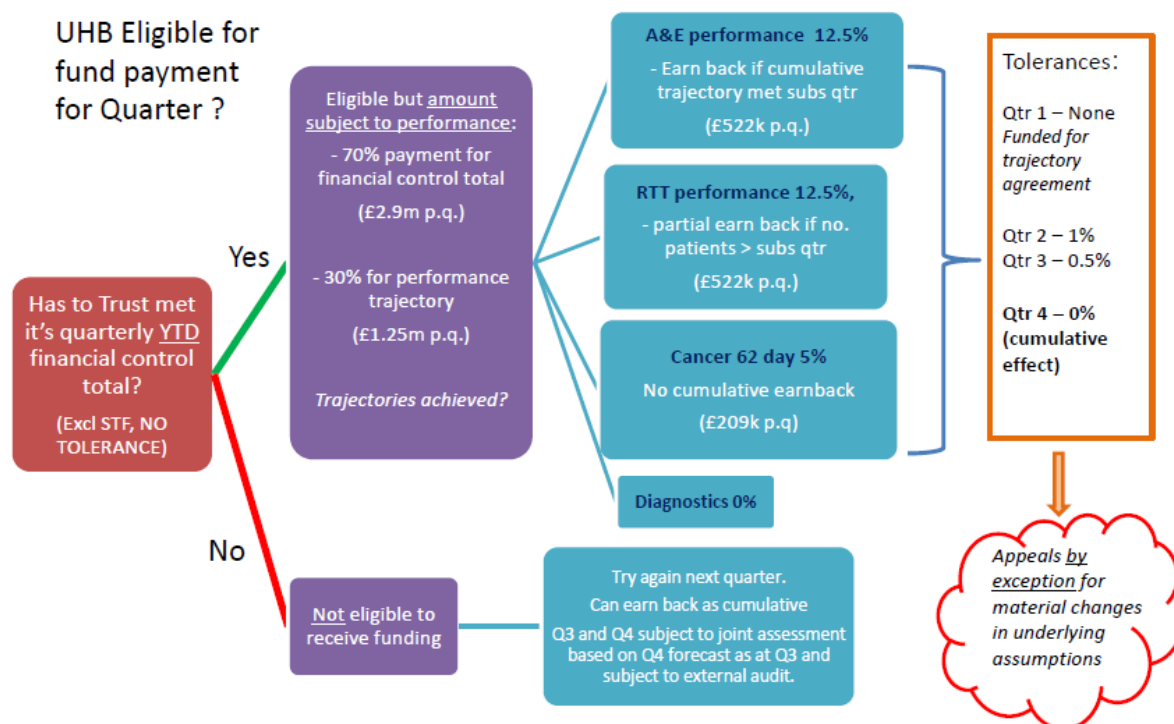


Appendix B – Performance Against STF trajectories

The following flow chart describes how the STF is accessed each quarter:

Accessing the Sustainability and Transformation Fund 2016/17:
£16.7m full year (£4,175,000 per quarter)



Achievement of the improvement trajectories is dependent upon a number of assumptions, as described below. Assumptions in bold text have changed or not been achieved and form grounds for an appeal when access to the fund for Quarter 4 is submitted.

The Trust met the criteria for payment in Q1 as a result of agreeing the STF trajectories with the commissioner. In Q2 the Trust automatically received payment for the 18 week RTT trajectory and was successful with an appeal for A&E 4 hour wait but not 62 day Cancer performance. The Q3 position was identical to Q2; automatic achievement of the payment for 18 week RTT, a successful appeal for A&E 4-hour wait and appeal not upheld for the Cancer 62 day trajectory.

1. A&E 4 hour wait

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Plan	92.1%	94.5%	91.7%	91.9%	93.2%	93.2%	92.2%	92.5%	94.6%	94.6%	90.8%	93.3%
Actual	86.8%	81.9%	85.5%	86.5%	81.5%	81.7%	80.0%	81.3%	76.9%	73.2%	81.1%	
12 hr trolley waits	0	0	2*	1*	0	0	0	0	0	0	2	

Underlying assumptions:

- Emergency admissions do not exceed 29% of daily attendances.
- There are no significant deviations in A&E attendance seasonal profiles (as seen in 2015/16).**
- Growth in daily/monthly A&E attendances does not exceed the 4.9% modelled.**
- CCG owned demand management schemes are delivered on time and in full.
- No inpatient beds are closed due to infection outbreak or other unforeseen problems.

- f) **No community health or social care beds are closed.**
- g) No reductions in re-ablement capacity commissioned from the independent sector for any reason.
- h) There are no reductions in social care provision due to budget constraints that result in delay to patient discharge.
- i) **There is no reduction of capacity in the RAID or Psychiatric Decision Unit Service. *Any long waits for patients requiring an offsite mental health inpatient bed are outside of the Trust's influence or control.**
- j) Length of stay improvements across the Trust achieved in 2015/16 are maintained.
- k) **Overall % of delayed transfer of care beds occupied does not exceed 2.5% in the October to March period.**

2. 18 week RTT (Unfinished)

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Plan	92.22%	92.22%	92.30%	92.22%	92.21%	92.44%	92.60%	92.28%	92.28%	92.28%	92.18%	92.31%
Actual	93.3%	93.1%	92.4%	92.5%	92.1%	92.2%	92.3%	92.7%	92.1%	92.5%		
52 week waits	0	0	0	0	0	0	0	0	0	0		

Underlying assumptions:

- a) Growth in demand in 16/17 does not exceed 15/16 outturn.
- b) **Neurosurgery (spines): Assumption that the backlog stops growing from July as a result of commissioning of an appropriate back pain pathway (pathfinder model).**
- c) **Ophthalmology (neuro-ophthalmology): Assumption that growth in backlog continues at a rate of 20 patients per month until November when additional posts are recruited to and available. Requires business case to be supported by commissioners.**

3. Cancer 62 Day Standard

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Plan	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Actual	80.3%	80.1%	80.1%	81.7%	71.2%	68.8%	73.7%*	78.7%*	78.2%*	72.4%*		

*Performance figure adjusted in line with national breach allocation rules

Underlying assumptions:

- a) To deliver 85% UHB have a tolerance of 10 breaches. This trajectory assumes that late referrals in excess of 5 a month will not count as breaches.
- b). There will be no adverse impact from the *breach allocation policy when implemented compared to original modelling assumptions. Original assumptions work on the basis that any breach incurred as a result of a tertiary referral over day 38 is passed back to the referring Trust. Any breach incurred as a result of a tertiary referral prior to day 38 is a shared breach (0.5 / 0.5).
- c) **The trajectory is based on a flat rate of 90 treatments per month using the current backlog of patients on the cancer PTL as a baseline**, with an expected improvement in in-house treatments from April onwards and an improvement in tertiary breaches from October 2016 onwards.
- d) The trajectory does not take into account activity lost through additional doctors' strikes.

- e) It does not take into account any major service disruptions. These have previously had a significant impact.
- f) It does not take into account any increases in activity over and above Annual Plan agreed activity e.g. changes to NICE guidance that may put delivery at risk.

* Whilst the breach allocation policy was circulated by NHS England and NHS Improvement in early April, Trust analysis/impact assessment suggests it will deliver no material improvement on performance. This is due to the introduction of a requirement for all patients referred after day 38 to receive their first treatment within 24 days of referral to the tertiary centre (rather than 31 days) to enable a full breach to be re-allocated to the referring provider. The reality is that patients who are referred into the tertiary centre are often not fully worked up for clinical discussion at a MDT, for example patients do not have a complete set of diagnostic results required for MDT discussion and treatment planning. This makes the delivery of a 24 day treatment target inconsistent with the 31 day decision to treat cancer target already established.