

# The *way* forward

The experience of Black, Asian and Other Ethnic NEDs in the NHS





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# Foreword

**The Seacole Group is the national network of Black, Asian, and Other Ethnic (BAE) Non Executive Directors in the NHS system. Its purpose is to strengthen BAE NED representation, and voice on NHS Boards.** We also want NHS boards to reflect the ethnic diversity of the patients and the communities they serve.

While around 14%<sup>1</sup> of the population of England and more than 22%<sup>2</sup> of NHS staff are from BAE communities, the latest figures available indicate that only 7.3% and 11.1%<sup>3</sup> of non-executive directors are from those communities. We are still, therefore, some way from seeing NHS boards that reflect either of those figures.

There is, however, anecdotal evidence that some progress has been made in the appointment of people from BAE communities to our boards, particularly after the recent rounds of appointments to the Integrated Care Boards, where a concerted effort was made to address this issue. We will have to wait to see whether our optimism is supported by the reality but will continue to put pressure to ensure that our vision becomes a sustained reality.

In the meantime, we are keen to find out more about the experience of people from BAE communities who have been appointed as board members in the NHS. We want to ensure they are appointed into environment that will enable them to be successful, both now and in the future. We want to help those involved in NHS board appointments and with board appointees to learn from the experience of people from BAE communities who are already on those boards, thereby easing the passage for those who will join them in the future. We also want to ensure the NHS is able to reap the rewards of diverse and truly inclusive board membership.

We were therefore delighted when Hunter Healthcare approached us with a proposal to undertake a research project on this subject. We are indebted to them and to the 60 BAE board members who participated in the research, giving their time and energy so generously to this important project, from which we have learned so much.

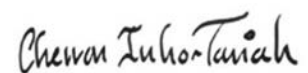
The report reveals that there is much to be heartened by. Members of BAE communities are making a real difference in board rooms up and down the country. They are using the skills and experience they have gained in a range of different settings to help the NHS make better decisions. Most have been welcomed into and feel they “belong” in the boardrooms they inhabit – whether they be real or virtual – by supportive and appreciative chairs and colleagues. This is not, however, the case for one in five NEDs from BAE backgrounds. They still do not feel that they are truly part of that boardroom community, in some cases because they have seen or experienced discrimination that should not be happening in the NHS in 2022. More needs to be done to ensure BAE NEDs are not subjected to discrimination, the starting point for which has to be for the NHS and its leadership to take ownership of this issue.

This report contains several simple, yet effective recommendations that will ensure that this and the other lessons of this research project are learned. If they are accepted and acted upon, more chairs and NEDs from BAE communities will get the opportunity to serve on the boards of NHS organisations and with the current cadre of BAE chairs and NEDs, they will be able to make an even greater contribution to the future of the NHS.

We commend this report to you.



Dal Babu OBE  
Chair  
The Seacole Group



Cherron Inko-Tariah MBE  
Vice Chair  
The Seacole Group

<sup>1</sup> [www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest](http://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest)

<sup>2</sup> [www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest](http://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest)

<sup>3</sup> [www.nhsproviders.org/inclusive-leadership/BAE-representation-and-experience-in-the-nhs](http://www.nhsproviders.org/inclusive-leadership/BAE-representation-and-experience-in-the-nhs)

“Doubts and suspicions rose in my heart for the first and last time, thank Heaven. Was it possible that American prejudices against colour had some root here? Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?”

– Mary Seacole

Mary Jane Seacole (née Grant; 1805 – 14 May 1881) was a British-Jamaican businesswoman and nurse who set up the “British Hotel” behind the lines during the Crimean War. She described this as “a mess-table and comfortable quarters for sick and convalescent officers”, and provided succour for wounded servicemen on the battlefield.





# About Hunter Healthcare

**Hunter Healthcare was established in 2011 to provide specialist senior recruitment services to the NHS and wider healthcare sector.**

Understanding our clients and the environment in which they operate enables us to work in true partnership with our clients. To, as we set out in our vision statement, “be the difference”.

Part of our different approach to recruitment is also undertake regular research projects on the issues that are vexing our clients the most. In 2017 we looked at “What makes a top chair?”, helping to identify 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 2021 we were delighted to have started work with the Seacole Group on this report, looking at the experience of NHS NEDs from BAE communities and what can be done to improve it for them and the next generation of BAE NEDs coming behind them.

The common thread through this and the reports that went before 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 the conditions are created in which once appointed, people, BAE communities can flourish.

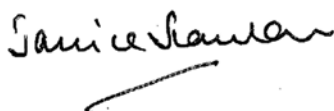
Like many others, we have been working for years towards the goal of seeing NHS boards that truly reflect the communities they serve. To be honest, it has felt like we have taken one step forward and two steps back at times over those years.

That is why we were delighted when The Seacole Group took up our offer of help to gather information from the current cadre of BAE board members, and to use it to inform the development of some positive actions.

We are grateful to:

- The Seacole Group for their co-operation and support
- All of the BAE board members who were so generous with their time and effort in either completing the questionnaire or speaking to us – or in doing both. You know who you are!

We hope this report and its recommendations will “be the difference” for all current BAE chairs and NEDs in the NHS and the many more who follow behind them.



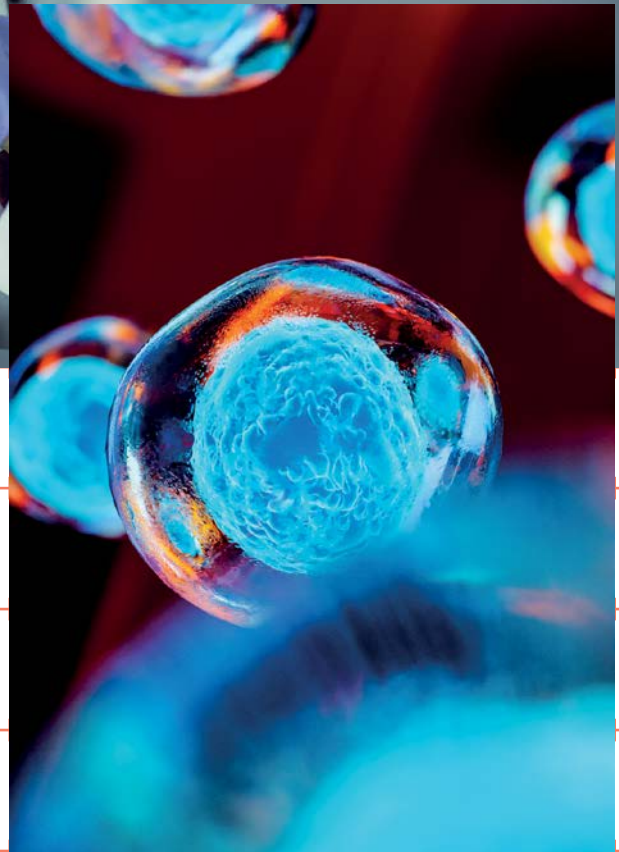
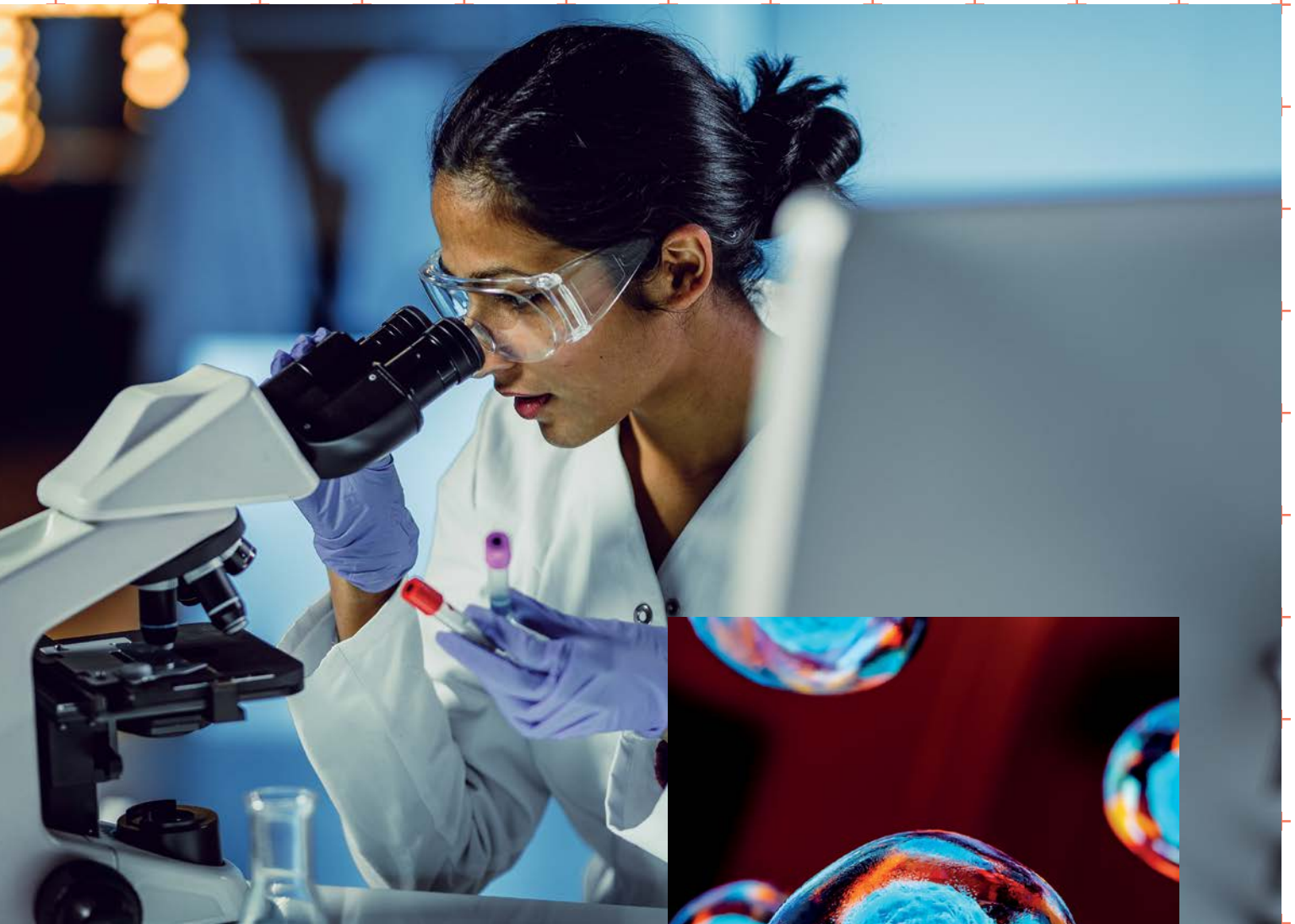
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SOLA AFUAPE NHS  
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# 1. The survey

- 1.1 In consultation with the Seacole Group, we developed a list of 20 questions that were sent to Seacole Group members and other BAE non-executive directors (NEDs).
- 1.2 The questionnaire and the 1-2-1 interviews asked participants about their experience of:
- the recruitment and selection process;
  - induction;
  - being a board member; and their
  - ongoing development and support.
- 1.3 Details of the questions asked under each of these headings are set out in the Appendix.
- 1.4 We received 59 completed questionnaires. The breakdown of respondents is set out in the following table:

Questionnaire responses		
Role	No. responses	% responses
Chair	5	8%
NEDs (voting)	40	67%
NEDs (non-voting)	10	17%
NeXT directors	4	7%

- 1.5 We also conducted 20 1-2-1 interviews with BAE NEDs from across the country.
- 1.6 The results of these questionnaires provide unique insight into the experience of BAE NEDs in the NHS in 2022. The following pages set out these findings and, crucially, seek to identify any learning and / or best practice that could be drawn on to improve the experience of all BAE board members, now and in the future.

“I would definitely encourage other people to consider taking on a NED role in the NHS. It’s a good way to help the health of the population and it’s very rewarding. I hear people say that they don’t understand the language, that it’s all about clinical stuff and it’s very high-level, but NHS boards need people with a lot of different experience. It is absolutely worth doing; we all bring different skillsets to our roles.”



## 2. What did we learn?

- 2.1 This survey has demonstrated that BAE chairs and NEDs are making an enormous contribution to the NHS across the country. They are using the professional expertise gained in a range of professions and environments to make a real difference to the work and decision making of NHS boards. They are sitting on and chairing a wide range of committees, including the “big three” of Audit, Quality and Finance Committees, dealing with some of the most challenging issues facing the NHS today. They are also using their lived experience as a member of the BAE community to help drive the creation of more inclusive cultures in those boardrooms, in their organisations and across the NHS.
- 2.2 But the NHS needs more people from BAE communities on its boards, not least to ensure that of the communities those boards serve are to be able to contribute to their decision making. Those boards need to make more effort to listen to those who are least heard and / or suffer most from the greatest health inequalities in their community. The NHS needs to do more to find these diverse voices and encourage them through the appointment process. People from BAE communities do not always know about NED roles in the NHS and if they do, do not realise their skills and experience are not only relevant, but sought after.
- 2.3 Local chairs and their colleagues need to do more outreach into their local BAE communities to find and engage with their future NEDs. They also need to think about the benefits of using executive search companies to support them in this work and harnessing the collective power of The Seacole Group.
- 2.4 Recruitment material is going to appeal to people from BAE communities if it is more inclusive and that it reflects their values and priorities.
- 2.5 Once appointed all new NEDs need to go through a robust induction process to enable to be effective in the role as quickly as possible. This is particularly important for BAE NEDs, who might still be unclear about how they can use their skills and experience to add value to a board, even after they have been appointed.
- 2.6 While it is less likely they will be the only person from a BAE community on their board than was once the case, BAE NEDs still value the opportunity to network with and learn from and with other BAE NEDs. The BAE NEDs network of choice is, of course, The Seacole Group. While most BAE NEDs will very quickly learn to feel that they “belong” in their organisations, this will not be the case for everyone and even more worryingly, a significant proportion will see or experience discrimination while serving as a NED in the NHS. It must be a priority for the NHS and its leaders to call this out and take action to ensure that it does not happen again.
- 2.7 Looking further ahead, with only 7.9% of chairs being from BAE communities, BAE NEDs should be provided with more ongoing professional development, including access to the Aspirant Chair programme, to help equip today’s BAE NEDs to become tomorrow’s BAE chairs.
- 2.8 All of these issues are, of course, underpinned by concern that the NHS is not making as much progress as it should be doing on the EDI agenda, or at least that the progress that is being made is not universal. Chairs need to ensure that everyone on their board understands the EDI agenda, particularly in relation to their area of specialism. Some boards have already recruited NEDs with a background in EDI to add fresh rigor and focus on this issue. Others should also consider taking this step.
- 2.9 More detailed information is set out in the sections that follow, including recommendations that will help improve the pipeline of new BAE chairs and NEDs into the NHS and ensure that once they are appointed, BAE NEDs are quickly able to be fully effective in their roles.

# 3. Recommendations

- 3.1 In reviewing what people told us about their experience as a BAE NEDs in the NHS, we have tried to pull out some key points of learning for everyone involved, including NHS England, search companies and, of course, the organisations to which NEDs are appointed.
- 3.2 The rationale behind each of the recommendations is explained in the pages that follow, but for ease of reference we have pulled them together here, under the relevant headings.

## 3.3 Recruitment and selection

- People from BAE communities are more likely to be appointed to NHS boards if you go looking for them. Chairs and their colleagues must use their local networks and contacts to reach and engage with people in these communities or engage executive search to do it for you. Organisations should also access the contacts and networks of The Seacole Group. Preferably do all three.
- Candidates from BAE communities value personal guidance through the recruitment and selection process, to help them understand how their skills and experience can add value to an NHS board.
- Candidates from BAE communities respond positively to recruitment materials and selection processes that are welcoming and inclusive and recognise the value of diversity.

## 3.4 Induction

- All new NEDs should be able to attend an NHS Providers Induction Course within 12 weeks of appointment. At the beginning of all recruitment exercises, all NHS organisations should book the first available place after the planned start date of their new NEDs, to minimise the risk of delay. Those dates can then be included in recruitment material.

- An introduction to the NHS and being a NED in the NHS should be provided to all new NEDs on appointment.
- Boards should make a commitment to all new NEDs to provide them with comprehensive induction training in a timely fashion. This should be tailored to meet the needs of - and be agreed with - the individual and include details of how to link with local NED networks, a timetable of service visits, a programme of 1-2-1 meetings with executive colleagues and regular 1-2-1 time with their Chair during the first six months of appointment.

## 3.5 “Business as usual”

- More funding and resources should be made available to the Seacole Group to enable it to provide a stronger voice for and more networking and learning opportunities for the growing community of BAE NEDs in the NHS.
- The leadership of the NHS needs to make it clear that discrimination will not be tolerated and take urgent action to eliminate it from its boardrooms.
- Chairs should ensure that everyone appointed to their board is able to demonstrate an understanding of the EDI agenda within their area of specialism and / or consider appointing an EDI specialist as a NED to bring expertise and focus to this important agenda.

## 3.6 Professional development

- A basic minimum appraisal process, including 360° feedback mechanism, should be developed and implemented across the NED community.
- NHS England’s Aspirant Chair programme should be expanded to make more places available to BAE NEDs.

# 4. The recruitment and selection experience

## 4.1 Finding out about roles

- The respondents found their way into board roles in a number of different ways.
  - ➔ 42% were approached by colleagues / friends
  - ➔ 39% were approached by search consultants
  - ➔ 14% saw an advert
- This demonstrates that recruitment strategies that rely purely on advertisement are less likely to identify suitable candidates from BAE communities as they are not likely to be looking for these roles; instead, organisations looking to fill these roles need to be actively seeking diverse candidates through their networks and contacts and / or through executive search. They should also access the networks and connections of The Seacole Group.
- This conclusion was supported by the comments made by participants and in our conversations. Many people said that they would not have even thought about applying for a non-executive director role in the NHS, as they did not think they had the skills and experience needed, but that a conversation with, and support from, a search company or a member of the NHS England Non-Executive Talent Team helped them understand how they could add value to an NHS board.
- Several respondents commented that they were encouraged to apply for their roles because of the tone and inclusive nature of the recruitment material and process. They responded positively to advertisements that were “drafted in a more welcoming and positive way to BAE applicants” and made it clear that the organisation understood the value of diversity and was actively seeking to address a lack of community representation on the Board.

“I had excellent support from the recruitment firm and the NHSEI team for non-exec appointments, who spent time helping me understand and articulate my skills”



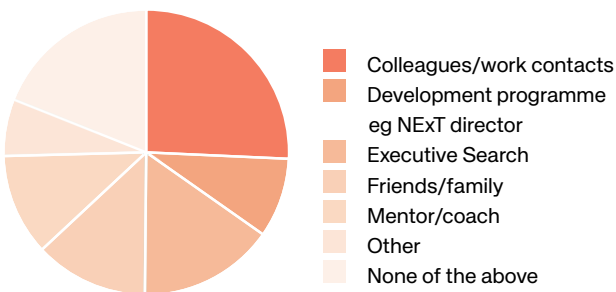


“the process seemed genuinely open to diversity and the recruitment materials made specific reference to tackling inequalities in the trust and the community”

#### 4.2 Support and assistance

- We asked participants whether they were able to access support or assistance during the recruitment and selection process.

##### Source of support / assistance provided



- This demonstrates the importance of providing support to candidates throughout the selection process. Candidates need to be able to draw on the advice, guidance and support of others through what can be a difficult and unfamiliar process. Respondents particularly valued the opportunity to speak to their potential future board colleagues informally and / or guidance from an executive search company to help them understand the organisation and how their skills and perspective might enable them to add value to the organisation and the board.

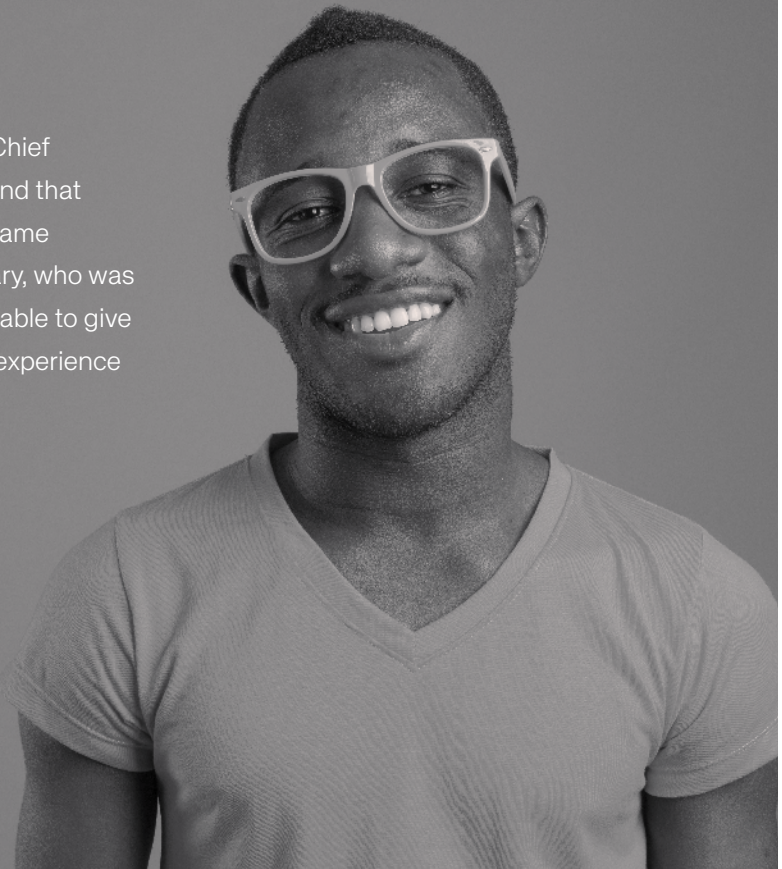
#### 4.3 Motivation

- We asked a couple of questions about what had motivated respondents to put themselves forward for a NED role. Perhaps unsurprisingly, most (66%) were motivated by a desire to give something back and / or add value to the NHS. 27% saw the role represented a personal and / or professional development opportunity.
- Respondents were also asked whether they were “sold” a picture of the organisation they were applying to join and about the extent to which that story matched the reality of what they saw on appointment. Most felt they were given a fair picture of the organisation, as revealed in the graphic below.

##### Picture of the organisation



“Before applying, I had access to the Chair, Chief Executive Officer and Chief People Officer and that made a massive difference, as their values came across. I also spoke to the Company Secretary, who was interim and that was good too, as they were able to give me an independent perspective. The whole experience was very positive.”



#### 4.4 What good looks like

- We asked respondents to identify anything that stood out as being particularly good and / or interesting in their experience of the recruitment process.
- We have already established that a number of candidates appreciated the support of executive search through the selection process and were motivated to apply by seeing diversity positive recruitment materials. Other aspects of the recruitment and selection process that were identified as being good and / or interesting included:
  - ➔ Informal engagement opportunities with the chair and other board members
  - ➔ Diverse and inclusive selection process, including stakeholder engagement

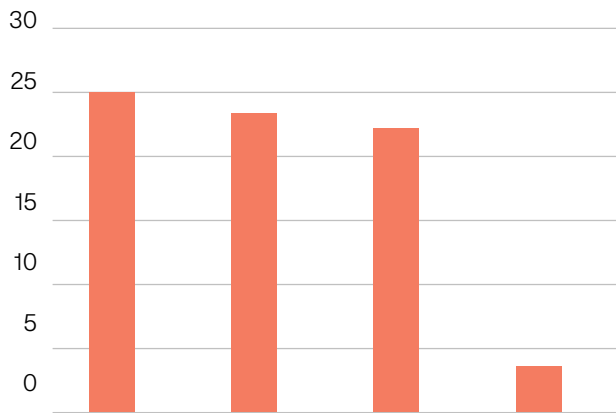
#### Recruitment and selection practice recommendations

- ➔ People from BAE communities are more likely to be appointed to NHS boards if you go looking for them. Chairs and their colleagues must use their local networks and contacts to reach and engage with people in these communities or engage executive search to do it for you. Organisations should also access the networks and contacts of The Seacole Group. Preferably do all three to make sure all bases are covered!
- ➔ Candidates from BAE communities value personal guidance through the recruitment and selection process to help them understand how their skills and experience can add value to an NHS board.
- ➔ Candidates from BAE communities respond positively to recruitment materials and selection processes that are welcoming and inclusive and recognise the value of diversity.

# 5. The induction experience

5.1 The vast majority of respondents had had some form of induction. We asked them to tell us about the induction they had received, the results of which are set out in the chart below:

**Type of induction undertaken  
(by number of respondents)**



5.2 A significant number of people received more than two types of induction training, with seven receiving all three and 12 attending the NHS Providers training and either the local Trust induction training or a bespoke local NED training. 30 people received only one form of induction training of which the most common was local bespoke NED training, with 18 new appointees receiving only this type of induction training.

5.3 The content of this local induction seems to vary considerably but will generally include some, if not all, of the following:

- A checklist
- A reading list, possibly including policies, procedures, governance, a who's who
- 1-2-1 meetings with other board colleagues
- 1-2-1 meetings with wide range of internal and external stakeholders, including Governors
- A site visit schedule
- Establishment of buddying arrangements

“The NHS Providers training is really useful. In fact, I would mandate it, as it teaches you how to frame the questions and reminds you that your role is to seek assurance.”

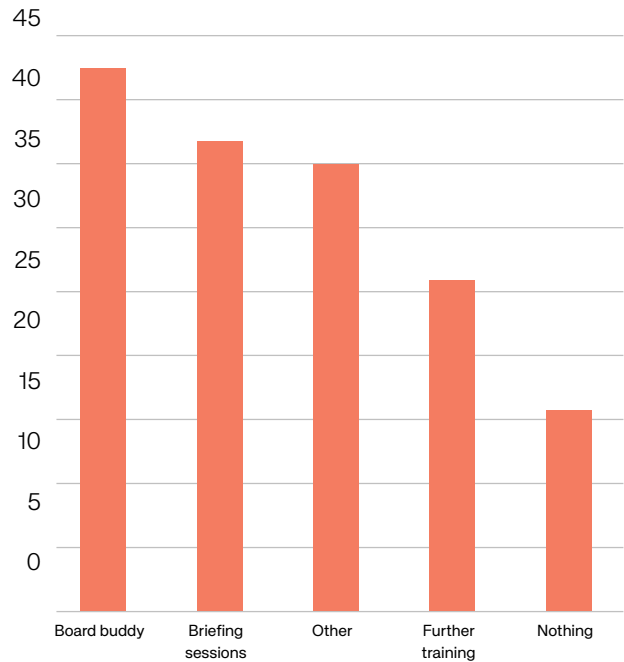


5.4 Approximately half of the respondents had attended the NHS Providers induction training. It was very highly regarded by everyone who had attended, although there was concern from some that they had not been able to access it in a timely manner or that they had to push their organisation to be allowed to attend. At the time of writing, it costs a maximum of £539 per attendee for a two-day course. The courses take place quarterly but they are often booked well in advance. It seems reasonable for all new NEDs to have access to a basic and consistent induction to their role, in a timely fashion - preferably in the first 12 weeks of appointment - to enable them to realise maximum benefit. The NHS Providers programme appears to do just that. They currently require a purchase order number to confirm a booking on the course, however, which introduces an unhelpful layer of bureaucracy and delay into the process.

5.5 In addition to receiving a recognised induction to their role, most people received additional support with the “on-boarding” process.

5.6 A number of respondents indicated that they had received support across all or many of the areas identified above. Several mentioned that they had obtained additional training from NHS Providers and the most common “other support” provided involved informal meetings between the new NED and their board colleagues

Additional support received (as % of respondents)



5.7 Several people indicated that they had no induction and / or no additional support, or that they had felt compelled to take matters into their own hands and “self-induct”. An even larger group identified additional areas of support they felt would have been helpful to them, had it been offered. The three areas of support requested most often were:

“NED ‘natter sessions’ were established as a safe place for us to discuss matters informally and just get to know each other.”





“I applied my own 90 day lens to the 1-2-1 conversations I had as part of my induction and I asked everyone I spoke to the same five questions:

1. What is your biggest challenge?
2. Why is that your biggest challenge?
3. What is the greatest untapped opportunity?
4. What needs to happen to enable this to happen?
5. If you were me, what would you do/focus on?

It gave me lots of different perspectives but some common themes.”



- **An introduction to the NHS** (including an acronym buster, a language decoder, the structure of the NHS and its regulatory framework)
- **An introduction to being a NED in the NHS** (working with Governors, observing meetings, governance structures, how to get the best from self-induction)
- **A mentor or buddy** (possibly from another local trust), which had worked really well for those who had already benefitted from such arrangements.

5.8 Other suggestions included being provided with links to NED networks, the establishment of action learning sets with other local NEDs, service visits, 1-2-1 meetings with executive colleagues and more time with their Chair.

5.9 It is a concern that the induction and onboarding experience of this relatively small group of NEDs varies so much, particularly given they have all been appointed to do essentially the same job, often in very difficult circumstances. Good induction provides a spring-board for those appointed to positively jump into their new roles. Failing to provide it only sets people up to fail, which is not in the interests of the individual or the board to which they have been appointed.

#### Induction good practice recommendations

- ➔ All new NEDs should be able to attend an NHS Providers Induction Course within 12 weeks of appointment. At the beginning of all recruitment exercises, all NHS organisations should book the first available place after the planned start date of their new NEDs, to minimise the risk of delay. Those dates could then be included in the recruitment material.
- ➔ An introduction to the NHS and being a NED in the NHS (covering as a minimum the issues described in paragraph 4.5) should be provided to all new NHS NEDs on appointment.
- ➔ Boards should make a commitment to all new NEDs to provide them with comprehensive induction training in a timely fashion. This should be tailored to meet the needs of - and be agreed with - the individual and include details of how to link with local NED networks, a timetable of service visits, a programme of 1-2-1 meetings with all executive colleagues and regular 1-2-1 time with the Chair, during the first six months of appointment.

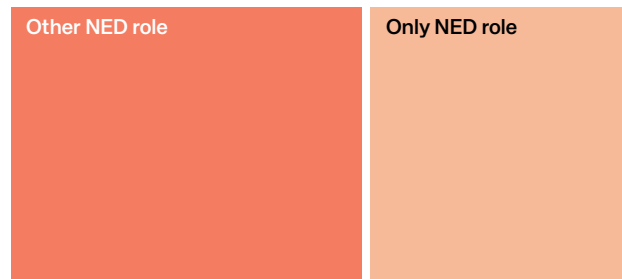
# 6. The “business-as-usual” experience

6.1 We asked respondents several questions to help us to better understand the day-to-day experience of being a BAE NED in the NHS.

## 6.2 Being a BAE NED

- In the past, the NHS compared very favourably with organisations in other sectors in relation to representation from BAE communities as NEDs on its boards. We have already established that only 11.1% of NEDs and 7.3% of chairs in the NHS are from BAE communities. With 11% of FTSE 100 board members now being from those communities, the NHS has pretty much lost its bragging rights.
- Most of our respondents told us that their role on an NHS board was not their first NED role.

### Other NED experience



- Those who already had other NED experience had gained it in a range of different environments, including the third and private sectors. This means that in its BAE NED community, the NHS is benefitting from a wealth of skills and experience gained in a range of different environments.

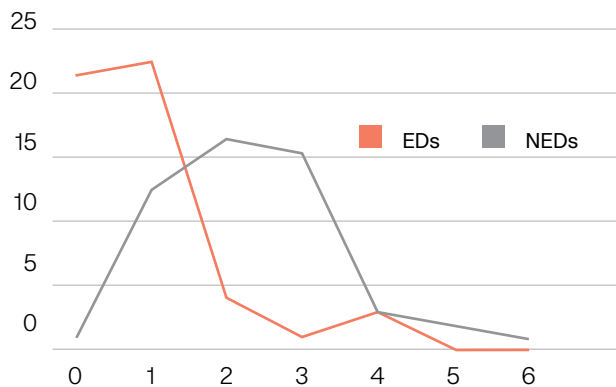
“It is rewarding....I can see things improving...I am still finding myself, but you can make more change in a single board meeting in the NHS than you can in multiple meetings in the private sector.”



- Those who had NED experience in other sectors told us that key difference between NHS and elsewhere was that outside the NHS there tended to be:
  - ➔ less hierarchy and bureaucracy, leading to a greater ability to influence and quicker decision making
  - ➔ fewer and / or much shorter board papers
- While the number of NHS NEDs from BAE communities is on the rise, there remains concern that being a BAE NED in the NHS means being only non-white face in the board room. We asked respondents about the ethnic make-up of their boards.
- Being a BAE Executive Director is clearly quite a lonely experience, with most boards having no or only one BAE member of the Executive Team. Most BAE NEDs, however, are not alone with most boards including at least 2 BAE NEDs and in one case as many as six (according to one respondent).

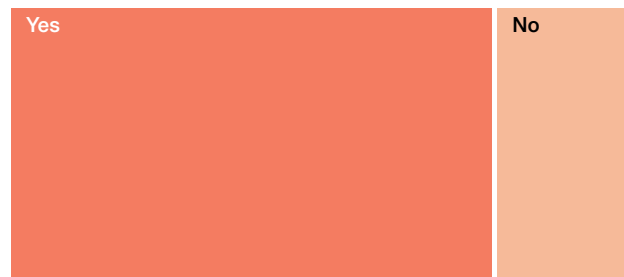
- The majority did feel that they had a different experience to that of their colleagues, but this was mainly because they felt brought a different perspective and / or focus to the role. Some of the reasons cited included that they felt that they:
  - ➔ brought more focus on EDI issues,
  - ➔ had different professional background and experience
  - ➔ had different lived experience and / or they represented their local community
- Two respondents mentioned, however, that they felt their board experience was different because they had been treated differently to their colleagues. One talked about “favoured and less favoured team members”.
- This will of course have an impact on their response to the next question we asked, which was whether respondents felt they “belonged” to the board and the wider organisation. The table below reveals that while the vast majority of BAE NEDs feel they belong in their roles, more than 20% do not share that feeling.

### Number of BAE directors on a board



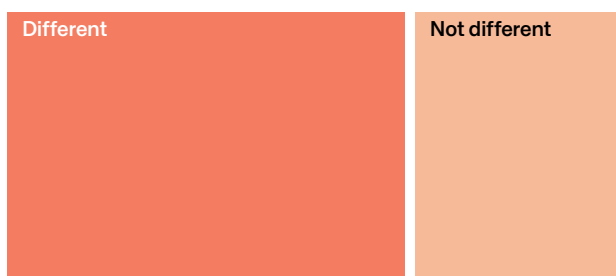
- This does not, however, always mean that BAE NEDs always feel they are welcome in the board room.
- BAE NEDs bring different lived experience and, in many cases, different skills to their NHS boards. We asked about whether they felt this meant their experience of being a board member differed from that of their non-BAE colleagues.

### Do you feel you belong?



- Those who did have a sense of belonging talked about:
  - ➔ being positively welcomed, supported and valued by colleagues
  - ➔ being aware themselves that they are adding value
  - ➔ being given a voice
  - ➔ having had a good induction
  - ➔ having personal values that aligned with the values of the organisation
- Conversely, those who gave a negative response provided several different explanations for their feelings, including that:
  - ➔ as the only black (and younger) NED they felt lonely on occasions

### Board experience as a BAE NED



- they had seen black executive colleagues being treated badly
- there were too many conversations between other board members that excluded them
- their induction had not been very effective, and colleagues had made little effort to actively engage them
- Having battled through the recruitment and selection processes, BAE NEDs are not always being set up to succeed. They are still very much in the minority on any board they sit on and more needs to be done to ensure that networking and learning opportunities are available to BAE NEDs. The Seacole Group is a great and growing resource for BAE NEDs but itself needs more funding to ensure it is able to meet the growing needs of this community.
- Not feeling that they belong in their roles is hard enough for BAE NEDs in the NHS. For too many of them, however, that feeling is at least in part a result of having seen or experienced discrimination.

### Seen or experienced discrimination



- More than 27% of respondents said they had seen or experienced discrimination in their roles. While in 79% of these cases, the BAE NED involved had felt able to challenge the discrimination, 50% of the time they did not feel that challenge had resulted in any change of policy or behaviour. The other 50% felt they had been “fobbed off” or subjected to actively hostile behaviour for having spoken up.
- This level of discrimination is unacceptable anywhere and even more so in the boardrooms of NHS organisations. Too many BAE NEDs are being subjected to it and left to deal with it on their own. The leadership of the NHS needs to make it clear that discrimination will not be tolerated and take urgent action to eliminate it from its boardrooms.

“The support, information and comradeship I have found in the Seacole Group has been invaluable. Personally, I have developed and increased in confidence as a result of my involvement with the group.”





“I have been encouraged and supported to challenge. This has led to review of practice, influenced strategy and improved delivery plans.”

### 6.3 The virtual boardroom

- In the last couple of years, the way in which boards conduct their business has changed dramatically, with board and committee meetings moving on-line.
- It was expected that all NHS NEDs would welcome this move, as it made it easier to fit their NHS responsibilities in with other demands on their time. While those who had been appointed during this time did not know anything different, the general feedback from this group of BAE NEDs is that it had indeed generally been a “good thing”. Most respondents valued the:
  - ➔ greater flexibility offered
  - ➔ way in which it had opened up the roles to people who did not live locally
  - ➔ reduction in travel time
  - ➔ greater public accessibility and transparency realised by the move to holding meetings by videoconference.
- They also, however, recognised that there has been a negative impact on their ability to:
  - ➔ form and maintain strong working relationships with their colleagues
  - ➔ maintain their visibility in the organisation

➔ triangulate the information presented in board reports with the “look and feel” of life in their organisation.

- The sense is that BAE NEDs, like other NEDs, would welcome a more permanent move to hybrid working, with a mixture of face-to-face and virtual meetings going forward so that benefits of both methods of working can be realised.

### 6.4 Constructively challenging

- We also asked respondents to tell us about their experience of bringing challenge to the board: had it been welcomed and acted upon? 86% felt they had been able to bring effective challenge to the board and nearly all were confident their interventions had made a difference.
- Those who did not feel so positive cited concerns about not feeling comfortable in challenging as they were not supported or that their challenge was not always welcome, accepted or acted upon. Others talked about having to be persistent and learning how to do it in the right way, which is a challenge in and of itself for any new NED. In a few cases, unfortunately, BAE NEDs have resigned because of a board and / or organisational culture was defensive and unresponsive when its position on EDI was ‘called out’.

## 6.5 Have your skills and experience been recognised?

- Respondents had a broad range of skills and experience to bring to their NHS boards. In addition to the “traditional” NHS board finance and clinical skills, people had been appointed for a range of expertise including digital, EDI and people, culture and consumer engagement.
- We asked them whether they felt their skills and experience had been properly recognised within their board and / or organisation. The vast majority, 76% in this case, said that they had, but many noted that they had yet been given the opportunity to develop those skills further in their NHS board role.

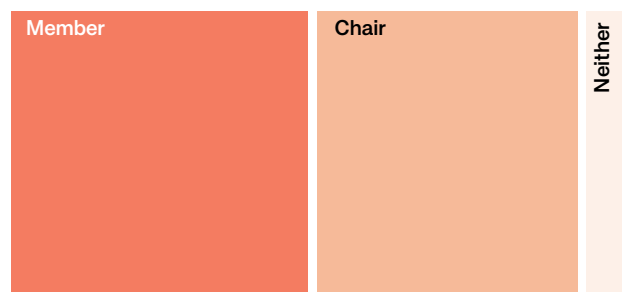
## 6.6 What committee and / or board roles do you hold?

- More than 90% of respondents had been asked to take on at least one - but as many as six - individual committee roles. Of these, 65% were chairing at least one committee. The committees to which they were appointed represented the full range of areas of governance responsibility, including audit, finance, quality workforce and charity committees.
- Much smaller numbers of people had been appointed to Senior Independent Director and / or vice chair roles, at three and seven respectively.

### Are your skills and experience recognised?



### People allocated to board committee roles (by number of respondents)

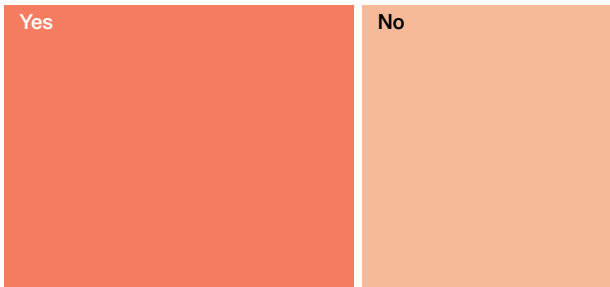


“I was asked to take on responsibility for chairing the Quality Committee almost straightaway, which was a bit daunting. I think it would be better to give new NEDs a bit of settling in time before asking them to take on chairing responsibilities, so they get to know the governance arrangements within which they are operating first.”

## 6.7 Partnership working

- It is now a standard requirement for new NEDs in the NHS to demonstrate that they are able to work constructively in partnership with other people and organisations, so they can contribute to the agenda of the wider health and social care system in their area.
- Of the respondents who were NEDs of NHS providers, the majority had been invited to become involved at system level.

### Invited to get involved at system level



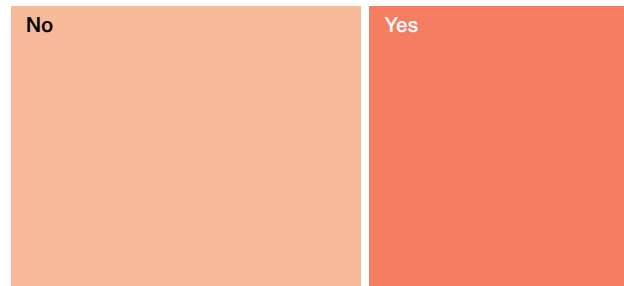
- Of those who were not actively involved in the system, a quarter indicated that their boards were fully engaged in this agenda. While this position is a huge improvement on the extent to which NEDs were involved in the predecessors of the Integrated Care Systems (ICS), it is clear there is more to be done to ensure ICSs are able to benefit from the contributions of the whole NED community.

## 6.8 The EDI agenda

- EDI is a huge issue in the NHS. We have already established that 22% of the NHS workforce is drawn from BAE communities. This number decreases the closer staff get to the boardroom, with only 4.9% of Chief Executives being from BAE communities. It is therefore important that this issue is at the top of the agenda for all NHS boards.

- There is anecdotal evidence that, once appointed to an NHS board, NEDs from BAE communities are routinely asked to take the lead on the EDI agenda for the board. The evidence from our respondents, however, suggests that this is not always the case.

### Are you responsible for the EDI agenda on your board



- While a significant proportion of BAE NEDs do take on leadership of the EDI agenda for their boards, nearly 60% don't. Many of these people do, however, make important contributions in other ways.
- Of those who do take the lead on EDI, most volunteered for the role and / or draw on their professional experience in this space and in one or two cases, were specifically recruited to the board to take the lead on this agenda.

### Progress on EDI agenda in the last year



“Limited (progress has been made). The trust will respond by saying their focus has been on COVID. There are, however, some deeply entrenched cultural issues that need to be addressed.”



- However, despite an increased focus on this agenda, real progress continues to be slow.
- Even where respondents felt that good progress was being made, a lot of that related to the development of strategies, workplans and commitment statements. None of the respondents backed up their response with information about quantifiable improvements that had been made in their organisation.
- It is well established practice that boards seek to appoint a NED with specialist skills when they have a problem in that area. If the organisation has financial problems, they recruit more accountants as NEDs. If the problem is the quality of care they are giving, they appoint more clinicians as NEDs. Given the importance of the EDI agenda and the lack of progress being made, why aren't more EDI specialists being appointed to as NEDs of NHS boards? A small number have done so, ensuring their boards have the expertise around the table to maintain the rigor and focus needed to make real progress in this important area.

#### “Business as Usual” good practice recommendations

- ➔ More funding and resource should be made available to the Seacole Group to enable it to provide more networking and learning opportunities to the growing BAE NED community in the NHS.
- ➔ NHS England should ensure that arrangements are in place at national, regional or ICS level to support BAE NEDs who have seen and / or experienced discrimination to raise their concern and ensure they are properly addressed. All BAE NEDs should be made aware of these arrangements on appointment.
- ➔ Chairs should ensure that everyone appointed to their board is able to demonstrate an understanding of the EDI agenda within their area of specialism and / or consider appointing an EDI specialist as a NED to bring expertise and focus to this important agenda.

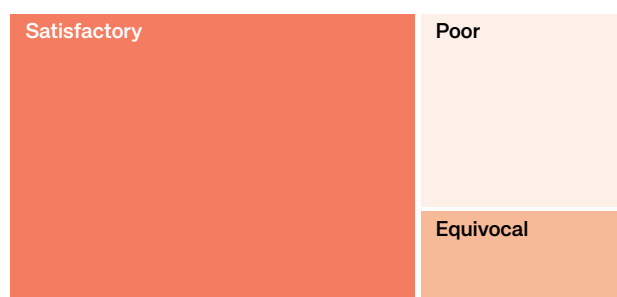


# 7. The professional development experience

## 7.1 Appraisals

- Most respondents (85%) had been through a performance appraisal process. The remaining 15% had not been in role long enough for it to have taken place.
- Most of those who had been appraised were happy with their experience.

### Satisfaction with appraisal process (as % of views expressed)



- While most respondents were broadly happy with their appraisal processes, it was apparent that there was wide disparity in the types of appraisal processes they had experienced. Many seemed to include some sort of 360° appraisal mechanism, which was welcomed by those who had been the subject of them.
- It is a concern, however, that 22% of those who had been appraised were not happy with the process. There was concern about the lack of meaningful feedback, objectives and / or follow-up by their chair.
- It is important that all NEDs, but particularly NEDs from BAE communities, are supported and developed during their period in office. It is good for the individual and it is good for the board, the organisation and the wider NHS, not least because in many cases, today's NEDs will become tomorrow's chairs.



“It’s effective. We review the year, my contribution, other board members’ feedback of me and objectives for the following year. It is good reciprocal review and assessment session.”

- The basic foundation of an effective development programme is a robust appraisal process that identifies the strengths and weaknesses of individuals, that then encourages and enables them to build on the former and address the latter and allows them to reach their full potential as a NED in the NHS.

## 7.2 Continuing development and training

- 35% of respondents indicated that they had received additional training. This appeared to be predominately that provided by NHS Providers as part of their board development programme. ( <https://nhsproviders.org/boarddevelopment> )
- Others mentioned that they had been involved in the Aspirant Chair programme. As only 7.3% of chairs in the NHS currently come from BAE communities, more needs to be done enable BAE NEDs, who are the next generation on NHS chairs, to get ready to step into these roles. NHS England's Aspirant Chair programme should be expanded to make more places available to BAE NEDs and others from groups under-represented in the NHS chair community.

### Professional development recommendations

- ➔ A basic minimum appraisal process, including 360° feedback mechanism, should be developed and implemented across the NED community.
- ➔ NHS England's Aspirant Chair programme should be expanded to make more places available to BAE NEDs.



“it was an ineffective appraisal, where ideas were not developed; it was more a procedural discharge process than a meaningful discussion”.

# Appendix: The Questionnaire

## 1. The recruitment and selection experience

- 1.1 What motivated you to apply for an NHS non-executive director role?
- 1.2 What were you “sold” about the organisation and to what extent did that story match up the reality?
- 1.3 Were you able to access support and or assistance, and from where?
- 1.4 Did anything stand out from the recruitment process as being particularly good / interesting?

## 2. Induction

- 2.1 Did you attend a. The NHS Providers NED induction, b. A Trust all staff induction event, c. A bespoke Trust NED induction (what elements did it contain?) and / or d. No induction
- 2.2 Beyond induction, what else did your Trust / Chair / Board colleagues do to enable you to make a meaningful contribution sooner?  
a. Allocated you a board buddy, b. Gave you further training, c. Provided briefing sessions, d. Other (please specify) or e. Nothing.
- 2.3 What else would have been helpful?

## 3. Being a board member

- 3.1 Are you a non-executive member of any other boards? How does your experience there differ from your experience in the NHS?
- 3.2 Do you feel as if you belong to the Board and to the Trust? Is there anything that has particularly contributed to this feeling?
- 3.3 Has there been recognition of the specific skills and experience you bring to the board and have you had the chance to use / hone them further as a non-executive director?

- 3.4 Are you responsible for the EDI agenda? a. Did you volunteer? b. Is it aligned to your professional background? c. Do other board members contribute to this agenda?
- 3.5 Have you been able to bring challenge to the board? Was it welcomed? Was it acted upon?
- 3.6 To what extent do you feel your Trust has made progress on EDI in the last year?
- 3.7 Have you seen or experienced discrimination as a non-executive director on an NHS board? a. Were you able to challenge it? b. What was the outcome?
- 3.8 To what extent and why do you think your experience on the board is different to that of your board colleagues?
- 3.9 Has the migration to conducting business on-line had an impact on you? If so, what was it?
- 3.10 Have you been invited to become involved in system discussions or to assume a role there?

## 4. Professional development

- 4.1 What has the Trust / Chair / Board done to develop you or broaden your skill set further? a. Training, b. Committee membership (which committees are you on?), c. Asked to chair a committee (which one?) and / or d. Are you the SID or vice chair (please specify).
- 4.2 If you have had a performance appraisal, was it a. Effective, b. What did you talk about? c. If it was a forum to air your aspirations, did the chair act on that conversation or d. I have not had an appraisal.

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of healthcare