

West Norfolk post CPT Joint Working Arrangement

1. Background

In July 2014, Monitor commissioned a Contingency Planning Team ("CPT") report to explore options for ensuring the sustainability of Queen Elizabeth's Hospital, King's Lynn NHS Foundation Trust ("QEH"). With the CPT now concluded, QEH and West Norfolk Clinical Commissioning Group ("WNCCG") will be jointly publishing a post CPT-implementation plan by 04 Aug 2015, or such later date as agreed with Monitor and NHS England ("NHSE"). This plan will specify agreed sets of actions that QEH and WNCCG must complete and will also lay out a workplan to address residual challenges identified by the CPT.

As with work addressing local health economy ("LHE") challenges elsewhere in NHS, completing the CPT required coordinated work between QEH and WNCCG. Further coordination is now required to deliver the implementation plan and complete the future workplan.

2. Purpose

Mirroring the need for coordinated local action, Monitor and NHS(E) recognise the need for joined up national oversight and support to create an enabling regulatory environment for West Norfolk LHE.

The purpose of this Joint Working Arrangement ("JWA") is to outline how Monitor and NHS(E) will work together to ensure that the CPT implementation plan is delivered such that the LHE becomes clinically and financially sustainable, without the need for external revenue support.

As set out in the implementation plan, this requires delivery in three areas. First, the delivery of agreed QEH actions. Secondly, the delivery of agreed commissioner actions. Third, completion of a programme of future work aimed at identifying any further actions required should a residual financial gap remain at QEH at such point as it is operating efficiently.

Scope

This JWA covers how NHS(E) and Monitor will support the West Norfolk LHE to ensure delivery of the post-CPT implementation plan until the post CPT implementation plan is completed, or such other time as agreed by Monitor and NHS(E). Specifically, it covers delivery of the following:

1. *QEH actions:* QEH to deliver its actions as specified within the post-CPT implementation plan.
2. *WNCCG actions:* WNCCG to deliver its actions as specified within the post-CPT implementation plan.
3. *Joint working:* QEH and WNCCG to work together to develop and complete the required future work programme as highlighted by the post-CPT implementation plan.
4. *Joint action implementation:* QEH and WNCCG to work together to implement actions arising from the joint programme of work.

3. Role and responsibilities

The table below outlines the role and responsibilities of partner stakeholders.

Stakeholder	Role
Independent Chair	<ul style="list-style-type: none"> • Monitor delivery against the implementation plan, including adjusting and updating the overall programme plan as required (with approval from Monitor/NHSE for any material changes) • Provide monthly update report to Monitor and NHSE. • Provide local leadership and facilitation required to enable local stakeholders to work together and Chair the West Norfolk Alliance
Local Oversight Group (West Norfolk Alliance Delivery Sub-committee)	<ul style="list-style-type: none"> • Act as the principal multi-stakeholder body, with representation from local providers and commissioners, that oversees and drives the execution of the post-CPT implementation plan • Provide advice, ensure delivery of the plan milestones and the achievement of strategic outcomes
West Norfolk CCG AO Trust CEO	<ul style="list-style-type: none"> • Accountable and responsible for delivering its actions as set out in the CPT implementation plan, including participating effectively in local working groups
NHS(E) Director of Commissioning Operations Monitor Enforcement (Delivery) Director	<ul style="list-style-type: none"> • Monitor whether CPT milestones are being met • Locality Director for NHSE to attend local oversight meetings as necessary • Intervene / escalate to tripartite RDs meeting as required • Enforcement Director to attend all local oversight group meetings
Regional Directors	<ul style="list-style-type: none"> • Exercise ongoing statutory, regulatory and oversight duties.

4. Proposed Approach

QEH and WNCCG have agreed that delivery of the post-CPT implementation plan will be governed through a sub-committee of an existing group of senior local stakeholders, the West Norfolk Alliance. This local oversight group will consist of the CEOs or Chief Officers of key local partners. It will have a Chair who is not currently engaged with the West Norfolk Alliance and who is independent of all its constituent organisations (“the Chair”).

The Chair will provide monthly reports to Monitor and NHS(E) that update on progress against the key milestones of the implementation plan and flag any issues that the Chair believes require escalation to the Tripartite partners¹.

In line with existing Tripartite escalation processes (e.g. for A&E operational performance), issues that are flagged by the Chair, Monitor or NHS(E) will be considered at an extraordinary Tripartite escalation meeting, attended by the NHS(E) Director of Commissioning Operations and either a Monitor Enforcement Director or Regional Director. Formal regulatory action may follow an escalation meeting should no informal mitigation be deemed appropriate. Monitor will continue to exercise its statutory regulatory obligations alongside this proposed process through existing mechanisms.

The table below details the proposal for governing and managing the items within scope.

Item	Responsible	Approach if non-delivery escalated by independent Chair
1. QEH actions	<ul style="list-style-type: none"> Monitor 	<ul style="list-style-type: none"> Managed through Monitor's existing regulatory framework, including enforcement action taken in relation to QEH
2. WNCCG actions	<ul style="list-style-type: none"> NHS(E) 	<ul style="list-style-type: none"> NHS(E) to raise non-delivery with CCG AO, including requesting written explanation from CCG chair covering a) the reasons for non-delivery b) mitigations c) revised delivery timetable (if applicable)
3. Joint working	<ul style="list-style-type: none"> NHS(E) Monitor 	<ul style="list-style-type: none"> Monitor and NHS (E) to approve amendments to the implementation plan as required Monitor and NHS (E) to define a timeframe in which both QEH and WNCCG are to develop a written case to support their proposed ways forward regarding the item(s) of non-delivery Monitor and NHS (E) jointly to decide the preferred way forward and put in place oversight reporting and meeting arrangements as required Further non-delivery at this point would lead to actions as per item 1 for the trust and item 2 for WNCCG NHSE and monitor to attend SRG if required
4. Joint action implementation	<ul style="list-style-type: none"> NHS(E) Monitor 	<ul style="list-style-type: none"> As per item 3

5. Key Contacts

Please direct all enquires in relation to this JWA to the following:

- **NHS(E):** Ruth Derrett
- **Monitor:** Nicholas Beth


6. Review Period

¹ In the case of West Norfolk, escalation issues do not need to be flagged to the Trust Development Authority as there are no NHS Trusts in the relevant LHE.

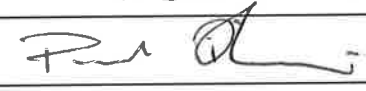
We will review this JWA as and when required.

7. Signatories

For and on behalf of **NHS(E)**:

Name and Title	Andrew Pike – Director of Commissioning Operations
Signature	
Date	31 st July 2015

For and on behalf of **Monitor**:

Name and Title	Paul Dinkin - Transformation & Turnaround Director
Signature	
Date	05 August 2015