

Stradia Risk Management Workshop
17/04/2018

Attendees

Paul Gledhill	Stradia
Jayne Marshall	WMBC
Donna Locke	WMBC
Iain Stewart	CCG
Simon Fillingham	WMBC
Julie Walker	WMBC
Keith Sales	WMBC
Sarah Alldis	WCFT
Kerry Hogan	CCG
Lisa Lawton	Allied Healthcare
Gary Nagle	Professional Carers
Bev Peers	Community Caring
Tina Taylor	Carewatch
Angela Henegan	Allied HealthCare
Hazel Murphy	Premier Care
Claire Doyle	WMBC

Apologies

David Hammond	WCFT
Will Ivatt	CCG
Sharon Edwards	Haven
Dave Mcguinn	Premier
Christine Owen	WCFT
Jason Oxley	WMBC

Actions

- Providers to share workforce plans.
- Providers to send over coding structure.
- OBA training 24th&25th May.
- Decide what risk score we will work to and what.
- Commissioners to explain criteria for 'high end care'.
- Commissioners to discuss brokerage service and cost saving with WCFT.
- Legally check minimum number needed in an entity.
- Legal red lines and rational from Council by 27th April.
- Providers to map out a timeframe by end May.
- Council to discuss payment mechanisms.
- Council to look into contract length-negotiations without tendering.
- Council to also map out some timescales.

- Providers to arrange meeting with chamber of commerce.
- Next Stradia date 1st May.
- Iain and Jayne to check comity in common for integrated commissioning hub structure.
- How can QIP/ Quality assurance and Healthwatch link in?
- Jointly agree monitoring compliance.
- Providers to feedback 'good news' stories.
- Finance to inform providers of the frequency of OBA and who will be monitoring.
- OBA training will need a senior finance representative from each provider.
- Finance and commissioners to discuss how OBA model will work for them.
- Donna and Keith to work with legal regarding procurement.

Risk Register.

1. Acute hospital/unsafe discharge.
2. External organisation impact on Dom care.
3. Co-Ord of transformation across whole system.
4. Demand.
5. Staff retention/recruitment.
6. Financial sustainability.
7. Direct payments.
8. Governance/leadership.
9. Publicity and reputation.
10. OBA.
11. Technology.
12. Length of contract.
13. Mobilisation/change to supply chain.
14. Legislative.
15. Business process-brokerage.
16. Culture.

Provider's Questions.

1. If we can agree around the table to go with this consortium will it stop WBC going to formal tender?
Preferred option is a negotiated solution. If WBC have to go out to tender they would like a single response.
2. What are the commissioner's drivers?
Capacity and flow, admission prevention, market and financial sustainability.
3. Commitment to marketing? Role of carers?
Committed. Possible cash influx.
4. Commitment to quality improvement?
QIP focus mainly on res/nurs and currently only work with failing providers. CQC is governing body. Jointly agree monitoring compliance.
5. Do we have to be joint or separate? (responsibility, accountability, contingency)
All responsible.
6. Legalities-penalties?
All responsible.
7. What do you need in place to stop WBC going to formal tender?
Will need to discuss with procurement/legal.
8. What commitment will you give to providers re: recruitment?
Help attract-retain, career pathway, top to bottom approach.
9. Will this prompt a consultation of the fee rate?
This year fee proposal has already been through cabinet.
Hopefully can look at next years.

10. What are the expectations? Timeframes?

If going to tender will start negotiations Sept 2018.

Commissioner's Questions.

1. Where is the high end? What is the plan?

Other partners-health-Aspire. What constitutes as high end?

2. How are we going to broker packages?

Self-brokerage.

3. How are you going to work collaboratively to reduce costs?

Discussed joint training, uniforms etc.

4. 'Single entity' how do you think it will work?

Still need to discuss.

5. Target operating model?

Still need to discuss.

6. How will you increase capacity?

Shared packages. Trusted assessor.

7. Risk and gain share?

No savings to be made. Would trade gain share for rate increase.

8. Technology?

Agree innovation is the way forward.

9. Timescales?

Providers need at least 2 more meetings. Commissioners happy to wait for correct model.

10. Self-funders?

Happy to take and broker.

11. Payment mechanism?

Get rid of 'ADAM'.

12. Contract length?

No less than 5 years.

13. What if one or more providers pull out?

'TUPE'. Add new partners? Depends what is written in the contract.

14. Quality?

All operating to the same standards.

15. Mobile nights/reablement/enhanced?

Partnership will need to decide who does what.

16. Zones?

2 zones.

OBA Questions/statements

Providers;

1. Is OBA mandatory?

Think it probably will be.

2. What is the frequency? By who? When from?

Not sure yet, quarterly maybe?

3. How will WBC include OBA?

Will need to discuss further with finance.

Commissioners;

Understand – it's about understanding costs, informing the rate.

Red Lines – explanation of the costs from day 1 over lifetime of the contract.

Staff rates – minimum of re-invest, pay, attract, retain and develop marketing and training.

Incentivisation – re-investment.

Statutory duty – shape and support the market.

Affordable – to WBC, CCG and providers.

May 1st Workshop-discussion points.

- Cost Share.
- OBA.
- Providers to discuss target operating model.
- Risk Register.
- Issue Log.
- Lessons learned from previous tender.
- Governance.