

## East Midlands Leadership Academy Board Meeting

### Board Minutes

Monday 16<sup>th</sup> June 2014

#### Present:

Name	Role	NHS Organisation
<b>Michelle Bateman</b>	Associate Director of Nursing	Nottinghamshire Healthcare NHS Trust
<b>Gavin Boyle</b>	Chief Executive/EMLA Chair	Chesterfield Royal Hospital NHS Foundation Trust
<b>Caroline Fox</b>	Researcher	PPI Representative
<b>Kerry Gulliver</b>	Deputy Director of Workforce	East Midlands Ambulance Service
<b>Paul O'Neill</b>	Director	East Midlands Leadership Academy
<b>Lyndsay Short</b>	Deputy Director	East Midlands Leadership Academy
<b>Jayne Storey</b>	Director of Organisational Development	Lincolnshire Partnership NHS Foundation Trust
<b>Rachel Wingfield</b>	Business Development Manager	East Midlands Leadership Academy
<b>Jenny Williams</b>	Assistant Director of Organisational Development	Northamptonshire General Hospitals NHS Trust

#### In attendance

<b>Fiona Joselyn</b>	Personal Assistant	East Midlands Leadership Academy
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#### Observer

<b>Fiona McNamee</b>	Programme Lead	East Midlands Leadership Academy
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<b>Apologies:</b>		
Deborah Chafer	Head of Talent Development & Resourcing	NHS Leadership Academy
Kay Darby	Interim Chief Executive	Lincolnshire Community Health Services NHS Trust
Cornilius Mushambi	Superintendent Radiographer	University Hospitals of Leicester NHS Trust
Steve Trenchard	Chief Executive	Derbyshire Healthcare NHS Foundation Trust
David Pratt	Director of Finance and corporate Affairs	United Lincolnshire Hospitals NHS Trust
Elizabeth Barrett	General Practitioner	NHS Hardwick CCG
Kate Bradley	Human Resources Director	University Hospitals of Leicester NHS Trust
Leanne Hackshall	Deputy Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust
Simone Jordan	Managing Director	Local Education Training Board
Chris Mahon	Chair	Nottingham City Care Partnership
Danny Mortimer	HR Director	Nottingham University Hospitals NHS Trust
Rakesh Marwaha	Chief Officer	NHS Erewash Clinical Commissioning Group
Amanda Rawlings	HR & OD Director	Derbyshire Community Health Services NHS Trust
Eileen Ziemer	Chair	Lincolnshire Partnership NHS Foundation Trust

Item	Subject and Details	Action
1.	<p><b>Welcome &amp; Apologies.</b></p> <p>Gavin Boyle welcomed those present to the meeting: Introducing Kerry Gulliver, East Midlands Ambulance Service, Jenny Williams, Northampton General Hospital and Caroline Fox, Representative to their first EMLA Board. Introductions were made around the room.</p> <p>Apologies for absence were received and accepted as above.</p>	GB
2.	<p><b>Minutes of the last meeting:</b></p> <p>The minutes of the last meeting on 24th March 2014 have been corrected as Martin Gaskell was down to do an action this should have been Paul O’Neill.</p>	GB
3.	<p><b>Actions from last meeting.</b></p> <p>Paul assured the board that the action points from the last meeting had been met.</p>	PON
4.	<p><b>Strategy and Business Plan:</b></p> <p>The Board were invited to provide comments and approval for the Strategy Document 2014/17 and the Business Plan.</p> <p>Kerry Gulliver suggested the Vision &amp; Values section in the Business Plan might better fit in the Strategy Document. This would be incorporated into next version of the documents at the end of this financial year.</p> <p>Positive feedback from all board members, both documents approved.</p>	PON

5.	<p><b><u>Strategic Objective 1</u></b>  <b>Driving Inclusive Leadership for a purpose</b></p> <p>Lyndsay Short advised the Board of the planned programme delivery over the next 2 years for EMLA. The board were asked to give their thoughts and comments to three programmes that are being considered.</p> <ul style="list-style-type: none"> <li>• Vital Conversations</li> <li>• Team effectiveness and Team building</li> <li>• Leading in a Technological age</li> </ul> <p>Other suggestions included initiatives which support the transformation agenda and an offer around patient leadership.</p> <p>These ideas to be scoped further and report back to next meeting.</p>	LS
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	<p><b><u>Awards Nominations Flyer and Process</u></b></p> <p>Rachel brought the Board members up to date with the 2014 Recognition Awards. The Nominations close on the 1<sup>st</sup> August and the ceremony will be on the 20<sup>th</sup> November at a venue to be determined. Rachel asked if all would promote the awards across the region.</p> <p>Board members were asked if they would like to join the judging panels, if they would then to email <a href="mailto:liz.Mcintyre@nottshc.nhs.uk">liz.Mcintyre@nottshc.nhs.uk</a> before 10<sup>th</sup> July 2014.</p>	
6.	<p><b><u>Strategic Objective 2</u></b> <b>Being engaged Membership Organisation</b></p> <p><b><u>Membership update</u></b></p> <p>Rachel highlighted to the Board that 15 out of 17 Provider Organisations have taken up EMLA full membership and it is fully expected the remainder would do so. The new offer that we have produced this year for the Clinical Commissioning Groups, (Gold, Silver &amp; Bronze) has been well received with 15 out of 20 enrolled so far, the majority taking out Gold membership.</p> <p><b><u>Utilisation</u></b></p> <p>Rachel reminded the Board how we are currently calculating our utilisation figures this year.</p> <p>Michelle Bateman asked if they could have a report every quarter Rachel agreed that the Board could have their first report in September 2014.</p> <p><b><u>Primary Care Development Centre</u></b></p> <p>EMLA are a founding member of this new organisation in partnership with Nottinghamshire and Derbyshire LMCs and the Universities of Nottingham and of Derby. Paul, in his role as Director of EMLA has been invited to join the PCDC Ltd. Company as a company director as have representatives from the universities.</p> <p>The University representatives have now declined a similar offer to be Directors of the Company and instead opted for an MOU between the parties signifying an official and strong agreement to work in partnership.</p> <p>Following discussions it was agreed that this would be an appropriate option for the EMLA Director to take, thereby avoiding any 'official' conflicts of interest and achieving the same goal without any liabilities.</p> <p>Paul will still be invited to sit on their governing body allowing good alignment between the organisations' mutual aims.</p>	<p>RW</p> <p>PON</p>
7.	<p><b><u>Strategic Objective 3</u></b> <b>Being a Local Delivery Partner of The NHS Leadership Academy</b></p> <p><b><u>National Context</u></b></p> <p>Paul provided feedback from his recent attendance at the NHS Confederation Conference</p>	<p>PON GB</p>

<p>in Liverpool and the annual Kings Fund Leadership and Management Summit.</p> <p>Paul has written this up as a separate document (in the form of a blog) which will be circulated with the minutes of this meeting.</p> <p>Gavin Boyle gave a verbal update on the quarterly Chairs of LDPs meeting with Jan Sobieraj. The Programme Board of the NHS Leadership Academy has been renamed The Strategic Advisory Board and will be chaired by Simon Stevens – CEO of the NHS. Representatives of Monitor, the TDA, and CQC will be invited to join the Board. The NHS Leadership Academy’s Business Plan was signed off and a summary version circulated to EMLA Board members.</p> <p>Stuart Rose (Ex-Chief Executive of Marks and Spencer’s) will be meeting with the NHS Leadership Academy and is due to present his report on Leadership in the NHS in December.</p> <p><b><u>National Programmes</u></b></p> <p>Lyndsay gave the Board an overview of the application process for the National Core Programmes and how places have been reduced this year. We anticipate the need for a shortlisting process and also need to encourage applicants to finish their application off before the deadline of the 23<sup>rd</sup> June 2014.</p> <p>The board was asked to comment regarding the recommended overall local process for shortlisting of the applications by a suitably convened panel and for volunteers to take part in the shortlisting process.</p> <p><b><u>Data Base Management</u></b></p> <p>Rachel updated the Board about the Data Base System which we are leading the development of in partnership with all LDPS. Should be implemented by December 2014 throughout all the LDPs.</p> <p><b><u>Strategic Objective 4</u></b>  <b>Working in Partnership to develop the Health and Social Care System.</b></p> <p>Rachel updated the Board around Skills for Care who works with more than 17,000 adult social care employers and other partners to develop the skills, knowledge and values of the 1.5 million workers in the social care sector.</p> <p>They have just partnered up with the National Skills Academy, so Rachel is meeting with them on 3<sup>rd</sup> July to see how EMLA could work with the partnership.</p> <p>A Customer survey has been sent out to our Membership Organisations to gain feedback on how we are performing. Rachel will provide a report for the next Board meeting in September.</p>	<p>LS</p> <p>RW</p> <p>RW</p>	
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<p><b><u>Strategic Objective 5</u></b> <b>Adopting the Optimal Business Form.</b></p> <p>Paul and Rachel are currently working on this and are aiming to provide recommendations to the next meeting.</p> <p><b><u>Strategic Objectives 6</u></b> <b>Being a great place to work.</b></p> <p>Rachel advised the Board that EMLA has created their own set of values and behaviours, which the internal staff have had a direct input. Discussions are underway as to how these can now be embedded into our everyday culture and ways of working. Every quarter there will be an internal staff survey to check how team members are feeling about their work and identify any ways we can improve EMLA as a place to work.</p> <p><b><u>Strategic Objective 7</u></b> <b>Having Relative Financial Stability.</b></p> <p>Paul explained that throughout the last year and as recently as March 2014 assurances had been given that the LETB would continue to invest in EMLA in 2014/15 at a similar level to 2013/14, ie £600k. However in early April we had been informed that the planned level of investment was now only £250k. The LETB had planned that more of its 'discretionary' spend would be decided at LETC level – however most if not all of this has already been committed.</p> <p>The Board discussed this significant risk and it might best be mitigated – options included:</p> <ul style="list-style-type: none"> <li>• Further discussions with the LETB about how the shortfall may be made-up particularly if there is slippage on other funded programmes.</li> <li>• Engaging more with LETCs to identify areas of maximum alignment with their strategic plans.</li> <li>• An in-year increase in membership fees.</li> <li>• Stopping planned or current programmes.</li> <li>• Charging for places on some programmes.</li> <li>• Cutting costs /core team of EMLA</li> <li>• Various combinations of the above</li> </ul> <p>Given there have been positive messages from the LETB about working together to solve the problem in-year we will meet with the LETBs DoF to discuss further before taking any more radical measures. It was felt we could afford to continue all our planned work but we would need a resolution by the end of July.</p> <p><b><u>Income Generation</u></b></p> <p>Rachel will bring a report on this to next Board meeting.</p>	<p>PON</p> <p>RW</p> <p>PON LS</p> <p>LS</p>
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<p><b><u>Strategic Objective 8</u></b>  <b>Being a Future Focussed Learning Organisation.</b></p> <p>Lyndsay recently met with 3M to discuss possible partnership benefits. This focused on Micro Learning and Job Swaps.</p> <p>3M will be discussing further internally and we will confirm agreement in the forthcoming weeks.</p> <p>Medilink is another possible industry partner who Lyndsay will be meeting with, she is planning on a meeting with the new commercial Director of the AHSN ( Academic Health Science Network).</p> <p><b><u>Governance</u></b></p> <p>The Board Terms of Reference document was well received by the Board members and a number of suggestions made to improve it. Further comments by email are invited.</p> <p>It was noted that attendance at the Board meetings has been variable with today's meeting's attendance being particularly low. The possible reasons for this were discussed and whilst acknowledging there are multiple pulls on people's time it was felt worthwhile to remind board members of the expectations of attendance and request in particular those who have been unable to prioritise their attendance over the last year to either re-commit or consider their position on the board. It was also worth noting the advantage of having a nominated deputy, particularly if they can also have the dates in their diary should the substantive board member not be available.</p> <p><b><u>Risk Register</u></b></p> <p>Rachel highlighted the amendments of the risk register.</p> <ul style="list-style-type: none"> <li>• Risk 1305 – Secure Funding position 2014/15 to increase from 8 to 12</li> <li>• Risk 1051 – CCG Leadership Development needs to decrease from 9 to 6</li> </ul> <p>Board Members were all in agreement</p> <p><b><u>Any Other Business</u></b></p> <p>Board times are to be increased by an hour with the new times being 1.30pm till 4.30pm (compared to 2pm-4pm)</p>	<p>LS</p> <p>PON</p> <p>RW</p>
<p><b>The next Board meeting is on Monday 15<sup>th</sup> September 2014 at The Institute of Mental Health Building in Room A06 – 1.30PM till 4.30PM</b></p>	