NHS Providers governance survey 2024

Introduction

The NHS Providers annual governance survey was completed by chairs, company secretaries and other corporate governance leads in NHS trusts and foundation trusts (FTs) in November and December 2024.

It sought to explore views in relation to boards, their assurance processes and how trusts are developing in relation to the systems they are part of. This summary distils the key messages from the survey results and highlights notable themes and areas for further exploration.

A full briefing is also available, which includes detailed analysis of the survey data and highlights notable variation by role, region and trust type.

Many thanks to those of you who completed the survey. If you would like further detail or to discuss any of these findings, please contact Izzy Allen, senior policy advisor (governance) and David Williams, head of policy and strategy at izzy.allen@nhsproviders.org and david.williams@nhsproviders.org.

Contents of this report

Sample

- We received 124 responses from 104 trusts. This accounts for 50% of the sector (206 trusts in England).
- 72% of responses were from FTs and 18% from NHS trusts.
- All trust types and regions were represented in the responses.
- 63% of respondents were governance leads (company secretaries, directors of corporate governance, and other posts incorporating trust governance responsibility), and 37% were chairs.
- Where sample sizes were under ten we have taken steps, including not publicly including trust type in this summary, to protect respondents' anonymity.

Key findings

1. Quality of board governance is holding up, despite trusts being under significant, sustained pressure.
2. Recent national guidance has been broadly positively received (the chair appraisal, fit and proper persons test, leadership competency frameworks, and the insightful provider boards guidance). Respondents were most critical of the chair appraisal framework.
3. Respondents consistently expressed concerns about proposals to introduce league tables and pay linked to performance, noting that the factors driving performance are inherently complex, and withholding pay is contrary to a supportive improvement culture.
4. Some trusts are experiencing difficulty recruiting executive and non-executive directors, including chairs. Respondents reported a reduction in the number and quality of applicants.
5. Trusts' experience of system governance remains variable, but is improving overall.

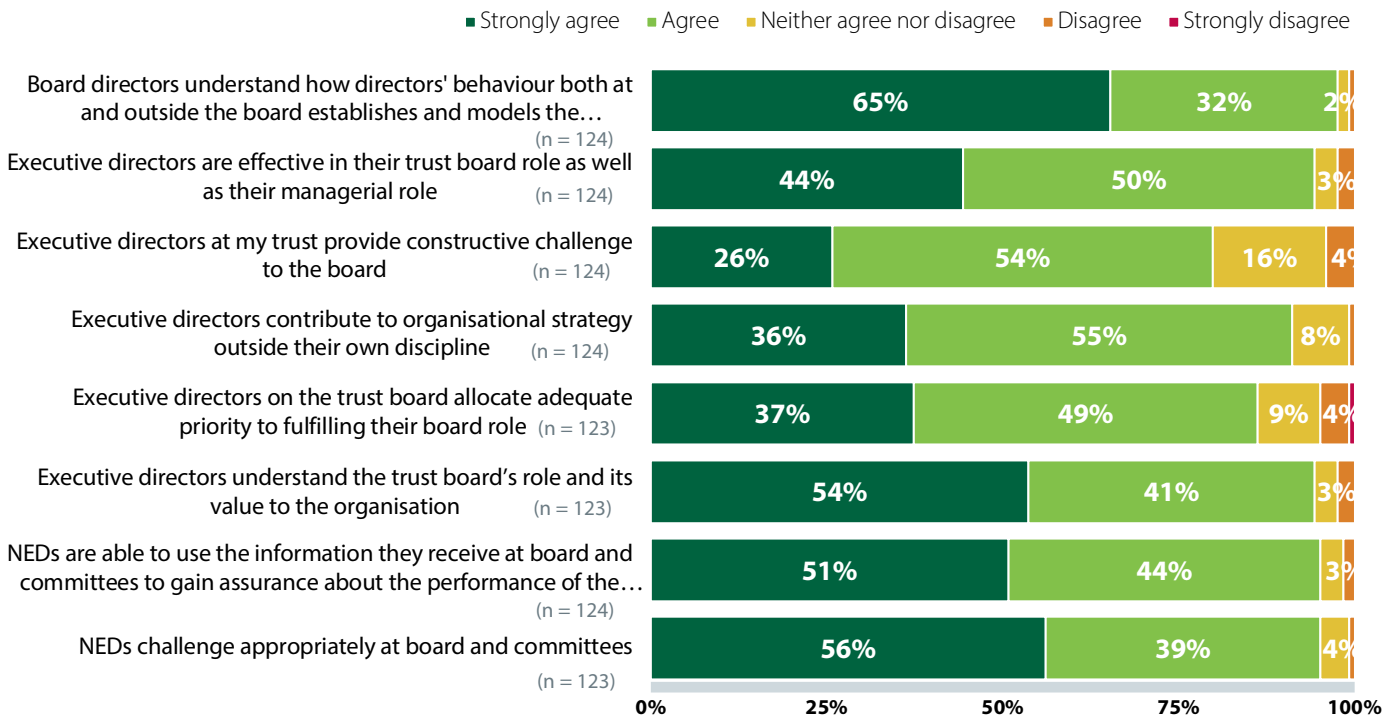
These are explored below, and further detail can be found in the full report.

The board

Key indicators

FIGURE 1

To what extent do you agree with the following statements:



- All statements received at least 80% agreement (that is 'agree' or 'strongly agree') which is above or in line with last year. This excludes 'NEDs challenge appropriately at board and committees', which is a new statement for this year and is intended to set a baseline for future monitoring.
- Ninety-eight percent of respondents agreed, or strongly agreed, with the statement 'Board directors understand how directors' behaviour both at and outside the board establishes and models the organisational culture' – the highest proportion of any statement and a seven percentage point increase on last year's survey.
- 'Executive directors at my trust provide constructive challenge to the board' received the lowest level of agreement (80%) of any statement and this was also the case last year (77%). 16% of respondents said that they neither agreed nor disagreed and 4% disagreed.
- The only statement to receive a 'strongly disagree' response was 'executive directors on the trust board allocate adequate priority to fulfilling their board role' (1%).

Board directors understand how directors' behaviour both at and outside the board establishes and models the organisational culture

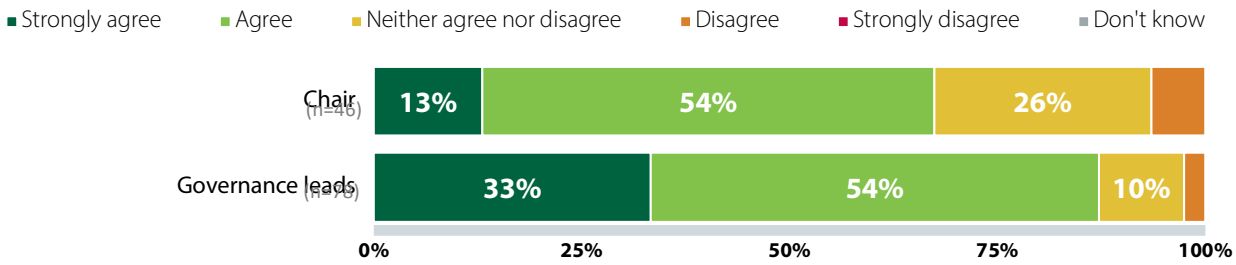
- Responses from chairs and governance leads were similar.
- All trust types apart from combined acute and community trusts and combined mental health/learning disability and community trusts agreed 100% of the time that board directors understand how directors' behaviour both at and outside the board establishes and models the organisational culture. Agreement was lowest for combined mental health/learning disability and community trusts (89%), which is the same result as last year.

Executive directors are effective in their trust board role as well as their managerial role

- Chairs and governance leads responded with high levels of agreement (chairs: 91%, governance leads: 96%).
- Looking at responses by trust type, members from community trusts were the most likely to strongly agree with this statement (89%) compared to other trust types and the survey average (44% strongly agree), as was found last year.

FIGURE 2

Executive directors at my trust provide constructive challenge to the board



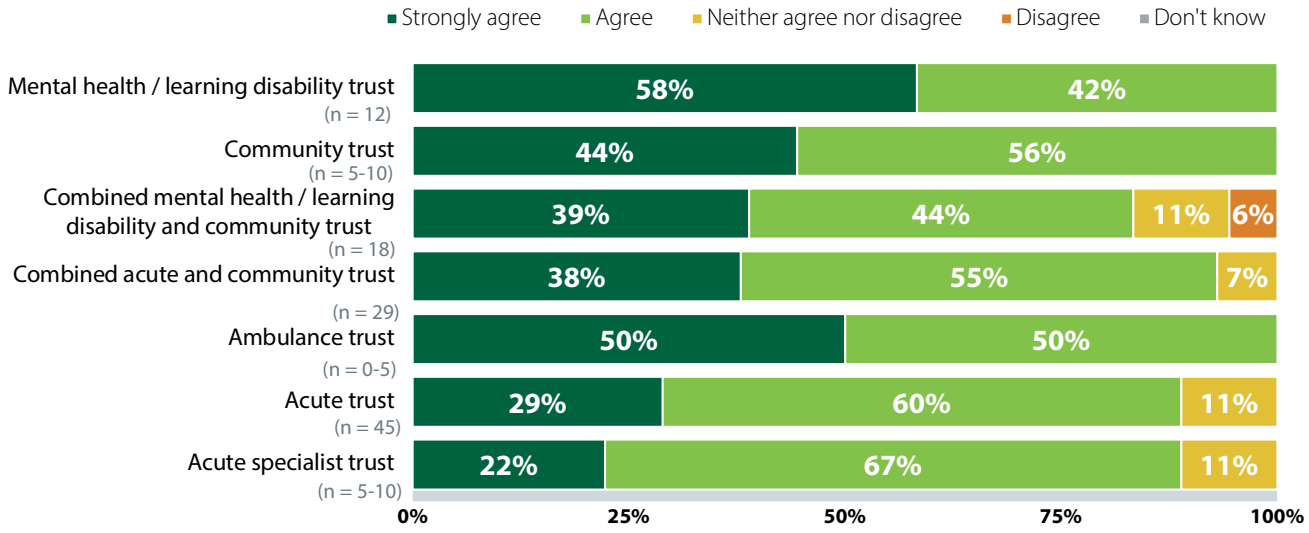
- Chairs were less likely to agree and had higher levels of neutrality than governance leads. 87% of governance leads agreed (54%) or strongly agreed (33%), compared to 67% of chairs agreeing (54%) or strongly agreeing (13%). Over a quarter (26%) of chairs neither agreed nor disagreed.
- Over 10% of respondents from all trust types felt neutral or disagreed.
- Community trusts were more likely to strongly agree (56%) than other trust types and the survey average (26%).

Executive directors contribute to organisational strategy outside their own discipline

- There was little variation between chairs and governance leads: both had large proportions of respondents who agree. However, governance leads were more likely to strongly agree (42%) compared to chairs (26%).
- All (100%) ambulance, community and mental health/learning disability trust members agree that executive directors contribute to organisational strategy outside their own discipline. Combined mental health/learning disability and community trust members were the most likely to disagree (6% disagree), the same as last year.

FIGURE 3

Executive directors contribute to organisational strategy outside their own discipline



Executive directors on the trust board allocate adequate priority to fulfilling their board role

- Nine in ten (90%) governance leads agreed (47% agree, 43% strongly agree), compared to 80% of chairs (52% agree, 28% strongly agree). Chairs were more likely to disagree (9%) compared to governance leads (2%), but with similar levels of neutrality (11% chairs, 8% governance leads).
- All (100%) respondents from acute specialist, ambulance and mental health/learning disability trusts agreed with this statement. Agreement from acute members (76%) was the lowest of all trust types and lower than the survey average (86%), with nearly one in five (18%) of respondents responding neutrally and 6% disagreement.

Executive directors understand the trust board's role and its value to the organisation

- All trust types other than acute and combined mental health/learning disability and community trusts agreed with this 100% of the time. Acute trusts were most likely to be neutral (9%).

NEDs are able to use the information they receive at board and committees to gain assurance about the performance of any trust

- Responses between trust types were similar, with almost all respondents agreeing or strongly agreeing with this statement. 9% of acute trusts were neutral and a small proportion of combined mental health/learning disability and community trusts and combined acute and community trusts disagreed.

NEDs challenge appropriately at board and committees

- There was a high level of agreement with this statement amongst all trust types and no disagreement. A small proportion of mental health/learning disability (8%), acute trusts (7%), and combined mental health/learning disability and community trusts (6%) were neutral about this statement.

If you disagreed with any of the statements, please tell us more, or feel free to explain any of your answers:

- In the comments, some respondents highlighted the difficulty that executives face in balancing board responsibilities with the demands of operational leadership, as there is often a pull towards short-term crises.
- Governance leads noted that there are varying levels of experience among NEDs regarding their role in governance, with some also raising concerns about the volume of information. Chairs noted that NEDs often dominate discussions and engage too deeply in operational details, which can overshadow collaboration and create tension with executives.
- Respondents also mentioned that executives and NEDs can experience difficulty in challenging each other effectively, especially within larger or younger boards.

"Our executive has necessarily been involved in making swift operational improvements and this makes the ability to step back and constructively challenge as part of the wider board difficult. Getting back into a more strategic space will be a priority for 2025."

COMPANY SECRETARY

"The trust is currently doing an in-depth review of assurance v reassurance. Having worked across a number of Trusts recently I professionally think that NEDs are mixed, and it is not collectively understood how to challenge effectively. Execs can often find the process personal rather than a positive mechanism."

DIRECTOR OF CORPORATE AFFAIRS, ACUTE TRUST

"The volume of information received makes it difficult to ensure challenge on everything. We are working hard to reduce this but with recovery, business as usual, improvement and external scrutiny this is more challenging for our trust."

COMPANY SECRETARY, ACUTE TRUST

Board development priorities

What are your trust's priorities for board development and support for your board?

- For most members, there was a focus on adapting to changes, with the development and delivery of long-term strategy being mentioned as a priority by some. Many respondents mentioned developing as a unitary board as a priority for their trust, mostly due to having new members and a desire to move towards establishing team cohesion. Other priorities included EDI, health inequalities, and digital – including AI and cybersecurity.
- Some respondents also mentioned culture change, risk, well led framework, and using data to drive performance.

"Use of technology to transform services and working with the wider system."
COMPANY SECRETARY, COMBINED MENTAL HEALTH / LEARNING DISABILITY COMMUNITY TRUST

"Strengthening board dynamics including board members cohesion and sharing of diverse views and opinions."
COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

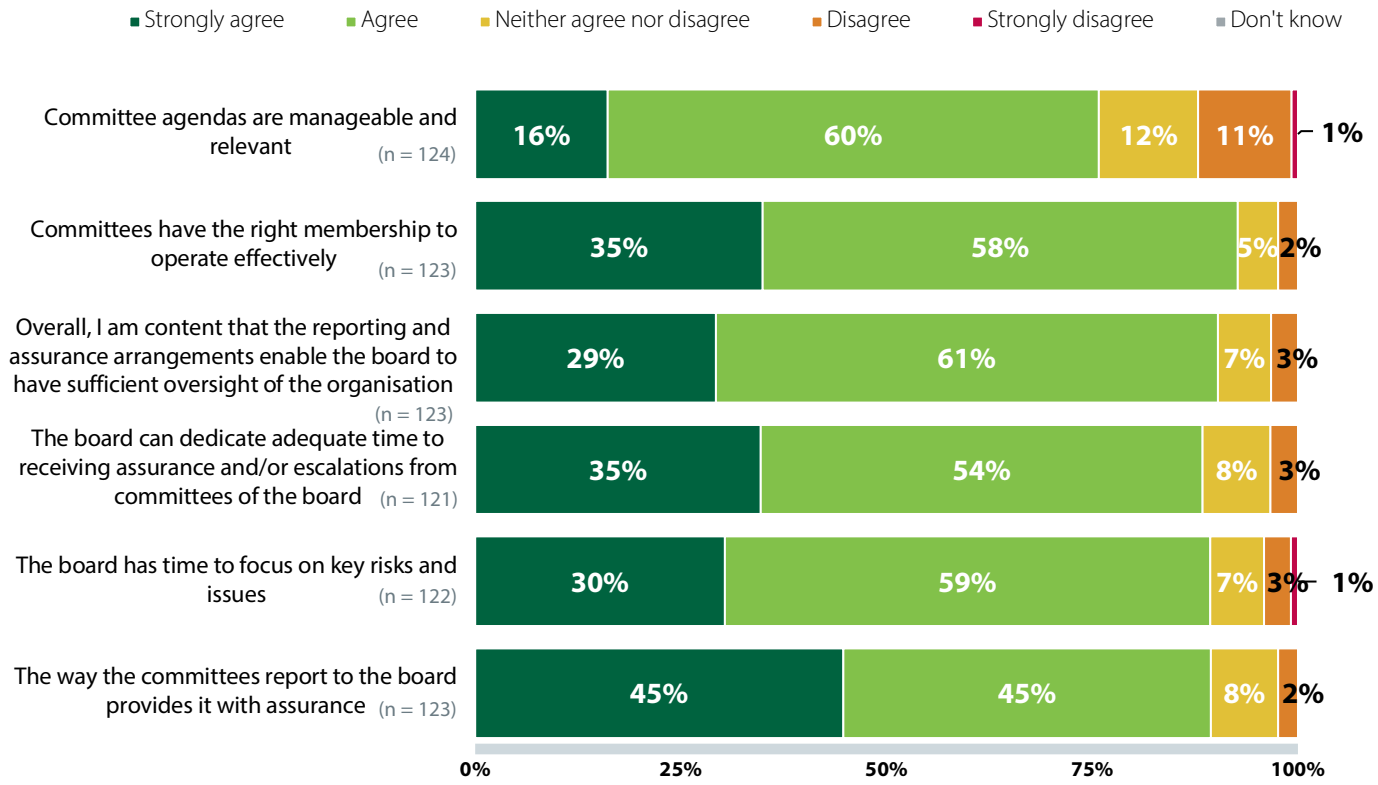
"Mapping and reviewing risk. Harnessing the full potential of digital technology. Supporting local communities."
CHAIR, ACUTE SPECIALIST TRUST

Board committees

Key indicators

FIGURE 4

To what extent do you agree with the following statements:



- Almost nine in ten respondents agreed or strongly agreed with every statement, apart from 'Committee agendas are manageable and relevant'. Just over three quarters (76%) of respondents agreed with this, and there was a higher proportion of neither agree nor disagree (12%), disagree (11%), and 1% strongly disagreed.
- Compared to last year, all applicable statements showed equal or slightly higher levels of agreement.
- The statement 'Overall, I am content that the reporting and assurance arrangements enable the board to have sufficient oversight of the organisation' was a new statement this year. This will be monitored in the future: 10% of respondents were unable to agree with this statement.
- There was slight change to the statement 'The way the committees report to the board provides it with assurance' from 'The way the committees report to the board can provide it with assurance' last year. This year's statement on committee reporting providing assurance had 89% agreement from respondents, compared to 99% with last year's statement. Although we cannot attribute all the change in agreement to a change in wording, it is interesting to note that this year's more direct wording received less agreement.

Committee agendas are manageable and relevant

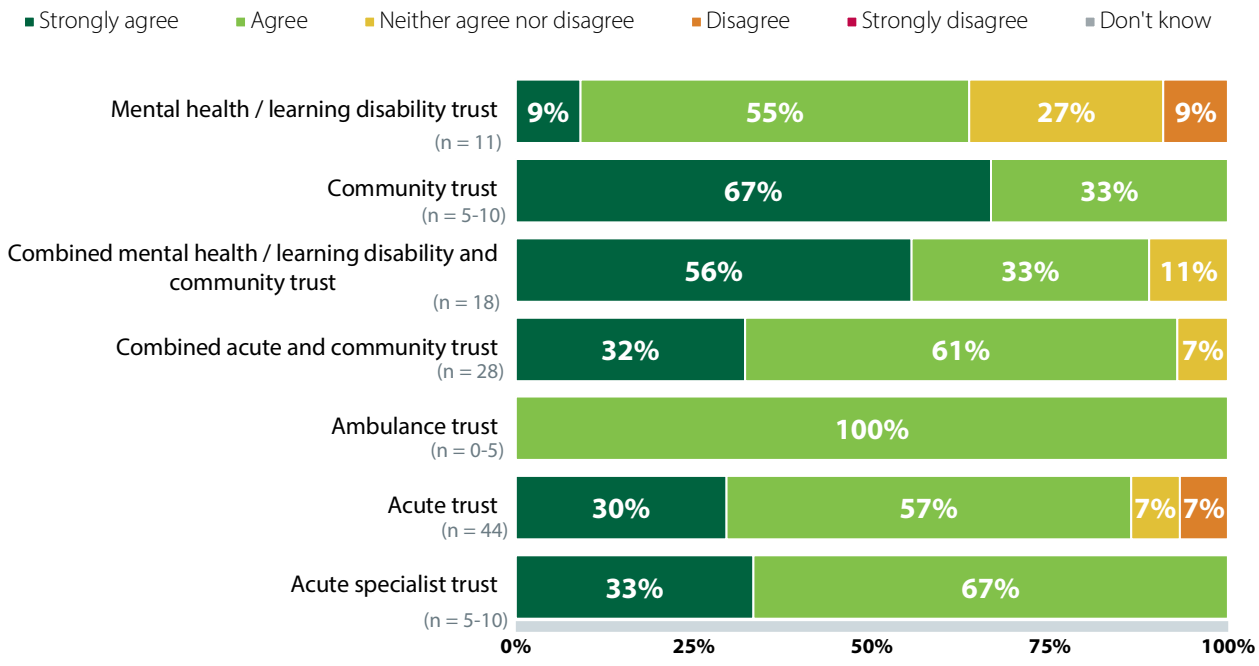
- For this statement, there was a higher proportion of disagreement for both chairs (13%) and governance leads (11%) compared to other statements.
- Nearly a quarter (24%) of acute trusts disagreed with this statement, higher than all other trust types and the survey average (12%).

The board can dedicate adequate time to receiving assurance and/or escalations from committees of the board

- Chairs were less likely to agree than governance leads (chairs: 82%, governance leads: 92%). A higher proportion of chairs also selected neither agree nor disagree, or disagreed.
- There was variation in responses by trust type: only 64% of mental health/learning disability trusts agreed or strongly agreed, compared to over 89% for the survey overall. Over a quarter (27%) of mental health/learning disability trusts neither agreed nor disagreed, compared to 8% as the survey average.

FIGURE 5

The board can dedicate adequate time to receiving assurance and/or escalations from committees of the board



If you have disagreed with any of the statements please tell us more, or feel free to explain any of your answers:

- The overall sense in the comments was that agendas are too lengthy, and the information included is sometimes duplicated or irrelevant. Respondents said there was often more reassurance than assurance provided, and more time was needed to focus on strategy and risks. Many members highlighted their ongoing efforts to improve assurance processes.

> ***"For me the length of the quality and safety agendas are far too long and full of external requirements. Each new scandal creates a new set of reporting requirements... Nothing ever drops off the other end. Obscures what we as an individual trust need to concentrate on."***
>
> CHAIR, ACUTE TRUST

> ***"Board and committee agendas often trying to fit too much in, with papers that are overly long. Papers need to be more targeted to the audience, with presenters briefed to provide the key points in two to three minutes then allowing time for discussion."***
>
> COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

> ***"Whilst I have not disagreed with any of the statements, I have cautiously responded regarding the board having time to focus on key risks and issues, as there have been increasing demands on its time to consider the financial challenges within the ICS, which have a direct impact on the trust's own ability to operate efficiently."***
>
> COMPANY SECRETARY, MENTAL HEALTH/LEARNING DISABILITY TRUST

Triangulation

Please tell us how your board members triangulate what they hear about patient safety:

- Most respondents mentioned ward, department or site visits in their responses through planned and unplanned board walkabouts and service visits, either by executives, NEDs, or other senior leaders.
- Other ways that board members triangulate what they hear at the board about patient safety include engaging with patients and staff, for example through patient and staff stories presented at boards, reviewing complaints, and staff or patient survey results.
- Alongside the use of externally sourced data, such as CQC inspection findings, several respondents mentioned the role of NEDs, specifically regarding meetings with patients and staff, and participating in audits and visits.
- Other approaches included the use of freedom to speak up (FTSU) intelligence.

"All members undertake a walkabout to different areas of the trust. There's also a partnership of executive and NED which is on a rota. There is a space on the board agenda to feedback on walkabouts."

COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

"They consider a range of information relating to services including safety incidents, demand on services, staffing levels and staff satisfaction. They visit services and also hear from patients and families using services."

COMPANY SECRETARY, COMBINED MENTAL HEALTH/LEARNING DISABILITY COMMUNITY TRUST

Changes made to committees

If, in the past 12 months, you have significantly changed your committee structure or the remit of your committees to provide assurance to the board around system-working, partnerships and/or collaborations please tell us about the changes you have made and why you have made them:

- Respondents described a variety of approaches to adapting their committee structures and practices. These included including shifting discussions about system working from committees to the full board to enhance transparency and ensure these topics receive strategic attention while others have integrated system working into all committee agendas and board discussions without altering the committee structure.
- Several respondents highlighted specific structural changes, such as reducing the number of committees and sub-committees, introducing new committees and restructuring governance mechanisms to align with integrated care systems (ICSs) frameworks. Trusts are also enhancing reporting processes to reflect activities within provider collaboratives and ICSs.

"Our strategic transformation committee has opened its membership to include our system partners for this reason. We need their involvement much earlier than traditionally and this is a good way to ensure they are involved form the word go."

CHAIR, ACUTE TRUST

"The trust is currently undergoing an organisational and governance restructuring which is aimed to incorporate the integrated working system and more effective systems working framework."

COMPANY SECRETARY, ACUTE TRUST

"We have continued to develop our partnership reporting to reflect activities in the provider collaborative and integrated care system."

COMPANY SECRETARY, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

Councils of governors

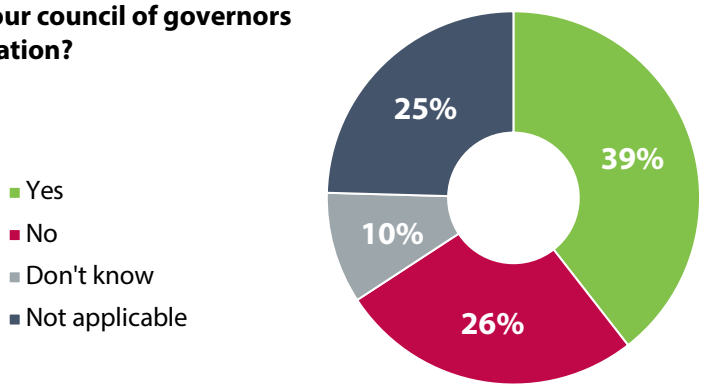
Support

If you are a Foundation Trust, would you benefit from additional support from NHS Providers to maximise the effectiveness of your council of governors within the context of current legislation?

FIGURE 6

Would you benefit from additional support from NHS Providers to maximise the effectiveness of your council of governors within the context of current legislation?

(n = 114)



- Two in five (39%) respondents said that they would benefit from additional support to maximise the effectiveness of their council of governors, which is lower than last year (47%). Just over a quarter (26%) said that they would not, up from a fifth last year (21%) and 10% said they did not know, similar to last year (7%).

If yes, please tell us more about what additional support would be helpful:

- Members emphasised the need for clearer guidance and consistent support as trusts adapt to system working and evolving partnership models. Many respondents expressed interest in understanding the responsibilities of governors within this context, with a number specifically mentioning the need to understand the governor role in group models. A few mentioned concerns regarding governors feeling a restricted sense of power, which can lead to disengagement, and called for strategies to better empower governors.
- Many respondents found NHS Providers' courses beneficial and expressed interest in expanding the range of available resources. Suggestions included creating a list of support options, more tailored online sessions, and resources focused on navigating the role of governors in systems.

"It is always helpful to help our CoG understand its position and responsibilities. As we move towards system working then it would be helpful for them to understand how this will effect [sic] the trust and what influence and involvement they will have."

COMPANY SECRETARY, ACUTE TRUST

"In respect of their duties and responsibilities in relation to the integration work"

COMPANY SECRETARY, COMMUNITY TRUST

"Support around the changes that group governance will bring to the role of the governors, and how changes in the role of regulator impact on FT freedoms and the role of governors."

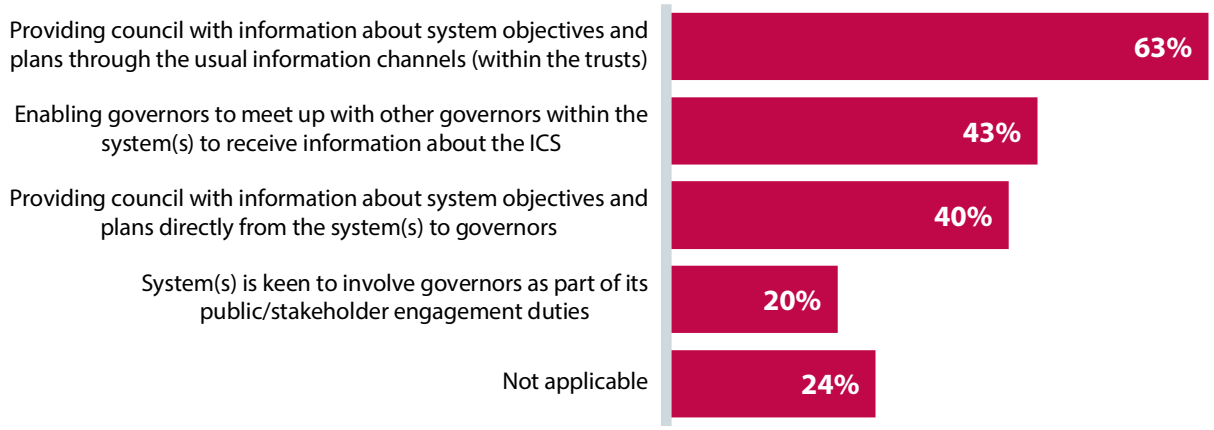
COMPANY SECRETARY, ACUTE TRUST

Councils and systems

FIGURE 7

If you are in an NHS Foundation Trust, are you involving governors in your system(s) in any of the following ways (select all that apply):

(n = 90)



- The most common way respondents are involving their governors in their system(s) is by providing council with information about system objectives and plans through the usual information channels (within trusts); close to two thirds (63%) are doing this. This was also the most frequently selected option last year, but it was less common then (55%).
- At least two in five respondents said they were enabling governors to meet up with other governors within the system(s) to receive information about the ICS (43%) and providing council with information about system objectives and plans directly from the system(s) (40%) to governors. Both methods were selected more frequently this year than in 2023, when both options were only selected by a quarter of respondents.
- One fifth (20%) say that the system(s) is keen to involve governors as part of its public/stakeholder engagement duties, a similar proportion to last year (21%).

Other (please specify):

"As the only FT within our system, it is sometimes a case of reminding other partner organisations of the governors existence, let alone statutory responsibilities, and the potential benefit this could bring the ICS in tapping into the trust's wider membership"

COMPANY SECRETARY, MENTAL HEALTH/LEARNING DISABILITY TRUST

"Met with governors from the other FT within our provider collaborative"

COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

"We discuss system issues with governors at CoG meetings."

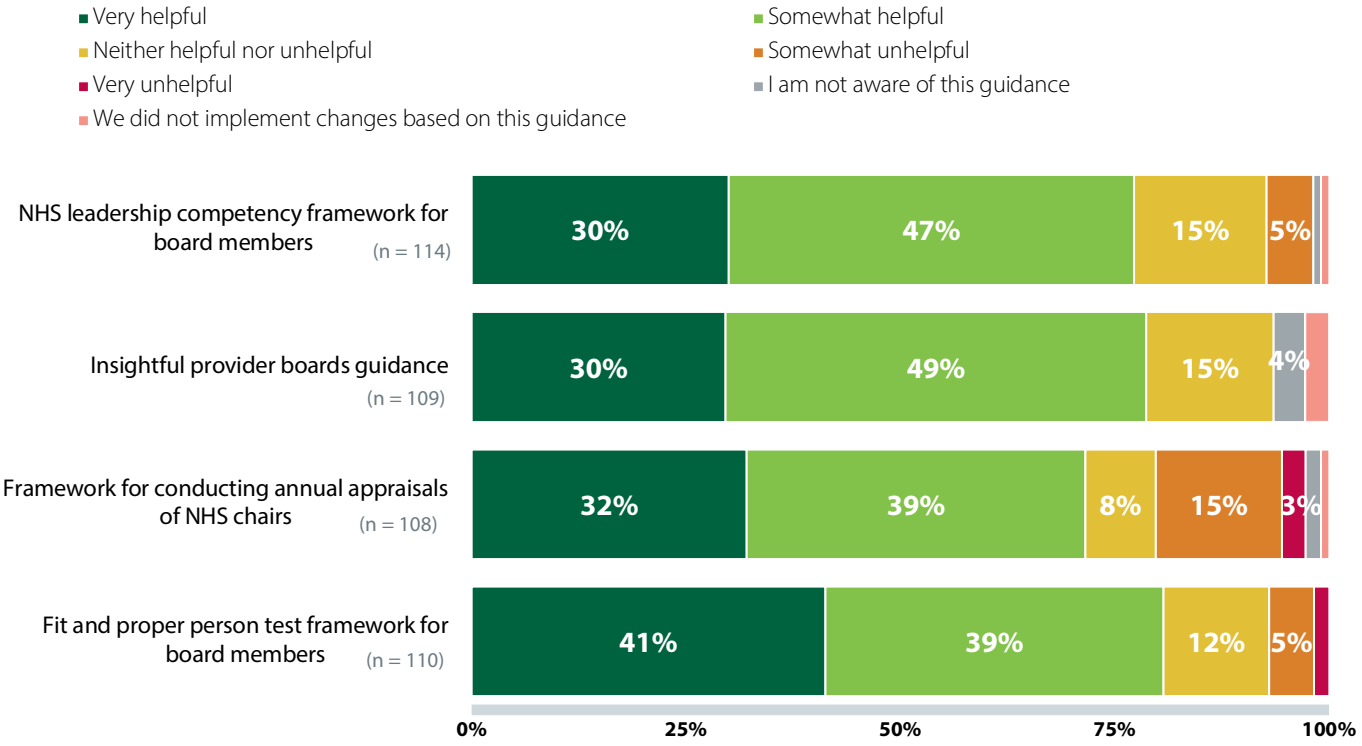
CHAIR, COMBINED MENTAL HEALTH/LEARNING DISABILITY TRUST AND COMMUNITY TRUST

Recent guidance and policy

Guidance

FIGURE 8

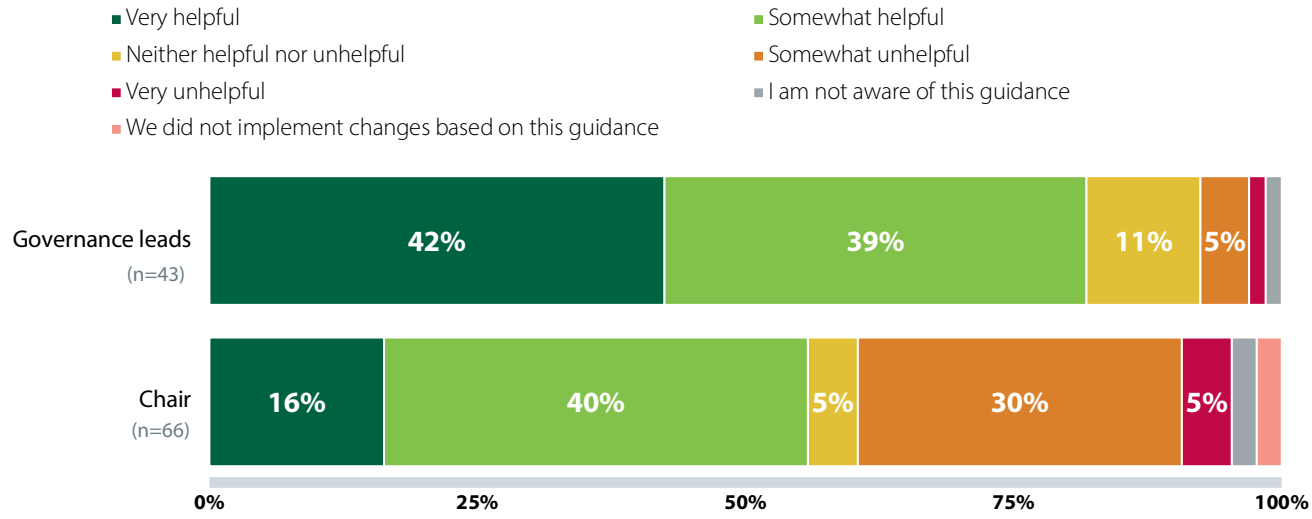
To what extent has the following recent guidance supported you in your work?



- At least seven in ten (70%) respondents found each of these pieces of guidance very or somewhat helpful.
- Respondents were most likely to say they found the fit and proper person test framework for board members helpful (81%). Two fifths of respondents said this guidance was very helpful (41%).
- Respondents were least likely to find the framework for conducting annual appraisals of chairs helpful (72%), and most likely to find this guidance unhelpful (18%).
- No respondents found the insightful providers board guidance unhelpful.

FIGURE 9

Framework for conducting annual appraisals of NHS chairs



- Governance leads were more likely to find this framework helpful (82%) compared to chairs (56%). Over a third (35%) of chairs said this framework was unhelpful compared to 7% of governance leads.
- Over half (55%) of respondents from acute specialist trusts said that they found this guidance unhelpful, the highest proportion of all trust types by some way and in contrast only a fifth (20%) of acute trusts found this guidance unhelpful. All (100%) of respondents from mental health/learning disability trusts and ambulance trusts found it helpful.

NHS leadership competency framework for board members

- Chairs were less likely to find this framework helpful than governance leads (chairs: 67%, governance leads: 84%). 14% of chairs found this framework unhelpful compared to no (0%) governance leads.
- A third (33%) of respondents from acute specialist trusts found this framework neither helpful nor unhelpful, higher than the survey average of (15%). Nearly a tenth (11%) of acute specialist trusts and combined mental health / learning disability and community trusts found this framework it unhelpful.

If you did not find any one of these pieces of guidance helpful, please explain why:

- Respondents identified several reasons why certain pieces of guidance were not useful. Members noted that some guidance is overly complicated, time-consuming and unclear. The most commonly cited piece of guidance was the chairs appraisal framework, which members said was time-consuming, complex and superfluous, as well as lacking in understanding of the NED role and having more relevance to an executive role.

- Some members said that the fit and proper persons guidance is overly time-consuming and bureaucratic, detracting from their ability to focus on governance and strategy. Some also noted that the requirements were ambiguous and they felt that aspects had not been properly thought through.
- Some also felt the leadership competency framework was too detailed, subjective and unclear, particularly regarding the distinction between executive and NED roles.
- The insightful board guidance was less likely to be mentioned, with some respondents highlighting that it was too soon to comment on its value.

> ***"The principles of the guidance are helpful but for some they are too extensive and have lost their impact as they have added additional bureaucracy and lack of clarity (e.g. there are too many questions in the chairs appraisal questions are not easy for stakeholders to answer including governors; the leadership competency framework has a lot of good information but a risk it will be a 'tick box')."***
>
> COMPANY SECRETARY, ACUTE TRUST

> ***"I find some of the guidance contradictory. For example, emphasising the need for boards to operate at a strategic level and then overloading them with very operationally focused requirements. I get the sense that guidance has been written by individuals who have never worked at a board level."***
>
> CHAIR, COMBINED ACUTE AND COMMUNITY TRUST

Policy

Following recent national announcements from the chief executive of NHS England and the Secretary of State for Health and Social Care, to what extent do you agree with the following statements:

There was an error in the survey response categories for this question and the 'disagree' option was unavailable to respondents. Respondents wishing to select disagree may have selected either strongly disagree or neither agree nor disagree. Due to this, we focus here on the agree and strongly agree responses and do not include a table/figure, which may be misleading.

It makes sense to withhold annual pay increases from executive directors and other VSMs where trust performance is poor

- Half (50%) of respondents from mental health/learning disability trusts agreed or strongly agreed with this statement, higher than the survey average (22%) and any other trust type. The next highest was community trusts, of which a third (33%) agreed with this statement.

League tables for trusts will support us to improve performance

- Over two in five (44%) community trusts agreed with this statement, double the survey average (20%) and all other trust types.

The announced change in the role of ICBs (from performance managers of trusts to strategic commissioners) is a welcome step towards clarifying roles and responsibilities in the system

- Seven in ten (71%) respondents agreed, compared to two in ten respondents in agreement with the other statements.

Please tell us more about any of these topics (proposals about league tables, the ICB role, and/or VSM pay):

- Most respondents expressed concern about league tables, seeing them as potentially demoralising, demotivating and counterproductive to collaborative efforts. Concerns were raised that league tables could lead to trusts focusing on improving certain metrics at the expense of others or masking underperformance. Members emphasised that league tables often lack the nuance needed to account for differences between trusts, leading to unfair comparisons and potentially harmful consequences. A few acknowledged that while benchmarks can be useful for identifying areas of improvement and showcasing good performance, members felt they needed to reflect local challenges to be beneficial.

- Regarding Very Senior Manager (VSM) pay, members highlighted the importance of transparency and fairness. Many were opposed to punitive approaches, suggesting that poor outcomes often stem from systemic challenges rather than individual leadership failures. They emphasised that good leaders need to feel encouraged to take on challenging roles without fear of penalties in the form of pay cuts. Many members welcomed being held to account; however, they call for an approach to accountability that is fair and constructive rather than penalising.
- On the role of ICBs, members generally approve of the clarification, but many expressed the need for greater clarity still regarding responsibilities and accountability structures and the need for NHSE and ICBs to have more of a strategic focus as opposed to performance management. There were isolated concerns that ICBs would not accept the change in role as well as some uncertainty around what these changes will mean in practice.

"League tables brings back competition which we are trying to replace with collaboration. I don't think the role of our ICB will change and they have said as much. Who will work for challenged organisations if they then don't get a pay rise – certainly not our most talented managers."

CHAIR, COMBINED ACUTE AND COMMUNITY TRUST

"League tables will provide news stories, rather than supporting NHS providers to improve in the way they need to."

COMPANY SECRETARY, ACUTE TRUST

"Poor performance does not happen overnight and is never straightforward to fix. It would be unwise to penalise a new management team for previous mistakes or performance. Funding and investment, as well as demand needs to be considered as a driver and enabler of good performance. League tables can drive perverse behaviour and create unintended consequences. If introduced should focus on patient outcomes and system wide indicators."

COMPANY SECRETARY

"Poor trust performance is a very nuanced issue and withholding annual pay increases is a blunt tool. There ought to be a distinction between cost-of-living increases and pay increases as the former should be applied in the same way as for other pay arrangements."

COMPANY SECRETARY, ACUTE TRUST

What is the main thing you would like NHS England's revised oversight and assessment framework to achieve?

- Members emphasised the importance of clear and transparent processes, along with ways to ensure accountability at all levels - particularly with the trust board. There was again a focus on greater clarity around the roles and responsibilities of NHSE, ICBs and other stakeholders.
- Clarity was a main theme, with some mentioning a need for clear criteria for transitions between oversight levels and a better understanding of consequences and expectations from NHSE. Others said that the framework should be consistently applied across organisations, avoiding duplication or overlap and maintaining objectivity in assessments.
- Some respondents said that NHSE should give high-performing trusts more autonomy, while focusing oversight efforts on trusts needing additional support.
- Others stated that the framework should prioritise collaboration across organisations, as well as prioritising supportive measures, rather than solely focusing on compliance. Members also raised concerns over the amount of bureaucracy, asking that simplicity of implementation is prioritised.

"Improvement in the quality of care for service users."
COMPANY SECRETARY, MENTAL HEALTH/LEARNING DISABILITY TRUST

"Currently the framework does not bring the support which is described in the framework. Going forward the framework should be objective in its assessment, descriptive of the support which will be made available and adhered to."
COMPANY SECRETARY, ACUTE TRUST

"Greater clarity about what can be achieved by each trust so that expectations are clear."
CHAIR, ACUTE TRUST

"I welcome rigorous oversight, but would like it to be twinned with support to change performance... I am concerned that a desire to balance the books and drive productivity may squash creative efforts to transform services because there will be little risk appetite for short term instability (in performance or finances). I would like planning to move to a two to three year cycle as the focus on in-year performance is ridiculous."
CHAIR, MENTAL HEALTH/LEARNING DISABILITY TRUST

NHS England regional teams currently (as set out in NHSE's operating framework 2022) have a remit that includes: developing leadership within ICBs and providers, collating and sharing best practice and lessons learnt, and facilitating supportive interventions to improve performance and outcomes. If the role of the regional teams was to change as part of the revision of the operating framework...

…What would you wish to see retained:

- Most members said that they would like the current remit as described in the question to be retained. Many specifically mentioned that developing leadership within ICBs and providers, and collating and sharing best practice and lessons learnt, were most important in their view. A few said that facilitating supportive interventions to improve performance and outcomes was important

"Leadership that is positive and encouraging that enables and empowers. Focus on patient and staff experience"
CHAIR, ACUTE SPECIALIST TRUST

"Focus on true collaboration across organisational boundaries and enabling provider collaboratives to work more seamlessly"
COMPANY SECRETARY, MENTAL HEALTH/LEARNING DISABILITY TRUST

…What would you wish to see changed:

- Many members emphasised the need for a clearer delineation of responsibilities between regional teams, ICBs, and trusts, particularly regarding performance oversight, regulation and strategic direction. Others mentioned wanted to see a reduction in the duplication of efforts between NHSE, regional teams and ICBs – with some mentioning a need for proper delegation of responsibilities from NHSE to regional teams to reduce overlaps.
- Others would like to see greater transparency in NHSE's reporting structures and clearer accountability. A number of respondents also mentioned a need for interventions that genuinely support improvement, as well as a more active role in leadership development and simplified performance targets.

"Clarity about their role in terms of the strategic directions of each ICB and of the region as a whole."
CHAIR, ACUTE TRUST

"Ensuring supportive interventions are supportive rather than blame shifting."
CHAIR, ACUTE TRUST

"Culture of directive intervention on trusts, sometimes without understanding of the real day to challenges we experience."
CHAIR, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

Director recruitment and time commitment

If you have experienced any challenges in making good quality executive director appointments – please tell us about it:

- There were 27 responses to this question: 56% of responses were from foundation trusts and 44% were from NHS trusts.
- Many said that the availability of high calibre candidates remains a significant issue which leads to multiple rounds of recruitment. Some respondents raised concerns about improving board diversity, emphasising the importance of succession planning and leadership development programmes.
- Other members pointed out that candidates are becoming more reluctant to accept roles outside their current area due to the upheaval and impact on work-life balance. Some identified salary expectations and risk avoidance as potentially narrowing the pool of applicants.
- Some members noted that they have not faced challenges in making good quality executive director appointments.

"This has simply been about availability of high calibre candidates. We had to have three rounds of CNO recruitment to secure a CNO and in the last round, only one candidate made it through to interview."

DIRECTOR OF CORPORATE AFFAIRS, MENTAL HEALTH/LEARNING DISABILITY TRUST

"There is a risk that the most effective senior leaders will be unwilling to move to the most challenged organisations."

COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

If you have experienced any challenges in making good quality chair/non-executive director appointments – please tell us about it:

- There were 34 responses to this question: 69% were from foundation trusts and 31% were from NHS trusts.
- Proportionally, members were less likely to express challenges in making good quality chair/NED appointments than executive appointments.
- For some, multiple rounds of recruitment were also needed for chair/NED recruitment, with FTs noting the high cost of each round. Other barriers to applications mentioned include the professional and reputational risk associated with these roles and the extensive time commitment. The challenges of recruiting people from diverse backgrounds were raised, particularly given the out-of-date current remuneration framework.

- The cost of needing to use recruitment agencies for multiple recruitment exercises was again mentioned.
- Some members noted that they have not faced challenges in making good quality chair/non-executive director appointments.

"Poor pay, fear of reputational damage. Job too hard and consuming. High level of risk."

CHAIR, ACUTE TRUST

"We recruited in the last calendar year and attracted good candidates. Much discussion and discontentment at the moment over the frozen guidance on chair and NED salary, however. The ask of NEDs is greater than before and yet this is not reflected in the salaries offered according to national guidance."

DIRECTOR OF GOVERNANCE, ACUTE SPECIALIST TRUST

On average, how many days per month are spent working for the trust (not contracted days, but days actually worked) by:

FIGURE 10

Number of days spent working for the trust by role type

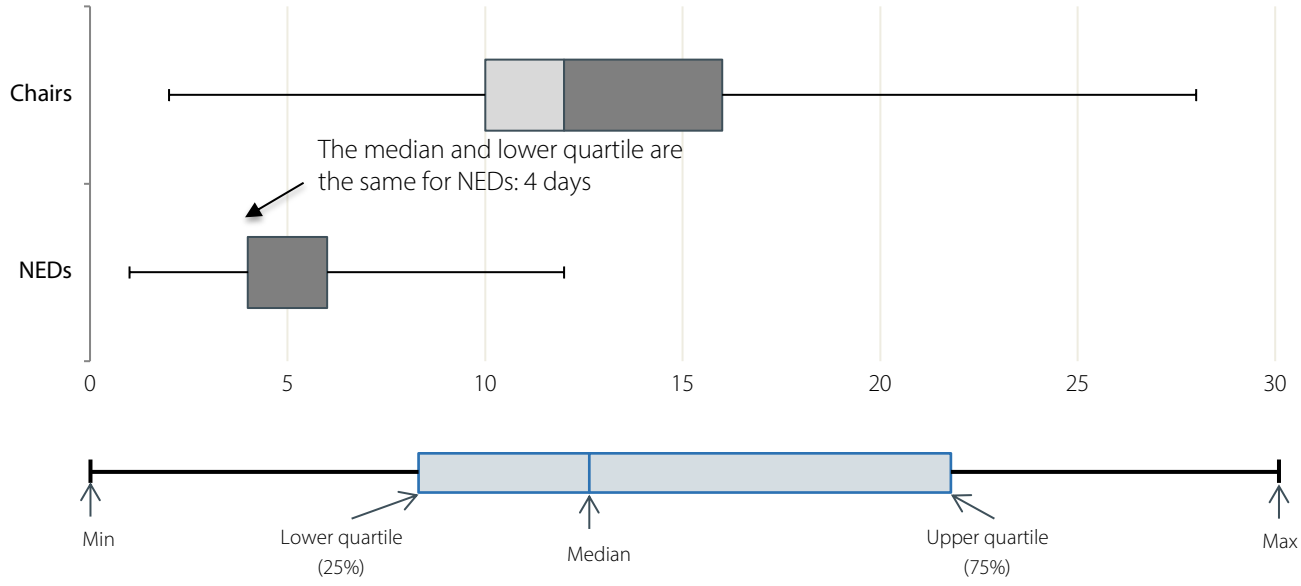


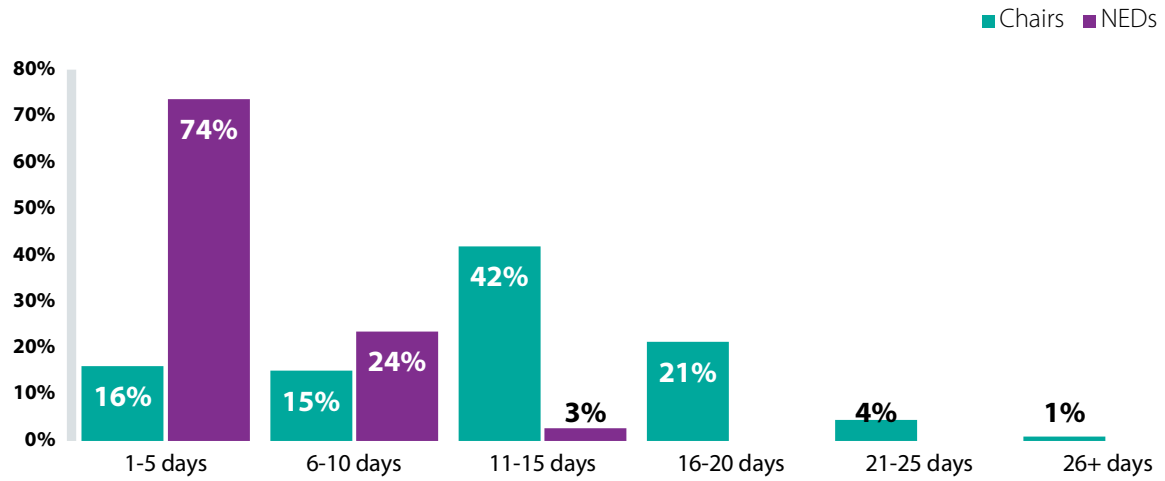
FIGURE 11

Number of days spent working for the trust by role type

	Chairs	NEDs
N	112	110
Average (days)	12.5	4.8
Median (days)	12	4
Q1	10	4
Q3	16	6
Minimum (days)	2	1
Maximum (days)	28	12
Range (days)	26	11

FIGURE 12

Number of days per month spent working for the trust (%)



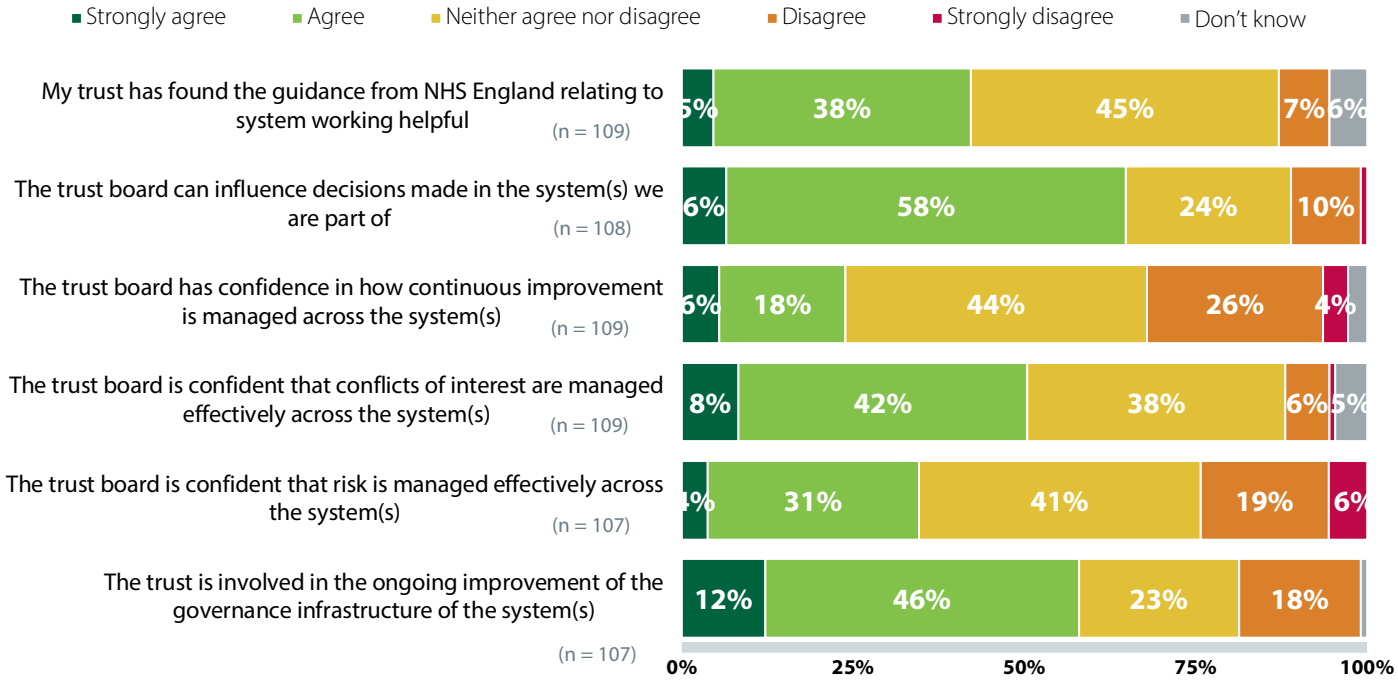
- On average, chairs worked for the trust for 12.5 days a month. NEDs worked for trusts for 4.8 days on average. The median number of days for chairs to work for their trust was 12 days, the median number for NEDs was lower (four days).
- There was a much wider range in the number of days chairs worked for the trust (between two days and 28 days: 26 days) compared to NEDs (between one day and 12 days: 11 days).

Trust boards operating in systems

Key indicators

FIGURE 13

To what extent do you agree with the following statements:



- Close to two thirds (65%) of respondents agreed or strongly agreed that their trust board can influence the decisions made in the systems they are part of. This was the strongest agreement level of all statements. Last year a similar statement 'The trust board can influence the development of the system(s) we are part of' also received the highest level of agreement (68%), although the change in wording from 'development of' to 'influence the decisions made' means the proportions across years cannot be directly compared.
- Slightly over a third (35%) of respondents agree that the trust board is confident that risk is managed effectively across the system(s), compared to 12% last year. A similar proportion disagreed with this statement compared to last year (2024: 24%, 2023: 28%) and respondents were less likely to be neutral (2024: 41%, 2023:57%), suggesting that responses to this statement are more polarised this year.
- Half of respondents (50%) agreed that the trust board is confident that conflicts of interest are managed effectively across the system(s) up from 40% in 2023. Respondents were less likely to be negative about this statement than in 2023 (2024: 7%, 2023: 18%).
- Respondents were more likely to agree that 'My trust has found the guidance from NHS England relating to system working helpful' this year (42%), compared to 2023 (32%).

- Nearly a quarter of respondents (24%) agree that the trust board has confidence in how continuous improvement is managed across the system(s). As with last year, it remains one of the statements with the smallest proportion of respondents who agree. Three in ten respondents (29%) disagreed with the statement in 2024, the largest disagreement of all statements, which is similar in value and pattern to last year (26%).
- Over half (58%) of respondents agreed that the trust is involved in the ongoing improvement of the governance infrastructure of the system(s). Last year, respondents were asked about their trust's involvement in the ICB's work to design the governance infrastructure of the system(s). Although we cannot directly compare the results of different statements, there was also a majority (55%) of agreement about their trust's involvement with the governance infrastructure of the system, albeit the development of it and not the ongoing improvement of it.

The trust board can influence decisions made in the system(s) we are part of

- Compared to the survey average (11%), acute trusts (21%) and acute specialist trusts (22%) were twice as likely to disagree with this statement.
- Agreement overall was (65%). All (100%) ambulance trusts agreed, followed by 88% of community trusts and 77% of combined acute and community trusts.

The trust board is confident that conflicts of interest are managed effectively across the system(s)

- There was 50% agreement overall with this statement However, all (100%) ambulance trusts agreed, 77% of community trusts and 67% of combined mental health/learning disability and community trusts.

The trust board is confident that risk is managed effectively across the system(s)

- Compared to the agreement in the overall sample (35%), community trust (55%) and combined mental health/learning disability and community trust (50%) were more likely to agree with this statement.

The trust is involved in the ongoing improvement of the governance infrastructure of the system(s)

- A higher proportion of combined mental health/learning disability and community trusts disagreed (36%) with this statement than other trust types and the survey average (18%). They were also less likely to agree (43%) than the survey average (58%).
- All (100%) of ambulance trusts and 78% of acute specialist trusts agreed with this statement, the highest of all trust types and above the survey average.

If you disagreed with any of the statements please tell us more, or feel free to explain any of your answers:

- There was an overall sense of lack of clarity and consistency, and that roles are not well-defined, which leads to confusion. Some said that collaborative arrangements are still evolving, so it is too soon to be able to comment.
- Some feel a disconnect between the ICB and trust boards, with limited visibility of collaborative work and lack of involvement of NEDs. Other respondents highlighted that NEDs often feel excluded from system-related roles and responsibilities and so struggle to have their perspectives adequately considered.
- Respondents highlighted the need for a stronger focus on measurable outcomes, as well as more consistency in system processes, including the interplay between provider collaboratives, ICBs and NED involvement.

"Trust chairs are confident about their role in the system, but it is not clear whether the wider NED group is confident about this even with reporting to board and sessions on partnership."

COMPANY SECRETARY, ACUTE TRUST

"Provider collaborative arrangements are not yet mature and system incentives continue to encourage optimising local performance at place rather than acting in the interests of the wider ICS population."

GOVERNANCE LEAD, COMBINED ACUTE AND COMMUNITY TRUST

"Trust NEDs remain confused about the purposes and capacity of one of the ICBs; the other has largely ignored us and made no effort to involve trust NEDs in any shape or form."

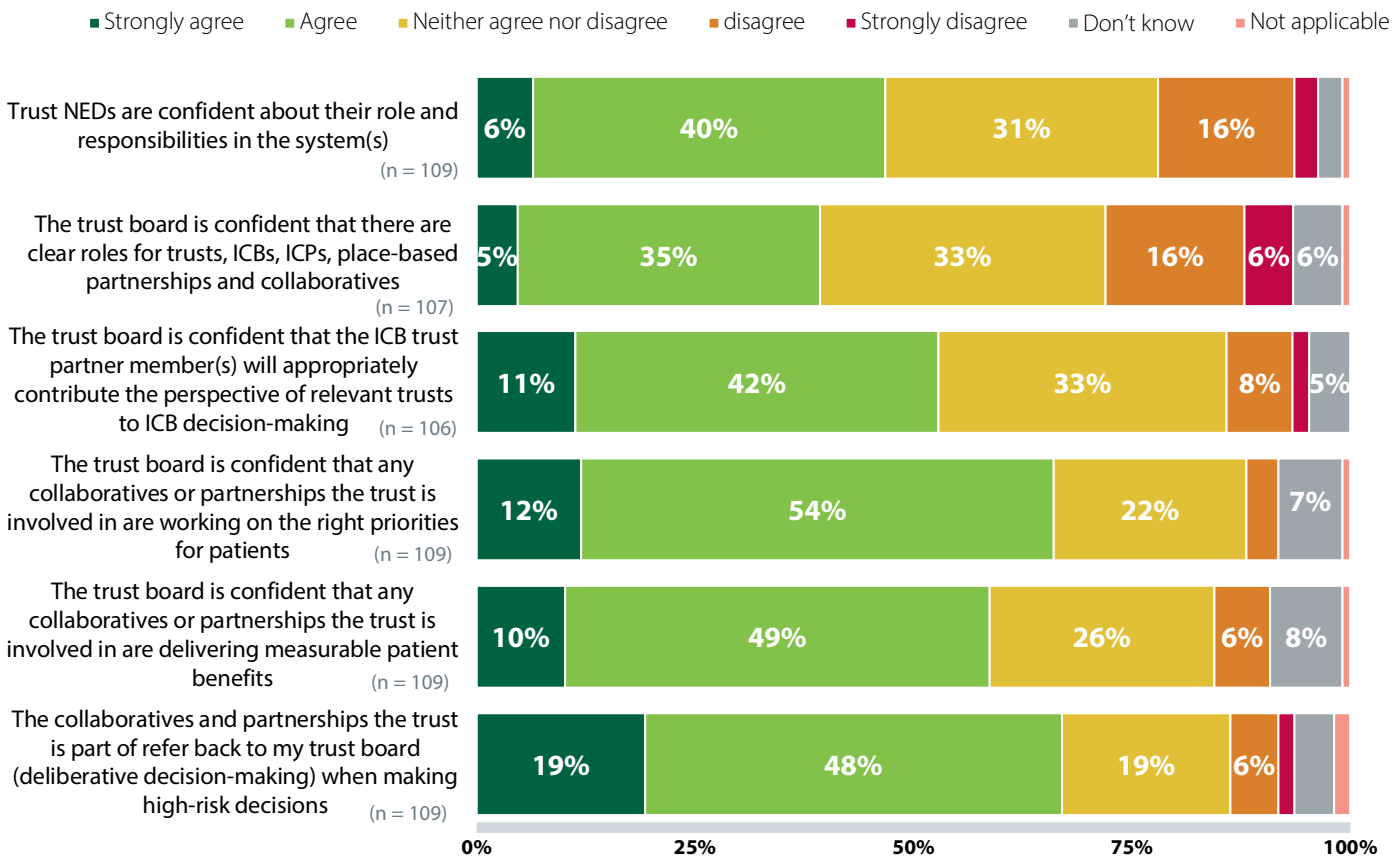
CHAIR, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

"Lack of clarity as to guidance from ICBs and the role they play in directing strategic planning and implementation."

CHAIR, COMBINED ACUTE AND COMMUNITY TRUST

FIGURE 14

To what extent do you agree with the following statements:



- Two thirds of trusts (67%) agreed or strongly agreed that 'The collaboratives and partnerships the trust is part of refer back to my trust board (deliberative decision-making) when making high-risk decisions', which is the highest agreement of any statement, and similar to 2023 (66%).
- Close to two thirds (66%) of trusts agreed with the statement 'the trust board is confident that any collaboratives or partnerships the trust is involved in are working on the right priorities for patients', compared with 59% in 2023.
- The majority of respondents (59%) agreed that their trust boards are 'confident that any collaboratives or partnerships the trust is involved in are delivering measurable patient benefits', which is higher last year, where 38% agreed or strongly agreed with this statement.
- Over half (53%) of respondents agreed that their trusts were 'confident that the ICB trust partner member(s) will appropriately contribute the perspective of relevant trusts to ICB decision-making', a similar proportion to last year.

- Respondents were least likely agree, and most likely to disagree, with the statement 'The trust board is confident that there are clear roles for trusts, ICBs, integrated care partnerships (ICPs), place-based partnerships and collaboratives' (agree/strongly agree: 39%, disagree/strongly disagree: 21%). These proportions are broadly in line with last year's results for this statement (agree/strongly agree: 35%, disagree/strongly disagree:16%).

System partnerships and roles

How many of the following is your organisation a part of:

FIGURE 15

Integrated care systems	Responses	% of responses
1	92	82%
2	15	13%
3	3	3%
4	1	1%
5	1	1%
Grand total	112	100%

FIGURE 16

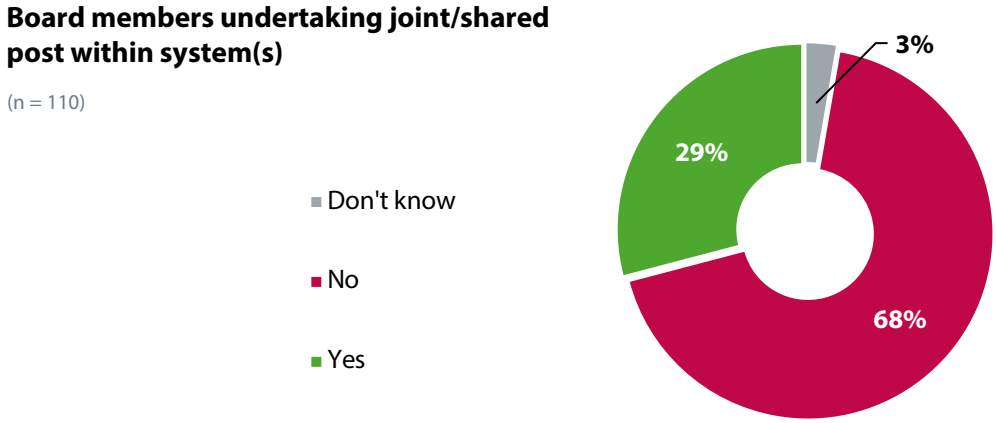
Place-based partnerships	Responses	% of responses
0	4	4%
1	41	44%
2	19	20%
3	14	15%
4	5	5%
5 or more	10	11%
Grand total	93	100%

FIGURE 17

Provider collaboratives	Responses	% of responses
0	2	2%
1	76	70%
2	20	18%
3	6	6%
4	3	3%
5 or more	2	2%
Total	109	100%

Do you have board members in your trust undertaking a joint/shared post within your system(s)?

FIGURE 18



- A lower proportion of respondents (29%) said they have board members undertaking joint/shared roles compared to 42% last year. 3% did not know.
- Members from acute specialist trust were most likely (44%) to say that they do have board members undertaking joint/shared posts within their systems.
- Members from London were most likely to say they have joint/shared posts (67%), and members from the Midlands were least likely to say they do (18%).

What is the reason your trust has established joint/shared board posts?

- The main reasons cited were support for collaboration, integration and partnership working, and financial saving, and many mentioned enabling knowledge-sharing.

"To enhance shared learning and collaborative working."

GOVERNANCE LEAD, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

"To increase collaboration, reduce cost and increase multi skilled knowledge and involvement."

DIRECTOR OF CORPORATE AFFAIRS, ACUTE TRUST

Please tell us which post and any notable challenges or benefits you feel this brings to your trust:

- Members provided several benefits of having board members undertaking joint/shared posts within their systems, the most common being shared expertise and financial benefits. Respondents also mentioned that duplication is minimised, decision-making capabilities are enhanced, and quality of care is improved. Members were less likely to provide challenges, but issues that were mentioned included workload and time constraints.

"Improvement in quality of care. We have also been able to leverage others shared experience and expertise which has proven to be more effective for service delivery, time and cost management."

GOVERNANCE LEAD, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

"Several of our NEDs also sit on the board of a partner trust within our acute provider collaborative. There are practice workload and time constraints in serving on multiple boards."

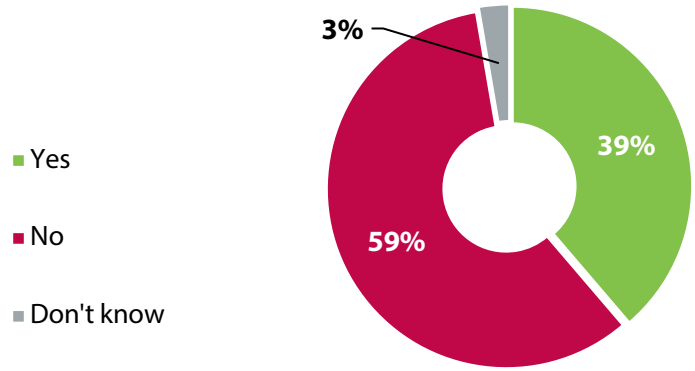
GOVERNANCE LEAD, COMBINED ACUTE AND COMMUNITY TRUST

Do you have a board member who is also a trust partner member on an ICB?

FIGURE 19

Board members who are also a trust partner member on an ICB

(n = 111)



- A slightly lower proportion of respondents (39%) have a board member who is also a trust partner member on an ICB than in 2023 (42%). 3% did not know, lower than last year (8%).
- No ambulance trust respondent had a board member who is also a trust partner. Three quarters (74%) of combined acute and community trusts said they did not. Combined mental health/learning disability and community trusts were most likely to have a board member who is also a trust partner (67%).
- Those regions with higher than survey average representation on their ICB were: East of England (63%), London (58%), Midlands (55%) and South East (50%). Only 6% of respondents from the North West had a partner member.

Please tell us any notable challenges or benefits you feel this brings to your trust:

- The main benefits mentioned were improved communication with the ICB, being more influential on the ICB, and having direct involvement in discussions and decision-making. Some members also mentioned having greater representation of their sector. There were very few members who noted challenges; the most common challenge identified was time commitment. A risk of neglecting priorities within their own trust was highlighted by one respondent.

"The trust's provider perspective forms part of system discussions and strategic planning with direct reporting to the board."

COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

"A great understanding of what is going on in the ICB, and ability to influence to some extent."

CHAIR, MENTAL HEALTH/LEARNING DISABILITY TRUST

Other comments

Finally, is there anything else you would like to tell us about how system working is impacting your board and organisational governance, please do so here.

- In the final comments, many respondents said that system working has introduced additional time pressures and an increase in workload, with an added layer of complexity.
- Members also raised concerns over a lack of clear outcomes, as well as difficulty in understanding the strategic direction.
- Some said that there needs to be more of a focus on collaboration, consistency across ICBs, and relationships.

"System working is varied nationally as I have experienced and supporting a collective approach and sharing key best practice would be helpful. To increase understanding, reduce costs and increase effective collaboration."

DIRECTOR OF CORPORATE AFFAIRS, ACUTE TRUST

"System working is taking a lot of executive and non-executive resource, which is already stretched to capacity and within the current financial context cannot be backfilled. It is crucial therefore that directors time is used effectively and that meetings have tangible outcomes - this is better in some areas than others."

COMPANY SECRETARY, COMBINED ACUTE AND COMMUNITY TRUST

"The trust board receives very little input on systems partnership working. More work needs to be done collaboratively to benefit all partners."

COMPANY SECRETARY, ACUTE TRUST

"It has doubled mine and others workload without tangible benefit. It erodes time for operational leadership and strategic thinking."

CHAIR, ACUTE TRUST

Sample and methodology

This survey sought to explore views in relation to boards, assurance committees and how trusts are operating in relation to the system(s) of which they're a part. The results of this survey will be used to inform our influencing work, and feed into our board development programmes. This briefing summarises the results of the 2024 survey, and where applicable, compares the results to previous years.

The NHS Providers governance survey was sent to company secretaries, chairs and others responsible for corporate governance in trusts and foundation trusts in November 2024. The online survey was open for 6 weeks.

- We received 124 responses to the survey from 104 unique trusts. This accounts for 50% of the sector (206 trusts in England).
- Seventy-two percent of responses were from foundation trusts and 18% from NHS trusts.
- All trust types and regions were represented in the responses:

FIGURE 20

Trust type	Responses	% of responses	% of sector
Acute specialist*	5-10	5-10%	50%-55%
Acute	45	36%	51%
Ambulance*	0-5	0-5%	<50%
Combined acute and community trust	29	23%	50%
Combined mental health / learning disability and community trust	18	15%	55%
Community trust*	5-10	5-10%	60%-65%
Mental health / learning disability trust	12	10%	47%
Total	124	100%	50%

**To protect anonymity and for statistical reasons, any sample sizes under 10 have been put into bands of five and are used in charts and in text references throughout the report. For this reason, some quotes included in this report cannot be publicly allocated to a trust type. NHS Providers' governance lead has reviewed the full dataset for all trust types.*

FIGURE 21

Region	Responses	% of responses	% of region
East of England	16	13%	59%
London	17	14%	39%
Midlands	23	19%	50%
North East and Yorkshire	21	17%	48%
North West	20	16%	52%
South East	14	11%	50%
South West	13	10%	63%
Total	124	100%	50%

FIGURE 22

Role	Responses	% of responses
Chair	46	37%
Governance leads*	78	63%
Total	124	100%

**Governance leads includes company secretaries, directors of governance, directors of corporate affairs and their deputies.*