

East Midlands Leadership Academy Board Meeting

Board Minutes

Monday 16th March 2015

Present:

Name	Role	NHS Organisation
Gavin Boyle	Chief Executive/EMLA Chair	Chesterfield Royal Hospital NHS Foundation Trust
Paul O'Neill	Director	East Midlands Leadership Academy
Lyndsay Short	Deputy Director	East Midlands Leadership Academy
Rachel Wingfield	Business Development Manager	East Midlands Leadership Academy
Andrew Morgan	Chief Executive	Lincolnshire Community Health Services NHS Trust
Anthony Locke	PPI Representative	Pathfinder Leicestershire
Bina Kotecha	Assistant Director of Learning and OD	University Hospitals of Leicester NHS Trust
Caroline Fox	PPI Representative	Researcher
David Farrelly	Managing Director	Health Education East Midlands - Local Education Training Board
Dean Fathers	Chair	Nottinghamshire Healthcare NHS Foundation Trust
Eileen Ziemer-Cottingham	Chair	Lincolnshire Partnership NHS Foundation Trust
Jenny Williams	Assistant Director of Organisational Development	Northamptonshire General Hospitals NHS Trust
Lisa Sultana	Director of Business Development and Liaison	Derby and Derbyshire LMC Ltd and Primary Care Development Centre
Paula Ward	Assistant Director of Learning and OD	Nottingham University Hospitals NHS Trust
Pete Cross	Director of Finance	Leicestershire Partnership NHS Trust

In attendance

Yvonne Brown	Personal Assistant	East Midlands Leadership Academy
Anna O’Kane	Programme Lead	East Midlands Leadership Academy

Apologies received:

Kerry Gulliver	Deputy Director of Workforce	East Midlands Ambulance Service
Leanne Hackshall	Deputy Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust
Rakesh Marwaha	Chief Officer	NHS Erewash Clinical Commissioning Group
Steve Trenchard	Chief Executive	Derbyshire Healthcare NHS Foundation Trust
Amanda Rawlings	HR & OD Director	Derbyshire Community Health Services NHS Trust/Chesterfield Royal Hospital Foundation Trust
Michelle Bateman	Associate Director of Nursing	Nottinghamshire Healthcare NHS Foundation Trust
Martin Gaskell	Directorate Accountant/EMLA Management Accountant	Nottinghamshire Healthcare NHS Foundation Trust

Item	Subject and Details	Action
1.	<p>Welcome and apologies:</p> <p>Gavin Boyle welcomed those present to the meeting and gave a brief overview of the meeting. Gavin also gave the apologies for absence as detailed above and all were accepted.</p> <p>Gavin welcomed Pete Cross, Bina Kotecha and Lisa Soultana as new members to the Board.</p> <p>Eileen Ziemer-Cottingham reminded the Board that this would be her last attendance before her retirement in May 2015. Gavin thanked Eileen for her contribution and Eileen stated that she hopes the value and achievements in EMLA continues.</p>	
2.	<p>Notes from previous meeting:</p> <p>Amendments to the minutes of the last meeting on 15th December 2014 were noted by the Board and the minutes were then confirmed by the Board as a correct record with no further amendments to be made.</p>	
3.	<p>3.0 Matters arising from last meeting:</p> <p>Board to Board meeting, 23rd February 2015 – This meeting in the event was a much smaller meeting with representatives from HEEM and the LETCs along with Paul O’Neill Lyndsay Short and Gavin Boyle. The meeting focussed on the uncertainty of funding from the NHS Leadership Academy and the response/support available from HEEM.</p> <p>Planned activity – Following Dean Fathers comments at the December 2014 Board meeting, Paul confirmed that a ‘Trust Workforce v Activity comparison’ table had been added to the activity reports and was available in the current Board pack at Enclosure 3, Appendix 1.</p> <p>Risk – Paul confirmed that the amendments as discussed at the December 2014 Board meeting had been added to the Risk Register and were available in the current Board pack at Enclosure 3, Appendix 2. A minor change to the financial risk had been made as some funding arrangements had become clearer (see later).</p> <p>Strategic objective information – Paul confirmed that the strategic objective information had been updated for the current Board and this included more detail as requested. The document was available in the current Board pack at Enclosure 3, Appendix 4.</p>	PON
	<p>Gavin addressed the Board in respect of the following:</p> <p><i>Smith Review</i> – Gavin confirmed that the recommendations from the Smith Review should be available after 20th March 2015. One of the expectations will be on how the ‘improvement architecture’ will be aligned to support the delivery of the Five Year Forward View through Local Improvement Collaboratives (LIC).</p>	

	<p>There is likely to be a 6 month implementation period following the recommendations being adopted.</p> <p><i>NHS Leadership Academy funding (NHSLA)</i> – Gavin also outlined the recent bidding process to the NHS Leadership Academy and the subsequent fall out following the non-allocation of any ‘discretionary’ funding.</p> <p>Gavin stated that he had observed exceptional joint work across the 10 LDP’s where they worked together in an effective way to create the bids as requested in the bidding process, however none of the bids were approved, primarily because they were seen still as too varied.</p> <p>A process, aligned to the Smith review will see priority development areas defined in a standardised way and rolled out across the LDPs.</p> <p>Paul thanked Gavin for his summary and confirmed that more detail would be included in the following presentation and discussion at item 4 on the agenda.</p>	
<p>4.</p>	<p>Strategic context:</p> <p>Paul made a presentation including an update on the Smith Review, NHSLA funding, HEEM funding, membership and planning for 2015/16; a copy of the presentation is attached to the minutes. The Board then held a wide ranging discussion during which the following points were made:</p> <ul style="list-style-type: none"> • Dean Fathers shared his experience of being on the Smith Review reference group and made the comment that some of the outcomes would need to be considered alongside the Rose Review (into NHS leadership) but also noted that this review was not due to be published anytime soon and therefore there would be potentially less benefit to ensure the recommendations of both reviews align. • Anthony Locke queried who would be members of the proposed LICs and how these would work in practice, as yet this detail is not available. • Pete Cross made the point that much of the work now required to improve how systems work effectively together will depend on relationships and networks. Paula Ward welcomed the proposed strengthening of talent management across the system and was keen to emphasise the need to work closely with HEEM on this agenda. She was also interested where the OD work would sit within this new structure. • Andrew Morgan asked ‘how closely had EMLA been working with Health and Wellbeing Boards’ and Paul explained to date this had not happened but would need to have increasing attention in the future. The Board discussed how the East Midlands could become a centre of excellence and develop a strong reputation and what is the USP of the East Midlands. There was a view that collaborative working is particularly strong in the East Midlands and that as the future is much more around joining up organisations and systems this would put us in a strong position. 	<p>PON</p>

- Funding from the National Academy will now be for SLA only activity which will be tightly prescribed and monitored, it is likely that additional themes supported by additional funding will be added to the SLA throughout the year. This brings some challenges to EMLA's workforce arrangements and having the need to 'flex upwards' to cope with this increased demand later in the year. The current SLA will be funded out of a total of £7.5m across the 10 LDPs, additional activity will be funded from the previously named 'discretionary fund' of £8.8m (which will be less). This had been the fund to which bids had been made that ultimately proved unsuccessful. There will be a new process of identifying priorities, developing these into standardised offers across the country and delivered by each LDP to the same specification and timescale.
- HEEM funding has been agreed in principle and there is a meeting of the HEEM governing body on 26th March 2015, which Paul is attending, where this will be discussed further and hopefully approved.
- Membership enrolment for next year is strong with all providers and the majority of CCG's already signed up and committed. Pete Cross suggested gaining a longer term commitment from members, perhaps for three years at a fixed annual subscription rate could provide some additional security of income from EMLA to which members would be agreeable.
- Given the overall reduction in funding, and the need to support the transformation of health and social care services in line with 5YFV Paul outlined how the EMLA team were being redirected to respond to this new work.
- A consultancy and transformation service would in future be offered by EMLA using some of the existing staff and increasingly members of a faculty to provide a flexible and highly skilled workforce to work with units of planning, LETC's and across organisations at county level.
- Paula Ward suggested EMLA would be in a good position to be an 'honest broker' between organisations and how they could join together on some initiatives to reduce costs. Deans Fathers suggested the greater use of our alumni as part of the faculty would be a useful and cost effective way of enhancing our capability.
- Dean Fathers, along with others, also noted that Trusts spend a significant amount of money on external consultants. Developing organisations' internal consultancy capability would also be worth considering.
- Andrew Morgan commented that as the National Academy and SLA funding becomes less dominant this creates opportunities for EMLA to enhance their local offer and alignment with others partners working across the East Midlands.
- In summary the Board acknowledged the downward pressure on income but were mindful that this had been anticipated some time ago and EMLA had mitigated against these risks by maintaining its three streams of funding and keeping its costs relatively low. The Board were very supportive of us moving into the 'transformation and consultancy market' with the necessary changes to workforce and more flexible staffing arrangements as a way of meeting perceived need and sustaining EMLA into the medium term.

5.	<p>Performance, risk and communication update:</p> <p>Rachel answered a number of queries arising from the report, these included:</p> <p>5.1 Utilisations – Rachel reconfirmed that the Trust Workforce v Activity comparison spread sheet had now been included in the activity report as requested by Dean.</p> <ul style="list-style-type: none"> • Third sector membership - Framework Housing are currently a member and Dean suggested that NSPCC may be interested in membership. • Rachel confirmed that average overall split of male versus female attendance at events is on average 30% male and 70% female. • Pete asked whether there was a way of demonstrating the impact of Trusts investing in leadership development and their overall performance. Whilst there does seem to be a correlation further work is needed to evaluate this point. • Rachel explained that we will experiment with not charging for cancellations for a six month period from 1st April 2015. One of the reasons for this is the expense and time of chasing relatively low value invoices across many different organisations. We will monitor whether this has an impact on attendance rates which is currently consistent at 85% and may need to revisit this if attendance falls. Dean suggested this could be incentivised, perhaps by offering a small discount on membership fees for Trusts who regularly achieve attendance in excess of this target. <p>5.2 Risk Register – it was suggested that EMLA may have insufficient capability and capacity to work in the consultancy market maybe a risk. This will be considered and brought back to the next board meeting.</p> <p>5.3 Evaluation report – Rachel had included 3 evaluation reports; namely Leading Innovation in Healthcare Conference, Emerging Leaders Programme and Supporting People in Transition programme. These had already been circulated to HRDs who were very happy with this level of detail and communication and the Board was also appreciative of seeing these types of reports on a regular basis.</p> <p>In respect of the Emerging Leaders programme it was noted that there were few, if any, medical staff accessing this programme and Paul explained that work is ongoing to ensure the programme was fit for medical colleagues in the future. Caroline Fox commented how important it was to ensure that the patient voice was heard during such programmes and that it may be appropriate for some patient leaders to be delegates on such programmes. Paula Ward raised a question about the evaluation reports on the national programmes and Paul explained that an evaluation of the Nye Bevan and Mary Seacole programmes was underway, however this work had only just been started and an evaluation of the Elizabeth Garrett Anderson programme would also follow in due course.</p>	RW
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	<p>5.4 Strategic objectives update – updated for year end. EMLA are looking at working with social care and are introducing programmes for social care in conjunction with the National Skills Academy. The strategic objective will remain amber because the initial objective was to develop membership of social care. Upon exploration this was not possible in its current form, therefore the objective is going to change and we will be looking to see how we develop the social care relationship working in conjunction with the National Skills Academy to develop joint approaches to leadership development.</p> <p>In respect of membership, Rachel reiterated that all of the providers had agreed to subscribe for 2015/16 membership and 75% of the CCG had responded to confirm their membership.</p> <p>Rachel confirmed that the customer satisfaction survey had been distributed in February and the deadline had been 6 March 2015; the results of this survey will be brought to the next Board meeting in June 2015.</p>	
<p>6.</p>	<p>FSD Steering Group:</p> <p>Pete said that FSD is hugely respected and has a good response in accounting services. However, the offers are traditional in respect of training and development and are not moving with the times in terms of leadership. This needs bringing in to line and create more finance system leadership to tie in with Future Focused Finance (FFF).</p> <p>A local steering group is being put together to ensure the FSD offer aligns well with the FFF initiative and also take into account other similar offers and agencies eg HfMA. Pete will Chair the group supported by Lyndsay Short and either one of them will attend the national meetings looking at FFF.</p>	<p>PC</p>
<p>7.</p>	<p>Finances:</p> <p>The finance report is up to the end of January 2015. Martin Gaskell was not in attendance; however Rachel stated that she would answer any queries in respect of the report.</p> <p>Rachel said that EMLA are 11% down on spend and there are plans in place for spending the forecasted budget. The predicted underspend is £116k on the report however it is more likely to be £70k/£80k at year end. Rachel stated that it has been agreed with Notts HC FT that the £70k/£80k will be carried over to next year.</p> <p>Rachel stated that EMLA are comfortable with the position and final year-end figures and details will be reported at the next Board in June 2015.</p> <p>Pete commented that year to date on LETB is behind the year to date plan; is there a risk if we do not get the funding? Rachel responded that all variances are sitting in LETB line to ensure that the NHSLA line forecast matches the actual spend.</p>	<p>MG</p>

8.	<p>Any other business:</p> <p>A proposed policy 'Payments to NHS staff and patient input' had been included for ratification by the Board, however Martin Gaskell had challenged the paper to say that this did not align with Notts HC FT's related policy, however the policy does align the NHSLA policy and so there was a potential conflict of governance and alignment. Other Board members commented that the suggested level of payment was generally higher than would be the case in most Trusts and that this mis-alignment with the local health economy may cause some issues. Caroline and Anthony both stated that they had been placed in a difficult position to be asked for comments in the Board meetings to give comments on the policy which clearly impacted them personally.</p> <p>Paul agreed therefore to do some more work with patient representatives, Notts HC FT and other member organisations and to bring the policy back to the next Board for further deliberations.</p> <p>Dean asked the Board to be aware that Simon Crowther is the new Director of Finance of Notts HC FT with effect from 1st April 2015.</p> <p>No further other business at this time.</p>	
9.	<p>The next Board meeting will be held at 1.30pm until 4.30pm on Monday 15th June 2015 at The Institute of Mental Health Building, room A08.</p>	