Financial Strategy 2015-2016

NHS HALTON CCG FINANCIAL BUDGETS 2015-2016

1. INTRODUCTION

1.1 The CCG's Finance Strategy and Budget for 2015-16 requires approval at the Governing Body prior to the beginning of the financial year. This report details the budget set for 2015/16 based on current information available to the CCG.

1.2 Table 1 details the allocation for 2015-16, which at the time of writing this report this is believed to be the final allocation. The additional allocation of £15m in relation to primary care budgets delegated from NHSE are not yet included in the allocation as final agreement after due diligence has still to be concluded.

1.3 The budget is divided into 2 parts for which it receives distinct allocations from NHS England. The first is the Programme Allocation which is given to the CCG to commission healthcare services. The second much smaller allocation is the Running Costs Allowance which is intended to cover the costs of management, administration and commissioning functions carried out by the CCG.

1.4 This report shows how these allocations are planned to be used by Halton CCG to meet its commissioning intentions in line with NHSE guidance whilst meeting its financial duties. Unlike in 2014/15 CCGs have not been required to prepare longer term plans for the years after 2015-16 because of the uncertainty caused by the General Election in May 2015.

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2. NHSE GUIDANCE FOR CCGS

2.1 The planning guidance for 2015-16 "The Forward View into Action" identifies the following key planning assumptions for CCGs in 2015-16;

- CCGs to plan to retain a 1% surplus
- CCGs to set aside 1% to be spent non recurrently
- CCGs to set aside a ½% contingency reserve

The planning guidance also identifies the following key assumptions in relation to NHS spend in 2015-16

- £1.98bn of additional investment in the NHS in England was announced by the Chancellor of the Exchequer in the Autumn Statement. This implies a real terms funding increase of 1.6%, in line with the funding ambitions outlined in the *NHS 5 Year Forward View*.
- Deliver on the promise of a new deal for primary care, ensuring that the overall level of total funding growth for primary care is in line with that provided for other local services.
- £200m investment fund to promote transformation in local health economies.
- Ensure that mental health spend will rise in real terms in every CCG and grow at least in line with each CCG's overall allocation growth
- Accelerate progress towards bringing all CCGs receiving less than their target funding to within 5% of target by 2016-17 whilst also directing funding towards distressed health economies. (NHS Halton CCG remains over target by 0.82% even after the 2015-16 allocation exercise).
- Eliminating the structural deficit in specialised commissioning, and reflecting the rapid growth in these services.

- Enable earlier and more effective planning for operational resilience – "winter" resilience funding is included in CCG recurrent baselines for 2015-16 and the guidance indicates that there will be no further in year allocations for resilience. NHS Halton CCG received £0.969m for this in its Programme Budget allocation.
- Reconfirm plans to deliver 10% cash savings in CCG and NHS England administration costs for redeployment to the front line.
- All commissioners to set aside 1% non-recurrently to be used for investment in strategic plans and be subject to risk assessment by NHSE. For NHS Halton CCG this equates to £1.895m

3. ALLOCATIONS

3.1 The CCG will receive a programme budget funding increase of 1.94% (£3.459m) in 2015-16 giving a total recurring allocation of £184.486m. This **includes** seasonal resilience funding of £0.969m which means that the general growth increase is circa 1.37%. This compares to a previous planning assumption of 1.7% for general growth previously included in the Long Term Financial Strategy. This leaves the CCG £0.592m worse off than anticipated. However it does provide certainty around the level of recurrent resilience funding for 2015/16 and beyond.

Table 1 Allocations Summary

Revenue Resource Limit

£'000	sign	Opening 2014/15 Allocation	2015/16
Programme Baseline Allocation - Published Dec 14	+ve	178,269	181,728
Post Mth07 Recurrent Transfers in 14/15	+ve/(-ve)	-	-
Running Cost Allocation - Published Dec 14	+ve	3,082	2,758
Total Notified Allocation		181,351	184,486
Additional Better Care Fund Allocation			2,929
Non Recurrent Allocations			
Other Non Recurrent allocations	+ve/(-ve)	3,452	-
Return of Surplus/(Deficit)	+ve/(-ve)	1,770	1,840
Non Recurrent Requirement	(-ve)	(4,457)	(1,817)
Non Recurrent Return	+ve	4,457	1,817
50% Non Elective Collection	+ve	536	-
50% Non Elective Return	(-ve)	(536)	-
			-
Total Non Recurrent Allocation		5,222	1,840
Total Allocation		186,573	189,255
Closing target allocation per head	+ve	1,351	1,390
Allocation per head	+ve	1,379	1,401
Distance from Target		28	11
Distance from Target % (Dec14 Board Paper)		2.1%	0.8%

3.2 The reduction in running cost allocation of -£0.324m (-10.05%) is in line with previous planning assumptions, giving a total running cost allocation of £2.758m. This is extremely challenging particularly for smaller CCGs like Halton since CCGs

will likely assume significant additional commissioning responsibilities around primary care and possibly specialised services.

3.3 The Better Care Fund allocation from national monies is £2.929m which is in line with previous plans. This represents a transfer to the CCG of the share of monies currently held by NHSE and paid directly to LAs under section 256 arrangements.

3.4 The CCGs allocation is based on an estimated registered population of 129,716. Using this population weighted for morbidity, age and sex gives a fair shares target allocation. Although the relatively low level of growth received by the CCG in 2015/16 has moved Halton CCG closer to its fair shares target allocation, it is still above target by 0.83% or £1.5m.

3.5 In relation to primary care and specialised allocations the table below summarises the notified "notional" allocations from NHSE. Formal agreement has still to be reached with NHSE over delegation of these funds to the CCG from NHSE as due diligence has still to be concluded on the transfer.

Table 2 Delegated Budgets Notional Allocations	**2015/16 £000's**
Primary Care indicative Baseline GP Services	£15,602
Primary Care indicative Baseline Other e.g. dentists	£14,447
Sub Total Primary Care	£30,049
Specialist Services allocation mapped to Halton (although only a proportion will be delegated to the CCG to commission).	£31,021
Total Notional allocation	£61,069

3.6 In relation to primary care allocations there is currently little further detail than the high level numbers reported in the table above. These are based on information compiled by NHSE at CCG level. At this stage it is only possible for the CCG to sense check to the notional allocations to the transfer from the former Halton and St Helens PCT to NHSE at 1 April 2013. It has been confirmed that, at a very high level, the numbers do sense check however until more detail is available a more robust reconciliation exercise cannot be carried out. The CCG needs to fully understand what is included in the notional allocations in order that it can understand and plan to mitigate any financial risk. In discussions with finance colleagues at NHSE it is understood that the notional primary care allocations include 2.7% growth for Merseyside however this has not been applied differentially to CCGs. For NHS Halton CCG, based on the notional allocations, the growth component for GP services would equate to circa £0.421m and for other services £0.390m.

4. INFLATION AND EFFICIENCY

4.1 The original planning guidance stipulated a 1.93% deflation for provider contracts therefore this is the assumption that has been used to set the current budgets. Overall provider inflationary cost pressures (£3.7m) have been built into the budgets but these have been offset by tariff efficiencies of £5.66m in 2015-2016. The budget lines set in this Budget Book generally include the 2015-16 efficiency and inflation changes set out unless specifically noted as an exception.

4.2 The proposed 2015-16 acute tariff has been rejected due to 37% of provider organisations, representing more than the threshold of 51% of contracted value, objecting to the method for calculating national prices proposed in the consultation. Consequently the planning process remains unclear on what efficiencies and inflation to use for 2015/16 contracts and budgets. A choice has consequently been offered to providers by NHSE to accept a slightly improved 2015/16 tariff (known as the Enhanced Tariff Option ETO) with the provider efficiency requirement reduced from 3.8% to £3.5% or keep at 2014/15 tariff prices but without the 2.5% CQUINS incentive. Providers have until the 4th March to choose which of these proposals will apply to their NHS contracts. Extra funding of £150m nationally has been made available to CCGs should providers choose the ETO option. At the time of writing this report it is unclear how this money will be distributed to CCGs or which option local providers will choose. Once the situation becomes clearer budgets will be updated to reflect this.

4.3 For the other CCG budgets, similar assumptions have been made about uplifts and efficiencies netting off. Prescribing has been funded in 2015-16 at 2104-15 outturn uplifted by 5% less a 4% efficiency saving, consequently investing £1.9m in prescribing in 2015/16. The current pooled budget has been increased for inflation at 2% (£170k) which is in line with the Council's decision to increase its net tariffs to nursing homes.

4.4 As part of the NHS planning assumptions NHS Halton has ensured that real term growth in relation to mental health is in line with the inflation growth it has received. The 2014-15 planning return shows the CCG spent £21.8m (on all areas of mental health spend). This has been increased to £22m in 2015-16 - a 1.1% increase. On top of this the Better Care Fund will include mental health spend of £0.471m thereby increasing spend to £22.5m in 2015-16 (thus achieving a 3.3% increase and meeting the "parity of esteem" target for MH budgets in Halton).

5. CONTRACT SIGN-OFF

5.1 As discussed in section 4 due to the rejection of the tariff at the time of budget setting no contract offers have yet been made to acute trusts (including mental health and community trusts). Where contracts are not been agreed assumptions have been made based on the original guidance (1.93% deflation) and known adjustments for 2014/15 outturn.

5.2 The CCG holds reserves to accommodate pressure from these contractual issues, a breakdown of recurrent and non-recurrent reserves can be found in appendix C.

6. COMMISSIONING INTENTIONS AND QIPP

6.1 The Financial Budget is required to support the CCG's commissioning intentions in the year ahead. These intentions are the same as the CCG's QIPP plans in that all healthcare commissioning change can normally be equated with one or more of the quality, innovation, productivity and prevention aims of the QIPP initiative.

6.2 The CCG is planning to find £4.8 million of QIPP savings (this excludes provider efficiencies included in tariff identified above). Of this £4.8m, £2.6m has been taken out of budgets leaving a balance of £2.2m savings to be found in year. Table 2 below details where these savings are expected to be found. In the main they are from savings in non-elective and accident and emergency pathways due to the opening of the urgent care centres within Widnes and Runcorn (£1.1m NEL,

£0.480m A&E and £0.178m Direct Access), along with savings made from schemes put in place through the Better Care Fund. Other local QIPP schemes are anticipated to achieve a further £0.415m during 2015/16.

Table 3 QIPP 2015/16	
QIPP Scheme	**2015/16 £000**
Running Cost Challenge	-115
Reduction in NEL activity 2.5-5%	-1155
Reduction in AED activity by 5%	-480
Reduction in Direct Access Xray	-178
Prescribing Efficiency Target	-300
Total	**-2228**

7. RESERVES

7.1 A detailed breakdown of recurrent and non-recurrent reserves can be found in appendix C. There are currently £11.1m of recurrent reserves (including £9.4m contribution to the BCF) and £1.9m of non-recurrent reserves.

7.2 In order to meet the 1% recurrent headroom objective per NHSE guidance, reserves of £1.9m must be used on non-recurrent schemes. Included in this 1% is the ½% non-recurrent contingency reserve of £0.946m.

7.3 The reserves reflect commissioning plans and developments, as well as the need to put aside specific sums to mitigate cost pressures risks.

8. RUNNING COSTS

8.1 The CCG must keep its management costs within Running Cost Allocation (RCA). The CCG has set a budget for RCA which includes £0.874m of commissioning support from the Northwest Commissioning Support Unit (NWCSU), for contracting and procurement support, business intelligence, human resources, governance and communication back-office functions. Due to NWCSU not being awarded a place on the national commissioning support lead provider framework the budget has been set based on the 2014-15 contract value and again will be updated once the transition to alternative support arrangements is clearer. Halton is expected to continue to purchase the Shared Finance Team from Knowsley CCG and will itself host safeguarding services on behalf of the Merseyside CCGs.

8.2 CCG staff budgets have been based on the 2015/16 pay offer and relevant increments. The recent change to the offer currently being consulted upon by staff side are not yet reflected in these budgets as the detail is yet to be released. Any cost pressure will need to be met from the RCA contingency reserve although the financial risk is not expected to be significant.

8.3 The reduction in the RCA by 10% in 2015/16 does mean that the running costs reserves have had to be significantly reduced to £57k. This unfortunately leaves very little head room for the CCG to deal with any unexpected charges against the running cost allowance in year without other savings against running cost budgets being found.

9. RISK ASSESSMENT & MITIGATION

9.1 In setting the Budget for 2015-2016 recognition must be given to potential risk that the CCG will be unable to achieve the financial requirements and duties set it by NHS England. The principle reasons why this might occur include:-

- Activity growth for services subject to cost and volume payment systems, e.g. PbR and Continuing Health Care (CHC)
- Prescribing growth, national generic price increases and the introduction of new drugs and devices in year.
- The delay or failure of QIPP schemes to deliver the planned savings
- Further unexpected cost pressures or allocation reductions.
- Unexpected cost pressures on running cost allocation.

9.2 The Financial Strategy and Budget document quantifies some of these risks and describes the risk mitigation and control arrangements which would be used by the CCG. The development of this detailed Budget Book is part of this process of managing financial risk.

9.3 Table 4 below details risks and mitigations identified during the financial planning development Should no risk materialise and reserves remain unused then the CCG's best case scenario would see a £4.23 m surplus in addition to the 1% target but should all risks fully materialise and all reserves were deployed to mitigate these risks then the CCG would be £5.301m overspent and would not be able achieve its target surplus or breakeven.

Table 4 Risks and mitigations

2015/16

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %	Commentary
CCGs					
Acute SLAs	2,000	50.0%	1,000	21.2%	Over performance on acute contracts
Community SLAs	250	50.0%	125	2.7%	Community blocked - risk from AQP , additional investments increase in activity
Mental Health SLAs	700	75.0%	525	11.1%	IAPT service waiting lists may need investment to meet targets
Continuing Care SLAs	300	75.0%	225	4.8%	Increase cases CHC - restitution cases - inflation paid by council not CCG
QIPP Under-Delivery	2,528	50.0%	1,264	26.8%	under acheivement of outstanding Qipp target
Performance Issues			-	0.0%	
Primary Care			-	0.0%	Prop co and CHP property services lack of funding from NHSE
Prescribing	300	80.0%	240	5.1%	increased budget to reduce risk of over performance but risk of new drugs and devices coming onto the market
Running Costs	300	50.0%	150	3.2%	risk not removing enough non pay and CSU costs from contract
BCF	3,000	35.0%	1,050	22.3%	risk of BCF not achieving NEL and A&E reduction from Acute trusts
Other Risks	150	90.0%	135	2.9%	Propco charges higher than original allocation
TOTAL RISKS	**9,528**	**49%**	**4,714**	**100.0%**	

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %	Commentary
Uncommitted Funds (Excl 1% Headroom)					
Contingency Held	947	100.0%	947	18.1%	
Reserves	2,315	100.0%	2,315	44.2%	Activity reserves and recurrent madate reserves
Investments Uncommitted	965	100.0%	965	18.4%	Uncommitted reserves and uncommitted investments
Uncommitted Funds Sub-Total	**4,227**	**100%**	**4,227**	**80.7%**	
Actions to Implement					
Further QIPP Extensions			-	0.0%	
Non-Recurrent Measures	1,008	100.0%	1,008	19.3%	Uncommitted reserves and uncommitted investments
Delay/ Reduce Investment Plans			-	0.0%	
Mitigations relying on potential funding	-		-	0.0%	Complete in section below - row 41
Actions to Implement Sub-Total	**1,008**	**100.0%**	**1,008**	**19.3%**	
TOTAL MITIGATION	**5,235**	**100.0%**	**5,235**	**100.0%**	
NET RISK / HEADROOM	**(4,293)**	**-12.1%**	**521**		
BEST CASE IMPACT	**4,227**	**100.0%**	**4,227**		No risks materialise and funds remain uncommitted.
WORST CASE IMPACT	**(5,301)**	**9.2%**	**(487)**		All risks occur and further actions all unsuccessful, uncommitted funds mitigate only.

10. CONCLUSION

11.1 The Budget Plan for the CCG is intended to try and strike the right balance between meeting the financial requirements set for it by NHS England and ensuring that funds are available to deliver the commissioning intentions within its Commissioning/QIPP plans for 2015-2016. It will be the foundation on which to build sustainable services for the benefit of people in the Borough.

11.2 It should be noted by the Governing Body that the Budget has had to be set with a lot of uncertainty on key assumptions arising from the lack of clarity regarding 2015/16 tariffs, inflation and delivery of the standard NHS Contract, This together with historically very low allocation growth makes setting the 2015/16 Financial Budget more challenging than the previous two years for the CCG.

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March 2015

Appendix A Programme Budgets 2015/16
Appendix B Running Cost Budgets 2015/16
Appendix C Reserves 2015/16
Appendix D Glossary of Terms

Appendix A – Programme Budgets 2015/2016

Halton CCG - Budget 2015/16			
			15/16 total budget
Cost Centre	Summary Level	Cost Centre Description	Total
526,001	Mental Health	Mental Health Contracts	13,127,256
526,006	Mental Health	Child and Adolescent Mental Health	8,250
526,016	Mental Health	Improving Access to Psychological Therapies	1,184,352
526,056	Mental Health	Mental Health Services – Other	1,268,078
Total Mental Health			15,587,936
526,071	Acute	Acute Commissioning	84,388,759
526,076	Acute	Acute Childrens Services	734,643
526,081	Acute	Acute Elderly Services	0
526,086	Acute	Ambulance Services	4,612,956
526,091	Acute	Clinical Assessment and Treatment Centres/ UCC	6,016,000
526,096	Acute	Collaborative Commissioning	0
526,101	Acute	End of Life	0
526,106	Acute	High Cost Drugs	197,788
526,111	Acute	Maternity Services	2,520,432
526,116	Acute	NCAs/OATs	782,985
526,131	Acute	Winter Pressures	969,000
Total Acute			100,222,563
526,141	Primary Care	Central Drugs	683,731
526,146	Primary Care	Commissioning Schemes	601,678
526,151	Primary Care	Local Enhanced Services	1,355,493
526,156	Primary Care	Medicines Management - Clinical	624,551
526,161	Primary Care	Out of Hours	1,031,403
526,166	Primary Care	Oxygen	198,866
526,171	Primary Care	Prescribing	22,742,251
526,176	Primary Care	Primary Care IT	0
total Primary Care			27,237,973
526,182	Continuing Care	CHC Adult Fully Funded	9,112,871
526,186	Continuing Care	Continuing Healthcare Assessment & Support	243,419
526,187	Continuing Care	CHC Children	500,909
526,191	Continuing Care	Funded Nursing Care	826,490
Total Continuing care			10,683,689
526,211	Community Health	Community Services	12,271,304
526,216	Community Health	Carers	1
526,221	Community Health	Hospices	1,320,043
526,226	Community Health	Intermediate Care	2,645,346
526,231	Community Health	Long Term Conditions	118,582
526,236	Community Health	Palliative Care	
526,241	Community Health	Wheelchair service	
Total Community Health			16,355,276
526,261	Other	Commissioning Reserve	11,100,347
526,276	Other	Non Recurrent Programmes	0
526,281	Other	Non Recurrent Reserve	1,889,986
526,296	Other	Reablement	0
526,301	Other	Recharges NHS Property Services Ltd	739,095
526,308	Other	Safeguarding	614,198
526,309	Other	NHS 111	179,574
Total Other			14,523,200

Appendix B: Running Cost Budgets 2015/16

15/16 RUNNING COST BUDGET			
527,751	Corporate	Administration & Business Support	174,526
527,761	Corporate	Business Development	87,433
527,766	Corporate	Business Informatics	305,046
527,771	Corporate	CEO/ Board Office	300,919
527,776	Corporate	Chair and Non Execs	222,832
527,786	Corporate	Clinical Governance	116,966
527,796	Corporate	Commissioning	428,133
527,801	Corporate	Communications & PR	50,631
527,811	Corporate	Contract Management	322,203
527,816	Corporate	Corporate Costs	1,800
527,831	Corporate	Education and Training	20,000
527,836	Corporate	Emergency Planning	21,037
527,846	Corporate	Estates and Facilities	34,189
527,851	Corporate	Finance	283,812
527,856	Corporate	General Reserve	57,441
527,866	Corporate	Human Resources	46,990
527,871	Corporate	IM&T	35,070
527,906	Corporate	Patient and Public Involvement	85,728
527,911	Corporate	Performance	49,028
527,916	Corporate	Procurement	75,935
527,936	Corporate	Risk Management	38,281
Total Corporate			2,758,000

Appendix C: Reserves

Recurrent Reserves

Subjective Description	Total 15/16 Investments
Growth Activity 1%	1,755,210
Prescribing (High volume low cost patients)	300,000
AQP future projects	100,000
Hospice tariff	210,000
Urgent Care centre development	300,000
Picu bed increase/MH Activity reserve	100,000
GP Access evenings and weekends	200,000
Lymphodima	30,000
Primary Care Enhanced services	50,000
Redesign care pathway mental health children (intergrated behaviour support)	100,000
Service redesign Bridgwater Child/adult	50,000
Better care fund	9,451,000
Qipp savings	(2,228,432)
Other future mandates	402,359
Military Veterans	10,300
IAPT increase to meet national targets	436,000
Bridgewater/STHK Adj with St Helens CCG	102,770
MH ADHD ASD service development	50,000
Predicited quality premium	(318,860)
	11,100,347

Non Recurrent Reserves

Subjective Description	15/16
0.5% contingency	946,386
Urgent Care Centre	350,000
Depreciation	54,000
Aqua Funding	89,600
Gyne Physiotherapy service redesign	20,000
Non Rec IT Projects	250,000
Clinical support networks Maternity Review	40,000
Wellbeing initiative (Canal boat project)	20,000
IAPT Waiting list reduction	64,000
MH ADHD ASD service development piolet	56,000
	1,889,986

Appendix D: Glossary of Terms

5BPFT	5 Boroughs Partnership Foundation Trust
AHCH	Alder Hey Childrens Hospital Foundation NHS Trust
AQP	Any Qualified Provider – DH initiative to increase patient choice by allowing all providers who meet the necessary standards to offer a specified service.
BCF	Better Care Fund – a joint fund with the Local Authority intended to provide better integrated care for vulnerable people in the community – helping to reduce emergency hospital admissions.
CCG	Clinical Commissioning Group – made up of GP Practice Members responsible for commissioning most hospital and community services and GP prescribing budgets.
CHC	Continuing Health Care – payments made by the NHS for ongoing support post hospital discharge where the patients medical condition meets certain criteria.
CMCSU	Cheshire and Mersey Commissioning Support Unit – it will provide certain back office support functions to CCGs across the area.
COPD	Chronic Obstructive Pulmonary Disease – a respiratory disease with high incidence reflecting high smoking levels.
CQUINS	Contract Quality Incentive Scheme – payment to providers conditional on delivery of specific quality metrics.
CSR	Comprehensive Spending Review – process by which the Government sets it spending plans for the next normally 3 years.
DH	Department of Health
HRG	Health Resource Groups – codification of hospital procedures and activities against which national tariffs are paid by CCGs to hospitals under PbR.
IAPT	Improving Access to Psychological Therapies – DH initiative to set up these services to help people with low level mental health problems and potentially preventing more serious mental illness from developing.
IR	Identification Rules – software algorithm used to determine specialist from non-specialist HRG activity.
JSNA	Joint Strategic Needs Assessment – A document jointly produced by CCGs and Local Authorities to assess their population's health and social care needs.
LWH	Liverpool Womens NHS Foundation Trust
MCAS	Musculoskeletal Assessment Service – physiotherapy triage for orthopaedic problems.
MFF	Market Forces Factor – an addition to national tariffs which reflects unavoidable cost differences between different areas. Each NHS Trust has its own MFF calculated using a formula which takes account of local variances on pay and estates costs like rates.
NHSE	NHS England (formally the NHS Commissioning Board) which manages the NHS, holding CCGs to account as well as commissioning primary care services (e.g. dentists and GPs) and specialised services. The local branch of NHSE is now called Cheshire & Merseyside Sub-Regional Team.
PbR	Payment by Results is a system by which acute hospitals get paid for patient activity on a cost per case basis from a national price list (tariff) depending on what is done.
PPA	Prescription Pricing Authority – reimburses pharmacists for GP prescriptions.
QIPP	Quality Innovation Productivity Prevention - DH initiative to ensure that NHS will improve care and do more given the anticipated reduction in NHS funding.
RLBUH	Royal Liverpool and Broadgreen University Hospital NHS Trust
s75 or s256	Section 75 NHS Act 2006 – legislation which allows NHS bodies to enter into partnerships with local authorities and set up joint "pooled" budgets with which to deliver health improvement.
StH&K	Knowsley and Knowsley Hospitals NHS Trust
SUS	Secondary User Service – name of the national computer system which counts the PbR activity
TDA	Trust Development Agency – national body set up to oversee NHS Trust preparation to become an NHS Foundation Trust.
WHHFT	Warrington and Halton Hospitals Foundation Trust