

The *way* forward

The experience of Disabled NEDs in the NHS





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Janice joined Hunter at the beginning of 2019, bringing with her more than 20 years' experience working with the chair and non-executive community in the health and care sector.

Since joining Hunter, Janice has maintained her famed focus on equality, diversity and inclusion. She has helped the Executive Search team to build its well-deserved reputation for delivering successful, high quality, diverse and inclusive board level recruitment for our clients across the country. A great proponent of our value "Learn or Learn", Janice was the lead author of two of our key pieces of thought leadership "High Time" and "The Way Forward: The experience of BAE non-executive directors in the NHS".

Accessibility

**This document is available in large print format on request.
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Foreword

The Disabled NHS Directors Network (DNDN) was established in 2020. A national network that strengthens the collective voice of disabled NHS leaders and, through them, all disabled NHS staff. Bringing together disabled executive and non-executive NHS leaders across the country, we promote the value of employing disabled people and highlight the benefits of a diverse organisation.

By ensuring that disabled voices are not only heard but also valued and sought out at the highest levels of decision-making, the NHS can be both equitable and effective to meet the demands of a 21st century healthcare system.

25% of the UK population is reported to have a disability. The NHS national staff survey which is anonymous, mirrors this national figure with 23.4% of those responding sharing that they have a disability or long-term condition.

However, those staff members who openly share their disability and report it on the ESR (Electronic Staff Record) system, therefore not anonymous, is much lower at just 4.9%. This difference between the NHS workforce who openly share their disability and those who do so anonymously is concerning.

Since 2020, the DNDN has worked with NHS England especially the Workforce Disability Equality Standard (WDES) team, to look at what we can actively do to

improve the working lives of our disabled staff, improve the working environment to embed a disability-inclusive culture, and to promote the benefits of recruiting disabled leaders onto NHS boards.

In today's healthcare environment, the inclusion of disabled people on NHS boards is not just a matter of representation – it's a strategic imperative. Disabled leaders bring unique perspectives shaped by their lived experiences, as well as enhanced skills developed from overcoming personal challenges. These elements are crucial in shaping policies and practices that are truly inclusive and patient centred.

Our network members are both executive and non-executive NHS leaders, and even though this research conducted by Hunter Healthcare is focusing on the experiences of disabled non-executive directors, the recommended actions raised within the report can be attributed to all directors.

We wish to express our thanks to Hunter Healthcare for their commitment to shining the light on the challenges and opportunities of being a disabled leader in the NHS.

Kate Smyth

Co-Chair DNDN
Non-Executive Director, Lancashire Teaching Hospitals
NHS Foundation Trust



About Hunter Healthcare

Hunter Healthcare was established in 2011 to provide specialist senior recruitment services to the NHS and wider healthcare sector. In 2024, we want to improve the reputation of “the recruiter” by bringing our values to life in everything we do.

Understanding our clients and the environment in which they operate is critical to our approach to recruitment. We therefore undertake regular research projects on the issues that are vexing our clients the most. In 2017 we looked at the characteristics required to be successful in what is one of the most challenging roles in the NHS. In 2019 our “*High time*” report looked at the ever-increasing time commitment demanded of NHS NEDs and the impact that has on the diversity of board membership.

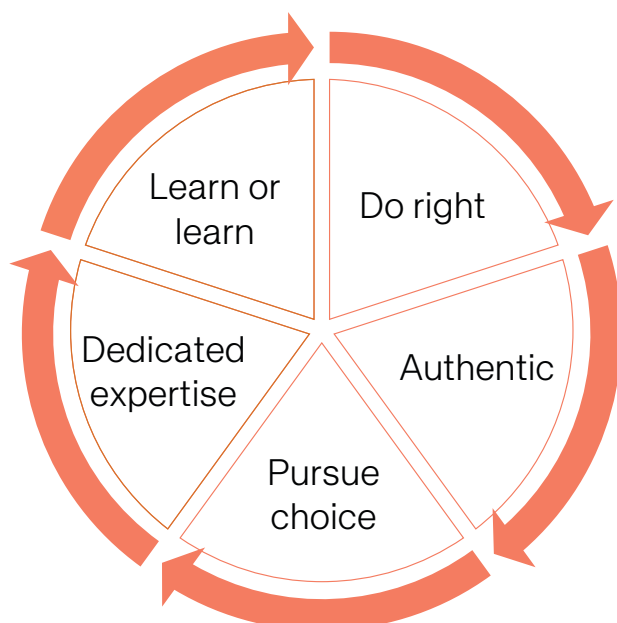
In 2022 we published the first report in our “*The way forward*” series, which looked at the experience of Black, Asian and other ethnic (BAE) NEDs in the NHS. This report, which explores the experience of disabled chairs and NEDs, focusses on developing a better understanding of the way in which they contribute to NHS boards. It also tries to help those involved in the recruitment of chairs and NEDs to “find the way forward” in creating truly diverse boards including more disabled NEDs.

The common thread through this report and the one that went before, therefore, is a strong focus on identifying lessons that will help us and our NHS clients meet their recruitment needs now, and in the future. We also want to ensure that conditions are created that will enable disabled board members to give of their best and flourish.

We are grateful to the Disabled NHS Directors Network for its cooperation and support throughout the project, particularly its co-chair, Kate Smyth. We are also very grateful to all of the disabled board members who were so generous with their time and effort in completing the questionnaire and /or speaking to us. They shared some very personal stories and experience, some good, some shockingly bad, but always with the aim of making things better for their fellow and future disabled NEDs.

We hope this report and its recommendations will make a difference to the experience of disabled chairs and NEDs in the NHS today and the many more of the future.

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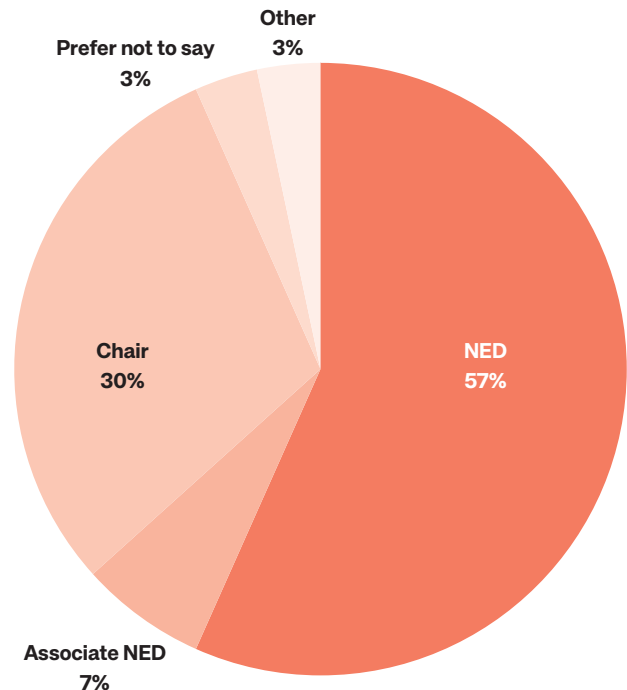
1. Introduction

- 1.1 It is now well established that diverse boards tend to perform better. They bring together people with different backgrounds and skills who are able to look at issues from different perspectives to make better informed decisions. To build on the work undertaken in 2022 on the experience of people from BAE communities, we wanted to look at the experience of another key under-represented group on NHS boards, disabled people. By shining a spotlight on disabled NHS NEDs, we hope to increase visibility of the important role they play on NHS boards up and down the country, make the case for increasing the number of disabled people on NHS boards and identify some ways that will help to make it a reality.
- 1.2 It is well established that a large number of NHS patients are or have been disabled. It is therefore particularly important to ensure that Boards are able to benefit from the insight disabled people bring to decisions about NHS services.
- 1.3 The Workforce Disability Equality Standard (WDES) data for 2023 reinforces the need to take a look at this important issue:
- 23% of the working age population in the UK but only 5.9% of NHS board members self-declare as disabled
 - Nearly 42% of NHS trusts have no disabled board members
 - While only 4.9% of NHS staff are disabled according to their Electronic Staff Record (ESR), over 23% declared that they were disabled when they responded (anonymously) to the NHS Staff Survey in 2021
- 1.4 Even though the final statistic indicated that there were probably a number of disabled chairs and NEDs who had not been identified, no one doubts that disabled people continue to be disproportionately under-represented on NHS boards, despite the 2018 publication of the independent Lord Holmes Review into opening up public appointments to disabled people and the implementation of the WDES in 2019.
- 1.5 We were keen, therefore, to learn about the experience of all disabled chairs and non-executive directors in the NHS and set up an online questionnaire, in which all disabled chairs and NEDs were invited to share their views and experience anonymously across a range of issues relevant to the life of a non-executive on an NHS board. For the rest of this report we will use the term NEDs to include chairs, associate NEDs and NEDs.
- 1.6 In all, we received 30 completed questionnaires, the data from which provides a valuable insight into the experience of disabled NEDs both individually and collectively. A number of those who completed the questionnaire also offered to participate in 1-2-1 conversations on their personal experience.
- 1.7 Board chairs are, of course, key to the appointment of a diverse non-executive community. A number of them volunteered to share their experience of recruiting or not being able to recruit disabled NEDs, highlighting any barriers they faced in recruiting and supporting disabled NEDs or any good practice to share with the wider chair community.
- 1.8 The aim of all of this was, as it was when in 2022 we published *“The way forward – The experience of Black Asian and other Ethnic NEDs in the NHS”*, to prepare a report with a strong focus on identifying and sharing good practice that will support the disabled NED community and help us as recruitment partners and the wider recruitment community do better at recruiting disabled people to serve on more diverse NHS boards.
- 1.9 We have provided at Appendix B links to a number of helpful resources as well as a number of recommendations which, if adopted, will improve the experience of disabled NEDs in the NHS and help to ensure that more are appointed to these important roles in the future.

2. The survey

- 2.1 The questionnaire, which was developed with DNDN, asked participants to answer 28 questions, covering a range of issues relating to themselves, their experience when being appointed to their role and their experience as a NED in the NHS. Details of the questions asked are set out in Appendix A. Those completing the questionnaire were also encouraged to provide more contextual information as they worked through the questions.
- 2.2 Thirty people completed the questionnaire as set out opposite.
- 2.3 In addition, we had 14 1-2-1 conversations with disabled NEDs during which we further explored the themes arising from the results of the questionnaire and spoke to five other chairs about their experience of recruiting, and not recruiting, disabled NEDs.

Role of respondents



“Boards and NEDs need to be more open. They are role models. Patients and staff feel they have a voice if they know someone with lived experience is making decisions about their healthcare provision.”

3. What did we learn?

- 3.1 Some of the information we gathered from the questionnaires and we heard in conversation with disabled NEDs was more or less what we expected, both good and bad. Some of it, however, did provide fresh insight which we hope will provide a new impetus for recruiting more disabled NEDs to NHS boards and more concerted effort to retain them.
- 3.2 It confirmed that disabled people make an invaluable contribution to the boards to which they are appointed. Not only do they have the range of professional skills and experience needed to be an effective NED, but they also have lived experience as a disabled person. With so many NHS patients being disabled and / or living with a long-term condition, it is easy to see how that lived experience adds real value to any NHS board.
- 3.3 In terms of new information, the survey revealed that more than **33%** of disabled people on boards have become disabled since they were appointed. It is, perhaps, hardly surprising that this is the case, given the age profile of the NED community. Whatever the cause, the figure highlights the need for regular reviews of the disability status of NEDs to provide a true picture of the make up NHS boards and to ensure all disabled NEDs are receiving any support they might need in order to be effective in their roles.
- 3.4 The survey also makes it clear that while many disabled NEDs had a positive experience through the recruitment and selection process and as a board member, this was by no means universal. The Equality Act enables “reasonable adjustments” to be made to enable disabled people to participate in recruitment selection processes and then perform the duties of any role to which they are appointed. Less than **64%** of disabled NEDs either received the reasonable adjustments they needed or didn’t need any, with **26%** not receiving any or only some of what they needed. Some disabled NEDs told of having to fight for adjustments, some of which were still not being made years after their appointment; of not bothering to ask because of their past experience in the NHS and of being made to feel like they were just being difficult to the point that they had just given up asking. As more than one disabled NED observed: **“if it was this difficult to get the organisation to make adjustments for its board members, how difficult must it be for its staff?”**
- 3.5 With **70%** of disabled NEDs having to overcome this or another particular challenge because of their disability, it would be understandable if their experience had left them disillusioned but this, by and large, was not the case. 78% felt their organisation had an inclusive culture and a massive 88% felt their lived experience of disability made them better NEDs.
- 3.6 To help ensure this new understanding of the experience of disabled NEDs in the NHS benefit disabled NEDs now and in the future, we have identified a number of recommendations and a range of best practice advice. The recommendations and advice focus on helping to create an environment in which the contribution of disabled NEDs is recognised, that it is valued and that disabled people are able to receive any and all of the support they need to compete for NHS NED roles, and if appointed, to undertake those roles to the best of their ability. We have therefore identified some of the good practice that exists and developed some new solutions which, if implemented, will improve the experience of disabled NEDs in the NHS, now and in the future.

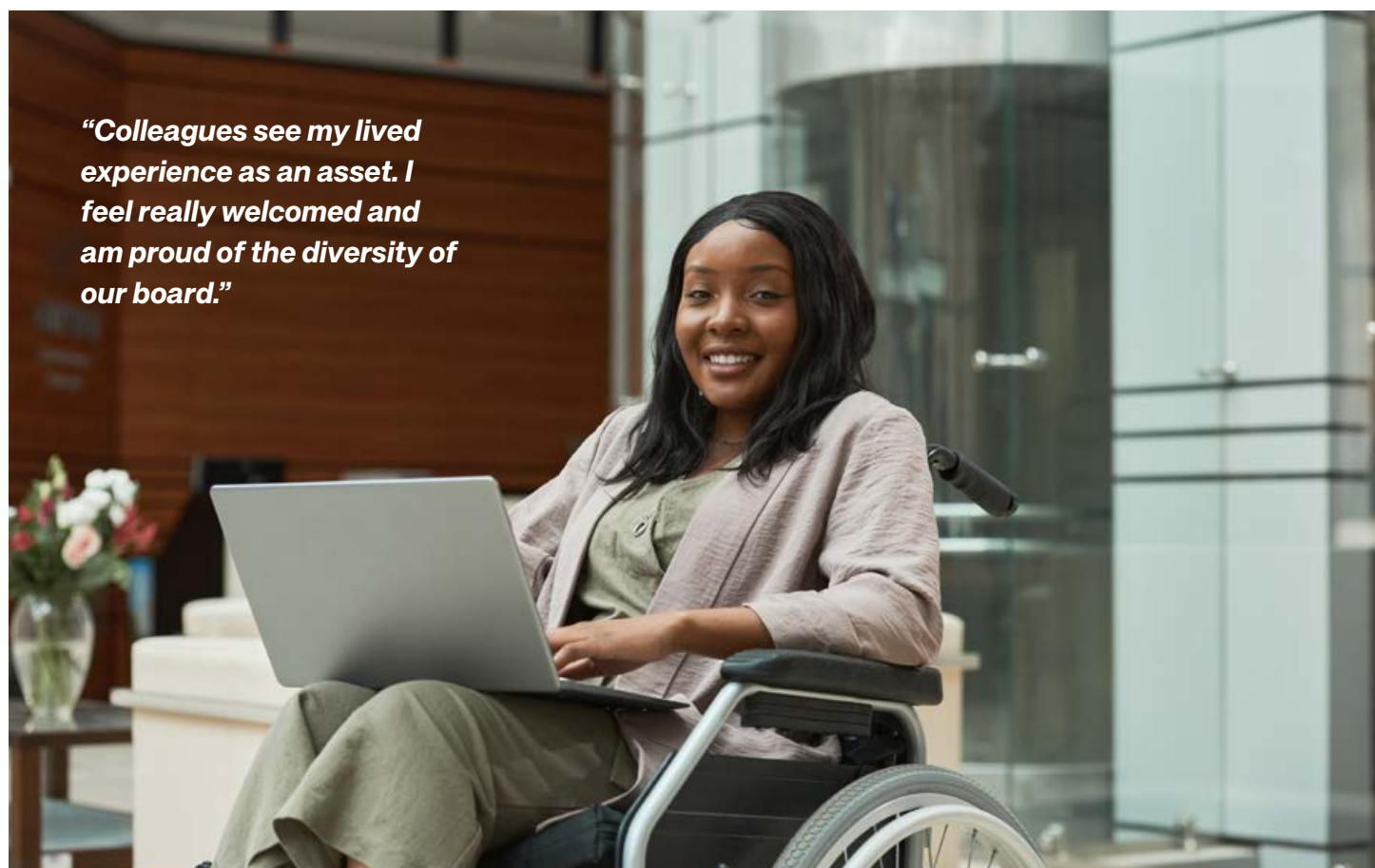
4. Recommendations or best practice

We make a number of recommendations or identify best practice advice in the different sections of the report. They are set out below in a way that identifies the level at which the recommendation or best practice relates – National / Regional or Chair / Organisational – for ease of reference by those best placed to make them a reality.

National / Regional	Chair / Organisational
→ That a national resource be provided to support the provision of adjustments to all disabled NEDs in the NHS.	
→ That the word “reasonable” is dropped when talking about adjustments that disabled NEDs might need.	
	→ That chairs, governance or HR leads check the disability status of NEDS regularly and at least once a year as part of the performance appraisal arrangements.
	→ That chairs, governance or HR leads regularly check with NEDs who have identified as disabled that any adjustments that have been made for them are still effective or whether any new arrangements need to be made.
	→ That newly appointed or newly disabled NEDs be encouraged to maintain a Health Adjustment Passport.
→ That all disabled NEDs are encouraged to make their disability more visible, including a statement in their profile on their organisation’s website that they are disabled or that they have lived experience of a disability.	
→ That contact details for DNDN be included in the appointment letters of all disabled NEDs.	
→ That more work is undertaken at national, regional and local level to promote NHS NED roles to a wider pool of potential candidates, including disabled people, with more disabled people participating in a properly resourced NExT director scheme.	
→ That all NED candidate information packs include a statement about the diversity of the selection panel.	→ That all NED recruitment exercises are overseen by a senior HR professional.
	→ That those managing recruitment processes should check whether there are any disabled people on the shortlist and whether they need any adjustments to be made to the selection process.
	→ That whether the organisation is participating in the Disability Confident scheme should be made clear in recruitment materials.
	→ That boards should review their organisation’s participation in the Disability Confident scheme.
	→ That organisations should consider implementing arrangements to improve access to interviews for disabled candidates who meet the minimum requirement for their NED roles and / or other elements of the Disability Confident scheme.
	→ That all organisations should have robust on-boarding arrangements for all new NEDs that will enable any adjustments needed by disabled NEDs to be identified.
	→ That Chairs with disabled NEDs should review the time those NEDs spend on their duties and the way in which they undertake them, to ensure they are not being forced to spend more time on their duties than other NEDs and that the way in which business is conducted does not make the role more challenging for disabled NEDs.

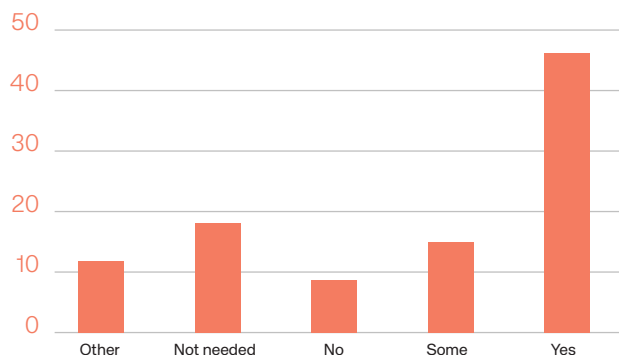
5. About disabled NEDs

- 5.1 We asked the disabled NED community to tell us a little bit about themselves.
- 5.2 By and large, the only time NEDs are asked whether or not they are disabled is before they are appointed, as part of the recruitment exercise. We found that **67%** had declared they were disabled on a Diversity Monitoring form at the time. The remaining **33%** didn't declare that they were disabled because either they were not disabled or did not consider themselves to be disabled at the time.
- 5.3 With something like **90%** of chairs and NEDs being between 50 and 80 years of age (compared with only **30%** of the general population being in that age group) and many of them having been appointed to their roles up to ten years ago, it is perhaps not surprising that many NEDs have become disabled since they were appointed. In most cases, newly disabled NEDs appear to have acquired a new condition that has made them disabled. In some cases, however, there is a deterioration in a health condition rendering them so or a late acknowledgement that they are disabled.
- 5.4 **10%** of disabled NEDs had still not formally declared their disability status to their organisation. This means it is likely that the number of disabled NEDs on NHS boards is under-reported. Organisations need to do more to create an environment within which NEDs are encouraged to declare any disabilities, to make it easier for them to do so and to provide assurance that they will be provided with any support they might need. As we have already observed, if an organisation is not doing it properly for their disabled board members, it is likely it is not doing it for its disabled staff and patients either.
- 5.5 The disabled NEDs felt that organisations were generally aware of the requirement for them to make reasonable adjustments to “level the playing field” for disabled people during the recruitment process and beyond. There was concern, however, that not all of them were fulfilling their obligation in this regard.



“Colleagues see my lived experience as an asset. I feel really welcomed and am proud of the diversity of our board.”

Has your organisation made the reasonable adjustments you need? (%)



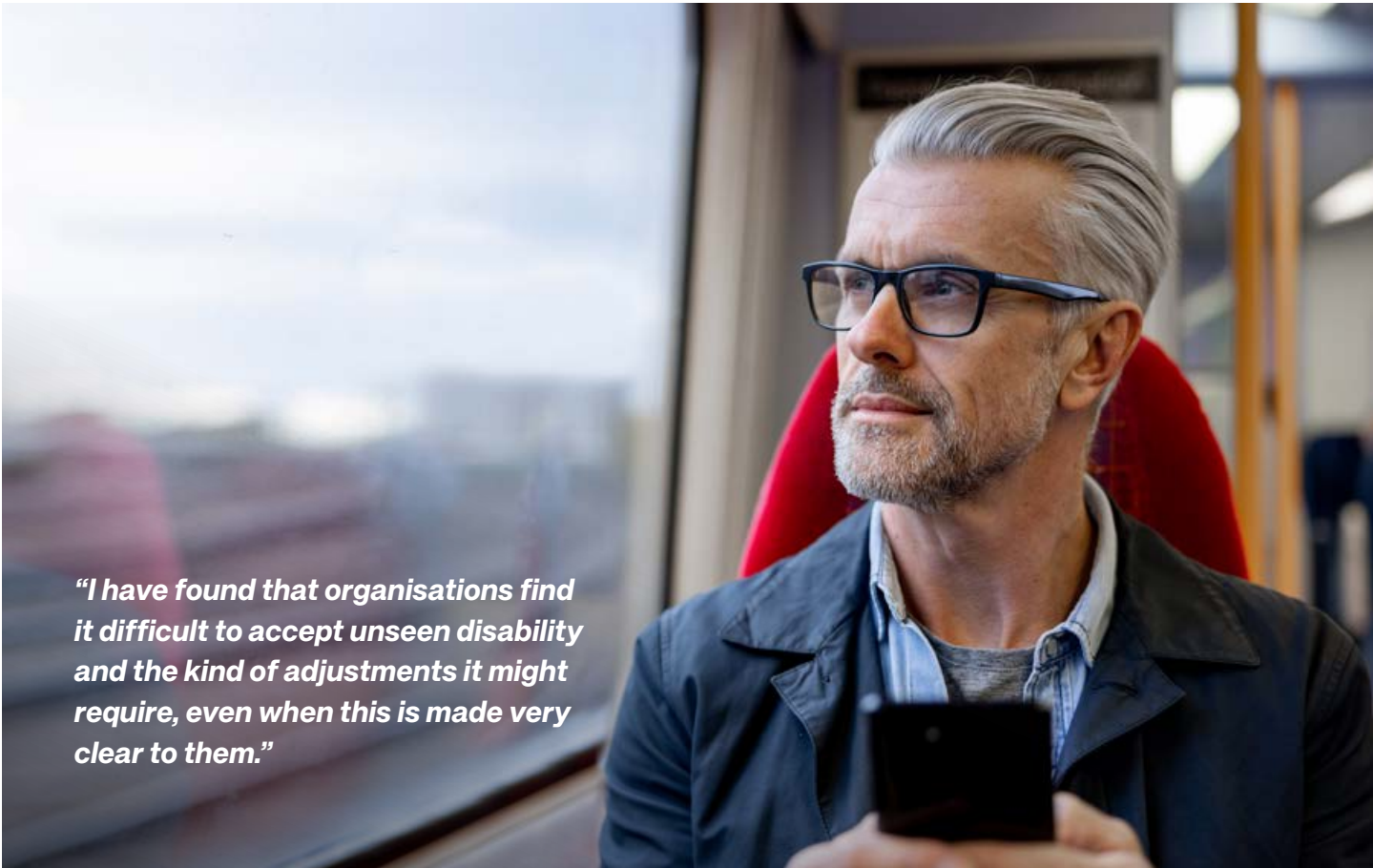
5.6 Many disabled people make their own adjustments to enable them to be effective NEDs, negating the need for their organisations to do anything. For those who do ask their organisations to make adjustments, most felt disabled NEDs tended to under ask rather than over ask for adjustments. Even against this background, for **26%** of disabled NEDs none or not all of the adjustments they need their organisation to make are being made.

5.7 Some disabled NEDs said they had little or no faith in the NHS’s ability to make adjustments, that it was something the NHS was not very good at. For some the nature of the adjustments they needed were quite specialised and that even if there was

a will locally to comply, they lacked the knowledge required to deliver, for example, in supplying and supporting the provision of adaptive software. Each organisation was coming up against these issues for the first time and it felt like they kept “re-inventing the wheel” as they did so. A national resource to support the provision of adjustments to all disabled NEDs in the NHS would help reduce the need for each organisation to start from scratch every time they need to make adjustments for disabled NEDs.

5.8 One concern was around the continued use of the term “reasonable adjustments”. While it is the term used in The Equality Act 2010, Lord Holmes, in his 2018 report challenges the need for the word “reasonable” in this context. Some disabled NEDs in the NHS have found themselves caught up in a debate within their organisation about whether an adjustment they require is or isn’t reasonable. There is, however, no evidence of disabled NEDs asking for un-reasonable adjustments. In fact, as one disabled NED put it, they are experts in their condition and know what they need to enable them to perform to the best of their ability. The focus should therefore be on meeting the need and not on whether it is considered to be reasonable or not. Throughout the rest of this report, therefore, we only talk about adjustments and recommend that this language is more widely adopted.





“I have found that organisations find it difficult to accept unseen disability and the kind of adjustments it might require, even when this is made very clear to them.”

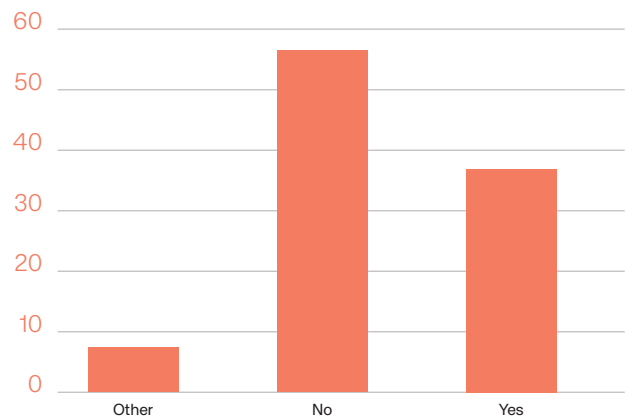
5.9 Having established that more than **33%** of NEDs become disabled during their term of office and that more than **67%** of disabled NEDs need adjustments to enable them to undertake their role effectively, it is important that there are regular check-ins with NEDs to check whether there is any change in their disability status and, that if there is, they are receiving any support they might need.

5.10 Also, for NEDs who have already identified as disabled and those who are identified as a result of the arrangements set out in 5.9 above, that Chairs, Governance or HR leads regularly check that all adjustments needed have been made and that they are still effective and / or whether any new arrangements need to be made.

5.11 A Health Adjustment Passport can help disabled people identify any support and adjustments needed. The passport can then be used to facilitate conversations with their host organisation, helping to ensure that they have thought of every aspect of the role and any support they might need to undertake it. Less than 7% of disabled NEDs had a Disability or Health Adjustment Passport but many more might benefit from developing and maintaining one.

5.12 It is particularly important that Chairs do not make assumptions about their NEDs and that there are regular checks of the disability status of the NED community not least because disability is often unseen. We asked the disabled NEDs to tell us whether they felt their disability was visible or not.

Is your disability visible? (%)



5.13 This reveals that nearly **57%** of disabled NEDs have an “invisible” disability. One of the recurring observations in speaking to the disabled NED community was that hidden disabilities are more likely to be overlooked. It was often more difficult to make others recognise an “invisible” disability and those affected felt they had to keep reminding the people around them, including their chair, that they were disabled. Having to do this often made them feel that they were seen as “that difficult NED” by their colleagues.

5.14 Some of those who responded pointed out that whether their disability was visible depended on the setting, that something that might be apparent in a face-to-face meeting might not be in a virtual meeting for example. The nature of the leadership, role model and representation role of NEDs on NHS boards, makes it important for disability in the boardroom to be more visible and not only accepted, but celebrated. Nearly every disabled NED we spoke to was proud of their disability and the particular perspective it enables them to bring to their board role. While some were a little concerned about making their disability status more visible, many were already quite open about it and would embrace any initiative to shine a spotlight on their disability and the work they do as a disabled NED.

5.15 It is recommended, therefore, that a way be found of enabling the pride of disabled NEDs to be displayed to other disabled NEDs, staff and patients. We encourage all disabled NEDs to make their disability visible in whatever way they feel most comfortable. For some, this might be a simple reference in their board profile on their organisation’s website that they bring the insight of lived experience of disability to their role. For others it might be a more bold statement that they are disabled.

5.16 With 57% of disabled NEDs feeling that their disability is not visible, we wanted to know whether their immediate colleagues were aware of their disability. 67% were confident that their colleagues were aware, with 13% stating that their colleagues were definitely not aware.

5.17 With only **4.6%** of NHS board members being disabled, it is likely that a disabled NED will be the only disabled person on their board. As well as being a collective voice for disabled board members, DNDN provides a support network, buddying, mentoring and advocacy. Not all disabled NEDs were aware of the DNDN before participating in this project but many would benefit from the services it provides to this community.

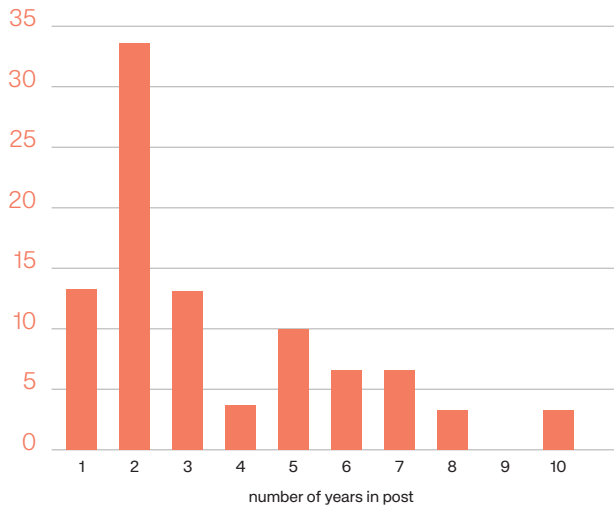
Recommendations or best practice

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→ That contact details for DNDN be included in the appointment letters of all disabled NEDs.	

6. The recruitment and selection experience of disabled NEDs

6.1 The vast majority of disabled NEDs had been in post for three years or less.

How long have you been in post? (%)



6.2 This meant that they generally had fairly recent experience of the appointment and selection process and shared their experience of what had gone well and what hadn't.

6.3 The first observation of some disabled NEDs was that more needed to be done to widen the pool of candidates from which NED roles are filled. It was recognised there had been, quite rightly, a significant focus on identifying more people from Black, Asian and other Ethnic communities to sit on NHS boards to address their under-representation. Most of the chairs we spoke to admitted that they had taken positive action in an attempt to secure BAE representation on their board; they had not, however, taken the same approach to disability. They recognised, however, the additional value that disabled people bring to boards and that this was something they would do in the future.

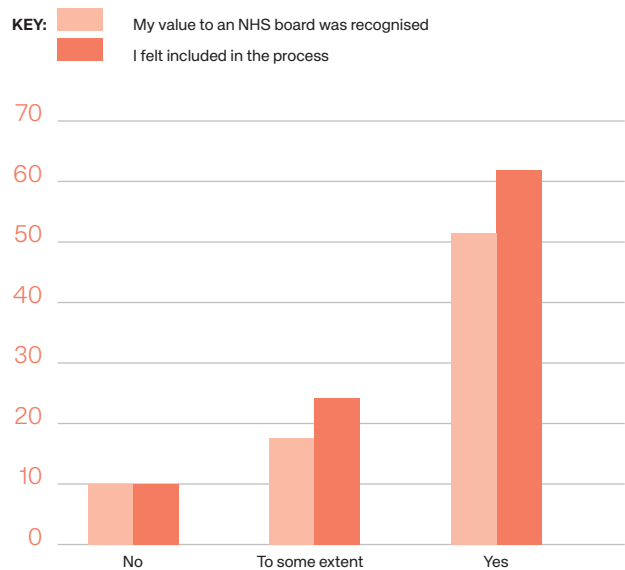
6.4 In terms of creating a pipeline of disabled NEDs, some were aware of the NExT director and other similar schemes, but thought they were only for people from BAE communities.

6.5 Overall, it was felt that more should also be done at national, regional and local levels to improve representation of people with other under-represented protected characteristics, including disabled people and that more disabled people should be included on the NExT director scheme.

6.6 Many disabled NEDs said that they had been encouraged to apply by adverts and information packs that included statements encouraging applications from diverse candidates.

6.7 It was encouraging to learn that some good practice does exist and the majority of disabled people who found their way through an NHS NED recruitment and selection exercise had a reasonably positive experience.

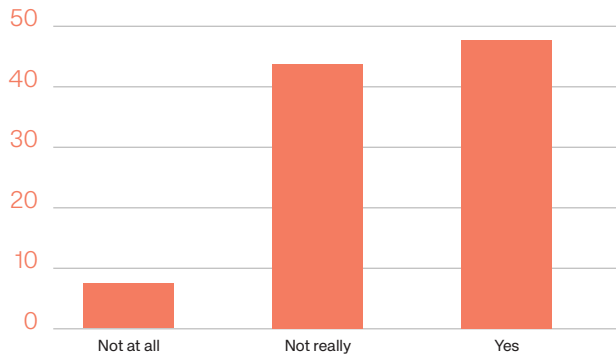
Was your experience of the recruitment and selection process positive? (%)



6.8 For more than 10%, however, this was not the case. For them the process did not feel inclusive and they did not they feel that their value to NHS boards was truly recognised. Unlike most other recruitment and selection processes, many NED recruitment exercises are administered by the organisation's governance lead, many of whom have little or no experience of running a recruitment and selection process. While there is clearly an important role for governance leads in relation to the recruitment of Board members, NED recruitment exercises should be overseen by a senior HR professional.

6.9 One of the key indicators of a good selection process, one in which all candidates can have confidence, is the diversity of the selection panel. We asked the disabled NEDs whether their selection panel was diverse and the majority felt it wasn't.

Was the selection panel diverse? (%)



6.10 The disabled NEDs acknowledged, however, that not all aspects of the diversity of the selection panel, particularly in relation to disability, are visible to candidates. One of the recommendations we have already made is about improving the visibility of disability in the boardroom but this principle should equally be applied in the selection process. NED candidate information packs should include a statement about the diversity of the selection panel, in particular in relation to disability, to achieve this.

6.11 Other concerns raised were around the lack of support provided to candidates during the recruitment and selection process. While 70% of disabled NEDs did not feel they needed any additional support, the remaining 30% did. Of these, however, one third felt that support was missing which in some instances related to the making of adjustments to the selection process because of their disability.

6.12 The reason for this is, at least in part, because of the way in which information about disability is handled during a recruitment and selection process. Potential candidates for a NED role may alert those managing the recruitment processes to their disability by requesting adjustments to be made to the application process. In practice, however, this is relatively rare. The first time that most candidates make any reference to any disability they may have is on a Diversity Monitoring form.

6.13 In the vast majority of recruitment exercises, candidates are required to complete a Diversity Monitoring form and while the form of the question may vary, it will essentially ask candidates to declare whether or not they are disabled.

Disability questions from NHS England's Diversity Monitoring Form (for appointment of NEDs to NHS Trusts)

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

No

Yes

Prefer not to say

If you have answered yes to the question above, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Yes, a lot

Yes, a little

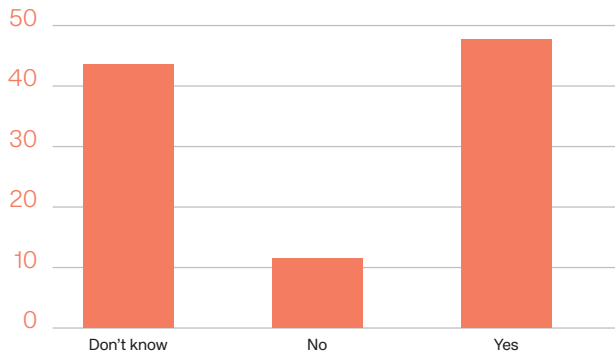
No

6.14 Quite rightly, the completed Diversity Monitoring form is separated from the rest of the candidate's application and is not shared with the selection panel; often it is not even shared with the person managing the recruitment exercise. It is very easy, therefore, to lose sight of disabled candidates and whether, or not, they might need adjustments to the selection process. It is important therefore, that those managing NED recruitment processes check whether any of the candidates on the shortlist who have declared a disability need any adjustments to be made to enable them to perform at their best during the selection process.

6.15 The Disability Confident scheme is designed to help organisations recruit, retain, and develop talented disabled people. Participation in the scheme is for many disabled potential candidates, a positive indicator that they will be treated fairly during the recruitment process and beyond.

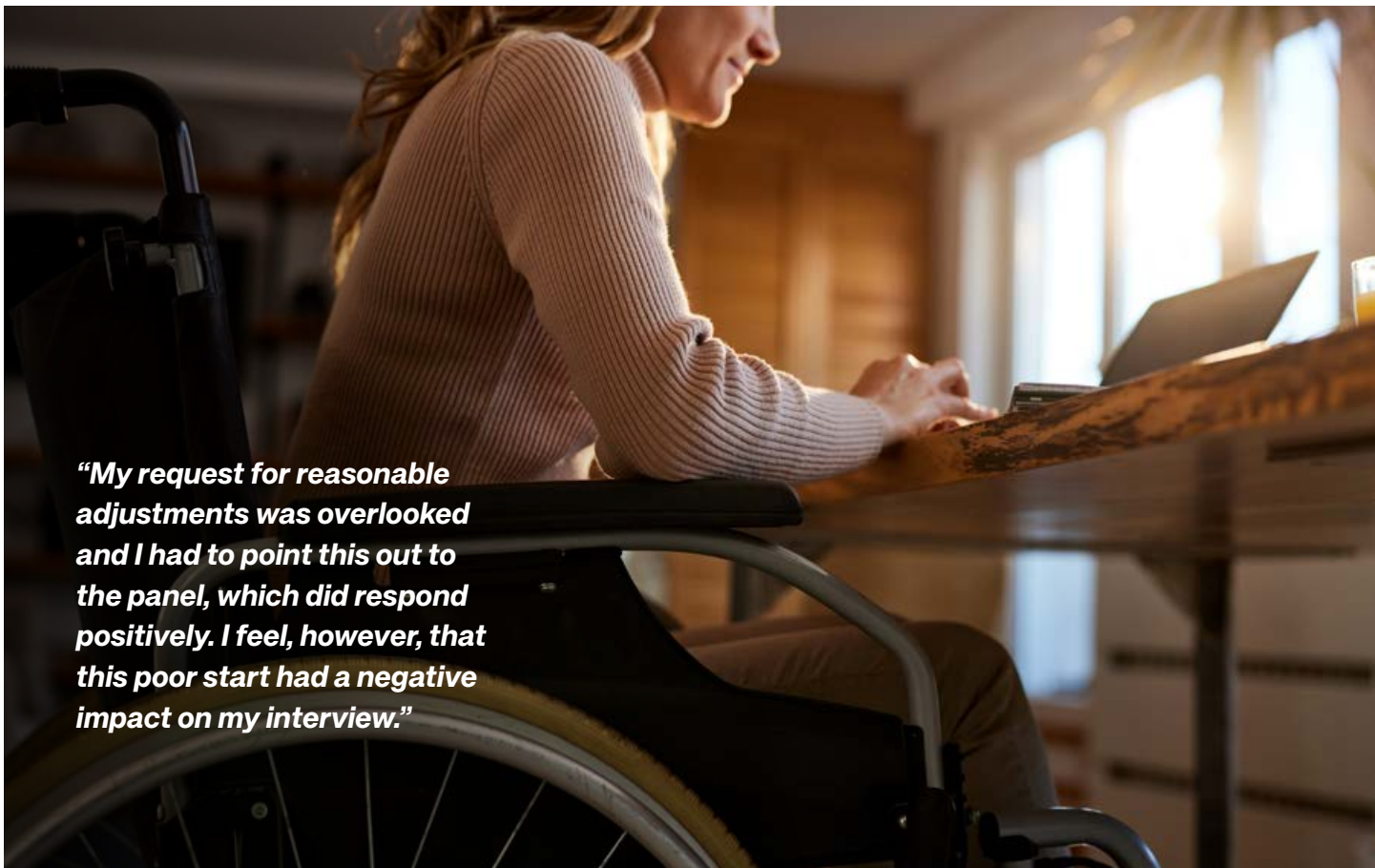
6.16 It appears, however, that it is not always clear whether an NHS organisation is Disability Confident – even to its board members.

Is your organisation “Disability Confident”? (%)



6.17 Unfortunately, for the 43% of NEDs who don't know whether their organisation is Disability Confident, it is likely that it is not. Only 160 of the nearly 300 local or regional NHS organisations in England are listed as participating (as at 16 April 2024). All NED recruitment material should make it clear whether or not the organisation is Disability Confident. Boards of the organisations that are not Disability Confident should consider participation in the scheme and those that are not should consider whether the organisation is participating at the most appropriate of the three levels (Committed, Employer or Leader).

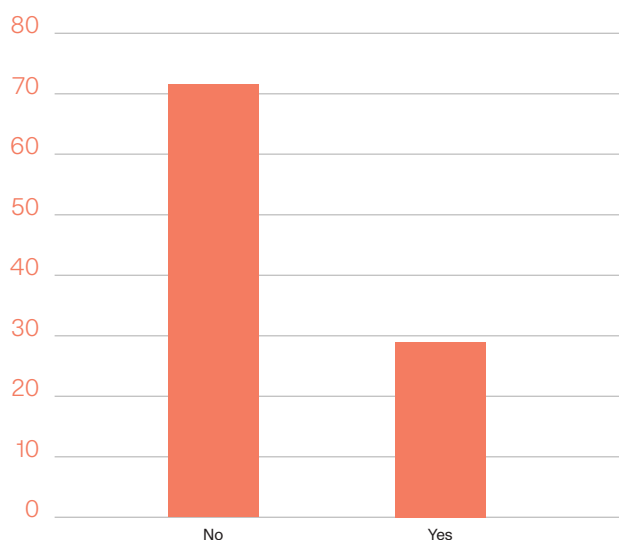
6.18 One of the requirements of the Disability Confident status is to offer interviews to disabled candidates who meet the minimum criteria, which is permitted as positive action under the Equality Act. It was known in the past as the “Guaranteed Interview Scheme (GIS)” and is still called this in many circles. The Disability Confident scheme does not, however, guarantee an interview to disabled candidates, even if they meet the minimum criteria. It acknowledges that there may be occasions where it is not practicable or appropriate to interview all disabled people who meet the minimum criteria and that in these circumstances only the disabled candidates who best meet the criteria would be offered an interview.



“My request for reasonable adjustments was overlooked and I had to point this out to the panel, which did respond positively. I feel, however, that this poor start had a negative impact on my interview.”

6.19 Even when an arrangement to improve access to an interview for disabled candidates is made, whether or not it is called GIS, not every disabled candidate takes advantage of it.

Did you take advantage of a “Guaranteed Interview Scheme” (GIS)? (%)



6.20 When we spoke to disabled NEDs about why they had chosen not to apply under a GIS or similar scheme, most indicated that they were keen for them and their application to be considered “solely on their merits”. Others observed that they had never seen it operated properly or that they were concerned there was a stigma attached to applying under the scheme. Many recognised there was value in providing it as an option, that it provided some level of confidence that the organisation was inclusive and truly welcomed applications from disabled candidates. While organisations that are Disability Confident are required to provide improved access to interviews for disabled candidates who meet the minimum requirement for their NED roles, other organisations can also consider implementing these arrangements and / or other elements of the scheme to improve the inclusivity of their recruitment procedures. In all instances, however, it must be operated in a way that is both transparent and fair.

Recommendations or best practice

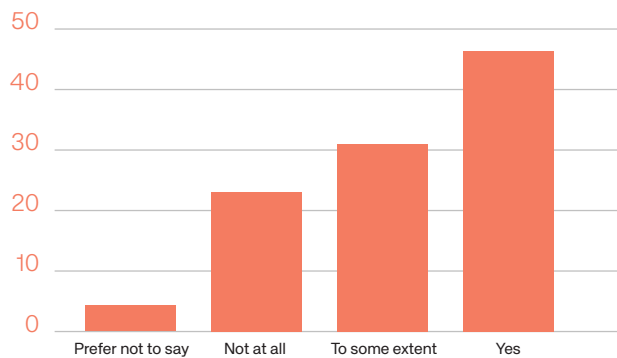
National / Regional	Chair / Organisational
→ That more work is undertaken at national, regional and local level to promote NHS NED roles to a wider pool of potential candidates, including disabled people, with more disabled people participating in a properly resourced NExT director scheme.	
	→ That all NED recruitment exercises are overseen by a senior HR professional.
→ That all NED candidate information packs include a statement about the diversity of the selection panel.	
	→ That those managing recruitment processes should check whether there are any disabled people on the shortlist and whether they need any adjustments to be made to the selection process.
	→ That whether the organisation is participating in the Disability Confident scheme should be made clear in recruitment materials.
	→ That boards should review their organisation’s participation in the Disability Confident scheme.
	→ That organisations should consider implementing arrangements to improve access to interviews for disabled candidates who meet the minimum requirement for their NED roles and / or other elements of the Disability Confident scheme.

7. Being a disabled NED

7.1 In this section we move beyond the recruitment and selection process and explore the experience of disabled people as they work to meet their responsibilities as NEDs.

7.2 Most disabled NEDs have a very positive experience on their boards, with nearly **78%** reporting that they felt their organisation had an inclusive culture and that their colleagues had made them feel welcome when they were appointed. This does not mean it had been plain sailing for all disabled NEDs; **70%** feel they have had to overcome a range of challenges in order to be effective in their roles.

Have you had to overcome any particular challenges in order to be an effective NED? (%)



7.3 Of course, the nature of those challenges varies from person to person, depending on the nature of their disability. While some disabled NEDs noted that they were able to adjust their working patterns to accommodate their needs, others talked about a range of challenges, some of which are described below:

“As someone with a congenital disability, I have experienced multiple barriers and challenges, the biggest being attitudes and misconceptions of others, who sometimes focus on what I can’t do, not on what I can.”

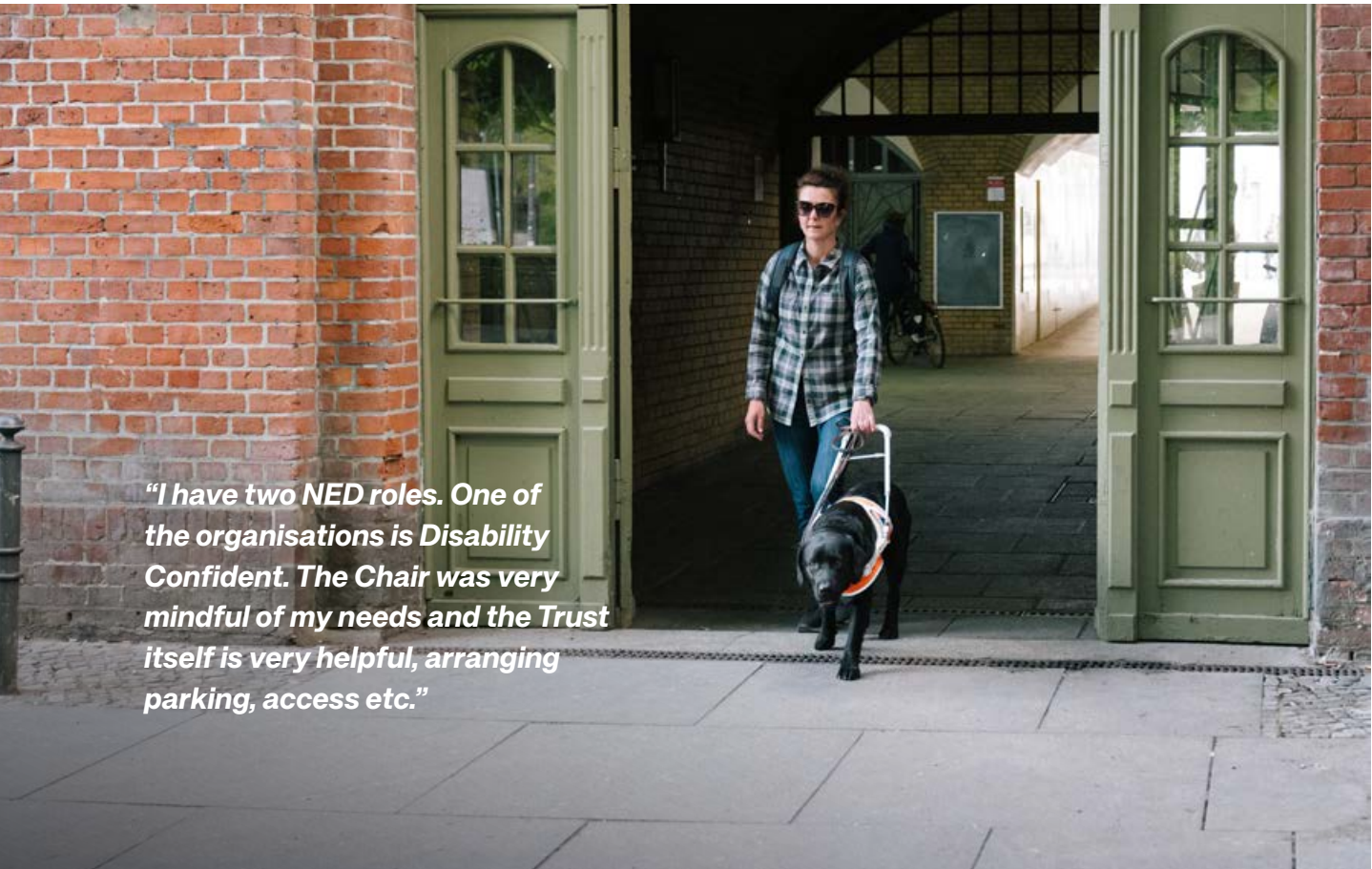
“It is very hard having invisible disabilities – largely I can hide my struggles with illness but it definitely impacts my energy and ability to work a full day.”

“The use of hearing aids in live meetings can be difficult because of background noise.”

“Back-to-back meetings affect my physical health.”

“Due to deteriorating vision, it is becoming more difficult to read lengthy board and committee papers which often do not include cogent summaries.”

7.4 These issues should, of course, be picked up, in an effective on-boarding process. This is very important for all new NEDs but even more so for disabled NEDs given the nature of the challenges they have to overcome. Not all organisations, however, have a robust on-boarding process for new NEDs and not all of those that do will pick up disability issues. This needs to be addressed by all organisations.



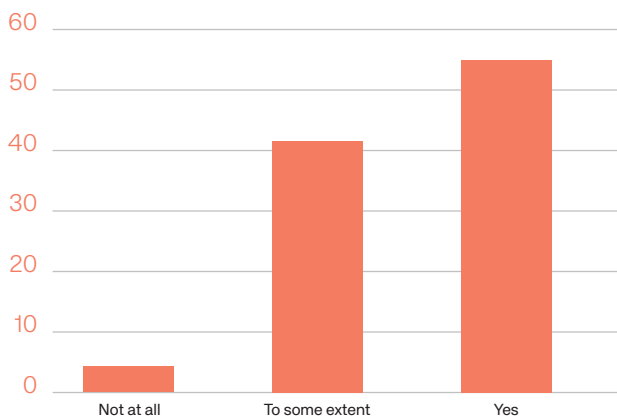
“I have two NED roles. One of the organisations is Disability Confident. The Chair was very mindful of my needs and the Trust itself is very helpful, arranging parking, access etc.”

7.5 One thing that has made it easier for many disabled NEDs in recent years is the move, since 2020 and the Covid-19 pandemic, to conducting more business online. Of course, the degree to which boards operate in this way varies from organisation to organisation and there is little doubt that most NEDs have benefited from the move to this new way of working, particularly those who are trying to fit their NED responsibilities in and around other commitments. It is also the case, that the move to online or hybrid working has made it easier, at least to some extent, for the majority of disabled NEDs to be effective in their roles.

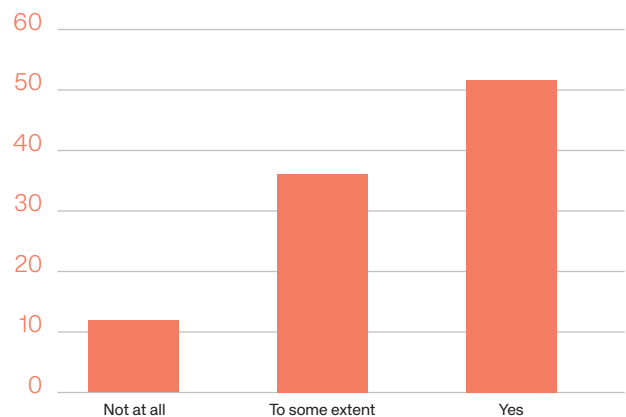
7.6 Moving the conduct of business back to face-to-face has a disproportionately negative effect on many disabled people, who may benefit from the use of technology, find it less stressful and / or less tiring, as it does not require so much time or travel. Many organisations have moved to hybrid working, recognising the benefit of face-to-face meetings for team and relationship building. Doing so can, however, have a disproportionately negative impact on disabled NEDs, which needs to be recognised.

7.7 Having said this, most NEDs feel that overcoming these challenges, and being able to draw on them and other lived experience makes them a better NED.

Has conducting more business online made it easier to be an effective NED? (%)

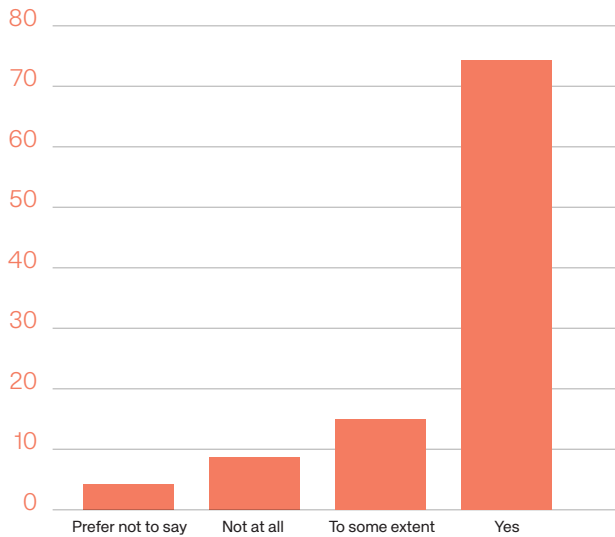


Are you a better NED because of your lived experience as a disabled person? (%)



7.8 One of the key roles for NEDs, particularly for NEDs from under-represented groups, like groups, like the disabled, is to act as a role model. We have already discussed the importance of increasing the visibility of disabled NEDs, and one of the ways in which NEDs do this is through their work outside the boardroom, in the Trust and more widely.

Are you “visible” as a NED outside the boardroom? (%)



7.9 While it is clearly not an issue for the majority of disabled NEDs, some reported that leaving the boardroom was particularly challenging for them, that while consideration had been given to how they would undertake their board and committee work, little thought was given to how they contribute to ward rounds, for example.

7.10 It is important that boards are able to benefit from the unique insights disabled people bring to the role, but for that benefit to be realised, disabled NEDs have to be confident that they are able contribute to board and committee business and that their contributions will be acted upon.

7.11 Most disabled NEDs feel this is generally the case but an alarming **10%** do not. [DN – is it the same people who said they didn’t feel the org was inclusive as feel that they are not able to contribute?]

7.12 It is the chairs responsibility to ensure that all of the NEDs on their board contribute and recognise that they may need to take particular care to ensure their disabled NEDs are fully able to contribute to board and committee business, whether in board or committee rooms or beyond. Chairs with disabled NEDs should review the time disabled NEDs spend on their duties and the way in which they undertake them (including the reading of lengthy board and committee papers and work outside of board and committee meetings) to ensure their disabled NEDs are not being forced to spend more time on their duties than other NEDs and that the way in which business is conducted does not make the role more challenging than it needs to be for them.

7.13 Hunter Healthcare’s review of NED time commitment “High Time” [DN – can this be a link to the report on the website?]

provides some useful tools and good practice advice that may be useful when undertaking this review.

7.14 Other key findings about the contribution disabled NEDs make to their organisations were that:

- more than **62%** of disabled NEDs had been asked to take on other responsibilities (e.g senior independent director, committee chair)
- **19%** of disabled NEDs are the NED lead on Equality, Diversity and Inclusion
- **89%** of organisations have a disability group, and **35%** of disabled NEDs are members of that group while others attend those meetings from time to time, as a representative of their board
- **79%** felt that their organisations know about the Government’s Access to Work arrangements, at least to some extent, and understand their legal obligation to make adjustments for disabled people

Recommendations or best practice

Chair / Organisational	
→	That all organisations should have robust on-boarding arrangements for all new NEDs that will enable any adjustments needed by disabled NEDs to be identified.
→	That chairs with disabled NEDs should review the time those NEDs spend on their duties and the way in which they undertake them, to ensure they are not being forced to spend more time on their duties than other NEDs and that the way in which business is conducted does not make the role more challenging for disabled NEDs.

Appendix A – The questionnaire

About you

1. What is your current role?
2. Did you declare that you were disabled on a Diversity Monitoring form when you applied for your current position?
3. Was the selection panel aware you were disabled during the recruitment and selection process?
4. Have you become disabled since you were appointed?
5. Have you formally declared your disability to your NHS organisation?
6. Do your immediate colleagues know you are disabled?
7. Has your NHS organisation made the reasonable adjustments you need to enable you to undertake your duties effectively?
8. Is your disability visible?
9. Do you have a Disability or Health Adjustment Passport?
10. Tell us more

The recruitment process

11. When were you recruited to your current role?
12. How did you hear about your role?
13. Did the advert for your role specifically encourage applications from disabled people?
14. Did the recruitment process make you feel included?
15. Was the value you bring to an NHS board fully recognised during the selection process?
16. Did you receive any support you needed during the recruitment and selection process?
17. Is your organisation “Disability Confident”?
18. If it is, did you take advantage of the guaranteed interview for disabled people who meet the minimum criteria to be considered for appointment?
19. Was the selection panel diverse? (ie – included people with a range of characteristics)
20. Tell us more

Your board / organisation

21. Does your NHS organisation have an inclusive culture? Did your immediate colleagues make you feel welcome when you were appointed?
22. Are your contributions to the board and committees sought, valued and acted upon?
23. If you are a NED or Associate NED, have you been asked to take on other key NED roles e.g SID, committee chair?
24. If you are a NED or Associate NED, are you the NED lead on EDI?
25. Does your organisation have a disability group and are you a member?
26. Does your organisation know about the Government's Access to Work arrangements and understand its legal responsibilities in relation to reasonable adjustments for disabled people?
27. Tell us more

Being a disabled NED

28. Has conducting more business online made it easier for you to be an effective NED, Associate NED or chair?
29. Are you a better NED, Associate NED or chair because of your lived experience as a disabled person?
30. Are you able to be “visible” as a NED, Associate NED or chair outside the boardroom, around the Trust and in other environments?
31. As a disabled person, have you had to overcome any particular challenges in order to be an effective NED, Associate NED or chair?
32. Tell us more

Appendix B – Useful resources

Access to Work

Access to Work can help people attain or stay in work if they have a physical or mental health condition or disability. The support they receive will depend on their needs. Through Access to Work, people with a physical or mental health condition or disability can apply for:

- a grant to help pay for practical support with their work
- support with managing their mental health at work
- money to pay for communication support at job interviews

→ www.gov.uk/access-to-work

→ www.diversityandability.com/nhs-toolkit/health-professionals-atw/

Disabled NHS Directors Network (DNDN)

The Disabled NHS Directors Network (DNDN) is the national network representing NHS leaders with disabilities. Formed in autumn 2020, it is open to all disabled Board or equivalent members (non-executive or executive) of NHS organisations and other providers of NHS services (including Community Interest Companies). This includes non-executive or executive members of Integrated Care Boards, NHS members of Place Partnership Boards (or equivalent) and NHS or DHSC Arm's Length Bodies.

→ www.disablednhsdirectorsnetwork.nhs.uk

In June 2024 DNDN also published their good practice guide for improving the recruitment and retention of disabled people.

→ www.disablednhsdirectorsnetwork.nhs.uk/launch-of-the-dndn-toolkit/

Department for Work and Pensions (DWP)

The Department for Work and Pensions (DWP) provides guidance to organisations to help increase their understanding of disability and recruit and support disabled people in employment.

→ www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions

The Lord Holmes Review

The independent Lord Holmes Review explores how to open-up public appointments to disabled people.

→ assets.publishing.service.gov.uk/media/5c012caded915d1190e45a44/Lord-Holmes-Review-full.pdf

Disability Confident Employer Scheme

Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. Being a Disability Confident employer is a unique opportunity to lead the way in your community. It was developed by employers and disabled people's representatives to make it rigorous but easily accessible for all organisations.

→ www.gov.uk/government/collections/disability-confident-campaign

Health Adjustment Passport

Disabled people can use a Health Adjustment Passport to help them identify any support and adjustments they need to undertake their roles effectively and to facilitate conversations about those requirements with their host organisations.

→ <https://assets.publishing.service.gov.uk/media/62e13326d3bf7f2d73f8a2f4/health-adjustment-passport.pdf>

→ www.axs-passport.co

→ www.empowermentpassport.co.uk

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the first ever EDI improvement plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool and provide sustainable careers.

→ www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes

Hunter Healthcare

Hunter Healthcare is an international resourcing business founded out of the UK in 2011. We started with a vision of disrupting the recruitment industry and becoming the global resourcing partner of choice for healthcare organisations. We've grown every year since. Bolstering our services, and reinvesting our profits, to specialise in board and management search, interim management, statement of work, clinical and employment preparation services, across the health and care sectors.

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