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NHS Standard Contract 2019/20

Template SDIP for Provider Sustainability Fund performance

**NHS Standard Contract 2019/20**

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

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*[This Service Development and Improvement Plan template should be completed to reflect the final performance trajectories and assurance statements relevant to the Provider, as signed off by NHS Improvement. It should then be included at Schedule 6D in each NHS Standard Contract which the Provider holds with an NHS Commissioner or Commissioners for 2019/20. Note that both the performance 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 Trajectories**

The Provider undertakes to achieve specific levels of performance, on a month-by-month basis during 2019/20, against Operational Standards and National Quality Requirements as set out in the tables below.

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

Operational Standards

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting more than 6 weeks from Referral for a diagnostic test |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first appointment |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 1 (life-threatening) incidents – proportion of incidents resulting in a response arriving within 15 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 1 (life-threatening) incidents – mean time taken for a response to arrive |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 2 (emergency) incidents – proportion of incidents resulting in an appropriate response arriving within 40 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 2 (emergency) incidents – mean time taken for an appropriate response to arrive |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 3 (urgent) incidents – proportion of incidents resulting in an appropriate response arriving within 120 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Category 4 (less urgent “assess, treat, transport” incidents only) – proportion of incidents resulting in an appropriate response arriving within 180 minutes |  |  |  |  |  |  |  |  |  |  |  |  |

National Quality Requirements

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Percentage of handovers between ambulance and A&E which take place within 15 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of handovers between ambulance and A&E which take place after 15 minutes but within 30 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of handovers between ambulance and A&E which take place after 30 minutes but within 60 minutes |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage of handovers between ambulance and A&E which take place after 60 minutes |  |  |  |  |  |  |  |  |  |  |  |  |

**Assurance Statements**

In line with the assurance statements it has given to NHS Improvement, 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 2019/20.

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

Operational Standards

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| 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

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| --- |
| 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 |
| 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 |
| Waits in A&E not longer than 12 hours |
| VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE |
| 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 |
| 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 |
| 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 |
| Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis |
| Proportion of Service User inpatients who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis |

**Assumptions underpinning Performance Trajectories and Assurance Statements**

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

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