******

NHS Standard Contract 2018/19

Template SDIP for Provider Sustainability Fund performance

**NHS Standard Contract 2018/19**

**Template Service Development and Improvement Plan in relation to provider performance against Provider Sustainability Fund performance trajectories and assurance statements**

Version number: 2

First published: May 2018

Updated: NA

Prepared by: NHS Standard Contract Team, NHS England

 nhscb.contractshelp@nhs.net

Publications Gateway Reference Number: 07992

Document classification: Official

*[This Service Development and Improvement Plan template should be completed to reflect the final Performance Improvement Trajectories and Assurance Statements relevant to the Provider, as signed off by NHS Improvement and NHS England. It should then be included at Schedule 6D in each NHS Standard Contract which the Provider holds with an NHS Commissioner or Commissioners for 2018/19. Note that both the Trajectories and the Assurance Statements relate to the Provider as a whole, covering its aggregate performance under all of its separate signed contracts and including any non-contract activity.]*

**Performance Improvement Trajectories**

The Provider undertakes to achieve specific levels of performance, on a month-by-month basis during 2018/19, against the following Operational Standards, as set out in the tables below.

*[Delete where not relevant to the Services provided by the Provider]*

E.B.5 Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department

In line with the requirement set out in [Refreshing NHS Plans for 2018/19](https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/), the Provider will, as a minimum, ensure that performance against this standard in each separate Quarter of 2018/19 is no worse than the lower of 90% or the Provider’s actual level of performance for the corresponding Quarter in 2017/18.

E.B.3 Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral

In line with the requirement set out in [Refreshing NHS Plans for 2018/19](https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/), as a proxy for achieving this standard, the Provider will ensure that the total number of Service Users on an incomplete RTT pathway at 31 March 2019 is no higher than at 31 March 2018.

E.B.S4 Zero tolerance RTT waits over 52 weeks for incomplete pathways

In line with the requirement set out in [Refreshing NHS Plans for 2018/19](https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/), the Provider will use all reasonable endeavours to ensure that waits over 52 weeks are eliminated by 31 March 2019 and will, as a minimum, ensure that the number of Service Users waiting over 52 weeks at 31 March 2018 is reduced by 50% by 31 March 2019.

**Assurance Statements**

In line with the assurance statements it has given to NHS Improvement and NHS England, the Provider undertakes that it will use all reasonable endeavours to achieve in full the following Operational Standards and National Quality Requirements on an ongoing basis during 2018/19.

*[Delete where not relevant to the Services provided by the Provider]*

Operational Standards

|  |  |
| --- | --- |
| E.B.4 | Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test |
| E.B.6 | Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment\* |
| E.B.7 | Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment\* |
| E.B.8 | Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers\* |
| E.B.9 | Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery\* |
| E.B.10 | Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen\* |
| E.B.11 | Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy\* |
| E.B.12 | Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer\* |
| E.B.13 | Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer\* |
|  | (With effect from 1 April 2018) Category 1 (life-threatening) calls – percentage of calls resulting in a response arriving within 15 minutes \*\* |
|  | (With effect from 1 April 2018) Category 1 (life-threatening) calls – mean time taken for a response to arrive \*\* |
|  | (With effect from 1 April 2018) Category 2 (emergency) calls – percentage of calls resulting in an appropriate response arriving within 40 minutes \*\* |
|  | (With effect from 1 April 2018) Category 2 (emergency) calls – mean time taken for an appropriate response to arrive \*\* |
|  | (With effect from 1 April 2018) Category 3 (urgent) calls – percentage of calls resulting in an appropriate response arriving within 120 minutes \*\* |
|  | (With effect from 1 April 2018) Category 4 (non-urgent “assess, treat, transport” calls only) – percentage of calls resulting in an appropriate response arriving within 180 minutes \*\* |
| E.B.S.3 | Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care \* |

National Quality Requirements

|  |  |
| --- | --- |
| E.B.S.7a | All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes |
| E.B.S.7b | All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes |
| E.B.S.8a | Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes |
| E.B.S.8b | Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes |
| E.B.S.5 | Trolley waits in A&E not longer than 12 hours |
|  | VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance |
|  | Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance |
|  | Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance |
|  | Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance |
|  | Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance |
| E.H.4 | Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care\* |
| E.H.1 | Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment\* |
| E.H.2 | Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment\* |
|  | Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and young adults) across all tumour sites |
|  | Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites |

**Assumptions underpinning Performance Improvement Trajectories and Assurance Statements**

Include below any assumptions, jointly agreed between the Provider and its Commissioners, which underpin the Trajectories and Assurance Statements set out above.

|  |
| --- |