

Survey of NHS Foundation Trust Governors 2010/11

5 July 2011



Contents

Executive summary	2
Introduction	5
Chapter 1: About governors – who are they and how are they organised?	7
• The profile of participating governors	8
• How boards, or councils, of governors are operating	14
• Organisation and productivity of governor meetings	18
• How informed governors feel	20
Chapter 2: The impact of governors:	24
• Governor achievements so far	24
• Clarity about the governor role and responsibilities	26
• Holding boards of directors to account	32
• Exercising their duties	33
• Relations with directors	35
Chapter 3: Governor training and briefings	37
Chapter 4: The future role of governors	42
Appendix: Statistical reliability	46

Executive summary

From what governors are telling us, there appears to have been significant progress in many areas of carrying out the governor role since 2007 when Monitor undertook a previous survey of NHS foundation trust governors. Nonetheless, there remain some issues and training needs to address in order to support governors and maximise their role going forwards.

About governors: who are they and how are they organised?

Respondents to this survey are broadly representative of the governor population as a whole.

The greatest proportion of governors in the survey (42%) is retired, an increase since the 2007 survey. Retired and self-employed governors are more likely than those who are employees to attend governor meetings and become members of the various sub-committees.

Working governors come from a diverse range of working backgrounds. Of those governors who work full-time, nearly half (43%) said they receive no paid time off to undertake the role.

Over half (51%) of governors now refer to their governing body as the council of governors whilst one in three (34%) refer to this as the board of governors. This is a significant change from 2007 when the largest category was board of governors (46%) and council of governors the second largest (33%). Anecdotally, this change has come about because governors prefer to be easily distinguishable from the board of directors.

Awareness of the existence of all types of sub-committee has risen significantly since 2007, as has breadth of membership, suggesting trusts are now better organised. Public governors and long standing governors are the most likely to be involved in committees, with 60% of committee members in total being public/elected governors.

Governors typically meet four to five times per year and the significant majority (86%) say they attend every, or almost every, meeting.

Governors typically find governor meetings more productive than in 2007. Chairs and governors are all reported to be following up on action points more reliably than was the case in 2007 and chairs are rated more highly by governors than in 2007. Efficient circulation of agendas and minutes appears to be critical in governors finding meetings to be productive and being more likely to follow up on their own action points.

Governors also feel better informed by their trusts than in 2007 and feeling well informed appears to correlate with membership of sub-committees and having a positive view of governors meetings, confidence in their role and their views of the trust chair.

Governors appear to know each other significantly better than in 2007, although stakeholder governors remain the least known group, and governors in mental health trusts are significantly less likely to know each other than governors in other trusts. Getting to know other governors well appears to be highly correlated with confidence in the role.

There is mixed understanding of the lead governor role, and some trusts may have extended the original purpose of this role.

The impact of governors

There are a number of activities that governors consider to have been their main achievements since taking up the role, and the majority of respondents believe that patients and members have benefited from their achievements, although a significant minority (13%) state that they do not feel they have achieved anything for their stakeholders.

The majority of governors are confident that they are clear about their role and responsibilities, although foundation trust chairs and chief executives appear to be less confident than the governors themselves on this. Staff governors are significantly less likely to strongly agree that they are clear about their roles and responsibilities.

Governor confidence in their roles and responsibilities, and in carrying out their action points, is significantly higher where they perceive their trust to be efficient at circulating agendas and minutes for governor meetings, and where chairs and executive directors are also seen as being conscientious at carrying out agreed action points.

Governors are also confident in whom they should be representing, although slightly less confident they are doing so, whilst chairs and chief executives are less certain still that governors are effectively representing the trust membership.

Nearly 9 in 10 governors (89%) say they understand what it means to hold the board of directors to account with just 4% disagreeing, but they are less confident of actually doing so, with 7 in 10 (72%) stating that they feel they have the power to hold the directors to account. Again, foundation trust chairs and chief executives are significantly less confident in this than governors themselves.

There has been significantly wider involvement in all the statutory duties now than was the case in 2007, other than in deciding the remuneration of the chair and non-executive directors, in which overall participation by governors dropped slightly on a percentage basis.

The proportion of governors involved in engagement type activities has also increased significantly since the 2007 survey.

Governors are reasonably satisfied with their level of contact with directors, although slightly less so with the non-executive directors, and are also reasonably content that the chair keeps them well informed.

Governors are also more likely to feel comfortable approaching the chair or other directors than in 2007 and more likely to think the executive board regards the governors as an asset.

Governor training and briefings

Eighty-four per cent of governors say they have received initial training, with just 15% saying they have not. Eighty per cent of governors say they have also been invited to further training or briefings to help them develop in the role, with 17% saying they have not.

Initial and further training both appear to be critical in governors developing confidence in their roles, with initial training especially so.

Most governors are at least fairly satisfied with the quality of training they receive and satisfaction with this appears to be highly correlated with governors being more likely to be members of sub-committees. Commitment to, understanding of and confidence in the role also appear to be significantly affected by the perceived quality of training.

Governors are also more likely to be clear about the trust's strategy and appropriately representing their stakeholders, and are more likely to reflect positively on the chair and board of directors and say they are prepared to take on additional responsibilities in the future, if they perceive the quality of training to have been very satisfactory, than if they perceive it to have been fairly unsatisfactory.

Most chairs and chief executives agree that governors may need further training to make them more effective in their roles and the vast majority of governors believe they will be able to secure additional training from their trust in the future.

Governors have provided suggestions for various topics they feel would be beneficial in terms of future training. Fifty-four per cent of governors would like training on practical ways of carrying out the governor role. The next most requested topic (by 41% of responders) is on the different roles of organisations in the NHS, including the remit of different regulators. NHS finance is next most sought after (37%), followed by performance evaluation (35%). Just 8% of governors said they did not need any training.

The future role of governors

The majority of governors claim to be aware of the impact that the Health and Social Care Bill 2011 will have on their role, and nearly two thirds state that they would be fully prepared to take on greater responsibility, whilst 21% say they are not sure.

There are a number of areas where some governors believe things could be significantly improved going forwards including directors taking more account of governors' views and acting upon these, so as to give more purpose to governor meetings and activities, improved induction and additional training, better links with the board/executives and ensuring only the right people are appointed as governors in the first place.

Introduction

Objectives

This report summarises the findings of a survey of NHS foundation trust governors conducted by Monitor between December 2010 and January 2011. The aims of the survey are to:

- determine to what extent governors feel they are holding foundation trust boards of directors to account, representing local interests and exercising their statutory powers and duties;
- compare the results to those obtained from Monitor's 2007 survey of governors, in order to assess what progress has been made; and
- ask specific questions relating to some anecdotal beliefs about the governor role.

Background and methodology

The survey questionnaire was based on the one used in 2007, with some amendments made following feedback from a pilot survey undertaken with a sample of governors in November 2010. Some further questions were added on current topics of interest, for example to assess governors' understanding of their future anticipated roles as described in the Health and Social Care Bill 2011.

Relevant findings from Monitor's survey of foundation trust chairs and chief executives (carried out in November 2010) have also been included.

SurveyMonkey, an online survey tool, was used to carry out the survey and governors also had the option of completing a hard copy version of the questionnaire. The survey was sent to the 132 NHS foundation trusts authorised as at December 2010.

In total, 1,671 questionnaires were completed either online or in hard copy, from an estimated total population of 4,005 governors, representing a 42% response rate.

The base for all graphs and charts within this report is 1,671 foundation trust governors.

Acknowledgements

We would particularly like to thank all the governors who took the time to complete the questionnaire. Thanks also to Ipsos MORI for allowing us to re-use many of the questions from the 2007 questionnaire and for help in assessing the statistical significance of the data.

About foundation trusts

NHS foundation trusts are part of the NHS and were first established in 2004. They have greater freedom than NHS trusts to run their own affairs and are not subject to central government control. They can use their freedoms to decide how best to deliver the kind of services which their patients and service users want.

With these freedoms come important responsibilities; NHS foundation trusts are

accountable for their own success or failure to:

- their local communities, through their members and governors;
- their commissioners, through legally binding contracts, to provide agreed levels of care which reflect the needs of their local communities;
- Parliament, through the legal requirement to lay their annual accounts before Parliament;
- the Care Quality Commission, through the legal requirement to register and meet the associated standards for the quality of care provided; and
- Monitor, as the independent regulator of foundation trusts.

The membership and governor model

All foundation trusts have a duty to engage with their local communities and encourage local people to become members of their organisations. Foundation trusts have to take steps to ensure that their membership is representative of the communities they serve.

Anyone who lives in the area, works for the trust, or has been a patient or service user there, can become a member of an NHS foundation trust.

Members, who belong to various constituencies as defined in each foundation trust's constitution, can:

- receive information about the foundation trust and be consulted on plans for future development of the trust and its services;
- elect representatives to serve on the board of governors; and
- stand for election to the board of governors.

The board of governors works with the board of directors, which is responsible for the day-to-day running of the foundation trust, to ensure that the foundation trust delivers NHS care and acts in a way that is consistent with the terms of its authorisation. In this way, the board of governors plays a role in helping to set the overall direction of the organisation. The chair of the board of directors is also the chair of the board of governors.

Chapter 1: About governors: who are they and how are they organised?

This chapter examines the profile of governors who responded to the survey and compares it to the whole population of governors. It looks at how long governors have been in post, their working status and other voluntary positions held.

It also looks at the way governors are currently organised, including governor committee structures and meeting attendance.

Chapter summary:

Respondents to the survey are broadly representative of the governor population as a whole, with a slightly higher proportion of public governors responding.

Forty-two per cent of all respondents are retired and 60% of responding public governors are retired.

Thirty-five per cent of respondents work full-time and of these 43% do not receive any paid time-off for the role.

Awareness and membership of sub-committees have both increased since 2007, with sub-committees typically meeting two to five times per year.

Public governors and longer-standing governors are most likely to be members of sub-committees.

Most boards/councils of governors meet four to five times per year and 86% of respondents claim to attend every, or almost every, meeting.

Governors generally say that agendas and meeting minutes for governors' meetings are circulated promptly most of the time, and governor meetings are considered to be more productive than in 2007.

Governors also say that action points are generally followed up most of the time, and more often than in 2007. Governors are significantly more likely to follow up on action points themselves if they believe the chair and executive directors are also doing so.

Twenty-one per cent of respondents say all board of director meetings are held in private, and various solutions are cited about how to observe non-executive directors in action where this is the case.

Understanding of the lead governor role is mixed with 61% of governors incorrectly believing that the role is to act as a link between the governors and the chair, whereas the original purpose of the role is to act as a communication point with Monitor in certain circumstances.

The profile of participating governors

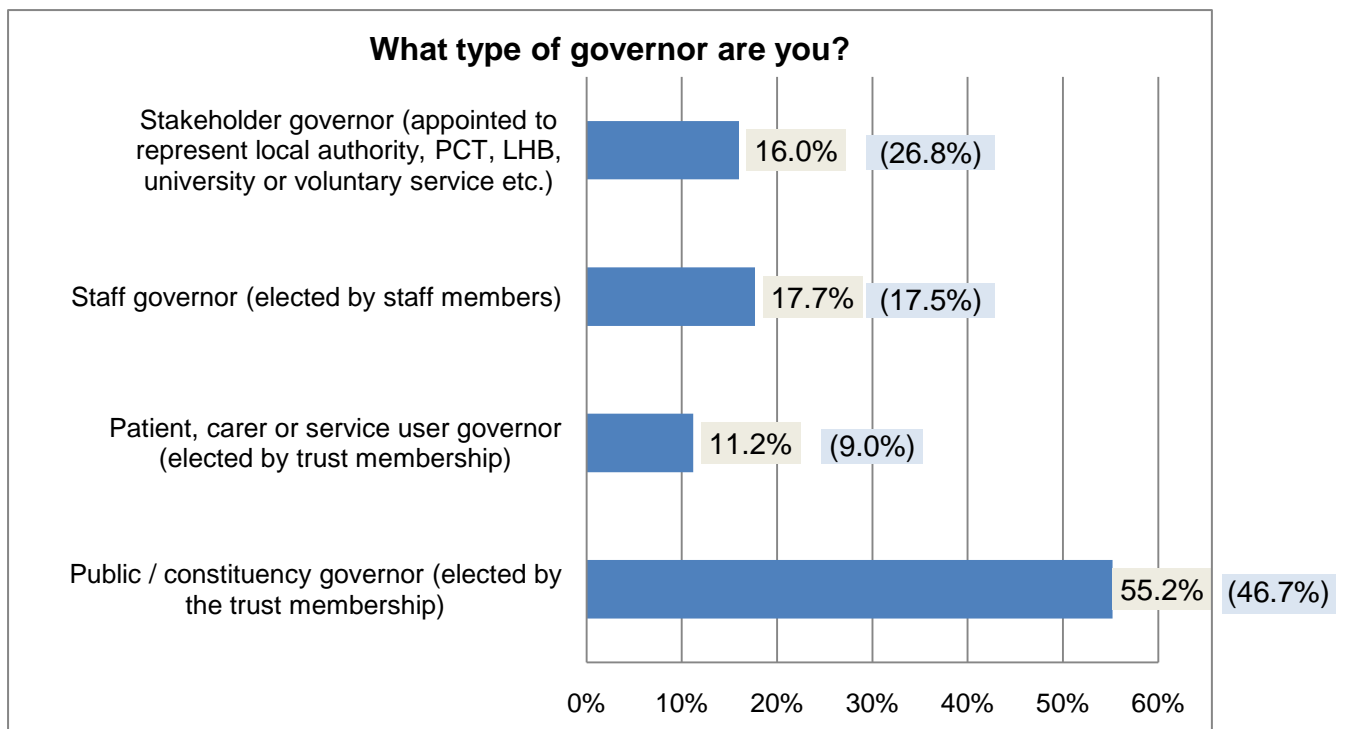
Types of governor (survey question 1)

Figure 1 shows the types of governors who responded to the survey. The figures in brackets are the approximate proportions of that type of governor across the entire governor population, as at December 2010.

There is a higher proportion of public and patient governors and a lower proportion of stakeholder governors in the governors who responded to the survey, compared to the profile of governors in all 132 foundation trusts.

The number of responding patient/carer/service user governors was significantly higher from mental health trusts (17% of total respondents) than acute trusts (4% of total respondents).

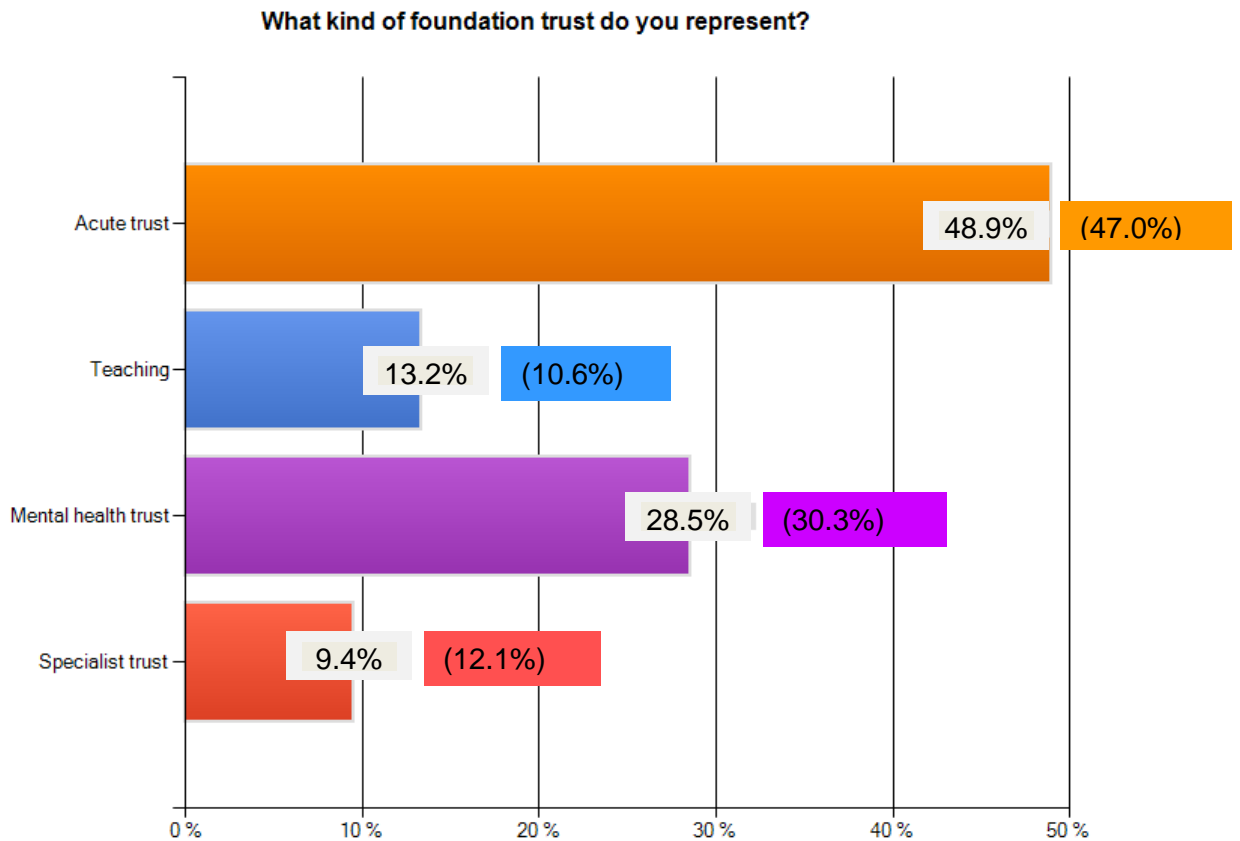
Figure 1



Types of trust (survey question 2)

Figure 2 shows the different types of trust which the governors responding represent (the figures in brackets are the approximate percentage of all governors from each trust type across all 132 foundation trusts).

Figure 2



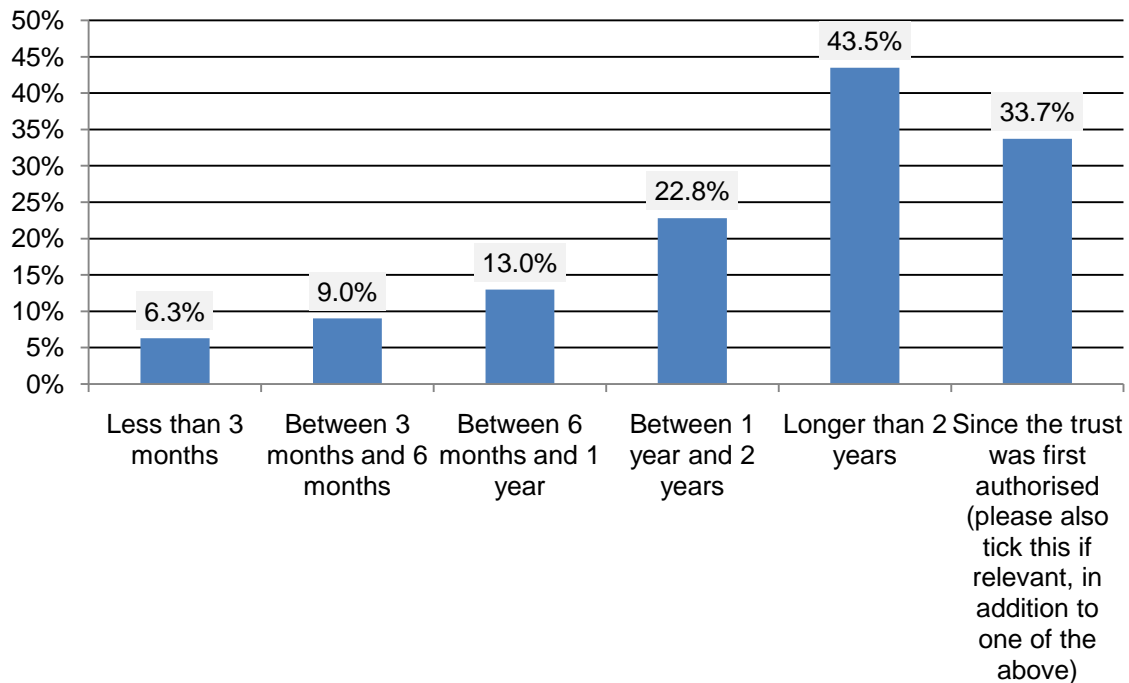
Quote: “Being a governor of an acute trust running a hospital with open wards and serving a well-defined community is one thing. Trying to get to grips with a mental health trust covering a vast area, mostly through dispersed community-based services, and where there are in-patient facilities that are mostly secure, with no possibility of casual observation or interaction with service users, is quite another. One size of concept of the role of governor does not fit all!”

How long have those governors responding been in post? (survey question 4)

Forty-four per cent of governors have been in post for longer than two years, with 34% in post since the trust was first authorised as a foundation trust. The significant majority of governors (66%) have been in post for longer than one year.

Figure 3

How long have you been a governor?



Quote: “The first two years as a foundation trust were a very steep learning curve for both the Board and its new governors. Some of the governors felt during that time we did not achieve a great deal. That is not now the case in year 5. We have learned a tremendous amount and are contributing substantially to the trust’s forward programme. I would like to suggest that Monitor reviews the decision that governors must step down after 3 terms of office. I feel a great deal of experience is being lost as a result.”

Quote: “From a personal perspective I find the role of public governor to be most rewarding and enjoyable. However, I consider a 3 year term in post is not initially long enough to fully get to grips with the role and the complex issues involved with the management of a foundation trust.”

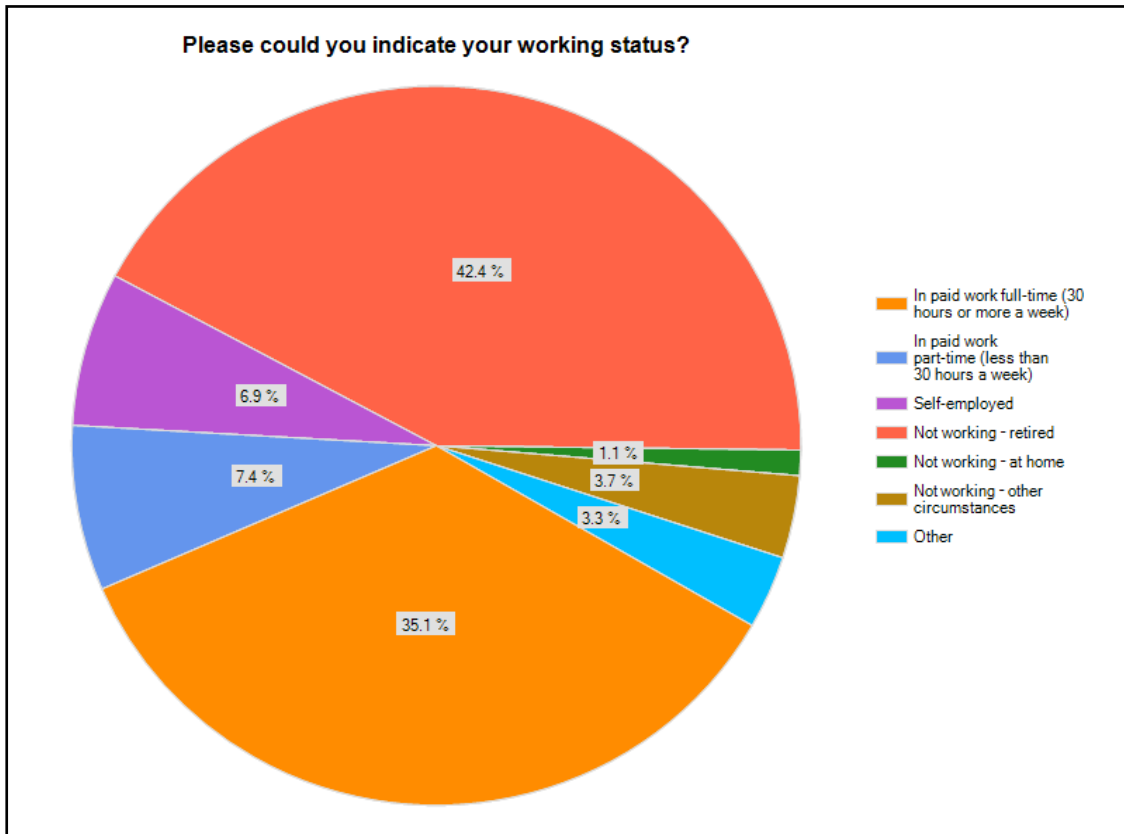
What is the working status of governors? (survey question 35)

Across the governors who responded to the survey (including staff governors), the greatest proportion, 42% (36% in 2007) are retired, followed by 35% (34% in 2007) who work full-time.

When looking at public governors only, 60% are retired and 15% are employed on a full-time basis. Fifty per cent of patient/carer/service user governors are retired and 12% employed on a full-time basis.

As expected, governors who are retired or self-employed are more likely to be members of sub-committees than governors in full-time employment. They are also more likely to attend governor meetings: 79% of those in full- or part-time employment say they attend every, or almost every, meeting compared with 95% of those who are retired and 94% of those who are self-employed.

Figure 4

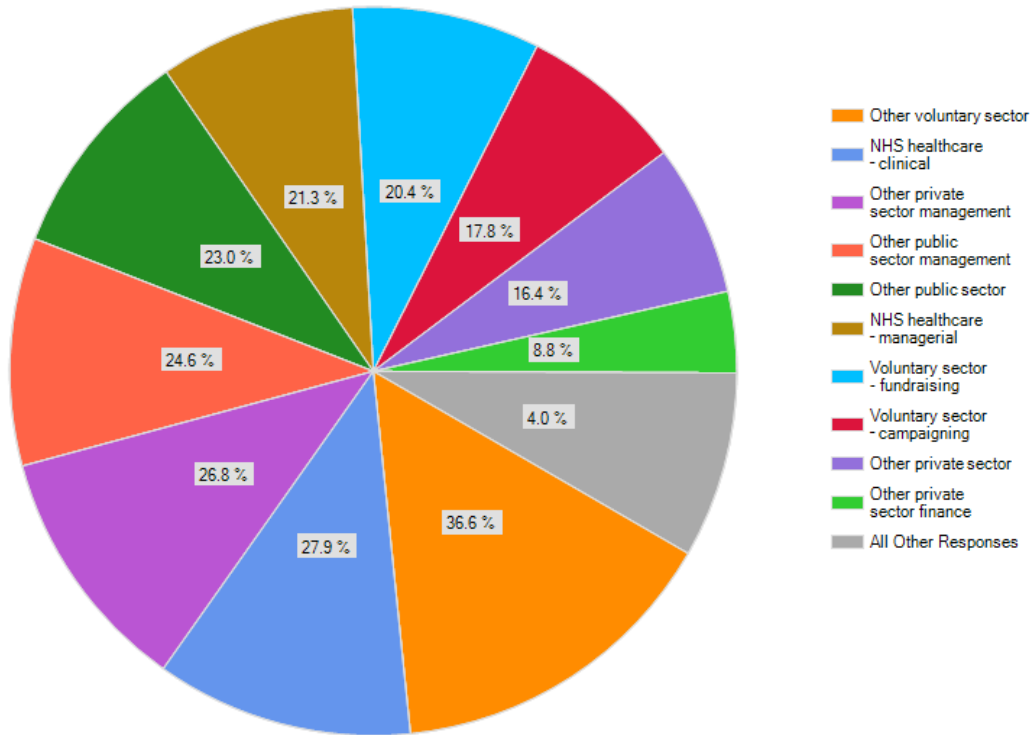


Governors’ work experience (survey question 37)

When looking at the profiles of public governors in Figure 5, ‘other voluntary sector’ was the most frequent response (37%), followed by ‘NHS clinical – healthcare’ (28%) and ‘other private sector management’ (27%). Note that multiple responses were permitted to allow governors to state all working roles to date.

Figure 5

Thinking specifically about your career or working life, which of the following areas have you worked in? Please tick all that apply.

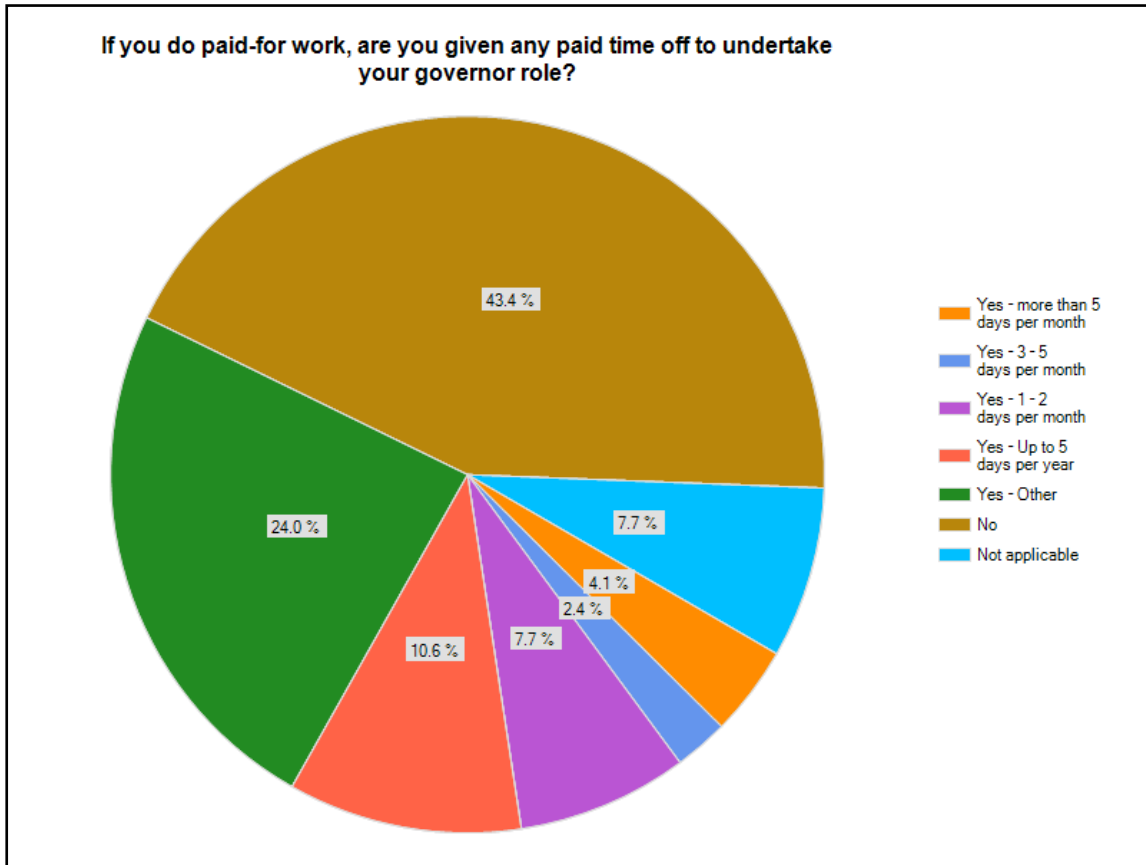


Quote: “The selection of governors is very random given the very small size of the electorate. It does mean that there is no way of ensuring a good spread of skills on a governing body in the way that you can do when appointing to a board of directors.”

Are governors who work full-time given any paid time off to undertake the role? (survey question 40)

Figure 6 only includes responses for the 35% of governors who work full-time (which includes all staff and stakeholder governors who work full-time). Of these, 43% said they receive no paid time off, but 49% do and this can range from up to five days per year to more than five days a month. Of those public governors who work full-time, 57% say they get no paid time off to undertake the role.

Figure 6



Quote: "...being a governor is very difficult if you work full-time. I am fortunate in that my work is flexible - so I can take time off for meetings, but I need to make the time up - which as a single parent with caring responsibilities is not easy! If the government is serious about governors wanting to have more responsibility I think they need to firm up on arrangements for paid time off - like there are for magistrates. Lack of time stops me from volunteering for more sub-committees."

Do governors hold any other governorships or directorial responsibilities, or have they done so in the past? (survey question 36)

Fifty-one per cent of governors do not hold/have not held other governorships or directorial posts (this wasn't covered in the 2007 survey). Seventeen per cent have held/hold other governorships (27% in 2007) and 25% are or have been directors/ non-executive directors/trustees of charities or social enterprises (23% in 2007). Fourteen per cent are or have been directors in the private sector (14% in 2007) and 13% in the public sector (12% in 2007).

How boards, or councils, of governors are operating

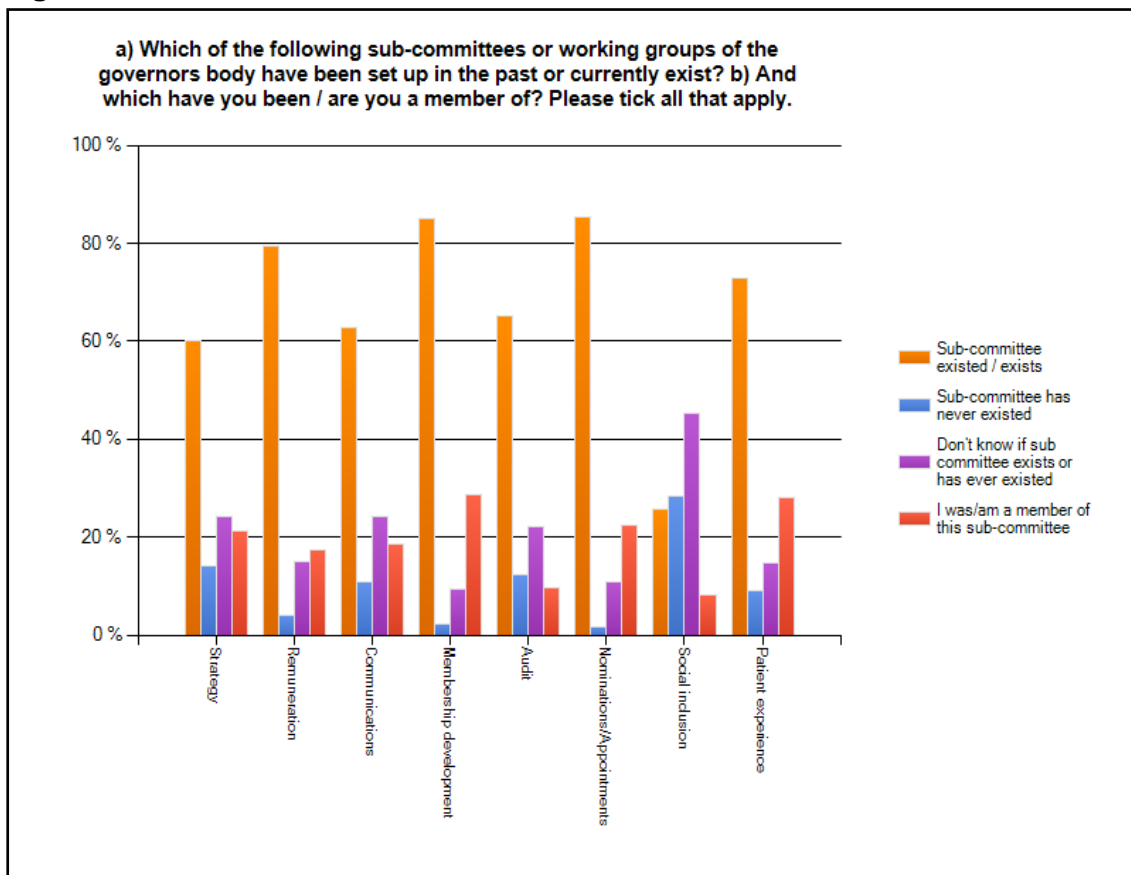
Which sub-committees and working groups exist? (survey question 6a)

Governors were asked which types of working committee exist currently, or have existed in the past, at their respective trusts (from a defined list), and also to indicate those of which they are (or have been) a member.

The most common types of committee are those looking at nominations and appointments, 85% (67% in 2007), membership development, 85% (66% in 2007) and remuneration, 79% (63% in 2007). Patient experience is the next most common at 73% - this was not asked about in the 2007 survey and it is thought that this may be a relatively new addition at some trusts.

Existence of all committee types, and awareness that they exist, have risen significantly since the 2007 survey, which may imply that trusts have improved how governor committees are organised.

Figure 7



What proportion of governors are members of the different sub-committees? (survey question 6b)

Governors were asked to select which of the sub-committees they were or had been a member of, and the results show that membership of committees has generally increased since 2007. The greatest numbers of governors are/have been involved in membership development, 29% (23% in 2007) and patient experience, 28% (not asked in 2007) sub-

committees. Approximately 20% are or have been involved in strategy committees, nominations and appointments committees or communications committees.

Committee name	All respondents %	Governors at acute trusts (%)	Governors at mental health trusts (%)	Governors at specialist trusts (%)	Governors at teaching hospitals (%)
Strategy	21	25	16	21	22
Remuneration	17	18	17	16	17
Communications	19	17	18	22	22
Membership development	29	30	25	30	32
Audit	10	11	10	10	7
Nominations/ appointments	22	22	24	23	22
Social inclusion	8	4	14	7	12
Patient experience	28	30	17	37	34

How often do sub-committees meet? (survey question 7)

Sub-committees typically meet between two and five times per year. A significant proportion of governors are not sure how often they meet, probably because they are not members of the sub-committees in question. Newer governors are likely to be unaware of the different types of sub-committees in their trust.

Consistent with the 2007 findings, public governors are the most likely to be involved in committees, with 60% of all committee members being public governors. For example, 35% of public members say they are, or have been, a member a Membership Committee. Eleven per cent of total committee members are patient, 15% staff and 14% stakeholder governors. Governors who are retired or self-employed are significantly more likely to be members of most of the sub-committees than governors who are in full-time employment.

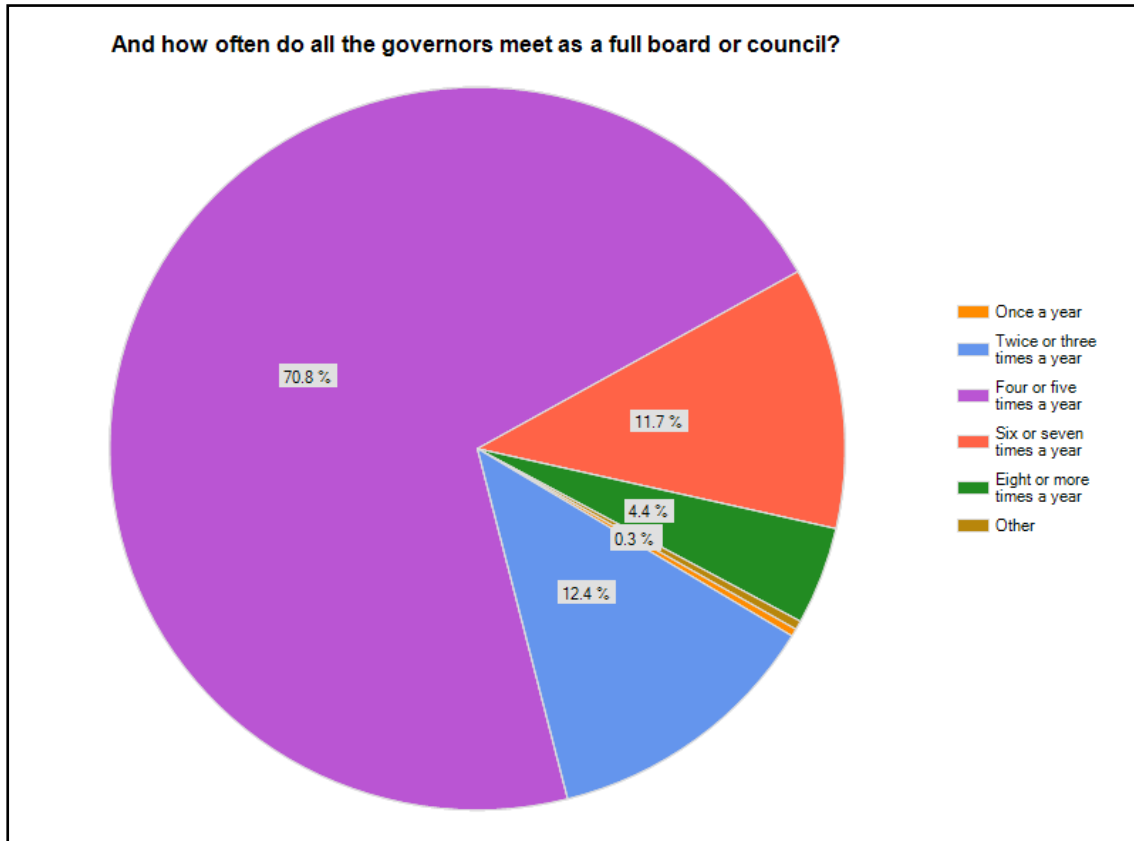
% of each governor type who are/has been a member of each committee type	Public	Patient	Staff	Stakeholder
Strategy	25	14	17	17
Remuneration	20	11	15	16
Communications	24	18	14	7
Membership development	35	31	21	12
Audit	13	8	4	8
Nominations/ Appointments	24	23	17	20
Social inclusion	10	10	6	6
Patient experience	32	35	19	19

***Quote:** “This role has been very demanding and to a great extent unseen. Having been a governor for five years and re-elected last year for a further three years, I am considering leaving as most of my time is spent on sub-committee work rather than direct patient (or member) representation. The amount of paperwork to read and understand is incredible and should be vastly reduced.”*

How often do governors meet as a full board or council? (survey question 8)

Seventy-one per cent of governors say they meet as a full board/council four or five times per year (same finding as in the 2007 survey).

Figure 8



How many meetings do governors attend? (survey question 9)

Eighty-six per cent of governors say they attend every, or almost every, meeting (same result as the 2007 survey) and 8% attend one in two meetings (9% in 2007). These results may be slightly higher than for the full population of governors, as it may be the case that the more engaged governors completed this survey.

Seventy-nine per cent of those in full or part-time employment attend every, or almost every, meeting, compared with 95% of those who are retired and 94% of those who are self-employed.

Public, patient and staff governors are most likely to attend every, or almost every, meeting, all 92% (2007: 89%, 88%, 85% respectively), compared with 85% of stakeholder governors (72% in 2007).

Foundation trust chairs and chief executives were also asked in Monitor's 2010 survey of NHS stakeholders how many governor meetings they attend. Of the chairs who responded (33), 91% said they attend every, or almost every, meeting of the board of governors, and of the chief executives who responded (58), 84% said they attend every, or almost every, meeting.

Organisation and productivity of governor meetings

Organisation of meetings of the full governing body (survey question 10)

Thirty-nine per cent of governors (34% in 2007) say that meetings are productive all of the time and 39% (34% in 2007) say they are productive most of the time. Governors at specialist trusts are more likely to say that meetings are productive all of the time (51% compared to acute: 37%, mental health: 38% and teaching: 36%).

Governors generally say that activities such as circulating agendas and meeting minutes are undertaken on a timely basis for most or all governor meetings. Sixty-seven per cent say agendas and supporting documents are circulated in good time for each meeting and 25% say this is done most of the time. Seventy-eight per cent say minutes are always circulated after every governors meeting and 10% say this is done most of the time.

Governors who agree strongly that they have the power to hold the board of directors to account (see Chapter 2 for further information) are more likely to say that an agenda and supporting documents are circulated in good time for each meeting (74%), than those who disagree (54%). Those who do agree they have the power to hold the board of directors to account say minutes are circulated in good time for the next meeting (80% compared with 55% who disagree).

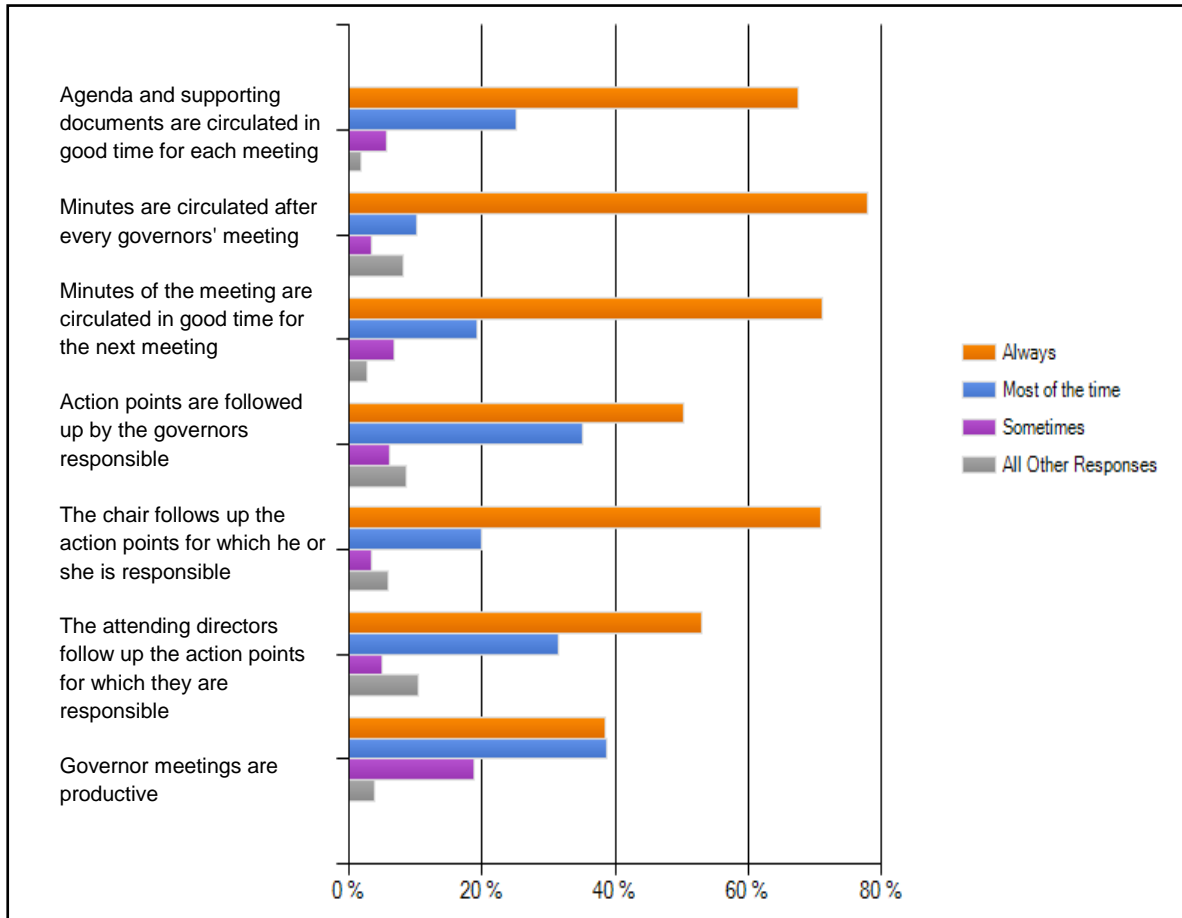
Governors say that action points are generally followed up all or most of the time. Seventy-one per cent (64% in 2007) say the chair always follows up on the action points for which they are responsible, with 20% (20% in 2007) saying this happens most of the time. Fifty-three per cent say the executive directors follow up on the action points for which they are responsible all of the time with 32% saying they do so most of the time (this question was not asked in 2007). Fifty per cent of governors say they follow up on action points themselves, more consistent than in 2007 (45%) and where the chair always follows up on the action points for which they are responsible, governors appear to be more likely to do the same.

It is clear that efficient circulation of agendas, supporting documents and minutes makes a difference to how productive governors find their meetings. Governors who say agendas and supporting documents are always circulated in good time for each meeting are significantly more likely to say that their meetings are productive all of the time (47%) than those who say they are circulated in good time most of the time (24%). Similarly, of those who say that minutes are always circulated after every governor meeting, 44% say their meetings are always productive, compared to 19% who say minutes are circulated most of the time.

The chair's reliability in following up on action points is also critical. Of those governors who state that the chair always follows up on the action points for which he or she is responsible, 50% say that governor meetings are always productive, compared to just 13% of those who state that the chair follows up on these most of the time.

Of those governors who state that the executive directors always follow up on the action points for which they are responsible, 59% say governor meetings are always productive and 78% say the governors also always follow up on their action points (compared with 20% and 20% respectively when governors state that executive directors only follow up on these action points most of the time).

Figure 9



Do governors attend meetings of the boards of directors? (survey question 18)

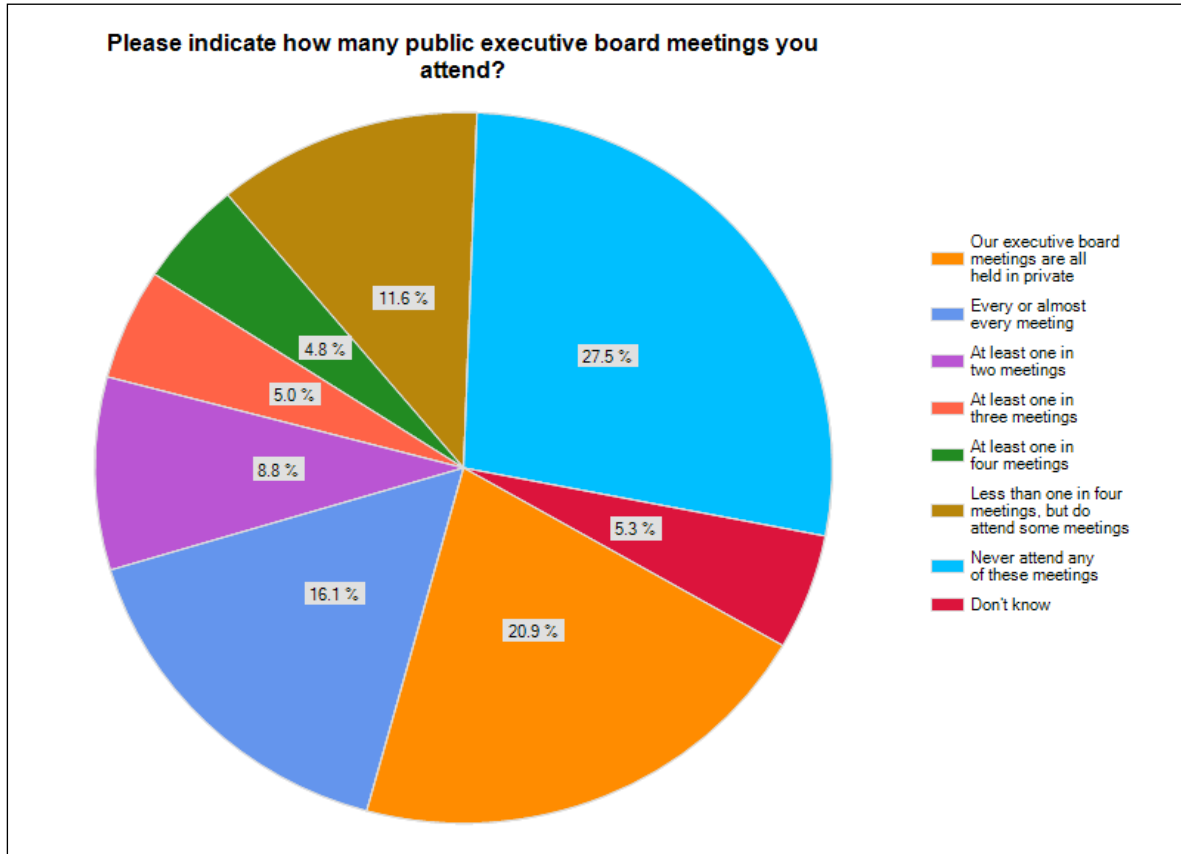
Twenty-one per cent of governors said that all board of director meetings at the trust are held in private, a further 28% never attend any of these meetings even though they are not held in private, and 16% attend every or almost every meeting.

Some governors complain that they are not permitted access to the board of directors' meetings. Governors have a responsibility to scrutinise the performance of the non-executive directors and chair, and some of those who are not permitted to attend board meetings state that it is difficult to do this effectively.

Various solutions were described to counter this problem, including 'buddying' schemes between governors and non-executive directors, away-days involving governors and directors, and a nominated governor being permitted to attend the board meetings in an observatory capacity.

The Government's response following the listening pause on the Health and Social Care Bill 2011 sets out that all foundation trusts will be required to hold their board meetings in public, so this should no longer be an issue going forwards.

Figure 10



How informed governors feel

How well informed do governors feel? (survey question 15)

Ninety-four per cent of governors believe that their trust keeps them very or fairly well informed about its activities (90% in 2007).

The most informed governors are more likely to become involved in some of the various sub-committees such as the nominations/appointments committees and strategy committees.

Feeling well informed is closely linked with governors having a positive view of governor meetings, their own levels of understanding and confidence in their role, as well as their view of the trust chair.

	Governors who feel very well informed	Governors who feel fairly well informed	Governors who feel not very informed	Governors who feel not at all informed
% who say governor meetings are always productive	57	23	9	0
% who say action points are always followed up by the governors responsible	65	39	20	20

% who strongly or tend to agree they are clear on their roles and responsibilities	95	85	56	40
% who strongly or tend to agree they understand what it means to hold the trust's board of directors to account	95	86	69	60
% who feel very confident in explaining their trust's strategy or forward planning to a new governor	34	9	1	0
% who feel fairly confident in explaining their trust's strategy or forward planning to a new governor	58	63	28	0
% who strongly or tend to agree that overall the trust's chair is doing a good job	98	86	45	20
% who strongly or tend to agree that the chair keeps the governors well informed about the activities of the trust	97	81	24	40

How well do governors feel they know each other? (survey question 11)

Governors tend to know each other fairly well.

Staff governors remain the best known group with 65% of all respondents saying they know all or most of these (2007: 51%).

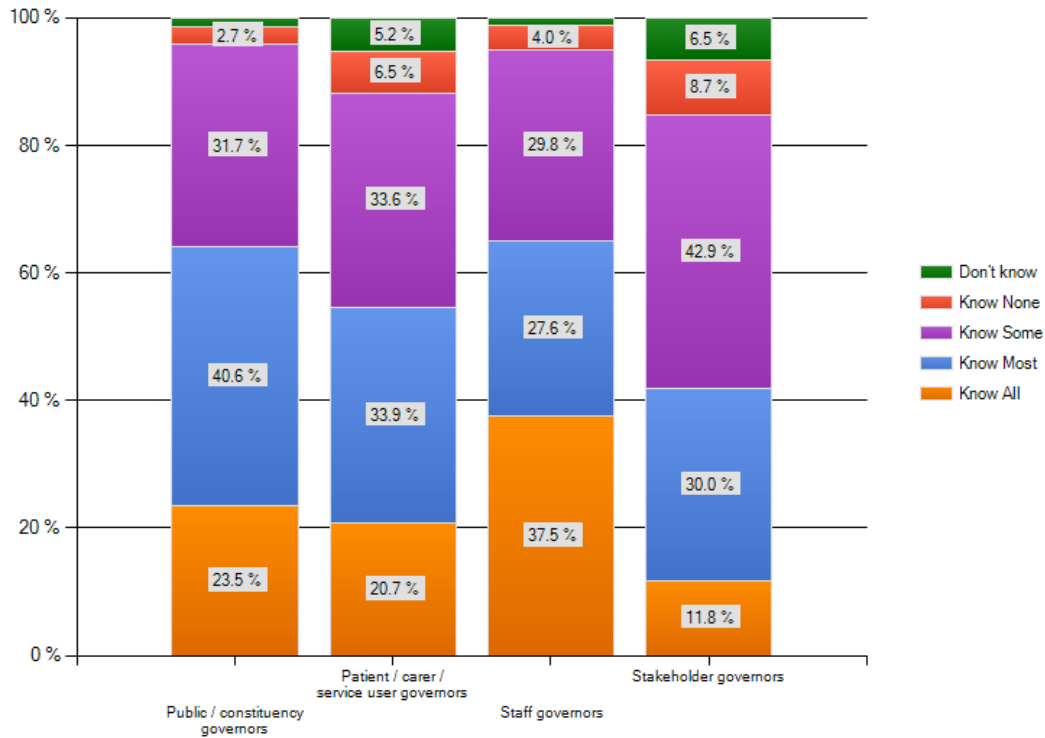
Stakeholder governors remain the least known group with 42% (25% in 2007) saying they know all or most of these, and 9% saying they know none.

Fifty-six per cent of mental health trust governors say they know all or most of the public governors (acute: 69%, teaching: 66% and specialist: 72%) and 58% say they know all or most of the staff governors (acute: 71%, teaching: 66% and specialist: 68%).

Foundation trust chairs and chief executives were asked in Monitor's 2010 survey of NHS stakeholders what proportion of the different types of governor groups they would say they know well. Unsurprisingly, staff governors were the best known (66%), with the least well known being the patient governor group (42%).

Figure 11

What proportion of each of the following groups of governors at your trust would you say you know well? Please tick one box for each statement.



The role of the lead governor (survey question 39)

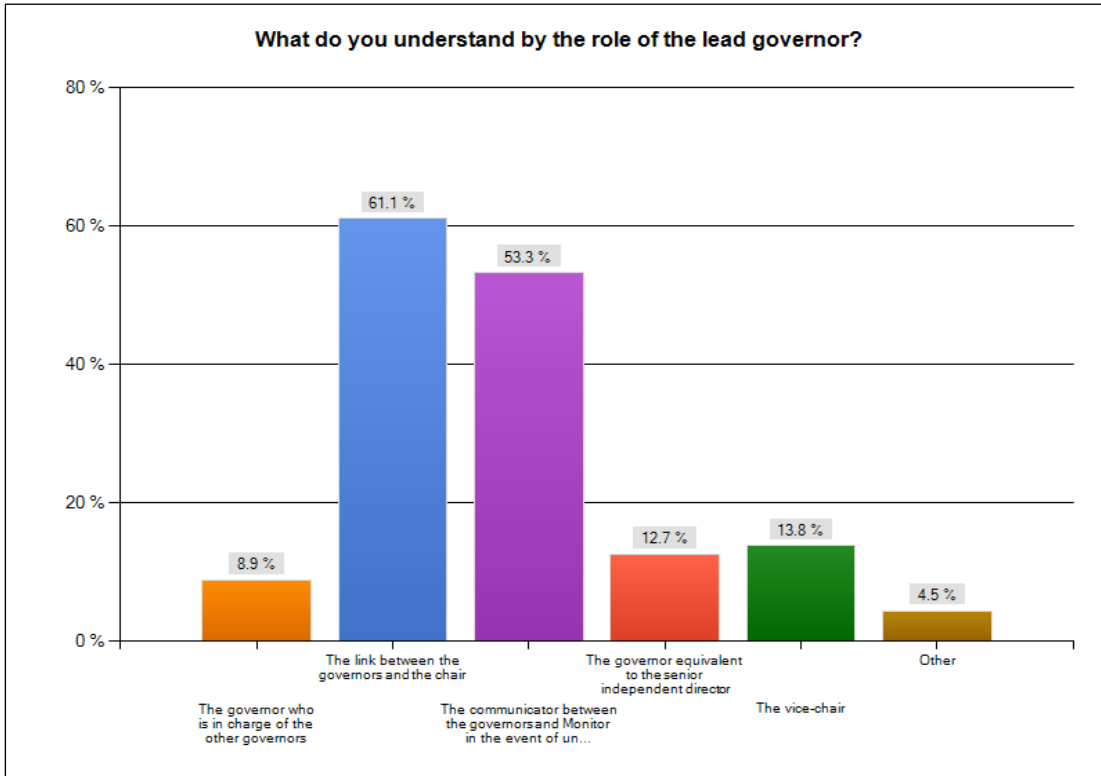
Foundation trusts are required to nominate a lead governor who can communicate directly with Monitor in certain circumstances, where it would not be appropriate for the chair to contact Monitor, for example in relation to the appointment of the chair, or in the event of improper conduct of governor elections. The lead governor is also contacted by Monitor in the event that the foundation trust is at risk of significantly breaching the terms of its authorisation, and where these concerns cannot be satisfactorily resolved within the trust.

Governors were asked what they understood by the role and there are mixed views, suggesting that some governors and/or trusts may misunderstand the purpose of the role, or may have chosen to extend its purpose. Multiple responses were permitted to this question.

Sixty-one per cent of governors believed – incorrectly - that the lead governor acts as the link between the governors and the chair. Fourteen per cent believe the lead governor is the vice-chair, 13% the governor equivalent of the senior independent director and 9% the governor who is in charge of the other governors.

Fifty-three per cent of governors correctly understood the role, which is to act as a communication point with Monitor in certain circumstances.

Figure 12



Quote: "I think it would be a good idea for there to be a forum for lead governors, where they could share and discuss experience, problems and issues, and help develop the role."

Chapter 2: The impact of governors

This chapter looks at what governors believe their achievements have been so far, and who has benefitted from these. It also covers governor clarity on their roles and responsibilities, the extent to which they are exercising their statutory duties and other engagement roles, and relationships between governors and the board of directors.

Chapter summary

Governors cite a range of achievements, with working on groups/committees, improving patient care and engaging patients being the most quoted.

Twenty per cent of respondents believe they have improved things for patients, carers or service users directly whilst others believe stakeholders have benefited in other ways. Thirteen per cent do not believe their activities have benefitted stakeholders thus far.

A greater number of governors state they are clear about their roles and responsibilities than in 2007, although chairs and chief executives are less confident of this than governors themselves.

Seventy-five per cent of governors are confident they could represent/are representing the needs of the trust members, compared with 92% believing they should be doing so. In comparison, 48% of chairs and chief executives are confident in governors representing members' views.

Seventy-eight per cent of governors say they would feel confident explaining the trust's strategy to another governor.

Eighty-nine per cent of governors state they understand what it means to hold the board of directors to account, with 72% believing they have the power to do so. Chairs and chief executives are less confident that governors understand this role (64%) or are successful at doing so (59%).

A greater proportion of governors have been involved in both statutory and engagement duties than in 2007. For those who have not, being new to the position is the most common reason.

Governors are generally happy with their level of contact with the board of directors, although some would prefer more contact with non-executive directors.

More governors, compared to in 2007, believe the chair is doing a good job and that the directors value governors.

Governor achievements so far

What would you say have been your main achievements as a governor? (survey question 30)

There are a number of activities that governors consider to have been their main achievements since taking up the role. The most common response is working on groups/committees (12%), as well as improving patient care/engaging with patients (12%),

effectively representing the community (12%) and helping to improve communications (12%). Twenty-six per cent of survey respondents did not answer this question.

Figure 13



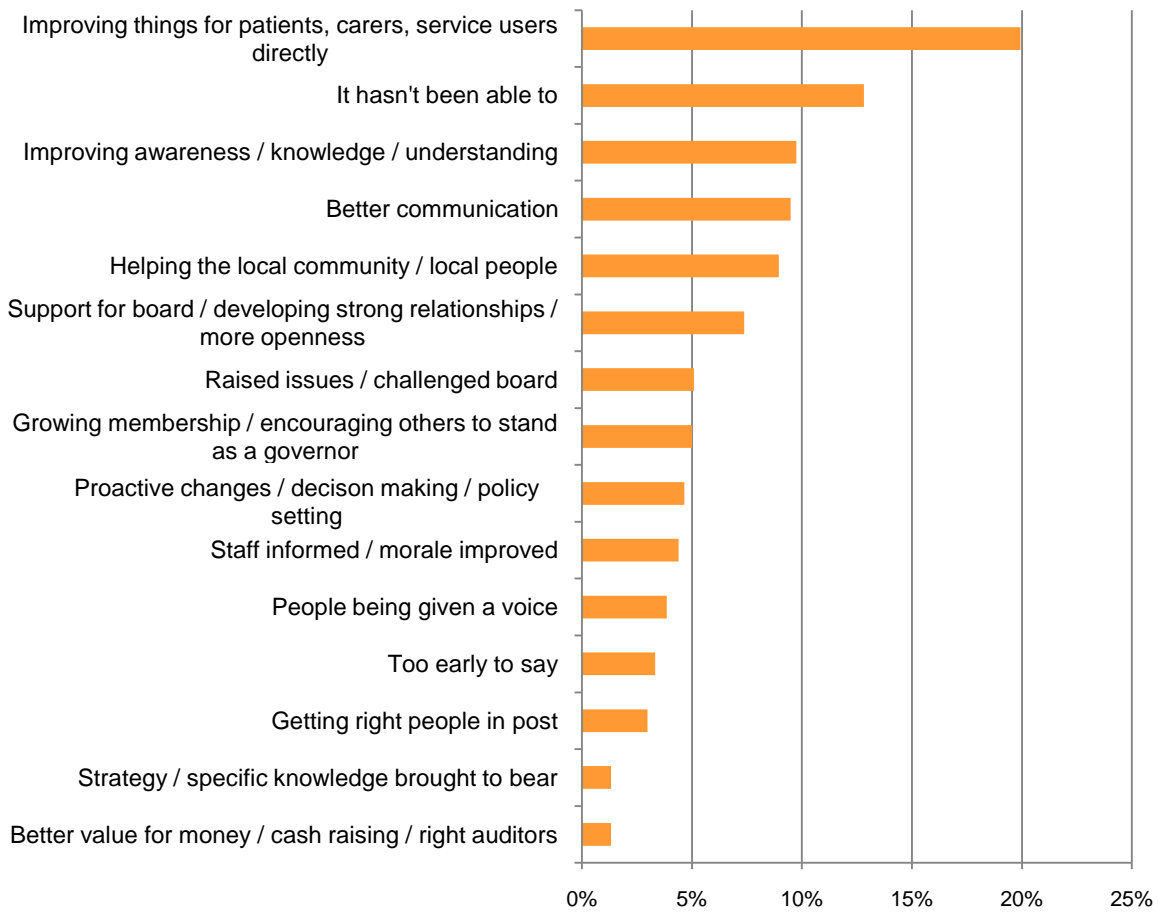
Who has benefited from the achievements of governors? (survey question 31)

Governors cite a range of examples when asked how their achievements have benefited their trust, patients, membership and/or local community and the majority believe that stakeholders have received some benefit overall.

Twenty per cent of governors who responded to this question believe they have improved things for patients, carers and/or service users directly. Others believe stakeholders have benefited through governors improving their awareness, knowledge and understanding (10%), improving communication with stakeholders (9%) and helping the local community/local people (9%), for example.

Thirteen per cent (4% in 2007) of respondents say that their activities have not benefited these stakeholders and 32% did not answer the question.

Figure 14



Clarity about the governor role and responsibilities

Clarity about the governor role and responsibilities (survey question 12)

Eighty-eight per cent (79% in 2007) of governors strongly or tend to agree they are clear about their role and responsibilities, 40% (31% in 2007) strongly agree and 5% disagree.

This compares with 16% of chairs and chief executives in Monitor’s 2010 NHS stakeholder survey who strongly agree that governors are clear about their roles and responsibilities, with 51% tending to agree, and 7% disagreeing.

Staff governors are significantly less likely to strongly agree that they are clear about their roles and responsibilities (25% compared with 47% of public governors, 37% of patient/carers/service user governors and 36% of stakeholder governors).

Unsurprisingly, those governors who have been in post for shorter periods of time are less clear about their roles and responsibilities (of those in post for up to three months, 28% strongly agree), than those who have been in post for longer than two years (52% strongly agree).

Quote: “I have been a staff governor since the start of our foundation trust. The key question I think all governors have is that we are still unclear as to what exactly is our role.”

Of those who say they strongly agree that they are clear about their roles and responsibilities, 79% say the chair always follows up on the action points for which they are responsible, 60% say the governors do the same and 52% say governor meetings are always productive.

Conversely, of those who say they tend to disagree that they are clear about their roles and responsibilities, 44% say the chair always follows up on the action points for which they are responsible, 29% that governors do the same, and 10% say that governor meetings are always productive.

This again suggests that meeting organisation and following up on action points may be critical in sustaining governor confidence and clarity in their roles.

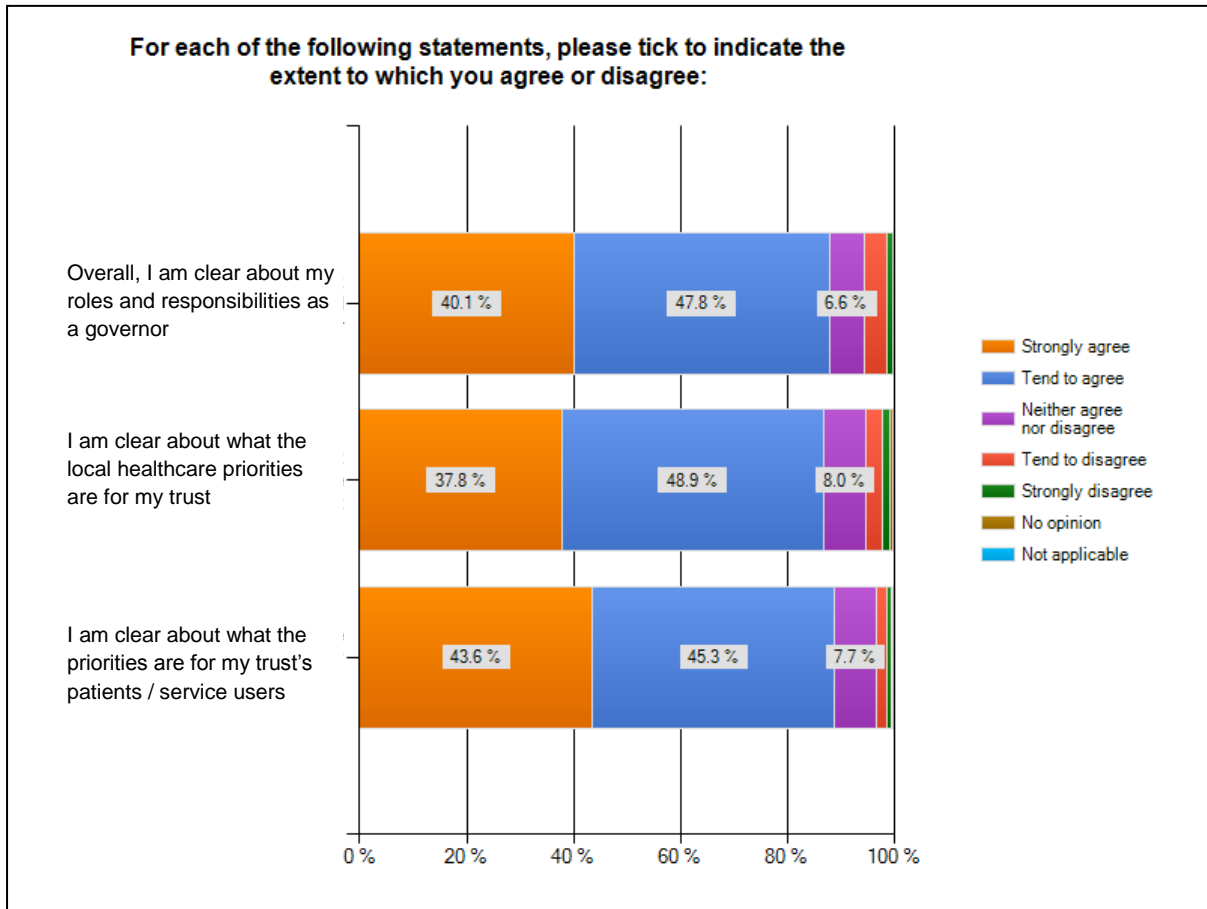
Governors who strongly agree that they are clear about their roles and responsibilities are also more likely to know all or most of the other governors, than those who only tend to agree.

Clarity about local and patient/service user priorities (survey question 12)

Eighty-seven per cent of governors strongly or tend to agree that they are clear about the local healthcare priorities for their trust (82% in 2007) and the length of time in post is again critical in this.

Eighty-nine per cent of governors strongly or tend to agree that they are clear about the patient/service user priorities for their trust (81% in 2007).

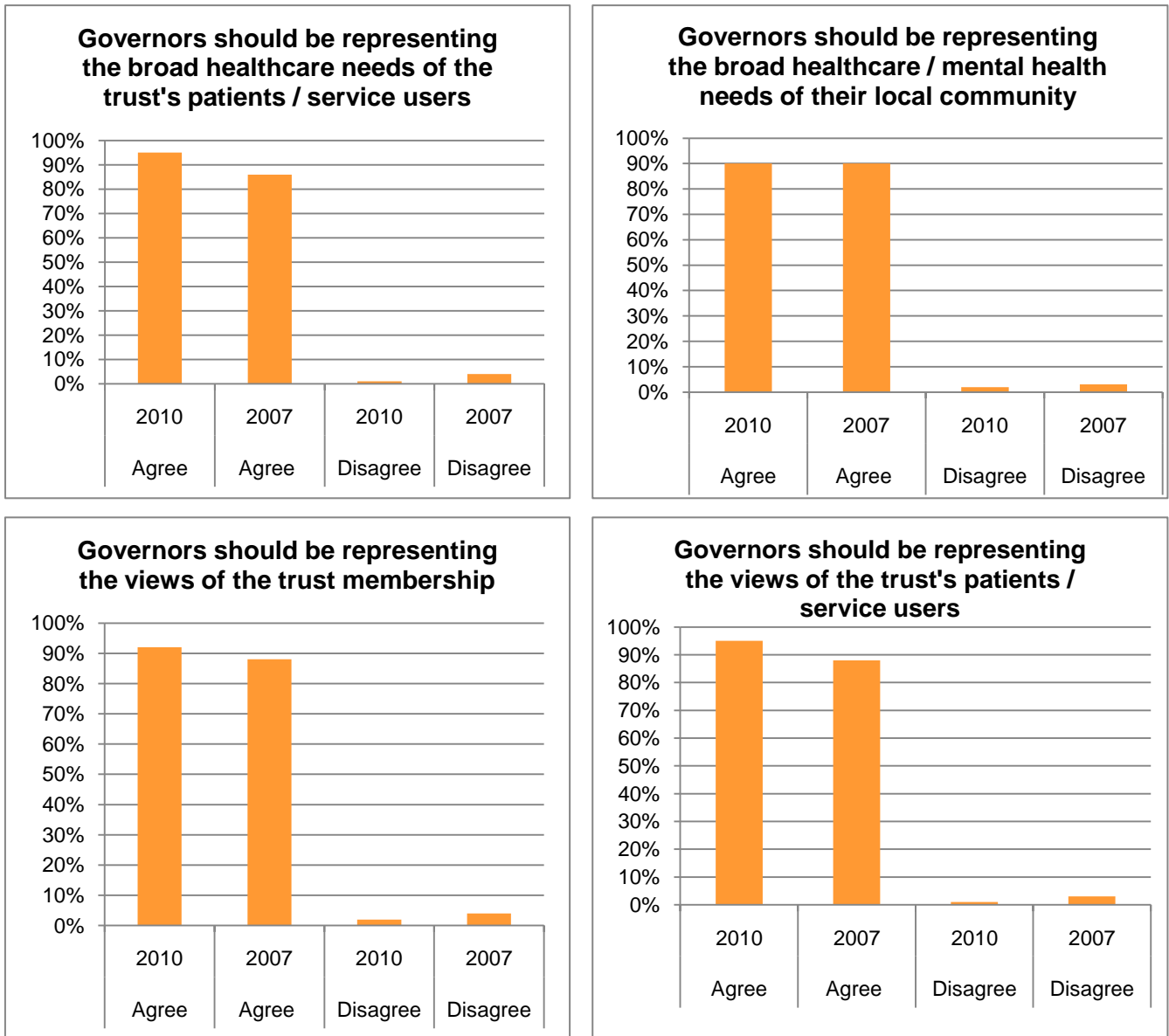
Figure 15



Whom should governors represent? (survey question 12)

Ninety per cent of governors strongly or tend to agree that they should be representing the broad healthcare needs of their local communities (same result as 2007). Ninety-five per cent believe that they should be representing the broad healthcare needs of the trust's patients/service users (86% in 2007). Ninety-two per cent believe they should be representing the views of the trust membership (88% in 2007). Ninety-five per cent believe they should be representing the views of the trust's patients/service users (88% in 2007).

Figure 16



Confidence in all governors at the trust communicating with stakeholders

“The governors at my trust are good at communicating” (survey question 12)

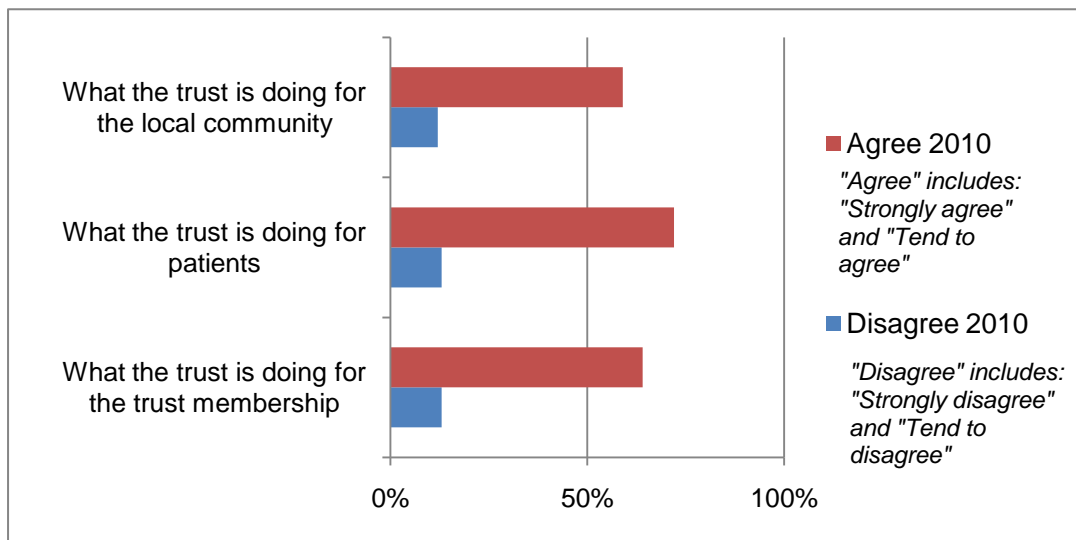
Fifty-nine per cent (53% in 2007) of governors strongly or tend to agree that the governors at their trust are good at communicating what the trust is doing for the local community, with 12% (18% in 2007) disagreeing.

Sixty-six per cent (57% in 2007) of governors strongly or tend to agree that the governors at their trust are good at communicating what the trust is doing for patients, with 10% (17% in 2007) disagreeing.

Sixty-six per cent (58% in 2007) also strongly or tend to agree the governors at their trust are good at communicating what the trust is doing for the trust membership, with 10% (15% in 2007) disagreeing.

Those governors who believe that the trust keeps them very well informed with the information they need to carry out their role are significantly more likely to believe that the governors at their trust are good at communicating what the trust is doing for the local community, patients and the trust membership (76%, 81% and 81% respectively) than those who feel the trust keeps them “not very well informed” (12%, 18% and 15% respectively, although there is a small number (76) in this latter group in terms of sample size).

Figure 17



“I am confident that as a governor I could represent/I am representing” (survey question 12)

Confidence in personally representing stakeholders (survey question 12)

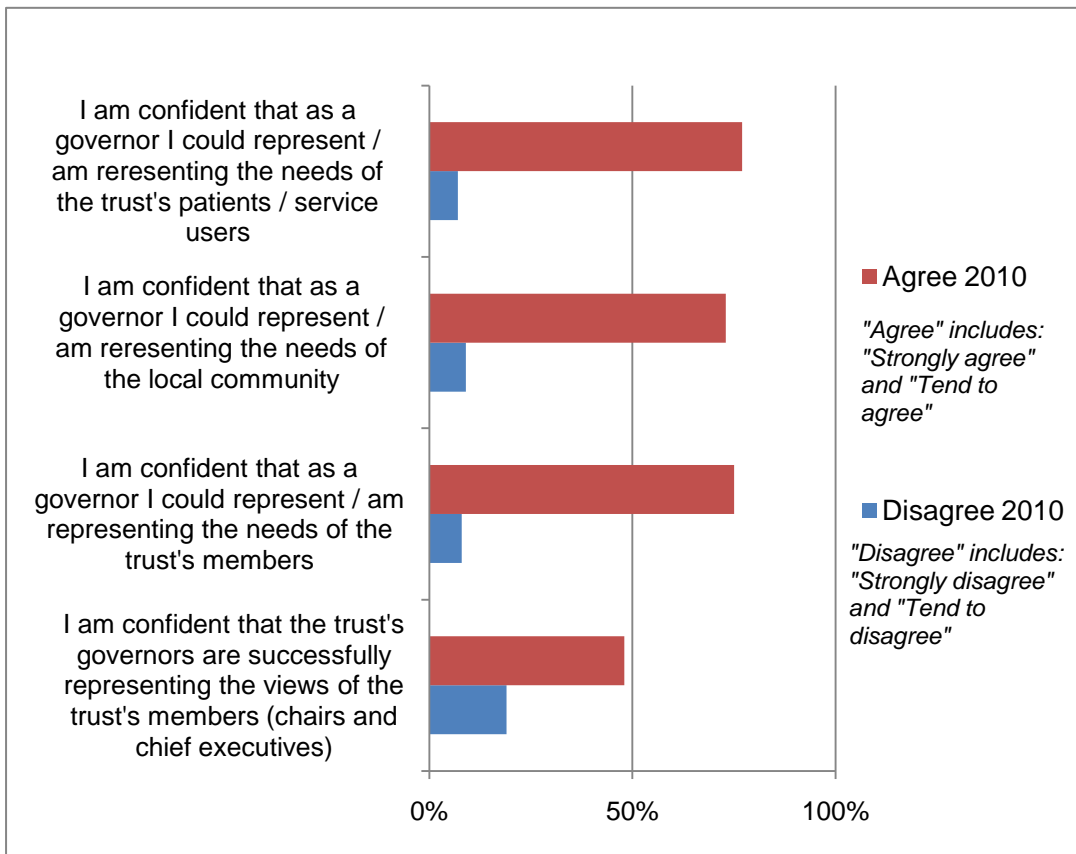
Seventy-seven per cent of governors strongly or tend to agree they are confident that they could represent/are representing the needs of the trust’s patients or service users, compared with 95% who believe they should be doing so. Seven per cent are not confident that they could do/are doing so.

Seventy-three per cent of governors say they are confident they could represent/are representing the needs of the local community, compared with 90% who believe they should be doing so. 9% are not confident they could do/are doing so.

Seventy-five per cent of governors say they are confident they could represent/are representing the needs of the trust members, compared with 92% who believe they should be doing so. Eight per cent are not confident that they could do/are doing so.

This compares with 48% of chairs and chief executives who responded to Monitor’s stakeholder survey who say they strongly or tend to agree that their governors are successfully representing the views of the trust’s members, whilst 17% said they disagreed with this.

Figure 18



The length of time in post is again significant to the levels of governor confidence in these roles. The most confident are those who have been governors since their trust was first authorised, closely followed by those who have been in post for longer than two years. The least confident group are those who have been in post for between six months and one year.

Governors who say they had initial training are also more confident in all three roles than those who say they did not. Seventy-six per cent, 76% and 78% of those who say they had initial training say they are confident at representing the community, trust's members and trust's patients/service users respectively, compared with 59%, 67% and 72% respectively of those who say they did not receive initial training.

Of greatest significance is the extent to which governors feel their trusts provide them with the information needed to perform their duties. For those who believe their trust provides this information, the confidence levels in undertaking the three communication roles are 81%, 85% and 85% respectively, whereas for those who believe their trust does not keep them very well informed, the confidence levels are 49%, 44% and 54% respectively.

How confident are governors in explaining the trust's strategy to new governors? (survey question 16)

Similar to the results of the 2007 survey, 78% say they would feel very or fairly confident in explaining the trust's strategy to a new governor.

Not surprisingly, length of tenure is again critical with governors in post for longer than two years being more confident about explaining their trust’s strategy (86% are very or fairly confident) than those who have been in post for less than three months (58% are very or fairly confident).

Holding boards of directors to account

Holding boards of directors to account (survey question 12)

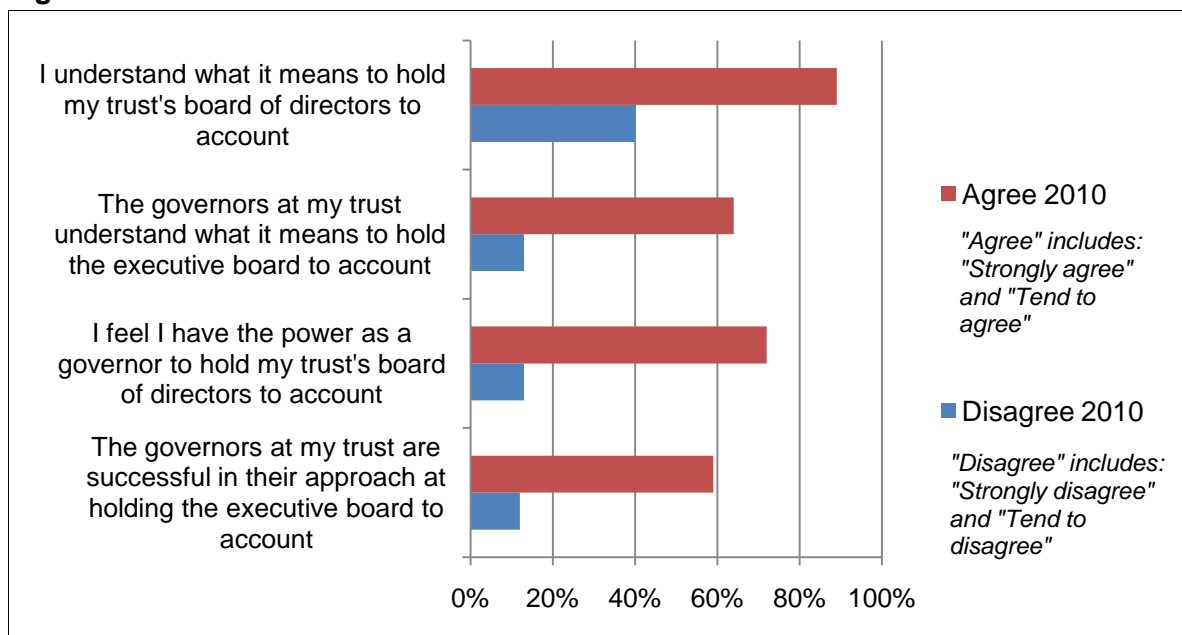
Figure 16 shows governors’ views on their understanding of, and confidence in, holding boards of directors to account (statements starting with “I”) and also the thoughts of chairs and chief executives on the same topic (statements starting with “The governors”). These results show a difference in understanding between governors, chairs and chief executives as to what constitutes holding the board of directors to account successfully.

Eighty-nine per cent of governors strongly or tend to agree they understand what it means to hold the board of directors to account but fewer (72%) strongly or tend to agree that they have the power to do so (13% say they do not have the power).

Sixty-four per cent of chairs and chief executives who responded to Monitor’s 2010 NHS stakeholder survey strongly or tended to agree that governors understand what it means to hold the executive board to account, and 59% believed governors are successful at doing so, with 12% disagreeing. Fifty-five per cent of governors strongly agree that they understand what it means to hold the board of directors to account with 17% of chairs and chief executives feeling the same. Thirty-seven per cent of governors strongly agree that they feel they have the power to hold the board of directors to account, with 15% of chairs and chief executives strongly agreeing that the governors are successful in doing so.

Public governors are most likely to agree with both statements (92% and 77% respectively) and staff governors are least likely to agree (82% and 62% respectively).

Figure 19



Governors who say they strongly agree that they have the power to hold boards of directors to account are significantly more likely than those who tend to disagree with this statement to say that the chair always follows up on the action points for which they are responsible (85% compared with 45%) and that attending directors always follow up on the action points for which they are responsible (70% compared with 31%). They are also more likely to say that action points are always followed up by the governors responsible (67% compared with 31%) and that governor meetings are always productive (60% compared with 8%).

Governors who say they strongly agree that they have the power to hold boards of directors to account are also significantly more likely than those who tend to disagree with this statement to say that their trust keeps them very well informed (69% compared to 17%).

Exercising their duties

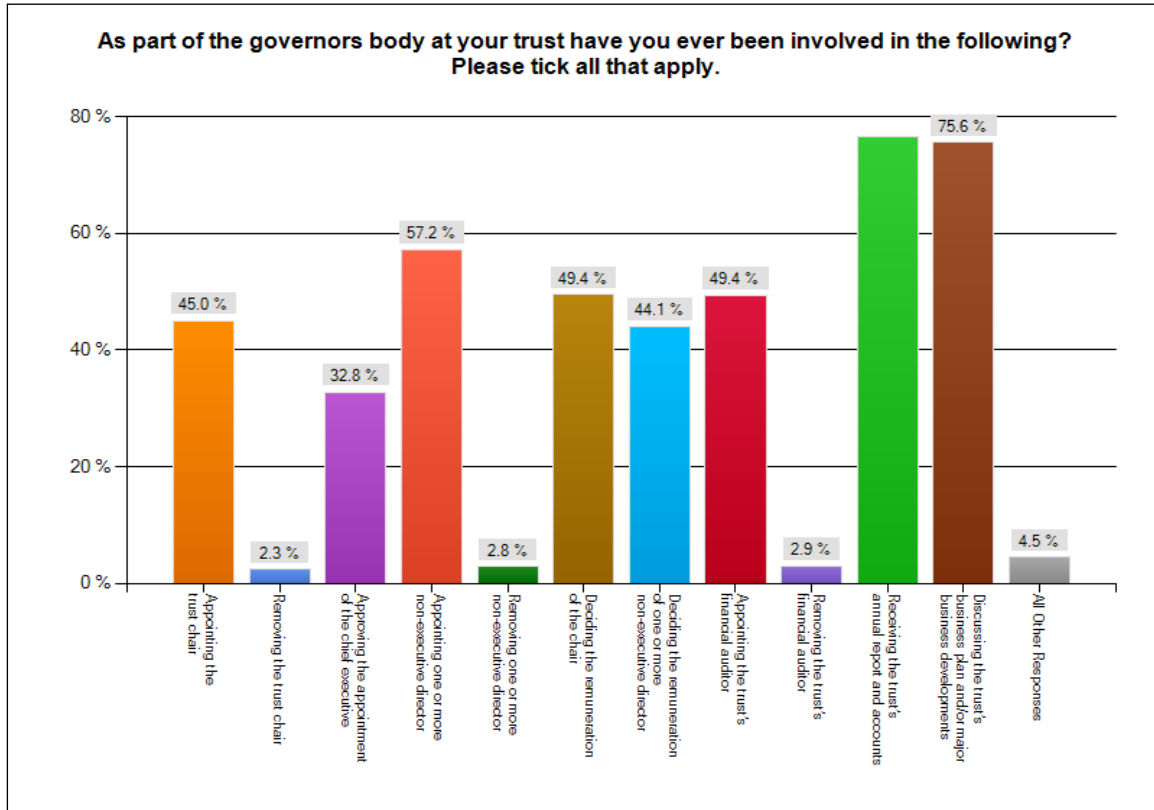
Are governors exercising their statutory roles? (survey question 13)

In general, a greater proportion of governors say they have been involved in the various statutory duties than was stated in 2007. For example, 76% of governors have been involved in discussing the trust's business plan and/or major business developments (54% in 2007), 57% have been involved in appointing one or more non-executive director (49% in 2007) and 49% have been involved in appointing the trust chair (40% in 2007). This is likely to reflect a wider involvement of a greater number of governors in these activities, but also that foundation trusts have now been in place for longer, so appointments and remuneration issues, for example, are more likely to have taken place.

Public governors are slightly more likely than staff or stakeholder governors to be or have been involved in some of the statutory duties. For example, 37% of public governors have been involved in the approval of the appointment of the chief executive, compared with 29% of stakeholder and 28% of staff governors.

There are a number of reasons that governors cite for not being involved in statutory duties, and being new to the position is the most quoted reason for this.

Figure 20



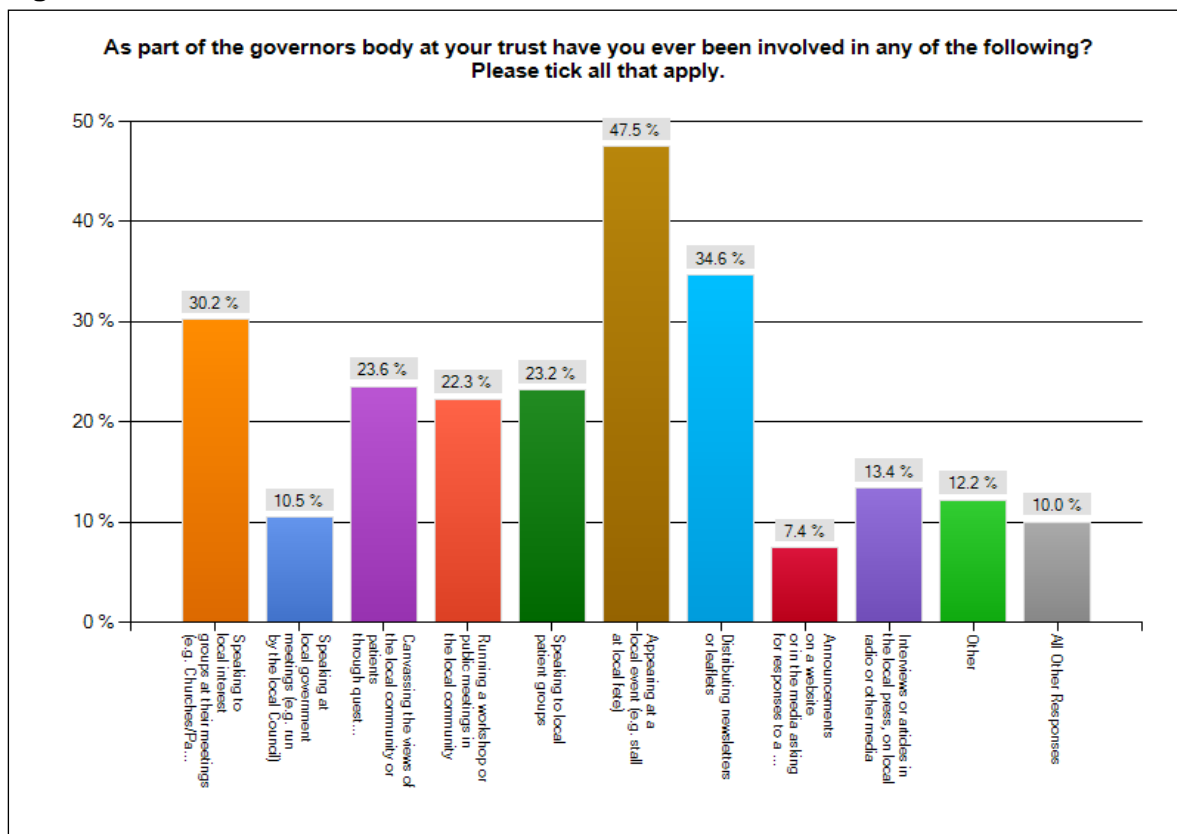
What engagement activities have governors been involved in? (survey question 14)

The number of governors involved in member and/or local community engagement activities has increased since the 2007 survey. Nineteen per cent said they have not been involved in any of these activities, compared to 28% in 2007.

Activities include: appearing at an event (48% compared with 24% in 2007), distributing newsletters/leaflets (35% compared with 26% in 2007) and speaking to local interest groups (30% compared with 23% in 2007).

The results show that governors who feel their trust keeps them very well informed may be more likely to become involved in engagement activities, compared to those who do not feel very well informed.

Figure 21



Relations with directors

Satisfaction with level of contact with directors (survey question 17)

Governors are reasonably satisfied with the level of contact they have with executive directors (74% are very/fairly satisfied) and non-executive directors (65% are very/fairly satisfied).

Satisfaction with the chair (survey question 19)

Forty-seven per cent (58% in 2007) of governors strongly agree and 38% (26% in 2007) tend to agree with the statement “*The chair keeps me as a member of the governing body informed about the activities of the board of directors of my trust.*” Five per cent in total either tend to disagree or strongly disagree (3% in 2007).

Sixty-eight per cent (58% in 2007) of governors strongly agree and 21% (26% in 2007) tend to agree with the statement “*Overall my chair is doing a good job.*”

The extent to which governors believe their chair is doing a good job is also linked to how confident they feel about carrying out their roles and responsibilities: of those who strongly agree they are confident, 80% strongly agree that their chairs are doing a good job and 12% tend to agree. In contrast, of those governors who tended to disagree that they are confident in carrying out their roles and responsibilities, 33% strongly agreed that their chair is doing a good job and 30% tended to agree.

Of those governors who strongly agree that they have the power to hold their board of directors to account, 85% strongly agree that their chair is doing a good job with 11% tending to agree. In contrast, of those governors who tend to disagree that they have the power to hold their board of directors to account, 33% strongly agree that their chair is doing a good job, with 37% tending to agree.

Quote: *“I strongly believe that the biggest impediment to governors’ ability to hold the directors to account is the dual role of the chair of both bodies which results in a clear conflict of interest.”*

Support of the chair and directors (survey question 19)

“I wouldn’t hesitate to approach the chair with a query or issue”:

Seventy-four per cent (67% in 2007) of governors strongly agree and 16% (21% in 2007) tend to agree with this statement.

“I wouldn’t hesitate to approach any board director with a query or issue” (survey question 19):

Fifty-nine per cent (52% in 2007) of governors strongly agree with this statement, and 26% (29% in 2007) tend to agree with it.

The related question was posed of foundation trust chairs and chief executives in Monitor’s survey in December 2010. Fifty-five per cent of chairs and chief executives strongly agreed that governors wouldn’t hesitate to approach either themselves or another member of the executive board with a query or issue, with 31% tending to agree with this.

“My board of directors is supportive of the governing body and view it as an asset.” (survey question 19):

Forty-three per cent (37% in 2007) of governors strongly agree and 33% (30% in 2007) tend to agree with the statement.

Again, the related question was posed of foundation trust chairs and chief executives in Monitor’s survey in December 2010. Thirty-six per cent of chairs and chief executives strongly agreed that the executive board is supportive of the governing body and view it as an asset, whilst 37% tend to agree.

Chapter 3: Governor training and briefings

This chapter looks at what training governors have received and the quality of this, as well as their future training needs.

Chapter summary

Most governors have received both initial and subsequent training, although only 34% state they are very satisfied with the quality of this.

Governors are more likely to be prepared to take on additional responsibilities if they are satisfied with the quality of their training.

Governors cite a range of training topics which would be beneficial, with the most popular being practical ways of carrying out the role of governor.

Eight per cent of governors do not believe they need further training.

What training have governors received? (survey questions 20 and 21)

Eighty-four per cent of governors say they did receive initial training (85% in 2007), and 15% say they did not (13% in 2007). Eighty per cent (73% in 2007) of governors say they have been invited to further training or briefings to help them develop in the role whilst 17% say they have not (22% in 2007).

Whether or not governors receive initial and further training appears to be critical in governors developing confidence in their roles. In particular, governors who do not receive initial training are significantly less likely than those who did to say they are clear about their roles and responsibilities. Confidence in representing the needs of the local community in particular seems to be affected by lack of initial training. Confidence in having the power to hold the trust's board of directors to account is also affected by lack of initial and subsequent training.

	Governors who received initial training	Governors who did not receive initial training	Governors who received further training	Governors who did not receive further training
Overall I am clear about my roles and responsibilities as a governor (%)	92	68	91	75
I am clear about what the local healthcare priorities are for my trust (%)	87	79	89	80
I am clear about what the priorities are for my trust's patients/service users (%)	91	81	91	83
I am confident that as a governor I could represent/I am representing the needs of the local community (%)	76	59	75	67
I am confident that as a governor I could represent/I am representing the needs of the trust's members (%)	76	67	76	71
I am confident that as a governor I could represent/I am representing the needs of the trust's patients/service users (%)	78	72	78	71
I understand what it means to hold my trust's board of directors to account (%)	92	77	92	78
I feel I have the power as a governor to hold my trust's board of directors to account (%)	76	59	77	55

Quality of training (survey question 22)

Thirty-four per cent (33% in 2007) of governors state that they are very satisfied with the quality of training provided by their trust, while 46% (44% in 2007) say they are fairly satisfied. Six per cent (8% in 2007) state they they are either fairly or very dissatisfied.

The perceived quality of the training is of greater importance than the fact of having received training. For example, commitment to, understanding of and confidence in the governor role appear to be significantly affected by the perceived quality of training. Of those governors who say they are very satisfied with the quality of the training which the trust has provided, 35% are very confident about explaining the trust's strategy and a further 57% are fairly confident. Those who are very dissatisfied with the quality of training are substantially less

confident: 5% being very confident and 41% being fairly confident, whilst those who are fairly dissatisfied with the quality of training are less confident still at 2% and 33% respectively.

Those who are satisfied with the quality of training are also more likely to think that governor meetings themselves are more productive, implying training also affects the level of cohesiveness or general productivity of the governors as a group. Governors are also more likely to say they are prepared to take on additional responsibilities in the future if they perceive that their training has been very satisfactory (71%) as opposed to fairly satisfactory (61%).

Membership of many of the sub-committees is also greater from governors who are very satisfied with the quality of training than by those who are only fairly satisfied. Strategy, communications and appointments/nominations committees appear to be particularly affected. Governors who are fairly/very dissatisfied are significantly less likely to be members of the various sub-committees.

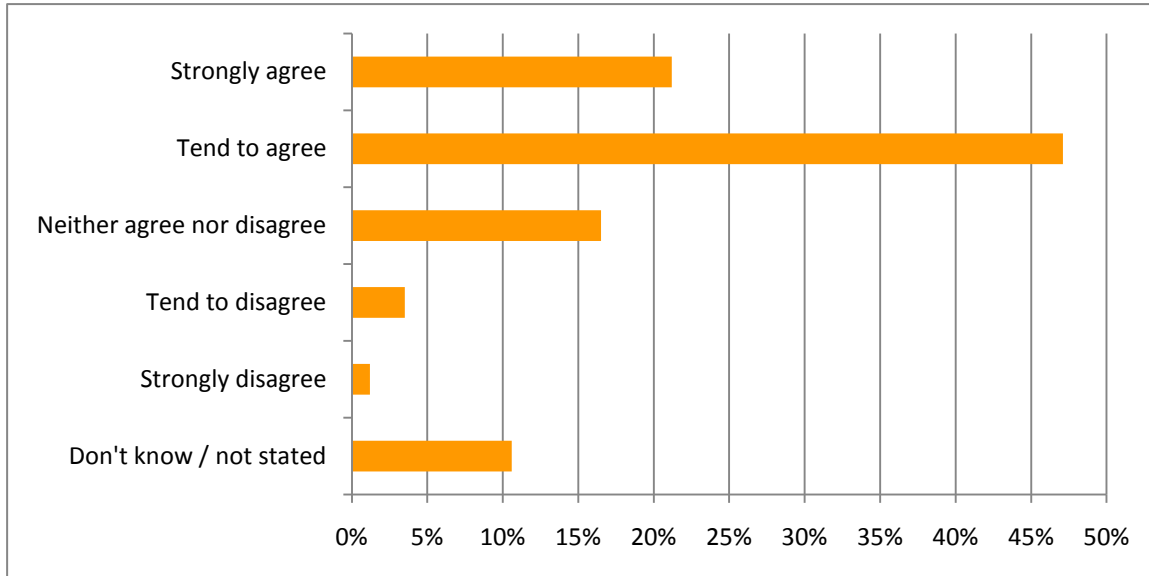
Those governors who are very satisfied with the quality of training received from their trust are also more likely to be content with the level of contact with the board of directors, with 91% saying they are very/fairly satisfied with the level of contact with the executive directors and 86% saying they are either very/fairly satisfied with the level of contact with the non-executive directors. This drops to 36% and 29% respectively for governors who are fairly dissatisfied with the quality of training received, implying either that contact with directors is regarded as an intrinsic part of training, or that less contact is felt to be needed if the quality of training is high.

Other comments governors have made about training are about training not being done at times they can make; it being inadequate for staff governors; or it not meeting special needs' requirements. From the survey responses, it seems that training is often provided during the day when some working governors are unable to make this.

Views of foundation trust chairs and chief executives on need for governor training

Foundation trust chairs and chief executives were asked in Monitor's 2010 NHS stakeholder survey to what extent they agreed with the statement *"The governors at my trust need further training to make them more effective in their roles."*

Of the 87 who responded to the question, 21% strongly agree that governors need further training to make them more effective in their roles, with 47% tending to agree with this.

Figure 22***Future training (survey question 23)***

Eighty-one per cent of governors (80% in 2007) believe they would be able to secure training and briefings in the future from their trusts, should they feel they need these, with 4% (same result in 2007) thinking they would not be able to.

Confidence in ability to secure future training rises to 91% in those governors who strongly believe the chair keeps them well informed about the activities of the board of directors, and to 89% in those who strongly agree that their chair is doing a good job.

Views of foundation trust chairs and chief executives are in accordance with those of governors about extra training, with 82% of chairs and chief executives in Monitor's 2010 stakeholder survey saying the trust would make this available if the governors felt they needed it.

Training topics which may be beneficial (survey question 24)

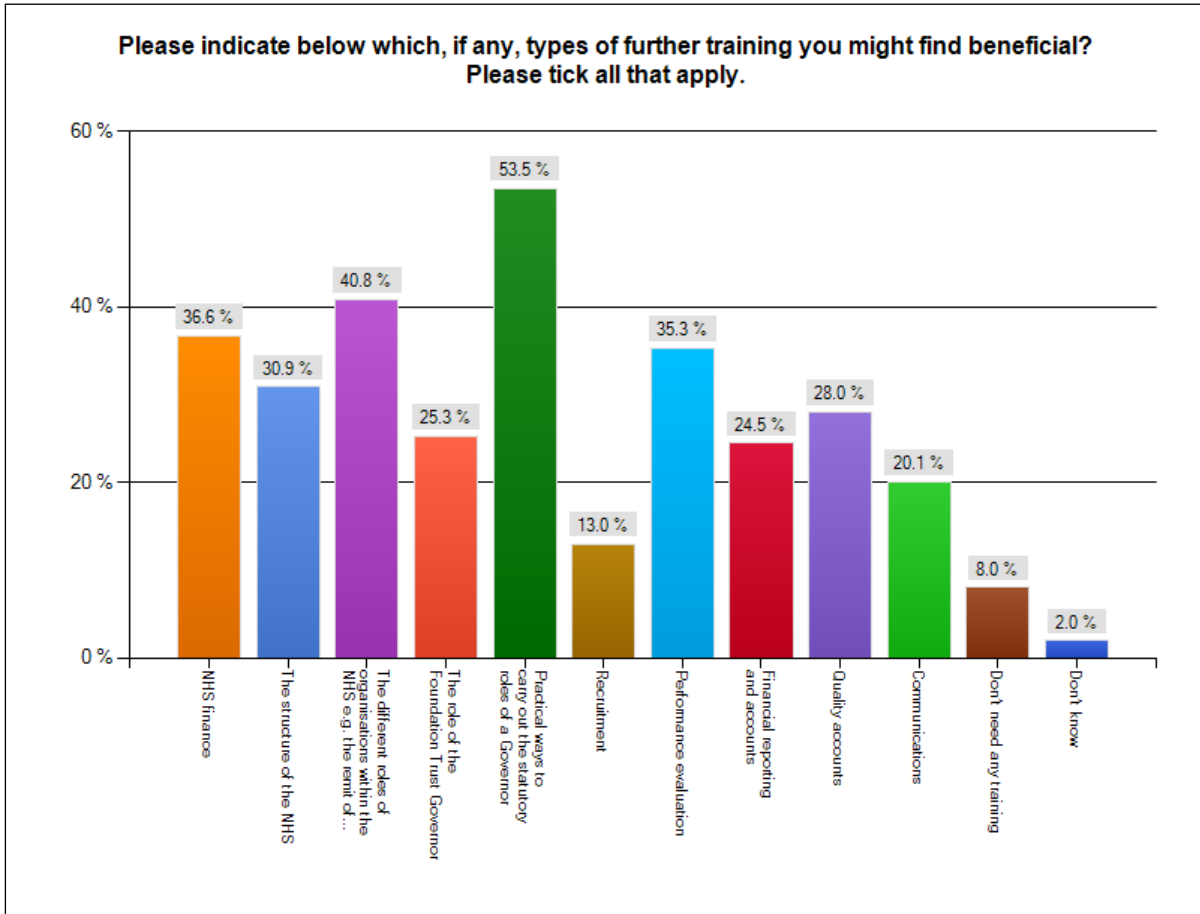
There are a number of different topics cited by governors as training needs. Fifty-four per cent of governors would like training on practical ways of carrying out the role of governor. This includes comments from staff and stakeholder governors who would like training on the specifics of their respective roles.

The next most requested topic (by 41% of responders) is on the different roles of organisations in the NHS, including the remit of the different regulators. NHS finance is next most sought after (37%), followed by performance evaluation (35%).

Eight per cent of governors said they did not need any training.

Other topics requested in qualitative responses included IT training, "everything", and equality and diversity training.

Figure 23



Foundation trust chairs and chief executives were also asked in Monitor's 2010 NHS stakeholder survey what topics they thought would be beneficial to governors, and the greatest number of responders thought that clarification of the governor role would be helpful, followed by further information on the NHS and its organisation.

Chapter 4: The future role of governors

This chapter looks at governor awareness of their future role, as proposed in the Health and Social Care Bill 2011, and willingness to undertake this. It also looks at what governors believe would most help them in this future role.

Chapter summary

The majority of governors believe they are fully aware of their potential expanded role, with 64% saying they are fully prepared to take on additional responsibility.

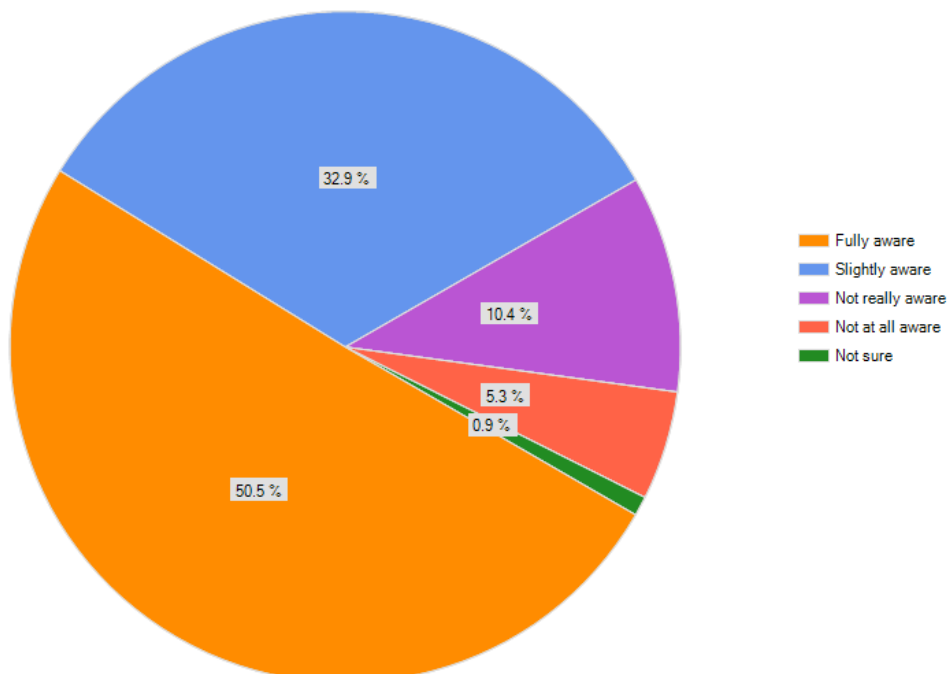
Governors cite a range of responses when asked what would make the governor role more effective in the future, with more account being taken of governor views and better induction and training being the leading responses.

The future role of governors (survey questions 32 and 33)

Governors were asked to what extent they were aware of the proposed expanded role for governors, as described in the [Health and Social Care Bill 2011](#). Fifty-one per cent of governors claimed to be fully aware with 33% claiming to be slightly aware. Ten per cent said they were not really aware of this, and 5% that they were not at all aware.

Figure 24

Are you aware that, as a result of the proposals in the recent White Paper and related consultations, the role of foundation trust governors in holding their board of directors to account when issues arise is likely to become even more important?



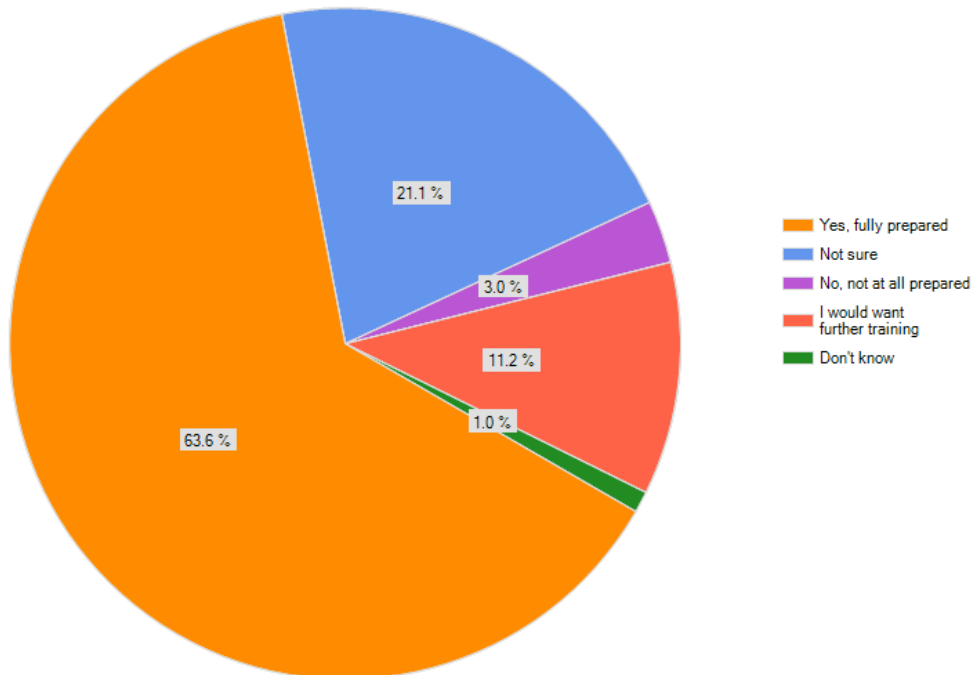
Qualitative responses included wanting more details about what is involved; a sense that it will be “window-dressing” and governors need to be given “more teeth”; and a feeling for some that governors will not be up to the job.

Governors were then asked if they would be prepared to take on greater responsibility, in terms of identifying issues and ensuring that the board of directors addresses them.

Sixty-four per cent said they would be fully prepared to take on this greater responsibility, 21% were not sure, 3% said they would not be prepared for this and 11% stated they would want further training.

Figure 25

Would you be prepared to take on greater responsibility to your trust in the future, in terms of identifying issues and ensuring that the board of directors addresses them?



Other comments in the open responses section for this question were that:

- health/other personal circumstances wouldn't allow greater involvement for some;
- some governors were retiring or reaching the end of their term and not planning to stand again;
- some would not have time or would need more details on the role; or
- financial commitments would make this difficult or governors would need to be compensated for the role.

There was no significant difference in the percentages of different types of governor claiming to be either fully or slightly aware of the proposed increase in responsibility of the role (83% of both public and staff governors, 82% of patient/service user governors and 87% of stakeholder governors). However, there was a difference in the proportion of different types of governors who stated they are prepared to take on greater responsibility. The most enthusiastic group are public governors (69% claim they are prepared for this), followed by patient/service user governors (61%) and staff governors (57%). The least willing group are stakeholder governors at 52%, despite, or perhaps because of, this group having the greatest proportion who claim to be aware of the likely expanded role.

Quote: "I would like to see the role of governor expanded into the commissioning field - the plan to give GPs a greater say in this process is a good one but I would like to see an improvement in accountability built into a new system. Maybe the HealthWatch model could include something along the lines of public governors, thus overcoming the democratic deficit that is current in PCT commissioning arrangements."

Quote: "Being a governor is much harder and more time-consuming than I was led to believe when I first showed interest! That said, I'm not complaining."

Thinking about the role of foundation trust governors going forwards, what, if anything, needs to happen to make it more effective? (survey question 34)

Governors were again given an open response field for this question, with responses collated into categories which can be compared with the results from the 2007 survey. Fifty-one per cent of survey respondents responded to this question.

Fifteen per cent of responders who answered this question said that there should be more account taken of governors' views and more acting upon these, so as to give more purpose to governor meetings and activities.

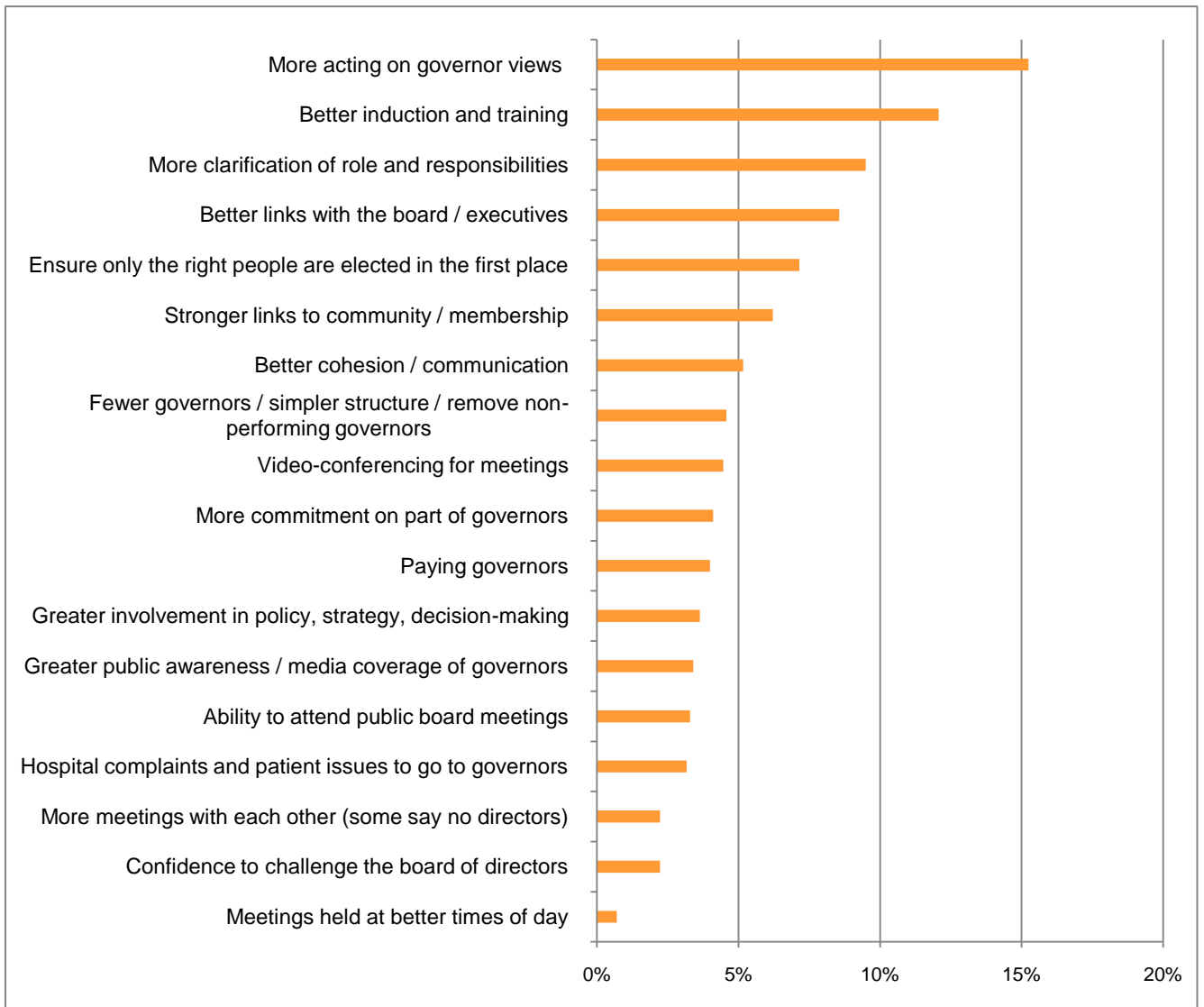
The next most popular view is that improved induction and additional training is needed in the future (12%), followed by greater clarification of roles and responsibilities (9%) and improved links with the executive board (9%).

Some of the most common responses echoed those in the 2007 survey, where "better links with the board/executives", "more active engagement with members/community" and "more power/more proactive role" were equally the most quoted needs (10%).

The next most quoted responses in the 2010 survey are the suggestions of ensuring only the right people are elected in the first place (7%), stronger links to the community/membership (6%), there being better cohesion and communication (5%), having fewer governors/a simpler structure/removing non-productive governors (5%), using video-conferencing for meetings (4%), more commitment on the part of governors once elected (4%) and the prospect of paying governors for their time and/or expenses (4%).

Others also request for there to be greater public awareness/media coverage of governor activities (3%), permission to attend public board meetings (3%) and for hospital complaints and patient issues to go directly to governors to deal with (3%).

Figure 26



Quote: “Please reduce the high number of governors allowed per trust but ensure those who are governors can act as governors and actually make a difference. You need to give them teeth.”

Quote: “Until governors are actually seriously seen as something more than a political box to be ticked they will be less than 15% effective.”

Quote: “Governors should be paid at least per meeting when they attend. This will give them more power to hold the trust board accountable. A lot of governors do not attend because they feel like volunteers with no powers.”

Quote: “I think the role of governors is largely unknown to the general public and could be strengthened if the media (particularly locally) brought this important role into the public eye.”

Quote from a foundation trust chair/chief executive: “Boards should agree each year with their governors their own plan of activity that they should be involved in and the support that they require. They should then be assessed each year as to the extent that they have added ‘value’ to the foundation trust and its members and be held accountable for this.”

Appendix: Statistical reliability

Presentation and interpretation of the data

The governors who returned the questionnaire are only samples of the total “population” of governors and therefore all results are subject to sampling tolerances and will not always be statistically significant.

We can, however, predict the variation between the sample results and the “true” values from the size of the samples on which the results are based and the number of times that a particular answer is given. The confidence with which we can make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the “true” value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the “95% confidence interval”.

Size of sample on which survey results is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	+	+	+
1,671 (total number of returned questionnaires)	1	2	2
Source: Ipsos MORI			

For example, with a sample of 1,671 where 30% give a particular answer, the chances are 19 in 20 that the “true” value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus two percentage points from the sample result.

When results are compared between separate groups within a sample, different results may be obtained. The difference may be “real”, or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is “statistically significant” - we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume “95% confidence interval”, the differences between the two sample results must be greater than the values given in the table below.

Size of sample compared	Differences required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
100 and 100	8	13	14
250 and 100	7	11	11
500 and 250	4	7	7
500 and 500	4	5	6
1,000 and 500	3	5	5
1,000 and 1,000	2	4	4

Note that these figures are based on calculations which assume a simple random sample.

Where percentages do not sum to 100, this may be due to rounding, the exclusion of “don’t know” categories, or where there were multiple answer choices.

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