

Annex F: Activity and performance operational planning submission guidance

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1. Introduction

This guidance document outlines the submission process for the Activity and Performance return in the 2020/21 Operational Planning round.

The purpose of this document is to update providers and commissioners on the process for producing and submitting operational plans and to provide guidance on the operational plan templates to be submitted via the Strategic Data Collection Service (SDCS) this year.

The deliverables for the NHS in 2020/21 are set out in the technical definitions document (Annex F1) and are also listed in full at the end of this document.

2. Components of the return

The CCG and Provider template consists of seven tabs that require populating; and the specialised commissioning template consists of three tabs:

Tab descriptions

Tab	CCG and Provider Template	Specialised Commissioning Template
Constitution	x	
UEC	X – Provider Only	
Activity Monthly Profile	x	x
Alignment	x	x
Activity Waterfall	x	x
Mental Health	x	
Primary Care	X – CCG Only	
Personalisation	X – CCG Only	
Learning Disability and Autism	X – CCG Only	

There are also three tabs providing additional detail which may be of use for submitters – one includes the historic data used in the calculation of forecast outturns, as well as details of the model used to produce this figure. The second tab gives information about the suggested monthly profile of activity over the year, based on previous trends to aid submitters in providing the monthly profile details. The third tab contains a number of analyses designed to aid submitters in assuring and validating their return prior to submission.

2.1 Timetable of returns

The final templates for each submission window will be available to download from the SDCS website when each submission window opens. These templates will be pre-populated with actuals for each planning line.

There will be a new version of the templates for each submission window, with forecast outturns and alignment information updated to represent the latest activity data available. For the second submission we will also populate the template with the previously submitted plan data to avoid submitters having to re-enter this information.

All required tabs must be completed in full for each submission. Missing data will cause your template to be rejected on submission. Please ensure you pay close attention to the validations tab which will highlight any errors which would prevent submission.

2.2 Strategic Data Collection Service (SDCS)

In 2019/20 commissioner plans were collected via SDCS whilst Provider plans were collected through the NHS Improvement portal. In 2020/21 we will be collecting provider and commissioner data through SDCS, and Providers and CCGs will be able to use the same template to submit data.

All submitters from providers and commissioners should receive an invitation to sign up to the SDCS service shortly before the window opens, if you are not already set up on the system. If you do not receive this invitation before the window opens please contact the NHS Digital Data Collections team to request a log in¹.

Data can be submitted at any point once the submission window is open via the [SDCS website](#)²

Guidance on the SDCS system can be accessed on the [NHS Digital website](#)³

¹ The data collections team can be contacted at data.collections@nhs.net

² <https://datacollection.sdcs.digital.nhs.uk/>

³ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/strategic-data-collection-service-sdcs>

3. Forecast outturns

To aid activity planning, forecast outturns (FOTs) are calculated using Secondary Uses Service (SUS) data for each activity line in the template. Detailed information on the calculation of these can be found in supporting guidance which will be issued separately and made available through the [FutureNHS planning site](#)⁴. However, please note the following.

3.1 Commissioner assignment

For the outpatients, admitted patient care and A&E data sets, the Prescribed Specialised Services Identification Rules (PSS IR) Tool and Commissioner Assignment Method (CAM) have been applied within the National Commissioning Data Repository (NCDR) to identify which commissioner is responsible for purchasing each unit of activity.

A number of changes to the PSS IR Tool are being introduced in April 2020. NHS Digital have released a [provisional version of the tool](#)⁵.

The provisional tool will be used to generate the FOTs provided as part of this year's planning round.

3.2 Calculation of forecast outturns

The 2019/20 forecast outturns have been produced using a similar statistically-rigorous approach to that agreed by NHS England and NHS Improvement for last year's planning round. A "FOT Calculations" tab has been included within the template to provide details of the method used to produce the FOTs. In addition, the templates will include default monthly profiles for 2020/21 based on historical data. It is intended that this will increase the transparency of the centrally generated FOTs, and provide additional support to providers and commissioners in profiling their monthly activity.

It should be noted that these outputs are intended to help organisations complete submission templates by providing indicative numbers. These estimates are based on historical data and patterns; and assume those trends continue. In many cases,

⁴ <https://future.nhs.uk/nationalplanning/grouphome>

⁵ <https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-ssp-planning-tool-2020-21>

organisations will need to amend these forecasts and profiles to reflect local intelligence.

Please note: It is not expected that centrally produced FOTs will align exactly between providers and commissioners as different forecasting models may be used for different organisations and points of delivery – however the centrally produced FOTs can be used to inform conversations about alignment between provider and commissioner organisations.

3.3 Population of forecast outturns in templates

For the 2020/21 planning round, default forecast outturns will be updated throughout the process to include the latest data. These will be prepopulated in each iteration of the template, using the following data periods. However, we will retain the forecast outturns supplied by submitters in February 2020 for the April 2020 template. This will be achieved by setting the “FOT adjustment” field as the balancing item.

Submission Dates

Submission Date	Latest data used for calculation of FOTs
February 2020	Month 7 (at month 8)
April 2020	Month 8 (at month 9) Please note: Given the final submission date is at the end of April, we may be able to use M9 at M10. We will confirm this in due course

4. Overview of return

4.1 Constitution

This tab collects planning trajectories for a range of measures set out in the NHS Constitution. This includes referral to treatment (RTT) (including the planned size of the waiting list, and the number of people waiting over 52 weeks), diagnostic waiting times, cancer waiting times, ambulance incidents and response times, handover delays and A&E performance. A forecast outturn position for the waiting list at the close of 2019/20 is also required for each organisation on this tab.

Please note that A&E and ambulance data are only required from providers – CCGs are not required to complete this section.

This tab is not present in the Specialised Commissioning template.

A full list of planning trajectories expected can be found at the end of this annex. Detailed definitions for these measures can be found in Annex F1.

4.1.1 Clinical review of standards

Organisations that are designated as trial sites under the clinical review of standards do not need to complete the relevant measures under review (RTT 18 week performance, A&E 4 hour performance or Cancer 2 week waits)

Please note that RTT 52 week waits, RTT waiting list (the denominator for 18 week performance) and all other cancer measures are still required for all organisations.

4.1.2 Validations

No required cells should be left blank, and all numerators and denominators must be entered in whole numbers.

4.1.3 Changes from previous years

Measures:

A new measure has been added for all organisations to complete – Cancer Faster Diagnosis Standard.

4.2 Activity monthly profile

This tab collects monthly planning trajectories for all activity lines. Some lines are auto-calculated from the sum of their parts. The forecast outturn on this tab is the adjusted figure taken from the Activity Waterfall tab. A summary table at the bottom of the sheet calculates the growth figures for each line based on the data submitted (all figures are annualised growth, rather than per working day). Two growth figures are given for each line: one including and one excluding counting and coding changes.

4.2.1 Validations

No required cells should be left blank, and all activity figures must be entered in whole numbers.

The 2020/21 total must equal the sum of the relevant line on the Activity Waterfall tab – if this is not the case the template will not be accepted by SDCS.

4.2.2 Changes from previous years

Functionality:

None

Measures:

In 2019/20 we collected a total outpatient procedures figure. This year outpatient procedures are split between first and follow up outpatients, as an “of which” category.

In addition, a further “of which” category has been added to capture the number of outpatient attendances that relate to diagnostic imaging. Please note that this is distinct from the “outpatient attendance with procedures” category

*Example: A First Outpatient attendance is expected that will include both a procedure and diagnostic imaging. This attendance should be counted as 1 attendance under Total First Outpatient attendances and then **also** counted as 1 under First Outpatient Attendance: With procedure **and** First Outpatient attendance: Diagnostic Imaging.*

*Conversely a Follow Up outpatient attendance including Diagnostic imaging only, but with no procedure, would be counted as 1 attendance under the Total Follow up Outpatient attendances **and** Follow up Outpatient Attendance: Diagnostic Imaging only, but would not be counted under Follow up Outpatient Attendance: With procedure.*

Six new activity lines have been added to capture the number of planned tests for:

- Magnetic Resonance Imaging
- Computed Tomography
- Non-Obstetric Ultrasound
- Colonoscopy
- Flexi Sigmoidoscopy
- Gastroscopy

In line with the Strategic Planning exercise, GP appointments have been added for CCGs only in 2020/21.

4.3 Provider-commissioner alignment

This tab is intended to ensure alignment between provider and commissioner plans. For each of the activity measures collected from both commissioners and providers, organisations are asked to identify how much activity will be delivered by providers/commissioned by CCGs or Specialised Commissioning.

This is requested in two parts.

For CCGs and Specialised Commissioning

- a) The proportion of activity in the year which will be provided by acute NHS providers, other NHS providers, and independent sector providers
- b) For the activity provided by acute NHS providers, a breakdown by individual provider, for the top six providers.

For Providers

- a) The proportion of activity in the year which will be commissioned by CCGs, Specialised Commissioning, or other commissioning (including overseas visitors and devolved authorities)
- b) For the activity commissioned by CCGs, a breakdown by individual CCG, for the top six CCGs

A table is provided to give figures for any additional providers or CCGs who will represent a significant proportion of activity for the submitting organisation in 2020/21, should this be needed.

Suggested proportions based on historic data recorded in SUS are provided in the template. These can be amended in the “Expected Share” columns J and K.

The radio button at the top of the tab can be used to switch between providing amendments in the form of counts or proportions. Based on your selection, the corresponding count or proportion will be calculated in columns L and M.

For example, if you supply an expected proportion of 80% to be delivered by a provider in column J, the implied count of activity will be displayed in column M.

This information will be used to identify areas where plans are not aligned between providers and commissioners, and differences will be challenged. Organisations should follow the processes set out in the main planning guidance regarding system working and the importance of aligned plans.

4.3.1 Validations

It is possible to leave cells blank on this tab. If no changes are required to the pre-populated shares based on historic data, organisations will be asked to confirm this via the tick box at the top of the tab.

Validations will be in place to ensure that:

The proportions for acute NHS providers, other NHS providers and independent sector providers do not exceed 100%

The proportions for CCGs, Specialised Commissioning and other commissioning do not exceed 100%

The proportions for each specified organisation do not exceed the total proportion for acute NHS providers/CCG commissioned activity

Activity must be supplied in whole numbers. Activity values derived by proportions will be automatically rounded to the nearest whole number.

A comments box is provided for additional information. Organisations are asked to provide explanations for any large changes to historic shares of activity, for example, if a new provider is being contracted to start delivering activity for a commissioner.

4.3.2 Changes from previous years

Functionality:

None

Measures:

None

4.3.3 Strategic plan reconciliation

A comparison is shown to the within-system alignment figures provided through the strategic planning exercise for 2020/21. A high level of variance from the within-system activity submitted in this return will trigger a data warning flag, encouraging a review of the figures. This data warning will not prevent submission, but organisations are encouraged to include relevant explanations in the comments box provided.

4.4 Activity waterfall

This tab collects information on the components of growth for each activity line over the year. Submitters are asked to provide details of the changes expected in the year which lead to differences between the expected 2019/20 outturn position and the planned 2020/21 position.

4.4.1 Forecast outturn

A centrally supplied forecast outturn (FOT) position is prepopulated for each line in the template. With the exception of GP appointments, this figure is calculated as covered in the Forecast Outturn section of this guidance. For GP appointments, the 2019/20 plan figure collected in the strategic planning exercise will be used as the starting FOT position.

- FOT Difference – The centrally calculated FOT is intended as a starting point, which submitters may wish to adjust to better represent the expected position at the end of 2019/20. The level of adjustment should be recorded in the FOT difference column, allowing an organisation-provided FOT to be calculated. This figure is then used as the baseline for the plans and will be used to calculate growth. The adjustment should capture both real differences in activity in 2019/20 and any counting and coding changes that will affect the commissioner's 2019/20 data as generated from SUS+ in NCDR. SUS+ will be used to monitor performance against plan in-year (With the exception of RTT,

Diagnostic Imaging and GP appointments data, which have their own sources as defined in Annex F1)

4.4.2 Waterfall categories

Organisations are then asked to attribute changes in activity volumes between the 2019/20 outturn and the 2020/21 plan as follows:

- Counting and coding changes

This category should include any growth in 2020/21 which is not related to actual changes in activity, for example, 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 2019/20 data as well, then this should be reflected in the 2019/20 forecast outturn rather than this category.

- Other non-recurrent activity

This category should include any change in activity between 2019/20 and 2020/21 which is a result of a one-off exercise, such as one-off measures introduced to reduce the elective waiting list.

- 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 outpatient and other elective care transformation, the development of Same Day Emergency Care services and NHS 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.

4.4.3 Strategic plan reconciliation

In addition to asking organisations to categorise the change between the 2019/20 position and the 2020/21 plan, organisations are also asked to explain any variance between the 2020/21 Strategic Plan and the 2020/21 Operational plan. As described in *Annex A: Introduction and Overview to Technical and Supporting Guidance* submitters are asked to use the following categories to describe the reason for this variance.

- Revision of 2019/20 outturn assumptions

Any variance due to a change in expectations regarding the 2019/20 outturn position. This is separate from the FOT difference column in the main waterfall – it is provided to capture variance in plans which is a result of a change to the assumptions regarding the 2019/20 outturn position made for the construction of strategic plans.

- Revised Prescribed Specialised Services Identification Rules (PSS IR) and Commissioner Assignment Method (CAM)

Variance due to changes to commissioner assignment which were not accounted for in the Strategic Plan, as a result of applying the latest commissioner assignment methodology.

- Adjustment to correct alignment issues

Variance to plans due to improvements to provider/commissioner alignment.

- Adjustment to address organisational changes

Variance due to upcoming organisational mergers which have not previously been accounted for in strategic plans.

- Adjustment to correct errors in strategic plan

Variance due to inaccuracies in the 2020/21 strategic plan figure.

- Real change from strategic plan

Variance due to an actual change in assumptions underlying the plans resulting in a change in activity volumes expected. Any variance covered by this category must be supplemented by additional commentary.

- Other adjustment to strategic plans

Any variance not covered by the categories above. Details must be given in the comments box provided.

4.4.4 Validations

No cells should be left blank (if no activity is attributed to a particular column then a zero should be entered), and all activity figures must be entered in whole numbers.

The sum of all components in the waterfall must equal the annual plan figure provided in the monthly profile (i.e. 2019/20 Central FOT + FOT difference + Counting and Coding + Other non-recurrent activity + Underlying trend and demographic growth + Transformational Change + Policy changes = 2020/21 plan).

Comments must be provided to explain any changes to the central FOT using the FOT difference column.

Comments must be provided to explain any variance in the “Real Change from strategic plan” or “Other adjustment to strategic plans” box.

4.4.5 Changes from previous years

Functionality:

Addition of strategic plan reconciliation section

Measures:

The activity waterfall is required for all activity lines in the activity monthly profile tab (although only the FOT difference column is required for the three Referral to Treatment (RTT) measures, and the six new diagnostic test measures).

4.5 Mental health

This tab captures planning trajectories for the mental health planning lines. Full definitions of the measures included can be found in Annex F1.

Trajectories on this tab are either monthly or quarterly and organisations should complete the measures relevant to their organisation type, as per the given granularity for the measure. Measures not relevant to the selected organisation will be hidden and will not require completion. Please note that for the first time in organisational planning we are collecting selected measures from Mental Health Providers, as well as CCGs.

Organisations that are not expected to provide a plan will have the relevant measure hidden in their template,

4.5.1 Strategic plan reconciliation

A number of mental health measures were collected as part of the strategic planning exercise. As with relevant activity lines, the total figure from the strategic plan will be presented in the template. If the operational plan submitted for the year differs from the strategic plan figure, organisations will be asked to explain the variance in the comments box provided.

A hard validation will be in place, which will prevent a submission from being accepted if comments are not provided to explain any variance.

4.5.2 Validations

No visible cells should be left blank, and all activity figures must be entered in whole numbers.

Validations will also highlight where plans do not meet the required targets, where targets are available. These data warnings are for information to aid organisations in validating their return but will not prevent submission.

4.5.3 Changes from previous years

Functionality:

Validations have been updated in line with requirements for 2020/21.

Addition of strategic plan reconciliation section.

Measures:

A number of new measures have been added for 2020/21. For further information please see Annex F1.

4.6 Primary Care

This measure captures performance trajectories relating to primary care. Measures are collected either monthly or quarterly by CCG. Providers are not required to complete this tab.

4.6.1 Validations

No visible cells should be left blank, and all activity figures must be entered in whole numbers.

Validations will also highlight where plans do not meet the required targets, where targets are available. These data warnings are for information to aid organisations in validating their return but will not prevent submission.

4.6.2 Changes from previous years

Functionality:

None.

Measures:

The Primary Care workforce section collected in 2020/21 has been moved to a standalone collection – please see Annex E for details. The online consultations measure collected in 2019/20 was collected as part of the strategic planning round and further detail is not required as part of operational planning. This measure has been retired for 2020/21 Operational Planning.

4.7 Learning disability and autism

This tab captures trajectories regarding reliance on inpatient care for people with a learning disability (LD) or autism, split into care commissioned by NHS England and by CCGs. Providers are not required to complete this tab. All trajectories on this tab are collected quarterly. For 2020/21 the measure regarding Annual health checks for those on the LD register has also been moved to this tab.

4.7.1 Strategic plan reconciliation

The measures included on this tab were collected as part of the strategic planning exercise. As with relevant activity lines, the total figure from the strategic plan will be presented in the template. If the operational plan submitted for the year differs from the strategic plan figure, organisations will be asked to explain the variance in the comments box provided.

A hard validation will be in place, which will prevent a submission from being accepted if comments are not provided to explain any variance.

4.7.2 Validations

No visible cells should be left blank, and all activity figures must be entered in whole numbers.

4.7.3 Changes from previous years

Functionality:

A comments box has been added for each planning line.

Measures:

Annual health checks for those on the LD register has been moved to this tab in 2020/21. A new measure, reliance on inpatient care for children, was introduced in the strategic planning round, and has been included in this tab also. This measure is completed by a lead CCG for each Transforming Care Partnership (TCP) – those CCGs that are not a nominated lead will not need to complete this section

4.8 Personalisation

This tab contains captures trajectories for children waiting more than 18 weeks for a wheelchair. This measure is required from CCGs only – providers do not need to complete this tab.

4.8.1 Validations

No visible cells should be left blank, and all activity figures must be entered in whole numbers.

Validations will highlight where plans do not meet the required targets. This is for information and will not prevent submission of the return.

4.8.2 Change from previous years

Functionality:

None.

Measures:

The personal health budgets measure was collected as part of the strategic planning exercise and no further detail is required as part of the 2020/21 operational planning

collection and so this measure has been retired for 2020/21. The annual health checks for those on the LD register measure has been moved to the LD and autism tab.

5. Planning measures

The table below lists the measures against which we require organisations to submit a 2020/21 trajectory in their operational plan.

Technical guidance for these measures are provided in Annex F1 – Joint Technical Definitions for Performance and Activity.

Measures List (new additional measures are highlighted in blue)	Regularity of Plans	Strategic Reconciliation?	Plan	Required granularity
RTT				
Total numbers of patients on an incomplete pathway at month end (This line together with the line below will allow the calculation of RTT performance)	Monthly	No		CCG, Provider
Total numbers on an incomplete pathway waiting less than 18 weeks at month end	Monthly	No		CCG, Provider
RTT 52 week waits	Monthly	No		CCG, Provider
Diagnostics				
Diagnostic test waiting times	Monthly	No		CCG, Provider
Cancer				
All cancer 2 week wait	Monthly	No		CCG, Provider
Two week wait for breast symptoms (where cancer was not initially suspected)	Monthly	No		CCG, Provider
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	Monthly	No		CCG, Provider
31-day standard for subsequent cancer treatments - surgery	Monthly	No		CCG, Provider
31-day standard for subsequent cancer treatments - anti cancer drug regimens	Monthly	No		CCG, Provider
31-day standard for subsequent cancer treatments - radiotherapy	Monthly	No		CCG, Provider
Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Monthly	No		CCG, Provider
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Monthly	No		CCG, Provider
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	Monthly	No		CCG, Provider
NEW: Cancer Faster Diagnosis Standard	Monthly	No		CCG, Provider

SDCS Trajectories List (New additional lines are highlighted in Blue)	Regularity Plans	of Strategic Plan Reconciliation?	Required Granularity
Elective Activity			
Total referrals(General and Acute)	Monthly	Yes	CCG, Provider
Total GP referrals(General and Acute)	Monthly	Yes	CCG, Provider
Total other referrals(General and Acute)	Monthly	Yes	CCG, Provider
Consultant-led first outpatient attendances (Specific Acute)	Monthly	Yes	CCG, Provider, Specialised Commissioning
NEW of which: First Outpatient attendance with procedure	Monthly	No	CCG, Provider, Specialised Commissioning
NEW of which: First Outpatient attendance with diagnostic imaging	Monthly	No	CCG, Provider, Specialised Commissioning
Consultant-led follow-up outpatient attendances (Specific Acute)	Monthly	Yes	CCG, Provider, Specialised Commissioning
NEW of which: Follow-up Outpatient attendance with procedure	Monthly	No	CCG, Provider, Specialised Commissioning
NEW of which: Follow-up Outpatient attendance with diagnostic imaging	Monthly	No	CCG, Provider, Specialised Commissioning
Total elective spells(day cases and ordinary electives) (Specific Acute)	Monthly	Yes	CCG, Provider, Specialised Commissioning
Total elective spells - day cases	Monthly	Yes	CCG, Provider, Specialised Commissioning
Total elective spells – ordinary electives	Monthly	Yes	CCG, Provider, Specialised Commissioning
NEW: Planned Tests – Magnetic Resonance Imaging	Monthly	No	CCG, Provider
NEW: Planned Tests – Computed Tomography	Monthly	No	CCG, Provider
NEW: Planned Tests – Non-Obstetric Ultrasound	Monthly	No	CCG, Provider
NEW: Planned Tests – Colonoscopy	Monthly	No	CCG, Provider
NEW: Planned Tests – Flexi Sigmoidoscopy	Monthly	No	CCG, Provider
NEW: Planned Tests – Gastroscopy	Monthly	No	CCG, Provider
Number of completed RTT admitted pathways	Monthly	No	CCG, Provider
Number of completed RTT non-admitted pathways	Monthly	No	CCG, Provider
Number of new RTT pathways(clockstarts)	Monthly	No	CCG, Provider

SDCS Trajectories List (New additional lines are highlighted in Blue)	Regularity Plans	of	Strategic Reconciliation?	Plan	Required Granularity
Non-Elective Activity					
Total number of A&E attendances excluding planned follow-ups	Monthly		Yes		CCG, Provider
Amended: Total number of Type 1 & 2 A&E attendances excluding planned follow-ups	Monthly		Yes		CCG, Provider
Total number of other A&E attendances excluding planned follow-ups	Monthly		Yes		CCG, Provider
Total non-elective admissions (Specific Acute)	Monthly		Yes		CCG, Provider, Specialised Commissioning
Non-elective spells - 0 day length of stay	Monthly		Yes		CCG, Provider, Specialised Commissioning
Non-elective spells - +1 day length of stay	Monthly		Yes		CCG, Provider, Specialised Commissioning
UEC performance					
A&E waiting times – total time in the A&E department	Monthly		No		Provider
Ambulances – count of incidents by category	Monthly		Yes		Provider
Ambulances – response times by category	Monthly		No		Provider
Ambulances – incident closure	Monthly		No		Provider
Hospital Handover Delays	Monthly		No		Provider
NEW: Reducing length of stay for patients in hospital for 21 days and over	Monthly		Yes		Provider
Demand and Capacity					
Average number of G&A beds open per day (specific acute)	Monthly		No		Provider
GP Appointments					
NEW: Appointments in General Practice	Monthly		Yes		CCG

SDCS Trajectories List (New additional lines are highlighted in Blue)	Regularity of Plans	Strategic Plan Reconciliation?	Required Granularity
Mental Health			
IAPT roll-out	Quarterly	Yes	CCG
Estimated diagnosis rate for people with dementia	Monthly	No	CCG
IAPT recovery rate	Quarterly	No	CCG
IAPT waiting times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Quarterly	No	CCG
IAPT waiting times - The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Quarterly	No	CCG
Percentage of people experiencing a first episode of psychosis treated with a NICE -approved care package within two weeks of referral	Quarterly	No	CCG
Improve access rate to Children and Young People's Mental Health services	Quarterly	Yes	CCG
Percentage of patients receiving first definitive treatment for eating disorders within four weeks from a routine referral	Quarterly	No	CCG
Percentage of patients receiving first definitive treatment for eating disorders within one week from an urgent referral	Quarterly	No	CCG
Out of area placements	Quarterly	Yes	STP
People with a severe mental illness receiving a full annual physical health check	Quarterly	Yes	CCG
NEW: Perinatal Mental health – women accessing services	Quarterly	Yes	CCG
NEW: Number of people accessing individual placement and support	Quarterly	Yes	STP
NEW: Number of people receiving care from new models of integrated primary and community care for adults and older adults with severe mental illness	Quarterly	Yes	CCG
NEW: IAPT in-treatment pathway waits	Quarterly	No	CCG
NEW: Mental Health Services Dataset – Data Quality Maturity Index	Quarterly	No	Provider
NEW: Number of IAPT Long Term Condition pathways	Quarterly	No	CCG
NEW: Coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice	Quarterly	No	Provider
NEW: Activity within community mental health services for adults and older adults with severe mental illnesses	Quarterly	No	CCG

SDCS Trajectories List (New additional lines are highlighted in Blue)	Regularity of Plans	Strategic Plan Reconciliation?	Required Granularity
Transforming Care			
Reliance on inpatient care for people with a learning disability and/or autism (CCG funded)	Quarterly	Yes	CCG
Reliance on inpatient care for people with a learning disability and/or autism (NHS England funded)	Quarterly	Yes	CCG
NEW: Reliance on inpatient care for people with a learning disability and/or autism – under 18	Quarterly	Yes	TCP
Annual health checks delivered by GPs	Quarterly	Yes	CCG
Wheelchair Access			
Percentage of children waiting less than 18 weeks for a wheelchair	Quarterly	No	CCG