NHS Improvement

NHS Improvement Guidance for Completion of Provider Activity Template

January 2019

NHS Improvement

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

collaboration trust respect innovation courage compassion

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Overview

This document provides technical guidance for the completion and submission of activity and performance templates for acute, specialist acute and ambulance trusts, for the 2019/20 planning round. It updates trusts on the planning process and contains extra guidance for the new reporting and support elements introduced to the template this year.

The main changes to the acute and specialist trust template are the inclusion of additional tabs, and an extra assessment tab that provides a level of instant feedback from the 2019/20 activity submission, before it is submitted to NHS Improvement.

The reporting template consists of four tabs that providers need to populate and will be available to access on the NHS Improvement provider SharePoint portal from 13 December 2018:

1. Waterfall *(acute and specialist acute only)*
2. Activity
3. Trajectory *(not available for the initial submission)*
4. Commissioner allocation *(acute and specialist acute only)*

For information on accessing and using the SharePoint portal, please see the shared planning guidance website.

As set out in the 16 October planning letter, the timetable for submission is as follows:

- An **initial submission by 12 noon on 14 January 2019** via the SharePoint portal. This will be a partial submission, comprising the Waterfall, Activity and Commissioner allocation tabs, and only **acute** and **specialist acute** providers need to complete and upload these.
- A **draft submission by 12 noon on 12 February 2019** via the SharePoint portal. This will be a full submission with, Waterfall, Activity, Trajectory and Commissioner allocation tabs required from acute and specialist providers, and Activity and Trajectory tabs required from ambulance trusts.

- A **final submission by 12 noon on 4 April 2019** via the SharePoint portal. This will be a full submission, comprising the Waterfall, Activity, Trajectories and Commissioner allocation tabs required from acute and specialist providers, and Activity and Trajectory tabs required from ambulance trusts. An assurance statement will also be required for applicable trusts that have agreed a finance control total and is included in the activity template for the final submission.

The acute and specialist trust templates posted on trusts' SharePoint sites will include forecast outturns (FOTs) derived using the latest available Secondary Uses Service (SUS) data.

Acute and specialist acute trusts will be expected to use and reconcile to the following data sources for each collection line.

Activity line	**Source**
GP referrals (general and acute)	Monthly activity return - SCDS
Other referrals (general and acute)	Monthly activity return - SCDS
Total referrals (general and acute)	Monthly activity return - SCDS
Consultant led first outpatient attendances	Secondary Uses Service - NHSD
Consultant led Follow-Up Outpatient Attendances	Secondary Uses Service - NHSD
Total consultant led outpatient attendances	Secondary Uses Service - NHSD
Total outpatient appointments with procedures	Secondary Uses Service - NHSD
Total elective admissions - day case	Secondary Uses Service - NHSD
Total elective admissions - ordinary	Secondary Uses Service - NHSD
Total elective admissions	Secondary Uses Service - NHSD
Total non-elective admissions - 0 LoS	Secondary Uses Service - NHSD
Total non-elective admissions - +1 LoS	Secondary Uses Service - NHSD
Total non-elective admissions	Secondary Uses Service - NHSD
Average number of general & acute beds open per day	KH03 - SCDS
Total A&E attendances excluding planned follow ups	Secondary Uses Service - NHSD
Type 1 A&E attendances excluding planned follow ups	Secondary Uses Service - NHSD

Note: Strategic Data Collection Service (SDCS)
NHS Digital (NHSD)

The data sources listed above are the national datasets against which NHS Improvement will use to assess and monitor plans – both during this planning round and throughout the year. For more information on the criteria, guidance and monitoring, please see the joint technical definitions guidance (Annex F).

All ambulance trust plans should be produced and reconciled in line with the national SCDS monthly ambulance system indicators submission. Ambulance plans are not required for the initial submission.

All trajectory lines data sources should be produced and reconciled in line with the relevant national SCDS monthly national returns, such as monthly A&E SITREP and monthly cancer waiting times. Trajectories are not required for the initial submission.

Forecast outturn

In recent years forecast outturns have been generated using a simple scaling method that takes the latest 12 months of data available and scales up by applying a ratio of activity between two 24-month periods. 24 months have been used to average out any temporal variations in activity to provide more robust estimates of growth. This approach weighted for working days for all elective pathways, and calendar day non-elective pathways.

This year, to support organisations in generating robust planning submissions, NHS England and NHS Improvement have agreed a more statistically rigorous approach to estimating 2018/19 forecast outturns, based on historical time series data. This approach will also be used to help validate 2019/20 plans and profiles, building on the work carried out by NHS Improvement in the 2018/19 planning round, where forecasts were produced for validation of submitted profiles.

It should be noted that outputs produced in this process are provided to support organisations in completing submission templates. These estimates are based on aggregate historical data and patterns, with a built-in assumption in the continuation of past trends. It is recognised that, at an organisational level, local intelligence can be applied to improve the estimates.

A ‘FOT Calculations’ tab has been included in the template to provide the data and methodology behind the production of the provider FOTs that have been pre-populated in the template.

Further details on the forecasting methodology and support are included in the joint technical definitions guidance (Annex F).

Summary of requirements

Activity plans must provide for a reasonable and realistic level of activity, profiled to take account of seasonality. They must demonstrate the capacity to meet this activity, while improving or maintaining core constitutional standards.

Plans should be produced in line with the currency, definitions and criteria set out in the joint technical definitions guidance (Annex F), irrespective of locally agreed currency and definitions for contracted activity volumes.

The new submission and assessment tabs are designed to aid providers during their own validation processes, prior to submission.

Waterfall tab

Acute and specialist acute trusts

The ‘1. Waterfall’ tab has been introduced to assist with the FOT and growth rates.

Providers are asked to provide details of any differences between the centrally provided FOT and the provider’s expected outturn. This adjustment then gives the FOT that is used as the baseline for the plans and will be used to calculate growth. The adjustment should capture both real differences in activity in 2018/19 and any counting and coding changes that will affect the provider’s 2018/19 data as generated from SUS+.

Providers are then asked to attribute activity against the various components of growth as follows:

- Counting and coding changes

  This category should include any growth in 2019/20 which is not related to actual changes in activity (for example as a result of a change in definitions or how a measure is counted). Activity recorded in this category is excluded from calculations of real growth rates. If the counting and coding changes will affect 2018/19 data as well, then this should be reflected in the 2018/19 forecast outturn.
- Other non-recurrent activity

This category should include any change in activity between 2018/19 and 2019/20 which is a result of a one-off exercise, such as one-off measures introduced to reduce the elective backlog.

- Underlying trend and demographic growth

  This category includes changes to activity that reflect changes in the population or underlying trends such as improvements in population health or utilisation.

- Transformational change

  This category should capture the impact of any transformational allocative efficiency. This may include initiatives such as New Care Models (NCMs) and Right Care or those applying to urgent and emergency care access, prevention, self-care and procedures of limited clinical value.

- Policy changes

  This category should capture the impact of any new policies on the activity in the year, such as changes to eligibility for treatment.

All lines have the option to add commentary to complement the activity (such as new service provision, one-off activity, changes to activity coding). Negative values can be entered to show a reduction.

The requirement for submission is that activity lines are planned using the guidance and criteria set out in the joint technical definitions guidance (Annex F), to provide a consistent, national view of planned activity. The waterfall tab provides the opportunity to record any local contract inclusions/exclusions not in the SUS plan data. This is an optional set of fields that will give the provider the ability to explain activity variances from local contract systems, such as Service Line Activity Monitoring (SLAM).

Ambulance trusts

The waterfall tab is not required for ambulance trusts.

Activity tab

Acute and specialist acute trusts

The ‘2. Activity’ tab collects monthly profiles for the activity plans. The 2018/19 FOTs and 2019/20 plans are taken from the Waterfall tab. The sum of the monthly figures must equal the 2019/20 plan.

Activity for 2018/19 has been introduced within each data line to add a sense check to the 2019/20 plan values. The 2018/19 activity line will consist of a combination of actual SUS values (for the most current data available at the time of publishing each template), and forecast data using the approach outlined in the FOT methodology section. Where any single profile value varies from the average daily actual value for that month, then a data warning is flagged, and a link provided to the Assessment tab for further detail.

This tab contains two new lines for 2019/20: ‘Total Outpatient Appointments with Procedures’ and ‘Type 1 A&E Attendances excluding Planned Follow Ups’. Further guidance on the criteria for reporting is available in the joint technical definitions guidance (Annex F). Please note that outpatient procedures should not be excluded from the existing first and follow-up outpatient lines – so for example a follow-up outpatient appointment which includes a procedure would be counted in **both** the follow-up outpatient line and the outpatient procedures line.

Ambulance trusts

The ‘2. Activity’ tab collects monthly profiles for the activity plans. Ambulance trusts are required to enter the 2018/19 forecast outturn and then profile the annual plan across each month.

Trajectory tab (*not available for initial submission*)

Acute and specialist acute trusts

The ‘3. Trajectory’ tab has a number of new collection lines, although this tab will not be available for the initial submission. In addition to A&E and referral to treatment (RTT), new lines for diagnostics, ambulance performance (ambulance trusts only) and cancer have been introduced. The guidance for the trajectory lines will be available on the shared planning website.

Trajectories set by the trust will be expected to evidence a realistic recovery pathway to the national standard or, if the trust is already achieving, maintenance or improvement of performance.

Ambulance trusts

The ‘3. Trajectory’ tab is new this year for ambulance trusts. There are two sections: ambulance response times by category and incident outcome rates (see and treat, hear and treat and conveyance to ED).

Commissioner allocation tab

Acute and specialist acute trusts

The ‘4. Commissioner allocation’ tab will help to ensure alignment between provider and commissioner plans. For each of the six activity measures listed, providers are asked to identify how much activity will be delivered for each CCG, as well as specialised commissioning and other commissioning. Providers are required to enter the percentage value, from which the total activity is automatically calculated.

It contains pre-populated commissioner allocations, based on historical activity, for Outpatient, Elective and Non-elective points of delivery.

Providers will be expected to update and amend the activity allocation from the pre-populated values, where each commissioner is responsible for at least 3% of total activity. Commissioners accounting for less than 3% can be aggregated and included within the ‘Other’ line, so that the total equates to 100% of the planned activity.

***Note**: a number of changes to the Prescribed Specialised Services Identification Rules (PSS IR) are being introduced in April 2019, which will affect the activity volumes assigned to each commissioner. The commissioner allocation template has been pre-populated with percentage splits using the new allocation applied to historical data (12 months to September 2018). Providers may amend these values if the allocation is expected to differ from historical values.*

Ambulance trusts

The commissioner allocation tab is not required for ambulance trusts

Assessment tab

The assessment tab in this year's planning template will give the provider completing the template instant feedback on the activity volumes being submitted. The assurance tools are in line with the analysis undertaken within NHS Improvement and therefore will give the provider insight into where questions may be asked and the opportunity to provide commentary explaining variances highlighted within the assessment tab.

The tab gives providers the opportunity to set their own growth rate within the graphs, to see the impact that the growth will have on the forecast profile ranges.

Validation

Each tab that requires input contains a number of data validation checks. These are primarily to ensure values entered are in the correct format, that constituent parts sum to totals and that there are no links to external workbooks.

The cover page details the number of validation errors. **Templates submitted with validation errors will not be processed** and will be returned to the trust.

Data warnings identified as part of the assessment sheet are for information and will not prevent templates from being submitted.

Assurance statements

The assurance statements will now form part of the planning template as part of the final submission. Sign off is electronic, providers are required to select 'Accepted' or 'Not Accepted' as an indication that the chief executive has signed off the assurance statement.

Acute and specialist and ambulance trusts that accept a finance control total are required to sign off their statement with their final submission on 4 April 2019.

Support

NHS Improvement will provide support through a number of Webex sessions, to be held during the planning submission period. Details of these sessions will be confirmed and communicated to trusts through the NHS Improvement regions, and other planning networks and forums.

Guidance

This document forms part of the overall suite of shared planning guidance available at https://improvement.nhs.uk/resources/nhs-shared-planning-guidance/

It is related to the following documents:

- NHS England Commissioner Guidance for Operational Plans
- Joint Technical Definitions for Performance and Activity 2019/20 (Annex F)

Guidance on accessing and using the trust portal for plan submissions is available at: https://improvement.nhs.uk/resources/nhs-shared-planning-guidance

If you have any questions about completing the template, please email: NHSI.returns@nhs.net

Appendix A: Information governance

Important information regarding changes to the collection and sharing of data from acute, specialist trusts, mental health, ambulance and community trusts relating to Annual Operational and Strategic Planning.

Please provide your submission using the data collection template provided. If you have any concerns about the proposed sharing of current or historic annual operational and strategic planning data (as outlined below in this Information Governance data collection and data sharing notice) please contact your NHS Improvement Relationship Lead to discuss this.

In addition, before you submit your trust's data it is worth noting that NHS Improvement asks that your data is validated. Please ensure that you therefore check the data quality including but not limited to accuracy and completeness. NHS Improvement will also analyse the data on receipt and feedback on data quality and accuracy issues where appropriate as part of the planning process.

1. Why are the NHS Trust Development Authority and Monitor (collectively referred to as NHS Improvement) collecting the data?

The purpose of requesting collection of this data is to oversee and support trusts in the planning round, to develop safe and sustainable plans, support financial, activity, workforce and quality planning, assess and assure plans and provide feedback to trusts.

NHS Improvement will use the data to discharge our statutory duties which includes requirements to protect and promote the interests of people who use health care services by promoting provision of health care services which are, inter alia, economic, efficient and effective. This is in accordance with the Trust Development Authority and Monitor to:

- assist and support providers of NHS services to ensure continuous improvement in the quality and financial sustainability of the NHS services they provide in pursuance of its improvement functions under direction 2 of National Health Service Trust Development Authority Directions and Revocations; and
- enable Monitor to support providers of services for the purposes of the NHS, in exercise of its functions under Chapter 3 of Part 3 of, and

paragraph 15 of Schedule 8 to, the Health and Social Care Act 2012 (licensing and general power) and having regard to its general duties in sections 62 and 66 of that Act.

The supporting legislation for the TDA to collect this data is as follows:

Direction 2 of National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare NHS Trust Directions 2016;

The supporting legislation for Monitor to collect this data is as follows:

- Chapter 3 of Part 3 of, and paragraph 15 of Schedule 8 to, the Health and Social Care Act 2012 (licensing and general power) and having regard to its general duties in sections 62 and 66 of that Act.

The data collected will enable NHS Improvement to assist and support providers of NHS services to ensure continuous improvement in the quality and financial sustainability of the NHS services they provide.

The guidance and data collection templates provided set out the data required for the above purposes. NHS Improvement will request collection of this data from your organisation directly and instructions regarding this will be provided in the national Planning and Technical Guidance and within the templates provided and other relevant communications.

This request relates to an annual operational and strategic planning data collection by you and we request this data submission should be sent to us in accordance with the planning timetable as outlined in the national guidance.

2. Type and level of data being collected?

Patient-level data (including NHS number) is not required for this data collection exercise. What is being requested is as set out in the national planning and technical guidance documents, which includes finance, activity, performance and planning data. Any fields that would potentially allow an identification of a patient or staff member must be excluded.

3. Who will access the data and how will it be further shared in the context of the joint working between NHS Improvement and NHS England?

The data submitted by you will be primarily accessed by NHS Improvement national and regional teams on a 'need to know basis' and in line with role-based access controls for the purpose set out in this document.

NHS Improvement may also share the data internally within NHS Improvement to support our wider delivery of all statutory responsibilities of Monitor and NHS Trust Development Authority.

Where we are, or intend to in the near future, to work more closely with NHS England we will share this data with NHS England for the purpose for which we are collecting the data and to fulfilling both NHS Improvement and NHS England functions.

NHS England will use this data to discharge its statutory functions, duties and powers reserved to the Board to 'ensure compliance with the concurrent duty, held with the Secretary of State for Health, to continue the promotion in England of a comprehensive health service'.

NHS England's supporting statutory duties are set out in the NHS Act 2006, S13E, Health and Social Care Act 2012 s23 and require NHS England to secure continuous improvement in the quality of health and public health services provided to individuals.

4. Sharing the data with other partner organisations and arm's length bodies (ALBs)

This data will be shared with other partner organisations and arm's length bodies (ALBs) to facilitate joint working arrangements and support individual providers (where necessary). Sharing with a third party will always be done securely and in accordance with the guidance set out in this document. The organisation that data will be shared with is Health Education England to support NHS Improvement and NHS England as part of a jointly agreed collection to enable both to fulfil their statutory functions in support of the system as follows:

- at both national and regional level to understand and comment on plans individually and in aggregate
- some aggregate analysis will also be deployed in the development of workforce and service level programmes

- for Health Education England to inform its education commissioning requirements
- at ICS/STP level the data will be deployed by NHS Improvement and Health Education England locally in joint endeavours which will be determined by local factors and relationships. It is understood that individual Trust level data is not to be shared with any other Trusts unless the organisations that comprise an individual ICS/STP agree to this.

If we intend to share further with other organisations we will contact you and seek your views about this.

5. Where will the data be stored and for how long?

Data collected and processed will be stored securely at all times within the NHS Improvement internal secure servers. Data made available to other partner organisations or ALBs will be required to be held securely in line with the security and confidentiality requirements including those set out in any data sharing agreements.

All data will be regularly backed up and will be securely held until no longer required for audit purposes.

6. What analysis will be done on the data and how will the results be used?

NHS Improvement staff, in partnership with NHS England and Health Education England, will undertake analysis of the plan submissions to assess and provide feedback to trusts. Part of the analysis may involve triangulating your submitted data with other data or information held by NHS Improvement, NHS England or Health Education England to provide more in depth understanding of planning positions across commissioner/provider or ICS/STP level.

7. Sharing of historical planning round data already collected from trusts.

To support joint working arrangements between NHSI and NHSE, in liaison with Health Education England, it necessary to also share historic data already collected for planning with NHS England for the purposes set out above.

Appendix B: Acute template example 1. Waterfall

			i	i								i		i	i		
Planning lines	FOT Methodology	Centrally-Supplied 18/19 Forecast Outturn	To capture any difference between the centrally-supplied outturn for 2018/19 and the local view of activity in 2018/19**. The local view should use the same 'currency' and definitions as those used centrally; and should not include differences in activity figures associated with central and local production of the numbers.	To capture the trust Adjusted FOT once any differences to the centrally supplied figure have been applied	Please provide below an explanation for any FOT differences provided in the waterfall	To capture the effect of, for example, changing definitions, boundaries, reporting standards.	To capture any change in the volume of actual activity in 19/20 compared to 18/19 which is being carried out as part of a one off exercise, for example measures to reduce the waiting list	To capture any additional activity as a result of changes in population and underlying changes in trend.	Apply the impact of transformation/ allocative efficiency. To include, for example, NCMs, UEC, Rightcare, Prevention, Self care and procedures of limited clinical value.	To capture the impact of new policies, for example, Hospital 7 day services, Primary Care access, Cancer, Mental Health			Please provide below an explanation for any growth variances over 5% provided in the waterfall	OPTIONAL: Activity included in local contracts (eg SLAM) but excluded from the SUS plan	OPTIONAL: Activity excluded from local contracts (eg SLAM) but included within the SUS plan	OPTIONAL: Activity included in local contracts	OPTIONAL: Please provide below an explanation for variations between SUS activity figures and local contract activity figures
		Provider FOT NHSI Derived	Provider FOT Difference	Provider Adjusted FOT	FOT Difference: Comments	Counting and Coding Changes	Other Non Recurrent Activity	Underlying Trend and Demographic Growth	Transformational Change	Policy Changes	19/20 Annual Plan	19/20 Annual Plan Growth	Growth: Comments	SUS Exclusions	SUS Inclusions	Local Activity Total	Local Activity Comments
GP Referrals (General and Acute)	FOT Detail	0		0							0					0	
Other Referrals (General and Acute)	FOT Detail	0		0							0					0	
Total Referrals (General and Acute)	FOT Detail	0		0		0	0	0	0	0	0						
Consultant Led First Outpatient Attendances	FOT Detail	0		0							0					0	
Consultant Led Follow-Up Outpatient Attendances	FOT Detail	0		0							0					0	
Total Consultant Led Outpatient Attendances	FOT Detail	0		0		0	0	0	0	0	0						
Total Outpatient Appointments with Procedures	FOT Detail	0		0							0					0	
Total Elective Admissions - Day case	FOT Detail	0		0							0					0	
Total Elective Admissions - Ordinary	FOT Detail	0		0							0					0	
Total Elective Admissions	FOT Detail	0		0		0	0	0	0	0	0						
Total Non-Elective Admissions - 0 LoS	FOT Detail	0		0							0					0	
Total Non-Elective Admissions - +1 LoS	FOT Detail	0		0							0					0	
Total Non-Elective Admissions	FOT Detail	0		0		0	0	0	0	0	0						
Total A&E Attendances excluding Planned Follow Ups	FOT Detail	0		0							0					0	
Type 1 A&E Attendances excluding Planned Follow Ups	FOT Detail	0		0							0					0	

Appendix B: Acute template example 2. Activity

	Assessment Link (Click for detail)	PBR 18/19 Planned Activity 31/03/2019 Year Ending	V1 M01 Plan 30/04/2019 Month 1	V1 M02 Plan 31/05/2019 Month 2	V1 M03 Plan 30/06/2019 Month 3	V1 M04 Plan 31/07/2019 Month 4	V1 M05 Plan 31/08/2019 Month 5	V1 M06 Plan 30/09/2019 Month 6	V1 M07 Plan 31/10/2019 Month 7	V1 M08 Plan 30/11/2019 Month 8	V1 M09 Plan 31/12/2019 Month 9	V1 M10 Plan 31/01/2020 Month 10	V1 M11 Plan 29/02/2020 Month 11	V1 M12 Plan 31/03/2020 Month 12	FY 19/20 Plan 31/03/2020 Year Ending	X Check Plan 31/03/2020 Year Ending	Comment Plan 31/03/2020 Year Ending
2018/19 GP Referrals (General and Acute)																	
GP Referrals (General and Acute)																	
2018/19 Other Referrals (General and Acute)																	
Other Referrals (General and Acute)																	
2018/19 Total Referrals (General and Acute)																	
Total Referrals (General and Acute)																	
2018/19 Consultant Led First Outpatient Attendances																	
Consultant Led First Outpatient Attendances																	
2018/19 Consultant Led Follow-Up Outpatient Attendances																	
Consultant Led Follow-Up Outpatient Attendances																	
2018/19 Total Consultant Led Outpatient Attendances																	
Total Consultant Led Outpatient Attendances																	
2018/19 Total Outpatient Appointments with Procedures																	
Total Outpatient Appointments with Procedures																	
2018/19 Total Elective Admissions - Day case																	
Total Elective Admissions - Day case																	
2018/19 Total Elective Admissions - Ordinary																	
Total Elective Admissions - Ordinary																	
2018/19 Total Elective Admissions																	
Total Elective Admissions																	
2018/19 Total Non-Elective Admissions - 0 LoS																	
Total Non-Elective Admissions - 0 LoS																	
2018/19 Total Non-Elective Admissions - +1LoS																	
Total Non-Elective Admissions - +1LoS																	
2018/19 Total Non-Elective Admissions																	
Total Non-Elective Admissions																	
2018/19 Average number of G&A beds open per day																	
Average number of G&A beds open per day																	
2018/19 Total A&E Attendances excluding Planned Follow Ups																	
Total A&E Attendances excluding Planned Follow Ups																	
2018/19 Type 1 A&E Attendances excluding Planned Follow Ups																	
Type 1 A&E Attendances excluding Planned Follow Ups																	

Appendix B: Acute template example 3. Trajectory

Trajectory lines	Expected Sign	March 2018	01PLANM01 Y1 M01 Plan 30/04/2019 Month 1 ₴	01PLANM02 Y1 M02 Plan 31/05/2019 Month 2 ₴	01PLANM03 Y1 M03 Plan 30/06/2019 Month 3 ₴	01PLANM04 Y1 M04 Plan 31/07/2019 Month 4 ₴	01PLANM05 Y1 M05 Plan 31/08/2019 Month 5 ₴	01PLANM06 Y1 M06 Plan 30/09/2019 Month 6 ₴	01PLANM07 Y1 M07 Plan 31/10/2019 Month 7 ₴	01PLANM08 Y1 M08 Plan 30/11/2019 Month 8 ₴	01PLANM09 Y1 M09 Plan 31/12/2019 Month 9 ₴	01PLANM10 Y1 M10 Plan 31/01/2020 Month 10 ₴	01PLANM11 Y1 M11 Plan 28/02/2020 Month 11 ₴	01PLANM12 Y1 M12 Plan 31/03/2020 Month 12 ₴
Accident and Emergency - >4 hour wait	+													
Accident and Emergency - Total Patients	+													
Accident and Emergency - Performance %	+													

Diagnostics Test Waiting Times		March 2018	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Number Waiting > 6 Wks	+													
Total Number Waiting	+													
Performance %	+													

Referral to Treatment		March 2018	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Year Ending	% Growth	Comments
Number of incomplete RTT pathways <=18 weeks	+														0		
Number of incomplete RTT pathways >18 weeks	+														0		
Referral to treatment Incompletes - Performance %																	
Number of incomplete RTT pathways >52 weeks	+														0		
Number of completed admitted RTT pathways	+														0		
Number of completed non-admitted RTT pathways	+														0		
Number of New RTT pathways (clock starts)	+														0		

Cancer		March 2018	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Cancer Waiting Times - 2 Week Wait														
Number Seen < 2 Wks	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 2 Week Wait (Breast Symptoms)														
Number Seen < 2 Wks	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 31 Day First Treatment														
Number Treated < 31 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 31 Day Surgery														
Number Treated < 31 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 31 Day Drugs														
Number Treated < 31 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 31 Day Radiotherapy														
Number Treated < 31 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 62 Day GP Referral														
Number Treated < 62 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 62 Day Screening														
Number Treated < 62 Days	+													
Total Number Seen	+													
Performance %	+													
Cancer Waiting Times - 62 Day Upgrade														
Cancer 62 days - >62 days	+													
Cancer 62 days - Total seen	+													
Cancer 62 days - Performance %	+													

Appendix B: Acute template example 4. Commissioner allocation

ACTIVITY BY COMMISSIONER Consultant led First Outpatient attendances (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
First Outpatients CCG Line 1				0
First Outpatients CCG Line 2				0
First Outpatients CCG Line 3				0
First Outpatients CCG Line 4				0
First Outpatients CCG Line 5				0
First Outpatients CCG Line 6				0
First Outpatients Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
First Outpatients Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care activities			0.0%	**0**

Validations	
Signage	Blank cells
i	*i*
OK	OK
OK	OK
OK	OK
OK	OK
OK	OK
OK	OK
OK	OK
OK	OK
OK	OK
OK	

ACTIVITY BY COMMISSIONER: CCGs Consultant led follow up outpatient attendances (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
FU Outpatients CCG Line 1				0
FU Outpatients CCG Line 2				0
FU Outpatients CCG Line 3				0
FU Outpatients CCG Line 4				0
FU Outpatients CCG Line 5				0
FU Outpatients CCG Line 6				0
FU Outpatients Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
FU Outpatients Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care activities			0.0%	**0**

Validations	
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ACTIVITY BY COMMISSIONER: CCGs Elective admissions spells (day cases) (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
Day case CCG Line 1				0
Day case CCG Line 2				0
Day case CCG Line 3				0
Day case CCG Line 4				0
Day case CCG Line 5				0
Day case CCG Line 6				0
Day case Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
Day case Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care			0.0%	**0**

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ACTIVITY BY COMMISSIONER: CCGs Elective admissions spells (ordinary elective) (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
Elective Ordinary CCG Line 1				0
Elective Ordinary CCG Line 2				0
Elective Ordinary CCG Line 3				0
Elective Ordinary CCG Line 4				0
Elective Ordinary CCG Line 5				0
Elective Ordinary CCG Line 6				0
Elective Ordinary Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
Elective Ordinary Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care			0.0%	**0**

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ACTIVITY BY COMMISSIONER: CCGs Non-elective admissions with a zero length of stay (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
Zero LOS NE CCG Line 1				0
Zero LOS NE CCG Line 2				0
Zero LOS NE CCG Line 3				0
Zero LOS NE CCG Line 4				0
Zero LOS NE CCG Line 5				0
Zero LOS NE CCG Line 6				0
Zero LOS NE Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
Zero LOS NE Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care			0.0%	**0**

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ACTIVITY BY COMMISSIONER: CCGs Non-elective admissions with a length of stay of 1 day and greater (Specific Acute)	Commissioner Name Plan 31/03/2020	Commissioner Code Plan 31/03/2020	Commissioner Percentage Plan 31/03/2020	Commissioner Total Plan 31/03/2020
1+ LOS NE CCG Line 1				0
1+ LOS NE CCG Line 2				0
1+ LOS NE CCG Line 3				0
1+ LOS NE CCG Line 4				0
1+ LOS NE CCG Line 5				0
1+ LOS NE CCG Line 6				0
1+ LOS NE Specialist commissioning	Specialist Commissioning	CCG-Speccom		0
1+ LOS NE Other	Other (individually less than 3%)	CCG-NonCon		0
Total activity split by CCG patient care			0.0%	**0**

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Appendix C: Ambulance template example 2. Activity

	Code	Data Warnings (Click for detail)	FOT 18/19 Forecast Outturn 31/03/2019 Year Ending	Y1 M01 Plan 30/04/2019 Month 1	Y1 M02 Plan 31/05/2019 Month 2	Y1 M03 Plan 30/06/2019 Month 3	Y1 M04 Plan 31/07/2019 Month 4	Y1 M05 Plan 31/08/2019 Month 5	Y1 M06 Plan 30/09/2019 Month 6	Y1 M07 Plan 31/10/2019 Month 7	Y1 M08 Plan 30/11/2019 Month 8	Y1 M09 Plan 31/12/2019 Month 9	Y1 M10 Plan 31/01/2020 Month 10	Y1 M11 Plan 29/02/2020 Month 11	Y1 M12 Plan 31/03/2020 Month 12	FY 19/20 Plan 31/03/2020 Year Ending	% Growth Plan 31/03/2020 Year Ending
Count of incidents, not only calls that receive a face-to-face response from the ambulance service at the scene of the incident, but also calls successfully resolved with telephone advice with any appropriate action agreed with the patient. (Definition: A7 + A17 + A56)																0	
Count of incidents receiving a response on scene, by Category 1																0	
Count of incidents receiving a response on scene, by Category 1T																0	
Count of incidents receiving a response on scene, by Category 2																0	
Count of incidents receiving a response on scene, by Category 3																0	
Count of incidents receiving a response on scene, by Category 4																0	

Appendix C: Ambulance template example 3. Trajectory

Ambulance response times	Item	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Category 1														
Total time (seconds)	A24													
Mean (seconds)	A25													
90th centile (seconds)	A26													
Category 1T														
Total time (seconds)	A27													
Mean (seconds)	A28													
90th centile (seconds)	A29													
Category 2														
Total time (seconds)	A30													
Mean (seconds)	A31													
90th centile (seconds)	A32													
Category 3														
Total time (seconds)	A33													
Mean (seconds)	A35													
Category 4														
Total time (seconds)	A36													
Mean (seconds)	A38													
Count of all incidents not receiving a face-to-face response (hear and treat)	A17													
Count of incidents with face-to-face response, but no patients transported (see and treat).	A55													
Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified. Include incidents with non-emergency conveyance to ED.	A53													
Count of incidents with any patients transported to any facility other than an Emergency Department	A54													

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