

The background of the cover is a large, semi-transparent image of two people, a woman on the left and a man on the right, looking at a document together. The image is overlaid with a blue geometric pattern of overlapping squares and triangles. The text is centered over this image.

Delivering the Forward View:  
**NHS planning guidance  
for 2016/17 – 2020/21**

**Annex 1 to the Technical Guidance  
Activity Plan, Contract Tracker and SRG Operational  
Resilience Template Guidance**

# **Delivering the Forward View: Annex 1 to the Technical Guidance**

## **Activity Plan, ContractTracker and SRG Operational Resilience Template Guidance**

**Version number: 1**

**First published: January 2016**

**Prepared by: NHS England**

**This document is for: Foundation trusts, NHS trusts, CCGs**

**Publications Gateway Reference 04437**

**The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:**

- NHS England
- Care Quality Commission
- Health Education England
- Monitor
- The National Institute for Health and Care Excellence
- NHS Trust Development Authority
- Public Health England.

## Contents

1	Part A: Activity plan guidance.....	4
1.1	Introduction.....	4
1.2	Planning submissions.....	5
1.3	Joint planning return for providers and commissioners .....	6
1.3.1	Activity definitions .....	7
1.3.2	Submission details.....	7
1.3.3	Test template .....	7
1.4	Detailed planning return for each individual organisation .....	7
1.5	Commissioner monthly profiled activity plan.....	8
1.6	Provider monthly profiled activity plan .....	9
1.6.1	NHS trusts.....	10
1.6.2	NHS foundation trusts.....	10
2	Part B: Guidance for completion of contract tracker .....	11
2.1	Objectives.....	11
2.2	Scope .....	11
2.3	Data collection.....	12
2.4	Timetable.....	14
2.4.1	Submission cycle .....	14
2.5	UNIFY template technical details .....	16
2.5.1	User setup .....	16
2.5.2	Open the template in UNIFY .....	17
2.5.3	First submission .....	17
2.5.4	CSU guidance.....	20
2.6	UNIFY submission template.....	21
2.7	Review of 'prov/comm' UNIFY outputs.....	22
2.8	Support.....	23
3	Part C: SRG Operational Resilience Template.....	24
3.1	Introduction.....	24
3.2	Submissions.....	24
3.3	Definitions.....	24

## 1 Part A: Activity plan guidance

### 1.1 Introduction

In *'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21'*, we are asking each health and care system to come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View. As part of this, a fundamental objective of the 2016/17 operational planning round is for providers and commissioners to have realistic and aligned activity plans. In this context it is essential for providers and commissioners to work together transparently and to promote robust demand and capacity planning.

To help the move towards a place-based approach to planning, NHS England and NHS Improvement have made a number of changes to activity planning for 2016/17, including:

- the requirement for a joint 'open-book' activity plan from providers and commissioners on UNIFY;
- refinement of the activity data definitions required in reporting to ensure consistency between providers and commissioners;
- roll-out of a suite of demand and capacity modelling tools to inform the activity planning submissions; and
- a change in the platform used for activity data reporting from the Monthly Activity Return (MAR) to the Secondary Uses Service (SUS).

To support collaborative working of organisations to deliver a shared vision for their locality as part of the 'open-book' approach to activity planning, there are two new packages of tools: the Indicative Hospital Activity Model (IHAM), which will be available shortly; and a suite of demand and capacity modelling tools, which can be found [here](#) or by contacting [england.demandandcapacityproject@nhs.net](mailto:england.demandandcapacityproject@nhs.net).

The IHAM is an interactive tool that can be used by local areas to support their understanding of how different planning assumptions affect their secondary care activity. It generates indicative activity figures based on historic trends and demography (the 'do nothing' trajectory) which can be used by local areas in their development of their activity plan. In addition, the model can be used to investigate how additional programmes and policies will affect that 'do nothing' trajectory. The model is not intended to be used as a way of imposing top-down assumptions, rather to encourage local and regional conversations and understanding about the effect that different assumptions have on local circumstances. Local areas will be supported in developing their understanding of the purpose and nature of the tool and how to use it as a part of the planning process.

Demand and capacity planning should be regarded as business-critical rather than an optional skillset. The suite of demand and capacity modelling tools has been produced to assist commissioners and providers in embedding these skills in the planning process. Further details can be obtained from [england.demandandcapacityproject@nhs.net](mailto:england.demandandcapacityproject@nhs.net).

Local health and care communities should utilise the outputs from these modelling tools as part of the planning process, to inform their activity planning submissions.

In addition to this, throughout January 2016, a series of [regional training events](#) have been organised to support the use of the demand and capacity models.

Providers and commissioners are strongly advised to establish UNIFY accounts in January.

In order to set up a Unify2 user account:

- Visit the [UNIFY homepage](#).
- Click on 'Request a new user account' and complete the form.
- Await an email confirming account details.

## 1.2 Planning submissions

Two core 2016/17 activity planning templates will be required from providers and commissioners:

- a joint planning return for providers and commissioners capturing annual activity for 2015/16 forecast out-turn and 2016/17 plan. This return will be used to provide assurance that provider and commissioner activity plans align; and
- a detailed planning return, for each individual organisation, containing 2015/16 forecast out-turn and a monthly profile for the 2016/17 plan. This return will be used by the relevant oversight body to assess risk in individual organisational plans and monitor performance in year.

Both templates are to be submitted as part of the draft and final submissions as detailed in Appendix 2 of the Technical Guidance (Operational Plan Submission Requirements). In addition to this, organisations will be required to submit high level activity plan data in their contract tracker (see Part B below) and 2015/16 baselines return.

This annex provides detail on the two core activity planning templates. Further information on these returns is available on [Unify2](#) (please note: user access is required).

### 1.3 Joint planning return for providers and commissioners

The joint planning return will contain detail of the annual activity agreed between commissioner and provider and the 2015/16 forecast out-turn. Providers and commissioners should come together to agree the level of activity required locally. They will then enter their data into UNIFY separately, where it will be matched on the system, and will subsequently allow named users to view their corresponding counterpart entries.

We appreciate that, due to ongoing discussions, there may be differences between provider and commissioner activity plan entries submitted as part of the draft plan. However, we expect organisations to use the outputs of the draft return as part of these discussions. The weekly contract tracker is also designed to help reach alignment in contracted activity with the expectation that the final activity plans submitted in April 2016 will be fully aligned between providers and commissioners.

The joint planning return template contains the following categories of activity:

- Total referrals
- Consultant-led first outpatient attendances
- Consultant-led follow-up outpatient attendances
- Total elective admissions (spells)
- Total non-elective admissions (spells)
- Total A&E attendances
- Total endoscopy tests
- Total diagnostics tests (excluding endoscopy)
- Total cancer 2 week wait (ww) referrals
- Total cancer 62 day waits.

Data under each of the above categories will need to be entered separately for each provider and commissioner where the 2016/17 total contract income (for providers) or contract expenditure (for commissioners) exceeds £5 million. For all provider and commissioner relationships under £5 million, data should be consolidated and presented in the 'Other' section.

Note: where an individual provider and commissioner have a number of contracts together, the £5 million threshold should be applied to the sum of all contracts. For instance an entry will be required in this return if there are two individual contracts worth £3 million each. All activity data should be entered on an individual provider

and commissioner basis; please do not complete the returns on a lead commissioner basis.

The total activity entered in this return should be in agreement with the total activity entered in the detailed planning return for each individual organisation. NHS England and NHS Improvement will be performing consistency checks between the two returns and will follow up with organisations where the two do not agree.

### **1.3.1 Activity definitions**

Data entered in this return should be defined as total Secondary Uses Service (SUS) activity excluding well babies.

Inpatient and outpatient activity will be derived from SUS using the agreed extraction process and definitions. Providers and commissioners will be aware that this technical annex to the Planning Guidance is being produced during the consultation period on the SUS definitions. Once the consultation has closed and final definitions have been agreed these will be published through the [Unify2 planning page](#).

### **1.3.2 Submission details**

The joint planning return will be submitted through UNIFY in line with the timetable of operational plan submissions in Appendix 2 of the Technical Guidance document. Providers will be required to submit their draft returns by no later than midday on 8 February 2016. There will be a strict cut-off point for provider submissions as the collection will then need to be opened for commissioner submissions at midday on 9 February 2016. This collection will then close for commissioners on 11 February 2016.

This timeline will be reviewed post the February submission and may be revised for the April submissions. Details will be posted on [Unify2](#).

### **1.3.3 Test template**

An example Unify2 Provider and Commissioner Annual Activity Template is available on Unify2. This template is provided to illustrate what information will be required, but is not suitable for submission. The functional Unify2 Planning Template will be made available shortly from Unify2 and should be submitted through [Unify2](#).

## **1.4 Detailed planning return for each individual organisation**

In addition, individual organisational submissions are also required by NHS England, the NHS Trust Development Authority (TDA) and Monitor.

Although each organisation has a different template and process for submission, the core activity lines used in the joint planning return for providers and commissioners are aligned to enable triangulation between this and the organisational plan.

## 1.5 Commissioner monthly profiled activity plan

Commissioners will be provided with a 2015/16 forecast out-turn figure, for inpatients and outpatients, derived from SUS data available from the Temporary National Repository, using the agreed definitions available on the [Unify2 planning page](#).

For the draft plans, due February and March, the forecast out-turn will be derived from month 6 data, previously circulated to commissioners, and for the final submission the forecast out-turn will be derived from month 9 data. The methodology used is available on the [Unify2 planning page](#).

Commissioners will be required to confirm their assumed growth and changes in activity levels due to transformational change, for example Better Care Fund, vanguards, local schemes etc. and any known contractual coding changes, for example annex day case to outpatients.

The IHAM model described in Section 1.1 above will support commissioners in developing their plans. Commissioners are expected to use this and other local tools to inform their planning.

The resulting figure will then be profiled over the 12 months, taking account of working days. Activity trajectories are required for:

- Total referrals
- Consultant-led first outpatient attendances
- Consultant-led follow-up outpatient attendances
- Total elective admissions (spells)
- Total non-elective admissions (spells)
- Total A&E attendances
- Total endoscopy tests
- Total diagnostics tests (excluding endoscopy)
- Total cancer 2ww referrals
- Total cancer 62 day waits
- RTT admitted and non-admitted activity.

Commissioners are required to provide details for both total activity (excluding well babies) and more specific acute activity (excluding well babies, maternity, mental health and learning disabilities) previously known as General & Acute. This subset of the total activity figures will provide the information required to assure the plans are



robust against the requirements of the NHS Constitution. Detailed definitions will be made available on the [Unify2 planning page](#).

Each Transforming Care Partnership (TCP) should agree a lead CCG to submit the Unify planning template for 2016/17. This lead CCG should have been confirmed to the NHS England Learning Disability programme by 15 December 2015. The template should be completed with the planned inpatient totals at the end of each quarter of 2016/17; these should be identical to the planned inpatient totals for 2016/17 included in the detailed three-year TCP plans submitted to NHS England by 8 February 2016 and then finalised by 11 April 2016. There is no nationally set standard or target for delivery in 2016/17 but the planned totals should be consistent with the TCP's own plans and the national planning assumptions on inpatient capacity stated in [Building the Right Support](#).

Other data requirements in relation to NHS Constitution requirements are detailed in Technical Annex 2.

An example of the Unify2 Commissioner Monthly Profiled Activity Template is available on the [Unify2 planning page](#). Templates with full functionality will be available shortly.

This template is provided to illustrate what information will be required, but is not suitable for submission through Unify2. The functional Unify2 Planning Template will be made available from Unify2 and should be submitted through [Unify2](#).

## 1.6 Provider monthly profiled activity plan

Provider detailed activity templates will be prepopulated with month's 1-6 data for the data lines listed below. These have been derived from SUS; definitions used in this data extract can be found on the NHS England website. The extract was based on provider data available in the Temporary National Repository (TNR). We would like all providers to use these definitions to form their forecast out-turn for 2015/16 and detailed monthly operational plan for 2016/17.

Data entered in this return should be defined as total SUS activity excluding well babies. If you would like further detail on how these definitions were derived, please contact Monitor or TDA accordingly.

For final plan submissions, activity templates will be prepopulated with the forecast out-turn derived from month 9 data for the lines listed below, following the same definitions as above. Providers will need to revise their forecast out-turn in light of this update.

The resulting figure will then be used to form a baseline for the 2016/17 plan which will be profiled over the 12 months, taking account of working days.

Activity trajectories are required for:

- Total referrals

- Consultant-led first outpatient attendances
- Consultant-led follow-up outpatient attendances
- Total elective admissions (spells)
- Total non-elective admissions (spells)
- Total A&E attendances
- Total endoscopy tests
- Total diagnostics tests (excluding endoscopy)
- Total cancer 2ww referrals
- Total cancer 62 day waits
- Clostridium difficile infections.

#### **1.6.1 NHS trusts**

An example of the Unify2 Provider Monthly Profiled Activity Template is available on the [Unify2 planning page](#). Templates with full functionality will be available shortly.

This template is provided to illustrate what information will be required, but is not suitable for submission through Unify2. The functional Unify2 Planning Template will be made available from Unify2 and should be submitted through [Unify2](#).

#### **1.6.2 NHS foundation trusts**

For further information on how to complete the detailed foundation trust activity template which forms part of Monitor's Annual Plan Review (APR) template, please refer to Technical Annex 6: Guidance on how to complete the APR template. If you have any queries please contact [APR@monitor.gov.uk](mailto:APR@monitor.gov.uk).

## 2 Part B: Guidance for completion of contract tracker

### 2.1 Objectives

Realistic, locally owned and aligned contracts between commissioners and providers are a key component of a robust plan. To ensure that this can be achieved by the national contract deadline of 31 March 2016 it is important that progress on contracts is made in a timely manner.

For the 2016/17 planning round, NHS Improvement and NHS England have designed a new contract tracker to be completed by all providers and commissioners using the Unify system.

This contract tracker will be used to support the contracting round by creating visibility of provider and commissioner contract data thereby enabling:

- individual providers and commissioners to engage directly with each other to resolve outstanding contracting differences and sign all contracts within the contracting timetable; and
- NHS Improvement and NHS England to understand misalignment and contract risk early on, and more comprehensively, thereby allowing us (in line with the joint assurance process) to:
  - provide meaningful support to commissioners and providers;
  - encourage contracts which contain realistic levels of activity that providers have the capacity to deliver; and
  - help ensure that contracts are agreed and signed by the national contract deadline.

### 2.2 Scope

Organisations will be required to submit information relating to all of their contracts as follows:

**all contracts over a materiality threshold of £5 million:**

- in instances where only the provider or the commissioner indicates the contract value is over £5 million, but the related party does not, both parties will be required to submit data; and
- the central teams will identify any such one-sided submissions following a review of week 1 submissions and will notify any organisations who will be required to submit a data set in these cases.

Please include contract values that relate to patient care activity only. Contract values relating to other services (for example the hosting of financial services) should be excluded from the contract values that are submitted as part of this contract tracker collection.

## OFFICIAL

All contract data should be entered on an **individual provider and commissioner basis**; please do not complete the returns on a lead commissioner basis:

- Show details for the contracts to be agreed and signed on an individual provider/commissioner basis.
- Where an individual provider and commissioner have a number of contracts together, please sum the value of those contracts and include data for contracts that when aggregated exceed the £5 million threshold.

### 2.3 Data collection

Data to be submitted on a weekly basis for contracts over £5 million:

- total contract value (in £'000)
- contract status (see dropdown selection below)
- agreed heads of terms (Yes/No)
- has the contract been signed? (Yes/No)
- actual/expected contract signature date (dd-mm-yyyy)
- likely to require mediation? (Yes/No)
- likely to require arbitration? (Yes/No)
- contracted elective activity (No of spells)
- contracted non-elective activity (No of spells)
- description of key outstanding contract issues (see dropdown selection below)
- description of key outstanding contract issues (free text)
- planned next steps to progress agreement (free text)
- type of contract (see dropdown selection below).

2016/17 contract values:

- the 2016/17 contract values should reflect the latest contract position dependent on the contract status:
  - enter the latest contract offer position if the contract status is as follows:
    - awaiting offer;

## OFFICIAL

- reviewing offer; or
- awaiting response to offer.
  
- enter the contract value agreed between each provider and commissioner if the contract status is as follows:
  - finalising contract paperwork; or
  - complete.

Key outstanding contract issues – dropdown options. Please enter all outstanding contract issues that apply and update this for each submission. Up to eight separate issues may be selected:

- 2015/16 contract baseline
- activity/volumes
- baselines for marginal rate activity
- Better Care Fund
- CQUIN
- local pricing
- QIPP
- specific service issues
- resilience funding
- other (please provide further details in the free text section).

Type of contract – dropdown options. Please select all that apply to the contract:

- cost and volume
- block
- cap and collar
- partial block.

Data input validations:

- All fields must be completed for every contractual relationship identified.
- The template will reject:

- contract values less than £4 million (to allow for matching entries where contracts border the £5 million contract materiality threshold);
  - contract values over £1 billion; and
  - contract values with decimal place entries (figures must be rounded to the nearest £'000).
- Date entries must fall within a valid date range for the 2016/17 contracting round.
  - Enter free text commentary to describe all 'Other' outstanding contract issues.
  - Entries are required for activity fields (for some organisations this may require entering a zero value).

## 2.4 Timetable

All providers and commissioners will be required to submit data for two weeks during February 2016 and on a weekly basis during March and April. Although some of the data may remain static please ensure that the contract tracker templates are updated and submitted in accordance with the timetable confirming your organisation's latest view of contract status and values.

### 2.4.1 Submission cycle

We have designed a new template within the UNIFY system that will enable both provider and commissioners to enter their contract data on an individual provider/commissioner basis.

Once all data has been entered into the system by all providers and all commissioners, each organisation will be able to view their individual contract relationships to see both provider and commissioner datasets as well as any variances between the two datasets.

The data collection process requires strict timing protocols which will be enforced for each weekly collection as follows:

- Step 1 - Providers will submit their contract tracker data within UNIFY.
- Step 2 - The central team will close the provider collection.
- Step 3 - Commissioners will submit their contract tracker data within UNIFY.
- Step 4 - The central team will close the commissioner collection.
- Step 5 - Output reports will be available for all users of the system to view and utilise as part of the contracting process.

In order to minimise the gap between provider data entry and commissioner data entry (to ensure data is entered on a consistent basis), and in order to maximise the use of this data to aid the contracting process, we have scheduled relatively short submission windows for each of the provider submissions and commissioner submissions.

## OFFICIAL

Please note: once the submission window ends and the central team close each collection, there will be no further opportunity to submit data for that week. The next opportunity to submit will be in a subsequent week.

To support organisations who may be using the UNIFY system for the first time we will open the system for a 'pilot' collection from 29 January to 2 February 2016. We encourage all organisations to take this opportunity to make their first submission on the UNIFY system during this time. The data submitted will only be used for testing purposes and will allow us to provide technical support in advance of the first official data collection the following week.

### 2.4.2 Submission timetable

2016	Date	Date	Date	Date	Day	Time	Collection	Providers	Commissioners
Jan	4th				Monday	Close of Play	Request login details	Request login details	Request login details
Jan	29th				Friday	9:00	3 Pilot collection (data not used)	Collection opens	
Feb	1st				<b>Monday</b>	<b>12:00</b>		<b>Collection Closes</b>	
					Monday	16:00			Collection Opens
	2nd				<b>Tuesday</b>	<b>12:00</b>			<b>Collection Closes</b>
	3rd				Wednesday	9:00		View Data	View Data
Feb	5th		19th		Friday	9:00	February data collections	Collection Opens	
	8th		22nd		<b>Monday</b>	<b>12:00</b>		<b>Collection Closes</b>	
						Monday		16:00	
	9th		23rd		<b>Tuesday</b>	<b>12:00</b>			<b>Collection Closes</b>
	10th		24th		Wednesday	9:00	View Data	View Data	
March	4th	11th	18th		Friday	9:00	March data collections	Collection Opens	
	7th	14th	21st		<b>Monday</b>	<b>12:00</b>		<b>Collection Closes</b>	
								Monday	16:00
	8th	15th	22nd		<b>Tuesday</b>	<b>12:00</b>			<b>Collection Closes</b>
	9th	16th	23rd		Wednesday	9:00	View Data	View Data	

## OFFICIAL

2016	Date	Date	Date	Date	Day	Time	Collection	Providers	Commissioners
				24th	Thursday	9:00	Collection adjusted for Bank Holiday	Collection Opens	
			29th	Tuesday	12:00	Collection Closes			
				Tuesday	16:00			Collection Opens	
			30th	Wednesday	12:00			Collection Closes	
			31st	Thursday	9:00	View Data		View Data	
April	1st	8th	15th	22nd	Thursday	9:00	April Data Collections	Collection Opens	
	4th	11th	18th	25th	Monday	12:00		Collection Closes	
					Monday	16:00			Collection Opens
	5th	12th	19th	26th	Tuesday	12:00			Collection Closes
	6th	13th	20th	27th	Wednesday	9:00		View Data	View Data

### 4.1 UNIFY template technical details

#### 4.1.1 User setup

You will be able to log on to [the UNIFY system](#) here.

Each organisation will be provided with unique login usernames and passcodes for these weekly submissions. Please ensure that the correct leads within your organisation have access to this information throughout the submission period.

Please be advised that we will also use the contact details you provide to us for the contract tracker for the Baseline Agreement checkpoint collection on 18 January 2016. Guidance in relation to this separate collection is included within the joint assurance guidance, with further technical guidance to follow.

If you do not already have login details, please request them as soon as possible through each of the central teams. Please send the following details:

- organisation name;
- user name;
- user NHS email address; and
- user contact details – telephone number.

If we require any additional information to set up the user accounts we will notify organisations.



Those that request a UNIFY login will be provided with a username and password in advance of the 29 January 2016 pilot collection.

#### 4.1.2 Open the template in UNIFY

Download the contract tracker file by clicking on the Unify2 upload templates link (highlighted in figure 1 below).

Figure 1: Department of Health Unify2 welcome screen

The screenshot shows the Unify2 welcome screen for the Department of Health. At the top, there is a navigation bar with links for 'Data collection & management', 'Glossary', 'Report Library', 'Extraction Viewer', 'Extraction Admin', 'View Manage', and 'Data & system maintenance'. Below this, there are two status messages: 'There are 8 new user requests awaiting processing.' and 'There are 2 user requests at organisations without a User Manager.' The main content is divided into three columns. The left column contains 'Data Links' (Collections Timetable, Contact Us, NHS England Statistics Site, Omnibus System, Revisions Process, Unify2 Upload Templates) and 'System Links' (All Data Collections, Forum, Request a Unify account, View links). The middle column has a 'Welcome' message, a 'CAN'T SIGN IN?' section with instructions on how to create an account or reset a password, and a 'NEED HELP?' section with a link to the help section. The right column is titled 'News' and contains several announcements with dates and links for more details, such as 'Plan for Additional RTT Activity - Template v1.1 available' and 'Referral to Treatment PTL Unify collection for Foundation Trusts - upload template and guidance'.

If you are a provider please download the template called 'Contract Tracker – Provider Template' (use the most current version).

If you are a commissioner please download the template called 'Contract Tracker – Commissioner Template' (use the most current version).

As a visual aid we have included a number of screenshots from Unify in the subsequent guidance. Please note that the 'provider' and 'commissioner' collections are identical, with the exception of background colours, as illustrated below.

#### 4.1.3 First submission

Input data into the file. For your first submission:

- On the Control Panel worksheet, select your organisation using the 'Choose organisation' button.
- To create a new input tab for each contractual relationship over £5 million you should click the 'Add Child Organisations' button and select the required name/code of the organisation you are contracting with and press the 'Add Org(s)' button.

Figure 2: Control Panel worksheet of Contract Tracker Template

**Unify2 Generic Upload Template**

**Planning 2016-17 Contract Tracker Provider Upload Template**

**Provider/Commissioner:** Provider

**Organisation:** Please select organisation Choose Organisation

**Period:** Planning Collection

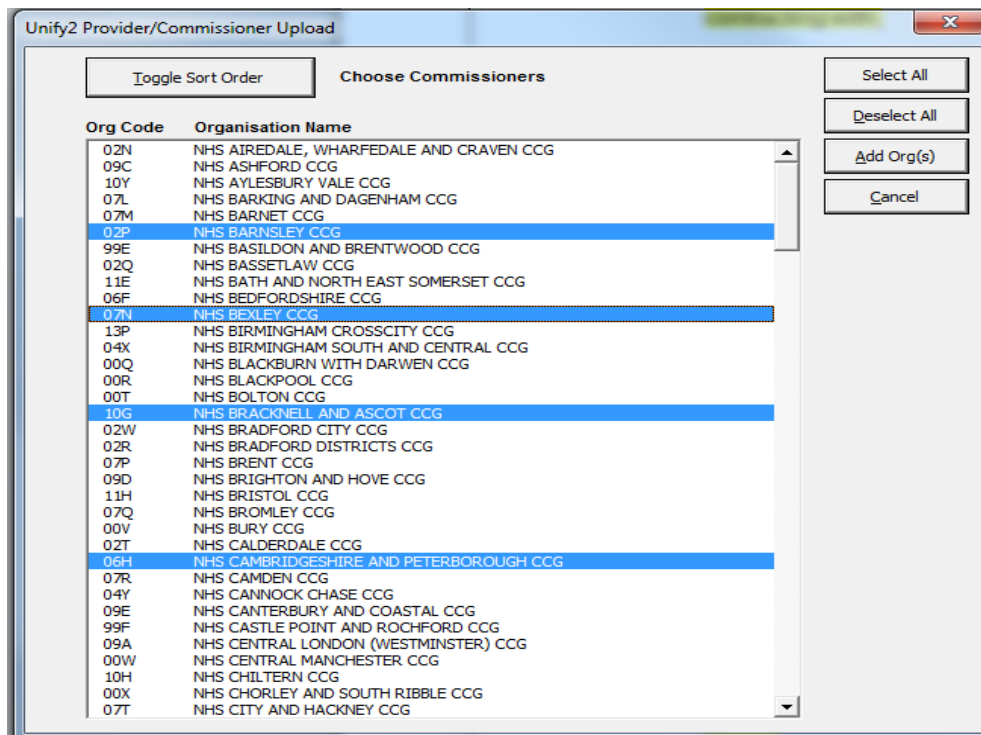
**Add/Remove (Child) Organisations** Add "Child" Organisations

Export CSV Remove "Child" Organisations

[Select All Child Orgs For Upload](#)  
[De-Select All Child Orgs For Upload](#)

Child Organisation Name	Organisation Code	Upload Organisation Data (A tick denotes the sheet is to be uploaded)	Validations
-------------------------	-------------------	--	-------------

Figure 3: Add Child Organisations Panel (provider's view)



- Input all of the required details – please do not leave any details blank.
- Should the templates change, a 'News' item will be added to the Unify2 homepage. Please review Unify2 News items for the latest information on this collection.
- For subsequent submissions, open a previously saved template and update all details as required.

Check your inputs and ensure there are no validation errors.

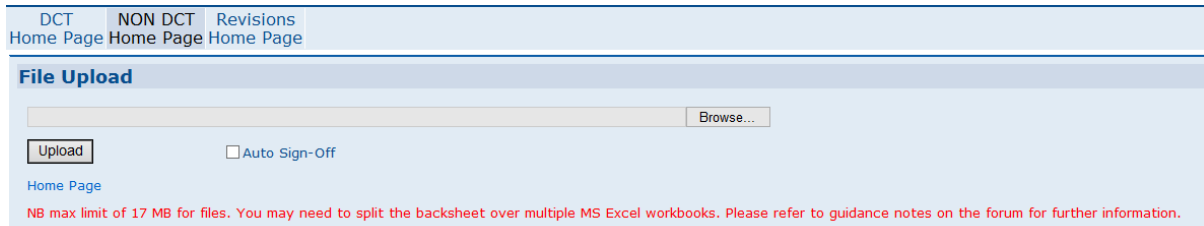
Once you have completed the workbook and saved it onto your hard drive, please upload your data into Unify2.

To do this, login to Unify2 [here](#).

If you are a CSU acting on behalf of a CCG and have logged in using a CSU account, you will need to follow an extra step before continuing - see [section 4.1.4](#). If logged in as a provider or commissioner, continue to the step below.

- \* Once logged in, click on 'Data collection & management'.
- Then click 'NON DCT Home Page'.
- Then select the Upload option for the return 'CTRACKV3'.
- Then click 'Browse' and select (or drill down to) the location of this workbook on your hard drive (the file path will be displayed below).

- Click 'Open'.
- Tick the 'Auto Sign-off' box.
- Finally, click the 'Upload' button.



DCT NON DCT Revisions  
Home Page Home Page Home Page

**File Upload**

Browse...

Auto Sign-Off

[Home Page](#)

NB max limit of 17 MB for files. You may need to split the backsheet over multiple MS Excel workbooks. Please refer to guidance notes on the forum for further information.

#### 4.1.4 CSU guidance

If you are a CSU acting on behalf of a CCG and have logged in using a CSU account you will first need to 'impersonate'<sup>1</sup> the CCG for whom you are uploading the template:

- In the top right corner of the screen, click where it reads: 'You are signed in as xxx as XXX COMMISSIONING SUPPORT UNIT'.
- Select the correct CCG from the organisation dropdown list.
- Click 'Impersonate' and follow the remaining steps above, from the asterisked bullet on page 19.

The CCG remains accountable for the data being entered on its behalf and there is a clear audit trail of who entered the data.

---

<sup>1</sup> "Impersonate" is a technical term used in UNIFY. A CSU logged in to UNIFY can submit data on behalf of a CCG by clicking 'impersonate' and selecting the CCG from a drop down list, whilst recording an audit trail. The CCG is accountable for any data entered on its behalf.

## 4.2 UNIFY submission template

This is a screenshot of a UNIFY template to be completed by a provider:

Figure 4: Control Panel worksheet (Provider Contract Tracker template)

**Unify2 Generic Upload Template**  
**Planning 2016-17 Contract Tracker Provider Upload Template**

Provider/Commissioner:

Organisation: Please select organisation

Period:

Add/Remove (Child) Organisations

Select All Child Orgs For Upload  
De-Select All Child Orgs For Upload

Child Organisation Name      Organisation Code      Upload Organisation Data (A tick denotes the sheet is to be uploaded)      Validations

Figure 5: Data input sheets (Provider Contract Tracker template)

Organisation: **RTM 5 BOROUGH PARTNERSHIP NHS TRUST**  
 "Child" Organisation: **02M NHS AIREDALE, WHARFEDALE AND CRAVEN CCG**      **SHEET VALIDATIONS FAILED**

Period: **Planning**  
 Sheet To be Uploaded: **Yes**      **Provider Contract Tracker**

[Return to Control Panel Sheet](#)

(M) - Mandatory; (M\*) - Conditional Mandatory; (O) - Optional

2016/17 Contract Value (M)	Contract Status (M)	Agreed Heads of Terms (M)	Contract Signed? (M)	Actual / Expected contract	Likely to require mediation? (M)	Likely to require arbitration?	Contracted Elective activity (M)	Contracted Non-elective activity (M)
£'000	Select one option from the drop-down list	Yes/No	Yes/No	dd/mm/yyyy	Yes/No	Yes/No	No. of spells	No. of spells

**Selection of key outstanding contract issues (between provider and commissioner) up to 8 can be selected (M\*)**

Drop-down options	Drop-down options	Drop-down options	Drop-down options	Drop-down options	Drop-down options	Drop-down options	Drop-down options
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

**If "Other" selected please provide an additional description of key outstanding contract issues (between provider and commissioner) (M\*)**

Free text (no more than 4000 characters)

**Planned next steps to progress agreement (O)**

Free text (no more than 4000 characters)

**Type of contract (M)**

Select all which apply

Drop-down options	Drop-down options	Drop-down options	Drop-down options
-------------------	-------------------	-------------------	-------------------

**SHEET VALIDATIONS FAILED**

This is a screenshot of a UNIFY template to be completed by a commissioner:

Figure 6: Control Panel worksheet (Commissioner Contract Tracker Template)



### 4.3 Review of ‘prov/comm’ UNIFY outputs

We have designed a report within UNIFY which will enable each organisation to view the contract tracker submissions for each of their unique provider/commissioner relationships.

This report will show both the provider and commissioner contract data for each organisation and calculate any variances between provider and commissioner datasets.

The report is available to view within UNIFY and can be exported as an excel document.

The data in UNIFY will be overridden after each weekly submission. The data will be available to download from 9am the day after the submission windows have closed (as per the timetable set out in [section 2.4](#) above) and you will be required to download the data at the earliest opportunity.

The report for any contract tracker data will be available through the ‘Extraction Viewer’ screen on Unify2. The name of the queries you will need to run in Extraction Viewer will be available on the [Unify2 forum](#). (Please remember you will need a Unify2 account to access this link).

Figure 7: Department of Health Unify2 welcome screen

The screenshot shows the Unify2 interface. At the top left is the Department of Health logo and 'Knowledge & Intelligence'. At the top right is the Unify2 logo and 'You are signed in as cpottage as DEPARTMENT OF HEALTH'. A navigation bar contains links: Data collection & management, Glossary, Report Library, Extraction Viewer, Extraction Admin, View Manage, and Data & system maintenance. Below the navigation bar, there are status messages: 'There are 8 new user requests awaiting processing.' and 'There are 2 user requests at organisations without a User Manager.' The main content area is divided into three columns: 'Data Links' (with sub-links like Collections Timetable, Contact Us, NHS England Statistics Site, Omnibus System, Revisions Process, Unify2 Upload Templates), 'System Links' (with sub-links like All Data Collections, Forum, Request a Unify account, View links), 'Welcome' (with sections for 'CAN'T SIGN IN?' and 'NEED HELP?'), and 'News' (with several news items including 'Plan for Additional RTT Activity - Template v1.1 available', 'Changes to Diagnostics Census', 'Staff FFT Upload Template released', 'Referral to Treatment PTL Unify collection for Foundation Trusts', and 'Safer Staffing collection - upload template and guidance').

To export data from 'Extraction Viewer' go into the relevant query. Once the data has loaded, on the left-hand side in the 'Actions' pane there will be a link called 'Export'. This will take you to a screen where you can select the data format in which you want to export the data. Finally, click the 'Export' button on the right hand side of the screen.

Once the export is ready, click on the 'Click to view or save' button. This will download the data to your computer.

## 4.4 Support

Support will be available to organisations as follows:

- advice regarding contract negotiations – contact your local regional teams;
- a video screencast of the Unify upload process will be recorded and made available to submitting organisations; and
- technical advice to complete the templates, submit data and submit details for UNIFY account set-up:
  - TDA – email [tda.finplan@nhs.net](mailto:tda.finplan@nhs.net);
  - Monitor – email [APR@monitor.gov.uk](mailto:APR@monitor.gov.uk);
  - commissioners – email NHS England at [NHSCB.financialperformance@nhs.net](mailto:NHSCB.financialperformance@nhs.net).

## 5 Part C: SRG Operational Resilience Template

### 5.1 Introduction

To date, operational resilience planning has been built around assuring there is sufficient planning taking place, to ensure service continuity at times of increased pressure. For 2015/16 this was extended to ensure that there is year-round resilience to system pressure. The aim was to understand the pressures within the system, and actions being taken to address any issues. Resilience planning was included as part of the main operational planning round, with additional planning priorities communicated throughout the year. The aim for 2016/17, and beyond, is to make resilience planning part of mainstream planning (as far as is practical).

The operational resilience element of the 2016/17 planning round is designed to serve two broad purposes:

- commencing the process of developing resilience plans and assurance at a local level. Resilience plans are aligned across all local commissioners and providers, and sufficient capacity is planned to cope with surges, across the following sectors:
  - acute capacity
  - community/out of hospital provision
  - primary care capacity
  - mental health services capacity; and
- ensuring resilience planning is linked to mainstream operational planning.

### 5.2 Submissions

Submissions are to be made via the Unify2 database, alongside other planning round returns. All System Resilience Groups (SRGs) are required to complete a full return. In practice, this will mean the lead commissioning CCG and/or the SRG chair organisation coordinating the return, by gathering the relevant plan information from local system partners (all local providers).

The current template (see figure 8 on page 25) is an example template and will not upload to UNIFY. A functional template to be used for upload to UNIFY will be made available on UNIFY during January 2016.

### 5.3 Definitions

The definition for each metric is given in figure 9 on page 26.

Figure 8 (next page): Example template for submissions



OFFICIAL

Acute capacity	2016/17 Plan			2015/16 Actual			Commentary
	Planned capacity for 1 April 2016	Planned base capacity for winter (Nov 2016 to Feb 2017)	Planned additional contingency capacity for winter period (Nov 2016 - Feb 2017)	Actual capacity at 1 April 2015	Actual base capacity for winter (Nov 2015 to Feb 2016)	Actual additional contingency capacity for winter period (Nov 2015 - Feb 2016)	
Acute Capacity							
Acute Trust 1 - name	General & Acute Beds	Adult Critical Care Beds					
	Critical Care Beds	Paediatric Intensive Care Beds					
		Neonatal Intensive Care Cots					
Acute Trust 1 - org code	Other beds in support of urgent & emergency care						
	Mortuary capacity	Are plans in place to increase your organisations own body storage capacity? Are you aware of resilience mortuary capability in your local area?					
	Other capacity in support of urgent & emergency care (please describe)						
Acute Trust 2 - name	General & Acute Beds	Adult Critical Care Beds					
	Critical Care Beds	Paediatric Intensive Care Beds					
		Neonatal Intensive Care Cots					
Acute Trust 2 - org code	Other beds in support of urgent & emergency care						
	Mortuary capacity	Are plans in place to increase your organisations own body storage capacity? Are you aware of resilience mortuary capability in your local area?					
	Other capacity in support of urgent & emergency care (please describe)						
Community/Out of Hospital provision							
Trust 1 - name	Community beds	Nursing, residential and dementia beds Specialist EMI (Elderly Mentally Infirm) beds					
	Intermediate Care	Bed Based (including crisis response services and reablement) Home Based (including rapid response services)					
Trust 1 - org code	Community Nursing	District Nurses and Community Matrons Allied Health Professionals (Physio and OT)					
	Other capacity in support of urgent & emergency care						
Primary care capacity							
GP practices	Total number of GP practices in the SRG area						
	Number of GP practices offering cover outside of core opening times						
	Practices with weekend cover	Number of GP practices open on Saturdays Number of GP practices open on Sundays					
Pharmacy	Total number of pharmacies in the SRG area						
	Number of pharmacies with out of hours pharmacy coverage						
Dentistry	Number of pharmacies who have access to a minor ailments schemes						
	Total number of dental practices in the SRG area						
	Number of dental practices offering cover outside of core opening times						
Mental health services capacity							
Mental Health crisis services	24/7 Crisis resolution bed based capacity						
	24/7 Crisis resolution home treatment team capacity						
	Health based place of safety capacity (to ensure that people in Mental Health crisis detained under 5136 of the Mental Health Act are not taken to police cells)						
Mental Health liaison services	24/7 Mental Health liaison capacity within emergency departments						
	Liaison capacity for in place for acute hospital wards						

Figure 9: Definitions of metrics

Sector/Capacity		Unit of currency/description	
Other capacity in support of urgent & emergency care (please describe)		Free text - please describe	
Community/Out of Hospital provision			
Community beds	Nursing, residential and dementia beds	Any NHS funded nursing, residential and dementia beds that are open and staffed	
	Specialist EMI (Elderly Mentally Infirm) beds	Any NHS funded EMI beds that are open and staffed	
Intermediate Care	Bed Based (Including Crisis response services and reablement)	Any NHS funded crisis response and reablement beds	
	Home Based (Including rapid response services)	WTEs	
Community Nursing	District Nurses and Community Matrons	WTEs	
	Allied Health Professionals (Physio and OT)	WTEs	
Other capacity in support of urgent & emergency care		Free text - please describe	
Primary care capacity			
GP Practices	Total number of GP practices in the SRG area		
	Number of GP practices offering cover outside of core opening times		
	Practices with weekend cover	Number of GP practices open on Saturdays	Number of GP practices offering appointments and contact on Saturdays
		Number of GP practices open on Sundays	Number of GP practices offering appointments and contact on Sundays
Pharmacy	Total number of pharmacies in the SRG area		
	Number of pharmacies with out of hours pharmacy coverage		
	Number of pharmacies who have access to a minor ailments schemes		
Dentistry	Total number of dental practices in the SRG area		
	Number of dental practices offering cover outside of core opening times		
Mental health services capacity			
Mental Health crisis services	24/7 Crisis resolution bed based capacity		
	24/7 Crisis resolution home treatment team capacity		
	Health based place of safety capacity (to ensure that people in Mental Health crisis detained under S136 of the Mental Health Act are not taken to police cells)		
Mental Health liaison services	24/7 Mental Health liaison capacity within emergency departments		
	Liaison capacity for in place for acute hospital wards		



**#FutureNHS**