Monitor
Making the health sector work for patients

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NHS Foundation Trust Chief Executives

Dear colleague,

Operational resilience and referral to treatment 2014/15

Today NHS England, Monitor, the NHS TDA and ADASS have published a joint framework to support planning for operational resilience during 2014/15 which covers both urgent and planned care and measures to support the changes which will arise through the Better Care Fund.

Firstly, I would like to reiterate our appreciation and thanks for the effort which you and your teams continue to put into meeting the A & E and RTT standard for patients. We know that nationally attendances at emergency departments and emergency admissions are continuing to rise, and that staff across health and social care systems are working hard to ensure that service delivery is as resilient as it can be throughout the year.

The framework we have issued now moves beyond planning for urgent care over winter, bringing this together with planned care to system wide, year round resilience. This wider remit is partly informed by the recent pressures that have been seen in delivery of the referral to treatment (RTT) standard, but is primarily driven by the principle of good local healthcare planning being equally focussed and resilient across planned and urgent care.

The guidance sets out best practice requirements across planned and urgent and emergency care that each local system should reflect in their local plan, and the evolution of Urgent Care Working Groups into System Resilience Groups. We trust Foundation Trusts will play a full role in these groups, working with CCG and local authority commissioners, and in partnership with other local providers across health and social care, to ensure the delivery of seamless and integrated care to patients which achieves the standards set out in the NHS Constitution.

To support the successful delivery of these plans, non recurrent funding for 2014/15 is to be made available to support the successful delivery of these plans. NHS England has written today to CCGs and Area Teams to inform them of their individual allocations.

Urgent care funding will be allocated through NHS England to CCGs on a capitation basis. The use of this non-recurrent resource is to be agreed within local systems though the System Resilience Group in the same way as in 2013/14.

This funding to support local resilience is to be made available upon successful assurance of plans. These plans should build on the good work undertaken throughout last year. In particular they should include the use of primary care, community and mental health services as well as social services to support patients with urgent care needs or to help avoid such urgent episodes altogether. Particular attention should be paid to ensuring that all patients who have mental health needs receive improved and swifter care.

Maintaining financial balance is of course as important as maintaining quality and access. It is therefore essential that System Resilience Groups assure themselves that overall plans are affordable and do not lead to a deterioration in the financial position of member organisations.

NHS England has also calculated the notional funding allocations to support the delivery of additional elective activity to improve performance on RTT standards, clear backlog and reduce the number of long wait patients. These allocations are in proportion to the number of long waiters on the lists of providers from whom services are commissioned. This money is being allocated via area teams who will then agree its use with CCGs and local providers.

The guidance states that systems will be categorised as high, medium and low risk. For high and medium risk systems, plans will be assured through regional tripartite arrangements, working with the relevant Intensive Support Teams where appropriate.

As set out in Helen Buckingham's letter to you of 24 March 2014:

1. The weekly data collection from trusts by 17:00 each Tuesday via the online portal will continue, and weekly benchmarking reports based on the information submitted will continue to be distributed each Friday.
2. Relationship teams will continue to have access to trusts' performance data on a weekly basis, and relationship teams may, at their discretion, contact trusts that experience significant deterioration in A&E performance. This will enable effective engagement with tripartite partners to ensure escalation and resolution of issues which may be outside the direct control of trusts.
3. Colleagues from Sector Development may contact trusts which have demonstrated sustained good performance or significant improvement to understand good practice which can be shared with the rest of the sector. We also welcome pro-active contact from trusts who wish to share positive practice.
4. The AEimprovement@monitor.gov.uk inbox will continue to be monitored should trusts wish to request information on best practice or have queries on the benchmarking or data submission.

We are likely to reinstate the central A & E Improvement Team from Q3 this year, and would appreciate any further suggestions from trusts on how this team may operate in order to support you effectively.

As regards RTT, we do not intend to scrutinise weekly PTLs from any FTs within Monitor. The weekly PTLs which FTs should share with commissioners are primarily to ensure local commissioners have the information they require, at a sufficient frequency and level of granularity, to carry out their duties in line with the NHS Constitution, and to explore proactively alternative providers of elective activity should those rights be at risk of not being fulfilled. In particular, local commissioners and providers should work together to identify where providers might have capacity shortfalls in particular services or specialties and therefore empower them to take appropriate mitigating action, in partnership with that provider and other local alternative providers. As with A & E, relationship teams may contact trusts that experience a deterioration in RTT performance to ensure that where appropriate issues are escalated and resolved with tripartite partners.

We do understand that the approach we adopted in 2013/14 and are continuing to evolve this year differs from Monitor's past approach. As we set out recently in our strategy we are conscious that there is a need to balance local freedoms and risk of failure, and that individual trust performance may be affected by the trust's external environment. We are committed to working in line with our strategy and values to ensure that, in partnership with

other national bodies, we provide you with as much support as is possible as you work with partners to ensure the best possible experience for the patients you serve, and we welcome any suggestions you may have as to how we can do this.

Yours sincerely,

Stephen Hay
Managing Director Provider Regulation