May 2023

NHS Providers governance survey 2022

Background

This survey was sent to company secretaries and others responsible for corporate governance in NHS trusts and foundation trusts in September and October 2022.

It sought to explore respondents' views in relation to boards and the operation of board assurance committees and how the introduction of the statutory integrated care boards (ICBs) may have impacted trust boards. The results of this survey will be used to inform our governance policy and influencing work, and feed into our board development programmes.

This briefing summarises the results of the 2022 survey, and where applicable, compares the results to previous years. Comparisons between trust types, regions, and between foundation trusts and trusts are available for each question. We would be happy to discuss these results with anyone looking for further detail.

Key findings

1   Almost all (99%) respondents agree (38%) or strongly agree (61%) that executive directors understand the trust board's role and its value to the organisation.
2   Just under half (47%) of respondents reported that they have concerns about the quality of papers presented to the board and its committees.
3   The average number of board assurance committees reported by respondents was five.
4   Over nine in ten (93%) respondents agree (47%) or strongly agree (46%) that the way that committees report to the board can provide it with reasonable assurance.
5   Around three in five (62%) respondents agree (47%) or strongly agree (15%) that the trust board can influence the development of the system(s) they are part of.
6   Over two in five (44%) respondents disagree (36%) or strongly disagree (8%) that trust non executive directors (NEDs) are confident about their role and responsibilities in system(s).
7   Over one third (37%) of respondents reported that they do have board members undertaking joint/shared posts within their Integrated Care System(s) (ICS).
8   Three quarters (75%) of members from NHS foundation trusts plan to provide their council of governors with information about ICS objectives and plans through usual information channels within the trust.

Sample

- We received 126 responses to the survey from 102 unique trusts. This accounts for 48% of the sector (211 trusts in England).
- Two thirds (66%) of responses were from foundation trusts.
- All trust types and regions were represented in the survey:

FIGURE 1

Trust types

Trust type	Responses	% of responses	% of sector
Acute specialist trust	7	6%	47%
Acute trust	45	36%	45%
Ambulance trust	6	5%	40%
Combined acute and community trust	20	16%	43%
Combined mental health and learning disability and community trust	20	16%	52%
Community trust	13	10%	67%
Mental health and learning disability trust	15	12%	59%
Grand Total	126	100%	48%

FIGURE 2

Regions

Region	Responses	% of responses
East of England	13	10%
London	11	9%
Midlands	24	19%
North East and Yorkshire	27	21%
North West	21	17%
South East	16	13%
South West	14	11%
Grand Total	126	100%

FIGURE 3

Job roles

Role	Responses	% of responses
Company secretary	47	37%
Chair	34	27%
Chief executive	6	5%
Director of governance	9	7%
Director of corporate affairs	7	6%
Other	23	18%
Total	126	100%

The board

To what extent do you agree with the following statements:

FIGURE 4

The role of executive and non-executive directors

Legend: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree ■ Don't know

- Executive directors understand the trust board's role and its value to the organisation (n = 125): Strongly agree 61%, Agree 38%
- Executive directors are effective in their trust board role and their managerial role (n = 125): Strongly agree 42%, Agree 50%, Neither agree nor disagree 7%
- Executive directors on the trust board allocate adequate priority to fulfilling their board role (n = 124): Strongly agree 42%, Agree 40%, Neither agree nor disagree 15%, Disagree 4%
- Executive directors at my trust provide constructive challenge to the board (n = 125): Strongly agree 30%, Agree 43%, Neither agree nor disagree 21%, Disagree 6%
- Executive directors contribute to organisational strategy outside their own discipline (n = 125): Strongly agree 37%, Agree 50%, Neither agree nor disagree 11%
- NEDs can use the information from board and committees to gain assurance (n = 124): Strongly agree 52%, Agree 44%

- Almost all (99%) respondents agree (38%) or strongly agree (61%) that executive directors understand the trust board's role and its value to the organisation. A large number (96%) also agree (44%) or strongly agree (52%) that NEDs are able to use the information they receive at board and committees to gain assurance about the performance of the trust.

- A high proportion (92%) of respondents were also in agreement that executive directors are effective in their trust board role as well as their managerial role (42% strongly agree, 50% agree) and that executive directors contribute to organisational strategy outside their own discipline (37% strongly agree, 50% agree).

- Just over four in five respondents (82%) agree (40%) or strongly agree (42%) that executive directors on the trust board allocate adequate priority to fulfilling their board role.

- Almost three quarters (73%) agree (43%) or strongly agree (30%) that executive directors at their trust provide constructive challenge to the board. This statement had the highest responses for 'neither agree nor disagree' (21%) and the biggest proportion of respondents disagreeing (6%).

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

- All (100%) acute specialist trusts agree (57%) or strongly agree (43%) with this statement. Responses from other trust types were similar, bar ambulance trusts, where 80% answered 'neither

agree nor disagree'. Combined acute and community trusts were most likely to disagree (10%) that executive directors on the trust board allocate adequate priority to fulfilling their board role.

Executive directors contribute to organisational strategy outside their own discipline

- Responses between trust types were largely similar, although acute specialist trusts were the only type with all respondents agreeing (71%) or strongly agreeing (29%) with the statement. Members who disagree with this statement were from mental health/learning disability (7%), combined mental health/learning disability and community (5%) and acute trusts (2%).
- Respondents from the East of England were most likely to agree with this statement, with all (100%) respondents from this region agreeing (54%) or strongly agreeing (46%). The South West (7%), South East (6%) and North West (5%) were the only regions with respondents who disagree.

Feel free to explain any of your answers, particularly if you disagreed with any of the statements:

- There were a few comments emphasising variations in approach between individual executive directors, making it difficult to answer the statements in a broad sense. Other comments focused on the role of NEDs in providing challenge rather than executive directors, or a sense that not all executive directors challenge at board or fully understand their board role. One member stated that executive directors tend to wait until all NEDs have contributed before responding and another reported that executive directors rarely challenge outside of their functional role.

Quotes:

"It is usually the NEDs that provide the challenge and not the Executive Directors. I think this is partly because the Executives have taken items through various governance levels and will have challenged each other at these points rather than at Board. The questions and queries they may have had have already been addressed."
Acute trust, South East

"Newly appointed executives take a while to recognise and adopt their board role, but overall there is good and relevant participation." Mental health and learning disability trust, Midlands

"The majority of challenge is NED rather than ED led but they do all contribute at times, but probably more so in Executive forum." Acute Specialist trust, East of England

Do you have any concerns about the quality of papers presented to the board and its committees?

FIGURE 5

Concern regarding the quality of papers presented to the board and its committees

- Yes
- No
- Don't know

(n = 124)

2%
51%
47%
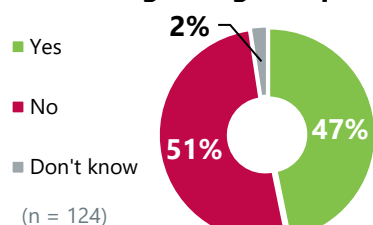
- Responses for this question were divided, although slightly more respondents answered that they do not have any concerns (51%) compared to those who do (47%). 2% did not know.
- There was variation between trust types for this question. Ambulance trusts had a higher proportion (67%) who responded that they are concerned about the quality of papers presented to the board and its committees. However, community (25%) and mental health/learning disability (27%) trusts were much less likely to be concerned.
- There was also variation regionally regarding the level of concern over the quality of papers presented to the board and its committees. Respondents from the North East and Yorkshire (62%) and the Midlands (61%) were most likely to respond that they do have concerns. Whereas members from the East of England (23%) were much less likely to report having concerns.

If yes, please tell us your concerns here:

- There was an overwhelming number of responses regarding the length of the papers, with many members stating that they are too long, too detailed, and do not focus on the key issues. Others also mentioned that some do not provide assurance, and that the quality is variable. Several respondents reported that training is underway to improve these issues.

Quotes:

"In an effort to ensure transparency the reports are overly long and verbose with far too much technical detail and raw data. This in turn 'feeds' the desire for more information, where operational detail is provided in an attempt to be perceived as transparent. A report writing protocol needs to be devised and adopted where relevant information is analysed and contextualised and operational information is not requested or naively included." Acute trust, North West

"People are not giving suitable summaries and there is a tendency to drown the board in information rather than intelligence." Acute trust, North East and Yorkshire

"The quality of papers is an ongoing issue and one which never ends. We have developed a training programme for our executive directors and senior leaders. In addition, we continue to send individuals onto the NHSP training on appointment. In terms of quality of papers - the key challenge is for the authors to focus on length of document and the supply of appropriate evidence to support the recommendation." Acute trust, North West

"Papers are often very detailed and sometimes fail to draw the board's attention to the key issues. We are looking at the format of our papers and will be introducing a new template and guidance to help to improve this." Acute trust, North East and Yorkshire

"NEDs complain that some papers can be overlong (this complaint has arisen on every board in every sector that I have worked in - but as soon as papers are streamlined, directors ask for more detail!), and that sometimes the responsible executive director has not adequately quality assured a paper from their team." Mental health and learning disability trust, London

"Sometimes papers are too long and therefore it is difficult to identify the critical issues. Historically, regulators say that Board papers should be focused and shorter, until there is an issue then Boards are criticised for not being fully sighted on an issue. The length of papers and focus is a constant challenge." Combined mental health and learning disability and community trust, Midlands

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

- Respondents identified many different priorities that their trust is focusing on for board development. The most common response was regarding the ICS and ICB changes, including working in the new ICS and gaining a better understanding of system governance. Another priority identified by many members was developing as a team, including a focus on becoming a unitary board, team cohesion, and implementing team building sessions.
- Other common responses include prioritising equality, diversity, and inclusion, including anti-racism and health inequalities, as well as cyber and digital transformation, and risk management. Several respondents also noted that they have new members to their board and they are therefore prioritising onboarding to ensure that they have the confidence to seek assurance and to ensure better understanding of roles. Support around working at a more strategic level was also identified by some respondents.

Quotes:

"We have a strong Board Development programme with Board Development sessions happening regularly. These focus on training and development, opportunities for further understanding of key issues, discussions on risk/risk appetite, strategic and planning discussion." Acute trust, North East and Yorkshire

"Working as a unitary board and understanding our role and responsibilities in the ICB." Acute trust, East of England

"With many new members (only 3 with trust longer than 2 years as at Nov 22), ensuring all are confident to seek assurance and that all behave and work as a unitary board -already good; could be stronger." Combined acute and community trust, North West

"To work together as a unitary Board to support the delivery of our Strategy." Mental health and learning disability trust, London

Committees of the board

To best support your board we would like to know more about the committees of the board. How many board assurance committees do you have?

- The most common response was four board assurance committees, reported by 31 members, followed by five, by 29 respondents. The average number of board assurance committees across all responses was five. The lowest response was one, and the highest was 12, although this was referring to across the hospital group.

If you have changed or plan to change 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:

- Respondents highlighted various committees that they have introduced, including provider collaborative, people, workforce, population, commissioning, and place based. Two respondents stated that they have reviewed and updated their terms of reference. In terms of system, some comments mentioned that this is the priority of the board rather than committees.

Quotes:

"We have created a committee with responsibility for population and place (as well as performance) - this has explicit accountability for how we are working in the system to tackle inequalities and better address the needs of our population. We have a formal committee in common (8th committee to the 7 assurance ones above) with our partner trusts (x3 in total) in the provider collaborative." Combined acute and community trust, South West

"We are changing agendas to reflect system working (and get an update on system working in public), changing terms of reference to reflect ICS priorities and amending the front sheets for papers to ensure they highlight whether or not there is a system implication." Combined mental health and learning disability and community trust, Midlands

"We are starting to ask for more assurance on how we are engaging with system partners in seeking to address issues of service delivery. One of our priorities is Sustainability and Partnerships." Ambulance trust
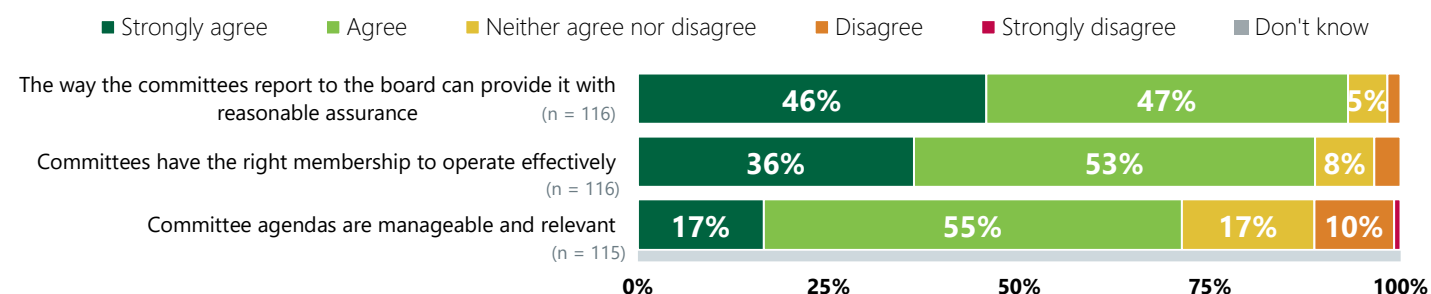
"No changes to the structure but we have changed the agendas of the meeting to provide a greater focus on system." Community trust, Midlands

To what extent do you agree with the following statements:

FIGURE 6

Committees and boards

■ Strongly agree   ■ Agree   ■ Neither agree nor disagree   ■ Disagree   ■ Strongly disagree   ■ Don't know

Statement			
The way the committees report to the board can provide it with reasonable assurance (n = 116)	46%	47%	5%
Committees have the right membership to operate effectively (n = 116)	36%	53%	8%
Committee agendas are manageable and relevant (n = 115)	17%	55%	17%	10%

0%   25%   50%   75%   100%

- Over nine in ten (93%) respondents agree (47%) or strongly agree (46%) that the way the committees report to the board can provide it with reasonable assurance.
- Almost nine in ten (89%) agree (53%) or strongly agree (36%) that committees have the right membership to operate effectively.
- When asked whether committee agendas are manageable and relevant, fewer respondents agreed (55%) or strongly agreed (17%). This statement also had the highest percentage of respondents who disagreed (10%) and was the only statement with respondents who strongly disagreed (1%).

The way the committees report to the board can provide it with reasonable assurance

- When looking at responses by trust type, there was variation, with community trusts being much more likely to strongly agree than any other trust types (69%). The only trust types with respondents who disagreed were from mental health/learning disability (8%) and combined mental health/learning disability and community trusts (6%).
- There were also variations by region, with those from London (9%) or the East of England (8%) being more likely to disagree with this statement than respondents from all other regions.

Committee agendas are manageable and relevant

- There was variation by trust type; those from community trusts (50%) were much more likely than any other trust type to strongly agree. Members from ambulance trusts were least likely to agree (33% agree, 17% strongly agree) and most likely to disagree (33%) with the statement.
- When looking at the results by region, there was slight variation. The South West were most likely to agree (79%) or strongly agree (7%) that committee agendas are manageable and relevant, and no respondents from this region disagreed. Respondents from London were least likely to strongly agree with the statement (0%).

Feel free to explain any of your answers, particularly if you disagreed with any of the statements:

- In the comments, the consensus was that agendas are difficult to manage, due to both their size and quality. Some respondents mentioned that committees can be overwhelmed, and there were also concerns that the number of committees can be a burden on attendees. Others mentioned that the flow from committees to the board is not clear, as well as there being variations between committee agendas.

Quotes:

"Committees are not always clear what they are meant to do with information. There is so much information to look at that they are overwhelmed. It would be helpful to have guidance. We have kept adding Committees to cope with it all." Mental health and learning disability trust, London

"It sometimes feels as though the volume of information mandated to go to committees is too large to be examined effectively at a monthly meeting. The metrics to be monitored in respect of performance and quality are quite broad and generate a lot of reporting and discussion." Acute trust, South East

"The size of the agenda in Committees is growing in relation to the scale and complexity of the operating context. We are looking at different ways of building agendas to manage the workload." Acute trust, Midlands

"In order to keep the Board focusing at a strategic level and to use Board time effectively the Sub Committees of the Board have had items moved from the Board to them - this is the right thing to do, but has resulted in some sub committees, i.e. the Governance Committee having a heavy agenda." Combined acute and community trust, South West

"Work is ongoing to better develop the focus of our quality committee so that it is focusing on the things that matter in terms of clinical governance and quality." Acute trust, South West

"Some of the Committee agendas are extensive and can feel too burdensome, however the creation of a separate committee is not a positive alternative." Mental health and learning disability trust, South West

"Committee agenda are large and they tend to receive too much by way of papers - we are still trying to balance how we provide assurance against the push for additional evidence." Acute specialist trust, East of England

Thinking about the proportion of board/committee time dedicated to discussion of oversight of operational performance and improvement, strategy and the degree to which there is synergy with system working, please estimate the percentage of time spent at board and committees on the following:

FIGURE 7

Time spent at board meetings

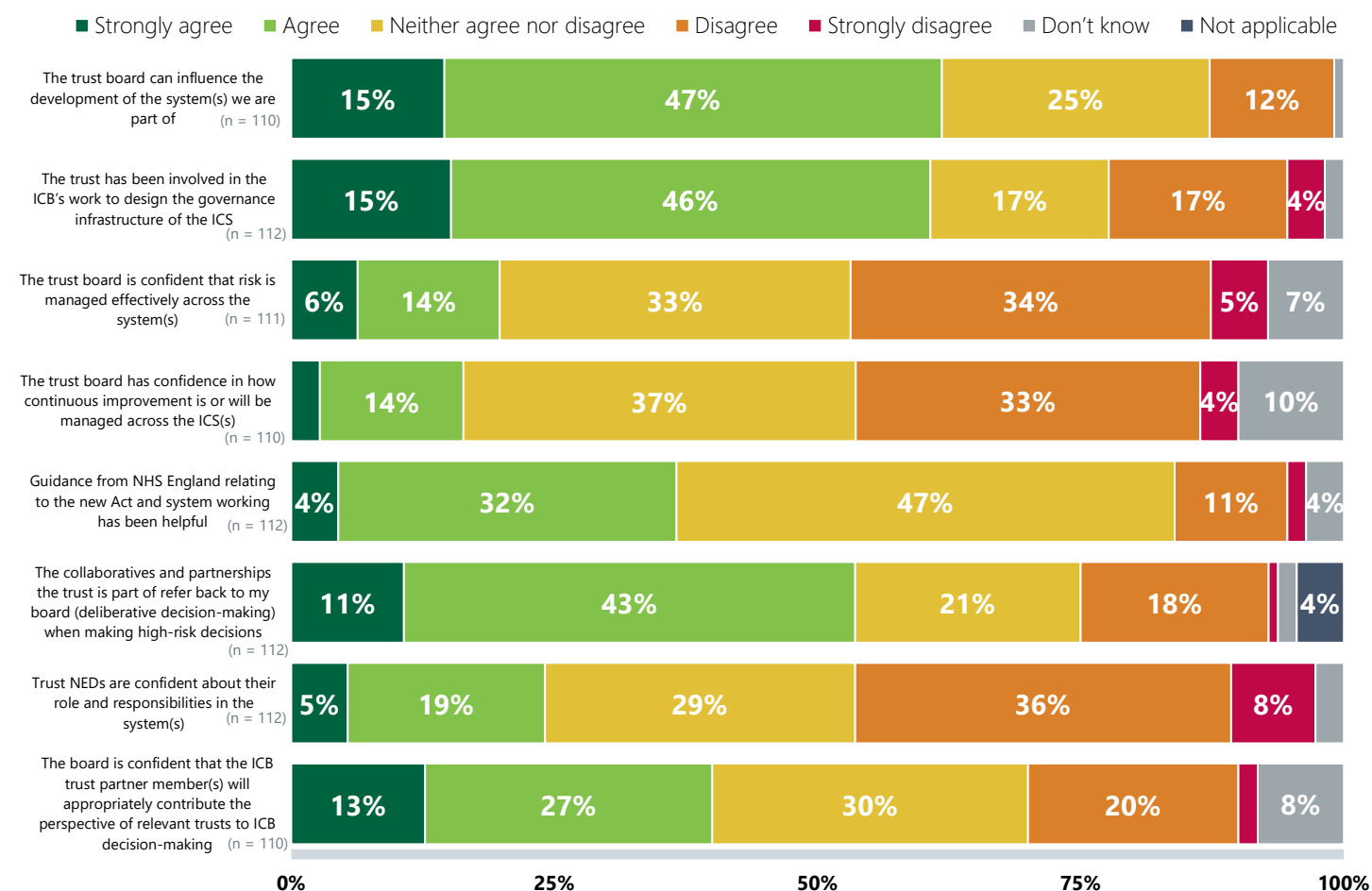| Board time	Average
Oversight of the trust's operational performance	48%
Oversight of the trust's care backlogs	23%
Your trust's strategy	35%
Quality improvement	35%
Workforce	43%
System/partnership working plans and opportunities	30%

- The time spent dedicated to the discussion of each category ranged from 0-100%. On average, trusts dedicate 48% of their time to the discussion of oversight of the trust's operational performance, 43% to workforce, 35% to their trust's strategy and quality improvement, 30% to system/partnership working plans and opportunities, and 23% to oversight of the trust's care backlogs.
- Not all of these can be directly compared to the last governance survey in 2019. However, comparisons can be made for the amount of time spent discussing oversight of the trust's operational performance, which has since increased (2019: operational performance – 36%), and the amount of time spent discussing their trust's strategy, which has remained the same (2019: strategy – 35%).

Boards in systems

To what extent do you agree with the following statements:

FIGURE 8

Trust boards working in systems

Legend: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree ■ Don't know ■ Not applicable

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The trust board can influence the development of the system(s) we are part of (n = 110)	15%	47%	25%	12%		
The trust has been involved in the ICB's work to design the governance infrastructure of the ICS (n = 112)	15%	46%	17%	17%	4%	
The trust board is confident that risk is managed effectively across the system(s) (n = 111)	6%	14%	33%	34%	5%	7%
The trust board has confidence in how continuous improvement is or will be managed across the ICS(s) (n = 110)		14%	37%	33%	4%	10%
Guidance from NHS England relating to the new Act and system working has been helpful (n = 112)	4%	32%	47%	11%		4%
The collaboratives and partnerships the trust is part of refer back to my board (deliberative decision-making) when making high-risk decisions (n = 112)	11%	43%	21%	18%		4%
Trust NEDs are confident about their role and responsibilities in the system(s) (n = 112)	5%	19%	29%	36%	8%	
The board is confident that the ICB trust partner member(s) will appropriately contribute the perspective of relevant trusts to ICB decision-making (n = 110)	13%	27%	30%	20%		8%

- Around three in five respondents agree that the trust board can influence the development of the system(s) they are part of (47% agree, 15% strongly agree) and that the trust has been involved in the ICB's work to design the governance infrastructure of the ICS (46% agree, 15% strongly agree).
- Fewer respondents agree that the trust board is confident that risk is managed effectively across the system(s) the trust is involved in (14% agree, 6% strongly agree) and that the trust board has confidence in how continuous improvement is or will be managed across the ICS(s) (14% agree, 3% strongly agree). These statements also had around a third of respondents who disagreed (34% and 33% respectively).
- Regarding the statement 'Guidance from NHS England relating to the new Act and system working has been helpful', over a third agreed (32%) or strongly agreed (4%); however, almost half (47%) of respondents neither agreed nor disagreed.

- Over half (54%) of respondents agree that the collaboratives and partnerships that the trust is part of, refer back to the trust board when making high-risk decisions (43% agree, 11% strongly agree).
- Just less than a quarter (24%) of respondents agree that trust NEDs are confident about their role and responsibilities in the system(s) (19% agree, 5% strongly agree). This statement had the highest number of respondents who disagreed (36% disagree, 8% strongly disagree).
- For the statement 'The board is confident that the ICB trust partner member(s) will appropriately contribute the perspective of relevant trusts to ICB decision-making', two in five (40%) respondents agreed (27% agree, 13% strongly agree).

The trust board can influence the development of the system(s) we are part of

- There was some variation between trust types, with community trusts (54% agree, 31% strongly agree) and combined acute and community trusts (71% agree, 6% strongly agree) being most likely to agree. Respondents from acute specialist trusts were least likely to agree (20% strongly agree, 20% agree).

The trust has been involved in the ICB's work to design the governance infrastructure of the ICS

- Responses to the statement 'The trust has been involved in the ICB's work to design the governance infrastructure of the ICS varied somewhat across trust types. Acute specialist trusts (80%) and community trusts (77%) were the most likely to agree or strongly agree. Ambulance trusts were more likely to strongly disagree (17%) compared to all other trust types.
- Acute trusts were least likely to agree (35%) or strongly agree (8%) and had a large amount of responses for 'neither agree nor disagree' (30%).
- In terms of region, respondents from the East of England were most likely to agree that the trust has been involved in the ICB's work to design the governance infrastructure of the ICS (42% agree, 33% strongly agree). Respondents from London were most likely to disagree (36%).

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

- There were variations between trust types; members from acute trusts were the most likely to disagree that the trust board is confident that risk is managed effectively across the system(s) (45% disagree, 10% strongly disagree). Whereas members from combined acute and community trusts were the least likely to disagree (11% disagree, 6% strongly disagree) and were the most likely to agree (28% agree, 6% strongly agree).

- There were similar responses across regions, although those from the South West and the Midlands were much more likely to disagree than those from other regions (South West: 33% disagree, 25% strongly disagree; Midlands: 53% disagree).

My trust has found the guidance from NHS England relating to the new Act and system working helpful

- When looking at the findings by region, there were small variations. Respondents from the East of England were most likely to agree, with over half of these members agreeing (42% agree, 17% strongly agree) with the statement. A quarter (25%) of respondents from the South West disagreed, the most out of any region; this region also had the smallest number of responses for 'agree' (17%).

The collaboratives and partnerships the trust is part of refer back to my board (deliberative decision-making) when making high-risk decisions

- The most positive responses were from mental health/learning disability trusts, with over three quarters (77%) agreeing with this statement (46% agree, 31% strongly agree) and none disagreeing. Feedback from acute specialist trusts was less positive, with 20% of members agree and 20% strongly disagreeing.
- Respondents from London, (73% agree), the Midlands (47% agree, 18% strongly agree), and the North East and Yorkshire (43% agree, 13% strongly agree) were more likely to agree than other regions. The North West were less likely to agree that the collaboratives and partnerships the trust is part of refer back to their board when making high-risk decision making (24% agree, 5% strongly agree). This region was also more likely to disagree (29%) than other regions.

Trust NEDs are confident about their role and responsibilities in the system(s)

- Responses did not differ largely across trust types, although those from combined mental health/learning disability and community trusts were less likely than other trust types to disagree with this statement (6% disagree, 6% strongly disagree).
- There were variations in responses across regions, with around two thirds of the South West (67%) disagreeing that trust NEDs are confident about their role and responsibilities in the system(s) (50% disagree, 17% strongly disagree). This is in contrast to London, where 9% of respondents strongly disagreed and none disagreed. The North East and Yorkshire were less likely to agree (13%) than any other region.

The board is confident that the ICB trust partner member(s) will appropriately contribute the perspective of relevant trusts to ICB decision-making

- Members from mental health/learning disability trusts were most likely to agree with this statement, with over half agreeing (15% agree, 38% strongly agree). Respondents from ambulance trusts were least likely to agree (17% strongly agree) and most likely to disagree (50%) or not know (33%), followed by acute specialist trusts (20% agree, 40% disagree, 20% don't know).

Feel free to explain any of your answers, particularly if you disagreed with any of the statements:

- In the comments, members highlighted that the ICB and ICS models are still developing and therefore it is too soon to comment. Others also mentioned that there is a lack of clarity on the role of non-executive directors in systems.

Quotes:

"There have not yet been adequate conversations about system risk management or the NED role or the partner role at Board level, because these things are still not clear." Acute trust, South West

"The role of NEDs within systems is still in its infancy and therefore it is becoming more challenging to clarity where accountability and responsibility sits when decisions affecting the Trust are made by the ICS without due consideration of the board's position." Acute trust, North West

"It is so early in these new ways of working it is very hard to be definite about a lot of these statements as we have limited evidence. The NHSE guidance has been helpful in part but is becoming more prescriptive (planning for example) and therefore less helpful." Combined acute and community trust, South West

"The ICS is a new concept and is still establishing itself. The responses above should not be seen as negative, but rather 'still work to do' and we are confident that this will happen." Mental health and learning disability trust trust, North East and Yorkshire

"As a mental health and learning disability provider, we are not yet confident that the focus of our system will be fairly balanced and whether the ICB Trust partner member will adequately represent our organisation's priorities, risks and requirements." Mental health and learning disability trust, South West

If there are governance processes and structures established in your ICS(s) or partnerships/collaboratives that you feel are particularly effective or ineffective, please tell us about them here:

- There were 35 responses to this question, with members identifying various governance processes and structures established in the ICS(s) or partnerships/collaboratives. Processes that respondents

reported to be effective include monthly ICS chair meetings, established joint committees with ICBs, good provider collaboratives, and clear partnership agreements.

- Processes considered to be ineffective include the large volume of committees and working groups, the lack of structured involvement of provider chairs or meaningful involvement of non-executive directors, and the dislocation of foundation trust boards from ICB governance.

Quotes:

"We have a good provider collaborative of acutes and specialty trusts that is really starting to get organised." Acute trust, North West

"There are clear partnership agreements in each place which set out the governance arrangements for the ICB committee and all associated governance groups." Combined mental health and learning disability and community trust, North East and Yorkshire

"Place based partnerships feel like duplication." Acute trust, North East and Yorkshire

"At the moment there are too many committees and working groups, and too little accountability for progress." Mental health and learning disability trust, South East

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

FIGURE 9

Board members undertaking joint/shared posts within ICS(s)

- Yes
- No
- Don't know

(n = 112)

3%
37%
61%
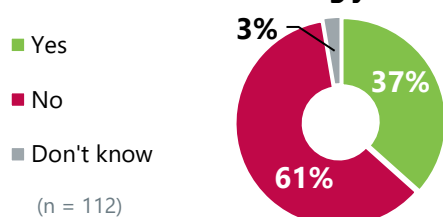
- When asked whether they have board members in their trust undertaking a joint/shared post within their ICS(s), around three in five (61%) responded 'no', 37% answered 'yes' and 3% did not know.

If yes, please tell us which post and any notable challenges or benefits you feel this brings to your trust:

- Members highlighted many benefits that they feel are brought to their trust due to a board member undertaking a joint/shared post within their ICS. These include feeling interconnected, having a flow of information between trust and ICS level, influence at ICS level, helpful communication updates, ability to gain vital intelligence about what is happening at other trusts,

and gaining a broader perspective on ICB activities in neighbouring system. Further benefits include establishing a good relationship with ICB leadership and gaining system wide insight.

- In terms of challenges that members feel this brings to their trust, there were far fewer identified. These include the challenges being the same as before, and that it has slowed down progress on some of the priorities with their own trust.
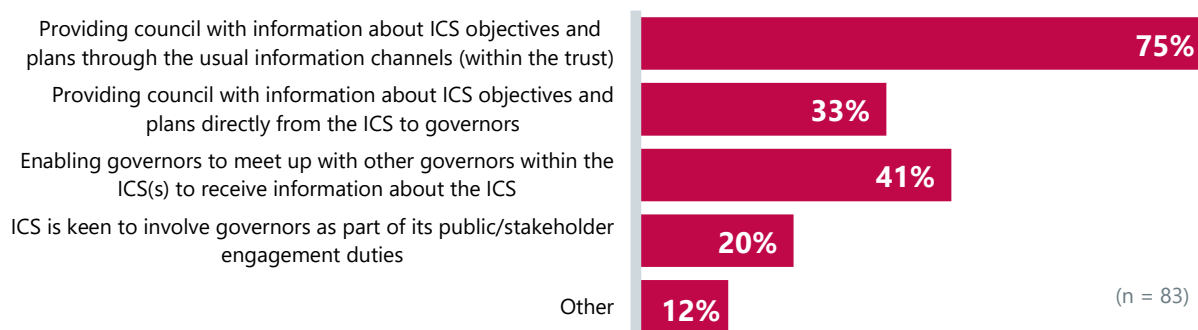
Quotes:

"Our trust is very keen to work as a system and we are already beginning to consider projects across the wider ICS developing opportunities for challenged primary care and reducing elective waiting times. This would not be possible in the old system." Acute trust, South East

"Our CEO is the leader of the provider collaborative - this gives us a voice at that level - tangible benefits yet to be seen. at place the trust execs are heavily involved - leading to more pressure on time." Combined acute and community trust, South East

If you are in an NHS Foundation Trust, are you or do you plan to involve governors in your ICS(s) in any of the following ways (select all that apply):

FIGURE 10

Ways in which NHS Foundation trusts plan to involve governors

Providing council with information about ICS objectives and plans through the usual information channels (within the trust)	75%
Providing council with information about ICS objectives and plans directly from the ICS to governors	33%
Enabling governors to meet up with other governors within the ICS(s) to receive information about the ICS	41%
ICS is keen to involve governors as part of its public/stakeholder engagement duties	20%
Other	12%

(n = 83)

- Of the 83 foundation trust members who responded to the survey, three quarters (75%) said that they plan to provide council with information about ICS objectives and plans through the usual information channels (within the trust).
- Around a third (33%) said that they plan to provide council with information about ICS objectives and plans directly from the ICS to governors, and around two in five (41%) plan to enable. governors to meet up with other governors within the ICS(s) to receive information about the ICS.
- Regarding 'ICS is keen to involve governors as part of its public/stakeholder engagement duties', one in five (20%) respondents reported that that they plan to do this.
- There were nine comments, one member responded that they are planning a joint board and council of governors session on ICS, another is going to investigate how to involve governors more fully in the work of ICS, one commented that they are resetting their council from November and

have already discussed the importance of system working. One member stated that their governors are keen to be involved but they have some issues with governors wanting to act outside of their role and responsibilities.

Quotes:

"We are doing some work in October with our Governors and the Governors in the other FT in our System to investigate how we can involve Governors more fully in the work of the ICS. We've got some ideas which we are going to share - based on the regular ICS briefings we arrange for the FTs' Governors." Combined mental health and learning disability and community trust, Midlands

"Not yet fully determined, but may include enabling governors to meet up with each other within the ICS." Combined acute and community trust, North West

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

- There were 30 final comments, with several respondents highlighting the complexity of system working and lack of clear guidance, causing confusion at all levels. Another concern identified by members is the need to avoid duplication. Some also mentioned the changes that system working has caused for foundation trusts.

Quotes:

"System working is currently duplicating the meeting workload and attendance for senior leaders and needs to be reviewed." Acute trust, East of England

"We work across two Integrated care systems, and both have set clear strategy underpinned by sound governance which has enabled our Board to respond proactively. The senior leadership team in the Trust has had to review internal and external meetings to ensure we have representation in each place." Combined mental health and learning disability and community trust, North East and Yorkshire