

East Midlands Leadership Academy Board Meeting

Board Minutes

Monday 20th June 2016

Present:

Name	Role	NHS Organisation
Gavin Boyle	Chief Executive/EMLA Chair	Derby Teaching Hospitals NHS Foundation Trust
Paul O'Neill	Director	East Midlands Leadership Academy
Lyndsay Short	Deputy Director	East Midlands Leadership Academy
Michelle Bateman	Associate Director of Nursing, Quality & Patient Experience	Nottinghamshire Healthcare NHS Foundation Trust
Pete Cross	Director of Finance	Leicestershire Partnership NHS Trust
Anthony Locke	PPI Representative	University Hospitals of Leicester NHS Trust
Bina Kotecha	Assistant Director of Learning and OD	University Hospitals of Leicester NHS Trust
Caroline Fox	PPI Representative	Nottinghamshire Healthcare NHS Foundation Trust
Lisa Sultana	Chief Operating Officer	Derby and Derbyshire Local Medical Committee (LMC)
Paula Ward	Assistant Director of Learning and Organisational Development	Nottingham University Hospitals NHS Trust
Jane Johnson	Executive Lead for Transformation and Innovation	Health Education East Midlands

In attendance

Yvonne Brown	Office Manager/Executive PA	East Midlands Leadership Academy
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Apologies received:

Rachel Wingfield	Head of Business Performance and Development	East Midlands Leadership Academy
Amanda Rawlings	Director of People and Organisational Effectiveness	Derbyshire Community Health Services NHS Trust/Chesterfield Royal Hospital Foundation Trust
Andrew Morgan	Chief Executive	Lincolnshire Community Health Services NHS Trust
David Farrelly	Local Director	Health Education East Midlands
Amanda Sullivan	Chief Operating Officer	Newark and Sherwood CCG/Mansfield and Ashfield CCG
Dean Fathers	Chair	Nottinghamshire Healthcare NHS Foundation Trust/United Lincolnshire Hospitals NHS Trust
Nicky Hill	Director of Workforce and OD	Nottingham University Hospitals NHS Trust



Item	Subject and Details	Action
1.	<p>Welcome and apologies:</p> <p>Gavin Boyle welcomed those present and individual introductions were made.</p> <p>Apologies were received and no declarations of interest were made.</p>	
2.	<p>Notes from previous meeting:</p> <p>The minutes of the last meeting on 21st March 2016 were confirmed by the Board as a correct record with no amendments to be made.</p> <p>Matters arising:</p> <p>The matter arising from the meeting on 21st March 2016 was actioned by Paul O’Neill who confirmed that the EMLA app will work on Blackberry devices once it is up and running. There were no other matters arising.</p>	
3.	<p>Strategic goals:</p> <p>Following the discussions at the last Board meeting in March 2016, Paul O’Neill asked the Board to consider the strategic goals as at Enclosure 2.0. It had been agreed that longer term ambitions were needed, with in year goals, and the eight broad areas that were discussed at the last meeting had been fleshed out as per the enclosure. Paul asked for comments and confirmation in respect of the strategic goals.</p> <p>Caroline Fox and Anthony Locke, as PPI representatives, were happy that the first objective was within the goals – ‘put patients’ needs and involvement at the centre of leadership practice’. They are both looking forward to PPI support and opportunities and a session had been diarised with Dean Fathers by way of an induction.</p> <p>Pete Cross commented that we need to focus on the sustainability of the EMLA offer in this rapidly changing environment. Pete asked how the goals were measured as they seem to be more EMLA focussed rather than member focussed. Paul responded to say that the first iteration had been more member focussed and in an EMLA SMT meeting he had been challenged by Lyndsay Short and Rachel Wingfield as these being unrealistic goals for EMLA to achieve. Pete commented that the long term goal is that EMLA does have an impact on organisational performance but a fairer proxy measure for that was how satisfied members are with EMLA’s offer and performance which will be assessed by the six monthly customer satisfaction surveys.</p> <p>Paula Ward suggested that we think about expressing some of the goals in terms of inputs, outputs and outcomes. Michelle Bateman contributed to say that EMLA needs to set the standard of leadership and be able to answer the question ‘the value of being an EMLA member is’.</p>	





Pete stated that organisations need an indicator that leadership development is having a positive impact. Gavin responded that this is a judgement that organisations need to reach themselves and that this could be included in the twice yearly customer satisfaction survey.

Lisa Soultana suggested that EMLA could consider a kite mark type arrangement whereby the quality assessed the leadership development caring in member organisations. Gavin responded that this is partly covered by the CQC's assessment of organisations being well led, Paul responded that EMLA are considering how we can support organisations to achieve this standard and will be holding a conference about the well led domain later this year.

Paula Ward stated that the strategic goals overall are well written with sufficient detail. She shared her organisations experience of considering talent management particularly with medical staff where there is little history and little infrastructure to support none technical developmental interventions.

Bina Kotecha commented that the strategic goals read well. Bina had attended the preliminary Local Workforce Action Board ('LWAB') meeting with Jane Johnson in Leicester that morning where the partnership with EMLA was discussed and was seen as very important. Gavin stated that EMLAs involvement in developing Systems Leadership is seen as critical as part of the STP considerations.

Jane Johnson asked whether our wider system approach and role now needs to include Health, Social Care, local Government and others. Paul responded that whilst we work across these various systems we have to remain NHS focussed but invite others in as appropriate for specific interventions. Nobody is funding us directly to take on a wider leadership and organisational development role for other sectors and we cannot become an agency for all without a business model which supports it.

Anthony asked whether there were other agencies such as ours who supported these organisations and Paul confirmed that there were, such as the Virtual Staff College and the Leadership Centre, furthermore the National Academy works with wider public sector bodies at a National level and carries out some leadership development work with them as whole systems.

In conclusion, the eight goals were seen as being in the right territory. There was a need to emphasise the impact of EMLA on members performance and this is possibly an expansion of the engaged membership goal.

Paula offered her assistance to comment on further iterations of the document.

Gavin added that this was iterative work and could be built upon to include principle risks around not achieving these goals.



<p>4.</p>	<p>LDP Business Review</p> <p>Paul reminded the Board that following the Rose and Smith reviews earlier this year, it was recommended that the NHS Leadership Academy should be hosted by Health Education England and not NHS England. Following that transfer HEE commissioned a review into LDP's to understand what they do, funding streams, staff employed and stake holder opinions of their value. The review looked at all 10 LDP's and was carried out by Caroline Chipperfield in her role of Associate Director – Partnerships at the NHS Leadership Academy. The senior sponsor for this review was Nicky Latham (HEE Executive Director). Some of our Board members were interviewed and a desktop review of our strategy, hosting agreement and governance arrangements were reviewed as part of the process.</p> <p>The review has not yet been discussed widely and so far has only been distributed to LDP Chairs and Leads. Between now and the end of June we have an opportunity to comment on the review document.</p> <p>Paul shared the recommendations on screen and asked for comments/discussion:</p> <p>1. Rationalise the structural alignment between HEE, the Academy and LDPs <i>Create single business unit of 10 LDPs and National Academy. Emerging view from the Chairs of the LDPs is that if we are to become 'one business unit' (x11) then staff should transfer to Leadership Academy who are hosted by Rotherham and Doncaster and South Humber (RDaSH) FT</i></p> <p>2. Local Engagement to be Protected and Enhanced <i>Chairs of LDPs to be part of the formal governance structure of the Leadership Activity and act as 'the voice of the system' to inform development needs of the system. Review membership of stakeholder groups and consider local government / other public sector bodies.</i></p> <p>3. Subscription models and income generation to be further explored <i>Well established in East Midlands. Discussion in separate part of today's board meeting about the future of membership.</i></p> <p>4. Improve approach to sharing best practice <i>Proposed to explore knowledge hub and associated meetings and systems – work done on evaluation framework seen as good examples of this (led by the East Midlands on behalf of all)</i></p> <p>5. Encourage and enhance local innovation <i>Development of innovative pilots which can then be scaled up and shared across the network. Systems Leadership development framework (developed by East Midlands) seen as good example of this.</i></p> <p>6. Conduct a skills audit and associated development offers for LDP staff. <i>Particularly linked to national strategy and increasing expectations of the LDPs in supporting STPs</i></p> <p>Jane asked for clarity as to whether National Academy staff have transferred into HEE's employment or continue to be employed by Rotherham and Doncaster and South Humber (RDaSH) NHS Foundation Trust. Paul confirmed that that is the case and the emergent thinking is that all LDP staff could transfer to RDaSH.</p>	
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Pete stated that he was not convinced that restructuring this way is necessary or will enable the objectives to be achieved and could the remaining objectives equally be achieved without unnecessary, costly and time consuming restructuring. Whilst there was some support for the LDPs to join up and function as one business unit it was equally felt that the local engagement remains critical. It was acknowledged that this was stated in our objectives too.

Paula stated that she cannot see an option appraisal which has allowed these recommendations to be made and there is something of a mismatch between the content of the report and the conclusions reached. She wondered if there was some other unstated reason as to why recommendation one, as it is emerging, has been recommended.

Gavin commented that the recommendations seek to preserve the tension between local and National priorities and this was realistic and helpful.

Pete asked whether we have any influence over the recommendations and Paul stated that the key influencing group are the LDP Chairs. Gavin asked the Board for their views as this will formulate his response.

Jane commented that the West Midlands Leadership Team and HEE are very integrated, their work compliments each other and that there were benefits to being fully embedded in HEE.

Anthony stated that the recommendations seemed tentative and that this allows for some further influence in the eventual outcome.

Paula was keen to see that National Academy and the LDPs become more of a natural alternative to other providers, such as the Kings Fund, as this is leadership development funding going out of the NHS. Paula also wished to congratulate the team on the work on the LeADER framework and membership model which had been cited as good examples in the report.

Gavin played back the key points as follows:

- There is some anxiety regarding the ability to remain locally responsive if the LDPs become very absorbed into the National structure. Equally we can see some advantages in working more closely to help create more consistency across the LDP network.
- There is some anxiety around all staff transferring to RDaSH and from an East Midlands point of view this would create some turbulence and disruption for little perceived gain as we are already hosted by an established FT.
- Is there another unstated reason as to why the above recommendation is emerging?
- HEE (East Midlands) and EMLA see much closer working as a benefit and this could be achieved without full merger.
- Need clarification that NHS Academy staff have retained their employment with RDaSH.
- If we do operate as one business unit, does this mean that all of the money allocated to leadership development by HEE is considered in a round and has the potential for National and local priorities to be given equal consideration.



<p>6.</p>	<p>Activity report:</p> <p>Lyndsay asked for any comments in respect of the activity report and its enclosure and made the following statements:</p> <p><i>Emerging Leaders/Mary Seacole</i> EMLA will not be commissioning Emerging Leaders in 2016/17, however we will be offering a version of the Mary Seacole programme to be run locally which EMLA will fund. The number of places and timing is not yet known however discussions are underway with the National team to provide this later in the financial year.</p> <p>Pete commented that this is a good example of National work in the local context. Michelle commented that we need to be careful how we communicate the above, especially with Emerging Leaders having such a good reputation.</p> <p>Paula asked, in respect of the LeADER evaluation framework, how EMLA had chosen the nine activities to be evaluated. Lyndsay confirmed that the criteria were dictated by the levels of complexity of the programmes and events being evaluated. It was a requirement of the SLA that we choose 5 low, 3 medium and 1 high (in terms of levels of complexity) to be evaluated. Paul commented that this was part of a bigger piece of work across the LDP network with the aim of evaluating approximately 100 different interventions across the country this year.</p> <p>Paula was also pleased to see the development of the General Managers programme and asked how she could get involved in its content and design. ACTION: Lyndsay to put Paula in touch with Vicky Wright, Programme Lead, in respect of the General Managers programme.</p>	<p>LS</p>
<p>7.</p>	<p>The value and future of EMLA Membership:</p> <p>Membership has been a key part of EMLA since its inception. Paul confirmed that two trusts and two CCG's had not taken up membership this year and would like a discussion with the Board on the value of future EMLA membership and how to mitigate the risk of others not renewing their membership in years to come.</p> <p>Pete commented that organisations are now looking more and more at every budget line and how to take out any non-clinical costs. Leicestershire Partnership NHS Trust sees that EMLA membership is good value for money and that an internal process would not be as cost effective nor would they have the internal expertise to deliver. Some organisations see that they are not getting their 'fair share' especially when the bespoke reports are circulated. Are there other ways of presenting this information that demonstrate value beyond a simple 'numbers through the door' measure.</p> <p>Paula said from an NUH perspective their discussions are down to cost per head for what they are receiving for their subscription. Only 148 NUH staff utilised EMLA in 2015/16 at the start of the year which made the cost per head very high. Rachel had attended an NUH Academy meeting and they had agreed to renew their membership this year but remain concerned about their level of take up.</p>	





	<p>It is also the case that whilst the Systems Leadership offer is necessary, this does not affect many staff roles within a large organisation such as NUH and there is still a need to provide enough for single organisations to see the benefits and impact.</p> <p>Lyndsay responded to say that more delegates are seen face to face via masterclasses/conferences rather than programmes and asked what the members preferences are.</p> <p>Paula responded to say there are pressures on the front line to release anybody for more than a few hours and therefore it is even more difficult for ongoing programmes as they cannot commit that amount of time.</p> <p>Anthony asked, if the NHS cannot commit to releasing to staff then can more online learning be provided which could be completed at times to suit the individual, perhaps even at home. Paula mentioned the expectation to complete additional work at home can be programmatic and needs to be worked through with Union colleagues.</p> <p>Jane asked how do we account separately for the HEE membership and Systems Leadership monies and activity? LWABs should in the future be the place where workforce and leadership issues are debated and there could be bespoke commissions coming out of their discussions.</p> <p>Paula suggested that we should not lose sight of the fact that bespoke organisational reports should provide a focus on that organisations utilisation of EMLA and ideally the impact it had on that organisations performance.</p> <p>Gavin suggested we target the decision makers in organisations who are responsible for deciding whether to renew EMLA membership or not rather than a more scattergun approach. He also suggested that it may be possible to target those organisations at risk of not renewing their membership. Paul said the SMT had recently carried some analysis to identify those organisations most at risk and plans are in place to spend some dedicated time with them.</p> <p>Michelle asked whether we had developed any eLearning or online materials and Paul confirmed that there had been a few minor experiments with this but we had not really taken this up to a significant degree. This remains a potential area for future development. A useful pilot in this may be the Mary Seacole programme described earlier which has a significant amount of online support materials.</p>	
8.	<p>FSD update:</p> <p>Pete gave an FSD update, bullet pointed as follows:</p> <ul style="list-style-type: none">• The FSD steering group is now established and has been running for over a year.• FSD now includes procurement skills and will now be known as the Skills Development Network.• The network also partners with different organisations such as Future Focussed Finance (FFF) and HfMA.• Joint conference being held with HfMA in October 2016.	





11.	Any other business: There was no other business arising at this time.	
12.	Further 2016 EMLA Board meetings are as follows: 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.	

