

# NHS Providers governance survey 2024

## 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 (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](mailto:izzy.allen@nhsproviders.org) and [david.williams@nhsproviders.org](mailto:david.williams@nhsproviders.org).

## 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.

## Summary of survey results

### Quality of board governance is holding up, despite trusts being under significant, sustained pressure

Each year we ask questions about perceptions of board and committee effectiveness in delivering good governance. Despite the well-known pressures on NHS providers, our findings remain broadly similar to previous years in relation to board behaviours, challenge, contribution to strategy, and other indicators of effective boards with **at least 80% of respondents positive in relation to all indicators**. Almost 90% of respondents were positive in relation to committee effectiveness indicators – with the exception of ‘agendas being manageable and relevant’, where 24% of respondents were unable to agree.

*“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

Respondents perceived that **board members are increasingly aware that their behaviours contribute to organisational culture** (an increase of seven percentage points on last year). There was also a three percentage point overall increase in those agreeing that ‘executive directors at my trust provide constructive challenge to the board’.

However, **chairs were notably less positive about executive directors’ contribution to the board than governance leads**: on executive challenge (13% strongly agree compared to 33% of governance leads); on executive contribution to strategy outside their own discipline (26% strongly agree compared to 42% of governance leads); and on executives allocating adequate priority to their board role (28% strongly agree compared to 43% of governance leads). Although there were high percentage scores for both groups, **chairs were also less likely to agree that ‘the board can dedicate adequate time to receiving assurance and/or escalations from board committees’** (chairs: 82%, governance leads: 92%) and a higher proportion of chairs selected neither agree nor disagree, or disagree.

*“Insufficient time and capacity for execs vs the pressures to manage operationally to be spending enough time on their board role (vs exec role)”*

CHAIR, ACUTE TRUST

Ninety percent of respondents agreed or strongly agreed with a new statement for this year: ‘Overall, I am content that the reporting and assurance arrangements enable the board to have sufficient oversight of the organisation’: 3% disagreed, and 7% were neutral. We will take this as a benchmark for future years’ surveys.

## Recent national guidance has been broadly positively received

We asked respondents for their views about guidance published recently by NHS England (NHSE): the [leadership competency framework](#), [insightful provider boards guidance](#), [framework for chair appraisals](#), and the [fit and proper persons test framework](#). At least seven in ten (70%) respondents found each of these pieces of guidance very or somewhat helpful.

***“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.”***

COMPANY SECRETARY, ACUTE TRUST

The only guidance receiving more than 6% negative responses was **the chair appraisal framework**, where **18% of respondents found this unhelpful, in particular 35% of chairs say it was unhelpful**.

When asked for comments about any other guidance, **many respondents mentioned the out-of-date chair and NED remuneration framework**, and some said they would welcome standard templates for key governance documents to avoid each trust reinventing the wheel.

## There is little support for proposed league tables and pay linked to performance

We also asked about recent announcements from the Secretary of State for Health and Social Care and the chief executive of NHS England in relation to introducing league tables, withholding annual pay increases where trust performance is poor, and the change in the role of integrated care boards (ICBs) from performance managers of trusts to strategic commissioners.

***“Poor trust performance is a very nuanced issue and withholding annual pay increases is a blunt tool.”***

COMPANY SECRETARY, ACUTE TRUST

**Twenty-two per cent of respondents agree (9% strongly) that ‘it makes sense to withhold annual pay increases... where trust performance is poor’.** The comments indicate opposition to punitive approaches, with many highlighting that poor performance was driven by complex factors including systemic challenges. Many respondents welcome being held to account but call for a fair and constructive approach to accountability.

***“League tables can drive perverse behaviour and create unintended consequences.”***

COMPANY SECRETARY

**Just 20% of respondents overall believe (3% strongly) that ‘league tables for trusts will support us to improve performance’.** Respondents see league tables as potentially demoralising and demotivating, leading to unfair and unnuanced comparisons, and as counterproductive to collaborative efforts.

**Seventy-one per cent of respondents agree (26% strongly) that ‘the announced change in the role of ICB... is a welcome step towards clarifying roles and responsibilities in the system’.**

Members generally approve of the clarification, but many express the need for greater clarity still regarding responsibilities and accountability structures. There was some uncertainty around what these changes will mean in practice, including isolated concerns that ICBs would not accept the change in role.

*“Need clarity on what these changes actually mean – clear [that] ICBs and trusts have differing versions of understanding”*

CHAIR, ACUTE TRUST

We also asked about **members’ hopes for NHSE’s revised oversight framework**. Clarity was the main theme, with respondents emphasising the need for simple and transparent processes, and better understanding of segment transition criteria, consequences and expectations. The need to avoid duplication and ensure objectivity in assessments and assessing outcomes that improve patients’ experiences, including through collaborative work, was also mentioned.

*“Clarity that the prime responsibility for driving performance improvement lies with the trust board – with NHSE holding to account and providing support.”*

CHAIR, COMBINED ACUTE AND COMMUNITY TRUST

**Some trusts are experiencing difficulty recruiting directors**

We asked trusts struggling to recruit executives or NEDs to tell us about their experiences. We received 27 responses in relation to executive recruitment challenges and 34 relating to chair/NED recruitment. So, **while the number of trusts expressing concern was not high, for those experiencing issues the consequences are potentially serious.**

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

CHAIR, ACUTE TRUST

**On executive appointments, many told us the availability of high calibre candidates remains a significant issue which leads to multiple rounds of recruitment.**

Some respondents raised concerns about improving 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 this would cause. Some identified salary expectations and risk avoidance as potentially narrowing the pool of applicants.

Some trusts also reported that multiple rounds of recruitment were needed for chair/NED recruitment, with FTs noting the high cost of each round where external recruitment agencies are involved. Other barriers 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.**

*“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.”*

COMPANY SECRETARY, ACUTE SPECIALIST TRUST

## The experience of trusts in systems remains variable, but is improving overall

We continue to monitor members' experience of governance within integrated care system(s).

**Around two thirds of respondents believe their trust is able to influence decisions made within the system(s) (65%),** while just over half feel their trust is involved in the ongoing improvement of the system governance infrastructure (58%). Both indicators have been broadly stable since ICBs became statutory organisations in 2022.

**Only just over a third of respondents were able to agree that the 'board is confident that risk is managed effectively across the system(s)',** which is nevertheless a significant improvement on last year (2024: 35%, 2023: 12%). We are also seeing marginal year on year increases in confidence about how continuous improvement is managed systemwide (2024: 24%, 2023: 20%), and how conflicts of interest are managed (2024: 50%, 2023: 40%): nonetheless at least half of all respondents were not confident they are managed effectively.

*“Those issues [system risk, conflicts of interest and continuous improvement] have not been discussed.”*

COMPANY SECRETARY, ACUTE SPECIALIST TRUST

**Perceptions of NEDs' confidence about their role and responsibilities in systems is improving but remains below 50%** (2024: 46%, 2023: 41%, 2022: 24%). **Confidence about collaboratives' and partnerships' effectiveness has improved,** with over half of trusts now 'confident that any collaboratives or partnerships the trust is involved in are delivering measurable patient benefits' (2024: 59%, 2023: 38%, 2022: question not asked). The proportion agreeing that they are 'confident that the ICB trust partner member(s) will appropriately contribute the perspective of relevant trusts to ICB decision-making' is also steadily improving (2024: 53%, 2023: 45%, 2022: 40%).

**The majority of respondents remain sceptical ‘that there are clear roles for trusts, ICBs, integrated care partnerships (ICPs), place-based partnerships and collaboratives’** and there is only a little improvement on last year (2024: 39%, 2023: 35% agree or strongly agree).

*“Lack of role clarity within the system, everything driven by finance turnaround director”*

CHAIR, COMBINED ACUTE AND COMMUNITY TRUST.

## Resources

Read the full briefing of the results of the 2024 governance survey.

NHS Providers' [Good NHS 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.

NHS Providers' [Board Development programme](#) is designed to support board and senior leaders to be effective in leading their organisations through a range of practical training and development focused on effective governance and culture.