.294

Norfolk And Suffolk NHS Foundation Trust	RMY	£0.000	£1.284	£1.284
Norfolk Community Health and Care NHS Trust	RY3	£0.000	£0.788	£0.788
North East Ambulance Service NHS Foundation Trust	RX6	£0.000	£0.713	£0.713
North East London NHS Foundation Trust	RAT	£0.189	£2.114	£2.302
North Essex Partnership University NHS Foundation Trust	RRD	£0.000	£0.745	£0.745
North Staffordshire Combined Healthcare NHS Trust	RLY	£0.000	£0.500	£0.500
North West Ambulance Service NHS Trust	RX7	£0.000	£1.722	£1.722
Northamptonshire Healthcare NHS Foundation Trust	RP1	£0.000	£1.145	£1.145
Northumberland, Tyne And Wear NHS Foundation Trust	RX4	£0.000	£1.923	£1.923
Nottinghamshire Healthcare NHS Foundation Trust	RHA	£0.000	£2.733	£2.733
Oxford Health NHS Foundation Trust	RNU	£0.125	£1.805	£1.931
Oxleas NHS Foundation Trust	RPG	£0.000	£1.489	£1.489
Pennine Care NHS Foundation Trust	RT2	£0.126	£1.698	£1.824
Rotherham Doncaster And South Humber NHS Foundation Trust	RXE	£0.000	£0.987	£0.987
Sheffield Health And Social Care NHS Foundation Trust	TAH	£0.000	£0.780	£0.780
Shropshire Community Health NHS Trust	R1D	£0.117	£0.479	£0.596
Solent NHS Trust	R1C	£0.069	£1.083	£1.152

Somerset Partnership NHS Foundation Trust	RH5	£0.618	£1.020	£1.638
South Central Ambulance Service NHS Foundation Trust	RYE	£0.000	£1.062	£1.062
South East Coast Ambulance Service NHS Foundation Trust	RYD	£0.000	£1.267	£1.267
South Essex Partnership University NHS Foundation Trust	RWN	£0.000	£1.567	£1.567
South London and Maudsley NHS Foundation Trust	RV5	£0.000	£2.262	£2.262
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	RRE	£0.000	£1.078	£1.078
South West London and St George's Mental Health NHS Trust	RQY	£0.000	£0.983	£0.983
South West Yorkshire Partnership NHS Foundation Trust	RXG	£0.000	£1.394	£1.394
South Western Ambulance Service NHS Foundation Trust	RYF	£0.068	£1.408	£1.476
Southern Health NHS Foundation Trust	RW1	£0.889	£2.018	£2.908
Staffordshire and Stoke on Trent Partnership NHS Trust	R1E	£0.550	£2.259	£2.809
Surrey And Borders Partnership NHS Foundation Trust	RXX	£0.000	£0.915	£0.915
Sussex Community NHS Foundation Trust	RDR	£0.428	£1.290	£1.718
Sussex Partnership NHS Foundation Trust	RX2	£0.000	£1.482	£1.482
Tavistock And Portman NHS Foundation Trust	RNK	£0.000	£0.500	£0.500

Tees, Esk and Wear Valleys NHS Foundation Trust	RX3	£0.000	£1.894	£1.894
West London Mental Health NHS Trust	RKL	£0.000	£1.413	£1.413
West Midlands Ambulance Service NHS Foundation Trust	RYA	£0.000	£1.382	£1.382
Wirral Community NHS Foundation Trust	RY7	£0.248	£0.431	£0.679
Worcestershire Health and Care NHS Trust	R1A	£0.156	£1.045	£1.201
Yorkshire Ambulance Service NHS Trust	RX8	£0.000	£1.510	£1.510



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