

Briefing

Strengthening NHS board diversity

The COVID-19 pandemic has disproportionately harmed people from underrepresented groups, particularly among health and care staff. There is a greater urgency than ever before to address equality, diversity and inclusion in the NHS, including at the highest level of board representation.

In 2020, to support the diversity ambition of the NHS People Plan, NHS England and NHS Improvement asked the NHS Confederation to identify ways to increase chair and non-executive director diversity in the NHS, with an independent taskforce commissioned to conduct a review. This is a summary of what the taskforce found and its recommendations to strengthen board diversity. The taskforce's full report can be found on the [NHS Confederation website](#).

Key points

- Chairs and non-executives are an important NHS leadership group. As independent board members, they hold the executive to account and in doing so, build patient, public and stakeholder confidence in the NHS. Yet a 2019 NHS Confederation report found that there was insufficient diversity in those appointed to these roles in the NHS.
- A more equal and diverse leadership among chairs and non-executives will mean patients, communities and staff will have leadership that is more reflective and sensitive of the communities the NHS serves. Such a diversification is more likely to transform culture for the benefit of patients and champion patient and staff engagement.
- An independent taskforce commissioned to review how to strengthen NHS board diversity has found that the NHS appointments process is not independent or transparent; diversity in NHS board roles is often hampered by the rigid candidate criteria; NHS roles are often considered to be unattractive to candidates from underrepresented groups; 'chemistry and fit' tend to override diversity, which results in 'more of the same'; commitments from the top are among important vehicles for change.
- If NHS organisations are to create a sustainable pipeline of chairs and non-executives that reflect the staff and communities they serve, current non-standard appointment processes need to be refreshed and be independent. The taskforce has put forward a set of recommendations to support a step change in the composition of NHS boards.

- Measures include establishing an independent appointment process; setting up a confidential feedback mechanism for NED candidates to raise concerns about a recruitment process; publishing data on the protected characteristics of those who applied, are longlisted, shortlisted, interviewed and are appointed; negotiating a compact with executive search firms; and ensuring succession planning arrangements are in place for replacing an organisation's chair and non-executives.
- The move to system working and putting integrated care systems on a statutory footing provides an opportunity for the NHS to reset, change the appointments process and appoint diverse leaders. Integrated care systems will have new responsibilities and accountabilities across the system and the NHS organisations that sit within their remit.

Background

Equality, diversity and inclusion (EDI) is about having best practice in the governance of NHS organisations and better engagement with staff. It is an area that the NHS still needs to make significant progress on to reflect the spirit of the equalities legislation and the stated ambition of the NHS to create a more diverse leadership.

In 2020, to support the diversity ambition of the NHS People Plan 2020/21, NHS England and NHS Improvement's director of leadership and lifelong learning, Jacqueline Davies, and the NHS Chief People Officer, Prerana Issar, asked the NHS Confederation to identify ways to increase chair and non-executive director diversity in the NHS. This followed a 2019 NHS Confederation report, [Chairs and Non-Executives in the NHS: The Need for Diverse Leadership](#), which showed that there was insufficient diversity in those appointed to these roles in the NHS. An independent taskforce was commissioned to build on the findings and recommendations of the report.

The taskforce researched and reviewed approaches and methodologies for non-executive recruitment. Chaired by Dame Clare Gerada, co-chair of the NHS Assembly and Joan Saddler OBE, co-chair of the Equality and Diversity Council and director of partnerships and equality at the NHS Confederation, the taskforce delivered an initial report detailing a roadmap for recruitment and appointment of diverse non-executives. Good practice was also identified on measures that have successfully enabled the appointment of women, black and minority ethnic, disabled and LGBTQ+ candidates into NHS non-executive director roles.

Membership of the taskforce included chairs, non-executives and chief executives from across the NHS. Best practice literature on board diversity in the UK was sourced. Executive search firms (ESFs), chairs and non-executives presently in roles, or who had been candidates in the recent past, took part in surveys, focus groups, one-to-one interviews and

roundtable discussions. The taskforce then considered the outcome of these activities. [Strengthening NHS Board Diversity](#) distils what the taskforce found.

Why diverse leadership matters

Chairs and non-executives are an important NHS leadership group. As independent board members they hold the executive to account, and in doing so build patient, public and stakeholder confidence in the NHS.

A more equal and diverse leadership among NHS chairs and non-executives will mean patients, communities and staff will have leadership that is more reflective and sensitive of the communities the NHS serves. Such a diversification in leadership is more likely to transform culture for the benefit of patients and champion patient and staff engagement.

The NHS People Plan 2020/2021 sets out specific targets for addressing equality, diversity and inclusion in the NHS. The ambition is that NHS boards become more aligned with the population and communities they serve and the workforce they employ.

In light of the COVID-19 pandemic, which has disproportionately harmed those from underrepresented groups, particularly among health and care staff, there is a greater urgency than before to address EDI in the NHS.

The move to system working and putting integrated care systems (ICSs) on a statutory footing provides an opportunity for the NHS to reset, change the appointments process and appoint diverse leaders. ICSs will have new responsibilities and accountabilities across the system and the NHS organisations that sit within their remit.

What we found

The appointments process

The appointments process is not independent or transparent. Job descriptions, interview and assessment processes are not the same, and appointment processes are not independent nor transparent. Governors, regional and local executives and executive search firms are highly influential in decision-making, either because it is their responsibility, they are on interview or stakeholder panels, or because their views are sought during the assessment process.

Current chair and non-executive appointment processes need to be refreshed and to be independent. If NHS organisations are to create a sustainable pipeline of chairs and non-executives that reflect the staff and communities they serve, then continuing with the present non-standard procedures for recruiting and appointing chairs and non-executives will not achieve that ambition soon.

Commitment and direction

Commitments from the top are among important vehicles for change, starting with national commitment and NHS boards. Public transparency is essential. Evidence shows that published league tables that use data to rate organisational or individual performance have been impactful elsewhere and could be adapted for the NHS as a tool to motivate and stimulate progress.

Clear direction from national leadership is important, but change at a local level is presently dependent on the intent and commitment of individual chairs. Awareness-raising programmes for those in these roles (NHS chair, non-executive, governor) on EDI are important and should continue.

The role of executive search firms

Executive search firms are important gatekeepers to these roles, supporting their NHS clients to find suitable candidates. These firms all follow similar procedures, as shown in the roadmap in Appendix 1 of Strengthening NHS Board Diversity. Most of their activity is one-off and reactive, although they do provide access to databases and search facilities, and have market knowledge. All stated that diversity is an important consideration when selecting board candidates.

The involvement of executive search firms in NHS chair and non-executive appointments may benefit from a transparent compact with the NHS. This compact should set out expectations of behaviours, data collection and set targets for underrepresented groups who are shortlisted and appointed. Progress against expectations would then be monitored with results published annually.

Candidate criteria, time commitment and time constraints

Diversity in NHS board roles is often hampered by the rigid candidate criteria (finance, commerce, governance or previous NHS experience), unrealistic expectations in terms of time commitment (for those in employment) and the time constraint imposed on the search period by individual organisations. Such requirements limit the pool of candidates they can find. However, the chairs and non-executive we talked to think some of the pools of candidates on offer from the ESFs fail to access candidates from underrepresented groups. ESFs that specialise in finding candidates from underrepresented groups claim to have good sources, but they had little experience working with the NHS.

‘Chemistry and fit’

The chairs and non-executives we spoke to believe there is a sufficient pool of diverse candidates for these roles, but executive search firms report that some candidates consider these NHS roles to be unattractive and can find more fulfilling roles elsewhere. In addition, many who put themselves forward are eliminated by the current decision-making process, as ‘chemistry and fit’ tend to override diversity, which results in ‘more of the same’ people in these NHS board roles.

Appointments need to be separated from those who have a vested interest to shape boards to be more of the same. The use of word of mouth and personal networks are common in the NHS, but this restricts the pool of candidate. ‘Chemistry’ and ‘fit’, and ‘good enough’ or ‘one of us’ discussions are still in use today. Such habits and judgments restrict diversity.

The NHS must consider how to present and make these board roles more attractive. If not, board-ready people from underrepresented groups will take up alternatives where the monetary and personal rewards are greater.

Succession planning

There is evidence of individual boards improving their quota of diverse board numbers. Target setting, training, coaching and development programmes and individual awareness in leaders helps. However, even though individual chairs and executive search firms can make a difference, it is a one-at-a-time process. Raising awareness and persuading and training leaders and decision-makers about the value of diversity will therefore continue to be important and necessary across the NHS.

All NHS board members should be accountable for diversity at board level, with a greater commitment from those in executive roles. NHS boards and their executive search firms need better succession planning to build links and seek alternate networks. This would help to build up databases of candidates from underrepresented groups.

Our recommendations

The independent taskforce's recommendations support a phased implementation, working in partnership with NHS England and NHS Improvement. The taskforce acknowledges that NHS England and NHS Improvement's non-executive talent and appointments team has already begun to adopt some of these recommendations and update its processes.

Immediate actions

Commission and establish:

- Regular awareness raising programmes for those in these roles (NHS chair, non-executive and lay people) on equality, diversity and inclusion. The purpose of these programmes should be to continuously build lived experience and cultural intelligence in those in these roles.
- An independent appointments process that actively encourages candidates to come forward from as wide a cross-section of the community as possible. The organisation appointed should be independent of the NHS, have the expertise and capacity to host this process, be able to incorporate the recommendations of the Kark review and other ministerial requirements, be publicly transparent and should have the support of NHS leaders.
- An independent review process to evaluate the programme and to demonstrate impact.

Short-term actions

- Negotiate an agreement between NHS England and NHS Improvement and the host of the independent appointment process. This would facilitate, engage and involve NHS bodies and ensure the accountability for the independent appointments process programme, its objectives and its results are transparent. Within this, establish a confidential feedback mechanism for NED candidates to raise concerns about a recruitment process.
- NHS England and NHS Improvement to publish the data for 2020 held on the protected characteristics of those who applied, are longlisted, shortlisted, interviewed and are appointed to these roles. The data set should be made publicly available annually and include the range of competences. Data should include appointments to all chair and non-executive roles in the NHS and meet the ministerial agreements for the enhanced fit and proper persons test as recommended by the Kark review.
- Draw up, consult and publish descriptions and expectations for ESFs and determine who are qualified to meet the NHS EDI requirements of these chair and non-executive appointments.

Medium-term actions

- Draw up, consult and publish role descriptions that reflect the nature and expectation of the task at hand, regularise the roles, clarify time commitment and monetary reward. All descriptions to be framed in an inclusive and open way.
- Conduct a competency review to ensure that access to these roles can come from as wide a cross-section of the community as possible and that those appointed meet the statutory requirements, can govern a board and are empathetic to the issues of EDI.
- Oversee, streamline and make transparent search and selection procedures to embed diversity and equality and ensure the right candidates are appointed.
- Negotiate a compact with the executive search firms appointed that clarifies the data that needs to be provided, the behaviours of the firms and expected targets. This compact could be used to establish accreditation.
- Establish a visible reward system to celebrate progress in diversity in NHS organisations. Use a competence framework based on annual diversity data collection from boards to judge chair and non-executive performance in diversity.
- Establish a diverse pool of experts to support and advise integrated care systems with the appointment of provider and system chairs to increase diversity.

Longer-term actions

- Ensure succession planning arrangements are in place for replacing an organisation's chair and non-executives.
- Introduce regular and local campaigns/programmes to promote chair and non-executive roles to wider groups and networks.
- Negotiate the power to recommend removal when the person's EDI performance is not up to the required standard.
- Provide national and locally provided EDI induction, training and coaching programmes for newly appointed chairs and non-executives.
- Provide national and local EDI training and coaching programmes for all chairs and non-executives in post.
- Provide enhanced templates for individual chair and non-executive performance reviews that enable reviewers to give credit for good EDI performance, and that identify where EDI skills need to be developed.

Next steps

The taskforce will continue working in partnership with NHS England and NHS Improvement to ensure the actions outlined above are delivered, as we continue our drive to increase diversity at the highest levels of the NHS.

To stay informed of the taskforce's work and to get involved in helping to address this key issue, sign up for our EDI leadership networks and view our wider work programme on the [NHS Confederation website](#).

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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