



2021/22 priorities and operational planning guidance: October 2021 – March 2022

Submission guidance

Version 3, 18 October 2021

updates from previous versions are **highlighted** throughout the document

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Version Number	Date	Details of change
V1	30 September 2021	Initial Version
V2	06 October 2021	In the Activity Metrics table in Appendix A, the granularity of plans for some measures has been updated, these are highlighted .
V3	18 October	In the Activity Metrics table in Appendix A, E.B.27 (Faster Diagnosis Standard) has been removed.
V3	18 October	In the Activity Metrics table in Appendix A, the granularity of plans has been updated for E.B.32-backlog to read 'Provider mandatory'.

1. Overview

1.1 Introduction and background

As outlined in [2021/22 Priorities and Operational Planning: October 2021 – March 2022](#) this submission guidance provides further detailed policy and technical information to enable integrated care systems (ICSs) and their constituent organisations to develop and agree operational plans for the second half of 2021/22.

This document sets out:

- what needs to be completed for each of the activity, workforce and finance components
- details of each of the planning returns and guidance on their completion
- the method of submission for each element and how to access the relevant templates.

The activity and performance measures included in this planning exercise are listed in Appendix 1.

This submission guidance should be read alongside:

- [2021/22 priorities and operational planning guidance](#)
- [2021/22 priorities and operational planning: October 2021 – March 2022](#)
- [Guidance on finance and contracting arrangements for H2 2021/22](#)
- [Activity, performance and workforce technical definitions](#)

1.2 Timetable and overview

ICSs are asked to work across their partner organisations to produce plans that consider alignment Clinical Commissioning Groups (CCGs) between activity, workforce and finances.

In addition to the standard activity, performance, workforce and finance collections (to be submitted by 16 November 2021) we are asking systems and providers to work with their regional NHS England and Improvement team to rapidly develop and submit elective recovery plans for the second half of the year and propose a shortlist of targeted investments for the Targeted Investment Fund (TIF) that can be delivered in year, and have a material impact on activity or demand management, either in 2021/22 or in future years. The numerical element of elective recovery plans should be submitted by 14 October with supporting narrative to be submitted by 21 October.

The table below summarises the key milestones across the planning process. Further detail about each collection is set out in the subsequent sections of this guidance.

Date	Key milestones
Thursday 30 September 2021	<p>Publication</p> <ul style="list-style-type: none"> • 2021/22 priorities and operational planning guidance: October 2021-March 2022 • Guidance on finance and contracting arrangements for H2 2021/22 • Submission guidance • Technical definitions
w/c 27 September 2021	<p>Templates issued</p> <ul style="list-style-type: none"> • Non-functional activity and performance • Non-functional workforce (acute, community, mental health and ambulance) • Narrative (elective and overall) • Functional finance templates (system and provider) and related technical guidance • Activity, Performance and Workforce frequently asked questions (FAQs) issued
w/c 4 October 2021	<ul style="list-style-type: none"> • Finance FAQs issued

	<ul style="list-style-type: none"> Activity and performance functional templates issued and collection portal (SDCS) opened for October elective/winter capacity submission
Thursday 14 October 2021	<p>Submission deadline</p> <ul style="list-style-type: none"> Activity and performance (elective recovery/winter capacity submission) Targeted Investment Fund (TIF) - regional shortlist of investments, and short form business cases for each proposal
Thursday 21 October 2021	<p>Submission deadline</p> <ul style="list-style-type: none"> Narrative (elective recovery)
w/c 18 October 2021	<ul style="list-style-type: none"> Activity and performance, and workforce (acute, community, mental health and ambulance) functional templates issued and collection portal (SDCS) opened for final November submission
Friday 29 October	<p>Submission deadline</p> <ul style="list-style-type: none"> Targeted Investment Fund (TIF)- additional business case information for proposals with capital value >£5m
Tuesday 16 November 2021 (noon)	<p>Submission deadline (final numeric and narrative)</p> <ul style="list-style-type: none"> activity and performance workforce (acute, community, mental health and ambulance) narrative system finance plan finance - specialised commissioning and direct commissioning refresh
Thursday 25 November 2021 (noon)	<ul style="list-style-type: none"> Provider organisation finance plan submission

2. Summary of planning requirements

Systems and providers are asked to submit plans covering activity and performance, workforce and finance that reflect the priorities set out in 2021/22 Priorities and Operational Planning: October 2021 – March 2022. We are issuing a set of linked collection templates to support plan submission. The individual elements and submission process for each of these is summarised below and the next section provides detailed guidance to support the completion of each template.

Planning element	Method of submission	Template location	Description	Period of collection	Submission deadline
Activity and performance (elective recovery & winter capacity)	SDCS	Downloaded from SDCS	Submitted by ICS (with provider-level breakdown) covering selected metrics	October 2021 to March 2022	Thursday 14 October 2021 (noon)
Targeted Investment Fund (TIF)	Via regional teams	Short form business case templates released via regional teams	Regional elective recovery taskforces will submit a shortlist of proposed investments. ICS works with regional team to complete short form business case template for each proposal. Additional requirements must be met for capital cases >£5m.	October 2021 to March 2022	Thursday 14 October 2021- regional shortlist of proposals and short form business cases. Friday 29 October- additional business

Planning element	Method of submission	Template location	Description	Period of collection	Submission deadline
					case information for capital cases >£5m.
Narrative template (elective recovery)	Email to regional planning mailboxes*	NHS Planning FutureNHS collaboration platform*	ICS submission to regional teams, including provider level tabs, using the narrative template provided	October 2021 to March 2022	Thursday 21 October 2021 (noon)
Activity and performance template (final)	SDCS	Downloaded from SDCS	Submitted by ICS (with provider and CCG-level breakdowns) covering activity and performance measures	October 2021 to March 2022	Tuesday 16 November 2021 (noon)
Workforce: acute, community, mental health and ambulance	SDCS	Downloaded from SDCS	Submitted by ICS (with provider-level breakdown covering defined staff groups)	October 2021 to March 2022	Tuesday 16 November 2021 (noon)
Narrative template (final)	Email to regional planning mailboxes*	NHS Planning FutureNHS collaboration platform*	Submitted by ICS to regional teams using the narrative template provided	October 2021 to March 2022	Tuesday 16 November 2021 (noon)
Narrative template (elective recovery)	Email to regional planning mailboxes*	NHS Planning FutureNHS collaboration platform*	ICS submission to regional teams, including provider level tabs, using the narrative template provided	October 2021 to March 2022	Tuesday 16 November 2021 (noon)

Planning element	Method of submission	Template location	Description	Period of collection	Submission deadline
Finance: system submission	Email to NHSI.finplan@nhs.net	Emailed to systems	Submitted by ICS – please see system financial plan technical guidance for further information	October 2021 to March 2022	Tuesday 16 November 2021 (noon)
Finance: Specialised commissioning / direct commissioning refresh	Published to regional libraries	Returned through the drop off library	Submitted through the drop off library – details included in the commissioner planning guidance library	October 2021 to March 2022	Tuesday 16 November 2021 (noon)
Finance: provider submission	PFMS	Download from PFMS	Submitted by provider – please see financial planning return (FPR) technical guidance for further information	October 2021 to March 2022	Thursday 25 November 2021 (noon)

*see section 5

3. Submission guidance

3.1 Planning assumptions

The pattern of COVID-19 transmission remains uncertain as does the pattern of non-COVID demand. As set out in 2021/22 priorities and operational planning: October 2021 – March 2022, seasonal pressures over the second half of the year are likely to be exacerbated by the ongoing impact of the COVID-19 pandemic with the potential for a significant number of COVID hospital admissions. Systems have therefore been asked to:

- develop effective integrated operational delivery plans that include robust and effective assurance and escalation processes to rapidly identify and mitigate against bottlenecks and risks from across the system that may result in pressure on urgent and emergency care services
- set specific actions to mitigate the UEC/Covid pressures over winter and protect capacity to deliver elective work through the second half of the year

To provide a consistent basis for completion of the numerical planning templates, systems are asked to assume in their submission that over the second half of the year:

- Overall non-elective demand (from COVID and non-COVID) is at pre-pandemic (2019/20) levels, subject to the impact of any planned service developments
- COVID general and acute bed occupancy remains at the current level across the second half of the year.

3.2 Submission portals

Strategic Data Collection Service (SDCS)

For the second half of 2021/22, the activity and performance collections and the acute, community, mental health and ambulance workforce collection will be conducted through SDCS. ICSs will complete both of these returns with provider and CCG level breakdowns where appropriate.

SDCS is the same system used to collect system-level activity, performance and workforce plans in the first half of 2021/22 and can be accessed [here](#).

Systems will submit a separate template for each collection (see section 3.3). Submitters from each system will be contacted before the collection is launched and invited to sign up to the SDCS collection system if they do not already have an account. Submitters will be able to download the template from SDCS when the collection opens, and then complete and submit it through SDCS.

Full user guidance for accessing and using the SDCS collection system is available [here](#) and any queries regarding the system itself should be directed to the Data Collections team at NHS Digital; data.collections@nhs.net.

Any other queries including those about the templates themselves should be directed to the NHS Planning mailbox; england.nhs-planning@nhs.net.

Provider Financial Monitoring System (PFMS)

Provider-level finance templates will be submitted through the PFMS system – the NHS finance planning team (NHSI.finplan@nhs.net) will issue further communication regarding the process to systems leads for cascade to provider level contacts.

Email

The system level finance templates should be submitted via email to NHSI.finplan@nhs.net.

Narrative plans should be emailed to the relevant regional planning mailbox as per Section 5.2.

Please note that no other submissions should be sent via email – submissions must be provided through the relevant portal. Emailed submissions for activity and performance, workforce or provider finance will not be processed. Please contact NHSI.finplan@nhs.net if you experience any problem with the relevant submission portal for any element of the collection.

3.3 Submission templates

Activity and performance

A rapid collection of elective recovery plans based on a subset of the full list of metrics is requested. This collection will be conducted during October 2021, with a later

collection of the full set of metrics during November 2021. Separate templates will be used for the two submissions, and information gathered in the October submission will be included in the November submission.

The table in Appendix 1 summarises which metrics are required in which submission, and at what level of aggregation.

Provider plans are mandatory, CCG plans (for activity metrics where provider plans are supplied) are optional. It is expected that regions will agree with systems whether CCG plans should be supplied. Since CCG activity plans are optional, the activity alignment information that is collected is also optional.

A description of the tabs in the full template follows; note that not all elements of the data collection are required in the first submission, e.g. the activity waterfall and alignment tabs are not requested in the October submission. Further information on what is required for each submission will be detailed on the guidance tab of the submission template.

Systems' plans should only include the additional activity associated with their Targeted Investment Fund bids where these have been approved following the 14 October bid submission. The impact of proposed investments pending approval should not be included.

Activity profile

This tab collects monthly planning trajectories for all activity lines. Some lines are auto calculated from the sum of their parts – this is made clear by the formatting of the cells. Inputs are required for providers (left-hand side) and, optional for CCGs (right-hand side) in the November submission where provider plans are supplied. Where possible, the total for 2019/20 Q3 and Q4 2019/20¹ Q1 2021/22 actuals and Q2 2021/22 plans are provided alongside the input rows to give baseline context.

Validations

No required cells should be left blank and all activity figures must be entered in positive whole numbers. Sub-categories must not exceed totals.

¹ This is calculated by applying a growth factor consistent with historical growth from February to March, giving an estimate of activity in March 2020 without the initial impact of COVID-19.

Changes from previous collections

There have been some definitional changes and additions to existing measures – please see the [Activity, performance and workforce technical definitions](#) for full details regarding the specification of each line.

Activity waterfall

This tab collects information for each activity line on the factors generating the differences between the 2019/20 actual position and the planned 2021/22 position. This has been simplified compared to the version used for first half of 2021/22.

We ask organisations to attribute changes in activity volumes between the 2019/20 actual and the 2021/22 plan as follows:

- **Counting and coding changes:** this category should include any growth in 2021/22 which is not related to actual changes in activity; for example, a change in definitions or how a measure is counted.
- **Other:** this category is auto calculated as the remainder of the 2019/20 actual and the sum of the other waterfall categories. This category should include any change in activity between 2019/20 and 2021/22, including underlying and demographic change, transformational, policy change and COVID related pressures. It is also where any recovery activity should be recorded and includes activity that the system expects to deliver by drawing on the Elective Recovery Fund.

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 plan figure provided in the activity profile (i.e. October 2019 to March 2020 actual + counting and coding + other = October 2021 to March 2021 plan). The auto-calculated 'Other' category should ensure this is the case (please ensure you review this field and are content it is accurate).

Changes from previous collections

- The submission will be conducted in two steps, with a data collection during October 2021, and another during November 2021.

- The October submission is a subset of metrics covering elective recovery and winter capacity.
- The collection of CCG breakdowns for many metrics is now optional.
- The collection of the activity waterfall is not required in the October submission.
- The collection of the alignment data is not required in the October submission and is optional in the November submission.

Activity alignment

For those systems that have supplied commissioner plans, this tab is intended to assess alignment between provider and commissioner plans. For the principal elective, outpatient and UEC measures collected from both commissioners and providers, we ask organisations to identify how much activity will be delivered by the different types of providers and commissioned by the different types of commissioners.

For each CCG in the system an optional breakdown is required for commissioned activity from:

- NHS acute providers within the system (aggregate)
- other non-acute NHS providers
- independent sector providers.

The proportion of activity commissioned from NHS acute providers outside the system is auto calculated.

For each provider in the system an optional breakdown is required for:

- activity commissioned by CCGs within the system (aggregate)
- activity commissioned by Specialised Commissioning
- other commissioned activity (e.g. overseas visitors, devolved authorities, other NHS England commissioned activity).

The proportion of activity commissioned by CCGs outside the system is auto calculated as the difference between the total plan for the CCG and the sum of the above categories.

In addition, the template requests a full breakdown of the relationship between providers and commissioners in the system – this is requested on a voluntary basis as an aid to ensuring an aligned position between provider and commissioners in the system; however, it can be left blank.

The template provides suggested proportions based on historical data recorded in SUS. The template will also show what % of the total plan is reflected in the breakdown provided.

Validations

Inputs are requested for; Specialised Commissioning; other non-CCG commissioning; CCG-commissioned inside-system; independent sector providers; other non-acute NHS providers and within-system NHS acute providers.

The total activity recorded in these categories cannot exceed the total activity for the point of delivery as recorded on the activity profile.

Activity figures must be supplied in whole numbers.

A warning will be flagged if the within system provider and commissioner totals do not match – however, this will not prevent submission.

ICS/CCG/provider/ambulance input measures

These tabs capture planning trajectories at ICS, CCG, provider or ambulance trust level. Full definitions of the measures included can be found in Appendix 1.

Validations

No required cells should be left blank and all figures must be entered in positive whole numbers. Sub-categories must not exceed totals. Percentage values should not exceed 100%.

Changes from previous collections

All changes to measures are represented in the Activity, performance and workforce technical definitions.

Workforce

For this planning exercise there will be a standalone workforce template incorporating acute, mental health and community as well as ambulance trusts, collected via SDCS (see Section 3.2).

SDCS collection – ICS selection and user guidance

Please select the relevant system from the ICS selection and user guidance tab. This will set up the template for your organisation and populate it with relevant workforce information.

Acute, community, mental health and ambulance

Acute, community, mental health and ambulance workforce details should be provided on this tab. A table will appear for each provider in the selected system. Please fill out each of these tables.

Total staffing figures are required for bank, agency and substantive staff, with an additional breakdown of substantive staff by staff group. The definition of each staff group can be found in the technical definitions document or in the occupation reference table tab.

Please provide the actual position for each staff group at the end of Q1 and Q2 and planned position for Q3 and Q4. Please also provide establishment for the year end (March 2021) and the expected year end establishment position for 2021/22, as well as staff in post outturn for the year end (March 2021). Please note there has been a change to the inclusion/ exclusion criteria and staff that are currently on maternity leave will be included within the SDCS workforce collection.

Validations

All figures entered must be numeric. Sub-categories must not exceed totals. Please check the data validations tab to see if the submission criteria have been met.

Finance

System financial planning templates

We will issue system financial planning templates and supporting technical guidance by email to system leads shortly after guidance is issued. System leads will then be required to submit their completed system financial planning templates to NHSI.finplan@nhs.net by noon on Tuesday 16 November. All templates should be submitted with all validation errors cleared. Please send any queries regarding the system financial planning collection to NHSI.finplan@nhs.net.

Provider financial planning templates

We will issue provider financial planning templates and supporting technical guidance to provider portal inboxes shortly after guidance is issued. After the systems have

submitted their system financial plans, we will issue a macro fix to cascade the agreed provider Local Organisation Contribution and other key income and expenditure data points for H2. We will publish all subsequent macro fixes, FPR known issues and updates to the supporting technical guidance through the PFMS provider portals. The FPR form cover has links to the latter two documents. The financial planning team will contact systems (copying in regions) to ask them to cascade macro fixes that are available to download from the PFMS system. Providers will be required to submit their templates via their portals by noon on Thursday 25 November with all validation errors cleared.

If you are a new user requiring log-in details, contact our IT Support team at itservicedesk@NHSeandi.nhs.uk

Specialised commissioning / direct commissioning refresh

Specific collection details will be communicated directly to regions.

Contacts and support

All finance template queries should be directed to NHSI.finplan@nhs.net.

Narrative

Plans should be submitted using the templates made available on the [NHS Planning FutureNHS collaboration platform](#) and submitted to the appropriate regional planning mailbox (see Section 5.1) in line with the relevant submission date.

Elective recovery (October and November)

This collection asks for an ICS return that includes provider level narrative outlining the key actions and assumptions associated with delivery of elective recovery plans as well as the identification of key risks and issues.

Further instructions to support completion are set out within the template.

Final (November)

ICSs are requested to complete a narrative plan alongside numerical submissions.

Plans should set out:

The assumptions and actions that underpin the trajectories within the activity and workforce numerical submissions.

By exception, any key areas of concern and emerging risks associated with delivery including any proposed mitigation to be taken forward.

Further instructions to support completion are set out within the template.

Targeted investment fund (TIF)

The TIF is a flexible revenue and capital fund. At least £500m of the fund must be spent on capital, with half of this (£250m) ringfenced for technology that enables elective recovery. Funding is only available in 2021/22.

We are asking systems to work with their regional NHSEI team to propose, by 14 October 2021, a shortlist of targeted investments that can be delivered in year and have a material impact on activity or demand management in their region, either in 2021/22 or in future years. All shortlisted proposals will require completion of a short form business case template by 14 October. Proposals with a capital value over £5m will have additional business case requirements, with a deadline of 29 October.

Further information can be found in the Guidance on finance and contracting arrangements for H2 2021/22.

Specific instructions relating to the collection process will be shared with regional teams following the publication of the 2021/22 priorities and operational guidance: October 2021 – March 2022.

3.4 Sign off

The templates do not include details of the internal sign-off process within each ICS. We assume that by submitting the return the ICS is confirming that the plan is a reflection of the collective intentions of the system for the rest of the year, that activity and workforce plans align and that the plan is agreed by all ICS partners.

4. Planning contacts and resources

4.1 Tools

Details of the tools available to support the development and assurance of numerical plans can be found on the NHS Planning FutureNHS collaboration platform (see section 4.4).

4.2 Regional contacts

ICSs should initially contact their region for advice on planning, using the contact details below:

Location	Contact information
North East and Yorkshire	england.nhs-NEYplanning@nhs.net
North West	england.nhs-NWplanning@nhs.net
East of England	england.eoe2021operplan@nhs.net
Midlands	england.midlandsplanning@nhs.net
South East	england.planning-south@nhs.net
South West	england.southwestplanning@nhs.net
London	england.london-co-planning@nhs.net

4.3 National and wider technical issues

Subject area	Contact information
SDCS collection portal	data.collections@nhs.net
NHS National Planning Team including: activity, workforce and general planning queries	england.nhs-planning@nhs.net
National Finance Team	NHSI.finplan@nhs.net
Elective Recovery Fund	england.erf.2021-22@nhs.net

4.4 FutureNHS collaboration platform

We will provide general updates and resources on the NHS Planning FutureNHS collaboration workspace throughout the planning round. Non-functional, narrative templates and tools will also be made available via this platform. We recommend you join this workspace and check it on a regular basis throughout the planning round for the most up-to-date information.

You will need a FutureNHS account to access pages, and can get this by following the registration process at: www.future.nhs.uk. Once you have a FutureNHS account you will need to access [NHS Planning FutureNHS](#) and request to “join” the workspace. This will generate a request to the workspace manager. Alternatively you can request access by emailing the national planning team at england.nhs-planning@nhs.net.

Appendix 1: Activity metrics

The activity and performance template is to be completed and submitted by ICSs; however, some metrics include a provider or CCG breakdown within the template. This table indicates the required breakdown for each metric.

Provider plans are mandatory, CCG plans (for activity metrics where provider plans are supplied) are optional. It is expected that regions will agree with systems whether CCG plans should be supplied.

Ref	Measure name	Regularity	Period	October submission	November submission
Outpatients					
E.M.8	Consultant-led first outpatient attendances	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.M.9	Consultant-led follow-up outpatient attendances	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.M.32	Total outpatient attendances (All TFC, Consultant and Non consultant led)	Monthly	October - March	Not required	Calculated
E.M.32a	of which; face to face	Monthly	October - March	Not required	Calculated
E.M.32b	of which telephone/video	Monthly	October - March	Not required	Calculated
E.M.32c	NEW: Outpatient attendances (all TFC; consultant and non consultant led) - First attendance face to face	Monthly	October - March	Not required	Provider mandatory, ICS mandatory

Ref	Measure name	Regularity	Period	October submission	November submission
E.M.32d	NEW: Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance face to face	Monthly	October - March	Not required	Provider mandatory, ICS mandatory
E.M.32e	NEW: Outpatient attendances (all TFC; consultant and non consultant led) - First telephone or Video consultation	Monthly	October - March	Not required	Provider mandatory, ICS mandatory
E.M.32f	NEW: Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up telephone or Video consultation	Monthly	October - March	Not required	Provider mandatory, ICS mandatory
E.M.33	Total Advice and Guidance requests processed/answered	Monthly	October - March	Not required	ICS mandatory
E.M.33a	NEW: Number of requests for pre referral Specialist Advice (including Advice & Guidance models)	Monthly	October - March	Not required	ICS mandatory
E.M.33b	NEW: Number of requests for post referral Specialist Advice (including referral triage models)	Monthly	October - March	Not required	ICS mandatory
E.M.34	Number of patients moved to a PIFU pathway for the first time.	Monthly	October - March	Not required	Provider mandatory, ICS mandatory
Electives					
E.M.10	Total Elective Admissions	Monthly	October - March	Calculated	Calculated
E.M.10a	Day Case Elective Admissions	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.M.10c	Of which: Children under 18 years of age	Monthly	October - March	Not required	Provider mandatory, CCG optional

Ref	Measure name	Regularity	Period	October submission	November submission
E.M.10b	Ordinary Elective Admissions	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.M.10d	Of which: Children under 18 years of age	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.M.35a	Day case - Neurosurgery	Monthly	October - March	Not required	Provider mandatory
E.M.35b	Day case - Cardiology	Monthly	October - March	Not required	Provider mandatory
E.M.35c	Day case - Cardiac Surgery	Monthly	October - March	Not required	Provider mandatory
E.M.35d	Day case - Vascular Surgery	Monthly	October - March	Not required	Provider mandatory
E.M.35e	Day case - Neurology	Monthly	October - March	Not required	Provider mandatory
E.M.35f	Day case - Solid Organ Transplant	Monthly	October - March	Not required	Provider mandatory
E.M.36a	Ordinary Elective - Neurosurgery	Monthly	October - March	Not required	Provider mandatory
E.M.36b	Ordinary Elective - Cardiology	Monthly	October - March	Not required	Provider mandatory
E.M.36c	Ordinary Elective - Cardiac Surgery	Monthly	October - March	Not required	Provider mandatory

Ref	Measure name	Regularity	Period	October submission	November submission
E.M.36d	Ordinary Elective - Vascular Surgery	Monthly	October - March	Not required	Provider mandatory
E.M.36e	Ordinary Elective - Neurology	Monthly	October - March	Not required	Provider mandatory
E.M.36f	Ordinary Elective - Solid Organ Transplant	Monthly	October - March	Not required	Provider mandatory
E.M.18	NEW: RTT completed admitted pathways	Monthly	October-March	Provider mandatory	Provider mandatory, CCG optional
E.M.19	NEW: RTT completed non-admitted pathways	Monthly	October-March	Provider mandatory	Provider mandatory, CCG optional
E.M.20	NEW: New RTT pathways (clock starts)	Monthly	October-March	Provider mandatory	Provider mandatory, CCG optional
E.B.18	NEW: Number of 52+ week RTT waits	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.B.19	NEW: Number of 104+ week RTT waits	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.B.3a	NEW: RTT waiting list	Monthly	October-March	Provider mandatory	Provider mandatory, CCG optional
Non-elective					
E.M.11a	0-day length of stay	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional

Ref	Measure name	Regularity	Period	October submission	November submission
E.M.11b	+1 length of stay	Monthly	October - March	Calculated	Calculated
E.M.11c	+1 length of stay - COVID	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.M.11d	+1 length of stay - Non-COVID	Monthly	October - March	Provider mandatory	Provider mandatory, CCG optional
E.M.11	Total Non-elective admissions	Monthly	October - March	Calculated	Calculated
UEC					
E.M.12a	Type 1&2 A&E attendances excluding planned follow ups	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.M.12b	Type 3&4 A&E attendances excluding planned follow ups	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.M.12	Total Type 1-4 A&E Attendances excluding planned follow ups	Monthly	October - March	Not required	Calculated
E.B.22a	Ambulance - C1 Incidents	Monthly	October - March	Not required	Ambulance trust mandatory
E.B.22b	Ambulance - C1T Incidents	Monthly	October - March	Not required	Ambulance trust mandatory
E.B.22c	Ambulance - C2 Incidents	Monthly	October - March	Not required	Ambulance trust mandatory

Ref	Measure name	Regularity	Period	October submission	November submission
E.B.22d	Ambulance - C3 incidents	Monthly	October - March	Not required	Ambulance trust mandatory
E.B.22e	Ambulance - C4 incidents	Monthly	October - March	Not required	Ambulance trust mandatory
Demand and capacity					
E.M.26a	Overnight G&A bed occupancy	Monthly	October - March	Calculated	Calculated
E.M.26a	Overnight G&A beds available	Monthly	October - March	Provider mandatory	Provider mandatory
E.M.26a	Overnight G&A beds occupied	Monthly	October - March	Provider mandatory	Provider mandatory
E.M.26a	NEW: of the overnight G&A beds available, how many will be operationally separate for Elective patients only and cannot be used for any other purpose i.e. to bed urgent care patients at times of extreme pressure.	Monthly	October - March	Provider mandatory	Provider mandatory
E.M.26c	NEW: day G&A beds available	Monthly	October - March	Provider mandatory	Provider mandatory
E.M.26c	NEW: of the day G&A beds available, how many will be operationally separate for Elective patients only and cannot be used for any other purpose i.e. to bed urgent care patients at times of extreme pressure.	Monthly	October - March	Provider mandatory	Provider mandatory
E.M.26b	Adult Critical Care bed Occupancy	Monthly	October - March	Provider mandatory	Provider mandatory

Ref	Measure name	Regularity	Period	October submission	November submission
E.M.28	NHS 111 Referrals to SDEC (as an alternative to ED)	Monthly	October - March	Not required	CCG mandatory
Diagnostic activity					
E.B.26a	Diagnostic Tests - Magnetic Resonance Imaging	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26b	Diagnostic Tests - Computed Tomography	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26c	Diagnostic Tests - Non-Obstetric Ultrasound	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26d	Diagnostic Tests - Colonoscopy	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26e	Diagnostic Tests - Flexi Sigmoidoscopy	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26f	Diagnostic Tests - Gastroscopy	Monthly	October - March	Not required	Provider mandatory, CCG optional
E.B.26g	Diagnostic Tests - Cardiology - Echocardiography	Monthly	October - March	Not required	Provider mandatory, CCG optional
Cancer					
E.B.30	All patients urgently referred with suspected cancer by their GP who received a first outpatient appointment in the given month	Monthly	October - March	Not required	Provider mandatory, CCG mandatory
E.B.31	Number of patients receiving first definitive treatment following a diagnosis within the month, for all cancers	Monthly	October - March	Not required	Provider mandatory, CCG mandatory

Ref	Measure name	Regularity	Period	October submission	November submission
E.B.32	Cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral at the end of the reporting period	Monthly	October - March	Provider mandatory	Provider mandatory
LD and autism					
E.K.3	AHCs delivered by GPs for patients on the Learning Disability Register	Quarterly	October - March	Not required	CCG mandatory
E.K.1a	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by CCGs	Quarterly	October - March	Not required	CCG mandatory
E.K.1b	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by NHS England	Quarterly	October - March	Not required	CCG mandatory
E.K.1c	Reliance on Inpatient Care for Children with LD or Autism	Quarterly	October - March	Not required	ICS mandatory
Primary care					
E.D.19	Appointments in General Practice	Monthly	October - March	Not required	CCG mandatory

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