

**STRENGTHENING FINANCIAL
PERFORMANCE & ACCOUNTABILITY
IN 2016/17**

21 July 2016

Strengthening financial performance & accountability in 2016/17

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1 Executive summary

- 1.1 Precisely because the pressures across the NHS are real and growing, we need to use this year both to stabilise finances and kick-start the wider changes everyone can see are needed. Most trusts and CCGs know what needs to get done to release funds for local reinvestment in better patient care, and now is clearly the time to fire the starting gun.
- 1.2 Today's 'reset' sets out the agreed legal responsibilities of individual NHS bodies to live within the funding Parliament has decided should be available to the NHS this year. Specifically, it confirms action to dramatically cut the annual trust deficit, and sharpen the direct accountability of trusts and CCGs to live within the public resources made available by Parliament and the Government in 2016/17.
- 1.3 These individual accountabilities will be supplemented by the Sustainability and Transformation Plans now being developed in communities across England, which will set out the wider, shared action they will take together to unleash broader improvement on health, care, and financial sustainability to 2020.
- 1.4 This document sets out a series of actions designed to support the NHS to achieve financial sustainability and improve operational performance.
- 1.5 A wide-ranging seven-point set of actions is being taken. We have:
 - allocated an **extra £1.8 billion** to trusts, with the aim set by NHS Improvement of cutting the combined **provider deficit to around £250 million** in 2016/17 and the ambition that, in aggregate, the provider position commences 2017/18 in run-rate balance (full allocation details are shown in Annex A);
 - replaced national fines with trust-specific incentives linked to agreed organisation-specific published **performance improvement trajectories**, so as to kickstart a multi-year recovery and redesign of A&E and elective care (full trust-level performance trajectories are shown in Annex J);
 - agreed '**financial control totals**' with individual trusts and CCGs, which represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable (control totals for every trust and CCG are shown in Annex A and B respectively);
 - introduced **new intervention regimes** of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments (details are given in section 6);

- set **new controls** to cap the cost of interim managers and to fast track savings from back office, pathology and temporary staffing (details are given in Annex F);
 - published the 2015/16 **performance ratings for CCGs** (the ratings for every CCG are shown in Annex G); and
 - launched a two-year NHS planning and contracting round for **2017/18-2018/19**, to be completed by December 2016, and linked to agreed STPs.
- 1.6 We are publishing today the financial plans which we are requiring every trust and CCG to deliver as a minimum. NHS Improvement is setting out three specific areas where further action is required to further improve the financial position (tackling pay bill growth, implementation of Lord Carter's recommendations on back office and the consolidation of unsustainable services). NHS Improvement intends that in combination these additional actions should deliver a provider sector deficit of around £250m. NHS England is requiring CCGs in aggregate to deliver a balanced budget.
- 1.7 As part of the approach to securing best value for money NHS England is also, with effect from August 2016, introducing further controls on spending by CCGs and CSUs.
- 1.8 NHS Improvement is introducing a new Single Oversight Framework for NHS trusts and NHS foundation trusts, which includes a significant finance/use of resources component designed to promote financial control, increase the focus on efficiency and enable early identification of those providers that require the most intensive support. NHS Improvement is also working with CQC to develop a combined assessment of quality and finance use of resources, so that providers deemed to be successful must deliver fully on both dimensions.
- 1.9 NHS England and NHS Improvement are also introducing new special measures which will be used with providers and commissioners that fail to meet the financial discipline expected of the NHS.
- 1.10 Where providers enter financial special measures, NHS Improvement will establish the range of regulatory action required. Five providers have been identified as the first cohort to go into financial special measures:
- Barts Health NHS Trust;
 - Croydon Health Services NHS Trust;
 - Maidstone and Tunbridge Wells NHS Trust;
 - Norfolk and Norwich University Hospitals NHS Foundation Trust; and
 - North Bristol NHS Trust.
- 1.11 For CCGs, NHS England is basing its approach on the annual assessment of overall CCG performance. Using criteria announced last year, the CCG annual

ratings published today show how each CCG has discharged its responsibilities. 10 CCGs were rated 'outstanding', a further 82 'good', 91 were found to 'require improvement'. At the same time, NHS England is taking action with each of the 26 CCGs rated as 'inadequate'.

1.12 CCGs rated as inadequate will be required to develop and implement a performance improvement plan under legal Directions from NHS England. In addition, a range of other interventions are being applied under the new special measures regime. These include adjusting a CCG's area and membership practices, disbanding the CCG, requiring that a CCG shares a joint management team or creating an Accountable Care Organisation. Nine CCGs are being newly placed in special measures:

- Coventry and Rugby CCG;
- Croydon CCG (based on its financial position in quarter 1 of 2016/17);
- East Surrey CCG;
- Enfield CCG;
- North Somerset CCG;
- North Tyneside CCG;
- South Gloucestershire CCG;
- Vale of York CCG; and
- Walsall CCG.

1.13 For 2016/17 onwards, NHS England is introducing a comprehensive, rigorous and transparent new approach to CCG ratings. CCGs will be rated in 29 areas, underpinned by 60 indicators, all made available to patients for the first time on the myNHS website. 45 of these indicators are published online today. The new areas include six clinical priorities matching those set out in the NHS Five Year Forward View, which will be assessed annually by independent expert panels. These are cancer, dementia, diabetes, learning disabilities, maternity and mental health.

1.14 To support providers to reach financial balance, the Sustainability and Transformation Fund (STF) of £1.8 billion is being made available in 2016/17. The STF will be linked to the achievement of financial controls, with 30% of its value dependent on providers also meeting trust-specific agreed performance trajectories – included in this document – for A&E, RTT and 62 day cancer waiting standards.

1.15 As well as orchestrating a range of immediate actions to ensure financial delivery in 2016/17, we are making the planning process more supportive of this goal. We plan to do this by moving swiftly to two year operating plans which deliver on the STP 'visions'.

- 1.16 The measures announced in this document, as well as wider actions with individual organisations and local health economies, are designed to give us the best opportunity to bring the NHS back onto a sustainable footing.
- 1.17 The future success of the NHS depends on providers and CCGs using this year to 'reset' their performance, and each must take organisational and personal accountability for meeting their financial and performance commitments. NHS Improvement and NHS England will not hesitate both to support people in doing so and to step in where need to ensure this is secured.

2 Introduction

- 2.1 This document sets out action to stabilise NHS finances in 2016/17, provides further detail on access to the Sustainability and Transformation Fund (STF) in 2016/17, outlines the proposed basis for assessing the financial performance of provider organisations and introduces new programmes of financial special measures for providers and commissioners that are unable to ensure sufficient financial discipline.
- 2.2 It concludes by pointing forward to an accelerated process of two-year integrated planning which is designed to build on both the financial recovery to be achieved in 2016/17 and the collaborative transformational strategies being developed through Sustainability and Transformation Plans (STPs) in 44 local health economy 'footprints'.
- 2.3 The actions set out in this document complement a wider set of existing measures to support the NHS in achieving financial sustainability, including:
- setting financial control totals for every provider and CCG;
 - rigorous implementation of tighter agency controls;
 - accelerated deployment of RightCare to all health economies during 2016/17;
 - national action to implement Lord Carter's recommendations on operational efficiency;
 - the creation of efficiency improvement and intervention capability within NHS Improvement; and
 - transformational efficiency programmes being developed through STPs.

3 2016/17 financial control totals

- 3.1 Annex A sets out providers' current financial plans for 2016/17, which in the vast majority of cases now match control totals agreed with NHS Improvement. By delivering against their control totals, providers will benefit from access to the STF, no material contract fines, lower rates of interest on cash support than those providers who do not sign up to the STF, some delegated capital freedoms, and the opportunity to be part of new care models.
- 3.2 Commissioners have now submitted a balanced plan at an overall level for 2016/17; expenditure control totals by CCG are shown at Annex B.

4 Further action to control the 2016/17 provider deficit and strengthen financial delivery by commissioners

NHS providers

- 4.1 The existing provider plans for 2016/17, as set out in Annex A, would result in an aggregate provider deficit for 2016/17 of £580m. These include the planned positions of 24 providers who have not yet agreed the control totals set by NHS Improvement.
- 4.2 NHS Improvement wrote to NHS providers on 28 June setting out three specific areas where further action is required to improve their financial position in 2016/17 (see Annex C). The additional actions set out in those three areas seek to deliver the aim set by NHS Improvement of cutting the combined provider deficit to around £250m in 2016/17 with the ambition that, in aggregate, the provider position commences 2017/18 in run-rate balance. The three areas are:
- Tackling excessive paybill growth: analysis of 2015/16 cost trends and 2016/17 plans indicates significant growth in excess of inflation and pension effects in 63 providers totalling £356m on a part-year basis. NHS Improvement is working to support these providers to identify by the end of July how much of the planned growth can be eliminated and how far they can reverse the often unplanned and unmanaged cost growth that occurred in 2015/16. Some of the reported growth will doubtless reflect structural factors and genuinely unavoidable investments, including in the context of CQC inspection findings, and the analysis is based on plan submissions before final control totals were agreed with some providers. However, this review process will result in a 'dial back' of excess cost growth where this is possible, including reductions in agency staff, resulting in reduced levels of deficit across the provider sector. This process will be supported by the introduction of new metrics enabling more appropriate benchmarking and assessment of required staffing levels.¹
 - Implementation of Lord Carter's recommendations on back office and pathology consolidation: all STP areas will be reporting back on opportunities in this area by the end of July, with a particular focus on opportunities for quick wins with impact in 2016/17 and 2017/18.

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https://improvement.nhs.uk/uploads/documents/Bulletin_NHSI_setting_specific_safe_staffing_improvement_resources_for_publication.pdf

- The consolidation of unsustainable services: providers are particularly focusing on areas where planned care services are being delivered using locums and agency staff, with a view to early decisions to re-provide at nearby units operating at efficient scale and with greater assurance of quality. By the end of July STPs should have reviewed services which are unsustainable for financial, quality or other reasons and identified the key priorities based on sustaining quality and improving efficiency. They should have developed plans to re-provide these services in collaboration with other providers to secure clinically and financially sustainable services, both for 2016/17 and for future years.

4.3 Annex D sets out the provisional paybill analysis for providers.

4.4 Annex E sets out the actions that STP areas have been asked to take to allow rapid progress on consolidation of pathology and back office services and on consolidation of unsustainable services.

4.5 The Department of Health, as directed by HM Treasury, is introducing capital controls during Q2 2016/17 that apply to all NHS trusts and NHS foundation trusts for spending above pre-specified levels. These controls will be overseen by NHS Improvement and the Department and will vary according to NHS Improvement's assessment of the financial performance of providers.

4.6 NHS Improvement will also continue to engage providers on additional initiatives. This includes swiftly scaling up the 'Getting it right first time' programme and the appointment of 10 clinical specialist leads to engage with providers in developing 20-25 metrics (to be included in the Model Hospital) that most help reduce unwarranted variations in clinical practice. NHS Improvement's new Operational Productivity directorate will also soon be widening its scope to help providers improve productivity and efficiency in non-acute settings including mental health and community health services.

NHS commissioners

4.7 Commissioners are planning for a balanced position in 2016/17. In line with the Planning Guidance, they have also set aside 1% of their allocations, equivalent to £800m, which will be available for investment later in the year to the extent that it is not required to secure the overall financial position of the NHS. As a consequence of creating this reserve, however, commissioner plans are inherently riskier than in previous years, with levels of commissioner efficiency assumed at 3% on average, 1% greater than in 2015/16. NHS England is working with commissioners to ensure that these risks are managed and/or mitigated, building on the measures introduced in 2015/16 to strengthen resilience and early intervention in CCGs where required.

- 4.8 As part of the approach to securing best value for money, NHS England is also, with effect from August 2016, introducing further controls on spending by CCGs and CSUs on interim labour, which totalled £275m in 2015/16. CCGs and CSUs will need to secure approval for day rates above £600² and for employment of interim staff beyond a six-month period and/or in senior decision-making positions. Further information on these controls is included at Annex F. This builds on existing controls on consultancy expenditure, which successfully resulted in a 38% reduction in expenditure across the NHS England group in 2015/16. NHS England and NHS Improvement are already subject to central government efficiency controls in this area, and NHS Improvement will move to introduce similar controls for NHS provider organisations.

² £600 day rate excludes VAT and expenses

5 New oversight frameworks incorporating a strong focus on financial performance

Assessing NHS providers' finance and use of resources

- 5.1 NHS Improvement is currently consulting on its new Single Oversight Framework, which will replace the NHS Trust Development Authority's Accountability Framework and Monitor's Risk Assessment Framework.³ This framework is designed to provide the basis for overseeing the provider⁴ sector and facilitating strong and rapid performance improvement where required, by focusing on five themes (quality of care; finance/use of resources; operational performance; strategic change; and leadership and improvement capability) and by segmenting the sector to determine how much support and intervention they require.
- 5.2 The finance and use of resources theme has been designed to promote financial control, increase the focus on efficiency and enable early identification of those providers that most require support. Subject to the outcome of consultation, the measures used for this theme will include delivery of revenue and capital control totals, agency spend and a new metric on cost per weighted activity unit.
- 5.3 NHS Improvement is working with CQC to bring together assessments of quality and finance/use of resources, so that providers deemed to be successful must deliver fully on both dimensions. They are also promoting alignment of efficiency and quality objectives through including agency usage as a factor in CQC's quality assessments and through the explicit sign off by NHS Improvement of fully costed action plans prepared by providers following CQC inspections.

CCG Improvement and Assessment Framework

- 5.4 The 2015/16 assessment of overall CCG performance was made against five components – leadership, planning, finance, performance, and delegated functions.

³ The consultation is available at <https://improvement.nhs.uk/resources/have-your-say-single-oversight-framework-consultation/>

⁴ For the purposes of this document 'provider' refers to NHS trusts and foundation trusts.

5.5 The table below summarises the headline assessments of CCGs at national level. A detailed report of the assessment for each CCG is available on the NHS England website, and a summary has been included as Annex G.

	Outstanding	Good	Requires improvement	Inadequate
Number of CCGs	10	82	91	26

5.6 Following an engagement process, NHS England introduced a new Improvement and Assessment Framework for CCGs in March⁵. It sets out the NHS Constitution and other core performance and finance indicators, outcome goals, and transformational challenges across four domains: better health, better care, sustainability and leadership. The sustainability domain contains a range of measures of in year financial delivery and allocative efficiency. It will thus support a stronger focus on finance within the broader performance dialogue with CCGs to drive improvement and will trigger prompt intervention where appropriate.

⁵ Available at <https://www.england.nhs.uk/commissioning/ccg-auth/>
www.england.nhs.uk/commissioning/ccg-auth/

6 Tackling financial failure through special measures

- 6.1 Alongside wider measures to support the success of organisations within the health sector, NHS Improvement is introducing a new system of financial special measures for providers, and NHS England is introducing a regime of special measures for commissioners which will encompass financial issues alongside other aspects of their performance. Both will be used where there is a failure to meet the financial discipline expected of the NHS. The special measures processes will be highly focused, typically resulting in an agreed recovery plan within a month and evidence of immediate improvement within a few months. NHS Improvement and NHS England will work together to ensure a whole system approach is taken, where individual commissioner or provider financial performance issues are related to wider concerns in the health and care system.

NHS providers

- 6.2 NHS Improvement is introducing a new system of financial special measures for NHS trusts and foundation trusts (referred to for these purposes as 'providers'), details of which are set out in Annex H.
- 6.3 Where providers go into financial special measures, NHS Improvement will arrange a rapid but intensive on-site process to identify the key issues and agree a recovery plan. This team, led by an improvement director, supported by NHS Improvement and drawing on peer support, will examine finance, clinical and workforce expertise, as well as leadership, governance and capability. A rapid recovery plan will be agreed within a month and, in most cases, a detailed plan within two months. It will also involve examining the wider strategic direction providers have planned as part of their STP. Improvements due to financial special measures should be designed to ensure that quality standards are also maintained and, where possible, improved. NHS Improvement will take action using statutory powers, taking into account existing guidance on oversight and intervention.
- 6.4 In addition to identifying what support providers in financial special measures need, NHS Improvement will establish whether other steps, including further regulatory action – such as removal of autonomy over key spending decisions or changes in leadership (executives, including the Accounting Officer and clinical and managerial leadership and/or non-executives) – are required. The Department of Health will reserve the right to exchange surplus assets for cash for any providers under a programme of financial special measures and does not intend to accept business as usual loan applications from these providers. Providers in special measures will be required to focus firmly on their recovery actions and will therefore not be eligible to lead on transformation programmes (e.g. as New Care Model vanguards) or organisational transactions.

- 6.5 Providers will be considered for financial special measures under the following circumstances:
1. The provider has not agreed a control total and is planning a deficit for 2016/17; or
 2. The provider has agreed a control total but has a significant negative variance against the control total plan and is forecasting a significant deficit for 2016/17; or
 3. The provider has an exceptional financial governance failure (e.g. significant fraud or irregularity).
- 6.6 The first cohort of providers to enter financial special measures are those that have not yet agreed a control total and are planning the most significant deficits for 2016/17 (except where they are excluded because of other considerations⁶), or have agreed the control total but have a significant variance from the control total and are forecasting the most significant deficits for 2016/17. NHS Improvement will make decisions on the basis of quarterly submissions from quarter 1 2016/17 onwards, using the criteria above and the exemption reasons set out in Annex H, to identify further providers that should in future go into financial special measures.
- 6.7 The first five providers to go into financial special measures are:
- Barts Health NHS Trust;
 - Croydon Health Services NHS Trust
 - Maidstone and Tunbridge Wells NHS Trust;
 - Norfolk and Norwich University Hospitals NHS Foundation Trust; and
 - North Bristol NHS Trust.
- 6.8 There are a further 13 provider organisations who have not agreed their control totals and are planning for deficits. These are indicated with an asterisk in Annex A. NHSI is working with all these providers to resolve this situation, but in the absence of such a resolution they would trigger the first criterion set out in paragraph 6.5 for special measures.
- 6.9 To exit special measures a provider must generally have, as a minimum, a robust recovery plan setting out the key changes required to remedy the provider's financial problems, approved by its board and by NHS Improvement, a detailed delivery plan and evidence of significant wins within two additional months of agreeing the initial recovery plan. In addition, NHS Improvement may, at its discretion, require evidence of demonstrable progress in implementing more fundamental change (during a further potential probationary period of up to three months).

⁶ See Annex H, section 7: other considerations

6.10 Where a provider is both in financial special measures and special measures for quality there will be a joined up approach to deliver both quality and financial recovery, working with CQC as appropriate. Providers in financial special measures will be expected to maintain, and where possible, improve standards of quality during and after their financial recovery.

CCGs

6.11 NHS England will take action with each of the 26 CCGs that are rated as inadequate in the 2015/16 assessment of CCG performance shown above, requiring them to produce a performance improvement plan that will be monitored by NHS England.

6.12 In addition, a range of other interventions will be applied as necessary, including:

- **Issuing legal directions to a CCG.** For example, NHS England **may direct a CCG to cease to perform a particular function** and exercise the function on behalf of the CCG or direct another CCG to perform these functions on its behalf. NHS England may **terminate the appointment of a CCG's Accountable Officer** and appoint another person;
- Varying the constitution of the CCG by **adjusting its area and membership practices**, or **disbanding the CCG** and transferring its functions to a neighbouring CCG;
- **Requiring that a CCG shares a joint management team** with a high-performing, neighbouring CCG; and
- **Transferring to an Accountable Care Organisation** the responsibility for the cost and quality of care for a defined population within an agreed budget.

6.13 Consistent with this approach, NHS England will be taking the following action with each of the following CCGs that will be placed into special measures:

- **Coventry and Rugby CCG** will be directed to strengthen its leadership, with the Accountable Officer of Warwickshire North CCG becoming the acting Accountable Officer with a remit to develop plans for the future commissioning infrastructure in Coventry and Warwickshire.
- **East Surrey CCG** will be part of a wider organisational review to bring it together into a single commissioning leadership structure across its area.
- **Enfield CCG** will be directed to produce and implement an Improvement and Financial Recovery Plan which will be approved and overseen by NHS England and to develop leadership for the CCG that is consistent with the

shared management arrangements required to support implementation of the STP.

- **North Tyneside CCG** will be directed to review its governance, to act on the findings of the review and implement a financial recovery plan.
- **South Gloucestershire CCG** and **North Somerset CCG** will be directed to work with Bristol CCG to move towards a single commissioning leadership structure across the STP footprint.
- **Vale of York CCG** will be directed to appoint a new Accountable Officer with the involvement of NHS England, to involve NHS England in appointments to its Executive Team and the next tier of management and to act on the issues that have been identified related to capacity, capability, financial governance and financial recovery, with the implementation of a plan that addresses these within a timescale agreed by NHS England.
- **Walsall CCG** will be directed to strengthen its leadership, with the Dudley CCG Accountable Officer becoming the acting Accountable Officer in Walsall with a remit to develop plans for the future commissioning infrastructure in Walsall.

6.14 In addition, NHS England will take action with **Croydon CCG** in the light of its deteriorating financial position in quarter 1 2016/17.

- **Croydon CCG** will be directed to produce and implement an Improvement and Financial Recovery Plan which will be approved and overseen by NHS England, improve governance of the CCG, deliver the recovery plan and develop leadership for the CCG that is consistent with the shared management arrangements required to support implementation of the STP.

6.15 All CCGs that are in the 'requires improvement' category will be required to produce an improvement plan, and NHS England's local teams will work with CCGs to ensure delivery of an improving trajectory. This will include agreed checkpoints for joint progress review.

Link to the Success Regime

6.16 The Success Regime is a targeted intervention for whole health economies, the first three being North, East and West Devon, Mid and South Essex, and West, North and East Cumbria. It is possible but will not always be the case that specific organisations in a Success Regime area will also be in special measures. Where this is the case, we will ensure that special measures complement and support the wider plans being developed and implemented for those whole health economies.

7 Rules of operation for the 2016/17 Sustainability and Transformation Fund

- 7.1 The STF is designed to support providers in reaching financial balance while improving performance, thus enabling and incentivising them to focus on improving the productivity of NHS services. Full details of the operation of the STF are included at Annex I.
- 7.2 For 2016/17, £1.8bn has been made directly available by NHS England to providers. This is split between a £1.6bn general element allocated to providers of acute emergency care services and a £200m targeted element to support providers to maximise efficiencies. Half of the targeted element has already been allocated to mental health, community and ambulance providers.
- 7.3 Sustainability and transformation funding will be made available to providers as income, which will be paid through their lead commissioner in addition to normal contractual payments, replacing the need for most DH cash support.
- 7.4 Access to both the general and targeted elements of the Fund provisionally allocated to providers will be unlocked as they meet their financial control totals. The vast majority of providers have now agreed these control totals with NHS Improvement (see Annex A). At each quarter, 70% of allocated funding will be released upon achievement of the financial control total, with a further 30% released where a provider also meets its agreed trajectories for delivery of operational standards, as set out in Annex J. This funding also assumes full and effective participation in the STP process by each provider in receipt of an award.
- 7.5 To support providers meeting their agreed trajectories for A&E and Referral to Treatment (RTT) we are putting in place an A&E Improvement Plan and an RTT Recovery Plan. The 2016/17 A&E Improvement Plan (a joint NHS Improvement and NHS England plan with support from Local Government) has a number of actions to be carried out at local, regional and national level. At local level, all systems will:
- implement five mandated initiatives to improve performance:
 - introduce primary and ambulatory care screening in A&E;
 - increase the proportion of NHS 111 calls handled by clinicians;
 - implement the Ambulance Response Programme;
 - implement SAFER and other measures to improve in-hospital flow; and
 - implement best practice on hospital discharges to reduce Delayed Transfers of Care (Discharge to Assess, Trusted Assessor etc.); and

- re-form their System Resilience Groups (SRGs) into Local A&E Delivery Boards, to focus only on urgent and emergency care, ensure that all statutory bodies are represented, and ensure that all attendees are executive level.
- 7.6 Regions will set up A&E Delivery Boards comprising NHS England and NHS Improvement teams to support delivery, manage high risk systems, report progress, and deploy improvement support. These boards will be aligned with the work underway on the Urgent and Emergency Care Review and will include regional primary care and NHS 111 leads as well as local government representatives.
- 7.7 In order to facilitate improvements in performance, targeted support and intervention will be led by Regional A&E Delivery boards who will oversee:
- an expanded ECIP team covering 25% of systems in the country (40 in total);
 - targeted leadership support which will be deployed to help (among other things) improve local relationships and support individual system leaders, especially where there have been interim arrangements in place;
 - deployment of other support resources (determined locally) with a specific focus on the highest risk systems; and
 - close working with Local Government at all levels.
- 7.8 Local systems have been segmented into four different cohorts based on risk. The risk category a system falls into will determine the level of support, assurance and oversight needed.
- 7.9 The RTT Improvement Plan includes immediate and medium term actions. The immediate actions include:
- Taking a segmented approach, similar to the approach described above for A&E, so that the poorest performing systems are offered the most support;
 - Ensuring intensive support is in place for the poorest performing systems with the work of the national Improvement Support Team (IST) focused on these systems;
 - Where providers are adrift of their performance trajectory, the relevant CCGs will need to produce a formal outsourcing plan to divert activity to other providers, including the independent sector. This will include both diversion at the point of referral and moving patients who are approaching breach;
 - CCGs have committed to contain referrals this year. Where CCGs are not on track with their plan they will be asked to agree a referral action plan, which sets out how referrals will be brought under control. We will publish a

Demand Management Good Practice Guide to help CCGs with this action;
and

- Making additional resources available so that regional teams can strengthen their ability to support CCGs in delivering demand management.

7.10 The plan also includes a series of medium term actions to support the delivery of the RTT standard. These include a review of the contract levers in the national NHS contract, a number of pilot projects on transforming elective services, particularly outpatients, and enhancements to the Electronic Referral Service (ERS).

8 STPs and two year operating plans for 2017/18 and 2018/19

- 8.1 Once we have completed the 2016/17 'financial reset' it is vital that we move on swiftly with operating plans which deliver on the visions agreed within STPs.
- 8.2 The shared planning guidance published in December 2015 asked the NHS to agree transformation footprints that bring together commissioners, providers, local authorities and other partners to address the health and care needs of their community. 44 STPs areas are finalising by October 2016 how each plans to address the critical issues facing its health and care system. We are reviewing these plans and meeting each STP leadership team in July to provide feedback and agree specific, targeted support where it is needed.
- 8.3 Final STP Delivery Plans, to be submitted in October by each footprint, will set out how individual organisations will play their part in delivering their locally agreed STP objectives, including sustainable financial balance across the health economy. Delivery plans will form the starting point for two-year, organisation level operating plans for 2017/18 and 2018/19, with collaborative actions across local health economies supported where appropriate by system control totals.
- 8.4 To help each STP footprint move swiftly from finalising its STP plan in October to agreeing two-year operational plans and contracts that will underpin delivery in 2017/18 and 2018/19, we and other Arm's-Length Bodies will publish joint planning guidance in September. Our aim is to provide certainty and stability for a two-year planning and contracting cycle, through early publication of a National Tariff, CQUIN Framework, NHS Standard Contract, provider Sustainability and Transformation Fund, and NHS commissioner business rules covering both 2017/18 and 2018/19 to enable operating planning and contracting to be completed by the end of December 2016. Thus, as we move into 2017, organisations will be able to focus single-mindedly on delivery of the next two years of their STPs, building on the solid financial foundation created through our joint actions in 2016.

9 Conclusion

- 9.1 Many parts of the NHS have already risen to the challenge of meeting financial pressures at the same time as maintaining or improving quality and operational performance, but all organisations will need to go the extra mile if we are to overcome the serious financial challenges which became so evident in the 2015/16 financial position across the sector and use the opportunity of the Spending Review settlement and the subsequent STP process to put our health service on a strong financial footing for the future.
- 9.2 NHS England and NHS Improvement will work with individual organisations and wider health economies to achieve this. The actions set out in this document and the introduction of programmes of financial special measures for both providers and commissioners reflect the importance of taking a whole system approach to getting NHS finances back on track. As well as orchestrating a range of immediate actions to ensure financial delivery in 2016/17, we are working to make the planning process more supportive of this goal and to give the sector timely access to the information and support it needs so that we can collectively meet the expectations of patients and the general public.
- 9.3 We will also be ready to intervene together rapidly and robustly, where corrective action is required in health and care systems which fail to rise to this challenge.

Annex A: Planned surplus/deficit for NHS providers

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted ¹ (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k) ²
London				
Barking, Havering and Redbridge University Hospitals NHS Trust	Yes	(11,900)	20,100	
Barnet, Enfield and Haringey Mental Health NHS Trust	No *	(12,590)		1,160
Barts Health NHS Trust	Yes	(82,700)	37,900	
Camden And Islington NHS Foundation Trust	Yes	1,700	800	
Central And North West London MH NHS Foundation Trust	Yes	(1,030)	2,770	
Central London Community Healthcare NHS Trust	Yes	4,820	2,220	
Chelsea And Westminster Hospital NHS Foundation Trust	Yes	4,417	14,800	
Croydon Health Services NHS Trust	No	(39,810)		9,800
East London NHS Foundation Trust	Yes	11,774	2,480	
Epsom and St Helier University Hospitals NHS Trust	Yes	(15,053)	11,300	
Great Ormond Street Hospital for Children NHS Foundation Trust	Yes	2,241	2,400	
Guy's And St Thomas' NHS Foundation Trust	Yes	6,516	19,200	
The Hillingdon Hospitals NHS Foundation Trust	Yes	5,061	6,700	
Homerton University Hospital NHS Foundation Trust	Yes	1,402	6,100	
Hounslow and Richmond Community Healthcare NHS Trust	Yes	1,600	600	
Imperial College Healthcare NHS Trust	No *	(52,012)		24,100
King's College Hospital NHS Foundation Trust	Yes	(1,600)	30,000	
Kingston Hospital NHS Foundation Trust	Yes	4,200	8,100	
Lewisham and Greenwich NHS Trust	Yes	(20,200)	16,600	
London Ambulance Service NHS Trust	Yes	(6,694)	2,050	
London North West Healthcare NHS Trust	Yes	(61,500)	21,500	
Moorfields Eye Hospital NHS Foundation Trust	Yes	2,631	1,100	
North East London NHS Foundation Trust	Yes	462	2,260	
North Middlesex University Hospital NHS Trust	Yes	14,100	9,800	
Oxleas NHS Foundation Trust	Yes	2,580	1,580	
Royal Brompton And Harefield NHS Foundation Trust	Yes	(7,493)	4,800	
Royal Free London NHS Foundation Trust	Yes	15,500	18,300	
The Royal Marsden Hospital NHS Foundation Trust	Yes	(969)	1,500	
Royal National Orthopaedic Hospital NHS Trust	Yes	(7,372)	1,000	
South London And Maudsley NHS Foundation Trust	Yes	(3,981)	2,280	
South West London and St George's Mental Health NHS Trust	Yes	2,108	990	
St George's University Hospitals NHS Foundation Trust	Yes	(16,851)	17,600	
Tavistock And Portman NHS Foundation Trust	Yes	800	500	
University College London Hospitals NHS Foundation Trust	Yes	(11,000)	14,700	
West London Mental Health NHS Trust	No	2,000		1,480
The Whittington Hospital NHS Trust	Yes	(6,400)	6,500	
Midlands & East				
Basildon And Thurrock University Hospitals NHS Foundation Trust	Yes	(15,443)	11,600	
Bedford Hospital NHS Trust	Yes	(10,200)	5,800	
Birmingham And Solihull Mental Health NHS Foundation Trust	Yes	372	1,370	
Birmingham Children's Hospital NHS Foundation Trust	Yes	8,286	4,900	
Birmingham Community Healthcare NHS Foundation Trust	Yes	3,910	1,610	
Birmingham Women's NHS Foundation Trust	Yes	(1,500)	2,000	
Black Country Partnership NHS Foundation Trust	Yes	(1,129)	610	
Burton Hospitals NHS Foundation Trust	Yes	(9,885)	6,200	
Cambridge University Hospitals NHS Foundation Trust	No *	(68,933)		15,600
Cambridgeshire And Peterborough NHS Foundation Trust	No	2		1,170
Cambridgeshire Community Services NHS Trust	Yes	1,580	1,080	
Chesterfield Royal Hospital NHS Foundation Trust	Yes	7,066	6,900	
Colchester Hospital University NHS Foundation Trust	Yes	(31,707)	10,000	
Coventry and Warwickshire Partnership NHS Trust	Yes	2,200	1,200	
Derby Teaching Hospitals NHS Foundation Trust	Yes	(11,216)	13,600	

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted ¹ (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k) ²
Derbyshire Community Health Services NHS Foundation Trust	Yes	4,570	1,640	
Derbyshire Healthcare NHS Foundation Trust	Yes	2,530	830	
Dudley and Walsall Mental Health Partnership NHS Trust	Yes	1,700	500	
The Dudley Group NHS Foundation Trust	Yes	9,870	10,500	
East and North Hertfordshire NHS Trust	Yes	(8,650)	10,700	
East Midlands Ambulance Service NHS Trust	No *	(11,723)		1,010
East of England Ambulance Service NHS Trust	Yes	1,500	0	
George Eliot Hospital NHS Trust	Yes	(14,715)	4,300	
Heart Of England NHS Foundation Trust	Yes	(13,476)	23,300	
Hertfordshire Community NHS Trust	Yes	1,530	880	
Hertfordshire Partnership University NHS Foundation Trust	Yes	1,881	1,280	
Hinchingbrooke Health Care NHS Trust	Yes	(9,800)	4,000	
Ipswich Hospital NHS Trust	Yes	(20,105)	7,000	
James Paget University Hospitals NHS Foundation Trust	Yes	2,375	5,800	
Kettering General Hospital NHS Foundation Trust	Yes	(5,966)	7,600	
Leicestershire Partnership NHS Trust	Yes	1,642	1,640	
Lincolnshire Community Health Services NHS Trust	Yes	3,189	1,550	
Lincolnshire Partnership NHS Foundation Trust	Yes	731	580	
Luton And Dunstable University Hospital NHS Foundation Trust	Yes	11,817	9,100	
Mid Essex Hospital Services NHS Trust	Yes	(26,600)	9,200	
Milton Keynes University Hospital NHS Foundation Trust	Yes	(25,014)	7,300	
Norfolk And Norwich University Hospitals NHS Foundation Trust	No	(31,136)		14,400
Norfolk And Suffolk NHS Foundation Trust	Yes	(4,824)	1,270	
Norfolk Community Health and Care NHS Trust	Yes	1,770	770	
North Essex Partnership University NHS Foundation Trust	Yes	(3,026)	630	
North Staffordshire Combined Healthcare NHS Trust	Yes	1,400	500	
Northampton General Hospital NHS Trust	Yes	(15,129)	9,700	
Northamptonshire Healthcare NHS Foundation Trust	Yes	1,340	1,140	
Nottingham University Hospitals NHS Trust	Yes	(21,987)	24,200	
Nottinghamshire Healthcare NHS Foundation Trust	Yes	8,130	2,730	
Papworth Hospital NHS Foundation Trust	Yes	2,188	2,200	
Peterborough and Stamford Hospitals NHS Foundation Trust	Yes	(20,150)	10,800	
The Princess Alexandra Hospital NHS Trust	Yes	(29,665)	7,900	
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Yes	(5,326)	6,500	
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Yes	1,987	500	
Royal Orthopaedic Hospital NHS Foundation Trust	Yes	(3,200)	200	
The Royal Wolverhampton NHS Trust	Yes	7,082	10,600	
Sandwell and West Birmingham Hospitals NHS Trust	Yes	6,600	11,300	
Sherwood Forest Hospitals NHS Foundation Trust	Yes	(57,018)	10,300	
Shrewsbury and Telford Hospital NHS Trust	Yes	(5,900)	10,500	
Shropshire Community Health NHS Trust	Yes	800	700	
South Essex Partnership University NHS Foundation Trust	Yes	257	1,430	
South Staffordshire Healthcare NHS Foundation Trust	Yes	3,127	1,130	
South Warwickshire NHS Foundation Trust	Yes	7,993	5,800	
Southend University Hospitals NHS Foundation Trust	Yes	(16,174)	8,200	
Staffordshire and Stoke on Trent Partnership NHS Trust	No *	(6,200)		700
United Lincolnshire Hospitals NHS Trust	Yes	(47,900)	16,100	
University Hospitals of North Midlands NHS Trust	Yes	698	20,900	
University Hospitals Birmingham NHS Foundation Trust	Yes	4,600	16,700	
University Hospitals Coventry and Warwickshire NHS Trust	Yes	1,100	17,200	
University Hospitals of Leicester NHS Trust	Yes	(8,300)	23,400	
Walsall Healthcare NHS Trust	Yes	(6,136)	8,400	
West Hertfordshire Hospitals NHS Trust	Yes	(22,553)	12,000	
West Midlands Ambulance Service NHS Foundation Trust	Yes	1,952	1,340	
West Suffolk NHS Foundation Trust	Yes	(5,000)	6,100	

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted ¹ (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k) ²
Worcestershire Acute Hospitals NHS Trust	Yes	(34,583)	13,100	
Worcestershire Health and Care NHS Trust	Yes	4,200	1,200	
Wye Valley NHS Trust	No *	(28,500)		4,600
North				
5 Boroughs Partnership NHS Foundation Trust	No *	(2,544)		1,090
Aintree University Hospital NHS Foundation Trust	Yes	1,285	9,500	
Airedale NHS Foundation Trust	Yes	5,591	5,300	
Alder Hey Children's NHS Foundation Trust	No *	(6,334)		3,700
Barnsley Hospital NHS Foundation Trust	Yes	(8,024)	6,600	
Blackpool Teaching Hospitals NHS Foundation Trust	Yes	62	10,000	
Bolton NHS Foundation Trust	Yes	11,901	9,200	
Bradford District Care Foundation Trust	Yes	2,140	790	
Bradford Teaching Hospitals NHS Foundation Trust	Yes	9,009	11,000	
Bridgewater Community Healthcare NHS Foundation Trust	Yes	(609)	1,550	
Calderdale And Huddersfield NHS Foundation Trust	Yes	(16,153)	11,300	
Calderstones Partnership NHS Foundation Trust ³	Yes	(2,684)	500	
Central Manchester University Hospitals NHS Foundation Trust	Yes	5,918	20,200	
Cheshire And Wirral Partnership NHS Foundation Trust	Yes	(890)	970	
Christie Hospital NHS Foundation Trust	Yes	9,113	1,600	
City Hospitals Sunderland NHS Foundation Trust	Yes	(2,167)	10,600	
The Clatterbridge Cancer Centre NHS Foundation Trust	Yes	5,902	500	
Countess Of Chester Hospital NHS Foundation Trust	Yes	(3,949)	5,900	
County Durham And Darlington NHS Foundation Trust	Yes	6,659	15,600	
Cumbria Partnership NHS Foundation Trust	Yes	(4,513)	1,960	
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	Yes	(26,468)	11,800	
East Cheshire NHS Trust	Yes	(19,600)	4,600	
East Lancashire Hospitals NHS Trust	Yes	(3,676)	12,500	
Gateshead Health NHS Foundation Trust	Yes	296	6,300	
Greater Manchester West MH NHS Foundation Trust	No	3,573		1,020
Harrogate And District NHS Foundation Trust	Yes	6,895	4,600	
Hull and East Yorkshire Hospitals NHS Trust	Yes	0	14,000	
Humber NHS Foundation Trust	Yes	(332)	1,520	
Lancashire Care NHS Foundation Trust	Yes	(1,390)	2,010	
Lancashire Teaching Hospitals NHS Foundation Trust	Yes	(10,436)	9,900	
Leeds And York Partnership NHS Foundation Trust	Yes	3,053	900	
Leeds Community Healthcare NHS Trust	Yes	2,860	860	
Leeds Teaching Hospitals NHS Trust	Yes	1,200	22,800	
Liverpool Community Health NHS Trust	Yes	(1,610)	1,390	
Liverpool Heart And Chest NHS Foundation Trust	Yes	(915)	2,200	
Liverpool Women's NHS Foundation Trust	Yes	(6,992)	2,800	
Manchester Mental Health and Social Care Trust	Yes	(1,890)	610	
Mersey Care NHS Foundation Trust ³	Yes	8,601	1,280	
Mid Cheshire Hospitals NHS Foundation Trust	Yes	(691)	6,500	
Mid Yorkshire Hospitals NHS Trust	Yes	4,200	16,700	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	No	251		19,400
North Cumbria University Hospitals NHS Trust	Yes	(49,500)	8,700	
North East Ambulance Service NHS Foundation Trust	Yes	(2,989)	710	
North Tees And Hartlepool NHS Foundation Trust	Yes	2,134	7,900	
North West Ambulance Service NHS Trust	Yes	1,860	1,860	
Northern Lincolnshire And Goole NHS Foundation Trust	Yes	(11,986)	11,500	
Northumberland, Tyne And Wear NHS Foundation Trust	Yes	6,576	1,830	
Northumbria Healthcare NHS Foundation Trust	Yes	29,306	10,900	
Pennine Acute Hospitals NHS Trust	Yes	(12,147)	20,500	
Pennine Care NHS Foundation Trust	No	130		1,770
Rotherham Doncaster And South Humber NHS Foundation Trust	Yes	1,651	950	
The Rotherham NHS Foundation Trust	Yes	6,653	6,500	

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted ¹ (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k) ²
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes	15,900	9,700	
Salford Royal NHS Foundation Trust	Yes	(4,099)	11,400	
Sheffield Children's NHS Foundation Trust	Yes	2,352	2,100	
Sheffield Health And Social Care NHS Foundation Trust	Yes	1,002	720	
Sheffield Teaching Hospitals NHS Foundation Trust	Yes	15,166	19,300	
South Tees Hospitals NHS Foundation Trust	Yes	8,536	14,600	
South Tyneside NHS Foundation Trust	Yes	(2,918)	4,900	
South West Yorkshire Partnership NHS Foundation Trust	Yes	1,850	1,350	
Southport and Ormskirk Hospital NHS Trust	Yes	(6,600)	6,100	
St Helens and Knowsley Hospitals NHS Trust	Yes	3,328	10,100	
Stockport NHS Foundation Trust	Yes	(6,504)	8,400	
Tameside Hospital NHS Foundation Trust	Yes	(17,135)	6,900	
Tees, Esk And Wear Valleys NHS Foundation Trust	Yes	10,057	1,980	
University Hospital Of South Manchester NHS Foundation Trust	No *	(16,884)		11,000
University Hospitals Of Morecambe Bay NHS Foundation Trust	Yes	(17,059)	10,200	
The Walton Centre NHS Foundation Trust	Yes	1,021	1,300	
Warrington And Halton Hospitals NHS Foundation Trust	Yes	(7,917)	8,000	
Wirral Community NHS Foundation Trust	Yes	1,600	800	
Wirral University Teaching Hospital NHS Foundation Trust	Yes	328	9,900	
Wrightington, Wigan And Leigh NHS Foundation Trust	Yes	3,724	7,900	
York Teaching Hospital NHS Foundation Trust	Yes	10,072	13,600	
Yorkshire Ambulance Service NHS Trust	Yes	5,120	1,520	
South				
2Gether NHS Foundation Trust	Yes	673	650	
Ashford And St. Peter's Hospitals NHS Foundation Trust	Yes	12,966	8,400	
Avon and Wiltshire Mental Health Partnership NHS Trust	Yes	2,480	1,260	
Berkshire Healthcare NHS Foundation Trust	Yes	537	1,840	
Brighton and Sussex University Hospitals NHS Trust	Yes	(15,570)	14,400	
Buckinghamshire Healthcare NHS Trust	Yes	5,157	9,400	
Cornwall Partnership NHS Foundation Trust	Yes	(450)	1,050	
Dartford and Gravesham NHS Trust	Yes	6,121	9,000	
Devon Partnership NHS Trust	Yes	2,460	860	
Dorset County Hospital NHS Foundation Trust	No *	(9,136)		4,700
Dorset Healthcare University NHS Foundation Trust	No *	(5,039)		1,920
East Kent Hospitals University NHS Foundation Trust	Yes	612	16,100	
East Sussex Healthcare NHS Trust	Yes	(31,300)	10,400	
Frimley Health NHS Foundation Trust	Yes	23,472	21,800	
The Gloucestershire Care Services NHS Trust	Yes	1,793	1,080	
Gloucestershire Hospitals NHS Foundation Trust	Yes	18,215	12,900	
Great Western Hospitals NHS Foundation Trust	Yes	764	8,900	
Hampshire Hospitals NHS Foundation Trust	Yes	6,776	10,300	
Isle of Wight NHS Trust	Yes	(4,630)	3,500	
Kent and Medway NHS and Social Care Partnership Trust	Yes	(4,090)	1,110	
Kent Community Health NHS Foundation Trust	Yes	2,710	1,810	
Maidstone and Tunbridge Wells NHS Trust	No	(22,927)		12,500
Medway NHS Foundation Trust	Yes	(43,686)	8,400	
North Bristol NHS Trust	No	(48,033)		14,200
Northern Devon Healthcare NHS Trust	Yes	1,400	3,700	
Oxford Health NHS Foundation Trust	Yes	(502)	2,030	
Oxford University Hospitals NHS Foundation Trust	Yes	36,673	20,400	
Plymouth Hospitals NHS Trust ⁴	No *	(35,600)		11,900
Poole Hospital NHS Foundation Trust	No *	(12,406)		7,900
Portsmouth Hospitals NHS Trust	Yes	1,200	14,600	
Queen Victoria Hospital NHS Foundation Trust	Yes	2,215	900	
Royal Berkshire NHS Foundation Trust	Yes	4,806	9,900	
The Royal Bournemouth And Christchurch NHS Foundation Trust	Yes	(1,223)	7,600	

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted ¹ (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k) ²
Royal Cornwall Hospitals NHS Trust	Yes	(3,677)	9,100	
Royal Devon And Exeter NHS Foundation Trust	Yes	(6,390)	10,000	
Royal Surrey County Hospital NHS Foundation Trust	Yes	(8,379)	7,700	
Royal United Hospital Bath NHS Foundation Trust	Yes	9,736	8,800	
Salisbury NHS Foundation Trust	Yes	1,772	6,300	
Solent NHS Trust	Yes	(3,413)	1,140	
Somerset Partnership NHS Foundation Trust	Yes	2,892	2,090	
South Central Ambulance Service NHS Foundation Trust	Yes	(1,900)	0	
South East Coast Ambulance Service NHS Foundation Trust	No	859		0
South Western Ambulance Service NHS Foundation Trust	No	336		1,530
Southern Health NHS Foundation Trust	Yes	(380)	2,700	
Surrey And Borders Partnership NHS Foundation Trust	Yes	1,060	960	
Surrey and Sussex Healthcare NHS Trust	Yes	15,200	9,700	
Sussex Community NHS Foundation Trust	Yes	4,370	1,970	
Sussex Partnership NHS Foundation Trust	Yes	2,228	1,480	
Taunton And Somerset NHS Foundation Trust	Yes	(39)	7,500	
Torbay and South Devon NHS Foundation Trust	Yes	2,276	6,700	
University Hospital Southampton NHS Foundation Trust	Yes	16,280	17,400	
University Hospitals Bristol NHS Foundation Trust	Yes	15,901	13,000	
Western Sussex Hospitals NHS Foundation Trust	Yes	16,434	13,200	
Weston Area Health NHS Trust	Yes	(3,200)	3,600	
Yeovil District Hospital NHS Foundation Trust	Yes	(15,308)	4,500	
		(929,666)	1,527,130	166,650

Foundation Trust adjustments⁵

Donations & Grants received of PPE & intangible assets	136,439
Depreciation and Amortisation - donated/granted assets	(72,307)
Gain/(loss) on asset disposals	12,912
Total Foundation Trust adjustments	77,044
STF allocated to providers not accepting control totals	166,650
Unallocated STF	106,220
Reported provider sector position after all STF allocated	(579,752)

Footnotes

1. Surplus/(deficit) comparable to control totals are calculated as surplus/(deficit) before impairments, transfers, donated asset income, donated asset depreciation and gains/(losses) on asset disposals for all trusts. For non-FTs, IFRIC 12 adjustments are also deducted.

2. Does not include unallocated targeted element of the STF.

3. The acquisition by Mersey Care FT of Calderstones Partnership FT was completed on 01/07/2016. The two trusts have been treated individually in the analysis above.

4. Plymouth is part of the North, East West Devon Success Regime, which includes financial recovery actions for the trust.

5. For non-FTs, the reported surplus/(deficit) is after deducting donated asset income, donated asset depreciation and gains/(losses) on asset disposals. For FTs, these items should be included, and therefore this adjustment adds the figures back to provide the reported sector surplus/(deficit).

* Providers who have not agreed their control totals and are planning for deficits, as referenced in paragraph 6.8.

Annex B: CCG expenditure control totals

CCG name	2016-17 planned expenditure (£k)
London	
NHS Barking & Dagenham CCG	295,905
NHS Barnet CCG	462,550
NHS Bexley CCG	297,909
NHS Brent CCG	425,661
NHS Bromley CCG	429,081
NHS Camden CCG	362,358
NHS Central London (Westminster) CCG	273,460
NHS City and Hackney CCG	384,007
NHS Croydon CCG	479,129
NHS Ealing CCG	483,301
NHS Enfield CCG	400,026
NHS Greenwich CCG	370,010
NHS Hammersmith and Fulham CCG	268,009
NHS Haringey CCG	349,897
NHS Harrow CCG	288,384
NHS Havering CCG	379,620
NHS Hillingdon CCG	353,993
NHS Hounslow CCG	341,453
NHS Islington CCG	347,628
NHS Kingston CCG	247,018
NHS Lambeth CCG	459,328
NHS Lewisham CCG	411,985
NHS Merton CCG	271,151
NHS Newham CCG	475,584
NHS Redbridge CCG	375,214
NHS Richmond CCG	264,797
NHS Southwark CCG	399,540
NHS Sutton CCG	266,231
NHS Tower Hamlets CCG	402,934
NHS Waltham Forest CCG	381,883
NHS Wandsworth CCG	464,941
NHS West London (K&C & QPP) CCG	356,688
Midlands and East	
NHS Basildon and Brentwood CCG	341,448
NHS Bedfordshire CCG	528,642
NHS Birmingham CrossCity CCG	1,004,802
NHS Birmingham South and Central CCG	387,807
NHS Cambridgeshire and Peterborough CCG	1,008,775

CCG name	2016-17 planned expenditure (£k)
NHS Cannock Chase CCG	167,176
NHS Castle Point and Rochford CCG	253,064
NHS Corby CCG	103,809
NHS Coventry and Rugby CCG	597,448
NHS Dudley CCG	453,770
NHS East and North Hertfordshire CCG	708,468
NHS East Leicestershire and Rutland CCG	405,570
NHS East Staffordshire CCG	157,125
NHS Erewash CCG	140,877
NHS Great Yarmouth & Waveney CCG	353,630
NHS Hardwick CCG	160,841
NHS Herefordshire CCG	234,417
NHS Herts Valleys CCG	747,850
NHS Ipswich and East Suffolk CCG	468,571
NHS Leicester City CCG	485,576
NHS Lincolnshire East CCG	376,320
NHS Lincolnshire West CCG	314,711
NHS Luton CCG	264,395
NHS Mansfield & Ashfield CCG	282,519
NHS Mid Essex CCG	446,078
NHS Milton Keynes CCG	301,773
NHS Nene CCG	772,230
NHS Newark & Sherwood CCG	183,504
NHS North Derbyshire CCG	438,047
NHS North East Essex CCG	451,217
NHS North Norfolk CCG	230,524
NHS North Staffordshire CCG	281,811
NHS Norwich CCG	242,600
NHS Nottingham City CCG	475,533
NHS Nottingham North & East CCG	204,216
NHS Nottingham West CCG	132,370
NHS Redditch and Bromsgrove CCG	223,277
NHS Rushcliffe CCG	156,146
NHS Sandwell and West Birmingham CCG	759,596
NHS Shropshire CCG	435,717
NHS Solihull CCG	293,939
NHS South East Staffs and Seisdon Peninsula CCG	259,588
NHS South Lincolnshire CCG	225,684
NHS South Norfolk CCG	272,580
NHS South Warwickshire CCG	360,982
NHS South West Lincolnshire CCG	178,991

CCG name	2016-17 planned expenditure (£k)
NHS South Worcestershire CCG	388,027
NHS Southend CCG	241,937
NHS Southern Derbyshire CCG	746,137
NHS Stafford and Surrounds CCG	171,761
NHS Stoke on Trent CCG	386,980
NHS Telford & Wrekin CCG	232,053
NHS Thurrock CCG	204,354
NHS Walsall CCG	416,479
NHS Warwickshire North CCG	240,821
NHS West Essex CCG	377,939
NHS West Leicestershire CCG	466,597
NHS West Norfolk CCG	238,183
NHS West Suffolk CCG	298,519
NHS Wolverhampton CCG	343,810
NHS Wyre Forest CCG	155,515
North	
NHS Airedale, Wharfedale and Craven CCG	207,205
NHS Barnsley CCG	407,820
NHS Bassetlaw CCG	155,835
NHS Blackburn with Darwen CCG	244,193
NHS Blackpool CCG	282,361
NHS Bolton CCG	434,330
NHS Bradford City CCG	152,618
NHS Bradford Districts CCG	491,073
NHS Bury CCG	276,533
NHS Calderdale CCG	310,807
NHS Central Manchester CCG	289,459
NHS Chorley and South Ribble CCG	257,237
NHS Cumbria CCG	745,798
NHS Darlington CCG	161,650
NHS Doncaster CCG	489,111
NHS Durham Dales, Easington and Sedgefield CCG	491,575
NHS East Lancashire CCG	589,814
NHS East Riding of Yorkshire CCG	387,043
NHS Eastern Cheshire CCG	280,126
NHS Fylde & Wyre CCG	239,460
NHS Greater Huddersfield CCG	329,742
NHS Greater Preston CCG	293,996
NHS Halton CCG	211,987
NHS Hambleton, Richmondshire and Whitby CCG	189,530
NHS Harrogate and Rural District CCG	214,153

CCG name	2016-17 planned expenditure (£k)
NHS Hartlepool and Stockton-on-Tees CCG	445,253
NHS Heywood, Middleton & Rochdale CCG	343,654
NHS Hull CCG	388,362
NHS Knowsley CCG	295,303
NHS Lancashire North CCG	214,023
NHS Leeds North CCG	281,626
NHS Leeds South and East CCG	407,513
NHS Leeds West CCG	465,355
NHS Liverpool CCG	847,625
NHS Newcastle Gateshead CCG	715,873
NHS North Durham CCG	380,004
NHS North East Lincolnshire CCG	225,604
NHS North Kirklees CCG	243,209
NHS North Lincolnshire CCG	220,815
NHS North Manchester CCG	315,112
NHS North Tyneside CCG	312,925
NHS Northumberland CCG	503,849
NHS Oldham CCG	369,579
NHS Rotherham CCG	395,578
NHS Salford CCG	413,804
NHS Scarborough and Ryedale CCG	178,129
NHS Sheffield CCG	829,180
NHS South Cheshire CCG	250,725
NHS South Manchester CCG	260,705
NHS South Sefton CCG	240,739
NHS South Tees CCG	464,797
NHS South Tyneside CCG	247,042
NHS Southport and Formby CCG	185,054
NHS St Helens CCG	320,135
NHS Stockport CCG	432,665
NHS Sunderland CCG	495,816
NHS Tameside and Glossop CCG	378,050
NHS Trafford CCG	328,470
NHS Vale of York CCG	450,366
NHS Vale Royal CCG	145,993
NHS Wakefield CCG	555,761
NHS Warrington CCG	272,467
NHS West Cheshire CCG	335,977
NHS West Lancashire CCG	149,465
NHS Wigan Borough CCG	497,252
NHS Wirral CCG	491,535

CCG name	2016-17 planned expenditure (£k)
South	
NHS Ashford CCG	161,837
NHS Aylesbury Vale CCG	255,570
NHS Bath and North East Somerset CCG	227,783
NHS Bracknell and Ascot CCG	158,466
NHS Brighton & Hove CCG	368,920
NHS Bristol CCG	573,961
NHS Canterbury and Coastal CCG	288,066
NHS Chiltern CCG	361,197
NHS Coastal West Sussex CCG	743,294
NHS Crawley CCG	157,050
NHS Dartford, Gravesham and Swanley CCG	342,030
NHS Dorset CCG	1,136,895
NHS East Surrey CCG	220,131
NHS Eastbourne, Hailsham and Seaford CCG	289,486
NHS Fareham and Gosport CCG	263,165
NHS Gloucestershire CCG	824,063
NHS Guildford and Waverley CCG	246,642
NHS Hastings & Rother CCG	300,374
NHS High Weald Lewes Havens CCG	225,268
NHS Horsham and Mid Sussex CCG	262,907
NHS Isle of Wight CCG	235,425
NHS Kernow CCG	765,990
NHS Medway CCG	355,885
NHS Newbury and District CCG	145,027
NHS North & West Reading CCG	139,629
NHS North East Hampshire and Farnham CCG	287,220
NHS North Hampshire CCG	245,766
NHS North Somerset CCG	279,925
NHS North West Surrey CCG	464,476
NHS North, East, West Devon CCG	1,182,988
NHS Oxfordshire CCG	830,752
NHS Portsmouth CCG	298,281
NHS Slough CCG	174,043
NHS Somerset CCG	706,450
NHS South Devon and Torbay CCG	403,332
NHS South Eastern Hampshire CCG	284,441
NHS South Gloucestershire CCG	291,904
NHS South Kent Coast CCG	277,950
NHS South Reading CCG	153,594
NHS Southampton CCG	353,431

CCG name	2016-17 planned expenditure (£k)
NHS Surrey Downs CCG	363,436
NHS Surrey Heath CCG	115,190
NHS Swale CCG	155,994
NHS Swindon CCG	262,504
NHS Thanet CCG	208,403
NHS West Hampshire CCG	721,375
NHS West Kent CCG	611,008
NHS Wiltshire CCG	579,461
NHS Windsor, Ascot and Maidenhead CCG	168,371
NHS Wokingham CCG	190,213
Total	76,041,215

Notes

The planned expenditure for each CCG represents the planned expenditure agreed in the 2016/17 operating plan, adjusted for additional allocations made up to and including June 2016, and includes delegated primary care budgets where relevant.

Annex C: Letter of 28 June to NHS providers on further action to reduce deficits



Wellington House
133-155 Waterloo Road
London SE1 8UG

28 June 2016

T: 020 3747 0000
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

To: Chairs & CEOs of Foundation Trusts and NHS Trusts

Dear Colleague

We know from many conversations over recent weeks that colleagues are keen to understand how much progress we have collectively made towards eradicating the deficit in the provider sector and what further actions will be required this year.

You will appreciate that it has not been possible to communicate this fully during the EU referendum purdah. I am therefore taking this opportunity to explain where we are and to set out some further actions that will be required over the next few weeks and where I am looking for your support.

It has already been reported that the total provider deficit in 2015/16 was £2.45bn, with the underlying position around the £3bn mark. From this starting position, we have been able to utilise the Sustainability and Transformation Fund of £1.8bn and agree control totals with the vast majority of providers. There are, currently, 19 providers who have not yet been able to agree control totals and we will continue to work with them, with the aim of agreeing similarly stretching targets to those agreed by the rest of the sector by the end of July.

The aggregate planned provider deficit stands at c£550m which, I am sure you will agree, represents significant progress compared to 2015/16. Clearly, there is still a lot of work to do to deliver these plans and significant risk to manage. This level of deficit also makes the management of the overall NHS financial position very risky.

We therefore need to continue to develop further actions and plans and, as I said at the NHS Confederation, we should see this as an active and on-going process until we have the level of financial strength and resilience that we need to ensure the NHS stays within its allocated financial resources.

There are, therefore, three areas where further action is required as follows: a)

Planned cost growth in 2016/17 and actual growth in 2015/16.

Plans for 2016/17 show that, in aggregate, the sector is planning to actively manage and reduce costs. However, a number of providers are still planning for higher levels of pay cost growth than the rest of the sector. In addition, a number of providers experienced significant pay cost growth in 2015/16 that was out of step with activity growth across the sector.

We will therefore work through this growth with each of these providers over the coming weeks to determine how much of the planned growth can be eliminated, and the extent to which we can reverse the growth that was experienced in 2015/16.

Clearly, this is quite complex and will require a lot of work between us. However, we believe that significant inroads can be made to help bring these providers more in line with the sector as a whole and other providers with a similar general profile. We will do this work in close collaboration with CQC colleagues to ensure that any adjustments are in line with our commitment to patient safety. We aim to agree the extent of these changes with the relevant providers by the end of July.

b) Back office and Pathology Consolidation – Carter Implementation.

The Carter Review, and indeed Lord Carter's review of pathology services some 15 years ago, demonstrated that there is still a significant potential saving if back office services and pathology services are consolidated on a regional basis. Indeed, back office services in the NHS have not consolidated in the way they have in many other sectors and I know that many STP areas are already developing plans in this area.

We will therefore be asking all STP leads to develop proposals to consolidate back office and pathology services with outline plans, initially on an STP footprint basis but with a mind to consolidate across larger areas over time, to be agreed before the end of July. Jeremy Marlow, Director of Operational Productivity and lead director for Carter Implementation will be heading this work, working closely with STP leads.

c) Unsustainable Service Consolidation.

It is clear from discussions with provider CEOs, STP discussions and the work on locums and agency spend, that there are many planned care acute services that are reliant on a fragile and temporary workforce, with resultant financial, operational and continuity problems. One provider with whom we spoke to last Friday identified a saving of c£2.5m pa if they were able to change some elective services with a level of operational disruption that would be manageable over time. Desktop exercises indicate that, as well as the direct savings potential, there are potential associated benefits elsewhere in deflating the locum market.

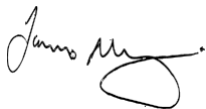
We therefore want to identify where planned care services are heavily reliant on locums and where these services can either be consolidated, changed or transferred to a neighbouring provider. We will, therefore, be asking STP leads, to identify where such changes could be made, and the operational impact and financial savings potential, again by the end of July.

Taking these three areas together, we are aiming to get to c£250m deficit this year. We will also continue to explore other options and would be keen to hear of other suggestions as the year progresses.

The final rules for access to the Sustainability and Transformation Funds and more detail on our new oversight regime will be communicated later this week. We are also actively working on a simplified and earlier planning process for 2017/18 that brings greater stability for the NHS and which is designed to enable the service to accommodate the lower funding increase scheduled for that year.

We would like to end by thanking you for your actions and leadership in our collective efforts to put the NHS on a stronger financial footing. You have made great progress but there is much still to do.

Yours sincerely



JIM MACKEY
Chief Executive



ED SMITH
Chairman

Annex D: Tackling paybill growth: provisional analysis of providers

This analysis is based on plan submissions before final control totals were agreed with some providers. NHS Improvement's review of pay growth, working in close partnership with CQC, will take into account additional actions included in final control totals. The table below gives details of the 63 providers with significant paybill growth in excess of inflation and pension effects.

Trust Name ¹	Gross planned pay growth in 15/16 to 16/17 (excluding inflation) ² (£k)	Gross planned pay growth 14/15 to 16/17 (excluding inflation) ² (£k)	Potential pay growth opportunity ³ (£k)	Part Year Effect from October 2016 ⁴ (£k)
Aintree University Hospital NHS Foundation Trust	2,427	12,559	12,559	6,280
Barking, Havering and Redbridge University Hospitals NHS Trust	4,358	13,610	13,610	6,805
Barts Health NHS Trust	0	29,404	29,404	14,702
Berkshire Healthcare NHS Foundation Trust	0	3,760	3,760	1,880
Bridgewater Community Healthcare NHS Foundation Trust	6,484	3,159	6,484	3,242
Brighton and Sussex University Hospitals NHS Trust	0	13,698	13,698	6,849
Burton Hospitals NHS Foundation Trust	687	3,656	3,656	1,828
Calderdale And Huddersfield NHS Foundation Trust	2,149	4,741	4,741	2,370
Cambridge University Hospitals NHS Foundation Trust	8,432	22,375	22,375	11,188
Colchester Hospital University NHS Foundation Trust	0	3,622	3,622	1,811
Countess Of Chester Hospital NHS Foundation Trust	0	2,237	2,237	1,119
Croydon Health Services NHS Trust	5,288	14,650	14,650	7,325
Dartford and Gravesham NHS Trust	7,723	10,161	10,161	5,081
Derby Teaching Hospitals NHS Foundation Trust	0	3,143	3,143	1,572
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	0	6,347	6,347	3,173
Dorset County Hospital NHS Foundation Trust	1,902	3,926	3,926	1,963
Dorset Healthcare University NHS Foundation Trust	1,021	5,369	5,369	2,685
East and North Hertfordshire NHS Trust	5,053	13,013	13,013	6,506
Epsom and St Helier University Hospitals NHS Trust	0	9,993	9,993	4,996
Great Ormond Street Hospital for Children NHS Foundation Trust	5,557	8,966	8,966	4,483

Trust Name ¹	Gross planned pay growth in 15/16 to 16/17 (excluding inflation) ² (£k)	Gross planned pay growth 14/15 to 16/17 (excluding inflation) ² (£k)	Potential pay growth opportunity ³ (£k)	Part Year Effect from October 2016 ⁴ (£k)
Heart Of England NHS Foundation Trust	0	13,623	13,623	6,812
The Hillingdon Hospital NHS Foundation Trust	0	6,857	6,857	3,428
Humber NHS Foundation Trust	4,541	1,246	4,541	2,271
Imperial College Healthcare NHS Trust	8,913	29,231	29,231	14,616
Ipswich Hospital NHS Trust	8,330	17,699	17,699	8,850
Kettering General Hospital NHS Foundation Trust	5,437	12,718	12,718	6,359
Lancashire Teaching Hospitals NHS Foundation Trust	0	2,097	2,097	1,049
Leicestershire Partnership NHS Trust	2,971	0	2,971	1,486
Liverpool Heart And Chest NHS Foundation Trust	2,611	4,483	4,483	2,241
Liverpool Women's NHS Foundation Trust	1,598	2,862	2,862	1,431
Maidstone and Tunbridge Wells NHS Trust	0	4,524	4,524	2,262
Medway NHS Foundation Trust	3,190	14,867	14,867	7,434
Mid Cheshire Hospitals NHS Foundation Trust	5,052	10,374	10,374	5,187
Mid Essex Hospital Services NHS Trust	0	12,645	12,645	6,322
Milton Keynes University Hospital NHS Foundation Trust	6,377	15,170	15,170	7,585
Norfolk And Norwich University Hospitals NHS Foundation Trust	5,221	23,065	23,065	11,533
Northampton General Hospital NHS Trust	576	4,012	4,012	2,006
Nottingham University Hospitals NHS Trust	11,520	19,760	19,760	9,880
Pennine Acute Hospitals NHS Trust	12,039	19,846	19,846	9,923
Plymouth Hospitals NHS Trust	4,466	13,810	13,810	6,905
Poole Hospital NHS Foundation Trust	5,537	10,055	10,055	5,028
The Princess Alexandra Hospital NHS Trust	0	8,459	8,459	4,229
Royal Brompton And Harefield NHS Foundation Trust	13,651	15,312	15,312	7,656
Royal Cornwall Hospitals NHS Trust	1,043	3,860	3,860	1,930
Royal Devon And Exeter NHS Foundation Trust	31,185	30,621	31,185	15,593
Royal National Orthopaedic Hospital NHS Trust	1,122	4,612	4,612	2,306
Royal Surrey County NHS Foundation Trust	2,296	7,300	7,300	3,650
Royal United Hospital Bath NHS Foundation Trust	4,011	13,323	13,323	6,661

Trust Name ¹	Gross planned pay growth in 15/16 to 16/17 (excluding inflation) ² (£k)	Gross planned pay growth 14/15 to 16/17 (excluding inflation) ² (£k)	Potential pay growth opportunity ³ (£k)	Part Year Effect from October 2016 ⁴ (£k)
Salford Royal NHS Foundation Trust	3,845	5,521	5,521	2,761
Sherwood Forest Hospitals NHS Foundation Trust	1,157	10,351	10,351	5,175
Southend University Hospitals NHS Foundation Trust	10,219	12,188	12,188	6,094
Tameside Hospital NHS Foundation Trust	23,365	28,898	28,898	14,449
Taunton And Somerset NHS Foundation Trust	1,166	8,717	8,717	4,359
United Lincolnshire Hospitals NHS Trust	0	7,554	7,554	3,777
University College London Hospitals NHS Foundation Trust	2,516	0	2,516	1,258
University Hospital Of South Manchester NHS Foundation Trust	8,248	6,862	8,248	4,124
University Hospitals of Leicester NHS Trust	30,626	42,329	42,329	21,165
University Hospitals Of Morecambe Bay NHS Foundation Trust	0	13,282	13,282	6,641
West Hertfordshire Hospitals NHS Trust	0	3,676	3,676	1,838
West Suffolk NHS Foundation Trust	6,092	17,226	17,226	8,613
Worcestershire Acute Hospitals NHS Trust	0	7,136	7,136	3,568
Wye Valley NHS Trust	3,676	10,221	10,221	5,111
Yeovil District Hospital NHS Foundation Trust	5,078	12,994	12,994	6,497
	288,761	697,779	711,837	355,919

Footnotes

1. Ambulance trusts have been excluded.

Trusts for which potential pay growth opportunity above expected inflation is below £2 million have been excluded.

Trusts which have undergone significant transactions have been excluded.

Trusts planning a surplus in their April plan submission have been excluded.

2. 2015/16 pay data is based on month 11 forecast out-turn.

Pay costs are defined as gross pay figures, including agency and locum spend.

Expected pay inflation relative to the prior financial year is 1.5% for 2015/16, and 3.3% for 2016/17.

3. Pay growth opportunity calculated as the greatest value from either gross planned pay growth in 15/16 to 16/17 or gross planned pay growth 14/15 to 16/17.

4. Part year effect is calculated as 6/12 of potential pay growth opportunity.

Annex E: Letter of 19 July to NHS providers on the consolidation of pathology and back office services and addressing unsustainable services



Improvement

Bob Alexander
Deputy CEO / Executive Director of Resources

9th Floor Southside
105 Victoria Street
London
SW1E 6QT

To: CEOs of NHS Trusts & NHS FTs

Copy: STP Leads
Trust & FT Finance Directors

Tuesday 19th July 2016

CONSOLIDATION OF BACK OFFICE AND PATHOLOGY SERVICES AND RE-PROVISION OF UNSUSTAINABLE SERVICES

Ed Smith and Jim Mackey wrote to chairs and chief executives on 28 June, setting out three specific areas where further action is required to improve the financial position in 2016/17: tackling paybill growth, implementing Lord Carter's recommendations on back office and pathology services, and identifying new ways of providing unsustainable services. Through additional action in those three areas, we are seeking to reduce the provider sector deficit in 2016/17 to around £250m, with a full year effect that would result in a balanced 'run rate' position going into 2017/18.

I am now writing to set out next steps in taking forward the second and third of these actions. I would be grateful if you could work with the lead for your Sustainability and Transformation Fund (STF) footprint to produce a rapid, high-level summary of the opportunities for consolidation and re-provision, so that we can work with each STP area to ensure rapid progress during 2016/17 in starting to improve efficiency and quality. It is essential that you as chief executives provide the leadership and support to ensure we take forward these improvements at pace.

Please could you work with STP leads to send two-page notes for (a) back office services (b) pathology services and (c) unsustainable services (one note for each area) for each STP footprint, setting out:

- a summary of the current provision
- a broad description of the ambition
- a summary of the consolidation or re-provision option(s) being considered, including an outline of anticipated quality, operational and financial benefits
- a summary of any emerging risks or barriers
- a summary of any emerging support requirement from NHS Improvement
- contact details of the STP lead for the relevant area (back office, pathology, or unsustainable services).

Please could you send this information to NHSI.STPFootprintResponses@nhs.net by 31 July

Consolidation of back office and pathology services

The summary information listed above will enable NHS Improvement to engage with all STPs to help them identify the level of support they need and develop their project plans and timescales for delivery. The team will help STPs with local due diligence, so they can better understand the opportunity and what is needed to deliver consolidation. This engagement will happen throughout August. To start this process the team will issue a template by the end of July, containing data already collected through the Carter programme, and STPs will be asked to confirm its accuracy. We know there are many examples of excellence in the NHS, so we are keen to identify and share them across the service.

NHS Improvement will also provide a template business case for STPs by the end of August to help STPs assemble their case for consolidation by the end of September 2016. NHS Improvement will provide support to assure all business cases and identify opportunities for coordinated implementation.

Implementation of plans will commence in October/November. NHS Improvement will again engage and provide support where possible, particularly where commercial skills may be required.

Addressing clinically and financially unsustainable services

The early review of STP submissions indicates there is considerable potential for STP footprints to go further in re-providing services that are not clinically and financially sustainable, for instance where there is insufficient capacity and/or a high reliance on use of temporary and agency staff. Providers and commissioners will need to work together on win-win changes to service models to secure improvements in quality and efficiency of care. The aim is to deliver both rapid in-year benefits during 2016/17 and enhanced benefits for ongoing clinical and financial sustainability in future years.

NHS Improvement is committed to working with STPs to support them in ensuring rapid progress in identifying priorities for change and in executing their plans.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R. Alexander', with a stylized, cursive script.

Robert Alexander
Deputy CEO / Executive Director of Resources

Annex F: CCG and CSU off-payroll staff controls

Summary

1. The controls described below build on the controls on CCG consultancy spend introduced in June 2015 which facilitated a significant reduction in CCG consultancy spend in 2015/16.
2. NHS England recognises the role that off-payroll or agency staff can play in delivering a flexible solution for securing required resources to deliver CCG plans. However this is a significant area of spend and there have been a number of examples of CCGs agreeing very high levels of remuneration for interim staff which fall outside the usual controls placed on employed staff, and in particular allow for remuneration packages above the £142,000 threshold for employed staff which requires NHS England approval.
3. There has been a concerted effort across the NHS to reduce our reliance on, and the cost of, agency staff filling clinical roles in the past 12 months, and it is important that we ensure commissioning spend on administrative and programme agency staff has a similarly robust governance process.
4. As of 1 August 2016, CCGs and CSUs are therefore required to secure advance approval from NHS England before engaging or continuing to employ off-payroll staff who meet the following criteria:
 - Cost greater than £600 per day⁷;
 - Are engaged for a period greater than six months; or
 - Are in roles of significant influence (e.g. Accountable Officers and directors).

The controls⁷

5. All CCG engagements above £600 but lower than £800 will require approval from the relevant NHS England Director of Commissioning Operations and their Director of Finance. Engagements above £800 will require additional approval from Regional Directors and Regional Directors of Finance, and any proposed engagements greater than £900 will also require the approval of the NHS England Commercial Executive Committee.
6. CSU engagements above £600 will require authorisation by the Director and Director of Finance of the CSU Transition Programme, with any proposed engagements above £900 also requiring the approval of the NHS England Commercial Executive Committee.

⁷ All day rate limits exclude VAT and expenses.

7. Engagements requiring sign off due to the duration of contract or seniority of position will be approved at the relevant level according to the day rate. If the day rate is below £600 they will be signed off by Directors of Commissioning Operations and local finance directors or by the Director and Director of Finance of the CSU Transition Programme as appropriate.
8. In addition to the controls described above, CCGs and CSUs will be expected to use existing framework arrangements to source interim staffing.

The approval process

9. Business Case Approval Forms are to be sent to England.CCGcontrols@nhs.net (CCGs) or commissioning.support@nhs.net (CSUs) as appropriate.
10. The relevant panel will review each business case against a number of assessment criteria.
 - VFM of proposed engagement
 - Business need
 - Reason for use of off payroll
 - Role to be undertaken
 - Framework compliance
 - Recruitment strategy
 - Anticipated delivery
11. Approval will be given to business cases which clearly demonstrate both necessity and good value for money against the assessment criteria.

Compliance

12. All CCGs and CSUs are expected to comply with this controls process. A failure to do so may be taken to indicate, for assurance purposes, that they do not have adequate expenditure controls in place.
13. Further detailed guidance will be sent to CCG and CSU Chief Financial Officers separately.
14. Queries can be addressed to England.CCGcontrols@nhs.net or commissioning.support@nhs.net as appropriate.

Annex G: CCG Improvement and Assessment Framework summary results

Outstanding	O
Good	G
Requires Improvement	RI
Inadequate	I

CCG	2015/16 Headline assessment	2015/16 CCG Assurance Component				
		Well-led organisation	Delegated functions	Finance	Performance	Planning
NHS Bassetlaw CCG	O	O	G	G	G	G
NHS Dudley CCG	O	O	G	O	G	G
NHS East Lancashire CCG	O	O	G	G	G	G
NHS Fylde & Wyre CCG	O	O	G	G	G	G
NHS Harrogate And Rural District CCG	O	O	G	G	G	G
NHS Hartlepool And Stockton-On-Tees CCG	O	O	G	G	G	G
NHS Newcastle Gateshead CCG	O	O	G	G	G	G
NHS Salford CCG	O	O	G	O	G	O
NHS Sandwell and West Birmingham CCG	O	O	G	O	G	G
NHS Wolverhampton CCG	O	O	G	O	G	G
NHS Aylesbury Vale CCG	G	G	G	G	G	G
NHS Barnsley CCG	G	G	G	G	G	G
NHS Bolton CCG	G	G	G	G	G	G
NHS Bracknell and Ascot CCG	G	G	G	G	G	G
NHS Bradford City CCG	G	G	G	G	G	G
NHS Bradford Districts CCG	G	G	G	G	G	G
NHS Bury CCG	G	G	G	G	RI	G
NHS Calderdale CCG	G	G	G	G	G	G
NHS Camden CCG	G	G	G	G	RI	G
NHS Castle Point and Rochford CCG	G	G	G	G	RI	G
NHS Central London (Westminster) CCG	G	G	G	G	RI	G
NHS Central Manchester CCG	G	G	G	G	G	G
NHS Chiltern CCG	G	G	G	G	G	G
NHS Chorley And South Ribble CCG	G	G	G	G	RI	G
NHS City and Hackney CCG	G	G	G	G	G	G
NHS Crawley CCG	G	G	G	G	RI	G
NHS Darlington CCG	G	G	G	G	RI	G
NHS Doncaster CCG	G	G	G	G	G	G
NHS Dorset CCG	G	G	G	G	G	G
NHS Durham Dales, Easington And Sedgefield CCG	G	G	G	G	RI	G
NHS Ealing CCG	G	G	G	G	RI	G
NHS East and North Hertfordshire CCG	G	G	G	O	RI	G
NHS Erewash CCG	G	G	G	G	RI	G
NHS Gloucestershire CCG	G	G	O	G	RI	G
NHS Greater Preston CCG	G	G	G	G	RI	G
NHS Halton CCG	G	G	G	G	G	G
NHS Hammersmith and Fulham CCG	G	G	G	G	RI	G
NHS Hardwick CCG	G	G	G	G	RI	G
NHS Hastings and Rother CCG	G	G	G	G	RI	G

CCG	2015/16 Headline assessment	2015/16 CCG Assurance Component				
		Well-led organisation	Delegated functions	Finance	Performance	Planning
NHS Heywood, Middleton And Rochdale CCG	G	G	G	G	RI	G
NHS High Weald Lewes Havens CCG	G	G	G	G	RI	G
NHS Horsham and Mid Sussex CCG	G	G	G	G	RI	G
NHS Hounslow CCG	G	G	G	G	RI	G
NHS Islington CCG	G	G	G	G	G	G
NHS Knowsley CCG	G	G	G	G	G	G
NHS Lambeth CCG	G	G	G	G	RI	G
NHS Leeds North CCG	G	G	G	G	G	G
NHS Leeds South And East CCG	G	G	G	G	G	G
NHS Leeds West CCG	G	G	G	G	G	G
NHS Liverpool CCG	G	G	G	G	G	G
NHS Mansfield and Ashfield CCG	G	G	G	G	RI	G
NHS Newark & Sherwood CCG	G	G	G	G	RI	G
NHS Newbury and District CCG	G	G	G	G	G	G
NHS Newham CCG	G	G	G	G	RI	G
NHS North & West Reading CCG	G	G	G	G	G	G
NHS North Derbyshire CCG	G	G	G	G	RI	G
NHS North Durham CCG	G	G	G	G	RI	G
NHS North East Hampshire and Farnham CCG	G	G	G	G	G	G
NHS North Kirklees CCG	G	G	G	G	RI	G
NHS North Manchester CCG	G	G	G	G	RI	G
NHS North Norfolk CCG	G	G	G	G	RI	G
NHS North West Surrey CCG	G	G	G	G	RI	G
NHS Norwich CCG	G	G	G	G	RI	G
NHS Nottingham North and East CCG	G	G	G	G	RI	G
NHS Nottingham West CCG	G	G	G	G	RI	G
NHS Oldham CCG	G	G	G	G	RI	G
NHS Oxfordshire CCG	G	G	G	G	G	G
NHS Rushcliffe CCG	G	G	G	G	RI	G
NHS Slough CCG	G	G	G	G	G	G
NHS South Manchester CCG	G	G	G	G	RI	G
NHS South Reading CCG	G	G	G	G	G	G
NHS South Tees CCG	G	G	G	G	RI	G
NHS South Tyneside CCG	G	G	G	G	RI	G
NHS Southampton CCG	G	G	G	G	RI	G
NHS Southwark CCG	G	G	G	G	RI	G
NHS Sunderland CCG	G	O	G	G	RI	G
NHS Swale CCG	G	G	G	G	RI	G
NHS Tameside And Glossop CCG	G	G	G	G	G	G
NHS Telford and Wrekin CCG	G	G	G	G	RI	G
NHS Tower Hamlets CCG	G	G	G	G	RI	G
NHS Trafford CCG	G	G	G	G	RI	G
NHS Wakefield CCG	G	G	G	G	RI	G
NHS Waltham Forest CCG	G	G	G	G	RI	G
NHS West Kent CCG	G	G	G	G	RI	G
NHS West Lancashire CCG	G	G	G	G	G	G
NHS West Leicestershire CCG	G	G	G	G	RI	G

CCG	2015/16 Headline assessment	2015/16 CCG Assurance Component				
		Well-led organisation	Delegated functions	Finance	Performance	Planning
NHS West London (K&C & QPP) CCG	G	G	G	G	RI	G
NHS Wigan Borough CCG	G	G	G	G	G	G
NHS Wiltshire CCG	G	G	G	G	RI	G
NHS Windsor, Ascot and Maidenhead CCG	G	G	G	G	G	G
NHS Wokingham CCG	G	G	G	G	G	G
NHS Wyre Forest CCG	G	G	G	G	RI	G
NHS Airedale, Wharfedale And Craven CCG	RI	G	G	G	G	RI
NHS Ashford CCG	RI	RI	G	RI	RI	RI
NHS Barking and Dagenham CCG	RI	RI	G	RI	I	RI
NHS Barnet CCG	RI	RI	G	RI	RI	RI
NHS Basildon and Brentwood CCG	RI	RI	G	RI	RI	RI
NHS Bath and North East Somerset CCG	RI	RI	G	RI	RI	RI
NHS Bexley CCG	RI	G	G	RI	RI	RI
NHS Birmingham CrossCity CCG	RI	RI	G	O	RI	G
NHS Birmingham South and Central CCG	RI	RI	G	O	RI	G
NHS Blackburn With Darwen CCG	RI	G	G	RI	G	G
NHS Blackpool CCG	RI	G	G	I	G	RI
NHS Brent CCG	RI	G	G	RI	RI	G
NHS Bristol CCG	RI	RI	G	RI	RI	RI
NHS Bromley CCG	RI	G	G	G	RI	RI
NHS Cannock Chase CCG	RI	G	G	RI	RI	G
NHS Canterbury and Coastal CCG	RI	RI	G	G	RI	G
NHS Coastal West Sussex CCG	RI	G	G	RI	RI	G
NHS Corby CCG	RI	RI	RI	RI	RI	RI
NHS Croydon CCG	RI	G	G	I	RI	RI
NHS Dartford, Gravesham and Swanley CCG	RI	RI	G	I	RI	RI
NHS East Leicestershire and Rutland CCG	RI	G	G	RI	RI	G
NHS East Riding Of Yorkshire CCG	RI	G	RI	G	RI	RI
NHS East Staffordshire CCG	RI	G	G	RI	G	RI
NHS Eastbourne, Hailsham and Seaford CCG	RI	G	G	RI	RI	G
NHS Eastern Cheshire CCG	RI	RI	G	RI	G	I
NHS Fareham and Gosport CCG	RI	RI	G	I	RI	RI
NHS Great Yarmouth and Waveney CCG	RI	RI	G	I	G	RI
NHS Greater Huddersfield CCG	RI	G	G	RI	G	RI
NHS Greenwich CCG	RI	RI	G	I	RI	RI
NHS Guildford and Waverley CCG	RI	G	G	RI	RI	RI
NHS Hambleton, Richmondshire And Whitby CCG	RI	G	G	G	RI	RI
NHS Haringey CCG	RI	G	G	RI	RI	G
NHS Harrow CCG	RI	RI	G	RI	RI	RI
NHS Herts Valleys CCG	RI	RI	G	RI	RI	RI
NHS Hillingdon CCG	RI	G	G	RI	RI	G
NHS Hull CCG	RI	G	G	G	RI	RI
NHS Ipswich and East Suffolk CCG	RI	RI	G	I	G	RI
NHS Isle of Wight CCG	RI	RI	G	G	RI	RI
NHS Kingston CCG	RI	G	G	G	RI	RI
NHS Lancashire North CCG	RI	G	G	RI	G	G
NHS Leicester City CCG	RI	G	RI	G	RI	RI

CCG	2015/16 Headline assessment	2015/16 CCG Assurance Component				
		Well-led organisation	Delegated functions	Finance	Performance	Planning
NHS Lewisham CCG	RI	G	G	G	RI	RI
NHS Lincolnshire East CCG	RI	G	G	RI	RI	RI
NHS Lincolnshire West CCG	RI	G	G	G	RI	RI
NHS Luton CCG	RI	G	G	RI	G	RI
NHS Merton CCG	RI	G	G	I	RI	RI
NHS Mid Essex CCG	RI	G	G	RI	RI	G
NHS Milton Keynes CCG	RI	RI	G	RI	RI	RI
NHS Nene CCG	RI	RI	RI	G	RI	RI
NHS North East Essex CCG	RI	G	G	G	RI	RI
NHS North East Lincolnshire CCG	RI	G	G	G	G	RI
NHS North Lincolnshire CCG	RI	RI	RI	G	G	RI
NHS North Staffordshire CCG	RI	RI	G	I	RI	RI
NHS Nottingham City CCG	RI	G	G	RI	RI	G
NHS Portsmouth CCG	RI	RI	G	G	RI	G
NHS Redbridge CCG	RI	RI	G	RI	I	RI
NHS Redditch and Bromsgrove CCG	RI	RI	G	RI	RI	G
NHS Richmond CCG	RI	G	G	I	RI	RI
NHS Rotherham CCG	RI	G	G	G	G	RI
NHS Scarborough And Ryedale CCG	RI	RI	G	G	RI	RI
NHS Sheffield CCG	RI	G	G	G	G	RI
NHS Solihull CCG	RI	G	G	RI	RI	G
NHS Somerset CCG	RI	RI	G	RI	RI	RI
NHS South East Staffordshire and Seisdon Peninsula CCG	RI	G	G	RI	G	RI
NHS South Eastern Hampshire CCG	RI	RI	G	I	RI	RI
NHS South Kent Coast CCG	RI	RI	RI	G	RI	G
NHS South Lincolnshire CCG	RI	G	G	RI	G	RI
NHS South Norfolk CCG	RI	RI	G	RI	RI	G
NHS South Sefton CCG	RI	G	G	G	G	RI
NHS South Warwickshire CCG	RI	G	G	RI	G	RI
NHS South West Lincolnshire CCG	RI	G	G	G	RI	RI
NHS South Worcestershire CCG	RI	G	G	RI	G	RI
NHS Southend CCG	RI	G	G	RI	RI	RI
NHS Southern Derbyshire CCG	RI	RI	G	G	RI	G
NHS Stafford and Surrounds CCG	RI	G	G	RI	RI	G
NHS Stockport CCG	RI	G	G	RI	RI	RI
NHS Stoke On Trent CCG	RI	RI	G	I	RI	RI
NHS Surrey Heath CCG	RI	G	G	RI	G	G
NHS Sutton CCG	RI	G	G	G	RI	RI
NHS Swindon CCG	RI	RI	G	RI	RI	G
NHS Thanet CCG	RI	RI	RI	G	RI	G
NHS Thurrock CCG	RI	RI	RI	RI	RI	G
NHS Vale Royal CCG	RI	RI	G	G	G	I
NHS Wandsworth CCG	RI	RI	G	G	RI	RI
NHS Warrington CCG	RI	G	G	RI	G	G
NHS Warwickshire North CCG	RI	RI	G	I	G	RI
NHS West Essex CCG	RI	RI	G	RI	RI	G
NHS West Hampshire CCG	RI	RI	G	I	RI	RI

CCG	2015/16 Headline assessment	2015/16 CCG Assurance Component				
		Well-led organisation	Delegated functions	Finance	Performance	Planning
NHS West Norfolk CCG	RI	G	G	RI	RI	RI
NHS West Suffolk CCG	RI	G	G	RI	G	RI
NHS Wirral CCG	RI	G	G	I	RI	RI
NHS Bedfordshire CCG	I	RI	RI	RI	G	I
NHS Brighton and Hove CCG	I	I	G	G	I	I
NHS Cambridgeshire and Peterborough CCG	I	I	G	I	RI	RI
NHS Coventry and Rugby CCG	I	I	RI	I	RI	RI
NHS Cumbria CCG	I	RI	G	RI	I	I
NHS East Surrey CCG	I	I	G	I	RI	I
NHS Enfield CCG	I	RI	G	I	RI	RI
NHS Havering CCG	I	RI	G	G	I	RI
NHS Herefordshire CCG	I	I	RI	I	I	RI
NHS Kernow CCG	I	I	G	I	I	I
NHS Medway CCG	I	RI	G	G	I	I
NHS NEW Devon CCG	I	RI	G	RI	I	RI
NHS North Hampshire CCG	I	I	RI	RI	I	RI
NHS North Somerset CCG	I	I	G	I	I	RI
NHS North Tyneside CCG	I	RI	G	I	G	I
NHS Northumberland CCG	I	RI	G	I	G	I
NHS Shropshire CCG	I	I	RI	I	I	I
NHS South Cheshire CCG	I	RI	G	I	G	I
NHS South Devon and Torbay CCG	I	I	G	I	I	RI
NHS South Gloucestershire CCG	I	RI	G	I	I	RI
NHS Southport And Formby CCG	I	RI	G	I	RI	I
NHS St Helens CCG	I	RI	G	I	G	I
NHS Surrey Downs CCG	I	G	G	RI	G	RI
NHS Vale Of York CCG	I	I	RI	I	RI	I
NHS Walsall CCG	I	I	G	I	I	I
NHS West Cheshire CCG	I	RI	G	I	RI	I

Annex H: Guidance on financial special measures for NHS providers

1. Financial special measures are part of a range of measures that reset expectations of the NHS on financial discipline and performance. Financial special measures will help providers⁸ facing the biggest financial challenges, and will underline the importance of all providers adhering to their control totals. Improvements introduced as a result of financial special measures should also be designed to ensure we maintain and, where possible, improve the quality of care. This guidance sets out the policy, including the entry and exit criteria and the action that NHS Improvement will take when a provider is in financial special measures.
2. This guidance applies to NHS trusts and NHS foundation trusts

The context and purpose of financial special measures

3. NHS Improvement is committed to helping the provider sector to achieve and maintain sustainable financial balance from 2017/18. For 2016/17, existing plans would result in an aggregate provider deficit of £580m. The additional actions set out in Section 4 seek to deliver a provider sector deficit of around £250m, whilst also putting the sector on a financially sustainable footing for future years.
4. Agreement on and delivery of provider control totals are essential to deliver these objectives.
5. Financial special measures sits alongside special measures for quality. The establishment of financial special measures indicates the seriousness with which NHS Improvement takes the financial challenges facing providers. It also shows that NHS Improvement is expecting providers to address finance challenges, while maintaining, and where possible improving, quality, with the same degree of urgency as special measures requires for quality.
6. Financial special measures consists of rapid planning and delivery of accelerated recovery activities, through greater control by NHS Improvement, consistent with the strongest mandated support under the proposed Single Oversight Framework⁹ for NHS trusts and foundation trusts.

⁸ The term 'provider' refers to NHS trusts and foundation trusts for the purpose of this guidance

⁹ Currently under consultation with the sector

Entry criteria for financial special measures

7. NHS Improvement will determine which providers are put into financial special measures. It will do so largely using a set of published objective criteria, but will also take into account other appropriate considerations. Providers will be considered for financial special measures if:

Objective criteria

1. The provider has not agreed a control total and is planning a deficit for 2016/17.

Or:

2. The provider has agreed a control total *and*:
- has a significant negative variance against the control total plan; and
 - is forecasting a significant deficit.

Or:

3. The provider has an exceptional financial governance failure (e.g. significant fraud or irregularity).

8. Following the first cohort of financial special measures, NHS Improvement will use all three objective criteria on the basis of quarterly information.

Other considerations

9. Any providers meeting any of the objective criteria will be considered for financial special measures, but may be excluded in light of other relevant considerations, for example where:
- A. there are exceptional mitigating circumstances; or
 - B. it is already subject to a significant package of regulatory action and/or intensive support for financial recovery; or
 - C. the existing management does not require additional support – in particular, if they already have a robust recovery plan approved by the board and NHS Improvement (one of the exit criteria); or
 - D. there is a recent track record of full year delivery of plan and/or of agreed recovery actions.
10. NHS Improvement will not place a provider in financial special measures unless it has been found in breach or suspected breach of its licence (or equivalent for NHS trusts) and has very serious/complex issues.
11. Providers in special measures for quality are not precluded from being part of financial special measures. Should a provider be in both types of special

measures there will be a joined up approach to deliver both quality and financial recovery, working with CQC as appropriate. Providers in financial special measures will be expected to maintain, and where possible, improve standards of quality during and after their financial recovery.

Support provided under financial special measures

12. When a provider is in financial special measures, NHS Improvement:
 - may undertake any actions that it currently uses in individual cases, but will typically do so in a way that:
 - is more intensive and accelerated than normal; and
 - is led by NHS Improvement not the provider.
 - will use its existing legal powers and related guidance. No new powers are being sought.
13. Although each provider's package of measures will be bespoke, and the approach may evolve over time, the intervention approach can be described as mandated support under the headings set out in the following table.

Table: typical mandated actions for providers in financial special measures

Type	Standard	Possible
Oversight and governance	<ul style="list-style-type: none"> • NHS Improvement executive director sponsor (key meetings) • An improvement director, appointed by NHS Improvement, for each financial special measures provider • Board vacancies filled on the direction of NHS Improvement • Regular progress reviews • Provider required to publish on its website home page that it is in financial special measures, and the reasons for this • Any foundation trust in financial special measures is required to notify its Council of Governors that it is in financial special measures, the reasons for it and the planned response 	<ul style="list-style-type: none"> • NHS Improvement-appointed board adviser • Board changes
Control	<ul style="list-style-type: none"> • Removal of provider's autonomy over key spending decisions • NHS Improvement control of 	<ul style="list-style-type: none"> • DH financing provided in exchange for assets (e.g. transfer of

	applications for DH financing	ownership of land) rather than as loans • Peer review of expenditure controls
Accelerated recovery	<ul style="list-style-type: none"> • A financial improvement notice issued for a time-limited period • Rapid (by end of week 1) articulation of key issues • Recovery plan (with milestones) - including accelerated proposals on service consolidation or closure, Carter and organisational form and workforce review - with buy-in from key stakeholders and agreed by provider and NHS Improvement (by end of month 1) • Appointment of turnaround /recovery support (full time), possibly including peer support 	<ul style="list-style-type: none"> • Development of detailed delivery plan (two months) • Probationary period of a further three months to track early progress • Support to reduce agency use • Effective delivery of cost controls

14. Some activities will be delivered directly by NHS Improvement. Some activities may require peer support or other forms of external support. Initial support will be in place very soon after a provider is placed in financial special measures

Exiting financial special measures

15. To exit financial special measures a provider must generally have, as a minimum, a robust recovery plan setting out the key changes required to remedy the provider's financial problems, approved by the provider board and by NHS Improvement (one month process), a detailed delivery plan and evidence of significant wins within two additional months.
16. Depending on circumstances, NHS Improvement may, at its discretion, also require evidence of demonstrable progress in implementing change (within a further three-month period).
17. If a provider in financial special measures does not meet the exit criteria in the prescribed time limits (i.e. 1-6 months depending on the options taken above), NHS Improvement will, for example:
- extend financial special measures by 3-6 months, making changes to the approach and support to address the reasons for the delay; and/or
 - make changes to board membership; and/or

- initiate an organisational form change if the issues are due to organisational capability or capacity (e.g. require the provider to enter a foundation group); and/or
 - initiate a wider local health economy process if the issues are structural.
18. When a provider exits financial special measures it is likely to continue to receive mandated support in segment 4 of the Single Oversight Framework for a further period (see next section).

Fit with the Single Oversight Framework

19. The activities set out above are consistent with the Single Oversight Framework approach. The financial special measures activities will cover the most intensive and accelerated activities mandated for those providers in segment 4 of the Single Oversight Framework. It is important that short-term financial recovery within the financial special measures is consistent with sustained financial recovery in the medium term. Hence recovery plans are likely to include strategic change and leadership and improvement capability development. It is also important that financial improvement is not achieved at the expense of quality of care and operational performance, which will be overseen through the Single Oversight Framework.
20. A condition for financial special measures will be that the provider is in licence breach, or suspected licence breach¹⁰, and with the most serious/complex issues. This is consistent with being placed in segment 4 (lowest) of the Single Oversight Framework. NHS Improvement will take the actions described above using existing statutory powers (for foundation trusts, for example, using the powers of Monitor set out in the Health and Social Care Act 2012 to accept undertakings, impose discretionary requirements and insert additional licence conditions). For providers already in breach and subject to enforcement action, NHS Improvement will need to consider amending that enforcement action or imposing new enforcement measures.

¹⁰ For foundation trusts, or equivalent for NHS trusts

Annex I: Operation of the 2016/17 Sustainability and Transformation Fund

1. The planning guidance introduced a £1.8 billion Sustainability and Transformation Fund (STF) for 2016/17 to support providers' move to a sustainable financial footing.
2. This note sets out the principles underpinning the deployment of the STF. The overarching objectives for the STF include:
 - to reduce the number of providers that are in deficit in 2016/17 and enable the provider sector to deliver its overall control total in 2016/17;
 - to accelerate the recovery trajectory of those providers in deficit;
 - to demonstrate progress towards the achievement of the constitutional service standards;
 - to ensure eligible providers have a recovery plan in place that demonstrates how they deliver a breakeven position or better within a reasonable timeframe; and
 - to support providers of emergency services, who are facing particular pressure, with a view to ensuring sustainability of those and related acute services.
3. In addition to these, as a condition of the overall funding being approved, the NHS has to demonstrate tangible progress towards a credible plan for achieving seven day services for patients across the country by 2020. Recipients of funding will be expected to continue to make progress towards achieving seven day services in 2016/17 in line with agreed plans.
4. Ambulance trusts will need to be able to demonstrate full engagement in the Ambulance Response Programme pilots and the Urgent and Emergency Care review.
5. Providers eligible for funding must meet the following criteria:

Table 1: STF Criteria / Measurement

Objective	Criteria / Measurement
Provider deficit reduction / surplus increase	Q1-Q4: Delivery of the YTD provider plan profile of the control total. Plans to include milestones for Carter implementation and Agency spend reduction.

Access standards	<p>Q1: Agreement of stretching, but credible improvement plan including milestones with NHS Improvement and NHS England to deliver on core standards including accident and emergency four hours, RTT 92%, and 62 day Cancer.</p> <p>Q2-Q4: Delivery of agreed milestones in plan</p>
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6. The STF funding will be ring fenced as 'pass through' payments to providers in addition to normal contractual payments from its lead commissioner.
7. Release of the funding will be subject to a quarterly review process in arrears. This review process will cover delivery against the STF conditions only. Access to funding will be through the monitoring system set out below in advance of any funds being paid.
8. Providers that meet the conditions of the fund will not face a 'double jeopardy' scenario whereby they incur contract penalties as well as losing access to funding; a single penalty will be imposed.

Access to STF funding will operate on the following basis:

- the financial control totals are a binary on/off switch to secure STF funding – i.e. having achieved the year-to-date control total in a quarter, the organisation becomes eligible for funding, the size of which is determined by the level of success with the other criteria;
 - achievement of the year-to-date financial control total for the quarter is weighted at a minimum of 70% dependant on the range of agreed performance trajectories;
 - the year-to-date financial control total being measured is excluding any STF funding, hence avoiding any a situation where a provider is penalised twice for a single issue i.e. withholding a proportion of the fund because of a performance failure that results in the provider missing its financial control total;
 - performance against agreed trajectories is weighted at 30%, with RTT and A&E accounting for 12.5% each, Cancer 62 days at 5%.
9. We are assuming that the current collaborative approach adopted by providers to engaging with STPs will continue and therefore does not require further incentivisation through the STF. We will therefore not be linking payment to STP engagement as originally proposed but will keep provider engagement in the STP progress under review. Access to allocation growth in 2017/18 by CCGs will

remain conditional upon sign off of an STP by Quarter 4 locally by NHS Improvement and NHS England.

10. Providers will receive the STF if they have performance that achieves the agreed trajectory or if it delivers the national standard. This is to ensure that we do not disincentivise providers from agreeing plans that go further than just the national target but without putting at risk the funding.

Tolerances

Access standards

11. It was agreed that the approach should introduce a tolerance on delivery of the Improvement Trajectory and that the tolerance should be weighted towards the earlier part of the year when current performance is expected to be turned around and therefore delivery of an absolute trajectory percentage may be less certain. This should ensure that for later in the year the provider should have a much better grip on performance and therefore the tolerance should be less.
12. Table 2 below sets out the proposed tolerance levels that will be applied to the Improvement Trajectories relating to access standards.

Table 2: Improvement trajectory tolerances

Period	Tolerance
Quarter 1	None as fund allocated on agreement of trajectories only
Quarter 2	1.0%
Quarter 3	0.5%
Quarter 4	No tolerance

13. So if a provider misses their Improvement Trajectory in Quarter 2 but by less than 1% they will still earn their STF payment for the period but in Quarter 4 they will be expected to achieve the trajectory in full with no tolerance applied.
14. We will develop an approach to exceptional circumstances which provides an objective basis for reopening trajectories for example, for RTT in the event of major movements in the level of GP referrals.

Financial performance

15. The intention is that there will be no tolerances around the quarterly finance control totals.

Incentive to earn missed payments

Access standards

16. It was agreed that the STF should also incentivise providers to over-perform against their agreed trajectories and earn back any parts of the fund that they have failed to achieve in previous periods.
17. The table below sets out how the assessment of performance against trajectory will work 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)
Referral to treatment	12.50%	In month assessment of performance against trajectory	Earn back any missed monthly payments in the quarter by the performance exceeding the trajectory by the number of patients missed on a cumulative basis.	Earn back any missed monthly payments in the quarters by the performance exceeding the trajectory by the number of patients missed on a cumulative basis.
Accident and Emergency	12.50%	In month assessment of performance against trajectory	Receive the whole quarter if year to date performance exceeds trajectory	Earn back any missed monthly payments from the previous quarter if at the end of the next quarter the trajectory on a cumulative basis is achieved.
Cancer	5%	In month assessment of performance against trajectory	Receive the whole quarter if quarterly performance exceeds trajectory.	Quarterly data overwrites monthly data therefore there is no earn back on cancer.

Financial performance

18. The finance aspect of the STF will operate on a cumulative basis so that if a provider misses the year-to-date control total in a quarter but achieves the control total in a subsequent quarter it could receive the full amount of funding.

Phasing

Access standards

19. Performance will be assessed each quarter against each standard on a monthly basis against the monthly Improvement Trajectory for that month.
20. For Quarter 1 the allocation of the fund will be dependent on agreeing Improvement Trajectories and the process for assessment of delivery of the

trajectories for the year. So the first assessment of performance against the Improvement Trajectories will be in Quarter 2 and for the months of July, August and September with achievement each month earning a third of the fund for that performance area for the quarter. This should ensure that providers are incentivised to make sure that they do everything they can to deliver the trajectory each month but that if they should fail for one month they can still earn two thirds of the quarterly payment in that performance area as well as earning payment missed from previous quarters as set out above in Table 3.

Financial performance

21. Finance will be assessed each quarter against the agreed year-to-date control total. Quarter 3 will be assessed as normal. At the same time an advance cash payment will be made against Q4 based on forecast outturn and performance. The same process will also be applied to performance against the improvement trajectories but with Quarter 4 performance based on the provider self-assessment of forecast performance which they will provide along with their Quarter 3 finance submission.
22. At the year-end an adjustment will be made to ensure Q4 is calculated on outturn rather than estimates. This adjustment will need to be included in the annual report and accounts and, as a material item, will be subject to audit.
23. Delivery against the STF during 2016/17 will be subjected to an annual review process and signed off by the Department of Health/NHS England/NHS Improvement/HM Treasury along with any recommended changes required for the STF in 2017/18. This review is expected to be complete by the end of June 2017.

Underlying assumptions

24. In preparing the Improvement Trajectories it will be vital that there is an agreed set of underlying assumptions regarding the levels of activity and capacity that will be needed to deliver against the trajectory. This will include assumptions around what levels of growth have been assumed in agreeing the trajectory and the implications for access to the STF if growth is higher or lower than assumed and delivery against the agreed trajectory is no longer possible.
25. If a provider or commissioner can demonstrate that there has been a material change in the underlying assumptions, be it a substantial and excessive increase in GP Referrals, change in activity delivered or some other factor that means the agreed trajectory could not be achieved during the quarter there is a review process by the Regional Directors of both NHS England and NHS Improvement.

If it can be demonstrated that a material change to the underlying assumptions has meant the agreed trajectory could not be delivered, a revised trajectory will be determined for the remainder of the year. The reviews will be by exception and treated on a case by case basis only.

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Aintree University Hospital NHS Foundation Trust	92	92.01	92	92.03	92.01	92.02	92.05	92	92.04
Airedale NHS Foundation Trust	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01
Ashford And St. Peter's Hospitals NHS Foundation Trust	94.54	94.69	94.85	94.83	94.64	94.45	94.26	94.38	94.19
Barnsley Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Basildon And Thurrock University Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Bedford Hospital NHS Trust	94.41	94.57	94.55	94.58	94.58	94.59	94.56	94.68	94.9
Birmingham Children's Hospital NHS Foundation Trust	92.07	92.07	92.07	92.07	92.07	92.07	92.07	92.07	92.07
Birmingham Community Healthcare NHS Foundation Trust	94.29	93.41	92.89	92.77	92.32	92.96	93.56	94.42	94.16
Birmingham Women's NHS Foundation Trust	95.58	95.58	95.58	95.58	95.58	95.58	95.58	95.58	95.58
Blackpool Teaching Hospitals NHS Foundation Trust	92.43	92.38	92.63	92.54	92.8	92.68	92.59	92.85	92.85
Bolton NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Bradford Teaching Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Bridgewater Community Healthcare NHS Foundation Trust	100	100	100	99.85	99.71	99.85	100	100	100
Brighton and Sussex University Hospitals NHS Trust	72.16	72.35	72.74	73.17	73.7	74.31	74.94	75.64	76.39
Buckinghamshire Healthcare NHS Trust	92	92	93	93	93	93	93	93	93
Calderdale And Huddersfield NHS Foundation Trust	95.55	95.44	96.08	95.8	96.07	95.45	95.96	95.67	95.67
Central Manchester University Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Chelsea And Westminster Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Chesterfield Royal Hospital NHS Foundation Trust	92.02	92.03	92.03	92.02	92.02	92.03	92.03	92.03	92.03
City Hospitals Sunderland NHS Foundation Trust	92.5	92.5	92.5	92.5	92.5	92.5	92.5	92.5	92.5
The Clatterbridge Cancer Centre NHS Foundation Trust	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1
Colchester Hospital University NHS Foundation Trust	87.44	88.04	88.88	89.77	90.6	92.15	92.5	92.5	92.5
Cornwall Partnership NHS Foundation Trust	100	100	100	100	100	100	100	100	100
Countess Of Chester Hospital NHS Foundation Trust	91	91	91.6	92	92	92	92	92	92
County Durham And Darlington NHS Foundation Trust	93.45	93.45	93.45	92.98	92.98	92.98	92.98	92.98	92.98
Cumbria Partnership NHS Foundation Trust	89.29	89.65	89.91	92.07	92.02	92.07	92.02	92.07	92.02
Dartford and Gravesham NHS Trust	94	94	94	94	94	94	94	94	94

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Derby Teaching Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Derbyshire Community Health Services NHS Foundation Trust	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
The Dudley Group NHS Foundation Trust	94.4	94.4	94.4	94.41	94.4	94.4	94.4	94.4	94.4
East and North Hertfordshire NHS Trust	92.4	92.5	92.6	92.6	92.6	92.6	92.6	92.6	92.6
East Cheshire NHS Trust	93.68	93.62	93.88	93.98	94.08	93.79	93.78	94	94.34
East Kent Hospitals University NHS Foundation Trust	90.96	91.67	92.1	92.66	92.94	92.57	92.93	93.42	94.41
East Lancashire Hospitals NHS Trust	96.91	96.55	96.41	96.24	96.11	95.67	95.85	96.64	96.65
East Sussex Healthcare NHS Trust	92.3	92.3	92.5	92.3	92.3	92.1	92.2	92.4	92.6
Epsom and St Helier University Hospitals NHS Trust	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2
Frimley Health NHS Foundation Trust	92.24	92.33	92.28	92.31	92.29	92.23	92.29	92.29	92.4
Gateshead Health NHS Foundation Trust	92.99	92.5	92.15	92.67	92.66	92.99	92.27	92.27	92.27
George Eliot Hospital NHS Trust	92.01	92.01	92.01	92	92	92	92.02	92.02	92
Gloucestershire Hospitals NHS Foundation Trust	92.04	92.04	92	92	92.04	92.01	92	92	92
Great Western Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Guy's And St Thomas' NHS Foundation Trust	92.05	92.05	92.05	92.05	92.05	92.05	92.05	92.05	92.05
Hampshire Hospitals NHS Foundation Trust	92	92	92	92	93	93	93	93	93
Harrogate And District NHS Foundation Trust	94	94	94	94	94	94	94	94	94
Heart Of England NHS Foundation Trust	91.68	91.84	92	92	92	92	92	92	92
The Hillingdon Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Hinchingbrooke Health Care NHS Trust	92.01	92	92	92.01	92.01	92	92	92.01	92.01
Homerton University Hospital NHS Foundation Trust	92.05	92.05	92.05	92.05	92.06	92.06	92.05	92.05	92.05
Hull and East Yorkshire Hospitals NHS Trust	86.69	87.75	88.92	89.86	90.78	91.4	92.02	92.47	92.91
Ipswich Hospital NHS Trust	92	92	92	92	92	92	92	92	92
Isle of Wight NHS Trust	89.8	90.73	90.97	91.82	92.59	92.71	93.13	93.69	93.52
James Paget University Hospitals NHS Foundation Trust	92.01	92.01	92.01	92.01	92.01	92.01	92	92	92
King's College Hospital NHS Foundation Trust	82	82.7	83.3	84.2	85	85.8	86.5	87.3	88.1

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Kingston Hospital NHS Foundation Trust	94	94.3	94.4	94.3	94.7	94.8	93.4	93.9	94.07
Lancashire Teaching Hospitals NHS Foundation Trust	86	85.5	85	84.5	84	83.5	87	90	92
Leeds Teaching Hospitals NHS Trust	91.4	91.74	92	92	92	92	92	92	92
Leicestershire Partnership NHS Trust	93.33	93.41	95.12	95.08	94.98	93.11	93.16	95.08	95
Lewisham and Greenwich NHS Trust	92	92	92	92	92	92	92	92	92
Lincolnshire Partnership NHS Foundation Trust	93.59	93.59	93.59	93.59	93.59	93.59	93.59	93.59	93.59
Liverpool Heart And Chest NHS Foundation Trust	93.46	92.98	93.31	93.31	93.87	93.18	93.74	93.58	93.3
Liverpool Women's NHS Foundation Trust	92.03	92.03	92.03	92.03	92.03	92.03	92.03	92.03	92.03
London North West Healthcare NHS Trust	92	92	92	92	92	92	92	92	92
Luton and Dunstable University Hospital NHS Foundation Trust	94.62	94.63	94.63	94.64	94.65	94.65	94.66	94.66	94.67
Mid Cheshire Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Mid Essex Hospital Services NHS Trust	93.39	93.05	93.41	93.76	94.08	94.21	94.34	94.83	94.65
Mid Yorkshire Hospitals NHS Trust	85.5	86	87	88	89	90.5	92	92	92
Milton Keynes University Hospital NHS Foundation Trust	89.18	89.5	90.28	90.56	91.46	92.21	92.27	92.42	92.51
Moorfields Eye Hospital NHS Foundation Trust	96.5	96.5	96.5	96.5	96.5	96.5	96.5	96.5	96.5
Norfolk Community Health and Care NHS Trust	93.79	94.04	94.29	94.55	94.81	95.08	95.36	95.65	95.94
North Cumbria University Hospitals NHS Trust	91.7	91.7	92.1	92.5	92.5	92.5	92.5	92.5	92.5
North East London NHS Foundation Trust	99.05	99.29	99.57	99.5	99	98.86	99.12	99	99
North Middlesex University Hospital NHS Trust	92	92	92	92	92	92	92	92	92
North Tees And Hartlepool NHS Foundation Trust	92.39	92.48	92.57	92.71	92.8	92.99	93.08	93.18	93.27
Northampton General Hospital NHS Trust	92	92	92	92	92	92	92	92	92
Northern Devon Healthcare NHS Trust	95.24	95.25	95.25	95.24	95.25	95.24	95.24	95.24	95.25
Northern Lincolnshire And Goole NHS Foundation Trust	92	92.24	92.07	92.57	92.36	92.55	92.71	92.14	92.11
Northumbria Healthcare NHS Foundation Trust	92.08	92.01	92.04	92.56	92.92	92.55	92.59	92.52	92.64
Nottingham University Hospitals NHS Trust	95.19	94.86	94.88	94.9	94.92	94.93	94.95	94.97	94.98
Oxford University Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Oxleas NHS Foundation Trust	99.24	99.24	99.24	99.24	99.24	99.24	99.24	99.24	99.24

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Papworth Hospital NHS Foundation Trust	93.1	93.02	93.18	93.11	93.36	93.07	93.15	93.31	93.5
Pennine Acute Hospitals NHS Trust	92.88	92.88	92.96	93.06	93.06	93.06	92.78	93.06	93.42
Peterborough and Stamford Hospitals NHS Foundation Trust	94	94.5	94.5	95	95	95	95	95	95
Portsmouth Hospitals NHS Trust	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01
The Princess Alexandra Hospital NHS Trust	92.14	92.14	92.28	92.38	92.46	92.57	92.57	92.57	92.57
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	92.17	92.05	92.17	92.21	92.19	92.13	92.17	92.05	92.05
Queen Victoria Hospital NHS Foundation Trust	92	92.02	92.01	92.01	92.01	92.01	92.01	92.01	92.01
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	88.29	88.44	89.63	89.79	90.3	91.22	91.48	91.78	92
The Rotherham NHS Foundation Trust	93.77	93.72	94.03	93.68	93.41	93.73	93.69	93.69	93.78
Royal Berkshire NHS Foundation Trust	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1
The Royal Bournemouth And Christchurch NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Royal Brompton And Harefield NHS Foundation Trust	89.11	89.22	89.69	90.18	90.67	90.75	91.19	91.66	92.14
Royal Cornwall Hospitals NHS Trust	92	92	92	92	92	92	92	92	92
Royal Devon And Exeter NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Royal Free London NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Royal Liverpool and Broadgreen University Hospitals NHS Trust	92.18	92.18	92.26	92.49	92.71	92.33	92.48	92.63	92.84
The Royal Marsden Hospital NHS Foundation Trust	94.77	94.77	94.77	94.77	94.77	94.77	94.77	94.77	94.77
Royal National Orthopaedic Hospital NHS Trust	90.11	91.23	92.18	92.98	93.13	93.26	93.07	92.87	92.61
Royal Surrey County Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Royal United Hospital Bath NHS Foundation Trust	90.78	91.03	91.21	92.39	92.47	90.25	89.96	90	90.01
Salford Royal NHS Foundation Trust	92.04	92.04	92.08	92.08	92.05	92.06	92.03	92.03	92.02
Salisbury NHS Foundation Trust	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01	92.01
Sandwell and West Birmingham Hospitals NHS Trust	92	92.48	92.48	92.48	92.48	92.8	92.8	92.8	93.6
Sheffield Children's NHS Foundation Trust	92	92.06	92.01	92	92	92	92.04	92.01	92
Sheffield Teaching Hospitals NHS Foundation Trust	92.78	92.78	92.75	92.75	92.84	92.88	92.86	92.94	93
Sherwood Forest Hospitals NHS Foundation Trust	92.02	92.01	92.03	92.03	92.04	92.02	92.06	92.07	92.08

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Shrewsbury and Telford Hospital NHS Trust	92.65	92.08	92.25	92.05	92.25	92.01	92.09	92.12	92.12
Shropshire Community Health NHS Trust	92	92	92	92	92	92	92	92	92
Solent NHS Trust	99.4	99.77	100	99.28	99.35	99.5	100	100	99.87
Somerset Partnership NHS Foundation Trust	98.46	98.33	98.5	98.28	98.41	98.02	97.58	97.66	98.02
South Tees Hospitals NHS Foundation Trust	92.59	92.59	92.59	92.59	92.59	92.59	92.6	92.59	92.59
South Tyneside NHS Foundation Trust	97.21	97.12	96.34	98.82	97.67	96.45	96.36	97.28	97.28
South Warwickshire NHS Foundation Trust	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1	92.1
Southend University Hospitals NHS Foundation Trust	92.41	92.79	93.2	93.65	94.09	94.52	94.94	95.35	95.74
Southern Health NHS Foundation Trust	93.92	93.9	93.91	93.91	93.91	93.91	93.91	93.91	93.9
Southport and Ormskirk Hospital NHS Trust	92	92.01	92.01	92	92.01	92.01	92	92	92.01
St George's University Hospitals NHS Foundation Trust	89.95	90.53	90.77	91.03	91.37	91.57	91.82	91.96	92.43
St Helens and Knowsley Hospitals NHS Trust	92	92	92	92	92	92	92	92	92
Stockport NHS Foundation Trust	92.1	92.04	92.23	92.46	92.7	92.68	92.46	92.71	92.93
Surrey and Sussex Healthcare NHS Trust	92.6	92.6	92.6	92.8	93	92.95	92.4	92.2	92
Sussex Community NHS Foundation Trust	99.47	99.47	99.47	99.47	99.47	99.47	99.47	99.47	99.47
Tameside Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Taunton And Somerset NHS Foundation Trust	89.91	89.91	90.25	90.76	91.3	91.3	91.55	91.67	92
Royal Orthopaedic Hospital NHS Foundation Trust	92.05	92.04	92	92.11	92.12	92.21	92.24	92.28	92.41
Torbay and South Devon NHS Foundation Trust	92.02	92.56	92.87	93.13	93.21	93.17	93.13	93.25	93.26
United Lincolnshire Hospitals NHS Trust	92.4	92.4	92.4	92.4	92.4	92.4	92.4	92.4	92.4
University College London Hospitals NHS Foundation Trust	93.27	93.27	93	92.8	92.6	92.4	92.1	92.1	92.1
University Hospital Southampton NHS Foundation Trust	92	92	92	92	92	92	92	92	92
University Hospitals Birmingham NHS Foundation Trust	92.22	92.21	92.41	92.6	92.28	92.28	92.28	92.18	92.31
University Hospitals Bristol NHS Foundation Trust	93.2	93.2	93.4	93.4	93.4	92.8	92.8	92.8	93
University Hospitals Coventry and Warwickshire NHS Trust	92.1	92.2	92.5	92.2	92.16	92.11	92.18	92.2	92.3
University Hospitals of Leicester NHS Trust	92	92	92	92	92	92	92	92	92
University Hospitals Of Morecambe Bay NHS Foundation Trust	90	90.2	91.8	91.7	92.1	92.1	92.1	92.1	92.1

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

RTT TRAJECTORIES - Referral to Treatment incomplete pathways: the percentage of patients waiting under 18 weeks									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
University Hospitals of North Midlands NHS Trust	92	92	92	92	92	92	92	92	92
The Walton Centre NHS Foundation Trust	94.99	95.01	95	95	95.01	95	95.01	95	94.99
Warrington And Halton Hospitals NHS Foundation Trust	92	92	92	92	92	92	92	92	92
West Hertfordshire Hospitals NHS Trust	92	92	92	92	92	92	92.01	92	92
West Suffolk NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Western Sussex Hospitals NHS Foundation Trust	88.37	88.63	89.12	90.57	91.43	92	92	92	92
Weston Area Health NHS Trust	94.57	94.54	93.12	92.15	92.17	92.14	92.73	92.39	92.11
The Whittington Hospital NHS Trust	92	92	92	92	92	92	92	92	92
Wirral University Teaching Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92
The Royal Wolverhampton NHS Trust	92.05	92.05	92.07	92.15	92.15	92.15	92.15	92.15	92.27
Worcestershire Acute Hospitals NHS Trust	91.39	91.58	92	92	92	92	92	92	92
Worcestershire Health and Care NHS Trust	96.73	96.73	96.73	96.73	96.73	96.73	96.73	96.73	96.73
Wrightington, Wigan And Leigh NHS Foundation Trust	92	92	92	92	92	92	92	92	92
Yeovil District Hospital NHS Foundation Trust	92.02	92.03	93	93	93	93	93	93	93
York Teaching Hospital NHS Foundation Trust	92	92	92	92	92	92	92	92	92

Footnotes:

- 1 Trusts who are not currently reporting performance have been excluded
Trusts who have not accepted a control total have been excluded
Trajectories may be subject to change due to awaiting regional sign off
- 2 Where a trust is currently not reporting RTT data, funding will be earned if the actions required to recommence reporting occur in line with the agreed plan and timescale. Once the provider recommences reporting they will be required to agree an RTT improvement trajectory with commissioners which will be used to assess RTT performance going forward.

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Aintree University Hospital NHS Foundation Trust	93.07	94.05	95.05	95.05	95	95.02	95.17	95.01	95.34
Airedale NHS Foundation Trust	94	94	94.49	94.49	94.49	94.49	94	95.01	95.01
Ashford And St. Peter's Hospitals NHS Foundation Trust	90.29	91.93	93.58	95.22	95.22	95.22	95.22	95.22	95.22
Barking, Havering and Redbridge University Hospitals NHS Trust	84	86	90	90	90	90	91.5	91.5	91.5
Barnsley Hospital NHS Foundation Trust	95.01	95.01	95	95.01	95	95.01	95.01	95	95.01
Basildon And Thurrock University Hospitals NHS Foundation Trust	91	95	95	95	95	95	95	95	95
Bedford Hospital NHS Trust	96.46	95.64	95.22	94.77	96.27	95.02	94.71	96.53	96.57
Birmingham Children's Hospital NHS Foundation Trust	98.44	99.44	96.27	95.25	89.67	89.38	96.43	95.65	95.02
Blackpool Teaching Hospitals NHS Foundation Trust	95	96.5	96	93	95	95	92.8	93.2	95.2
Bolton NHS Foundation Trust	96	95.5	95.5	92	91.5	91	91.1	91.1	91.1
Bradford Teaching Hospitals NHS Foundation Trust	92.5	93	93.5	93.82	94.5	91	92.51	94	95.01
Bridgewater Community Healthcare NHS Foundation Trust	99.75	99.64	99.54	99.92	99.96	99.86	99.34	99.31	99.74
Brighton and Sussex University Hospitals NHS Trust	84	85	86	83.5	85	86	89	89	89
Buckinghamshire Healthcare NHS Trust	97.1	96.35	95.46	95.54	95.26	95.12	94.01	94.25	95.64
Burton Hospitals NHS Foundation Trust	96.56	96.59	96.17	95.96	95.1	94	93.65	93.29	93.84
Calderdale And Huddersfield NHS Foundation Trust	95.02	95.02	95.03	95.03	94.03	93.02	91.03	93.03	95.02
Central Manchester University Hospitals NHS Foundation Trust	92.09	91.76	92.14	92.9	92.45	92.1	94.78	93.72	96.31
Chelsea And Westminster Hospital NHS Foundation Trust	95.1	95.1	95.06	95.19	94.62	95.19	94.62	95.19	95.19
Chesterfield Royal Hospital NHS Foundation Trust	94.64	95.75	95.43	96.32	95.7	95.08	94.48	95.5	95.42
City Hospitals Sunderland NHS Foundation Trust	95	95	95	95	94.7	92.8	91.2	93.4	95
The Clatterbridge Cancer Centre NHS Foundation Trust	95.7	96.1	95.3	94.5	94.9	95.8	93.9	88	92
Colchester Hospital University NHS Foundation Trust	88.87	90.56	92.1	91.73	90.95	90.99	92.11	92.51	93.84
Countess Of Chester Hospital NHS Foundation Trust	92	95.01	95	95.01	95.01	95.02	95.01	95	95
County Durham And Darlington NHS Foundation Trust	97.78	97.68	97.71	95.73	93.75	90.91	88	87	89
Cumbria Partnership NHS Foundation Trust	95.02	95.02	95.01	95.01	95	95	95.02	95.01	95
Dartford and Gravesham NHS Trust	90.25	90.16	94.4	92.28	85	86.1	94.5	95	95
Derby Teaching Hospitals NHS Foundation Trust	95	95.56	95.59	95.15	94.6	93.19	91.94	92.52	94.59

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Derbyshire Community Health Services NHS Foundation Trust	99.98	99.98	99.98	99.98	99.98	99.98	99.95	99.95	99.98
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	94.02	94.02	94.02	95	95	95	95	95	95
The Dudley Group NHS Foundation Trust	99.62	98.7	98.9	99.37	98.39	98.44	95.46	98.67	98.69
East and North Hertfordshire NHS Trust	81	82.5	85	85.5	86	87	91	94	95
East Cheshire NHS Trust	94.03	95.02	95.96	96.21	95.93	95.09	95.23	95.12	95.58
East Kent Hospitals University NHS Foundation Trust	89.67	90.8	90.8	91.2	91.5	89.9	89.83	90.48	91.4
East Lancashire Hospitals NHS Trust	91.43	91.21	90.99	92.09	93.41	93.19	94.5	94.96	95.39
East Sussex Healthcare NHS Trust	93.81	90.93	92.42	90.1	91.42	85.92	89	89.06	92.42
Epsom and St Helier University Hospitals NHS Trust	96.15	95.32	95.05	95.08	95.1	92.67	94.35	95.08	95.09
Frimley Health NHS Foundation Trust	95.89	95.72	95	95	96	96.1	94.2	95.6	95
Gateshead Health NHS Foundation Trust	95	95	95	95	95	95	94.11	92.5	95
George Eliot Hospital NHS Trust	95.01	95	95.01	95.01	95	95.01	89	89.01	91
The Gloucestershire Care Services NHS Trust	99.77	99.76	99.75	99.76	99.76	99.77	99.76	99.76	99.76
Gloucestershire Hospitals NHS Foundation Trust	87	87	91.9	89.1	91.2	85.7	85.1	80.1	89.6
Great Western Hospitals NHS Foundation Trust	95	95	95	94	92	90	90	90	90
Guy's And St Thomas' NHS Foundation Trust	95.27	95.14	94.72	93.33	93.32	92.77	92.77	93.33	94.72
Hampshire Hospitals NHS Foundation Trust	87.01	91	91.01	92.01	92	92	92.01	92.01	94
Harrogate And District NHS Foundation Trust	95.02	95.02	95.02	95.02	95.02	95.02	95.02	95.02	95.02
Heart Of England NHS Foundation Trust	88	90	91	91	92	91	91	91.5	92
The Hillingdon Hospitals NHS Foundation Trust	95	95	95.6	95	95	92.2	95	95	95
Hinchingbrooke Health Care NHS Trust	78	81	85	87	90	92	95	95	95
Homerton University Hospital NHS Foundation Trust	93.88	95.8	95.85	95.16	94.85	95.41	94.86	93.33	95.8
Hull and East Yorkshire Hospitals NHS Trust	87.26	89.16	90.24	90.78	91.06	92.14	93.22	94.03	95.12
Ipswich Hospital NHS Trust	95.01	95.01	95	95	95	95	95	95	95.01
Isle of Wight NHS Trust	90	90.99	91	92.01	92.01	92.01	92	92	92
James Paget University Hospitals NHS Foundation Trust	95	95	95.01	95.01	95	95	93.5	94	94.01
Kettering General Hospital NHS Foundation Trust	90.01	90.01	90	95.01	95	95.01	90.01	90.01	90

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
King's College Hospital NHS Foundation Trust	88.11	87.44	91.4	90.97	89.85	90.28	91.4	91.4	91.4
Kingston Hospital NHS Foundation Trust	95	95.2	94.3	95	95	95	93.49	94.11	95.09
Lancashire Teaching Hospitals NHS Foundation Trust	91	90	92	94	95	94	94	93	93.2
Leeds Teaching Hospitals NHS Trust	90.18	91.28	93	91	90	88	85	86	90
Lewisham and Greenwich NHS Trust	92.2	94.3	93	94.3	93	90.1	89	89	89
Lincolnshire Community Health Services NHS Trust	98.7	98.28	98.86	98.75	99.31	99.06	99.2	99.12	99.28
Liverpool Women's NHS Foundation Trust	95	95	95	95	95	95	95	95	95
London North West Healthcare NHS Trust	92.22	91.66	91.34	91.52	90.97	91.19	91.71	92.59	91.82
Luton and Dunstable University Hospital NHS Foundation Trust	98.54	98.55	98.56	98.57	98.58	98.59	98.6	98.6	98.61
Medway NHS Foundation Trust	87.99	88	88	89	89	89	89	89	89
Mid Cheshire Hospitals NHS Foundation Trust	95	95.01	95	92.01	92	92	93.5	92.01	92.81
Mid Essex Hospital Services NHS Trust	94.09	93.17	90.71	91.6	93.2	92.18	89.5	90.41	90.94
Mid Yorkshire Hospitals NHS Trust	84	86	88	90	91	92	93	94	95
Milton Keynes University Hospital NHS Foundation Trust	95	95	94	95	94	94	92	93	93
Moorfields Eye Hospital NHS Foundation Trust	97.6	97.61	97.6	97.6	97.61	97.61	97.6	97.6	97.61
North Cumbria University Hospitals NHS Trust	83.88	83.89	85.12	88.03	90	90.99	89.99	92	95.01
North East London NHS Foundation Trust	98.92	98.92	98.96	98.99	98.76	98.67	98.7	98.94	98.78
North Middlesex University Hospital NHS Trust	86	90	89	88	87	85	86	90	95
North Tees And Hartlepool NHS Foundation Trust	95	95	95	95	95	95	95	95	95
Northampton General Hospital NHS Trust	87	86	90	92	88	87	87.5	88.5	91
Northern Devon Healthcare NHS Trust	95	95	95	96.94	96.23	95	95	95	95.71
Northern Lincolnshire And Goole NHS Foundation Trust	95.01	94.35	95.08	94.71	94.18	91.14	89.01	93.56	95.01
Northumbria Healthcare NHS Foundation Trust	96.87	96.76	96.92	96.16	96.05	94.48	92.85	92.45	95
Nottingham University Hospitals NHS Trust	80	82	85	85	85	86	89	89	89
Oxford University Hospitals NHS Foundation Trust	95	95	95	93.8	91.5	90.9	89.1	91.3	89.9
Pennine Acute Hospitals NHS Trust	87.13	86.49	88.9	89.31	89.53	86.94	91.28	93.61	95.57
Peterborough and Stamford Hospitals NHS Foundation Trust	80	83	86	89	92	95	95	95.51	96

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Portsmouth Hospitals NHS Trust	85	85.01	85.01	85.01	85.01	85.01	85.01	85.01	89
The Princess Alexandra Hospital NHS Trust	86.01	88	90.01	91.01	92	88.01	91.3	93.51	95.01
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	87.31	89.89	86.52	85.01	85.13	85.01	93.46	95.06	95.54
Queen Victoria Hospital NHS Foundation Trust	98	98	98	98	98	98	98	98	98
The Rotherham NHS Foundation Trust	92.51	91.01	92.01	92.51	92.01	91.01	89.01	92.01	95.01
Royal Berkshire NHS Foundation Trust	97.07	97.02	96.08	96.73	94.75	94.53	95.5	93.69	92.84
The Royal Bournemouth And Christchurch NHS Foundation Trust	91.01	91.01	91	91.01	91	91.01	90.01	90.01	93.6
Royal Cornwall Hospitals NHS Trust	84.1	84.1	84.09	85.01	85	85.01	85	85	85
Royal Devon And Exeter NHS Foundation Trust	96.6	95.5	95	96.06	95.74	95	94	94	94
Royal Free London NHS Foundation Trust	95	95	95	92	90	91	91	92	92
Royal Liverpool and Broadgreen University Hospitals NHS Trust	95	94.21	93.31	92.56	91.25	90	94.94	94.1	93.89
Royal Surrey County Hospital NHS Foundation Trust	95	95	95	95	95.01	95	95	95	95
Royal United Hospital Bath NHS Foundation Trust	95.01	95.01	95.01	95.01	94.56	90.86	84.48	90.58	89.01
The Royal Wolverhampton NHS Trust	95	95	95.05	95.01	95	95.01	93.83	93.92	95
Salford Royal NHS Foundation Trust	91.01	91.01	91.01	91.51	91.51	91.51	92.01	92.01	95
Salisbury NHS Foundation Trust	96.1	95.94	95.51	94.62	94.48	93.88	93.92	93.95	95.01
Sandwell and West Birmingham Hospitals NHS Trust	93.37	93.78	93.78	93.78	93.78	92.54	92.54	92.54	92.54
Sheffield Children's NHS Foundation Trust	95	95	95	95	95.03	95	95.02	95	95
Sheffield Teaching Hospitals NHS Foundation Trust	93	94	94	93.5	94	94.5	94.8	95	95.3
Sherwood Forest Hospitals NHS Foundation Trust	95.01	95.01	95.01	95.01	95.01	95.01	94.42	95.86	96.5
Shrewsbury and Telford Hospital NHS Trust	91.29	93.04	92.54	88.99	90.47	89.99	89.05	89.14	91.21
Shropshire Community Health NHS Trust	99.95	99.95	99.95	99.95	99.95	99.95	99.95	99.95	99.95
Somerset Partnership NHS Foundation Trust	99.5	99.5	99.8	99.8	99.9	99.8	99.79	99.5	99.5
South Tees Hospitals NHS Foundation Trust	96.46	97	97.3	96.4	96.1	95.9	94.9	94.7	95.4
South Tyneside NHS Foundation Trust	95	95.01	95.01	95.2	94.61	94.02	92.48	92.34	95
South Warwickshire NHS Foundation Trust	95.02	95.02	95.02	95.02	95	95.02	95.6	95.01	95.4
Southend University Hospitals NHS Foundation Trust	91.62	92.73	95.38	95.53	95.38	95.53	95.53	95.05	95.53

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Southern Health NHS Foundation Trust	98.77	99.32	98.78	99.48	99.18	99.19	99.1	99.58	99.7
Southport and Ormskirk Hospital NHS Trust	90	90	90.71	91.43	92.14	92.86	93.57	94.29	95.08
St George's University Hospitals NHS Foundation Trust	91.42	92.78	92.97	92.56	92.61	91.47	92.64	92.14	92.24
St Helens and Knowsley Hospitals NHS Trust	83.76	84.01	84.26	84.51	84.75	85	92.99	94	95
Stockport NHS Foundation Trust	90	93.33	95.13	95.31	95.19	93.59	93.59	93.33	95.19
Surrey and Sussex Healthcare NHS Trust	95	95	95	95.01	95.01	95.01	95.01	94.4	95.01
Sussex Community NHS Foundation Trust	99	99	99	99	99	99	99	99	99
Tameside Hospital NHS Foundation Trust	85.01	85	85.01	90.01	90.01	90.01	95.01	95.01	95
Taunton And Somerset NHS Foundation Trust	94.25	94.6	95	93.11	95.01	95.01	95.81	95.22	96.5
Torbay and South Devon NHS Foundation Trust	89.9	90.5	92	92	92	92	92	92	92
United Lincolnshire Hospitals NHS Trust	84	84	85	85	85	85	89	89	89
University College London Hospitals NHS Foundation Trust	95	95	95.01	95.02	92.88	93.82	95	95	95
University Hospital Southampton NHS Foundation Trust	93.09	88.44	93.2	90.06	90.05	91.4	85.8	85.5	90.57
University Hospitals Birmingham NHS Foundation Trust	91.89	93.22	93.23	92.18	92.51	94.6	94.64	90.85	93.32
University Hospitals Bristol NHS Foundation Trust	87.6	88.4	92.2	93.26	90	89.3	88.52	87.4	91
University Hospitals Coventry and Warwickshire NHS Trust	91.5	92	92	92	92	92	92	92	92
University Hospitals of Leicester NHS Trust	79	80	85	85	85	85	89	89	91.2
University Hospitals Of Morecambe Bay NHS Foundation Trust	95	95	94	93.01	93	92.5	91	92	95
University Hospitals of North Midlands NHS Trust	91	92	93	94	95.01	89	89.04	89	89
Walsall Healthcare NHS Trust	91.25	92.5	93.75	95	94.4	93.9	93	93.6	95
Warrington And Halton Hospitals NHS Foundation Trust	91	91	91	90	90	90	90	90	90
West Hertfordshire Hospitals NHS Trust	91	93.01	95	95.01	95	95.01	95	95.01	95.01
West Suffolk NHS Foundation Trust	95	95	95	95	95	95	95	95	95
Western Sussex Hospitals NHS Foundation Trust	95	95	95	95	95.01	95	95.01	95.01	95.01
Weston Area Health NHS Trust	87	89.01	94.39	91.91	89.18	86.91	94.89	91.39	93.04
The Whittington Hospital NHS Trust	95.01	95.01	95.01	95.01	95	95.01	95.01	95.01	95.01
Wirral University Teaching Hospital NHS Foundation Trust	85	86	87	88	89	90	90	90	90

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

A&E TRAJECTORIES - A&E four hour waiting time: the percentage of patients seen within 4 hours.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Worcestershire Acute Hospitals NHS Trust	92	91.97	91.99	91	90.96	90.97	89.97	89.98	89.99
Wrightington, Wigan And Leigh NHS Foundation Trust	95.01	95.01	95.01	95.01	95.01	95.01	95.01	95.01	95.01
Yeovil District Hospital NHS Foundation Trust	93.52	94.53	95.42	95.04	95.06	95.02	95	95.07	95
York Teaching Hospital NHS Foundation Trust	88	89	89.5	90	90.5	91	91	91.25	91.5

Footnote:

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|---|--|
| 1 | Trusts who have not accepted a control total have been excluded
Trajectories may be subject to change due to awaiting regional sign off |
|---|--|

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Aintree University Hospital NHS Foundation Trust	85.19	85.25	85.34	85.48	87.68	85	86.79	85.85	85.29
Airedale NHS Foundation Trust	85	85	85	85	85	85	85	85	85
Ashford And St. Peter's Hospitals NHS Foundation Trust	85.85	85.14	86.79	87.23	87.78	87.93	86.67	86.36	85.94
Barking, Havering and Redbridge University Hospitals NHS Trust	85.19	85.19	85.19	85.19	85.19	85.19	85.19	85.19	85.19
Barnsley Hospital NHS Foundation Trust	85	85	85	85	85	85	85	85	85
Basildon and Thurrock University Hospitals NHS Foundation Trust	65.43	76.43	81.33	85	85.71	85.06	85.06	85.06	85.06
Bedford Hospital NHS Trust	87.5	88.33	88.33	88.33	87.29	87.27	86.36	87.27	87.27
Birmingham Children's Hospital NHS Foundation Trust	100	100	100	100	100	100	100	100	100
Birmingham Women's NHS Foundation Trust	100	100	100	100	100	100	100	100	100
Blackpool Teaching Hospitals NHS Foundation Trust	85.54	85.54	85.54	85.54	85.54	85.54	83.13	86.75	85.54
Bolton NHS Foundation Trust	86.54	86.54	86.54	86.54	86.54	86.54	86.54	86.54	86.54
Bradford Teaching Hospitals NHS Foundation Trust	85.19	85.21	85.47	85.44	85	85.42	85.51	85.42	85.42
Bridgewater Community Healthcare NHS Foundation Trust	100	100	100	100	100	100	100	100	100
Brighton and Sussex University Hospitals NHS Trust	80.29	80.29	85.1	85.1	85.1	85.1	85.1	85.1	85.1
Buckinghamshire Healthcare NHS Trust	89.06	85.25	90.77	88.06	88.06	90	85.25	86.36	87.1
Burton Hospitals NHS Foundation Trust	85	86.36	85.71	85	85.71	85.71	85.71	86.84	86.36
Calderdale And Huddersfield NHS Foundation Trust	88.66	92.54	88.31	92.77	95	93.26	90	93.94	89.74
Central Manchester University Hospitals NHS Foundation Trust	85.07	85.71	85	85.37	85.71	84.44	85.06	84.62	85.42
Chelsea And Westminster Hospital NHS Foundation Trust	86.25	86.25	86.25	86.25	86.25	86.25	86.25	86.25	86.25
Chesterfield Royal Hospital NHS Foundation Trust	88.14	90.28	86.75	90.91	90.77	91.23	89.58	92.06	92.06
City Hospitals Sunderland NHS Foundation Trust	50	67.05	85.71	86.96	85.92	85.9	85.51	85.07	85.92
The Clatterbridge Cancer Centre NHS Foundation Trust	87.3	88.71	88.71	87.3	88.71	88.71	87.3	88.71	88.71
Colchester Hospital University NHS Foundation Trust	88.51	86.44	87.15	86.14	88.93	88.44	87.84	87.08	88.07
Countess Of Chester Hospital NHS Foundation Trust	85.94	85.96	85.71	85.92	85.71	85.71	85.19	85.71	86
County Durham And Darlington NHS Foundation Trust	85.71	83.84	85.33	85.59	85.71	85.39	85.55	85.41	84.68
Dartford and Gravesham NHS Trust	85.11	85.11	85.11	85.11	85.11	85.11	85.11	85.11	85.11
Derby Teaching Hospitals NHS Foundation Trust	85.04	85.04	85.04	85.04	85.04	85.04	85.04	85.04	85.04

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	85.71	85.48	85.14	85.56	86.08	85.19	86.3	85.53	85.54
The Dudley Group NHS Foundation Trust	85.71	86.05	86.36	86.36	86.05	85.71	85.26	85.26	85.26
East and North Hertfordshire NHS Trust	85.56	85.56	85.56	85.56	85.56	85.56	85.71	85.71	85.71
East Cheshire NHS Trust	88.73	83.93	87.14	85	86.44	85	82.69	88	89.66
East Kent Hospitals University NHS Foundation Trust	77.42	82.72	85.37	85.03	85.19	84.94	85.11	85.44	84.88
East Lancashire Hospitals NHS Trust	85.87	86.08	85.56	89.25	84.27	86.67	84.69	85.56	89.36
East Sussex Healthcare NHS Trust	77.78	80.58	81.74	81.9	81.15	85.59	85.58	85.71	85.29
Epsom and St Helier University Hospitals NHS Trust	85.71	85.57	85	84.96	85.04	85.59	85	85.71	85.09
Frimley Health NHS Foundation Trust	88.7	88.5	88.29	88.03	88.6	88.18	88.6	88.6	88.6
Gateshead Health NHS Foundation Trust	87.32	88.33	80.39	88	80	91.11	81.97	90.38	85.29
George Eliot Hospital NHS Trust	85.71	85.71	85.42	85.23	86.36	85.42	85.42	85.19	85.42
Gloucestershire Hospitals NHS Foundation Trust	85.44	85.19	85.31	85.03	85.19	85.03	85	85.07	85.62
Great Western Hospitals NHS Foundation Trust	85	85	85	85	85	85	85	85	85
Guy's And St Thomas' NHS Foundation Trust	75.62	78.61	80.6	81.59	81.09	82.09	81.59	82.09	81.09
Hampshire Hospitals NHS Foundation Trust	85.96	85.96	85.96	85.96	85.96	85.96	85.96	85.96	85.96
Harrogate And District NHS Foundation Trust	85.11	85.11	85.19	85.11	85.19	85.11	85.11	85.11	85.19
Heart Of England NHS Foundation Trust	85.44	85.55	85.55	85.28	85.53	85.71	86.14	86.24	86.48
The Hillingdon Hospitals NHS Foundation Trust	90.77	90.24	90.32	90.91	90.36	91.18	90.54	90.57	90.77
Hinchingbrooke Health Care NHS Trust	86.67	86.67	86.67	86.67	86.67	86.67	86.67	86.67	86.67
Homerton University Hospital NHS Foundation Trust	84	85.42	86	85.71	83.93	85.42	87.5	83.33	84.09
Hull and East Yorkshire Hospitals NHS Trust	82.96	84.44	85.22	85.6	85.38	85.45	85.83	85.71	86.15
Ipswich Hospital NHS Trust	85.06	85.71	85.71	85.06	85.71	85.54	85.06	85.54	85.26
Isle of Wight NHS Trust	79.59	82.05	85.37	87.76	85.71	85.71	87.8	85.19	85.71
James Paget University Hospitals NHS Foundation Trust	85.15	85	85.5	85.25	85.71	85.71	85.58	85.42	85.56
Kettering General Hospital NHS Foundation Trust	85.71	85.71	85.25	85.71	85.25	85.48	85.71	85.96	85.48
King's College Hospital NHS Foundation Trust	85.09	85.14	85.31	85.39	85.23	85.48	85.29	85.04	85.61
Kingston Hospital NHS Foundation Trust	88.79	85	94.38	87.84	94.12	94.87	86.15	85.06	92.45

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Lancashire Teaching Hospitals NHS Foundation Trust	85.07	85.22	85.85	85.45	85.05	85	85.05	85.05	85.11
Leeds Teaching Hospitals NHS Trust	84.56	83.23	85.15	85.14	85.19	85.03	85.16	85.14	85.22
Lewisham and Greenwich NHS Trust	85.54	85	85	85.54	85	85	85	85.33	85.47
Liverpool Heart And Chest NHS Foundation Trust	100	100	100	90.91	88.89	88	88.24	100	90
Liverpool Women's NHS Foundation Trust	92.31	92.31	92.31	92.31	92.31	92.31	92.31	92.31	92.31
London North West Healthcare NHS Trust	59.46	85.59	85.03	85.33	85.51	85.52	85.27	85.33	85.52
Luton and Dunstable University Hospital NHS Foundation Trust	88	88	88	90	90	90	90	90	90
Medway NHS Foundation Trust	75.71	75.71	85.71	85.71	85.71	85.71	85.71	85.71	85.71
Mid Cheshire Hospitals NHS Foundation Trust	85.06	85.03	85.06	85.07	85.05	85.08	85.04	85.1	85.04
Mid Essex Hospital Services NHS Trust	85.33	85.9	86.46	86.05	86.67	85.37	85.71	85.37	86.05
Mid Yorkshire Hospitals NHS Trust	85.08	85.24	85	84.65	87.5	82.78	83.33	85.11	86.67
Milton Keynes University Hospital NHS Foundation Trust	85.87	85.11	85.11	85.11	85.11	85.11	85.42	85.42	85.42
North Cumbria University Hospitals NHS Trust	79.17	84.38	85.42	85.42	85.42	85.42	85.42	85.42	85.42
North Middlesex University Hospital NHS Trust	85.71	85	85.71	86.36	86.36	85	85.71	85.71	86.36
North Tees And Hartlepool NHS Foundation Trust	85	85	85.56	85.29	85.29	85	85.29	85.29	85.15
Northampton General Hospital NHS Trust	78.7	79.55	85.12	85.12	85.06	85.06	85.06	85.12	85.06
Northern Devon Healthcare NHS Trust	86.11	86.84	86.84	86.11	86.84	85.71	86.11	85.71	85
Northern Lincolnshire And Goole NHS Foundation Trust	85.9	89.61	85.54	85.71	89.47	89.61	87.8	86.59	85.37
Northumbria Healthcare NHS Foundation Trust	89.55	86.36	85.71	86.54	86.54	90.32	86	85.45	85.19
Nottingham University Hospitals NHS Trust	85.06	85.03	85.06	85	85	85	85	85	85
Oxford University Hospitals NHS Foundation Trust	85.05	85.05	85.05	85.05	85.05	85.05	85.05	85.05	85.05
Papworth Hospital NHS Foundation Trust	50	60	66.67	60	66.67	66.67	66.67	85.71	85.71
Pennine Acute Hospitals NHS Trust	85.22	85.36	85.07	85.02	85.32	85.14	85.07	85.21	85.29
Peterborough and Stamford Hospitals NHS Foundation Trust	87.39	88.89	88.79	87.5	88.89	91.35	85.09	86.17	87.39
Portsmouth Hospitals NHS Trust	81.43	84.86	85.07	85.38	85.14	85.21	85.27	85.37	85.29
The Princess Alexandra Hospital NHS Trust	85.19	85	85.11	85.19	85.19	85.11	85	85.19	85.19
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	85.07	85.71	85.71	85.61	85.71	86.02	85.39	85.19	85.45

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Queen Victoria Hospital NHS Foundation Trust	81.58	81.58	81.58	85.42	85.29	85.42	85.29	85.29	85
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	100	100	100	100	100	100	100	100	100
The Rotherham NHS Foundation Trust	86	85	84.21	84.44	85.87	85.11	82.22	86.96	86.67
Royal Berkshire NHS Foundation Trust	69.84	74.68	84.04	85.39	86.36	86.27	85.57	86.52	86.14
The Royal Bournemouth And Christchurch NHS Foundation Trust	84.43	85.32	85.29	85	85.04	85.04	85.04	85.09	85
Royal Brompton And Harefield NHS Foundation Trust	55	55	55	60	60	60	65	65	65
Royal Cornwall Hospitals NHS Trust	85.93	86.76	85.61	85	85.61	85.25	85.32	85.47	85.07
Royal Devon And Exeter NHS Foundation Trust	85.29	85.17	85.39	85.28	85.28	85.03	85.28	85.17	85.28
Royal Free London NHS Foundation Trust	77.42	78.05	74.36	78.16	83.84	85.2	85.29	85.2	85.2
Royal Liverpool and Broadgreen University Hospitals NHS Trust	85.42	86.73	88.89	85.87	89.09	87.78	85.71	87.5	86.54
The Royal Marsden Hospital NHS Foundation Trust	82.47	83.51	85.57	85.57	85.57	86.6	86.6	86.6	86.6
Royal National Orthopaedic Hospital NHS Trust	85.71	85.71	85	85.71	86.36	85.71	85	85.71	85.71
Royal Orthopaedic Hospital NHS Foundation Trust	93.06	93.06	93.06	93.06	93.06	93.06	93.06	93.06	93.06
Royal Surrey County Hospital NHS Foundation Trust	82.09	82.09	82.09	85.07	85.07	85.07	85.07	85.07	85.07
Royal United Hospital Bath NHS Foundation Trust	86.84	85	85.05	86.02	86.02	85.71	85.71	86.67	85.96
The Royal Wolverhampton NHS Trust	85.2	85.12	85.16	85.38	85	85.47	85.16	85.06	85.15
Salford Royal NHS Foundation Trust	85.71	85.94	85.94	85.48	85.83	85.85	85.34	85.09	85.33
Salisbury NHS Foundation Trust	93.22	90.57	90.32	90.91	90.2	93.1	90.91	86.54	92.06
Sandwell and West Birmingham Hospitals NHS Trust	85	85.51	85.51	85.51	85.51	85.11	85.11	85.11	85.11
Sheffield Teaching Hospitals NHS Foundation Trust	85.03	85.03	85.15	85.03	85.15	85.31	85.03	85.1	85.17
Sherwood Forest Hospitals NHS Foundation Trust	85	86.11	88.75	85.53	85.44	89.33	87.78	85.07	87.65
Shrewsbury and Telford Hospital NHS Trust	87.07	85.32	87.39	88.24	85.09	86.61	86.96	86.67	85.85
South Tees Hospitals NHS Foundation Trust	81.65	83.33	83.58	84.4	86.27	86.07	85.38	85.66	85.61
South Tyneside NHS Foundation Trust	85.71	83.33	89.29	85.71	85.29	84.38	85.71	84.38	88.46
South Warwickshire NHS Foundation Trust	85.29	85.29	85.58	85.58	85.58	85.58	85.85	85.85	85.85
Southend University Hospitals NHS Foundation Trust	80	82.98	82.98	85.26	85.11	85.11	85.37	86.25	86.42
Southport and Ormskirk Hospital NHS Trust	86.36	86.36	86.36	86.36	86.67	85.71	85.11	86.36	86.36

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
St George's University Hospitals NHS Foundation Trust	85.14	85.14	85.71	85.71	85.71	85.29	85.29	85.71	85.71
St Helens and Knowsley Hospitals NHS Trust	85	85	85	85	85	85	85	85	85
Stockport NHS Foundation Trust	86.17	85.71	86.96	85.11	87.5	88.1	85.23	85.45	87.72
Surrey and Sussex Healthcare NHS Trust	85.14	85.14	85.14	85.14	85.14	85.14	85.14	85.14	85.14
Tameside Hospital NHS Foundation Trust	86.36	86.11	85.71	85.71	85	85.48	85	85.48	85.51
Taunton And Somerset NHS Foundation Trust	85	85	85	85	85	85	85	85	85
Torbay and South Devon NHS Foundation Trust	92.98	90.32	87.76	86.5	88.16	88.67	90.96	86.4	85.19
United Lincolnshire Hospitals NHS Trust	81.01	83.01	84.01	85.02	85.03	85.02	85.02	85.02	85.03
University College London Hospitals NHS Foundation Trust	80.33	81.97	81.97	85.48	85.48	85.48	85.71	85	85.71
University Hospital Southampton NHS Foundation Trust	85	85	85	85	85	85	85	85	85
University Hospitals Birmingham NHS Foundation Trust	80	80	80	85.56	85.56	85.56	85.56	85.56	85.56
University Hospitals Bristol NHS Foundation Trust	84.69	81.68	85	85.19	85.08	86.89	83.61	85.71	85.94
University Hospitals Coventry and Warwickshire NHS Trust	85.6	86.96	85.45	85.33	86.22	86.64	86.06	86.18	86.64
University Hospitals of Leicester NHS Trust	85.1	85.1	85.1	85.1	85.1	85.1	85.1	85.1	85.1
University Hospitals Of Morecambe Bay NHS Foundation Trust	85.47	85.33	85.33	85.53	85.53	85.81	85.63	85.92	85.81
University Hospitals of North Midlands NHS Trust	85.35	85.08	85.45	85.35	85.35	85.45	85.35	85.23	85.08
Walsall Healthcare NHS Trust	85.11	85.11	85.11	85.11	85.11	85.11	85.11	85.11	85.11
The Walton Centre NHS Foundation Trust	100	100	100	100	100	100	100	100	100
Warrington And Halton Hospitals NHS Foundation Trust	85	85	85	85	85	85	85	85	85
West Hertfordshire Hospitals NHS Trust	85.88	85	85.54	86.11	85.14	85.92	85.92	86.11	86.11
West Suffolk NHS Foundation Trust	85.38	85.38	85.38	85.38	85.38	85.38	85.38	85.38	85.38
Western Sussex Hospitals NHS Foundation Trust	85.17	85.09	85.04	85.22	85.27	85	85.21	85.1	86.76
Weston Area Health NHS Trust	83.33	82	85.14	85	85	85	85	86	85
The Whittington Hospital NHS Trust	86.67	90.91	90	87.5	86.96	87.5	87.5	87.5	87.5
Wirral University Teaching Hospital NHS Foundation Trust	85.26	85.19	85.87	85.88	85.19	85	85.53	85.88	85.86
Worcestershire Acute Hospitals NHS Trust	85.2	85	85.1	85.07	85.11	85.06	85.04	85.07	85.13
Wrightington, Wigan And Leigh NHS Foundation Trust	85.71	85.71	85.71	85.71	85.71	85.71	85.71	85.71	85.71

Annex J: Operational performance trajectories for NHS providers

NB. These trajectories will not sum to the England position given they exclude significant activity at other providers (including other A&Es and independent sector RTT activity).

CANCER TRAJECTORIES - 62 Day cancer waiting times: the percentage of patients seen within 62 days for first treatment.									
Trust name ¹	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Yeovil District Hospital NHS Foundation Trust	85.71	85.9	85.58	85.23	85.56	85.42	85.11	85.56	85.56
York Teaching Hospital NHS Foundation Trust	85.19	85.29	85.19	85	85.05	85.21	85.37	85.67	85.28

Footnote:

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| 1 | Trusts who have not accepted a control total have been excluded
Trajectories may be subject to change due to awaiting regional sign off |
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