

East Midlands Leadership Academy Board Meeting

Board Minutes

Monday 14th December 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 and Performance Manager	East Midlands Leadership Academy
Amanda Rawlings	HR & OD Director	Derbyshire Community Health Services NHS Trust/Chesterfield Royal Hospital Foundation Trust
Amanda Sullivan	Chief Operating Officer	Newark and Sherwood CCG
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
Dean Fathers	Chair	Nottinghamshire Healthcare NHS Foundation Trust
Martin Gaskell	Directorate Accountant/EMLA Management Accountant	Nottinghamshire Healthcare NHS Foundation Trust
Michelle Bateman	Associate Director of Nursing	Nottinghamshire Healthcare NHS Foundation Trust
Nicky Hill	Director of HR	Nottingham University Hospitals NHS Trust
Pete Cross	Director of Finance	Leicestershire Partnership NHS Trust



In attendance

Yvonne Brown	Office Manager/Executive PA	East Midlands Leadership Academy
Peter Bates	Associate Fellow	National Development Team for Inclusion

Apologies received:

Andrew Morgan	Chief Executive	Lincolnshire Community Health Services NHS Trust
David Farrelly	Local Director	Health Education East Midlands - Local Education Training Board
Lisa Sultana	Director of Business Development and Liaison	Derby and Derbyshire LMC Ltd and Primary Care Development Centre



Item	Subject and Details	Action
1.	<p>Welcome and apologies:</p> <p>Gavin Boyle welcomed those present and Nicky Hill and Amanda Sullivan to the Board and introductions were made.</p> <p>No declarations of interest were given for this meeting.</p>	
2.	<p>Notes from previous meeting:</p> <p>The minutes of the last meeting on 21st September 2015 were confirmed by the Board as a correct record with no amendments to be made.</p> <p>Matters arising:</p> <p>The matters arising from the meeting on 21st September 2015 were actioned in advance of the meeting or were covered as agenda items for this meeting. There were no other matters arising.</p>	
3.	<p>National update:</p> <p>The NHS Leadership Academy (NHSLA) has now transferred to Health Education England (HEE) in shadow form from 1st December 2015 and this arrangement will be substantive from 1st April 2016. There is now a national leadership and improvement strategic oversight group who are taking forward the recommendations in the Smith and Rose reports, one of these is to create a leadership and improvement strategy for the NHS and this will be held by HEE on behalf of the whole system.</p> <p>LDP's are keen to have an input into this process and are working with senior colleagues at HEE to ensure this comes about.</p> <p>There are eight workstreams which LDP's have been working on collectively during 2015/16. The work during this year has largely been around researching, scoping and piloting with a view to taking these workstreams forward in 2016/17 by incorporating agreed projects into the SLA that is held with the NHSLA.</p> <p>One of the workstreams is talent management; Nicky Hill commented that she had attended a meeting where the "top 200" leadership roles were discussed, however no further output has been received from that meeting to date. It appears that different parts of the system are involved in talent management with NHS Improvement taking a lead on the top 200 posts and HEE are also involved in wider workforce progression. The NHSLA and LDP's are also playing a significant role.</p>	



Within the East Midlands EMLA are piloting a talent development approach for Aspiring Directors of Nursing and this approach is also planned to be rolled out to Aspiring Director of Finance and Aspiring Directors of HR.

Nicky Hill commented that she supports this approach, particularly development which enables these functional directors to improve their corporate director competencies and ability.

Dean Fathers commented that the Chairs Advisory Partnership Group, Chaired by Sir Keith Pearson (HEE Chair), is meeting with Ed Smith on 14th January 2016 to discuss succession planning and leadership. Workforce Race Equality Standards will be on the agenda and that group is as keen as always to ensure talent management is as inclusive as possible and pays attention to the under representation of BME staff at higher levels of the NHS. Dean was also aware that the Mary Seacole programme is planned to change next year and it is hoped that this will continue to develop pipeline talent including good representation from BME groups.

Future funding

Gavin Boyle asked what was our knowledge and intelligence telling us about funding for next year. Paul O'Neill responded that he was aware there would be some pressure on HEE funding following the comprehensive spending review and this may result in a reduction of HEE funding to EMLA. However, given that more of the work streams mentioned above could come into the SLA next year, this is likely to increase. We anticipate membership being broadly similar to this year with the possibility that some organisations however might opt for PAYG membership. Michelle Bateman asked whether there were ever any tensions between the NHSLA and LDP's and whether this has an impact on funding. Paul explained that there are always tensions between the National central view and a local stakeholder view but that this was something that was generally well managed and he was optimistic that the LDP's are developing more of a collective voice and influencing the national agenda.

On a positive note, the Board acknowledged it was good to see that leadership development and the importance of good leadership was being acknowledged by the NHS as a whole and the fact that there was a strategy and resources attached to this could only be a good thing.

4. Performance, risk and communication update:

Utilisations

Rachel Wingfield shared the utilisations report up to the end of November 2015 and no questions were raised.

Risk Register

In respect of the Risk Register, all risks were approved and it was agreed to carry these over to 2016/17. The following Risk Register recommendation were approved by the Board:

<i>Risk</i>	<i>Action required</i>
Secure funding position for 2015/16. Risk of funding streams not being available as a result of changes in funding decisions at DOH, Health Education England.	Secure funding position for 2015/16 to be changed to 2016/17
Ability to manage current and future capacity and demand for all EMLA programmes with existing resource.	Reduction in risk rating to severity 3 x likelihood x 2 = 6 due to recent additional recruitment to meet demand
Any dissatisfaction with membership /subscription model leads to reluctance/refusal of members to pay.	Increase the risk due to potential of some members not renewing for 2016/17 to severity 3 x likelihood x 2 = 6

It was asked whether the risks on the Register could be numbered clearer to help the discussions at Board.

New membership model:

Traditionally the membership offer to Trusts has provided full access to a wide range of programmes with the membership fee levied on a sliding scale based on head count of the organisation. For CCG's there has also been the offer of a number of facilitated days which they have used for bespoke interventions which match their development needs.

During 2015/16 our Systems Leadership offer has been made available to Units of Planning (UoP) and LETC's, increasingly Trusts are also interested in accessing this offer directly without it necessarily going through the LETC or the UoP for their approval and sign off.

Rachel presented some ideas which described a refreshed approach to the membership offer for Trusts. This offer would include the traditional core range of planned programmes and events, most of which align to system leadership; however in addition to this Trusts would be able to opt into purchasing a number of bespoke development days, (5-10 suggested but yet to be agreed) in the region of £5,000. These days could be used to support their own local or regional system leadership activity or for their own internal development.



This would be an optional extra and it was acknowledged by the board that some Trusts, particularly those with a reasonably resourced OD team, would be less likely to take this up but that this could be an attractive addition to those without that internal resource.

Amanda Rawlings suggested that groups of organisations coming together to improve their joint working maybe prepared to invest as a whole into EMLA's support over and above their core offer. Bina Kotecha welcomed the idea of accessing facilitated days by individual Trusts as she noted the value which they could provide in supporting their internal development and specific needs.

Pete Cross commented that on looking at utilisations, acute organisations tend to be under represented in their take up of programmes and events at present and this could suggest they are not getting as much return on investment as they would have liked. Pete pointed out that five days of bespoke facilitation for £5,000 did not offer value as this was easily achievable in the open market. Paul pointed out that CCG's are charged £3,000 for five days of facilitation and at the very least this should be aligned with the offer to Trusts. Paul also suggested that we could consider including the number of consultancy days as part of our standard offer and include these in the current membership fees. It was acknowledged however that this may not be sustainable from a business model point of view and a risky precedent to set.

Amanda Sullivan commented that the five days of facilitation provided to CCG's has been useful as they have been able to tailor them to their needs acknowledging that each CCG is quite different and at different stages of maturity and development. She could see the value in days like this being made available to primary care to enable them to discuss and plan the transformation required.

Dean Fathers, representing an organisation with a proactive learning and development and OD team, would need to know the value of these additional days and what product they would be selling.

Nicky Hill commented that it may be useful to offer a more open ended number of days at an agreed value for money day rate which organisations can then choose how many days to buy rather than it being fixed at five days.

Martin Gaskill asked whether there was a risk that demand would exceed our ability to supply and Rachel explained that this where the use of our Faculty as a flexible workforce could be used to meet peaks and troughs in demand. Additionally, if we experienced a permanent peak in demand, with resources flowing into EMLA to support that, we could decide to increase the size of the team at that point.

Gavin Boyle summarised the discussion by saying that the traditional offer of programmes and events was well established and understood and that the Systems Leadership offer, when working with UoP and LETC's, was becoming established. Also that a third area of interest was in Trusts accessing consultancy and/or elements of the Systems Leadership offer and that this needed a little more work before it could be more clearly articulated as part of the membership offer.



	<p>On behalf of the EMLA Senior Management Team Rachel thanked the Board for their suggestions and consideration and informed that EMLA were now in a position to draft a revised membership offer which we would send to the Board in January 2016 for comment before making this available to the wider membership community.</p> <p>Given that Trusts will need to be making decisions on spending for next year soon, it was recommended that we contact Trusts to explain that our fees will not be increased next year and that we are working on some enhancements to our membership with our Board but we respectfully request that they build into their spending plans the membership fees for EMLA and ask if they can indicate whether they plan to renew or not by the middle of February 2016.</p> <p>Rachel Wingfield to draft a revised membership offer for 2016/17 and send to the Board in January 2016.</p> <p>Email to be sent to members for indication of renewing EMLA membership for 2016/17.</p> <p>Strategic objectives</p> <p>Rachel presented the report showing progress to date on strategic objectives. These were shown as being completed with the exception of those pertaining to:</p> <ul style="list-style-type: none">• <i>Inclusive leadership</i> A PPI report is to be considered later in this meeting and actions flowing from this should help significant progress to be made.• <i>Great place to work</i> The team had experienced some high levels of sickness but it was acknowledged this often shows up as a particularly high statistic in a relatively small team. A number of mitigating actions have been put in place including staff surveys, team temperature checks, appraisals, regular team meetings.• <i>Digital presence and future</i> We have not yet made significant progress on providing online resources and an app, both of which we hope to give more attention to during quarter four. <p>Pete Cross queried how our strategic objectives are measured and he noted that they were narrative and subjective in the most part and lacked some more concrete and objective measures. Nicky Hill also commented that strategic objectives by their nature would tend to have a longer timeframe and that we should be clearer as to what the trajectory of the objectives are and have more objective measures of progress towards these.</p> <p>Gavin suggested that revised future objectives will form part of the planned development day on 23rd February 2016.</p>	<p>RW</p> <p>RW</p> <p>PON</p>
--	--	--------------------------------





	<p>Data system</p> <p>Rachel reminded the Board that we have been working with all other LDP's to develop a Customer Relations Management system (CRM) with the aim of us being much more efficient with our administrative support for the running of programme and events and providing reports and metrics for internal management purposes as well as customer service.</p> <p>It has been a long and painful process fraught with difficulties and frustrations but it is still our intention and expectation to deliver a workable system across all LDP's before the end of this financial year.</p> <p>We are also developing an app to interface with the CRM and this will allow delegates to book on to programmes remotely and evaluate their experience using their own smart phone or tablet. Dean asked whether the app would work on Blackberry and Rachel said she would look into this.</p> <p>Dean also asked how secure the system would be and Rachel explained that we have worked closely with NottsHC IT team to ensure that levels of security and encryption met all NHS requirements. Nicky commented it would good if the CRM interfaced with ESR but it was pointed out that this was not part of the specification and that this was largely an administration efficiency system.</p>	RW
5.	<p>Involvement of service users and carers in EMLA:</p> <p>Peter Bates joined the meeting to discuss the involvement of service users report he had prepared for the Board and introductions were made.</p> <p>Peter thanked everybody who had helped and contributed to the production of the report. He had found and described some good practice at EMLA but had been asked to challenge us in a constructive way as to how we could be better in involving patients, service users and carers in our work in the future.</p> <p>In broad terms Peter felt that there were three areas under which he could make progress:</p> <p><i>Learning</i> For relevant PPI representatives to be included as delegates in some programmes and events where this met their personal and organisational development needs.</p> <p><i>Influencing</i> To engage more with PPI reps to shape and develop EMLA products in their design, procurement and evaluation.</p> <p><i>Contributing</i> To have PPI representatives registered as faculty member and associates where they can teach, facilitate and coach.</p> <p>Dean welcomed the report and was keen to stress his personal support and advocacy for the involvement of patients and service users. He pointed out, whilst there were only two 'official' PPI representatives on the Board, that we all bring our experience of the NHS as patients to our thinking and decision making. He also pointed out that there can be a risk where patient representatives become professionalised and lose some of their objectivity and helpfully critical view.</p>	





	<p>Pete Cross commented that as services moved closer to community settings, it is increasingly important that leaders develop the skills of communicating with general public, citizens and patients to co-produce the plans for health services in the future.</p> <p>Anthony Locke also pointed out the risks of patients becoming ‘institutionalised’ and the challenge of being a PPI representative in trying to represent a wide variety of different views. Anthony was keen to see a wider pool of service users and carers involved in the work of EMLA. Amanda Sullivan pointed out that most, if not all, organisations already have ways of engaging with service users and carers and have pools of people with these lived experiences, some of whom may be interested in working more closely with EMLA.</p> <p>Peter acknowledged that most service users who wish to get involved in improving services are likely to engage with more front line services and that working with organisations such as EMLA demands a high level of understanding of complex organisations and the numbers of people to whom this is appealing is relatively small.</p> <p>Paul’s reflection on the discussion was that we are doing some good work and that this can be enhanced, that given the pool of people to engage with is relatively small there is perhaps a need to develop a cadre of people through involvement in our programmes who in time may become more advanced advisers in a number of EMLA activities.</p> <p>Lyndsay Short agreed to work on the recommendations of the report and to develop them into an action plan with some short, medium and longer term time frames identified.</p> <p>The Board thanked Peter for his report and ongoing work in this area.</p>	LS
6.	<p>FSD Steering Group:</p> <p>Pete Cross and Lyndsay Short gave an FSD overview to the Board:</p> <ul style="list-style-type: none">• Pete explained that good progress had been made and thanked Lyndsay Short and Lynne Winfield in supporting Future Focussed Finance in the East Midlands and focus on the five work streams nationally.• A programme offer is being developed for 2016/17 and planning is underway.• Partnerships are being developed with HFMA and they are working with Simon Crowther at NottsHC in respect of FSD.• An accreditation programme is being designed with Future Focussed Finance for the East Midlands.• A Director of Finance succession and career path planning programme is being designed.• Other work is underway to develop a similar offer for procurement specialists focussing on the technical and leadership skills required. EMLA would be keen to host such a service.	





7.	EMLA highlights: <ul style="list-style-type: none">• <i>Regional awards 2015</i> – Paul congratulated the two regional award winners on our Board, namely Amanda Rawlings (Board/Governing Body of the year for Derbyshire Community Health Services NHS Foundation Trust) and Bina Kotecha (Outstanding Collaborative Leadership for The Learning and Organisational Development Team, University Hospitals of Leicester NHS Trust in partnership with OCB Media). The evening was a great success celebrating great leadership within the NHS. The Board extended their thanks to Liz McIntyre and the team for putting on a first class evening.• <i>Utilisations</i> – although utilisations to date have been somewhat lower than last year, the projections for the last quarter are for high levels of activity and we anticipate ending the financial year with only a slight reduction of programmes and events and a corresponding increase in consultancy and systems leadership work.• <i>Systems leadership</i> – is a complex agenda and whilst our offers are landing very well we anticipate that the ground work we are doing this year will translate into more activity next year.• <i>Additional work</i> – is being picked up by the team with work being completed for the University of Nottingham and the Q Initiative with Lincoln University and guest lecturing at De Montfort University. We are working increasingly closely with HEE and collaborating with them, we hope to provide leadership development with medical trainees in 2016/17.• <i>EMLA Think Tank</i> – had taken place last Friday, it was very well received and we also attended by colleagues from Monitor.	
8.	EMLA Board Development Day: <p>Paul reminded the Board to hold the date of 23rd February 2016 for the EMLA Board Development Day and asked those who had not responded to do so to confirm their place.</p> <p>The aim of the day is to look at how we work as a Board, how effective we are and future strategy. John Deffenbaugh would act as an independent facilitator for the event.</p>	All





9.	Finances: Martin Gaskill's gave an overview of the finance report and noted the following highlights: <ul style="list-style-type: none">• Currently £224k underspent against planned expenditure.• £12.8k of this underspend is attributable to fortuitous VAT reclaims relating to the previous financial year, resulting from a review by the Trusts VAT advisors• £50.7k of the credit relates to a review of invoices received and paid but not matched to receipted Purchase Order's in 2014/15• £59.3k is attributable to underspends on employed staff, and non-pay expenditure within the Core Management team• On Emerging Leaders there is a £42.7k underspend year to date, £40.3k on System transformation, and £21.2k in FSD this is attributable to timing differences between the original plan and when the expenditure is incurred. This will correct during quarter 4.• Whilst we will endeavour to break even this year, we have an agreement with NottsHC which could allow us a small amount of flexibility if we were to underspend slightly without penalty.• At the time of writing the finance report £196k appeared as un-allocated expenditure, since then up to date information has been provided which fully allocates this expenditure across the rest of this financial year	
10.	Any other business: There was no other business arising at this time.	
11.	The next Board meeting will be held at 1.30pm until 4.30pm on Monday 21st March 2016, at The Institute of Mental Health Building, room A08. Further 2016 EMLA Board meetings are as follows: Monday 20 th June 2016 Monday 19 th September 2016 Monday 12 th December 2016 All meetings will be at 1.30pm till 4.30pm in room A08, The Institute of Mental Health Building.	

