

MINUTES - Approved

Meeting of the Healthcare Improvement Succession Planning Committee at 10:00 on Wednesday 15 June 2022

MS Teams

Present

Carole Wilkinson HIS Chair (Committee Chair)

Suzanne Dawson HIS Vice Chair Rhona Hotchkiss Board Member

In Attendance

Sandra Flanigan Head of O,D&L

Stephen Ferguson Communications Manager

Ruth Jays Director of Community Engagement Tony McGowan Head of Engagement & Equalities

Pauline Symaniak Governance Manager

Committee Support

Ruth Gebbie Committee Secretary (Minutes)

1.	OPENING BUSINESS & COMMITTEE GOVERNANCE	
1.1	Welcome and apologies for absence	
1.2	The Chair welcomed all present to the Succession Planning Committee Meeting. There were no apologies. Minutes from the meeting held on 25 January 2022	
1.2	minutes from the meeting field on 20 duridary 2022	
	The minutes of the Succession Planning Committee meeting held on 25 January 2022 were reviewed and it was agreed that the minutes were an accurate reflection of the meeting.	
1.3	Review of Action Point Register of Succession Planning Committee on 25 January2022	
	The Chair presented the Action Point Register to the Committee and highlighted that following on from the recent recruitment activity that this was a watershed moment regarding what the Committee's priorities and roles are.	
	There was discussion around reconsidering item 1.3 'the issue of the	

breakdown of gender and equality figures'. It was agreed to discuss this in	
the meeting.	
Business Planning Schedule 2022/23	
The Business Planning Schedule for 2022/23 was presented to the Committee for comment by the Committee Chair. Discussion then took place around areas of priority for the next meeting in January 2023 and the following main points were made:-	
a) It was agreed that we should pause 'changing the chemistry' in January. It is a valuable topic but not necessarily an item we need to spend time on in January. There were concerns that if we had changing chemistry just now it would be raising expectations that can't be met as we currently don't have positions to fill. Changing the chemistry, however may be a good topic for a future Board session.	
b) We have well developed induction plan in place and we will identify the particular needs of the new Non- Executive Directors when they are formally appointed and then announced by the Cabinet Secretary.	
c) The November Board Development Session will provide an opportunity for the evaluation of skills, knowledge and experience of Non Executive Directors and future plans for Board development.	
d) The January meeting will provide an opportunity for the membership of the Succession Planning Committee to be reviewed.	Committee
e) It was agreed that it would be beneficial to invite new Board members along to part of the January meeting to provide valuable reflections on the recruitment process in terms of what worked well and what didn't? It would also be helpful to know which communications materials the applicants saw and what influenced their decision to apply.	Secretary Committee Secretary
The Committee members were in agreement about the changes to the Business Planning Schedule. The Committee Secretary will update the Business Planning Schedule post meeting.	
SUCCESSION PLANNING	
Succession Plan 2021-23	
The Director of Community Engagement provided the Committee with a paper that outlined the progress against the Succession Plan alongside	
	Business Planning Schedule 2022/23 The Business Planning Schedule for 2022/23 was presented to the Committee for comment by the Committee Chair. Discussion then took place around areas of priority for the next meeting in January 2023 and the following main points were made:- a) It was agreed that we should pause 'changing the chemistry' in January. It is a valuable topic but not necessarily an item we need to spend time on in January. There were concerns that if we had changing chemistry just now it would be raising expectations that can't be met as we currently don't have positions to fill. Changing the chemistry, however may be a good topic for a future Board session. b) We have well developed induction plan in place and we will identify the particular needs of the new Non- Executive Directors when they are formally appointed and then announced by the Cabinet Secretary. c) The November Board Development Session will provide an opportunity for the evaluation of skills, knowledge and experience of Non Executive Directors and future plans for Board development. d) The January meeting will provide an opportunity for the membership of the Succession Planning Committee to be reviewed. e) It was agreed that it would be beneficial to invite new Board members along to part of the January meeting to provide valuable reflections on the recruitment process in terms of what worked well and what didn't? It would also be helpful to know which communications materials the applicants saw and what influenced their decision to apply. The Committee members were in agreement about the changes to the Business Planning Schedule. The Committee Secretary will update the Business Planning Schedule post meeting. SUCCESSION PLANNING

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including Board diversity.

This discussion was combined with the Chair's Reflections on the 2022 Non Executive Recruitment Round at agenda no. 2.2 below.

2.2 Reflections on 2022 Non Executive Recruitment Round

The Chair provided her reflections to the Committee on the 2022 Non-Executive Recruitment round and the following main points were highlighted:-

- a) Forty two applications were received for the Healthcare Improvement Scotland Board member vacancies. Originally we were recruiting three new members but subsequently we now have a further two. We approached the Ethical Standards Commissioner for agreement to appoint five candidates via this recruitment round and this was agreed.
- b) Fourteen candidates were short listed and five candidates were found to be appointable via interview.
- c) Full details regarding the successful candidates cannot be provided at this time as their appointment needs to be announced by the Cabinet Secretary. However, it can be confirmed that there are three men and two women. One person is also from an ethnic minority and one is in their fifties. Some initial progress has therefore been made in broadening the diversity of the Boards membership.
- d) In terms of background for Board members, the criteria were broadly met;
 - Lived experience (2 members), across boundaries (3 members), medical (1 member) and children & young people (1).
- e) Two candidates will commence employment in July 2022 and the remaining three will be in September. HIS will therefore temporarily have a bigger Board for a short period of time. This will in turn mean increased workload in terms of induction.
- f) There will be no new recruitment in the near future unless a member wishes to leave. It should be three to four years before we undertake any new Board member recruitment.
- g) In terms of cultural fit/ values and behaviours; this had to be demonstrated in interview question responses and also candidate presentations.
- h) The first full Board meeting will take place on 28 September 2022 and this will be 'in person'. There will also be residential Development Session in November 2022. Both events will provide opportunities for team building and for Board members to get to

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know one another.

In response to questions from the Committee, the following additional information was provided:-

- i) There has been an increase in applicant numbers from previous rounds and this has gradually increased at each round. HIS does not usually attract as many candidates as territorial Boards.
- j) The candidate information session was very successful and seventy potential applicants attended. Many of the interviewed candidates attended and found the information session helpful.
- k) Applications for this recruitment round were not were not anonymised and the same process was also used for the NHS Chairs recruitment round. The Public Appointments team will analyse the applications in due course and provide feedback.
- I) All unsuccessful candidates received a letter explaining that they were not shortlisted. The letters were personalised and advised that feedback was available (more so, with those unsuccessful at interview stage). Some applicants have taken advantage of this, whilst others have chosen not to.
- m) Public appointments have previously advised that the response rate for feedback is very poor. The Governance Manager will seek to find out whether Ethical Standards ask unsuccessful candidates about feedback.
- n) No one is suitable for co-opting and with five new members there is a lot of work to do to get people up to speed.
- o) One or two candidates from the lived experience group may be suitable for Scottish Health Council recruitment. The Chair will review notes and speak to Linsey Craig at the Scottish Government, Public Appointments Team regarding suitability.
- p) Geographically, the successful candidates are focussed around the central belt (Callander, Fife and Edinburgh). There is therefore a gap for Highlands, Islands and the north of Scotland. Hybrid working was however seen as an attractive option to those who did apply.
- q) There is still work to be done around the Board gender balance and around other protected characteristics. A more detailed breakdown around the protected characteristics of the forty two applicants will be brought to the January 2023 meeting of the Committee.
- r) There are ongoing problems with recruiting to NHS Scotland Chairs posts. There has been limited success in bringing in new and emerging talent.

The Committee members welcomed the reflections on 2022 Non Executive recruitment round and were assured by the increase in the volume of applications and the successful appointment of five new members. They also welcomed planned engagement with stakeholders to draw upon available feedback.

Governance Manager

HIS Chair

HIS Chair

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NON EXECUTIVE SKILLS EVALUATION AND DEVELOPMENT 3. 3.1 **Board Development Plan** The Head of Organisational Development and Learning provided the Committee with a verbal update around the Board's development activities and the following main points were highlighted:a) Board members have recently taken part in two master classes. The April class covered equalities and the class in June explored clinical care. The themes for the next few meetings include improvement and the quality management system and also a topic around digital transformation. The Committee also acknowledged the links between masterclasses i.e. clinical care and improvement. b) The Chair will work with the Governance Manager around the Chair/ timetabling of the future classes. The classes are generally three Governance hours in length but will discuss with Director of Improvement and Manager Director of Evidence whether shorter sessions may be more effective. c) Positive feedback was received from Board members who attended the Clinical and Care Governance masterclass. They found the class to be very informative and it helped members understand the importance of the clinical and care governance and make connections with different aspects of our work and the HIS strategy. d) Board members are regularly involved in Risk deep dive sessions. The sessions used to be Committee specific but we now have Board wide involvement. e) A two day Board development session in November will look in detail at the Board's skills mix, what each member brings to the Board and its future development. An external facilitator will lead the session. The Committee thanked the Head of Organisational, Development and Learning for the informative update and from the discussion that followed, the Committee agreed the importance of making linkages across topics at future masterclasses. PAPERS FOR INFORMATION 4. 4.1 Risk Management: Committee issue register and strategic risk register The Director of Community Engagement presented the Committee issue register and strategic risk register assigned to the Succession Planning Committee and the following information was provided:-**Director of** a) The Issue Register will be updated to extend the timescale for Community engagement with stakeholders around the HIS strategy. **Engagement** b) It is not currently the best time for stakeholder consultation around

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the Succession Planning Committee. Intelligence from third sector organisations is that they are facing multiple asks for feedback and engagement at this time. A lot of these are very small organisations. c) Every NHS Scotland Board is currently developing a strategy and asking for feedback and appreciate that this can be overwhelming for smaller organisations. We are however beginning to receive this around the HIS strategy and have received good feedback from organisations including the General Medical Council. d) A number of our Non- Executive Directors have participated in equality and diversity training. In other Boards Non Executive-Directors act as Equality and Diversity Champions. This might provide give us with food for thought for future action. e) It will be challenging and exciting to welcome new Board members and see the transition of the HIS Board. The previous challenge was about attracting people to join HIS and now it's about how all the members gel together going forward. Chair & Vice f) One of our more experienced and long serving Board members is Chair currently 'buddying' one of our newer members. The Chair and Vice Chair of the Committee will seek to arrange future member buddying for new Board members. The Director of Community Engagement will review the Issue Register in Director of light of today's discussions and provide an updated register at the next Community meeting in January. Engagement **CLOSING BUSINESS** 5. 5.1 **Board report: three key points** 1. Non Executive Director Recruitment 2. Board Development 3. Committee Business Planning 5.2 Any other business There was no other business discussed. 5.3 Date of next meeting: 19 January 2023 via MS Teams Person Presiding: Carole Wilkinson ande Wilkins. Signature: Date: 19/01/2023

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