

A photograph of several business professionals in suits, with their hands stacked together in a gesture of teamwork and collaboration. The background is slightly blurred, focusing attention on the hands in the center.

NHS provider board membership and diversity survey: findings

October 2018

Message from Dido Harding



NHS boards have some of the most important roles in this country, ensuring through the strategy, accountability and culture they create in their organisations that patients consistently receive high quality, ever-improving services and that the full talents of our diverse workforce are realised.

Evidence from inside and outside the healthcare sector, shows that diverse boards make better decisions. We need diverse leadership teams on our boards, who not only reflect the communities we serve and the staff we employ but also have the breadth of perspective and leadership style to make great collective decisions.

Measuring and publishing how diverse our boards are is an important step in improving the diversity of our senior leadership teams. This report shows there are areas of relative board strength, such as gender diversity, and areas where we need to make significant improvement, such as ethnic diversity. We can use this as a baseline on which to measure the improvement in diversity we need to see in the coming months and years.

Improving our leadership diversity will require real commitment and work locally, regionally and nationally. This is a significant priority for NHS Improvement and should be for every NHS board.

Baroness Dido Harding
Chair
NHS Improvement

Foreword



We recognise the critical role strong and effective leadership plays in the delivery of safe and effective healthcare services to patients. We have already given a commitment to supporting leadership development and talent management for senior leaders and helping to build capacity and capability for continuous improvement across the NHS. Two specific strategic objectives in [our 2020 objectives](#) have enabled us to focus our actions to make good that commitment:

- **Objective 12:** Develop, maintain and enhance effective boards: both people and ways of working.
- **Objective 13:** Expect every provider board to reflect the diversity of the people it serves, including gender-balanced boards.

This report of our findings from a survey of NHS provider boards in 2017 provides the first snapshot of their make-up and diversity. It enables us to understand where we are today and how far we need to go if we are to achieve our objectives. NHS providers will be able to hold it up as a mirror, both individually and collectively, so they can identify areas in which changes need to be made to improve the diversity of their boards. It will also help us hold NHS providers to account and is already being used to inform the work we are doing with boards to help them improve in strength and diversity.

New initiatives like our [NExT Director scheme](#) are supporting the development of the next generation of non-executive directors and over time we will be able to measure progress using annual updates of this data.

Thank you to everyone who contributed to the production of this important report - the Non-Executive Appointments Team for all their work collecting and analysing the survey data, board secretaries for helping us to understand their boards and individual board members for telling us about themselves. Between you, you have created a detailed picture of the leadership of the NHS which will be an invaluable resource for years to come.

Steve Russell

Executive Regional Managing Director

NHS Improvement

Introduction

It is a well-established fact that diverse boards make the best decisions.*

However, although individual NHS providers are required to publish limited data about the membership of their own boards, to date there has been no national overview of the position across the NHS provider community. During 2017, we launched the first comprehensive survey of NHS provider board members. The survey asked them to provide information about themselves, including information about six key protected characteristics (gender, ethnicity, age, disability, sexual orientation, religious belief) and their roles.

NHS providers were asked to supply details of their board members and all but two NHS providers responded. We asked 3,318 individual board members to complete a personal online questionnaire, and 2,689 of them did so. It is this data that was used to compile this report. Most respondents replied to all our questions but a few opted not to respond to some or all of the questions relating to protected characteristics. This ranged from 1% not answering the question about disability to 5.7% not answering the question about religious beliefs.

This is the report of the findings of that survey. It will enable us to better understand the nature of NHS providers board membership and will form a baseline position against which NHS Improvement and others will monitor progress towards achieving an NHS led by boards that better reflect the communities they serve.

* McKinsey and Company (January 2018) [Delivering through diversity](#)

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Gender

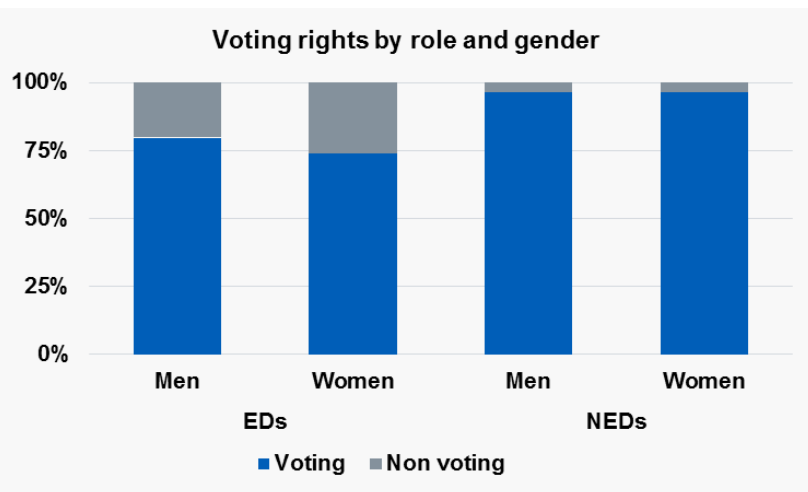
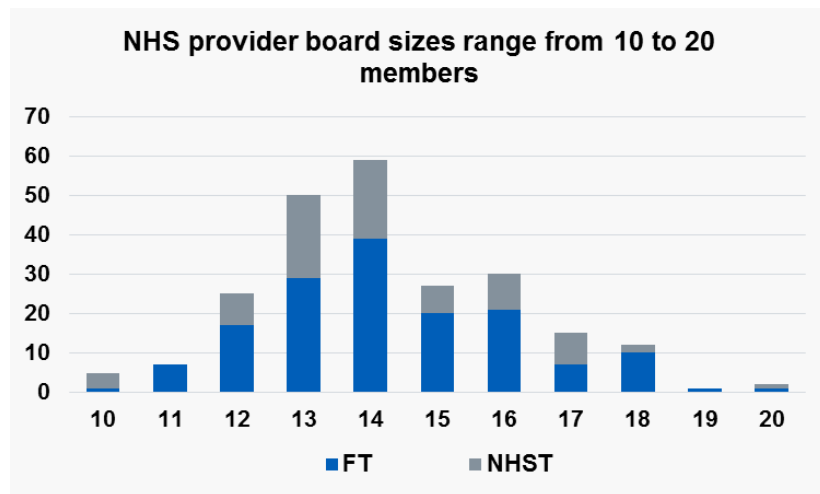
Gender balance	National profile	Gender at NHS provider level	Gender and voting rights
Gender and roles	Gender and ethnicity	Gender and age	Gender improvement opportunities

Ethnicity

National ethnicity profile	Ethnicity and population	Age	Disability
BAME* at NHS provider level	Ethnicity and roles	Sexual orientation	Religious belief

Other protected characteristics

Provider board composition

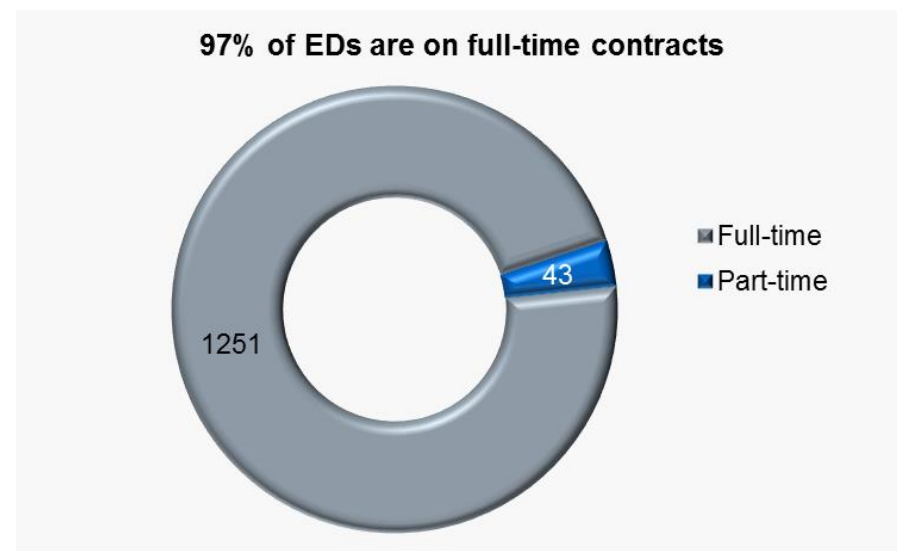
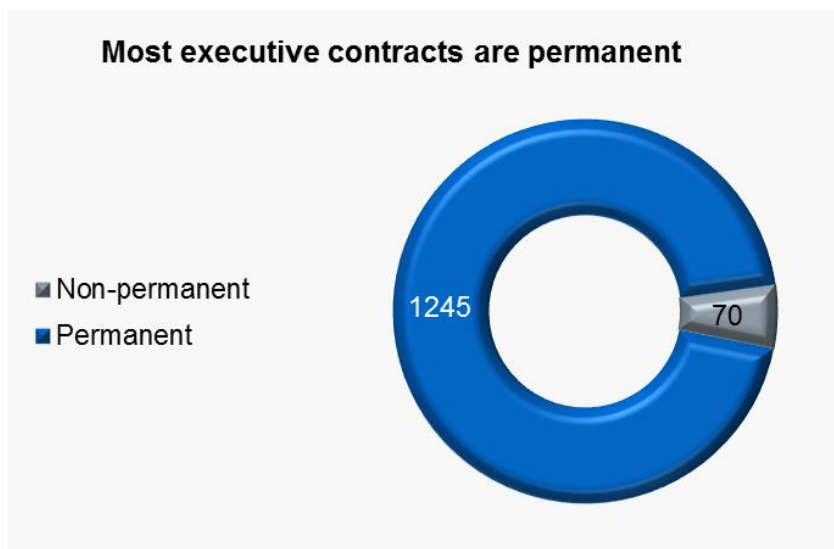


- NHS provider board membership ranges between 10 and 20 voting and non-voting members, with 13 or 14 members being the most common.
- Foundation trust boards have an average of 14.3 members (89% with voting rights); NHS trust boards 14.1 members (80% voting).
- Most trust types have a similar average number of board members, with the exceptions of acute teaching (15.2) and community (12.5).
- Although the expectation would be more non-executive directors (NEDs) than executive directors (EDs) on NHS provider boards – the survey identified slightly more ED positions (1666 v. 1603).
- There are more voting NEDs than EDs – 34% of EDs non-voting compared to just 4% of NEDs.

Executive directors: employment status

Nearly all executive directors (97%) are full-time employees of NHS providers.

5% of executive directors are on non-permanent contracts.

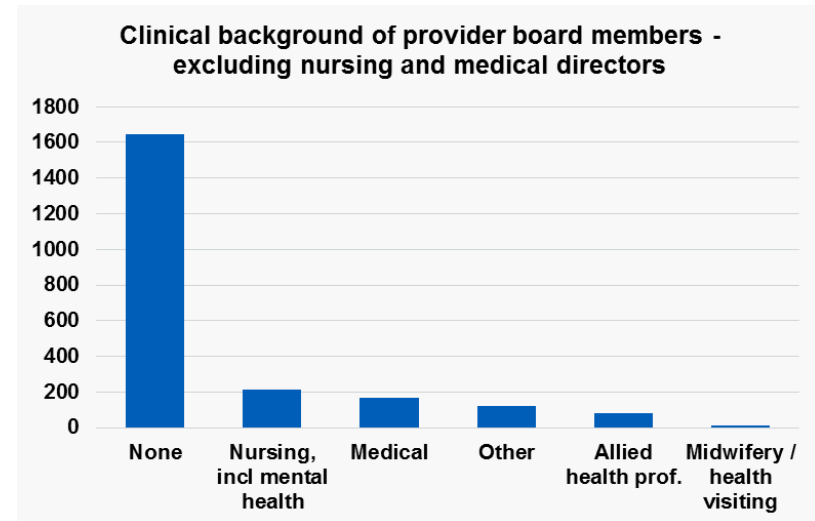
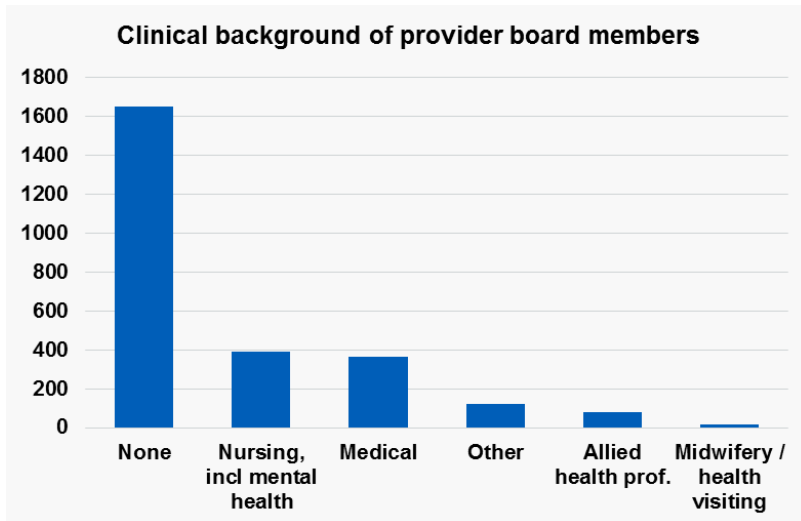


Clinical background

It is clear that many NHS provider boards benefit from strong clinical leadership across a wide range of different board roles.

49% of executive directors and 25% of non-executive directors declared a clinical background.

The most common backgrounds were medical and nursing. This was also the case when current medical and nursing directors were excluded from the analysis.



Diversity analysis: methodology

We wanted to understand the extent to which NHS provider boards reflect the people they serve.

Our survey therefore asked NHS provider board members to provide personal information about six protected characteristics:

- **Gender**
- **Ethnicity**
- **Age**
- **Disability**
- **Sexual orientation**
- **Faith**

In all cases, individuals had a 'prefer not to say' option. The survey data used in this analysis generally excludes both 'no response received' and 'prefer not to say' categories.

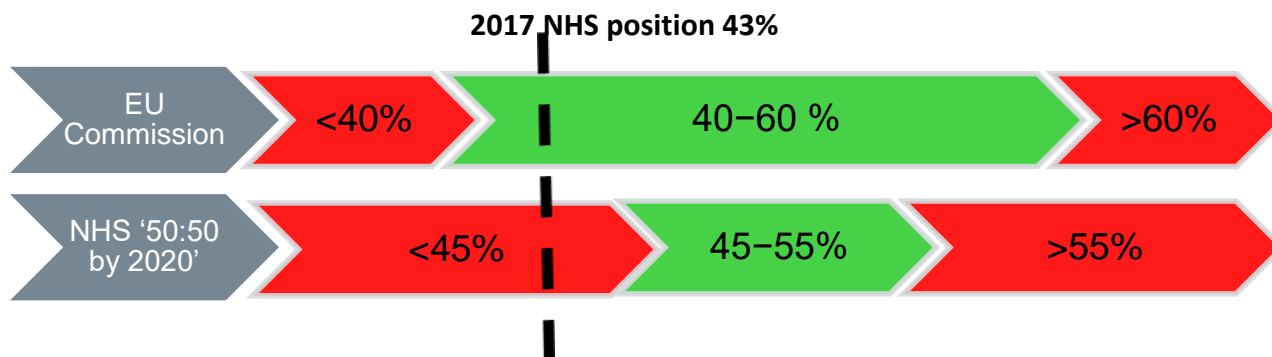
To establish a comprehensive baseline for gender composition of NHS provider boards, data based on assumed gender from public information was used where no survey response was received.

For the purpose of this analysis the survey data provided on ethnicity has generally been grouped as white or black, Asian and minority ethnic (BAME). BAME was used to group any response that was not a white ethnic group.

Diversity analysis: gender

Gender balance

The EU Commission defines board gender parity as being between 40% and 60% men or women. With women comprising just under 43%* of NHS provider board members, the EU definition is being met. The NHS, however, has signed up to the more challenging goal of '50:50 by 2020' where board gender parity is defined as 45%-55%.



The regions have a similar proportion of women on NHS provider boards, meeting the EU definition of gender parity but not yet achieving the minimum '50:50 by 2020' target of 45%.

	Overall	London	Midlands & East	North	South
Proportion of women on NHS provider boards	42.9%	42.3%	42.3%	44.2%	42.5%

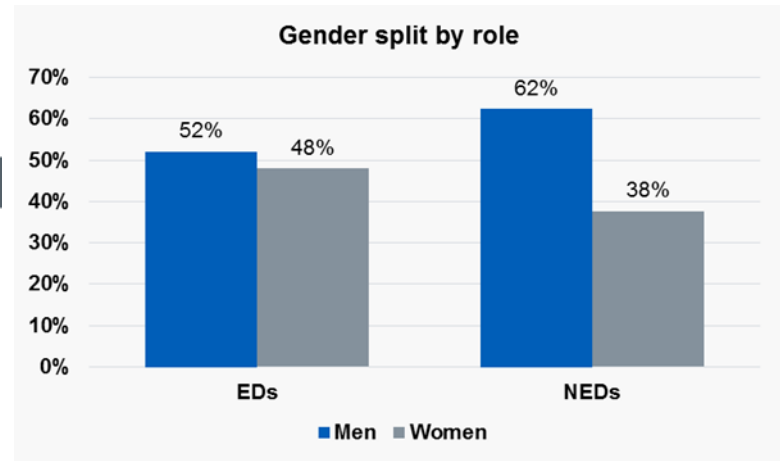
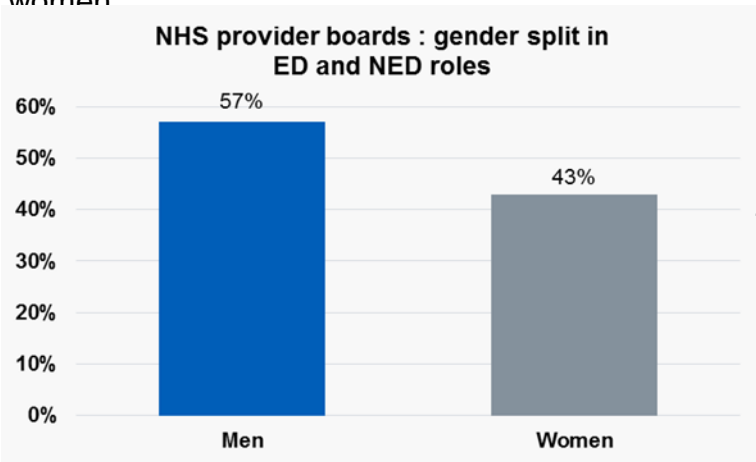
National gender profile

Of NHS provider boards 43% are women, whereas 77% of the NHS workforce are women.*

There are currently 1406 women on NHS provider boards – absolute parity (50:50) would be achieved through switching 231 current positions from men to women.

Men hold around six in every 10 NHS provider board positions.

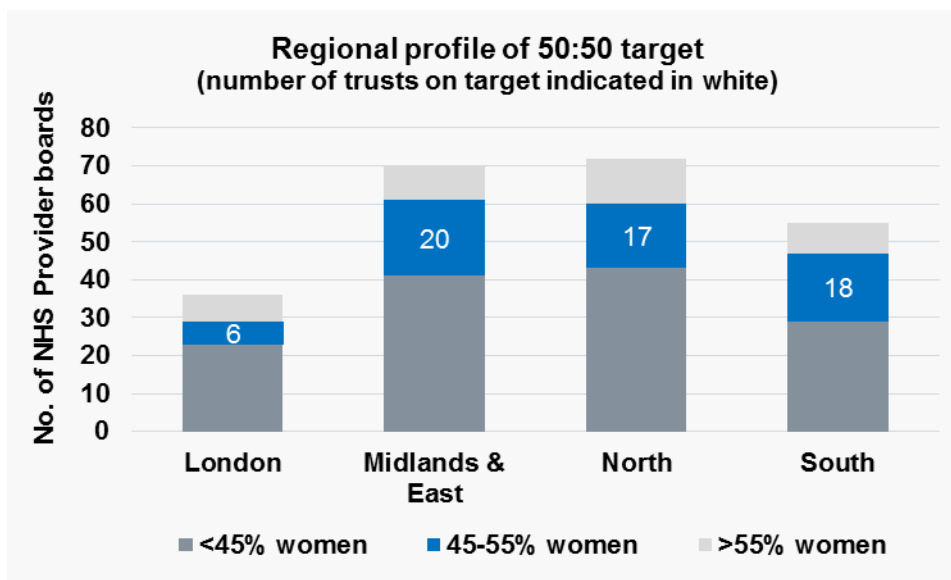
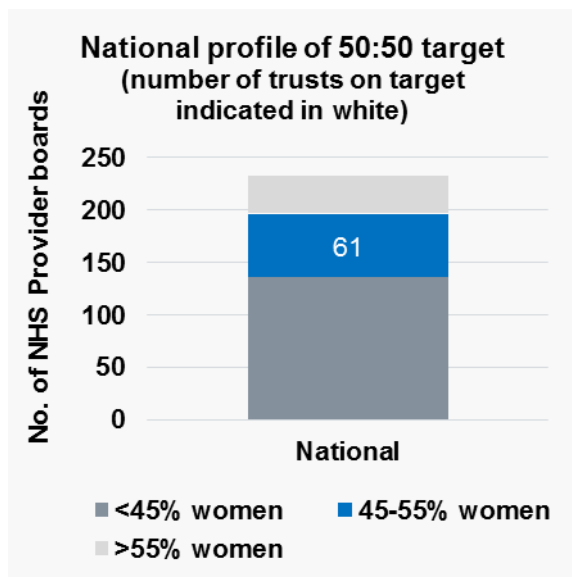
The greatest disparity between the representation of men and women on NHS provider boards is in the NED community.



*Source: NHS Women on Boards 50:50 by 2020

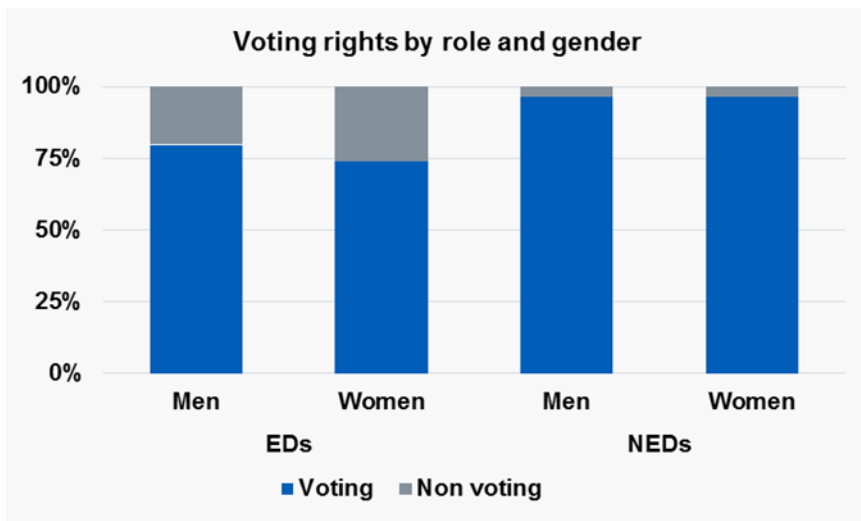
Gender on individual NHS provider boards

Only 26% of NHS provider boards are currently achieving the '50:50 by 2020' target of 45-55% of members being women. 136 NHS provider boards have less than 45% women; this highlights the work needed to improve gender balance.



Data based on assumed gender from public information was used to compile this analysis where no survey response was received.

Gender and voting rights



The survey indicated that generally women were no more likely to be appointed to non-voting positions than their male colleagues, although there is a significant disparity among the chief operating officer community.



Main Board Director Roles	Men - Voting Rights	Women - Voting Rights	Difference
Operations	82%	74%	8%
Medical	98%	96%	2%
Chair	100%	99%	1%
Finance	99%	98%	1%
Chief Executive	100%	100%	0%
NED	96%	97%	-1%
HR	42%	43%	-1%
Nursing	96%	98%	-2%

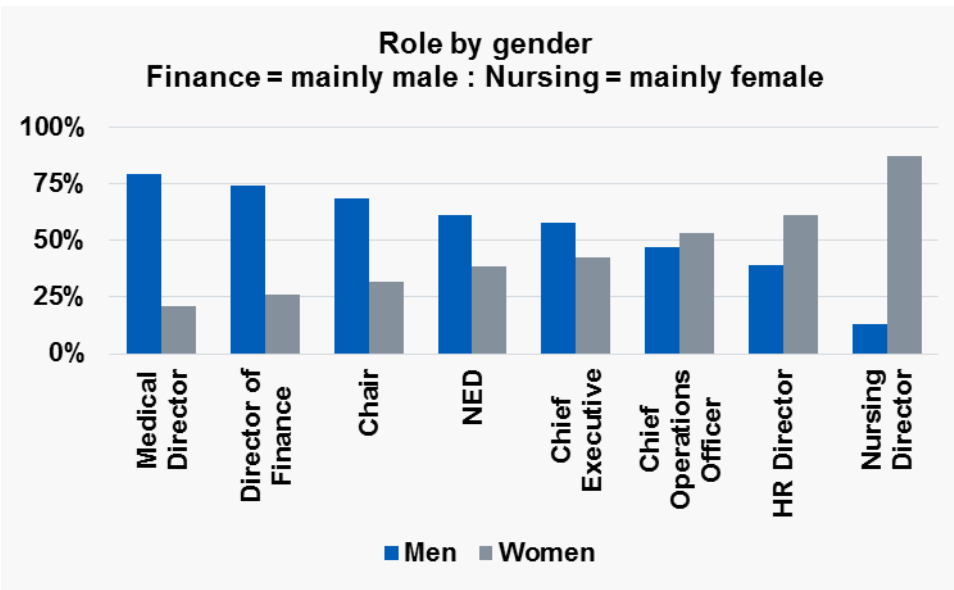
A handful of NHS providers have multiple representatives from the same discipline on their board (eg divisional medical director) where only one has voting rights. This may explain why some apparently key roles on NHS provider boards are filled by non-voting members.

Gender and roles

Although collectively ED positions are relatively evenly split by gender, there are wide disparities in relation to the individual roles:

- medical director, director of finance and chair positions are mainly filled by men
- nursing director positions are mainly filled by women

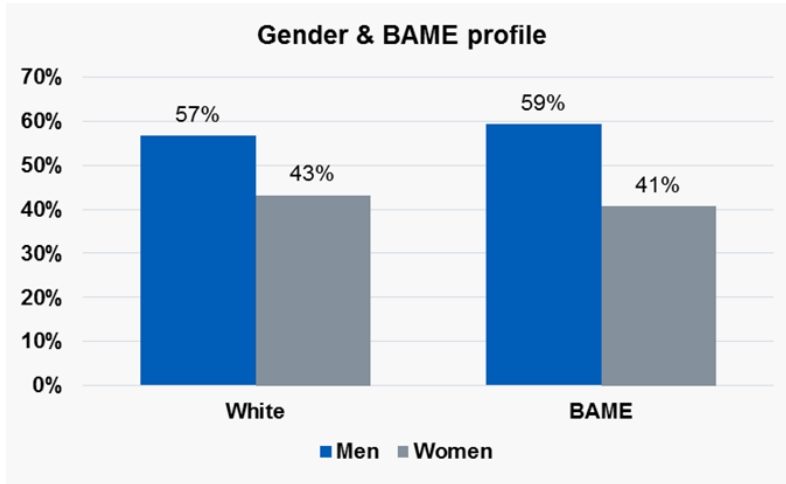
Only 31% of chairs are women compared with 39% of NEDs



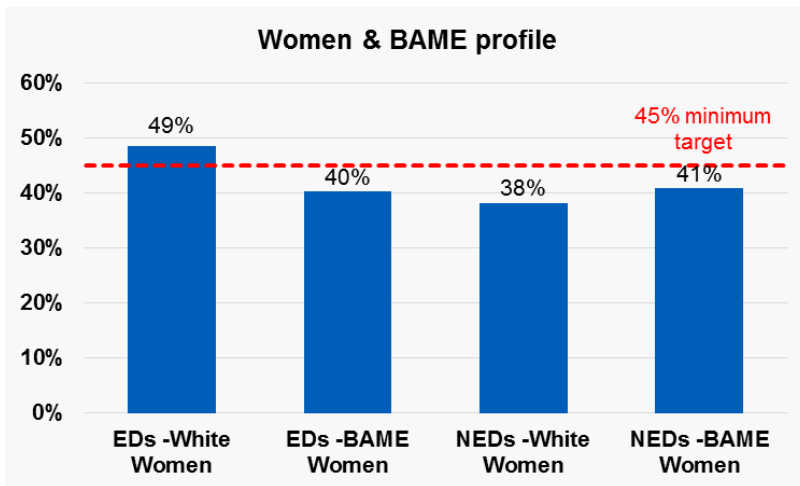
For comparison, varying statistics put the percentage of women nurses in the NHS at around 90% and doctors at around 42%.

The NHS Finance Skills Development census indicates 62% of the NHS finance workforce are women.

Gender and ethnicity



Women from BAME communities are slightly less likely to be appointed to NHS provider boards than white women.



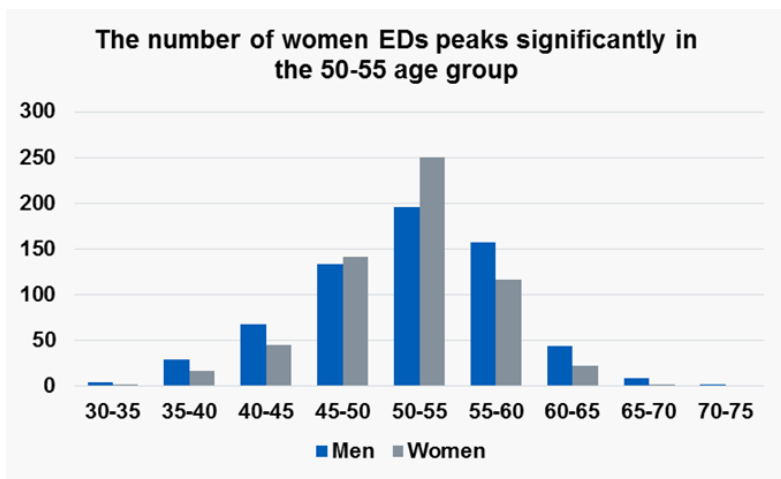
NED positions for both BAME and white women fall well below the '50:50 by 2020' target of a minimum of 45%.

Gender and age

Executive directors

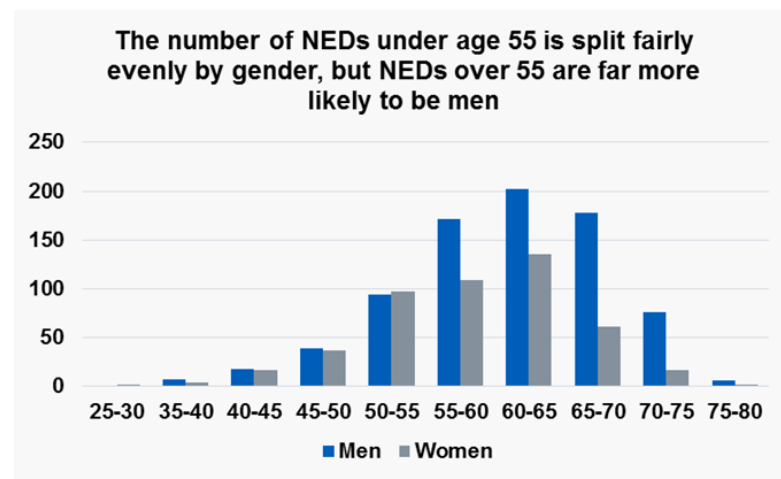
Although some younger EDs are women, the number of women appointed to these positions particularly increases at about age 45, with women then outnumbering men between ages 45-55.

There is a substantial reduction in the number of women in ED positions beyond the ages of 50-55.



Non-executive directors

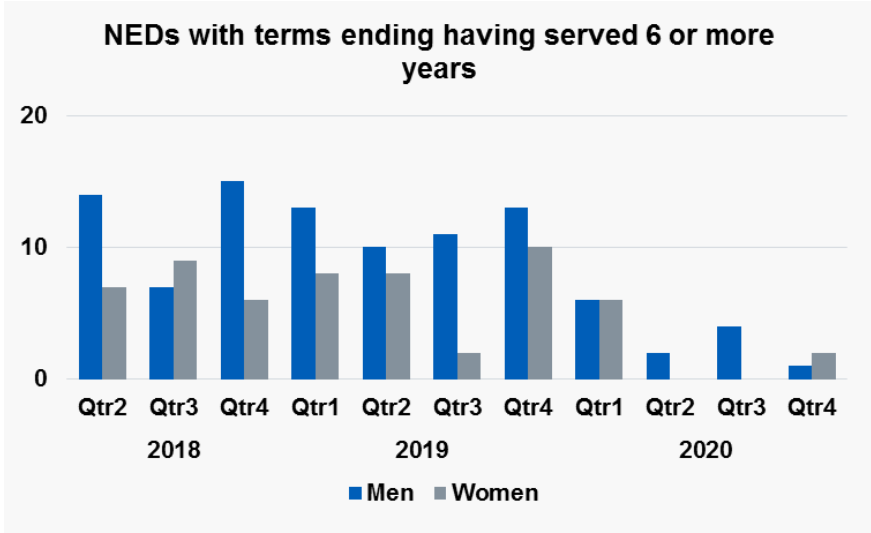
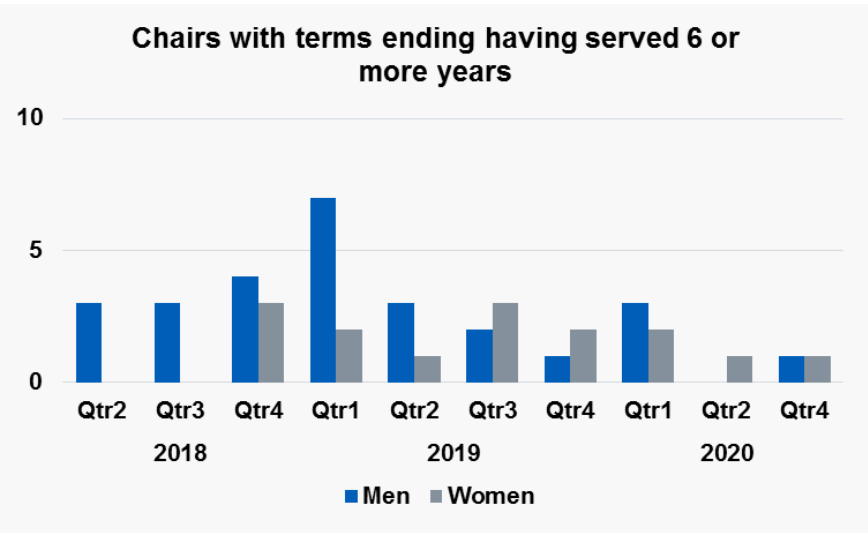
Up to and including the 50-55 age group the gender of NEDs is fairly evenly balanced. From the 55-60 age group onwards NED roles are predominantly filled by men.



Opportunities to address gender imbalance

Chairs and NEDs are appointed to NHS provider boards for fixed terms. While re-appointments are common, service in the role beyond six years may compromise a NED’s independence.

There are 27 chair and 96 NED positions held by men who have served over six years and whose appointments are coming to an end between 2018 and 2020. Each post represents a potential opportunity to improve NHS provider board diversity. This is just over half of the 231 positions currently held by men that would need to go to women to achieve the absolute 50:50 target. It is clear that to achieve this ambitious target, NHS provider boards need to consistently appoint more women than men in the future.



Diversity analysis: ethnicity

National ethnicity profile

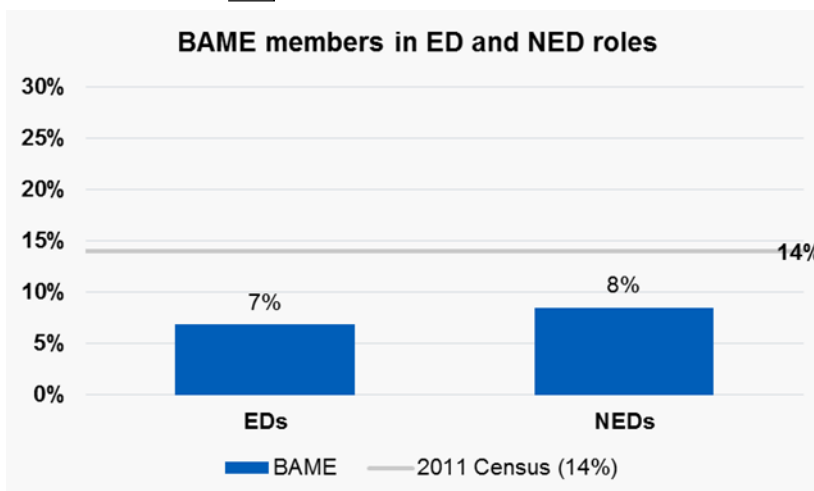
Major Group	Ethnic Group	NHS %	2011 Census	Difference
White	White British	92.3%	86.0%	6.3%
	White Irish			
	Any other white background			
Asian	Asian / Asian British - Indian	4.3%	7.5%	-3.2%
	Asian / Asian British - Pakistani			
	Asian / Asian British - Bangladeshi			
	Mixed Asian and White			
	Any other Asian background			
Black	Black / Black British - Caribbean	1.7%	3.3%	-1.6%
	Black / Black British - African			
	Mixed Black African and White			
	Mixed Black Caribbean and White			
Other	Any other mixed background	1.8%	3.2%	-1.4%
	Any other ethnic group			

National BAME profile:
14% of the population*
7.7% of NHS provider board membership

The survey results indicate that BAME groups are under-represented by 6.3%.

The 2016 Workforce Race Equality Standards (WRES) report indicated that the proportion of BAME staff in the NHS is 17.7%. The proportion of BAME clinical very senior managers (VSM) is 7.9% (compared to 6.8% of BAME EDs).

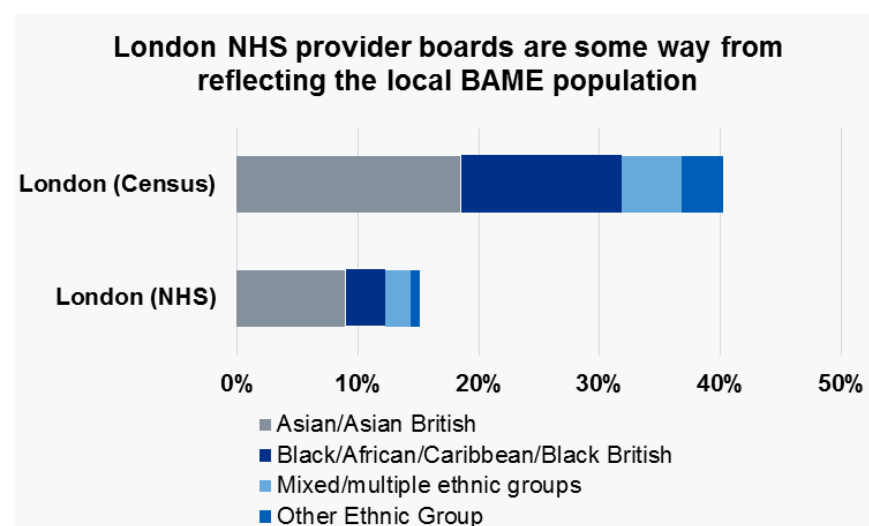
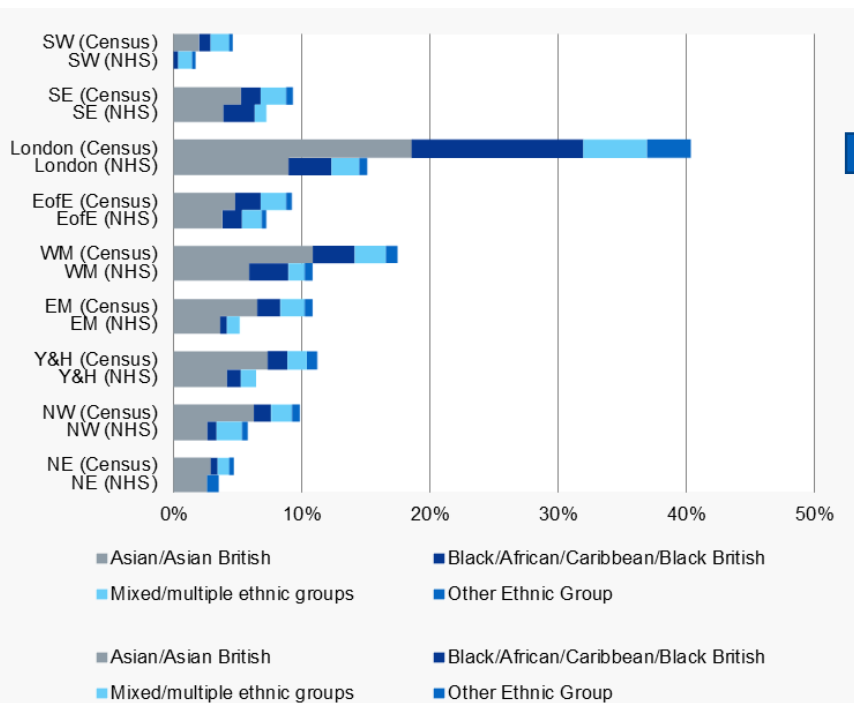
*Source: Office for National Statistics (ONS) 2011 Census



Reflecting the ethnicity of the population

At a regional level, comparing our survey data to the 2011 Census data from the Office for National Statistics shows how far NHS provider board membership reflects the populations they serve.

London has the most diverse boards at 15% BAME membership but they are still less diverse than the population they serve in terms of ethnicity. The area closest to reflecting the ethnicity of the local population is the North East with 3.5% BAME board membership and a local BAME population of 4.7%.



All regions have work to do before they match the ethnic population of the areas they serve.

BAME on individual NHS provider boards

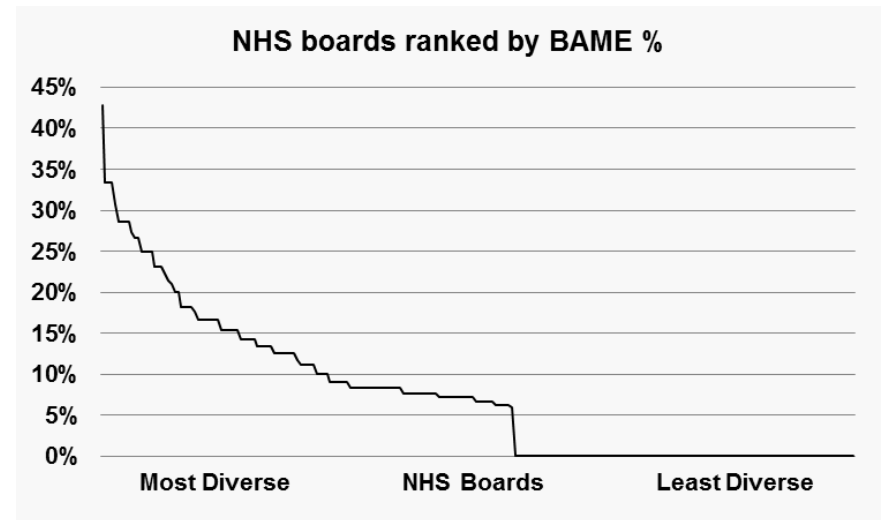
BAME membership varies considerably between NHS provider boards: the most diverse have over 40% BAME members but analysis suggested 45% may have no BAME members.*

When comparing the diversity of individual boards with the BAME diversity of the population they served we found:

- 47 NHS providers served a local BAME population of between 7-14% but only 22 boards appear to include at least one BAME member
- 60 NHS providers served a local BAME population of more than 14% but only 31 of those boards appear to include at least two BAME members while 10 reported no BAME membership at all.

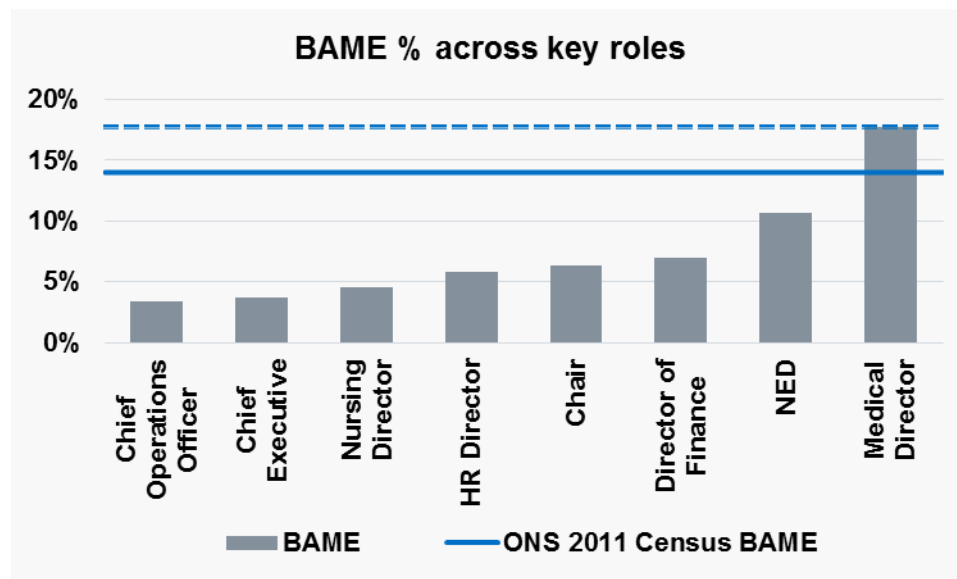
* The data did not provide complete data for all boards. 2,689 of 3,318 survey responses were received and 1% did not state their ethnicity.

** Source: ONS 2011 Census



Based on the survey responses nearly half of NHS provider boards had no BAME members.

Ethnicity and roles



- BAME communities are better represented among NEDs than among their ED colleagues.
- Medical director is the only role where the proportion of BAME membership matches that of the NHS workforce.
- Comparative staff numbers for ED roles are not available although the 2016 WRES report indicated that 17.7% of all NHS staff are from a BAME background (7.9% of very senior managers).

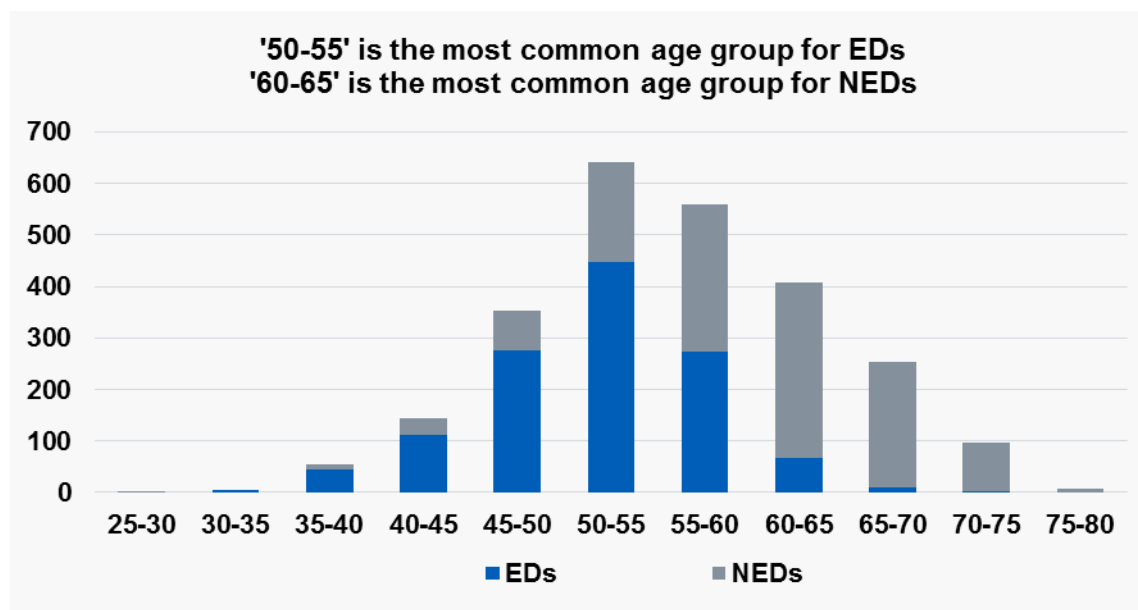
Diversity analysis: other protected characteristics

Age

The age of NHS provider board members ranged from 26 to 79.

Over 90% of NEDs are aged 50 or above compared to just 65% of Eds.

A study of the top 150 companies in the FTSE rankings* found that the average age of an ED is 52.8 and of a NED is 59.6. This compares to the survey findings of 51.7 and 60.0 respectively.

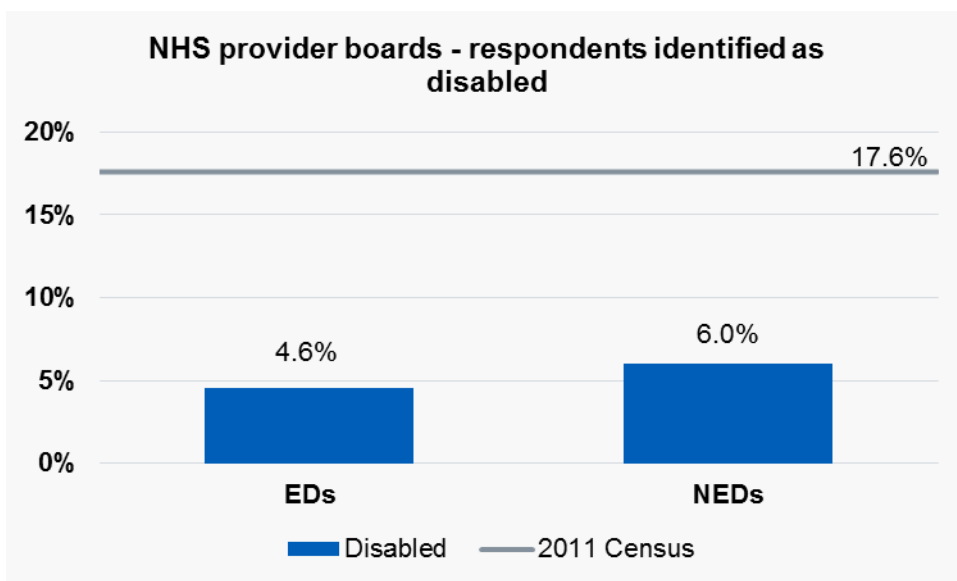


* SpencerStuart [UK Board Index 2016](#)

Disability

Our survey asked: “Do you consider yourself to be a disabled person? You can consider yourself disabled if you have a physical or mental impairment or other long term health condition that has had an impact or is expected to have an impact on you for at least a year, or would have done had your condition not been mitigated or managed by medication, treatment or adjustments (for example the use of inhalers, physiotherapy, a hearing or visual aid or insulin).”

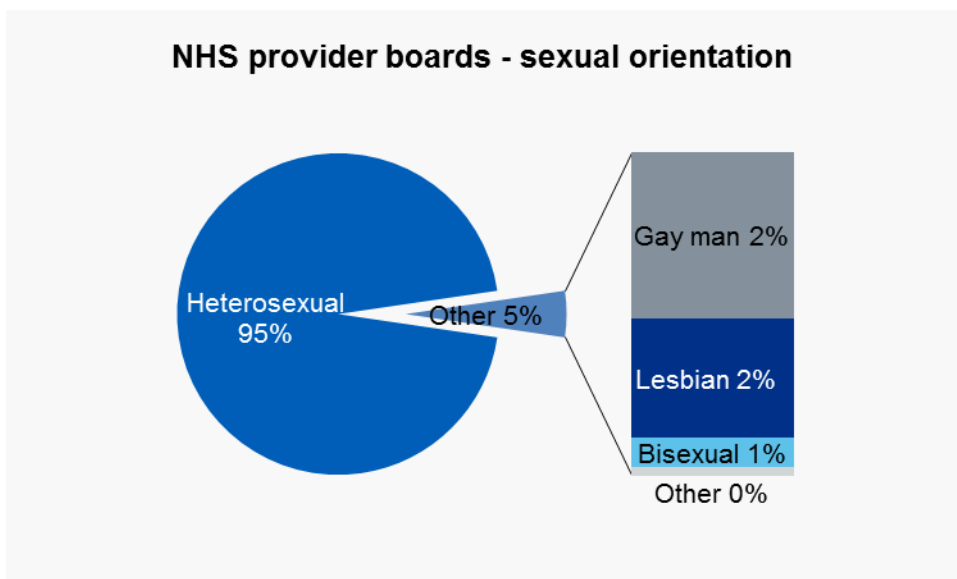
According to the ONS 2011 Census, 8.3% of the population considered themselves to be ‘limited a lot’ by a disability – with a further 9.3% admitting to being ‘limited a little’.



At an average of 5.3%, the proportion of disabled people on NHS provider boards is well below that of the general population (17.6%).

People with disabilities are slightly better represented in NED positions than in ED positions.

Sexual orientation

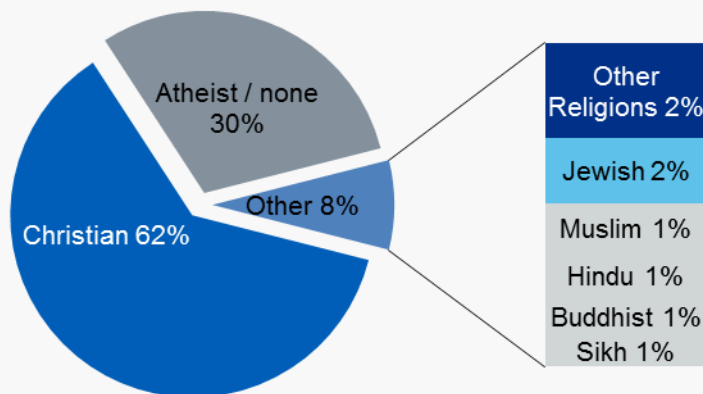


- The sexual orientation of the general population is:
 - 97.9% heterosexual
 - 1.2% gay/lesbian
 - 0.5% bisexual
 - 0.3% other.
- NHS provider boards are slightly more diverse than the general population in relation to sexual orientation.
- There is little difference between EDs and NEDs in terms of sexual orientation.

*Source: *Integrated Household Survey, Office for National Statistics Sexual Identity by Region, UK, 2014* – sexual orientation was not part of the ONS 2011 Census.

Religious belief

NHS provider boards - religious beliefs



ONS 2011 Census data

Christian	64%
Atheist / no religion	27%
Muslim	5.4%
Hindu	1.6%
Sikh	0.9%
Jewish	0.5%
Buddhist	0.5%
Other	0.5%

The range of faith of NHS provider board members broadly reflects that of the wider population, except that people of Muslim faith are under-represented.

There was little difference in terms of religious belief between EDs and NEDs.

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