NHS Providers governance survey 2023

Summary briefing

Introduction

The NHS Providers annual governance survey was completed by chairs, company secretaries and other corporate governance leads in NHS trusts and foundation trusts in September and October 2023. It sought to explore views in relation to boards, their assurance committees and how trusts are developing in relation to the systems they are part of.

This summary makes sense of the picture the survey presents by highlighting notable themes and areas for further exploration.

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

Thank you again 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) at izzy.allen@nhsproviders.org

Key findings

A focus on managing board and committee meetings remains important

"Agendas are still too large. There is too much risk in just using the strategic objectives/assurance framework and risk agenda as a driver for committee agendas. There is a pressure to have oversight over everything just in case something is missed."

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

While the quantitative results paint an **overwhelmingly positive picture** of the effective operation of boards and committees (for example, 86% of respondents agreed or strongly agreed that the board has time to focus on key risks and issues), the comments give a clear sense that it can still be challenging for boards and their assurance committees to prioritise and effectively cover everything.

Many respondents told us that **space on agendas is under pressure**, often attributing this to the flow of initiatives from the centre as well as new system and partnership-working related issues. This is contributing to **reduced bandwidth** for those producing and seeking to digest reporting and assurance information and putting pressure on the available time in meetings for effective discussion and scrutiny. The data do not show that trusts are increasing the number of assurance committees to manage the load: rather, system and partnership assurance was more often incorporated into existing committees than in 2022, increasing those committees' purview.

The **pressures on executive directors** at present were regularly highlighted, though there has also been a small perceived improvement in executives' engagement with, and prioritisation of, their board roles this year.

Several respondents highlighted **concern over whether boards were able to focus on the right issues**, though there was no consensus that any items were irrelevant or should not demand attention. Rather boards should be able to get into the right level of detail about all these areas, but often do not have sufficient capacity to do so.

All types of trust are experiencing some challenges, but **mental health and learning disability trusts** report the greatest challenges in relation to having manageable and relevant committee agendas and allocating adequate time at board meetings to receiving assurance from committees. The full briefing contains more detail about variation between trust types.

There were concerns about **too much detail** coming through to boards and committees. Although the survey results do not definitively tell us why this is happening, it could indicate that those producing reports are under pressure and are not able to spare the time focussing in on the salient points. It might also indicate an over-cautious approach (a perceived need to share everything so nothing potentially important is missed) or it may be a development need in those responsible for reporting.

Selecting board priorities can be complex

"Lots of competing priorities from all of these!"
GOVERNANCE LEAD, MENTAL HEALTH/LEARNING DISABILITY TRUST

When asked about **how boards prioritise**, respondents told us that trust strategy, plans, operational pressures and care quality most often steered their agendas. However it was apparent that system and regulatory priorities (as distinct from the trust's own priorities) often took precedence at a significant number of trusts.

Perspectives about **board priorities sometimes varied between chairs and governance leads**, with chairs more likely to say trust strategy, quality and partnership priorities took precedence at all times and governance leads more likely to say that external central (NHS England (NHSE) or governmental) and system priorities took precedence.

Most trusts now have associate non-executive directors

More than half (58%) of respondents said their trust has associate non-executive directors (NEDs), with the most common reason for this being developmental and to aid succession planning (85%), followed by providing specific subject matter expertise (67%), increasing board diversity (55%), and providing additional capacity (42%). This was a new question this year and respondents were able to select all options that applied.

There was some variation in reports about the ways associate NEDs undertake their roles. Respondents reported that more associates participate in the full board (90%) than sit on assurance committees (78%), 15% reported their associate NEDs chair assurance committees, with only 5% having voting associates.

Trusts' experience in systems remains variable

"Early days and we ALL still have a lot of maturity to develop in terms of system working. Good thing is we are now all in the same room and talking about the same things."
CHAIR, ACUTE TRUST

"There is duplication with system, place and individual organisation committees."
GOVERNANCE LEAD, ACUTE TRUST

"Not always clear how NHSE is wanting ICBs to behave, which can affect interactions between partners."
CHAIR, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

Last year's survey was undertaken only a few months following the establishment of statutory integrated care boards (ICBs), so this year's results are informed by the experience of the first full year of statutory system working.

While there has been some improvement, for the most part the picture remains one of considerable variation. Some trusts reported feeling involved and clear about system governance, roles and responsibilities, but in many cases the most common response to our system questions was 'neutral' (perhaps reflecting the view that much is still in development or unclear). A significant minority of trusts continue to articulate lack of clarity about roles and responsibilities, duplicative meetings and governance structures, and in some cases lack of progress in systems beyond operational or set-up concerns.

Of 36 comments in relation to this section, 23 were critical of some aspect of the way systems are working at present and a further eight say it's too soon to say.

Improvements were reported in relation to:

- Trust boards' ability to influence the development of the systems they are part of (68%, up from 62% in 2022).
- Collaboratives and partnerships referring high risk decisions back to trust boards (66% up from 54%), improving board oversight of decisions for which they are both liable and responsible.
- NEDs' perceived confidence about their role and responsibilities in systems, though from a low base (41% this year up from 24% in 2022). The need for further improvement here mirrors the responses to a new question about clarity between organisational roles in systems, addressed below.

Confidence was also higher this year about **approaches to continuous improvement** across systems, but this survey question had the second lowest proportion of respondents positively expressing confidence: just 20%, up from 17% last year. The lowest level of confidence was reported for **how risk was managed across the system(s)**, and this has deteriorated since last year (down to 12% from 20%). Effective management of system risk has featured regularly in member correspondence with NHS Providers in the past six months, and in recognition of the issue NHSE is planning some supporting guidance for trusts, following their system risk management principles guidance for ICBs (available by logging into FutureNHS).

We also asked two new questions about the **patient benefits of collaborative working**, which showed that while 59% have confidence that the partnerships and collaborations trusts are part of are working on the right things to benefit patients, 38% believed such benefits had already been realised (with 49% neutral). This will be monitored over time as collaboratives and partnerships find their feet. It is still early days for system working and some are focused on organisational efficiencies, or are newly established and currently developing networks and relationships to pave the way for future work on improving pathways and outcomes for patients.

Another new question for this year asked about confidence that there are **clear roles for trusts, ICBs, integrated care partnerships (ICPs), place-based partnerships and collaboratives**. While 35% agreed, 16% disagreed, and the large proportion of neutral responses again suggests that there is more to do in clarifying roles in many systems. Duplication and lack of congruence between system and trust governance were cited a number of times as key issues, as were conflicts of interest and lack of provider voice on ICBs. One **acute specialist trust** respondent said there was no clarity about their type of trust's role in an ICB.

Finally, and linked to clarity about roles and responsibilities, only 40% of respondents were confident that **conflicts of interest** are managed effectively across systems. This is also an issue that trust leaders have

raised with NHS Providers previously, and so we commissioned a legal opinion to provide support until NHS England update their own guidance.

System roles are a lot of work, but rewarding

"The trust's chief executive's role as the provider representative offers an opportunity to ensure that the trust's views are communicated as well as to obtain additional intelligence regarding the rest of the system."

"At least have 'ears in the room' a bit more."

The full briefing highlights any important variation between trust types on all survey questions, but it is notable that no respondents from **acute specialist** nor **ambulance trusts** (five of each responded) have a board member who is also an ICB trust partner member, and these trust types reported fewer board members who are also provider collaborative or place-based leaders than others.

There is also some regional variation. For example, all members responding from the **South East** have a board member who is part of collaborative or place-based leadership while only 22% of respondents from the **South West** do. Only one of 14 **North West** respondents has a board member on the ICB while 65% of the seventeen respondents from the **Midlands** do.

Overall, 42% of respondents have a board member who is also a **trust partner member on an ICB**. NHS Providers reported recently on the ICB trust partner members' experience in the role, based on interviews with partner members themselves. They told us that lack of understanding about the remit of the role, particularly the extent that the individual should or should not represent the interests of their sector, all providers or their own organisation, creates tensions and challenges.

Chairs and governance leads were positive about the influence and access they felt having a board member in this role gave them.

Other respondents noted challenges for the postholders around the capacity to participate, the potential for duplication, and conflicts of interest.

80% of respondents have at least one **board member who is also part of the formal leadership for either a provider collaborative or place-based partnership**. Respondents reported many benefits, most frequently having greater influence, and then gaining a wider perspective and insight, and enabling better collaboration. Few challenges were mentioned but they again included capacity and conflicts of interest.

"Allowing board to understand system dynamics and allowing committee chairs to understand how we weave system collaboration into respective committee work. Brings wider understanding of inter-dependency and importantly removes issues of lack of trust and increases relationships."

CHAIR, ACUTE TRUST

"Challenge is in attending a significant number of meetings across the system, ICB, ICP and place."

GOVERNANCE LEAD, COMBINED ACUTE AND COMMUNITY TRUST

Resources

Read the full briefing of the results of the 2023 governance survey.

NHS Providers' Good Governance Guide explores elements of corporate governance and contains considerations for trust leaders around effective boards, committees, quality assurance, and risk management. There is also a compendium of resources for busy governance leads. This includes legal advice about managing conflicts of interest.

NHS Providers board development programme is designed to support directors with a range of courses, online and face to face, to suit various needs.