

## East Midlands Leadership Academy Board Meeting

### Board Minutes

Monday 12<sup>th</sup> December 2016

#### Present:

Name	Role	NHS Organisation
<b>Gavin Boyle</b>	Chief Executive/EMLA Chair	Derby Teaching Hospitals NHS Foundation Trust
<b>Paul O'Neill</b>	Director	East Midlands Leadership Academy
<b>Lyndsay Bunting</b>	Deputy Director	East Midlands Leadership Academy
<b>Rachel Wingfield</b>	Head of Business Performance and Development	East Midlands Leadership Academy
<b>Anthony Locke</b>	PPI Representative	Pathfinder Leicestershire
<b>Bina Kotecha</b>	Assistant Director of Learning and OD	University Hospitals of Leicester NHS Trust
<b>Dean Fathers</b>	Chair	Nottinghamshire Healthcare NHS Foundation Trust/United Lincolnshire Hospitals NHS Trust
<b>Ifti Majid</b>	Chief Executive	Derbyshire Healthcare NHS Foundation Trust
<b>Jane Johnson</b>	Local Director	Health Education England – North Midlands
<b>Paula Ward</b>	Assistant Director of Learning and Organisational Development	Nottingham University Hospitals NHS Trust

#### In attendance

<b>Yvonne Brown</b>	Office Manager/Executive PA	East Midlands Leadership Academy
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## Apologies received:

<b>Amanda Rawlings</b>	Director of People and Organisational Effectiveness	Derbyshire Community Health Services NHS Foundation Trust
<b>Amanda Sullivan</b>	Chief Operating Officer	Newark and Sherwood CCG/Mansfield and Ashfield CCG
<b>Andrew Morgan</b>	Chief Executive	Lincolnshire Community Health Services NHS Trust
<b>Caroline Fox</b>	PPI Representative	Nottinghamshire Healthcare NHS Foundation Trust
<b>Lisa Sultana</b>	Chief Operating Officer	Derby and Derbyshire Local Medical Committee (LMC)
<b>Michelle Bateman</b>	Associate Director of Nursing, Quality & Patient Experience	Nottinghamshire Healthcare NHS Foundation Trust
<b>Nicky Hill</b>	Director of Workforce and OD	Nottingham University Hospitals NHS Trust
<b>Pete Cross</b>	Director of Finance	Leicestershire Partnership NHS Trust



Item	Subject and Details	Action
1.	<p><b>Welcome and apologies:</b></p> <p>Gavin Boyle welcomed those present and apologies were received.</p> <p><i>Declaration of interest</i></p> <p>Gavin declared that he had joined the Midlands and East LETB Board.</p>	
2.	<p><b>Notes from previous meeting:</b></p> <p>The minutes of the last meeting on 19<sup>th</sup> September 2016 were confirmed by the Board as a correct record with no amendments to be made.</p> <p><b>Matters arising:</b></p> <p><i>Three way Board</i></p> <p>Paul O’Neill advised that it had not been possible for the Leads from West Midlands and East of England to attend the EMLA December Board meeting. It had been decided to arrange a meeting for Board members of the three governing bodies to meet in mid to late February 2017. Dates are currently been agreed and will be advised as soon as it is confirmed. Paul is meeting with Sue Harris from the West Midlands and Karen Bloomfield from East of England this Thursday to confirm the content of the meeting.</p> <p><i>Joint mapping</i></p> <p>The National Academy are currently mapping the activity being carried out by all LLA’s and when this document is available it will be circulated to Board members and will also inform the discussion of the three way governing body meeting mentioned above.</p> <p><i>Culture and Leadership Programme</i></p> <p>The link to NHSI’s Culture and Leadership diagnostic tool has been sent to Board members with the minutes from the September 2016 meeting.</p> <p><i>Risk Register amendments</i></p> <p>Risk Register amendments had been made and will be covered later in the meeting.</p> <p><i>Junior Doctor strikes</i></p> <p>EMLA event dates will be looked at should any further Junior Doctors strikes arise and where our events fall on the same date(s) actions will be taken to mitigate the risks.</p> <p><i>Recognition Awards</i></p> <p>The awards had been well attended with over 150 guests and award winners and an inspiring speech was made by Paralympian Emma Wiggs.</p>	<p>YB</p> <p>RW</p>





3.

**National update:**

*i) National Improvement and Leadership Strategic Framework – NILD SF*

Paul confirmed that at the time of producing the Board papers, the full NILD SF was not available and therefore at enclosure 2.1 is an abbreviated version of the draft report. The full report was released on 1<sup>st</sup> December which is titled Developing People - Improving Care and a copy had been sent through to EMLA Board members with the complete Board pack. Whilst the work on this report has been led by NHSI and Health Education England (NHS Leadership Academy), the report is owned and backed by all Arms' Length Bodies and other key stakeholders including NHS Providers, NHS Clinical Commissioners and the NHS Confederation.

The report highlights five conditions to create cultures of continuous improvement:

- 1 Leaders equipped to develop high quality local health and social care systems in partnership
- 2 Compassionate, inclusive and effective leaders at all levels
- 3 Knowledge and improvement methods and how to use them at all levels
- 4 Support systems for learning at local, regional and national levels
- 5 Enabling, supportive and aligned regulation and oversight

There are 13 main actions in the report and the details are broken down within the report, which we will all get to know. There is a specific mention of Local Leadership Academy's ('LLA's') taking on particular roles and being recognised for the work they do.

Paula Ward commented that the NILD SF report had been a long time coming and it was refreshing that it had been written for a common purpose and common goals. Paula asked three questions in that how do we help leaders navigate this report? How does the report support the current Healthcare Leadership Model? And how do you help busy clinical leaders navigate around this territory? Gavin responded that it is complex and builds on existing areas of focus. The report is an important starting point and this is described openly in the document.

Jane Johnson commented that she welcomed the report and was particularly interested in page 18 which mentions the National Leadership Academy working with HEE in respect of the STP footprints.

Dean Fathers responded that Social Care is in crisis and leadership development is fundamentally important; Dean asked whether this had been consolidated with Social Care academy equivalents. Paul responded that we do recognise this as an issue and later iterations of the report will engage more with Social Care; the need to collaborate is there.



Dean also commented on Jeremy Hunt's recent speech to NHS Providers in which the Minister outlined his desire to see more clinically qualified Chief Executives, questioned whether the advent of the general manager discipline had been the right thing to do and announced a ten times fold increase in the Graduate Management Training Scheme (but with no new resources attached).

It was fair to say that these announcements from the Secretary of State were not entirely consistent with the views of the service and that there was perhaps a missed opportunity to promote the Developing People – Improving Care strategy.

Anthony Locke commented that clarification is needed on what local means. There is in the public sector a tendency to try to centralise and standardise and a tension exists between that and what local organisations and system need and want. It needs to be recognised that local and National priorities are equally important.

Gavin commented that he had had a productive meeting with Stephen Hart, Managing Director at NHSLA, and Stephen understands that we need to tailor locally for circumstances but balance with the concerted National plan. Stephen recognises the value of LLA's and that it is not just about delivering the National ask.

#### *ii) Academy 2020 Vision*

The Academy 2020 Vision is partly a response to the NILD SF and it reframes the relationship between the National Academy and LLA's clearly identifying the need for them to operate as a network rather than a hub and spoke model.

Paul informed the Board that Stephen Hart is looking to create four Regional Leads for Leadership Development to sit on the Regional LETB Boards and the Senior Management Team meetings at the National Academy. These will be part time roles drawn from the existing LLA Leads with their time being reimbursed by the National Academy. There will be an expression of interest and process to identify the four Regional Leads.

The Local Leadership Academy's need to get better at sharing best practice but also need some latitude to experiment.

Gavin commented that we need to think about our strategic objectives for the new financial year and where we sit. Paul responded that not having an idea at this stage what scale of resources may be made available locally does affect our strategic intent and business plan.

#### *iii) Funding/Business Plan*

We have three funding streams at EMLA; National, HEE (local) and membership.

Currently the National Academy have £44m of funding which breaks down in to approximately £15m for GMTS, £10m for core programmes and £12m for the LLA's. If this remains the same EMLA is likely to receive £1m from the National Academy for 2017/18.



	<p>EMLA, since inception, has always received funding from HEE local. At its peak this was £1m however this has reduced every year to this year's funding at £300k. The funding for 2017/18 is currently in discussion and we are making a case to HEE in respect of the value of investing their money in EMLA to support activity across all STP's/LWABs.</p> <p>It is well understood that HEE funding continues to be reduced and their scope and flexibility to make investments locally is increasingly challenging.</p> <p>Membership monies are becoming tighter as organisations have higher pressure on their cash and reducing budgets.</p> <p>Overall it looks like EMLA will receive less funding for 2017/18 in respect of HEE and membership and once we are clearer on what that funding may be, then we can look at what we are able to do in the next financial year.</p> <p>Paula commented that it is helpful to have a frank conversation in respect of funding and asked the question as to what is the problem we are trying to solve? A lot of the funding is historical and local trusts are not paying for new services such as Mary Seacole Local. What is the appetite to create funding across the NHS? Paula mentioned EMLA 'trading' with organisations such as Rachel Wingfield facilitated a team session for NUH and in response Paula provided a member of her team to complete a process mapping exercise with EMLA.</p> <p>Bina Kotecha commented that this asks the question of how do we collaborate? We need to play to the expertise we do have in organisations/STP's. Maximise on expertise and work to reduce costs. For example EMLA have a Transformation Lead, Anna O'Kane, who works for both EMLA and UHL and this is advantageous to both organisations.</p>	
<p>4.</p>	<p><b>Alumni speaker – Shahnaz Aziz:</b></p> <p>Lyndsay Bunting gave the context of inviting an alumni speaker to our December Board meeting for us to understand what our development is and to hear from somebody who has been through our programmes and assessed their impact.</p> <p>Shahnaz Aziz gave a personal account in respect of EMLA's programmes; investing money on leadership programmes is important. Shahnaz's background is that of a qualified social worker with 25 years' experience across health and social care, voluntary and education. Shahnaz has been at the front line managing large clinical and district nursing teams and currently works as Patient and Public Leadership Lead at the East Midlands Academic Health Science Network. Shahnaz has lectured with the Open University on social care programmes and has worked for both provider and commissioning organisations.</p> <p>Shahnaz has attended the following EMLA programmes:</p> <p><i>Emerging Leaders, cohort 3 2013</i> – Shahnaz, like many, did not see herself as a leader and found Emerging Leaders useful and it enabled her to identify with leadership. She felt this gave her permission to step out of her comfort zone and connect with others. Shahnaz understands her personal journey and realises that things happen not because people do not care but because people have different priorities.</p>	



*Ready Now* – which is aimed at front line BME staff band 8a and above. Ready Now was partly a response to Roger Kline’s Snowy White Peaks report which identified the dearth of BME leaders at senior level within the NHS. Ready Now was much about building and using your networks, knowledge and theories in the presence of 40 leaders from across the East Midlands. Shahnaz felt the Action Learning Sets developed her confidence and skills and she feels she is fortunate to work for an organisation that thinks wider than themselves.

Shahnaz wants to make a difference across the East Midlands and is currently working with EMLA on the Visible Leaders Network. 60 delegates attended the latest VLN event and Roger Kline spoke at the event. It was evaluated highly and has since been changed from being offered to bands 6 to 8 to bands 5 to 8.

Shahnaz is proud that the East Midlands Academic Health Science Network received two awards at the recent EMLA recognition awards for:

**Excellence in Patient Experience Award**

The Public and Patient Involvement Senate, East Midlands Academic Health Science Network

**Inclusive Leaders of the Year**

Patient Public Leadership and Inclusion Team, East Midlands Academic Health Science Network

Ifti Majid asked Shahnaz to tell us more in respect of organisational development strategy and Shahnaz responded to say that it was interesting looking at her own personal journey but that she wanted to change it to an inclusive NHS and bring back topics and tasks to develop her own team. VLN is above and beyond Shahnaz’s day job and some people are motivated by this while others are not. The outcomes are system based rather than organisationally based and it is a great opportunity to work with EMLA.

Paul commented that when working in organisations spanning the East Midlands, for years we have had to think ‘systems’. Do you think that it is because you are in a system organisation that leadership programmes enable you to think more broadly about the system? Shahnaz felt it was important to nurture people to work across the systems and that this was an opportunity to work in an even more inclusive way with staff and citizens from all backgrounds. We need to test patient leaders in Nottingham across acute and providers and bring staff and leaders together rather than work in pockets.

Gavin asked whether Shahnaz saw a separation nationally between health and care to which Shahnaz responded that whilst this was undoubtedly true, leadership development can be a way to help bring the sectors together.

Paul mentioned the fact that AHSN subscribe to EMLA and asked what she feels we need to do to enhance the take up of our programmes through AHSN. Shahnaz said that EMLA programmes are well marketed and attended however their wider impact is less easy to demonstrate. It would be good for example to use the VLN to consult with about their ideas and understand the impact such activities have in organisations and systems.



	<p>Dean commented that we need to see the value in teams and team development and stop evaluating at an individual level.</p> <p>Yvonne Brown to pass on Shahnaz's contact details to the EMLA Board.</p> <p>The Board thanked Shahnaz for attending the meeting and sharing her insights.</p> <p>Paul asked the Board of their opinion in respect of an alumni speaker at the Board meetings and it was agreed that we would continue with this and bring it in at the end of each Board meeting.</p>	YB    LB
5.	<p><b>Discussion: EMLA offer 2017/18:</b></p> <p>Lyndsay Bunting used a presentation to form the basis of the discussion in respect of the EMLA offer for 2017/18. Lyndsay made the following comments in respect of the presentation before asking for comments:</p> <ul style="list-style-type: none"><li>• A caveat that items advertised in the presentation are dependent on funding for the next financial year.</li><li>• EMLA have reacted to put on more one day events due to the struggle to release staff for longer periods of time.</li><li>• There are plans to develop some train the trainer packages to develop the capacity and capability within the system.</li></ul> <p>Rachel Wingfield added a comment in that some membership organisations do not understand the systems leadership offer; how do we offer this to them and explain how it affects them?</p> <p>Gavin commented that these are important points; leaders spend time with STPs and the system but also need to maintain their organisational links and are sometimes conflicted by this. We need to influence LWABs to invest in developing leaders across the system.</p> <p>Ifti asked if we are clear on the benefits to organisations and systems of our activity and are we demonstrating its impact sufficiently? Paul and Rachel both commented that case studies may do this and these will be included in the new membership pack being produced in January 2017.</p> <p>Dean asked whether Action Learnings Sets should be tied with system leadership? Collective ALSs could take place after events and Bina added that we can evidence the impact of these from reports from the individuals attending.</p> <p>Jane Johnson commented, in respect of LWAB/STP, that they are emerging and are not fully conversant with the systems leadership offer. Jane's confusion is that the offer is going to organisations as part of the membership, offer however this can be accessed through the STP. Therefore if they can access through the STP, why do organisations need to be an EMLA member?</p>	



Paula commented that out of 14,000 NUH staff, 3,500 are leaders with only 200 utilisations of EMLA. Looking at NUH and building from the STP in the East Midlands, how can we get our best value for money. Some organisation will not be interested as they will not get the people through our programmes; STP footprints are at a different starting place and therefore how can we be attractive to all? What do we want to be known for?

Gavin responded that we are in transition, moving from organisations to system, but we are not there yet. In years to come it is likely that we will be dealing with entities such as accountable care organisations across an STP footprint and not a myriad of separate of organisations.

Paul observed that many organisations want frequent bespoke reports, regular account management meetings, evidence of impact in their own organisations, All of which are very time consuming and membership fees do not allow for this level of detailed support at the expense of delivering high quality interventions. Paula responded that there is limited tangible evidence about impact and emphasised how important good relations between EMLA and member organisations are. Gavin responded that we need to persuade organisations of the benefits of cohesive system development as part of the STPs.

Bina mentioned an LLR event that was held at UHL where they shared the system leadership competencies. This event was led by LLR clinical leadership group and was to set priorities and they had found the systems leadership model useful in helping them do this. Paul responded to say that systems leadership is not new, what is different is the cohort of people involved and the context in which they are working.

Anthony commented that the STPs are new in terms of people understanding the practical implications of them. The STPs do not necessarily explain the need to invest in leadership and the focus of the general public will be on issues such as reducing the number of beds at a local hospital. Gavin responded that there is a need to communicate our leadership offer across the systems.

Paul summarised the discussion as follows:

- Impact needs to be better demonstrated through case studies of teams and individuals
- Examples of ROI, improvements and efficiencies made should be identified
- Articulate benefits to organisations and better connect the system to itself
- Go in to specific organisations to address specific issues/problems

Paula commented that organisations need impact; perhaps as part of the EMLA offer we could offer individual conferences to each organisation. Dean suggested that maybe there could be a Chairs and NEDs forum supported by EMLA to discuss Board and culture change.



6.	<p><b>Finance and Performance report:</b></p> <p>Rachel Wingfield asked for any comments in respect of the performance report and its enclosures and made the following statements:</p> <p><i>Internal KPI data</i> Rachel asked the Board to be aware that EMLA sickness rates are now healthy and below the average and this is due to a solid ground of work in respect of the EMLA teams' health and wellbeing.</p> <p><i>New bespoke reporting process</i> EMLA have changed their bespoke reports which now include data for WRES requirements and raw data on usage of EMLAs offers on a quarterly basis. Members have responded to say that they are very happy with the new style of reporting.</p> <p><i>New membership pack</i> Our new membership pack and offer are being produced for January 2017 and will be sent to all current members. We will reflect on today's conversations within the membership pack.</p> <p><i>Finance</i> At the time of the report produced by the NottsHC finance team, EMLA were showing as £26k underspent. As of the date of today's Board meeting, we are in a slight overspend position and we are aware of the reasons for this and actions required.</p> <p><i>Risk Register</i> Rachel stated that the amendments to the Risk Register as discussed at the Board in September 2016 had been made and asked the Board for their comments in respect of two new risks to be added:</p> <ul style="list-style-type: none"><li>• Risk number three: <i>Change to how income streams function – sources of funding are likely to change in 2017/18 with key funds going directly to the LWABs, which could destabilise EMLA funding.</i></li><li>• Risk number four: <i>Increased effect of competition – some members organisations attracted by the NHS Elect offer.</i></li></ul> <p>The above risks were agreed by the EMLA Board and will be added to the Risk Register.</p> <p><i>Customer survey</i> We received a 25% return rate in respect of the customer survey from our member organisations. Some valuable feedback was received and we are in the process of responding to these findings.</p>	YB
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	<p><i>Team survey</i></p> <p>There had been a good response from the team on the latest team survey and satisfaction rates were much higher for the last twelve month period. Anthony asked in respect of career advancement within the team to which Rachel responded that whilst we do support career advancement it is sometimes difficult within a small team and staff are encouraged to look at opportunities out with the EMLA team where this is appropriate. As part of our internal OD plan, competency frameworks are being produced for each role which maps out what skills and attributes each member of the team needs to advance in their career.</p> <p>'You Said, We Did' documents will be produced and distributed as necessary in respect of both the customer and team survey. Going forwards, both surveys will be issued out bi-annually in April and October.</p> <p>Paula congratulated the EMLA teams on the responses for both surveys and stated that they are good results to be proud of. Paula picked up in particular the scores and comments in respect of the Senior Management Team at EMLA and said well done, they are good strong comments. The main areas picked up for improvement in both the customer and team surveys are issues with technology and CRM.</p> <p><i>LinkedUp (CRM)</i></p> <p>Rachel and Sue Walker wrote an options paper which was discussed at the November 2016 Academy Network meeting. This was well received and it was agreed that the LLA's would go ahead with version one of the LinkedUp system which would be deployed on 19<sup>th</sup> December. The National Digital Team will assist with the implementation of version two.</p> <p><i>Roundup</i></p> <p>Our EMLA newsletter 'Roundup' and distributions are currently being revised and this will make the document more snappy and easy to navigate.</p>	<p><b>RW</b></p>
<p><b>7.</b></p>	<p><b>Activity report:</b></p> <p>Lyndsay asked for any comments in respect of the activity report and made the following statements:</p> <ul style="list-style-type: none"><li>• Talent Management is going well with good representation from across the Midlands and East in respect of the Aspiring Nurse Directors programme</li><li>• The highlights of the last quarter were the 'Think Tank' event, Visible Leaders Network (as mentioned previously by Shahnaz) and the CQC Well-Led Domain Conference</li><li>• This was our third Think Tank event and papers are produced following each group discussion which can be made available to our Board if requested</li></ul>	





<b>8.</b>	<b>SDN update:</b>  Lyndsay gave an SDN update, bullet pointed as follows: <ul style="list-style-type: none"><li>• In terms of membership subscriptions for SDN, procurement monies have not been available this year and there has been a need to have another look at the offer. An options appraisal was completed and it was decided that subscriptions would not be increased.</li><li>• SDN have been working alongside HfMA which use sponsors and this will be looked at for SDN.</li><li>• The Procurement Network has been highly successful in its implementation.</li><li>• The SDN team are currently compiling training needs analysis from their members in respect of the offer for 2017/18.</li></ul>	
<b>9.</b>	<b>Any other business:</b>  Paula advised that she had received a notification that applications were open for the HPMA awards; Rachel advised that she would look in to this and speak to our comms team. Dean also said that we should look at the government awarded National Training Awards in case we are able to put submissions forward there.  There was no further business at this time.	<b>RW</b>
<b>10.</b>	<b>Next Board Meeting:</b>  Monday 20 <sup>th</sup> March 2017  <b>Further 2017 EMLA Board meetings are as follows:</b> Monday 19 <sup>th</sup> June 2017 Monday 18 <sup>th</sup> September 2017 Monday 11 <sup>th</sup> December 2017  All meetings will be at 1.30pm till 4.30pm in room A08, The Institute of Mental Health Building.	

