

East Midlands Leadership Academy Board Meeting

Board Minutes

Monday 21st March 2016

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 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
Lisa Sultana	Chief Operating Officer	Derby and Derbyshire Local Medical Committee (LMC)
Nicky Hill	Director of HR	Nottingham University Hospitals NHS Trust
Leanne Hackshall	Deputy Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust

In attendance

Yvonne Brown	Office Manager/Executive PA	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
Andrew Morgan	Chief Executive	Lincolnshire Community Health Services NHS Trust
David Farrelly	Local Director	Health Education East Midlands - Local Education Training Board
Martin Gaskell	Directorate Accountant/EMLA Management Accountant	Nottinghamshire Healthcare NHS Foundation Trust
Michelle Bateman	Associate Director of Nursing	Nottinghamshire Healthcare NHS Foundation Trust
Pete Cross	Director of Finance	Leicestershire Partnership NHS Trust

Item	Subject and Details	Action
1.	<p>Welcome and apologies:</p> <p>Gavin Boyle welcomed those present and apologies were received.</p> <p>Dean Fathers declared that he was now Chair at United Lincoln Hospitals, as well as at Nottinghamshire Healthcare NHS Foundation Trust, and the Board wished him well in this role.</p>	
2.	<p>Notes from previous meeting:</p> <p>The minutes of the last meeting on 14th December 2015 were confirmed by the Board as a correct record with one amendment made by Gavin Boyle when the minutes were issued in December 2015.</p> <p>Matters arising:</p> <p>The matters arising from the meeting on 14th December 2015 were actioned in advance of the meeting or were covered as agenda items for this meeting. There were no other matters arising.</p> <p><i>Action to be brought forward to next meeting:</i> Dean asked whether the app would work on Blackberry and Rachel said she would look into this.</p>	RW
3.	<p>Matters arising – PPI paper:</p> <p>Lyndsay Short commented that there were three main interventions in the package of measures contained within the PPI paper which she had written for the Board meeting:</p> <ul style="list-style-type: none"> • EMLA PPI Board representatives to be provided with a mentor. • Individuals who want to broaden their experience. • Patient leadership proposal going forwards; NHS Leadership Academy <p>Caroline Fox stated that there was a need for ongoing processes for induction and commented that both Anthony Locke and herself had not had an induction on joining the EMLA Board. Caroline also commented that there needed to be a representation of other backgrounds on the EMLA Board.</p> <p>Dean Fathers commented that he appreciated the paper and the thorough thought processes behind it; Dean also agreed with ensuring that there is representation/participation on programmes. Dean commented that he has an acquaintance, a former governor of the Trust, who will be able to give ideas to EMLA on behalf of carers. Dean was keen to ensure that the carer voice was not lost as it provides a slightly but significant difference to that of patients who are directly in receipt of healthcare services.</p> <p>Gavin Boyle asked whether the same approach could be adopted for carers and Lyndsay stated that she thought it could.</p>	



	<p>Nicky Hill offered assistance on behalf of NUH; they already have a structured PPI set up and our PPI offer could be accelerated by talking to one of their team.</p> <p>Dean stated that he will champion patients groups in both Nottingham and Lincolnshire.</p>	
4.	<p>Carers</p> <p>Covered in section 3 above.</p>	
5.	<p>National Update</p> <p>A National Leadership Development and Improvement Strategy is being written and that work is being led by NHS Improvement. An electronic survey has been issued and Paul will forward this onto Board members. There will also be opportunities to join regionally held workshops on the content of the strategy during the summer months.</p> <p>NHS Leadership Academy is to move to Health Education England from 1st April 2016, as per the presentation slide. EMLA will be having their LDP Business Review on 1st April and some Board members have been contacted for their contributions.</p> <p>Paul confirmed to the Board, as per the slide presentation, what was definitely in the SLA from 1st April 2016 and also what might be included but more likely from Q2. It is not clear at this stage what that will mean in financial terms and therefore what income EMLA will receive from that SLA next year.</p> <p>Gavin stated that system leadership is a priority focus and Paul agreed that we at EMLA do want to continue to do this work, however, any National funding for this is only likely to be released from Q2.</p> <p>Paul is hoping that funding will all be agreed by the end of April 2016. We have always operated around £2.1m which is sufficient to have a Regional impact, however the HEEM allocation for system leadership for next year is likely be around £300k (£500k in 2015/16) and it is unknown as yet what the membership increment will be though confirmations of membership are currently being confirmed.</p> <p>Amanda Sullivan asked whether there was any sense of reticence from members enrolling for this year and Paul said it was too early to say though he anticipated one or two members would perhaps not enrol again this year. In terms of system leadership, things had moved on somewhat with the advent of STP (Sustainability and Transformation Plans).</p> <p>The system leadership offer developed by EMLA was useful however there are multiple and complex areas that need to be addressed in the STPs of which leadership development forms but a relatively small part.</p> <p>Dean asked in respect of inclusion, one of the areas to be included at a later stage in the SLA, whether it will take account of WRES (Workforce Race Equality Standard). Paul explained at this stage it was unknown what the requirements in the SLA would be in this regard and what resource would be attached to this work.</p>	





6.

Performance and activity report:

Rachel confirmed that we are in the process of revamping how our data is presented to give more of a balanced scorecard of different areas of performance rather than measures which solely concentrate on face to face contact at programmes and events and also which show a closer monitoring of actual activity versus plan rather than year on year comparisons as we have done traditionally. Gavin stated that whilst this was probably the right approach the Board still needed to see data to fulfil their assurance role. Rachel confirmed that she would bring to the Board's attention as issues that arise and will provide a suite of information at the next Board meeting in June 2016.

Membership levies have remained at the same level for 2016/17. We are currently consulting with member organisations to finalise what is on our programmes and events offer but this is likely to include some, train the trainer packages to ensure leadership development programmes are more sustainable in the future. Account management meetings will be run differently in 2016/17, this is in recognition that of the fact that the level of conversations are becoming more complex and are often inter-related with other organisation's plans. Consequently each STP area (county) will have their own EMLA lead and meetings of all commissioners and providers in that patch. Anthony commented that he saw the need for the 1:2:1's to be removed as they are expensive but asked whether there was still a chance for organisations to have their own unique/confidential conversations if required. Rachel responded that 1:2:1 conversations will still occur but these will done virtually via telephone or email exchange.

Lisa Soultana emphasised the need for Primary Care to be involved in developmental discussions and that the interface with CCG's by itself was not enough to effectively engage with GP's and other Primary Care professionals, however she did appreciate the pressure on resources and the need to work ever more efficiently.

Finance report

Martin Gaskill's report confirmed that we are in a comfortable position at year end and current forecasts show a £16k underspend by the end of the financial year, however the final position will only be determined once all invoices had been processed.

There are no changes to the Risk Register since the last Board meeting in December 2015 and Rachel confirmed that it is currently having a full refresh and will be bought in full to the next Board meeting.

Dean asked whether HEE were still happy with EMLA being hosted by NottsHC in the future. Paul said that there is a business review underway which will provide information to help inform that decision. Paul's view is that there does not appear to be a significant advantage to being hosted by HEE at the moment provided that close working was undertaken. It is expected that the outcome of the business review will be known during the first quarter of 2016/17.

In terms of activity, we have not had a good take up in respect of talent centres, ie only 6 places have been taken out of 30. Board members were asked to advertise this in their networks.





7.	Board away day update: Paul used a presentation to update the Board on the outcomes of the Board Development Day on 23 rd February 2016. It was agreed that the Board would hold a yearly Development Day and continue with the quarterly Board meetings each year. There is a change in composition of work to be done at EMLA for 2016/17 which is more bespoke and complex and is likely to involve more consultancy to systems rather than the traditional provision of large numbers of programmes and events. It is likely therefore that a workforce review would be required in the near future to ensure we have the right skills and capabilities to deal with emerging priorities.	
8.	Strategic objectives – current/future: It was agreed at the Board Development Day that part of each quarterly Board meeting would include smaller group and whole group discussions on certain topics and the topic for the March 2016 would be strategic objectives for 2016/17.	
9.	Strategic objectives – discussion: Following group discussion the following themes emerged from which more detailed objectives will be set and presented back to the Board: <ul style="list-style-type: none">• Inclusion – taking account of WRES (Workforce Race Equality Standard)• Patients and carers – putting them at the centre of everything that we do• NHS Workforce – including talent management• Systems leadership – enabling people to lead within the system, change management, enabling clinicians in system, collaborative working• Engaged membership• Alumni – better support and use of alumni in EMLA’s mission• The EMLA team• Using the network of LDPs to have a greater impact Nationally Further comments from the group discussion included: <ul style="list-style-type: none">• How do we continue to act as a system leader? EMLA are well placed to work with all members across the system and provide stimulus and thought leadership.• Strategic objectives should be stretching and ambitious and set over a longer timescale eg 5 years. There should be associated in year goals showing progress towards the longer term objectives. Paul agreed that he and the SMT would take these things away and work them into more smart objectives to be circulated before the next Board meeting.	





10.	Defence Relationship Management: Dean Fathers highlighted some leadership development programmes that have been run by the Defence Services which NottsHC are hosting. It was agreed once details were known that these would be advertised more widely through EMLA's contacts and distribution lists.	
11.	Any other business: There was no other business arising at this time.	
12.	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.	

