

East Midlands Leadership Academy Board Meeting

Board Minutes

Monday 15th June 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
David Farrelly	Managing Director	Health Education East Midlands - Local Education Training Board
Dean Fathers	Chair	Nottinghamshire Healthcare NHS Foundation Trust
Lisa Soultana	Director of Business Development and Liaison	Derby and Derbyshire LMC Ltd and Primary Care Development Centre
Martin Gaskell	Directorate Accountant/EMLA Management Accountant	Nottinghamshire Healthcare NHS Foundation Trust
Michelle Bateman	Associate Director of Nursing	Nottinghamshire Healthcare NHS Foundation Trust
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
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Apologies received:

Amanda Rawlings	HR & OD Director	Derbyshire Community Health Services NHS Trust/Chesterfield Royal Hospital Foundation Trust
Caroline Fox	PPI Representative	Researcher
Jenny Williams	Assistant Director of Organisational Development	Northamptonshire General Hospitals NHS Trust
Kerry Gulliver	Deputy Director of Workforce	East Midlands Ambulance Service
Leanne Hackshall	Deputy Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust
Nicky Hill	Director of HR	Nottingham University Hospitals NHS Trust
Rakesh Marwaha	Chief Officer	NHS Erewash Clinical Commissioning Group
Steve Trenchard	Chief Executive	Derbyshire 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. Paul O’Neill gave the apologies for absence as detailed above and all were accepted.</p> <p>Gavin stated that the Board would now routinely have a ‘declarations of interest’ item on the agenda and asked if there were any in relation to this meeting. Anthony Locke asked to be excused from the meeting at item 4, Guidelines on Payments to PPI Representatives.</p>	
2.	<p>Notes from previous meeting:</p> <p>The minutes of the last meeting on 16th March 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 16th March 2015 were all covered as agenda items for this meeting.</p>	
3.	<p>Strategic discussion:</p> <p>Paul made a presentation including an update on this year’s projected income, NHS Leadership Academy SLA, the Smith Review and associated workstreams; a copy of the presentation is attached to these minutes. The Board then held a discussion during which the following points were made:</p> <ul style="list-style-type: none"> • Anthony Locke mentioned that social care was not included on the East Midlands Partnership Organisations (‘EMPO’) wheel. Paul responded that the local government will be engaged going forward which will include not only social care but the wider local government perspective. <p>Action: Paul to circulate the 9 East Midlands councils’ report on health to all Board members.</p> <ul style="list-style-type: none"> • Martin Gaskill asked whether there will be an impact on our reputation due to what we are able to offer through the new NHSLA SLA. Paul reiterated that EMLA has a clear identity and reputation within the East Midlands and are not solely defined by NHSLA. Pete Cross stated that the perception may be that there is a disinvestment in leadership due to the reduction in central funding for national programmes and it needs to be communicated that leadership development is still critical. 	PON

- Michelle Bateman commented that inclusion and diversity is low down on the collective work list. It was confirmed by Paul and Lyndsay that there was no order to the list, except for the top three highlighted, and that the NHSLA make inclusion part of everything that they do.

Lyndsay Short then made a presentation to outline our approach to transformation and systems leadership; a copy of the presentation is attached to these minutes. The Board then held a discussion during which the following points were made:

- Overall the model of system leadership development presented was enthusiastically welcomed by the Board.
- Dean Fathers stated that this is a good approach and that a key part of systems leadership is to find a common purpose and joint narrative. Dean was also keen to see the representation of citizens and communities demonstrated in the model.
- Lisa Soultana welcomed that GPs had been included within the research and consultation and encouraged continued focus on primary care. Lisa commended the approach and reminded the Board the pressures in primary care are higher than ever and staff release is particularly challenging. She was keen to see ways in which processes could be made more efficient between practices to make it possible for staff to be released for development.
- David Farrelly felt the model presented was very good and had responded well to the challenge from the previous HEEM Board about being more explicit about the transformation/systems leadership offer. David would now take this back to HEEM members and work with Paul to ensure approval for the continued funding identified for this financial year.
- Pete Cross stated that in his experience organisations are having to move and develop in the same way as outlined in the Bevan diagram in the presentation; however we need to engage with regulatory bodies to ensure their thinking and behaviour matches this new way of working.
- Paula Ward outlined the challenges that many large acute organisations face in that in the new world they will need to be smaller and whilst this may be right it involves leaders being selfless in their approach. Dean commented how other industries have had to develop people to be skilled, innovative and agile so that even if their current post does become redundant there will be employment for the right kind of people elsewhere in that industry. Lyndsay said this links in to talent management in that we should change from 'I am' to 'I can'.
- Anthony questioned how previous programmes had been evaluated and how we could demonstrate that development had worked.
- Andrew Morgan felt that the compelling story and narrative was critical as this would be regarded in principle when there were disagreements and difficulties. Andrew also emphasised how the reality is that people have been asked to keep a busy day job going whilst also engaging with the future state. He felt it was important that the personal futures concerns were reflected in our approach and that some quick wins should be identified.

	<ul style="list-style-type: none"> • Bina Kotecha asked whether Healthcare Leadership Model incorporated this type of systems thinking. Lyndsay responded that EMLA see this as an add-on to HCLM and she will speak to the NHSLA to see what they can advise. • Paula expressed concern about the need for CEOs to take on an extended mentoring and coaching role on top of an already demanding workload. Gavin stated he believed that most Chief Executives saw this as a key part of their role. • A brief discussion about how this work could be evaluated occurred with the acknowledgment that the evaluation of complex systems is exceedingly difficult. Dean recommended we consider Moore’s work (Harvard). Paul explained that he was involved in the development of an evaluation framework which he felt might be helpful and he would present this at the next Board meeting September 2015. <p>The board thanked Paul and Lyndsay for presenting this model and felt it had moved us on significantly in the evidence base and offer to develop systems leadership. In turn Paul and Lyndsay thanked the Board for their comments and the value this will have in developing the next version of the model. Gavin said that these are exciting times; there is a lot of change happening and it is good to see this offer coming forward. It is also terrific to see the East Midlands Partner Organisations coming together.</p>	<p>LS</p> <p>PON</p>
<p>4.</p>	<p>Guidelines on payments to PPI representatives:</p> <p>Anthony Locke made the following comments before he left this section of the meeting due to his declared interest. Anthony felt it essential that any lay members of a group like the EMLA Board, which drew its membership from very senior people, needed to have commensurate experience and ability to speak up and did not feel intimidated or shy. He felt that lay members can bring different perspectives and ways of thinking and especially if they were involved in similar meetings from other organisations. Anthony explained that in addition to attending Board meetings there was significant preparation required when reading the Board packs, which are complex and use a lot of acronyms. Gavin thanked Anthony for his comments and emphasised how critical PPI input into the Board was; at this pointed Anthony absented himself for the remainder of the discussion.</p> <p>Paul had contacted all members in respect of their own PPI policies and 10 organisations had responded. During this research it was clear there is no one right answer as to what payments should be. Paul had also referenced the document ‘How to estimate the cost of public involvement’ published by the East Midlands AHSN. Paul had also spoken to Peter Bates who has over 25 years’ experience in the area of PPI and payments to service users who confirmed that there was no simple right way of doing this and that whatever system or level of payment was used, had advantages and disadvantages.</p> <p>Paul’s recommendation was that the fee remained at £25 per hour for attendance at the Board meeting, up to a limit of £75 for half a day, and this cost will include preparation time.</p> <p>Dean stated the importance of having the PPI voice as part of our deliberations. Andrew commented that compared to daily rates for other types of agency workers this level of payment would not cause any concern.</p>	

	<p>Martin reminded the Board that the EMLA policy is not aligned to the NottsHC policy and whilst it was acknowledged that the EMLA Board operates independently there is therefore a technical difference between what EMLA were doing and its own financial policies. Rachel Wingfield will pick up this issue with Simon Crowther.</p> <p>Martin also stated that the proposed mileage rate by car (57 pence per mile) is above the HM Revenue and Customs rate and it was agreed to align this with the recommended rate.</p> <p>Gavin confirmed that the Board agreed with the recommended payment rates as stated above.</p> <p>Action: wider PPI discussion to be added to the agenda for the next Board meeting in September 2015.</p>	<p>RW</p> <p>PON</p> <p>PON</p>
<p>5.</p>	<p>Strategy 2015/16:</p> <p>Paul introduced this item explaining that the strategy had been updated, the most significant changes being to include references to the 5YFV and Smith Review and some amendments to EMLA's strategic objectives:</p> <ul style="list-style-type: none"> • Paula asked whether support to organisations in difficulty should be included in the strategy particularly in light of the need for organisations to reduce their spend on management consultancy. • Michelle was keen to ensure that social care, including care homes, featured in our strategic intent. • Dean noted that Monitor were developing a £50 million consultancy division; that many other cities including some from the East Midlands were keen to explore a Manchester style devolution model and asked what were our strategic ambitions in this context. It was agreed that this would not be in the current scope of this strategy but it was timely to have some 'timeout' to consider these issues. • Pete asked that Rutland be displayed as a separate county and suggested whether the new diagram explaining our system leadership model should be incorporated into the strategy. • Pete also stated that under risk, there are four entries in respect of funding; should this be down as just one risk all under the funding header. Paul responded that whilst all four are in respect of funding, the risks are very different with the outcomes being from different sources. • Andrew stated that the document does not include enough detail about 'our patients' and Gavin agreed that patient care and citizens need to be included more within the paper. 	<p>PON/ RW</p>

<p>6.</p>	<p>Business plan 2015/16:</p> <p>The business plan has had a full refresh for 2015/16 but follows the same lines as 2014/15:</p> <p>Paula commented that the impact of the NHSLA charging for its programmes could present both a risk and an opportunity to EMLA, the risk being that reputationally and financially organisations would no longer support the NHSLA but this could provide an opportunity for EMLA to provide some programmes that were part of our main offer or chargeable at a more affordable rate. Paula also had some queries about the SLA with NHSLA and these were clarified.</p> <p>Paula had asked previously how we compared to other LDPs in terms of our data and performance and Rachel explained we were far in advance of all other LDPs in the richness of data and level of reporting that we provide. Rachel would also aim to present the new data system at the September 2015 meeting.</p> <p>Paul advised the Board that the SMT had wanted the strategy and business plan to be ready for the March 2015 Board; however there was not sufficient clarity in terms of funding or activity to have it ready at that time.</p> <p>Action: the amendments as discussed will be made and then the report will be taken as approved and distributed for information to all Board members.</p>	<p>RW</p> <p>PON/ RW</p>
<p>7.</p>	<p>Performance, risk and communication update:</p> <p>Rachel answered a number of queries arising from the report, these included:</p> <p>7.1 Utilisations – Rachel confirmed that the activity report was for the full 2014/15 year to March 2015.</p> <ul style="list-style-type: none"> • Transformation data needs to be captured and the SMT will be looking at how to record this. Following a discussion with Board, Gavin stated that this is likely to be in the form of a narrative report rather than numerical data. • Michelle raised a query regarding the ethnicity data as the total exceeds 100%. • Anthony noted that in the evaluation reports different fields for disability and religion were used in one report to another and that it would be desirable if this was reported consistently. <p>Action: Rachel will look into these queries and respond to Board members by email with a satisfactory response before the next meeting in September 2015.</p> <p>The following evaluation reports were presented to the Board:</p> <ul style="list-style-type: none"> - Board Effectiveness - Coaching Evaluation - Operational Leadership - Organisational Development <p>Rachel explained that reports such as these would routinely be presented to the Board for assurance.</p>	<p>RW</p>

8.	<p>FSD Steering Group:</p> <p>Pete went through the FSD steering group paper and the following points arose:</p> <ul style="list-style-type: none"> • The FSD steering group is looking very promising and the next thought process is how FSD can be widened to others and not just finance staff. • Paula said that the paper had helpful comments as it was increasingly difficult to get clinicians to think about finance. Pete confirmed that Future Focused Finance ('FFF') engaged well with clinicians and they are influencing what and how finance training would be delivered in the future. 	
9.	<p>Finances:</p> <p>The finance reports show a high level of breakdown of the year end position at 31st March 2015.</p> <p>Rachel confirmed that for 2015/16 the monthly forecasts had only just been completed in the last week, due to the delay on confirmed funding, and would therefore be shown at the next Board meeting in September 2015.</p> <p>Pete questioned how cancellations/DNAs equated to an increase in finance streams. Rachel explained this was due to charges being made for short notice DNAs and cancellations but this had proved very unpopular with members and an expensive collection process or NottsHC finance department needing to chase the payment of many small invoices across multiple organisations. Dean suggested that in the future, cancellations charges could be invoiced on an annual basis to make this process more efficient.</p>	
10.	<p>University of Cape Town, South Africa, workshop:</p> <p>Lyndsay summarised her paper in respect of the invitation to deliver a workshop at the University of Cape Town, South Africa.</p> <p>Lancaster University and Alan Nobbs from the NHSLA have also been invited to attend.</p> <p>Dean suggested that we contact UKti and Healthcare UK to inform them of this trip.</p> <p>The travel and accommodation costs are being met by the University of Cape Town for two members of the EMLA team who will attend for five days (2 days travel and 3 days delivery each).</p> <p>The Board gave their approval and support for EMLA representatives to attend the workshop and commented that this was a first class opportunity to widen networks and build the profile of EMLA internationally.</p>	LS

8.	Any other business: No further other business at this time.	
9.	The next Board meeting will be held at 1.30pm until 4.30pm on Monday 21st September 2015 at The Institute of Mental Health Building, room A08.	