

## Monitor's business plan for 2015/16



## About Monitor

As the sector regulator for health services in England, our job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, we make sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.

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## Introduction

A year ago in our 2014-17 strategy we said: “The NHS needs to change, and fast”. This remains the case. The NHS has simultaneously to continue to achieve significant improvements in the quality of care for patients, find major year-on-year productivity improvements, and restructure itself to achieve longer-term sustainability. Monitor’s task is to work with system partners to help the NHS do this.

Much of our response to this challenge was set out in our strategy and reflected in last year’s business plan. However, developments over the course of 2014/15 have resulted in important changes to the context for our latest plan; in particular, the publication of the ‘Five Year Forward View’ (5YFV). This sets out the system’s collective view of how it needs to develop, and the fact that there has been a sharp deterioration in the operational and financial performance of the provider sector, including of foundation trusts.

Given this context, we focus here on our role in helping the NHS address its two main priorities – short-term operational improvement and longer-term sustainability. In addition, recognising that Monitor’s own role may be affected by the policies of an incoming government to be elected early in the first quarter of the plan year, we also focus in particular on the actions we will take during this first quarter.

### 1. Drive and support provider operational improvement

If the NHS is to continue to provide high quality care and to meet rising demand and expectations, providers will need to achieve significant further improvements in operational efficiency. These need to be achieved at pace and, therefore, will need to be developed mostly within the current care models and then translated into the new care models as they are implemented. Helping to drive and support these improvements must be an immediate priority for Monitor.

#### Establish a Provider Sustainability Directorate

A major development on this front was the decision taken earlier this year, and consistent with the direction of travel set out in our 2014-17 strategy, to establish a Provider Sustainability Directorate (PSD), bringing together and building on four areas of activity currently spread across our organisation:

- analysing the drivers of provider performance
- supporting operational performance improvement at trust level
- supporting long-term capability building at providers
- bringing contingency planning team (CPT) expertise in-house (ie the analysis of provider sustainability and, where needed, supporting the design of new

system configurations to establish provider and/or health system sustainability).

Although the detailed design of, and recruitment to, the new PSD team is already under way, continuing this work will be a major focus into the new plan year.

### **Develop our preferred approach to supporting provider improvement**

Over the last 18 months we have developed a range of approaches to supporting operational improvement at providers. We need now to develop a more systematic strategy, building on our recent experiences. We will do this in conjunction with our system partners, in particular the NHS Trust Development Authority (TDA) and NHS Providers.

An early priority will be to identify the largest opportunities for improvement across the sector and any gaps in the support currently available to providers.

### **Ensure adequate improvement support is available**

Once we have identified where further improvement support is needed we will identify how best it should be provided. For example, it might come from the existing improvement bodies or by encouraging trusts or other providers that are best practice exemplars to develop the capacity to support others. It might also be that we ourselves are best positioned to provide support in some areas.

One example that combines both Monitor support and the development of exemplar trusts is our new 'change agents' programme. We know that high quality management information at a trust level is essential for effective management, including for driving efficiency improvements. We have already embarked on a multi-year effort to achieve a step change in the quality of such data and this year we will mobilise the change agents programme to accelerate the adoption of best practice. We will seek a number of exemplar trusts where clinical staff are taking significant responsibility for costing as an activity and for using cost information to ensure the efficient use of resources, and ask them to become change agents for the whole sector.

As the improvement challenges faced by NHS foundation trusts are essentially the same as those faced by NHS trusts, we will continue to work closely with TDA on this effort to ensure adequate improvement support is available to providers. A key first step will be to work with TDA and other national partners to ensure the existing improvement bodies are providing the best possible support to frontline organisations as we implement the recommendations of the Smith Review.

### **Improve the availability of critical managerial talent**

Also to support operational improvement at providers, we will seek to increase the availability of individuals who can drive improvement and turnaround of trusts on the

ground. These include improvement directors employed by Monitor, and interim chairs and key interim executives (including turnaround, operations, medical and finance directors) employed by the trusts themselves.

We will also develop tailored support packages to help individuals in these critical roles, whether interim or substantive appointments.

### **Find more effective ways to turn around challenged and failing foundation trusts**

A number of foundation trusts have been placed in special measures on quality grounds over the last year and a half while a number of trusts are also getting into serious financial difficulty. Both situations call for full-scale turnarounds and although we have made important changes to our approach to such cases over the period (for example, the use of improvement directors and ‘buddy’ trusts) we will need to explore additional ways in which well-managed providers could offer more intensive or extensive operational support to troubled trusts. This is aligned with the findings of the Dalton Review. We will also undertake exercises to learn what lessons we can from the efforts of ourselves and others to improve struggling organisations.

### **Help commissioners use best practice procurement to drive significant improvements in provider quality and efficiency**

The Procurement, Patient Choice and Competition Regulations are designed to help commissioners adopt best practice in these areas and it is our job to ensure the regulations are followed appropriately. During 2015/16 we will continue to help commissioners understand the requirements of the regulations, and how to apply them for patient benefit. We will focus our efforts, in particular, on services where the potential for improvements in quality and value is greatest, and seek to engage the support of bodies such as NHS Clinical Commissioners.

### **Ensure the 2015/16 and 2016/17 payment systems optimise incentives for provider and commissioner efficiency improvements**

The NHS payment system can play an important role in incentivising performance improvement. However, if badly structured, it can create undesirable incentives. There is scope for significant improvement to the current system but thoroughgoing reform of any healthcare payment system inevitably takes many years to implement. Such reform is under way, but in the meantime we will continue to work with system partners to pursue pragmatic changes that support the necessary performance improvements on the ground.

## **2. Drive and support long-term sustainability**

In parallel with improving its current operational performance, the NHS must also redesign the way it delivers care if the opportunity to provide better care for more people is to be seized. The 'Five Year Forward View' sets out our collective view as to the necessary direction of travel for this redesigned landscape. In particular, it describes the new care models that are likely to be at its centre.

### **Support the reconfiguration of services**

Monitor has a critical interest in the reconfiguration of services. Already our contingency planning teams (CPTs) are working with local commissioners to drive the redesign of services in local health systems (LHS) where we have foundation trusts that are not sustainable in their current form. As part of the 5YFV we have agreed to play a lead role in driving similar work for failing health systems through the 'whole system intervention' process, alongside TDA and NHS England.

Over the last year, in addition to these interventions in the most troubled settings, we have been encouraging all existing and applicant foundation trusts to develop sound strategies that reflect the challenges they and their local health systems face. This work has included supporting them to develop the necessary strategic planning capabilities and it will continue into the new plan year.

New for next year will be our support, alongside partner bodies, for organisations or LHS that are in the vanguard of implementing the new care models described in the 5YFV, with a particular focus on the economics of different care models and on the future of smaller hospitals.

The new Provider Sustainability Directorate will lead this work, with extensive support from across our organisation.

Finally, we will look at how the current approach to mergers is working and consider whether any changes would help in facilitating the reconfiguration of services, including how choice and competition might most effectively contribute to driving improvement in the new provider landscape.

### **Continue to support long-term capability development at providers**

Our work on capability development at trusts (through the development of training courses, best practice toolkits, etc) is ever more important as providers face an increasingly challenging period. This work will continue in the new plan year with a particular focus on leadership and change management.

### **Adapt Monitor's regime to the changing provider landscape**

The proposed changes to the provider landscape are likely to have significant implications for how Monitor and other bodies regulate and oversee the sector. In particular, it is likely to be necessary to redraw the service and/or geographic



boundaries of existing frontline organisations as services are reconfigured. We will make sure our approach to regulating the sector supports these necessary changes.

### **3. Operate effectively**

Monitor has been undergoing significant change in recent years, particularly since our role expanded following the Health and Social Care Act 2012. In the coming year we will need to change further as we increase our efforts to support the NHS as it addresses its major challenges. This will include efforts to bring in more people with clinical and frontline operational experience, and work to improve our own operational efficiency.

Alongside this, we will continue to operate the full range of our 'business as usual' functions.

#### **Complete the restructuring of Monitor's organisation**

A number of organisational changes – such as the creation of the Provider Sustainability Directorate, the expansion of the Clinical and Patient Engagement Directorate and the restructuring of the Provider Regulation Directorate – are already under way and need to be completed in 2015/16. Other changes may also be needed depending on the outcome of current policy debates.

#### **Insource as much activity as feasible and achieve a step change in our rate of recruitment**

In 2015/16 we will seek to bring in-house as much as feasible of the work we currently outsource to professional service firms or interim staff. However, this will intensify the challenge we have had in recent years to recruit all the staff that we need, as fast as we need them. It is essential, therefore, that we do all that we can to overcome our recruitment challenges and achieve a step change in the rate of recruitment.

#### **Accelerate cultural change**

We undertook a major initiative last year to update our values and promote them throughout the organisation. We have made much progress on this front, but more will be needed including ensuring that our focus on professional rigour is combined with an appropriate degree of nimbleness and pragmatism.

#### **Seek alignment of our powers, resources, regulatory regime and accountabilities**

There has emerged a mismatch between Monitor's powers, resources and the regulatory regime within which we operate, and that for which we are de facto being



held to account. It is important that these are brought into line if we are to be fully effective as an organisation.

### Continue with 'business as usual' activities

In addition to many new initiatives outlined in this plan, there is a wide range of actions needed to continue to deliver, support and improve our usual business functions.

### The 2015/16 budget we require

Below we set out the budget we have agreed with the Department of Health to achieve our business plan, broken down by each of our regulatory functional areas. The resource requirements represent the costs of exercising our regulatory functions. The figures exclude capital costs, any funds that may be required for contingency planning teams, trust special administration, special measures reimbursement and incentive payments to buddy trusts.

In total, our anticipated core budget requirement is £60.3 million in 2015/16, which is an increase on previous years. The main factors behind this increase are the continued growth in our staff to fulfil our broader regulatory remit and the expected further increase in our workload in 2015/16 as set out in our business plan.

### Budget allocation by function

**Table 1: Budget allocation by function**

	Forecast outturn 2014/15 (£000)	Budget required 2015/16 (£000)
Pricing	17,700	18,600
Provider Regulation and Provider Sustainability	21,200	27,000
Co-operation and Competition	5,200	5,200
Provider Appraisal	6,100	6,200
Corporate Support	2,700	3,300
Total	52,900	60,300

The figures per function above contain apportioned costs for the regulatory support functions in Monitor. These are: Strategy and Policy; Legal Services; Economics; Finance and Procurement; Strategic Communications; Executive Office; Patient and Clinical Engagement; Knowledge and Information Management; and Organisation Transformation.

## Annex 1. Key goals and actions 2015/16

1	Drive and support provider operational improvement		Timing	Owner
<b>1</b>	<b>a</b>	<b>Establish Provider Sustainability Directorate</b>		
	i	Recruit Executive Director – Provider Sustainability	Deliver Q1	Chief Executive Office
	ii	Build Performance Team	Deliver Q1	Provider Sustainability (Performance)
	iii	Build Operational Improvement Team	Start Q1	Provider Sustainability (Operational Improvement)
	iv	Provide ongoing input into cross-system 'Efficiency Programme'	Start Q1	Provider Regulation
	v	Provide ongoing insight into the scale of the financial challenge across the Five Year Forward View (5YFV) period.	Start Q1	Economics
	vi	Update the 'Closing the Gap' analysis to identify future opportunities to feed into the 'Efficiency Programme'	Start Q1	Economics
<b>1</b>	<b>b</b>	<b>Develop our preferred approach to supporting provider improvement</b>		
	i	Develop (with TDA and NHS Providers as appropriate) a strategy for supporting financial and operational improvement in FTs	Deliver Q1	Strategy & Policy
	ii	Use provider information/insight to identify the largest opportunities for improvement that are amenable to central support	Start Q1	Provider Sustainability (Performance)
<b>1</b>	<b>c</b>	<b>Ensure adequate improvement support is available</b>		
	i	Identify high potential areas requiring support	Start Q1	Provider Sustainability (Operational Improvement)
	ii	Work with system partners to ensure that the revised national and regional improvement architecture and associated funding are deployed to maximum effect, including filling identified gaps in support where possible	New business as usual activity	Provider Sustainability (Development)
	iii	Map the current improvement capability (in light of any revisions to the national and regional improvement architecture), identify any gaps against the support requirements identified and agree with system partners how best to fill the remaining gaps	New business as usual activity	Provider Sustainability (Development)

	iv	Understand the drivers of poor A&E waiting time performance to develop recommendations on what actions trusts, Monitor and other national bodies can take to help avoid these problems in the future	Deliver Q1	Provider Sustainability (Performance)
	v	Support the new Provider Sustainability Directorate to develop an approach for the application of improvement activities	Start Q1	Strategy & Policy
	vi	Roll out rest of strategy for supporting improvement in FTs	New business as usual activity	Provider Sustainability (Operational Improvement)
	vii	Mobilise pilot programme to enable trusts to share ways of improving the collection and analysis of trust-level information that can be used to drive improvement.	Start Q1	Pricing
	viii	Deliver year one of the longer term costing transformation programme	Start Q1	Pricing
<b>1</b>	<b>d</b>	<b>Improve the availability of critical managerial talent</b>		
	i	Create an internal and/or external pool of people capable and available to work as improvement directors or join trusts as turnaround directors	Start Q1	Provider Regulation
	ii	Create an external pool of people capable and available to work as interim Chairs, Chief Executives, Medical Directors, Finance Directors and Chief Operating Officers.	Start Q1	Provider Regulation
	iii	Design support package/training for Medical Directors	Deliver Q1	Clinical and Patient Engagement
	iv	Work with system partners to develop support package/capability to help Finance Directors manage the pressures of the current and future financial environment	New business as usual activity	Provider Sustainability (Development)
<b>1</b>	<b>e</b>	<b>Find more effective ways to turnaround challenged and failing FTs</b>		
	i	Develop an approach to ensuring we choose and deploy the right diagnostic tool for each challenged/failing FT based on their circumstances - to reduce the number of diagnostic tools we deploy and the time taken before finding the right approach to each trust	Deliver Q1	Strategy & Policy
	ii	Use work on diagnostics and interventions to consider how Monitor can take swifter action to identify and fix problems at challenged FTs.	Start Q1	Provider Regulation
	iii	Develop options for securing support for challenged trusts from high performing providers.	Start Q1	Provider Regulation
	iv	Develop a support package for trusts undertaking mergers or acquisitions	Start Q1	Provider Appraisal
	v	Provide strategic advice and early input to FTs considering mergers to ensure they are well planned and work well for patients	Business as usual activity	Co-operation and Competition

	vi	Provide advice to the Competition and Markets Authority (CMA) on the benefits of mergers involving FTs so that the CMA is best placed to make good decisions in the overall interests of patients	Business as usual activity	Co-operation and Competition
1	f	<b>Help commissioners use best practice procurement to drive significant improvements in provider quality and efficiency</b>		
	i	Deliver support programme to improve sector understanding and share learning	Start Q1	Co-operation and Competition
	ii	Work directly with a number of local areas to improve the uptake and operation of patient choice	Start Q1	Co-operation and Competition
	iii	Undertake strategic assessment of services where patients would benefit most from improvements in how they are procured	Start Q1	Co-operation and Competition
	iv	Review support approach to date, including through informal advice, to ensure we are doing all we can to support good decision-making	Start Q1	Co-operation and Competition
	v	Undertake casework on procurement, choice and competition to resolve problems and support commissioners and providers in driving change that benefits patients	Business as usual activity	Co-operation and Competition
1	g	<b>Ensure the 2015/16 and 2016/17 payment systems optimise incentives for provider and commissioner efficiency improvements</b>		
	i	Analyse a sample of providers' accounts in detail to better understand the additional actions that providers, or providers and commissioners together, are taking to protect or improve providers' financial positions, other than improving their efficiency.	Deliver Q1	Economics
	ii	Review methodology for setting efficiency and cost base	Deliver Q1	Pricing
	iii	Review and modify approach to payment for specialised services covered by national prices, ie assess the implications of moving from HRG4 <sup>1</sup> to HRG4+ as the base for national prices and implications for specialist top ups to national prices.	Start Q1	Pricing
	iv	Develop and evaluate alternative payment arrangements for specialised services that are not currently covered by national prices	Start Q1	Pricing
	v	Develop, agree and test payment approaches to support delivery of high quality urgent and emergency care	Start Q1	Pricing

<sup>1</sup> A **Healthcare Resource Group (HRG)** is a grouping consisting of patient events that have been judged to consume a similar level of resource. The current revision of Healthcare Resource Groups in use is the fourth, and is known as HRG4. HRG4 is updated annually to enhance the system, reflect changes in clinical practice and to include changes to policy. HRG4+ would be the next revision.

	vi	Develop a framework to evaluate best practice tariffs and assess additional services to be priced nationally	Start Q1	Pricing
	vii	Develop and evaluate tools to aid local price setting for adult mental health and improving access to psychological therapies	Start Q1	Pricing
	viii	Enforce the national tariff	Business as usual activity	Pricing
	ix	Complete the Strategic Information Programme, including development of a new strategic tariff modelling system in collaboration with the National Tariff System project team in Health and Social Care Information Centre, and a new pilot Patient Level Information and Costing data collection system	Start Q1	Knowledge and Information Management
	x	Deliver all the IT and data management support required for the 16/17 and 17/18 tariffs, 14/15 Patient Level Information and Costing data collection, and FT and Independent Provider regulatory monitoring	Business as usual activity	Knowledge and Information Management
2		Drive and support long-term sustainability	Timing	Owner
2	a	<b>Drive/support the reconfiguration of services</b>		
	i	Establish Sustainability Analytics and Solutions Development teams and develop approach to undertaking system design/configuration work inhouse	Deliver Q1	Provider Sustainability (Solutions & Sustainability)
	ii	Further develop understanding of provider economics and the economics of local health economics focusing in particular on the economics of the New Care Models in support of work in Monitor and the wider system	Start Q1	Economics
	iii	Develop and publish insights on the key factors that affect the net cost impact of various interventions to move care out of acute hospital settings to support provider and commissioner decision making, including through developing case studies and simulation models of activity and costs	Deliver Q1	Economics
	iv	Provide economic analysis and advice to in house sustainability reviews – including continuous improvements to methodology	Start Q1	Economics
	v	Support/guide the 5YFV New Models of Care initiative	Start Q1	Provider Sustainability (Solutions & Sustainability)
	vi	Lead on the implementation of the smaller hospitals NMC	Start Q1	Provider Sustainability (Solutions & Sustainability)

	vii	Work with Academy of Medical Royal Colleges/NHSE/CQC to develop and implement approach to resolving issues of minimum scale, scope, staffing etc. needed to support key models of care	Start Q1	Clinical and Patient Engagement
	viii	Develop new payment approaches to support new models of care	Business as usual activity	Pricing
	ix	Advise/support local systems (Vanguard and Whole Systems Intervention sites in particular) on appropriate payment approaches	Business as usual activity	Pricing
	x	Advise/support local systems (Vanguard and Whole Systems Intervention sites in particular) on how choice and competition can contribute to the design and implementation of New Models of Care	Business as usual activity	Co-operation and Competition
	xi	Work closely with one or more vanguard sites to help local commissioners implement New Models of Care • Design-in scope for appropriate choice and competition • Procure in most effective way	New business as usual activity	Co-operation and Competition
	xii	Develop approach to evaluating transactions involving New Models of Care to ensure regulatory burden does not stand in the way of system change	Deliver Q1	Provider Appraisal
	xiii	Coordinate Monitor's contribution to the 5YFV, including delivery of research, design and subject matter expertise where needed and working across Monitor and with partners to support delivery of planned workstreams.	New business as usual activity	Strategy & Policy
	xiv	Provide integral communications and engagement support to Contingency Planning Teams	New business as usual activity	Strategic Comms
	xv	Work with partners to design and set up a new regime (whole systems intervention) for intervening in a coordinated way in failing health economies (ensuring that the benefit of Monitor's expertise in contingency planning, sustainability reviews, improvement initiatives and leadership development is brought to bear)	Deliver Q1	Strategy & Policy
	xvi	Work with partners to operate the new WSI regime.	New business as usual activity	Provider Sustainability (Solutions & Sustainability)
	xvii	Review the operation of the current approach to mergers involving NHS organisations - including how choice and competition might most effectively contribute to driving improvement in the new provider landscape - and consider whether any changes should be recommended.	Deliver Q1	Co-operation and Competition
2	b	<b>Continue to support long-term capability development at providers</b>		
	i	Complete project on clinical workforce challenges, including working across the organisation and sector to develop the actions that could be taken to support providers	Deliver Q1	Economics



	ii	Develop i) pilot programme for aspiring CEOs and; ii) a programme to develop CEOs who are new in post in support of improving the pipeline of senior leadership/management talent for providers	Start Q1	Provider Sustainability (Development)
	iii	Develop a diagnostic and supporting tools for providers to assist them in identifying and addressing underlying cultural and leadership issues that affect operational performance and delivery of their strategy	Start later than Q1	Provider Sustainability (Development)
	iv	Enhance and embed approach to implementing the Well Led Framework, especially strategic planning, to develop provider capability in this area.	Business as usual activity	Provider Appraisal
<b>2</b>	<b>c</b>	<b>Adapt Monitor's regime to the changing provider landscape</b>		
	i	Update scenarios of the future provider landscape in light of the 5YFV, Dalton Review and Monitor's work on changes to the choice and competition landscape	Start later than Q1	Strategy & Policy
	ii	Develop proposals for how Monitor's regulatory and oversight regimes may need to change in the light of the need for changes to the provider landscape	Start Q1	Strategy & Policy
<b>3</b>		<b>Operate effectively</b>	Timing	Owner
<b>3</b>	<b>a</b>	<b>Complete the restructuring of Monitor's organisation</b>		
	i	Develop a high performing internal clinical team that meets the requirements of Monitor's regulatory functions, including completing recruitment to all posts in the team structure	Start Q1	Clinical and Patient Engagement
	ii	Develop a formal relationship with the Academy of Medical Royal Colleges for the provision of external clinical advice and expertise	Deliver Q1	Clinical and Patient Engagement
	iii	Develop a patient engagement or wider work programme to ensure patients' interests are at the forefront of Monitor's policy and operational decision-making	Deliver Q1	Clinical and Patient Engagement
	iv	Implement the patient engagement work programme.	New business as usual activity	Clinical and Patient Engagement
	v	Work with other directorates to embed clinical engagement as an approach in all relevant policy and operational decision making processes	New business as usual activity	Clinical and Patient Engagement
	vi	Deliver opportunities for frontline NHS insight to be shared across Monitor, eg participate in the NHS Medical Director's Clinical Fellow Scheme, facilitate secondments in/out of the organisation	New business as usual activity	Clinical and Patient Engagement
	vii	Develop the tools/mechanisms/channels available to the organisation to access internal and external clinical advice, eg a new clinical advisory forum and online forum for all FT medical directors/ clinical nurses	Start Q1	Clinical and Patient Engagement



	viii	Establish effective ways of working between Provider Regulation and the new Provider Sustainability Directorate, in particular with the Sustainability, Improvement and Performance teams.	Start Q1	Provider Regulation
	ix	Build Centre of Excellence for Investigations	Deliver Q1	Provider Regulation
	x	Build new Operations and Performance Team	Deliver Q1	Provider Regulation
	xi	Establish the regional teams as the primary conduit for regulatory engagement with local health systems	Deliver Q1	Provider Regulation
	xii	Develop capability of the Co-operation and Competition directorate to support changing approach and priorities	Business as usual activity	Co-operation and Competition
	xiii	Deliver new organisational design required to deliver a step change in our approach to pricing	Start Q1	Pricing
<b>3</b>	<b>b</b>	<b>Insource as much activity as feasible and achieve a step change in our rate of recruitment</b>		
	i	Develop a plan to achieve a step change in the pace and success of recruitment activity, including in-sourcing as much as possible of current consulting work	Deliver Q1	Organisation Transformation
	ii	Implement our plan to increase pace and success of recruitment activity	Start Q1	Organisation Transformation
	iii	Establish a flexible pool of analysts to support ad hoc policy and regulatory responses as required	Start Q1	Chief Executive Office
<b>3</b>	<b>c</b>	<b>Accelerate cultural change</b>		
	i	Maintain staff alignment and commitment to the values, with a focus on combining professional rigour with nimbleness and pragmatism	Start Q1	Organisation Transformation
	ii	Implement an integrated suite of learning and development initiatives to build core leadership and line manager capability	Start Q1	Organisation Transformation
	iii	Sustain positive elements of Monitor's inclusive culture and staff engagement levels through a likely further period of significant change/growth	Business as usual activity	Organisation Transformation
<b>3</b>	<b>d</b>	<b>Continue with business as usual activities</b>		
	i	Provide guidance to the sector on costing health services under current arrangements	Business as usual activity	Pricing
	ii	Identify and implement efficiency opportunities within transaction and assessment processes in order to minimise burden on trusts and maximise Monitor's use of resources.	Business as usual activity	Provider Appraisal
	iii	Deliver high quality analysis and insight supporting assessment decisions and transaction risk ratings.	Business as usual activity	Provider Appraisal
	iv	Deliver high quality analysis and insight supporting assessment decisions and transaction risk ratings.	Business as usual activity	Provider Appraisal

v	Establish effective ways of working within the newly structured Provider Regulation Directorate, including enhanced management information to inform prioritisation of resources and support swift and effective action when problems arise.	Start Q1	Provider Regulation
vi	Continue to develop and contribute to Monitor's regulatory policy including the independent provider policy, commissioner requested services, integrated care and the risk assessment framework	Business as usual activity	Strategy & Policy
vii	Ensure regulatory compliance including reporting on our regulatory impact/burden	Business as usual activity	Strategy & Policy
viii	Engage with external policy development and partners, including responding to consultations, developing partnership agreements and responding to major policy shifts such as Francis, Dalton, Kirkup	Business as usual activity	Strategy & Policy
ix	Continue to improve Monitor's performance and risk reporting	Business as usual activity	Strategy & Policy
x	Provide economic advice and analysis to support Monitor across its functions and in its role as an economic regulator.	Business as usual activity	Economics
xi	Refresh key HR building blocks to ensure fit for purpose including - Performance management - Recognition - Key employee relationship policies and processes	Start Q1	Organisation Transformation
xii	Maximise use of existing accommodation and acquire additional space where required.	Deliver Q1	Organisation Transformation
xiii	Develop legal training programme and build legal awareness across Monitor teams to support better decision-making, mitigate risk and make more efficient use of resources	New business as usual activity	Legal
xiv	Implement legal training programme	Business as usual activity	Legal
xv	Provide legal services support to all directorates	Business as usual activity	Legal
xvi	Provide governance support and best practice secretariat advice to all Monitor's decision-making.	Business as usual activity	Legal
xvii	Design and lay the foundations for a new case management system for our regulatory interactions to support robust decision-making and ensure Monitor can always evidence the decision-making rationale and process	Start later than Q1	Knowledge and Information Management
xviii	Embed new IT services contract and help desk, and upgrade the desktop IT infrastructure to improve the performance for data analytical work.	Start Q1	Knowledge and Information Management
xix	Deliver a data analytics platform and high priority models to support decision-making for the actions set out in the business plan	Start Q1	Knowledge and Information Management
xx	Establish and promulgate best practice guidelines across Monitor on accessing, using and analysing	Deliver Q1	Knowledge and

		data efficiently and effectively.		Information Management
	xxi	Ensure continued supply of national data from Health and Social Care Information Centre and implement appropriate information governance policies and procedures to safeguard usage. Influence national informatics initiatives to ensure Monitor's priorities are reflected in plans.	Start Q1	Knowledge and Information Management
	xxii	Provide training and support to ensure IT systems operate correctly, the benefits are fully realised and Monitor's information is properly managed	Business as usual activity	Knowledge and Information Management
	xxiii	Support key regulatory and business processes through IT and automation (including a new stakeholder management tool and a new finance system)	Business as usual activity	Knowledge and Information Management
	xxiv	Assure recognition in key audiences for Monitor's achievements	Business as usual activity	Strategic Comms
	xxv	Ensure that any future changes to Monitor's role are understood and supported in the sector, for example the Provider Sustainability Directorate	New business as usual activity	Strategic Comms
	xxvi	Assure the quality, clarity and impact of external publications and ensure they support Monitor's role in the sector	Business as usual activity	Strategic Comms
	xxvii	Improve the quality, clarity and impact of business communications within Monitor	Business as usual activity	Strategic Comms
	xxviii	Provide communications and engagement support for Monitor's activities across the healthcare system	Business as usual activity	Strategic Comms

Note: Q1 = April to June 2015



Making the health sector  
work for patients

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