

Monitor

Making the health sector
work for patients

Survey of NHS foundation trust governors 2014/15



About Monitor

As the sector regulator for health services in England, our job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, we make sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.

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Executive summary

This is the third survey of foundation trust governors undertaken since the role was introduced in 2004. Overall, governors are more positive about their role and are making progress in their statutory duties and engagement with staff, the board of directors, trust members, patients and service users and the public. Despite this, governors require further support to make sure they feel trained to carry out their role and are able to communicate effectively with the public and their membership.

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

The survey was completed by 1,264 governors. Most governors who completed the survey were public governors (63%) and almost half of those surveyed had been in post for longer than two years (46%). As seen in 2007 and 2010, a large proportion of governors were retired (46%). This has increased by 8% since 2007.

60% of governors in post before 2012 said that their workload had increased slightly or much more, while a quarter felt it had stayed about the same.

Most governors said that the full council of governors meets four to five times a year, although the proportion answering that the agenda and supporting documents were circulated in good time fell from 71% in 2010 to 65% in 2014.

38% of governors say that they now attend almost or every public board meeting compared to 20% in 2007.

Almost all governors surveyed (90%) said that their trust kept them informed about its activities. However, 26% felt that the information provided would be clearer if it were less technical or if the information could be prioritised or reduced.

The impact of governors

We asked governors about their greatest achievement and the impact of this on the trust and wider community. The most frequently mentioned achievements were:

- fulfilling their statutory duties such as by appointing non-executive directors and reviewing the trust's annual plan (10%)
- engaging with trust members and the public (10%)
- holding the non-executive directors to account for the performance of the board on behalf of patients, staff and the local community (10%).

16% of respondents said they felt these achievements had improved the organisational culture and ways of working within the trust, while 13% reported that their achievements had strengthened the governor role and given them more confidence in carrying out their duties.

Governors were more confident than in 2007, with 89% saying they were clear about the role. 93% of those surveyed said they understood what it meant to hold the trust board to account through the non-executive directors and 74% felt that they had the power to do so. However, this finding contrasts with later responses that suggest many governors require practical support in carrying out this responsibility. Governors were generally happy with their level of contact with the board of directors. 74% were satisfied with their level of contact with executive directors and 67% were satisfied with their level of contact with non-executive directors.

More governors were involved in statutory duties than reported in earlier surveys. For example 85% of responding governors had received trust board accounts, compared to 77% in 2010. Overall, a smaller proportion of governors were been involved in engagement activities compared to 2010, although 74% had participated in a sub-committee of the council of governors.

73% of responding governors strongly agreed or agreed that the board viewed governors as an asset. This has increased by 8% since 2007.

Governor training, briefings and support

Almost three-quarters of governors responding to the survey (74%) agreed that their trust has put in place support to help them hold the board to account, while 57% agreed that the trust had provided support to help them communicate with the public.

85% of governors said that they had received initial training in 2014 while the proportion of governors who were invited to further training increased from 73% in 2007 to 87% in 2014. Those who had participated in training were more likely to say that they were clear about their roles and responsibilities. They were also more confident in their ability to represent the needs of the community and hold the trust board to account via the non-executive directors.

80% of governors stated that they were very or fairly satisfied with the training provided by their trust, compared to 77% in 2007.

55% of governors requested further training on practical ways to carry out the statutory role of a governor. Popular topics included help to understand the different organisations in the NHS (38%) and information on NHS finances (31%).

Of the governors who had taken part in the GovernWell training programme delivered by NHS Providers, 83% were very or fairly satisfied with the quality of the training received.

93% per cent of governors surveyed said that the guides produced by Monitor ('Your statutory duties: a reference guide for NHS foundation trust governors' and 'Your duties: a brief guide for NHS foundation trust governors') were useful, and 66% had referred to one or both of them.

The future role of governors

Governors responding to the survey identified several areas for improvement.

- 26% felt that governors should have more support in their role in holding the non-executives to account for the performance of the board, and in recognising the time and input needed to do the role effectively.
- 12% suggested that the recruitment process should be improved to increase the diversity of the council and attract more skilled governors.
- 11% said that governors should engage more with the public, patients and trust members to improve lines of communication into and out of the board.

Some governors also felt that the current term was too short as it took time to get up to speed with the role.

Governors gave a number of examples where trusts could, and were, supporting them in the role. This included finding new ways to encourage greater participation of governors, improving the breadth of training and ensuring that governors had access to mentoring or other schemes to enable them to get up to speed quickly.

The findings from this survey indicate that trusts should place greater emphasis on providing initial training and ongoing support to enable governors to operate effectively. Governors who felt informed and confident in their role were more likely to participate in statutory and engagement activities.

1. Introduction

Objectives

This report summarises the findings of a survey of NHS foundation trust governors conducted by Monitor between September and November 2014. The aims of the survey were to:

- explore whether governors feel they are equipped and trained to exercise their statutory powers and duties, including holding non-executive directors to account for the performance of the board, and representing the interests of members and the public
- compare the results to those obtained from Monitor's surveys of governors in 2007 and 2010, to assess whether progress has been made
- seek governors' perspective of the impact of the Health and Social Care Act 2012 (the 2012 act) on their role, and determine whether governors understand their new duties and feel able to carry them out
- highlight where foundation trusts may best focus their resources in supporting governors.

Background and methodology

The 2014 survey was based on surveys undertaken in 2007 and 2010. Some questions were added on current topics of interest, for example, on governor interactions with Monitor, participation in the 'GovernWell' training programme and knowledge of the Independent Panel for Advising Governors.

SurveyMonkey, an online survey tool, was used to carry out the survey. Governors also had the option of completing a hard copy. The survey was sent to the 145 NHS foundation trusts that were authorised as of September 2014. In total, 1,264 questionnaires were completed.

In comparison, 1,328 questionnaires were completed in 2007 and 1,671 questionnaires were completed in 2010.

Acknowledgements

We would like to thank all the governors who took the time to complete the questionnaire. Thanks also to Ipsos MORI for allowing us to reuse questions from the 2007 questionnaire and NHS Providers for commenting on the GovernWell results.

About foundation trusts

NHS foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services.

NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

Foundation trusts are not directed by government so have greater freedom to decide, with their governors and members, their own strategy and the way services are run. They can retain their surpluses and borrow to invest in services for patients and service users.

They are accountable to their local communities through their members and governors, their commissioners through contracts, Parliament, the Care Quality Commission and Monitor.

The membership and governance model

Each NHS foundation trust has its own constitution. Each trust's constitution is published in the NHS foundation trust directory on Monitor's website. Constitutions must be consistent with the provisions of Schedule 7 of the National Health Service Act 2006 (the 2006 act). All have members and governors as fundamental features of the model. The basic governance of NHS foundation trusts is made up of the:

- membership, which consists of staff, the general public and sometimes, patients, service users and carers. Members vote to elect governors and can also stand for election themselves.
- council of governors, which is the body of elected and appointed governors who represent members and other stakeholders. The chair of the council of governors is also the chair of the board of governors.
- board of directors (executive and non-executive directors), who are responsible for the operation and performance of the trust and its governance. Executive directors are paid employees of the trust responsible for managing the organisation, its leadership and direction. Non-executive directors do not have this managerial role. Their main responsibility is to challenge executive directors and scrutinise their performance.

Statutory duties and powers

Governors do not manage the operations of the trust, rather they challenge the board of directors and hold the non-executive directors to account for the performance of the board. Governors also represent the interests of NHS foundation

trust members and the public, and provide them with information on the trust's performance and forward plans.

The 2006 act gave the council of governors a series of statutory roles and responsibilities which were amended by the 2012 act. Full details of these duties are available in the document '[Your statutory duties A reference guide for NHS foundation trust governors](#)'. As a result of the 2012 amendments, the council of governors were granted additional responsibilities. This included:

- a statutory duty to hold the non-executive directors, individually and collectively, to account for the performance of the board of directors
- a responsibility to represent the interests of the members of the trust as a whole and the interests of the public
- a responsibility to approve 'significant transactions and applications by the trust to enter into a merger, acquisition, separation or dissolution' and to decide whether the trust's non-NHS work significantly interferes with its primary purpose to provide NHS health services
- a responsibility to approve amendments to the trust's constitution.

In addition, NHS foundation trusts have additional responsibilities to:

- send a copy of the agenda to the council of governors before each board meeting
- send a copy of the minutes to the council of governors as soon as practicable after the board meeting
- ensure that governors have the skills and knowledge they require to undertake their role.

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

Chapter summary

This chapter looks at the profile of governors who responded to the survey.

- 63% of governors responding to the survey are public governors.
- Almost half of responding governors have been in post for longer than two years (46%), with a further 21% in post for between one and two years. Governors who had been in post for longer than two years were more likely to report that meetings were well organised: 40% said that meetings were always productive and 70% reported that the chair follows up the action points for which he or she is responsible.
- Almost half of all the governors responding to the survey are retired (45%), an increase of 8% since 2007. 85% of responding public governors are retired.
- Three-fifths of governors in post before 2012 (60%) felt their workload has increased much more or slightly more as a result of the 2012 act.
- Over two-thirds of governors report that the council of governors meets four to five times per year although the proportion answering that the agenda and supporting documents were circulated in good time fell from 71% in 2010 to 65% in 2014.
- 38% of responding governors say they attend every or almost every public board meeting at their trust compared to only 16% in 2010 and 20% in 2007.
- 90% of governors felt that their trust kept them very well or fairly well informed about its activities. Those in post for under a year were less likely to say that they were informed (83%) than those in post for over a year or since the trust was authorised.
- Just over a quarter of respondents (26%) suggested that trusts could make their information less technical, for example, by reducing the amount of jargon and acronyms. Another 26% felt that decreasing the volume of papers they review would improve the quality of information provided by the trust.

2.1. The profile of participating governors

Types of governor (survey question 1)

There are four main types of governor. Public governors are elected by the trust membership and represent members and the public. Patient, service user and carer governors represent patients, carers and service users while staff governors are elected by, and represent, staff within the trust. Stakeholder governors are appointed

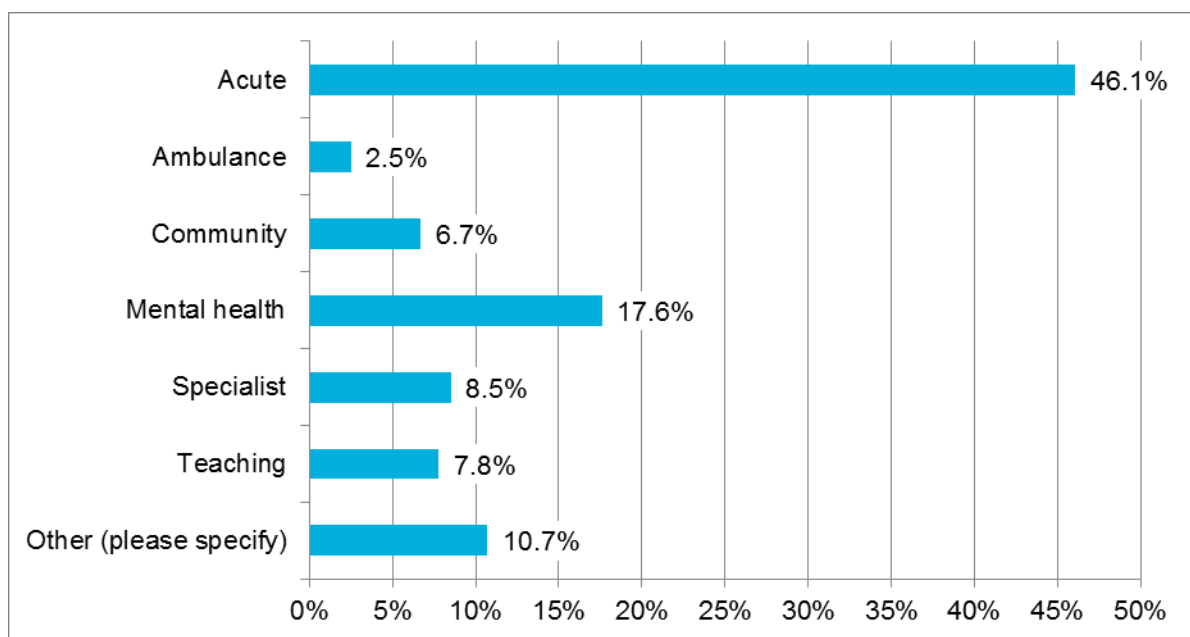
rather than elected and represent key stakeholders who are defined in the trust constitution, such as the local authority.

Almost two-thirds of those responding to the survey were public governors (63%), a higher proportion than in 2010 (55%) or 2007 (56%). The next largest group were staff (19%) followed by stakeholders (11%) and patient, service user or carer governors (8%).

Types of trust (survey question 2)

Figure 1 shows the different types of trusts represented by the governors responding to the survey. 46% of respondents represent acute trusts (49% in 2010), followed by 18% representing mental health trusts. The proportion of mental health trusts fell substantially from 29% in 2010 to 11% which may be explained by the introduction of the 'other' category. Within this category 57 governors (5% of the total) stated that their trust provided mental health and community health services, while 18 respondents said their trust provided acute and community services.

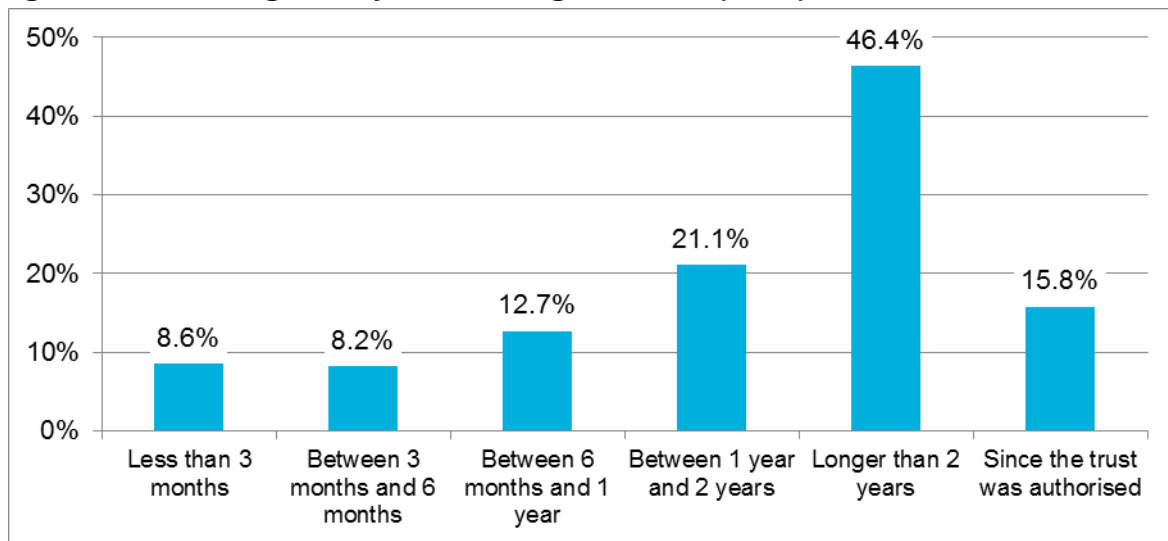
Figure 1: What type of foundation trust do you represent? (2014)



Length of time as a governor (survey question 3)

Almost half of governors responding to the survey had been in post for more than two years (46%). 21% had been in post between one and two years.

Figure 2: How long have you been a governor? (2014)



What is the working status of governors? (survey question 4)

45%

of governors responding to the survey are retired

The biggest group of responding governors were retired, followed by 31% of governors who were in full-time employment. The proportion of retired governors has increased since 2007, while the proportion of those in full-time employment has fallen slightly.

Figure 3: Please could you indicate your working status? (2007-2014)



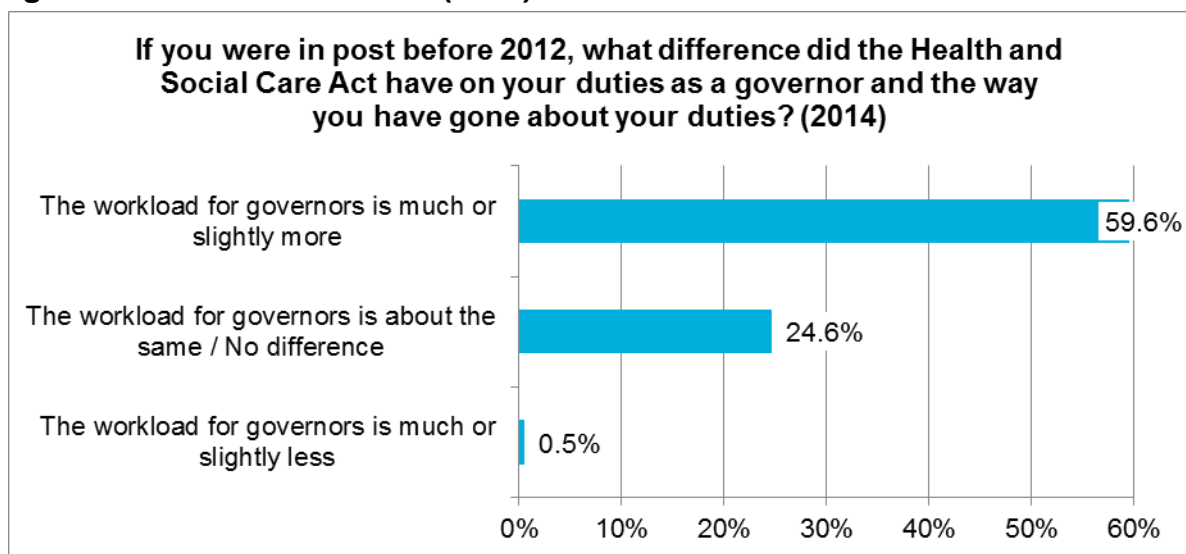
Impact of the Health and Social Care Act (survey question 37)

60%

of responding governors feel that their workload is much more or slightly more as a result of the 2012 act

Governors were asked if the 2012 act had affected their duties. Almost two-thirds of governors in post over the relevant time period (60%) said that their workload was slightly or much more than before, while 25% felt that their workload was about the same.

Figure 4: Governor workload (2014)



Total number of responses: 601

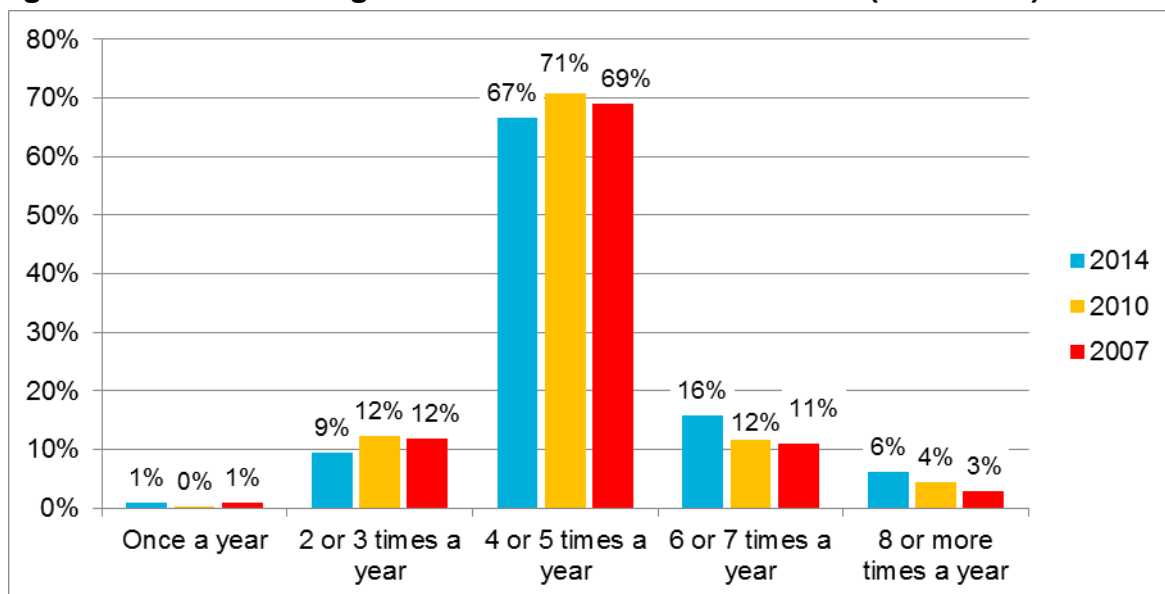
Chart excludes 516 respondents who answered 'I wasn't a governor before 2012 so I am not able to compare'

2.2. How councils of governors are operating

How often do governors meet as a full council?(survey question 5)

Figure 5 shows the frequency of governor meetings. Over two-thirds of respondents said that their council of governors met at least four or five times a year. Overall, these figures have remained relatively stable since 2007.

Figure 5: How often do governors meet as a full council? (2007-2014)



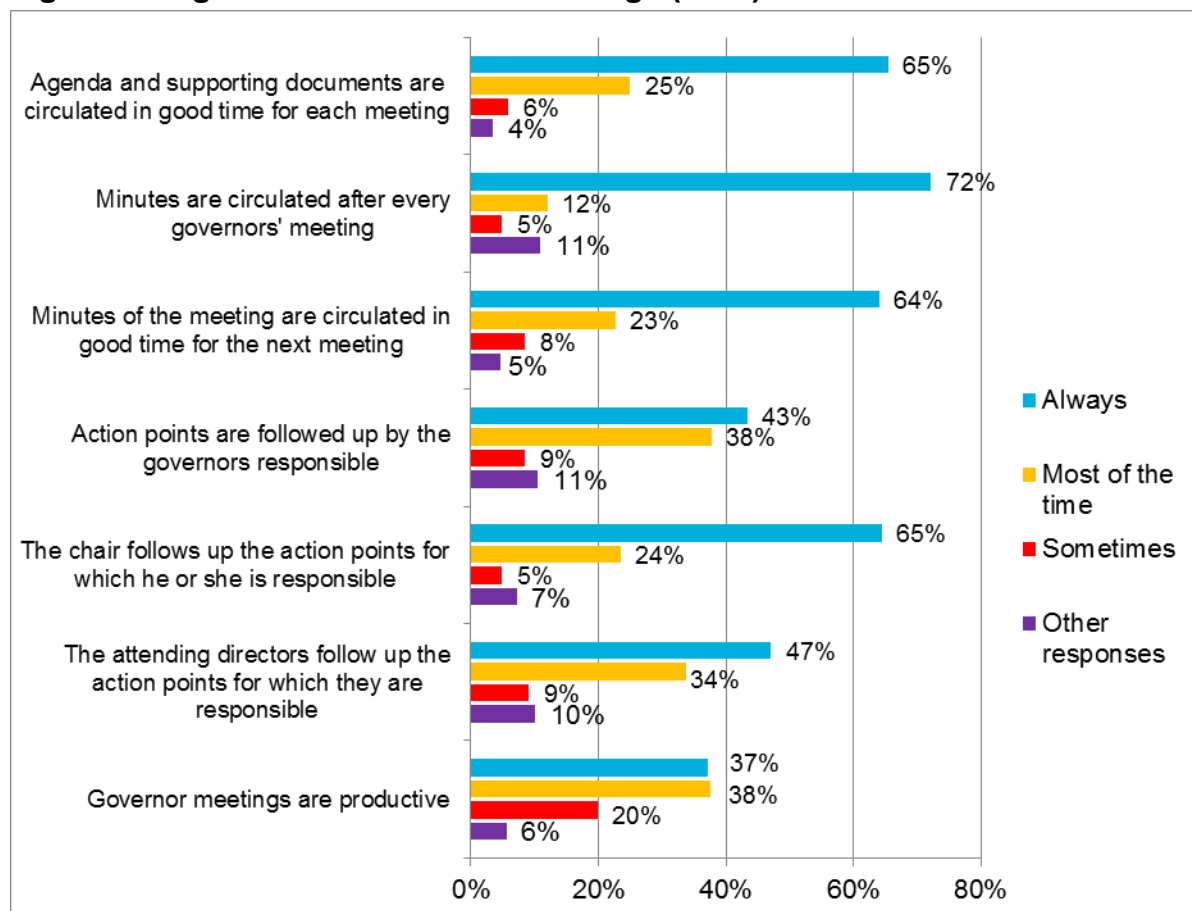
2.3. Organisation and productivity of governor meetings

Organisation of meetings of the full governing body (survey question 6)

75% of surveyed governors reported that meetings of the council of governors were productive always or most of the time, compared to 77% in 2010 and 68% in 2007. The percentages were similar for acute trusts (76%) and teaching trusts (75%) and higher in governors responding from community trusts (82%) and ambulance trusts (84%). Comparing the results by type of governor, public (65%), patient (65%) and staff (62%) governors reported similar percentages for agendas always being circulated, compared to 75% of stakeholder governors.

Overall, governors who had been in post for longer than two years were more likely to report that meetings were well organised, for example 40% said that meetings were always productive and 70% reported that the chair follows up the action points for which he or she is responsible.

Figure 6: Organisation of council meetings (2014)



Do governors attend meetings of the board of directors? (survey question 20)

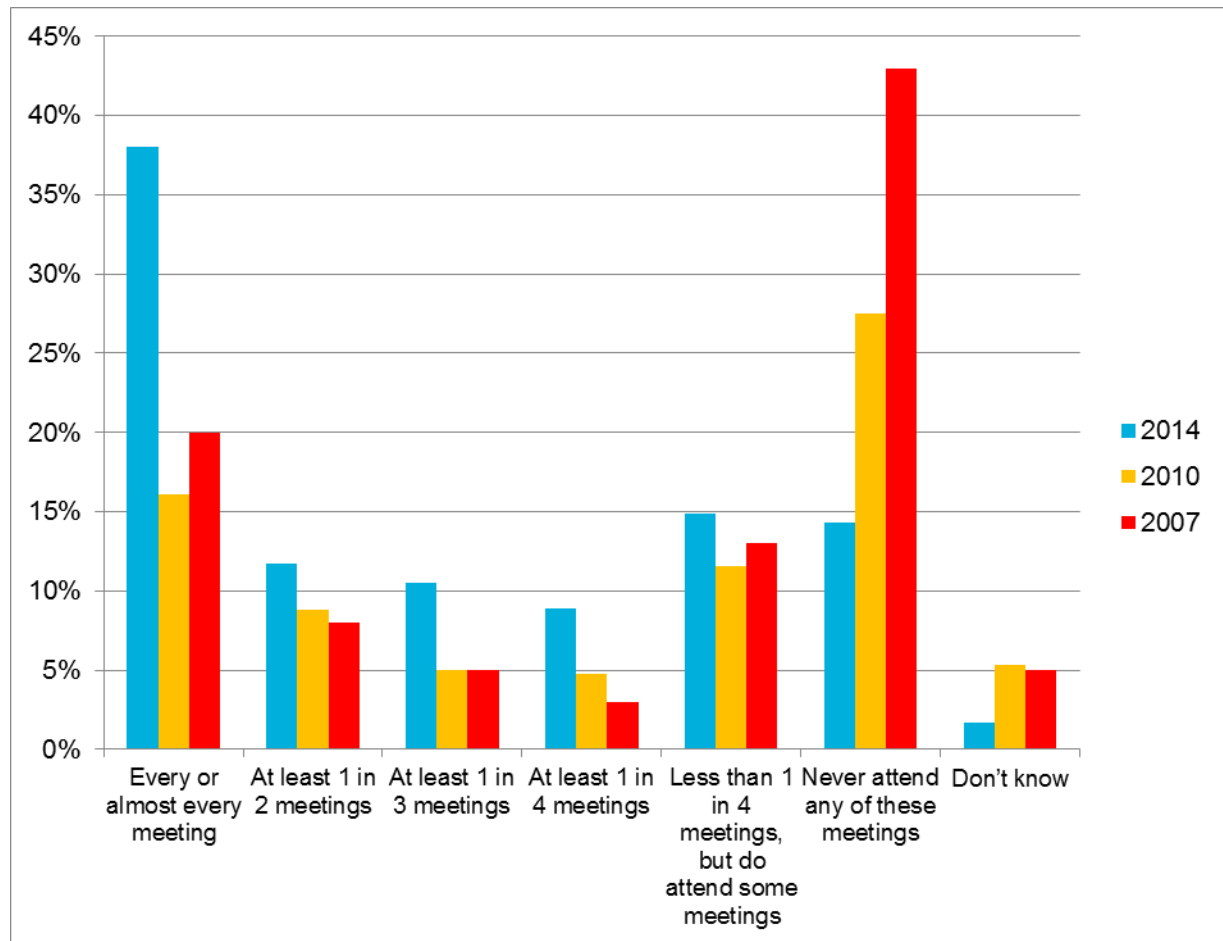
38%

of governors responding to the survey say they attend every or almost every public board meeting in their trust.

84% of governors said they had attended at least one board meeting. 14% stated that they had not attended any meetings, compared to 28% in 2010 and 43% in 2007. Public governors were more likely to say that they attend almost every meeting (51%). 55% of responding governors from mental health trusts attended almost every meeting compared to 50% in acute trusts, 48% in ambulance trusts, 47% in teaching trusts, 46% in specialist trusts and 44% in community trusts.

This compares favourably to the survey results in 2010 where some governors highlighted that they were not permitted to attend trust board meetings. These results show that the requirement introduced in the 2012 act, that all foundation trusts must hold board meetings in public, has had some impact.

Figure 7: How many public board meetings do you attend? (2007-2014)



2.4. How informed governors feel

How well informed do governors feel? (survey question 16)

90%

of governors responding to the survey felt that their trust kept them very or fairly well informed about its activities

Governors who had been in post for less than a year were less likely to say that their trust kept them very or fairly well informed (83%) compared to those who had been in post for over a year or since the trust had been authorised (93%). 80% of patient governors said they were very or fairly well informed compared to 92% of both staff and stakeholder governors and 90% of public governors. Overall these figures were very stable between 2007 and 2014.

When comparing the responses to the questions on the organisation of governor meetings (table 1 below), those who answered that their trust kept them very well informed about its activities were much more likely to agree that meetings were well organised than those who felt they were not very or not at all informed. For example, 97% of very well informed

governors agreed that they were clear on their roles and responsibilities compared to 13% of those who were not very or not at all informed.

Figure 8: Thinking about the information you need to perform your role as a foundation trust governor, how well informed do you think the trust keeps you about its activities? (2014)

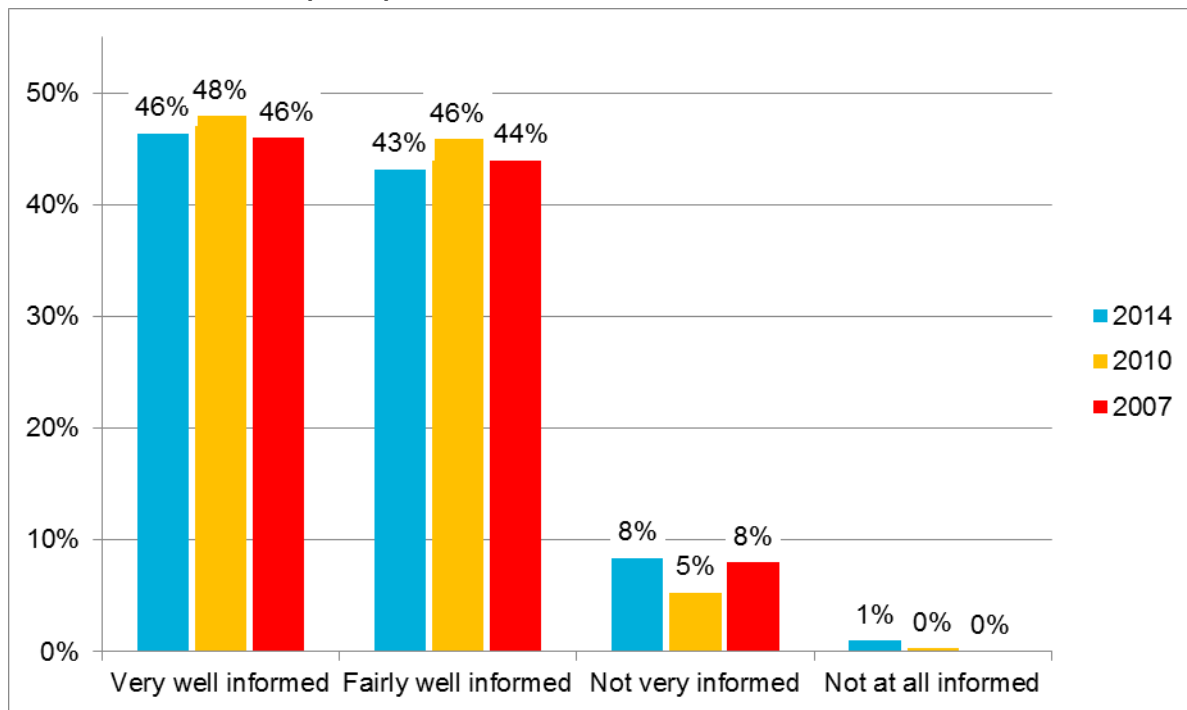


Table 1

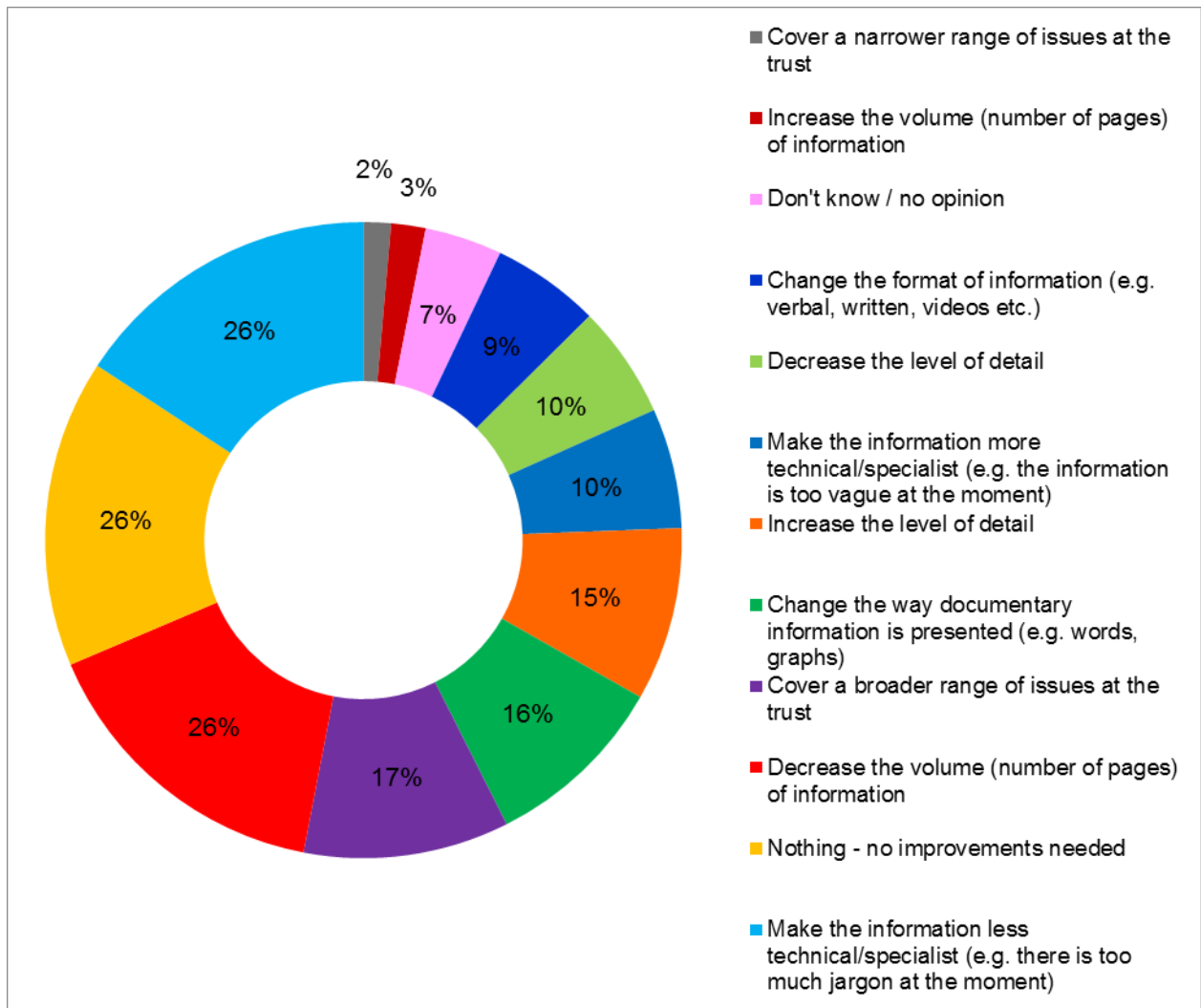
	Very well informed	Not very or not at all informed
% who strongly or tend to agree that governor meetings are always productive	71	1
% who say action points are always followed up by the governors responsible:	61	3
% who strongly or tend to agree that they are clear on their roles and responsibilities as a governor	97	13
% who strongly or tend to agree they understand what it means to hold my trust's board of directors to account through the non-executive directors	90	18
% who feel very confident in explaining their trust's strategy or plan to a new governor	77	1
% who feel fairly confident in explaining their trust's strategy or plan to a new governor	49	3
% who strongly or tend to agree that overall the trust chair is doing a good job	86	15

How could trusts improve the information you receive? (survey question 17)

Governors were asked to select up to three main ways in which trusts could improve the information they receive. 26% of governors responding to the survey said that no improvements were needed. Just over a quarter of respondents (26%) answered that trusts could make their information less technical and specialist, such as reducing the amount of jargon and acronyms, while another 26% felt that decreasing the volume of papers would improve the quality of information provided by the trust.

Looking at the results by organisational type, governors in community trusts were much more likely to answer that the information should be less technical (44%) compared to acute trusts (27%) and mental health trusts (21%).

Figure 9: Thinking about the information you receive about the trust, what are the main things you would like to improve? (2014)



Number of responses: 1,117

3. The impact of governors

Chapter summary

This chapter looks at what governors feel they have achieved during their time in post and the impact they have had on their stakeholders. Governors were also asked about their role and responsibilities, contact with the board of directors and their engagement with the public, trust membership and other stakeholders.

- A greater proportion of governors said they were clear about their roles and responsibilities in 2014 (89%) than in 2007 (79%). 85% agreed that their trust had an agreed role description for governors.
- 93% of responding governors agree that they understand what it means to hold the trust board to account through the non-executive directors, while 74% felt that they had the power to do so.
- Overall, a greater proportion of governors have been involved in statutory duties than in previous years. For example 85% of responding governors had received trust board accounts (77% in 2010). In comparison, a smaller proportion of governors have been involved in engagement activities, although 74% had participated in a sub-committee of the council of governors.
- Key achievements included governors fulfilling their statutory duties (12%), engaging with the public and trust members (11%) and holding the trust board to account via the non-executive directors (10%). These were followed by those who cited their role in upskilling other governors (9%) and improving the quality, safety and experience of care for patients (9%).
- 16% of respondents said that they felt these achievements had improved the organisational culture and ways of working within the trust, while 13% reported that their achievements had strengthened the role of governor and given them more confidence in carrying out their duties.
- Governors are generally happy with their level of contact with the board of directors. Specifically, 74% were satisfied with their level of contact with executive directors and 67% with non-executive directors.
- The proportion of responding governors who said that they strongly agreed or agreed that the board viewed governors as an asset has increased 8% since 2007 to 73%.

3.1. Governor achievements and outcomes

Greatest achievement as a foundation trust governor? (survey question 35)

A number of themes emerged from this question asking what governors felt their greatest achievement has been. Out of 1,117 responses, the most common response involved governors who were proud of fulfilling their statutory duties, for example, by appointing non-executive directors (12%).

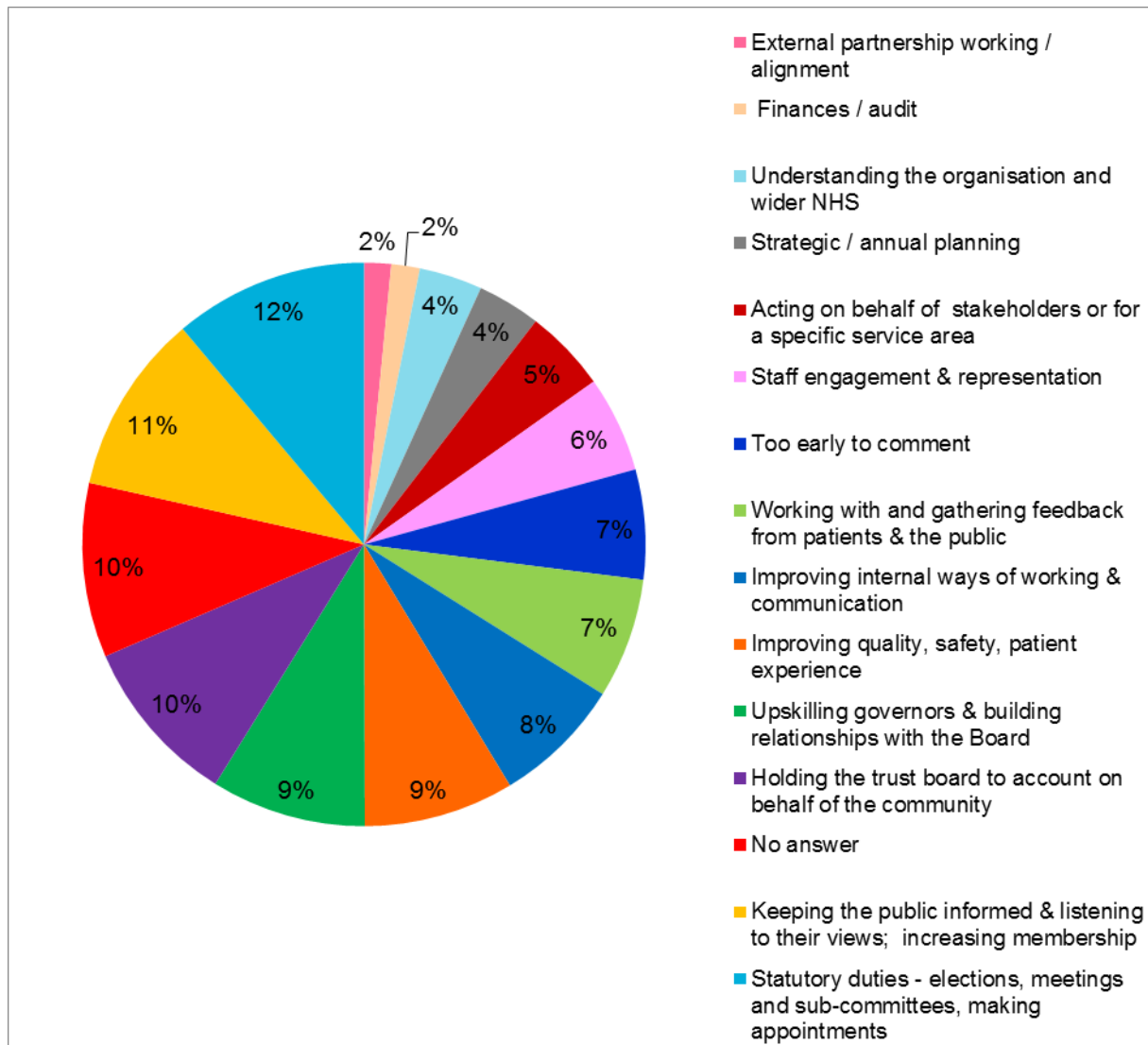
“ Being a member of the nominations committee [I] helped to bring to our trust two outstanding non-executive directors.”

This was followed by 11% of respondents who valued their role in keeping the community informed, bringing their views back to the board and engaging with the community to increase trust membership. 10% of respondents felt their greatest achievement has been in holding non-executive directors to account for the performance of the board on behalf of the community, asking challenging questions and participating in decisions about the trust (10%).

“ [I am proud of] dispelling myths and misinformation concerning the service in various areas with the public, [and communicating] its success in improving health and life expectancy of patients.”

“ On my suggestion my trust set up education events [bringing] our clinicians out to talk [to the public] about different mental illnesses and how they are treated... it helps to lessen stigma and discrimination, and governors [can] talk to the attendees about the trust and take issues that people may have with our services back into the trust.”

Figure 10: What would you say has been your one greatest achievement as a foundation trust governor? (2014)



Number of responses: 1,117

The next biggest categories were improving patient experience or the quality and safety of services (9%), and building strong relationships with the board and upskilling other governors (9%). A further 8% of respondents were proud of improving ways of working and communication within the organisation.

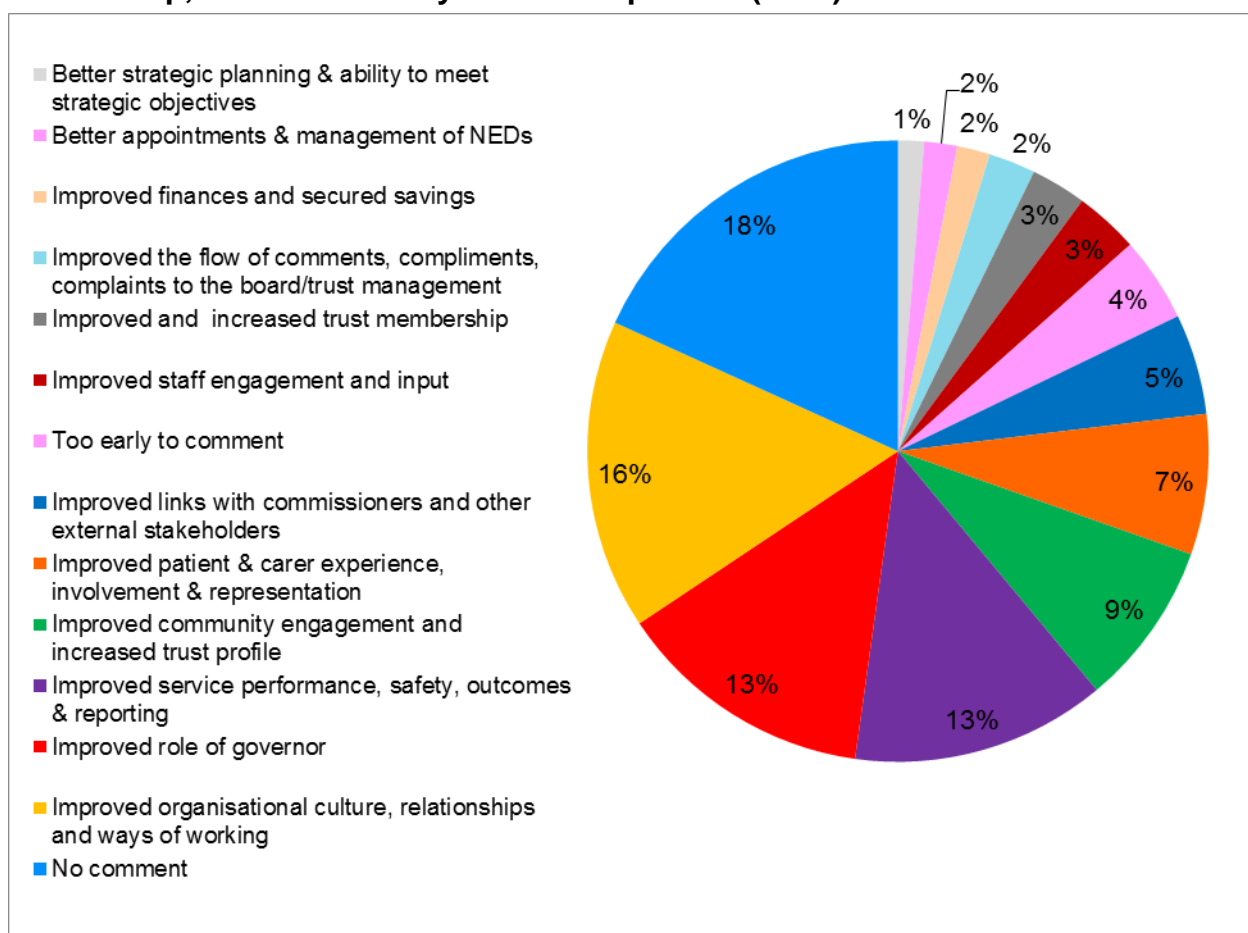
“ In my role as lead governor, I introduced café-style informal meetings with the non-executive directors. These meetings have transformed the relationship between governors and non-executive directors in my trust. ”

10% of respondents said they felt they had not achieved anything while a further 7% felt it was too early to list any achievements.

Wider benefits for the trust, patients and service users, membership, local community and/or the public (survey question 36)

Governors gave a range of examples of how they felt their achievements have benefitted the trust, patients and service users, the public and wider community. Out of 1,117 responses to this question, 16% said their achievements had had wider benefits by improving the organisational culture, relationships and ways of working within their trust.

Figure 11: And how has this benefited your trust, patients and service users, membership, local community and/or the public? (2014)



Number of responses: 1,117

“ The whole community has benefitted from a much more open and honest organisational culture. ”

“ The presence of governors has a beneficial effect on the way the management of the trust is carried out... [it is] much more open and rigorous than before. ”

“ Collectively we have highlighted problem areas to improve patient safety, privacy and dignity, communication, service provision and patient satisfaction ”

“ We [share] best practice with other directorates [in] the hospital [which has] improved communication and reduced minor complaints.”

13% of respondents felt that stakeholders had benefited from governors having a stronger role, and greater confidence in their ability to challenge and hold the board to account.

“ Governors [are] much better equipped, informed and more confident to hold non-executive directors to account as well as to seek out and listen to service users, carers, staff and public and to represent their views much more effectively.”

“ Most [of our] governors have reported that [their] training has given them increased confidence as well as relevant information to support them in their role. Many governors attend public meetings as well as membership meetings and are able to speak with confidence in answering questions and imparting information.”

“ Governors are a part of the trust team to improve services... [we] run our own investigative sub-groups, we can represent our constituents and [we] use their comments.”

A further 13% said that they felt they had improved the quality, safety or performance of clinical services, while 10% highlighted examples where they had sought to improve patient experience or ensure patients' and service users' views were taken into account. Smaller numbers of respondents highlighted their role in championing the trust externally and sharing their knowledge of the health system and or making suggestions for improvement with service teams.

“ Service users and carers are in the forefront of governors' meetings.”

“ [It has] benefited patient experience on individual wards or departments by pointing out issues which could be improved.”

“ We have conducted various surveys with patients and staff, reported the findings to the board of directors and received action plans back from the trust.”

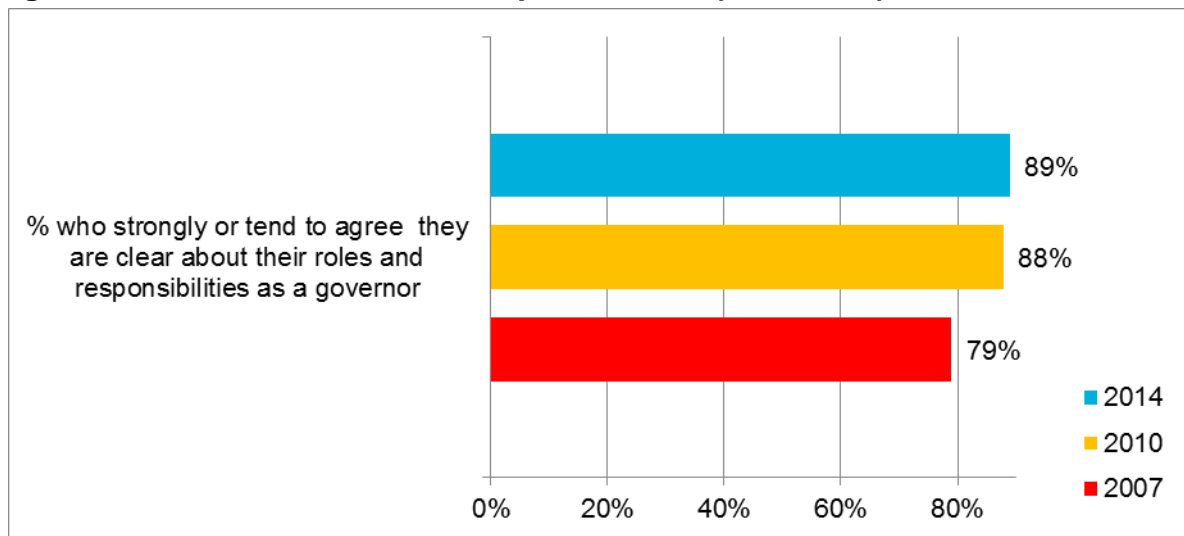
18% of respondents to the survey did not comment while 4% felt they had not been in post long enough to comment.

3.2. Clarity about the governor role and responsibilities

Clarity about the governor role (survey questions 7 and 14)

Governors were asked if they were clear about their roles and responsibilities. 89% strongly agree or tend to agree with this statement. This figure has increased from 79% in 2007.

Figure 12: Governors' role and responsibilities (2007-2014)



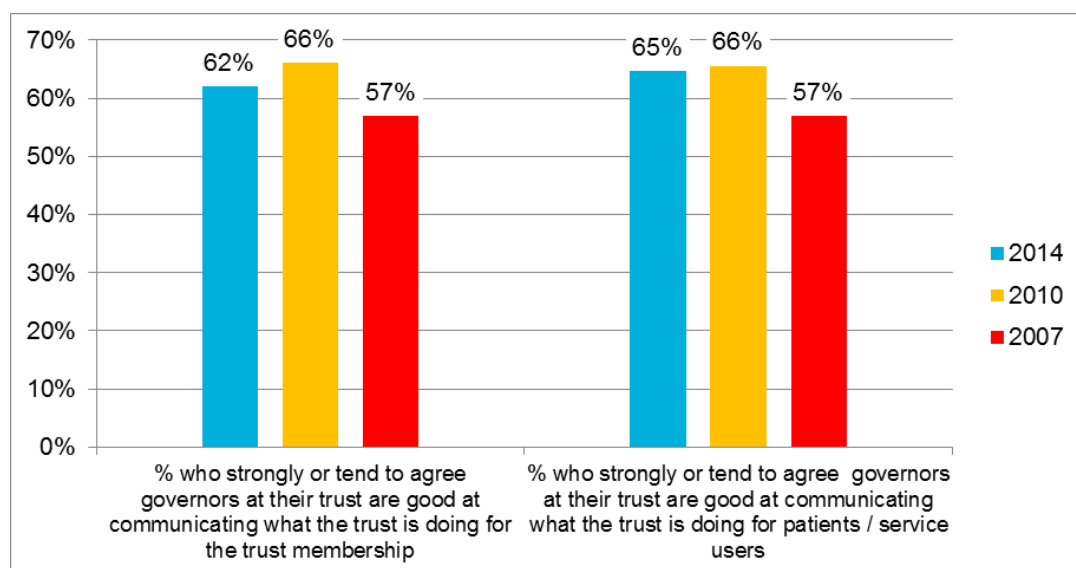
90% of governors responding to the survey strongly or tend to agree that they are clear about patient or service user priorities for their trust. 4% tended to disagree or strongly disagreed with this statement.

Over four-fifths of governors (85%) strongly or tended to agree that their trust had an agreed role description for governors, and a slightly higher percentage of governors (88%) stated that their trust clearly communicated the organisation's priorities.

Communication between governors and the trust (survey questions 9 and 15)

The survey contained a set of questions asking whether governors felt their trust was good at communicating with stakeholders. 60% agreed that the trust was good at communicating what it was doing for the public, while 15% disagreed. Similar proportions of governors agreed that the trust was good at communicating with its membership (62% in 2014), and with patients and service users (65%).

Figure 13: Trust communication (2007-2014)



Governors as representatives of stakeholders (survey question 8)

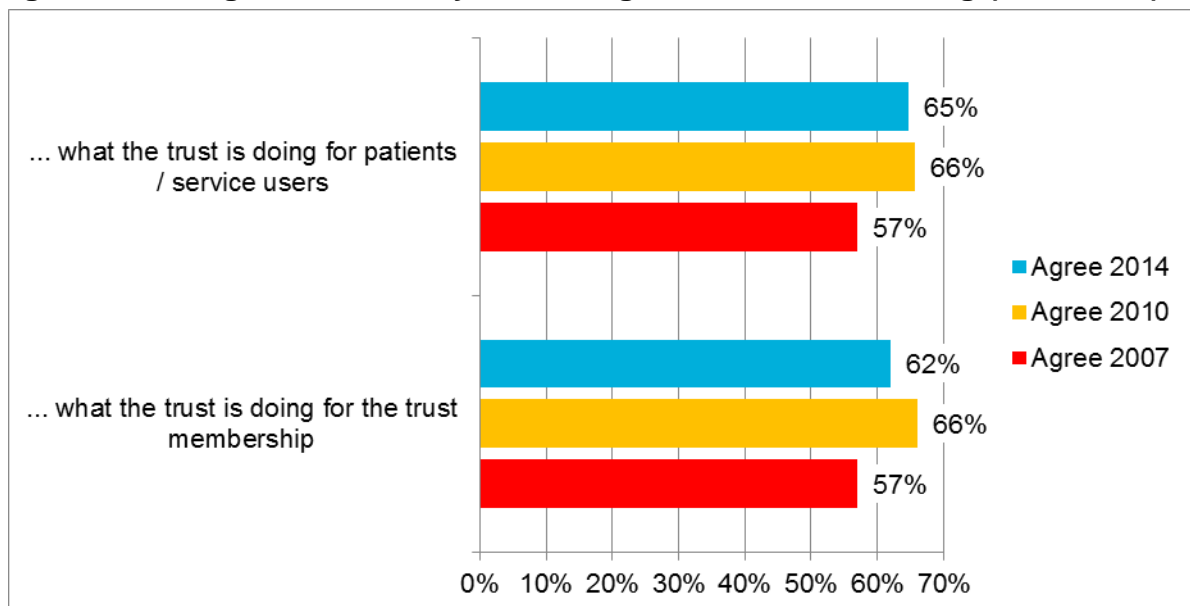
97% of governors responding to the survey strongly or tend to agree that they should be representing the views of the trust's patients and service users (95% in 2010). In contrast, only 80% agreed that they felt confident that they could, or are, representing the views of the trust's patients and service users. This trend was repeated for representing the views of the trust membership (92% versus 78%) and the public (94% versus 78%). These figures indicate there remains a gap between governors' desire to fulfil this element of their role and their confidence that they are able to achieve it.

Governor communication (survey question 9)

60% strongly or tend to agree that the governors at their trust are good at communicating what the trust is doing for the public, with 15% disagreeing. 65% stated that governors in their trust were good at communicating with patients and service users.

Governors who had been in post for fewer than three months were less likely to agree or strongly agree that 'governors at my trust are good at communicating what the trust is doing for the public' (42%), compared to those in post for over two years (63%).

Figure 14: The governors at my trust are good at communicating (2007-2014)



How confident are governors in explaining the trust's strategy to new governors? (survey question 18)

74% of governors said they were very or fairly confident in explaining the trust's strategy to new governors (78% in 2010). When comparing responses by governor type, 61% of patient governors said they felt confident in this aspect of their role,

compared to 75% of public governors, 76% of staff governors and 79% of stakeholder governors.

How confident are you that you would know how and when to refer a question to The Independent Panel for Advising Governors? (survey question 13)

The Independent Panel for Advising Governors was introduced following the Health and Social Care Act 2012. Its role is to answer questions from governors about whether a trust has failed or is failing to act in line with its constitution or Chapter Five of the NHS Act 2006. A governor can refer a question to the panel if more than half of the members of the council of governors voting agree to the referral.

46% of governors responding to the survey said they were very or fairly confident that they know how and when to refer a question to the Panel. 35% were not very or not at all confident and 14% said they had not heard of the Panel.

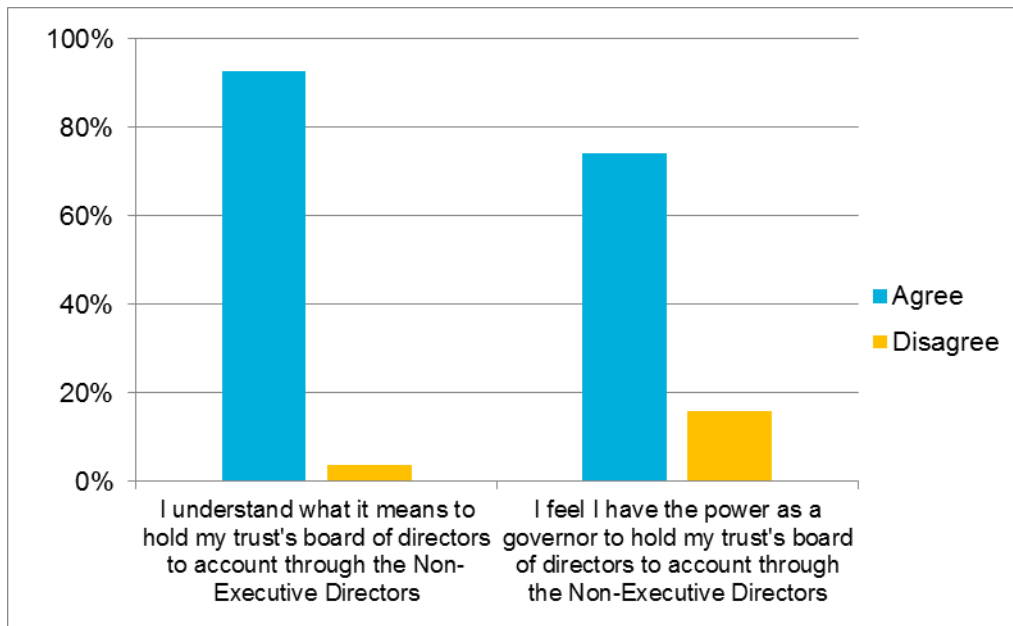
3.3. Holding the non-executive directors to account for the performance of the board

Holding boards of directors to account (survey question 10)

Figure 15 shows governors' views on their understanding of, and confidence in, holding boards of directors to account (via the non-executive directors). 93% of respondents say that they strongly or tend to agree that they understand what it means to hold the trust board to account through the non-executive directors, while 74% felt that they had the power to do so. 16% of respondents disagreed with the statement. Staff governors were slightly less likely than public or patient governors to say they understood what it means.

This is an interesting contrast with the qualitative responses discussed later in this report where 26% of survey respondents said that their role in holding the trust board to account via the non-executive directors should be clarified.

Figure 15: Holding the board to account (via the non-executive directors) (2014)

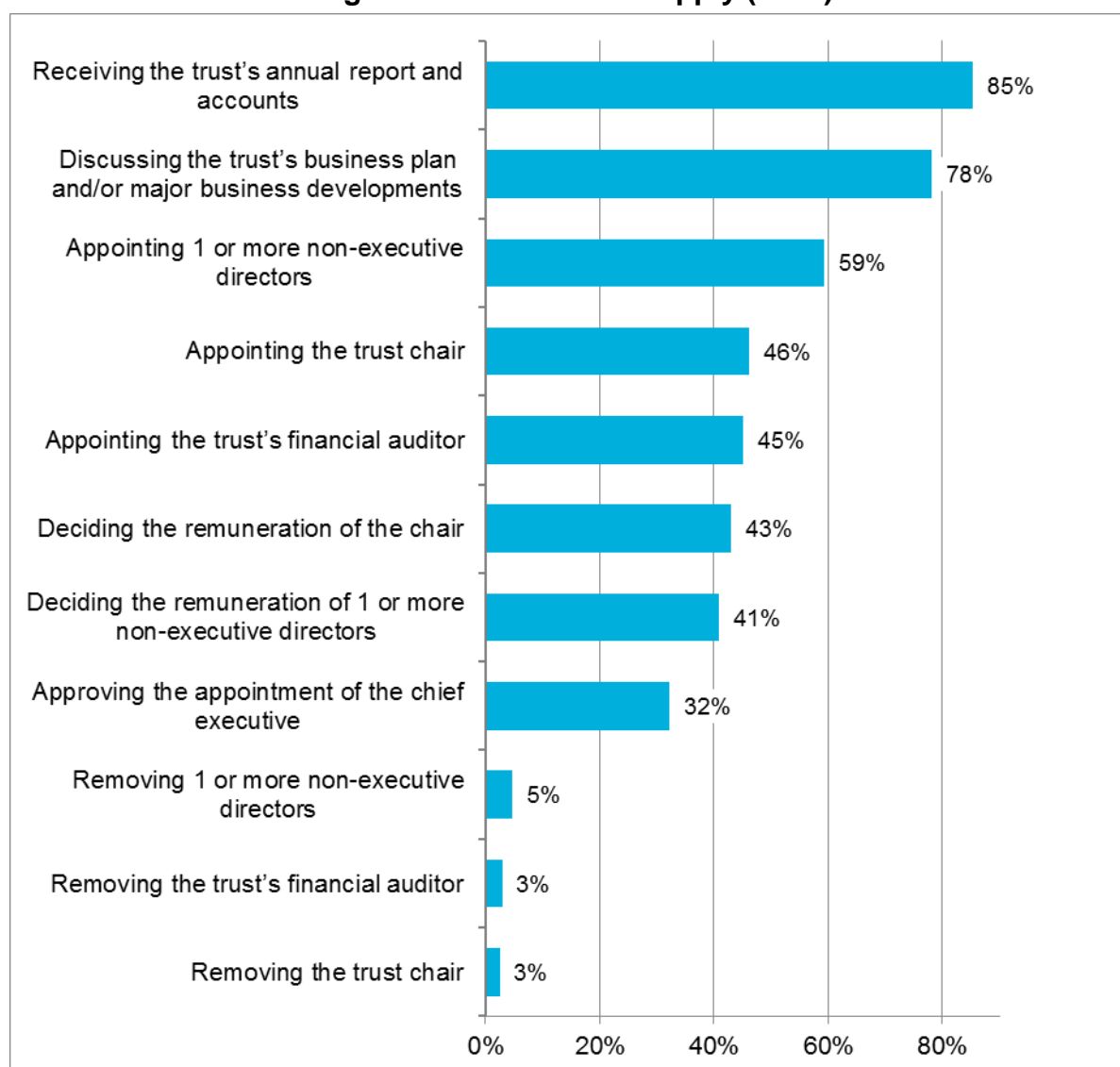


3.4. Exercising their duties

Are governors exercising their statutory roles? (survey question 11)

We asked respondents about the statutory duties they had performed. 85% of governors reported having received their trust's annual report, an increase of 8% since 2010, when this question was first asked. There was also a large increase in the proportion of governors who had discussed their trust's business plan or major business developments. This has risen from 54% in 2007 to 78% in 2014. 95% of governors who had been in post for longer two years had received the annual report, and 90% of them had discussed the trust business plan. Other than these findings, the results are largely comparable between years.

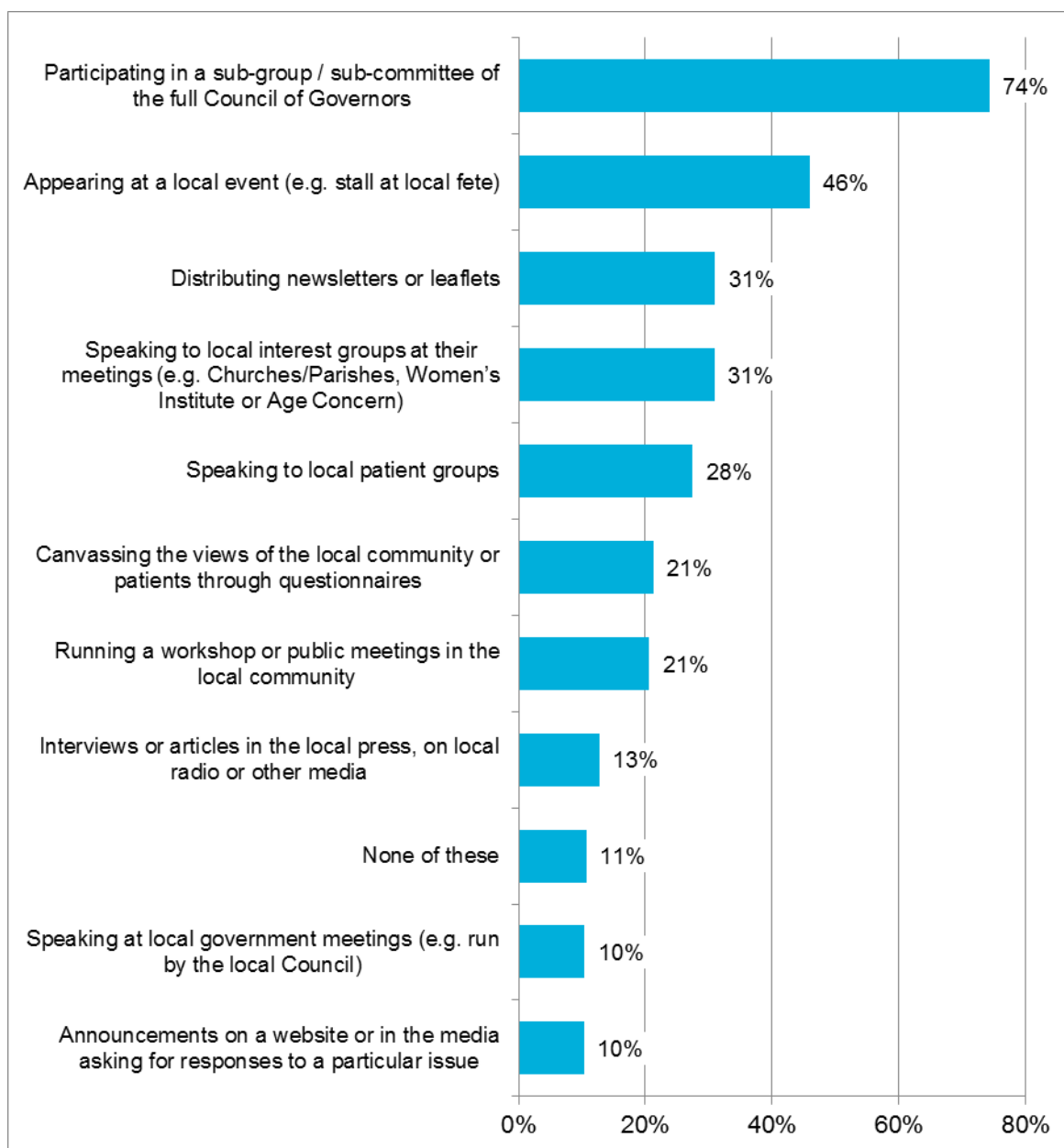
Figure 16: As part of the council of governors at your trust have you ever been involved in the following? Please tick all that apply (2014)



What engagement activities have governors been involved in? (survey question 12)

74% of governors responding to the survey had participated in a sub-group or sub-committee of the full council of governors. By governor type, public governors were most likely to have participated (77%), while stakeholder governors were least likely (66%). Almost half of the governors in the survey (48%) said that they had appeared at a local event. This has increased substantially from 24% in 2007. Public governors were more likely to attend local events (52%) compared to patient (38%) and staff governors (35%). The proportion of governors stating they had not been involved in any engagement events fell from 28% in 2007 to 11% in 2014.

Figure 17: As part of the council of governors at your trust have you ever been involved in any of the following? Please tick all that apply (2014)



3.5. Contact with executive and non-executive directors

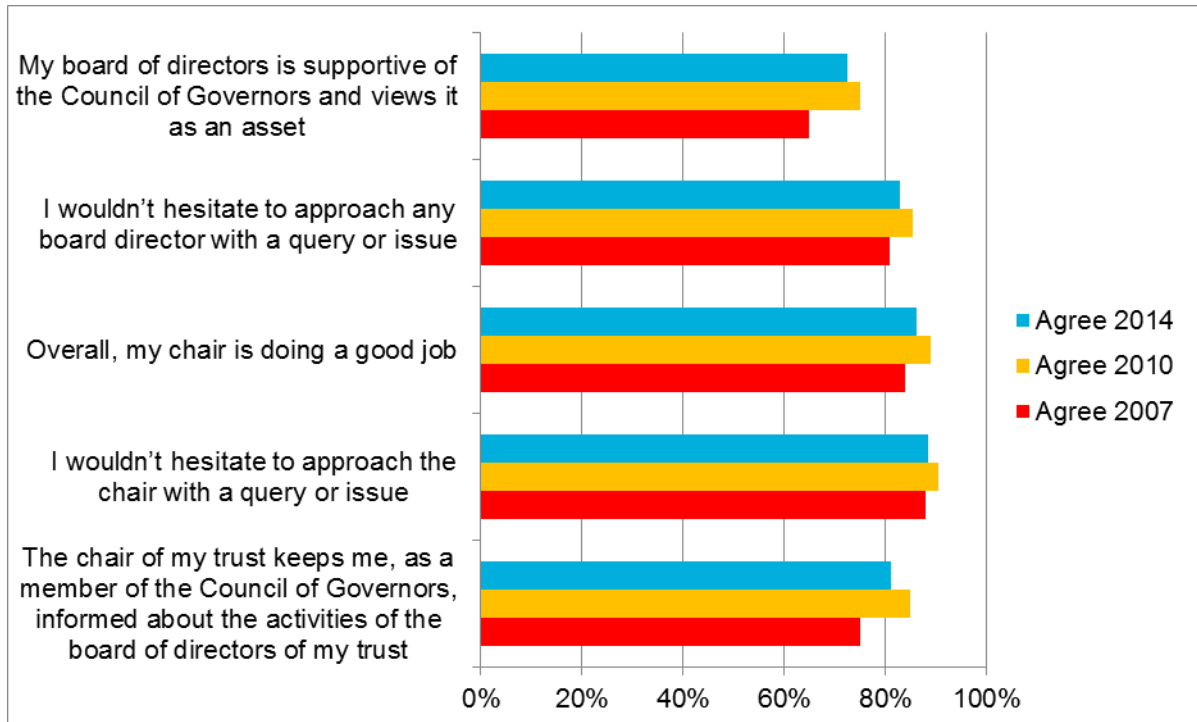
Satisfaction with level of contact with directors (survey question 19)

74% of governors responding to the survey were very or fairly satisfied with the amount of contact they had with executive directors (also 74% in 2010), while 67% expressed the same view about non-executive directors (65% in 2010). The percentage of governors who were very or fairly dissatisfied with their level of contact with directors increased slightly, from 8% in 2010 to 11% in 2014 for executive directors, and from 13% in 2010 to 16% in 2014 for non-executive directors.

Support of the chair and directors (survey question 21)

Almost three-quarters of governors in the survey (73%) strongly agree or tend to agree that their board of directors is supportive of the council of governors, and view it as an asset, compared to 65% in 2007. The other results are largely consistent with previous years, with over four-fifths answering that they wouldn't hesitate to approach a board director with a query (83%) or the chair (88%).

Figure 18: Please indicate the extent to which you agree or disagree with each of the following statements



4. Governor training, briefings and support

Chapter summary

This chapter looks at the support and training governors have received from their trust or national programmes. It also examines governors' use of Monitor guidance.

- Most governors responding to the survey (74%) agreed that their trust has put in place support to help them hold the non-executives to account for the performance of the board, while 57% agreed that the trust has provided support to help them communicate with the public.
- 85% of governors in 2014 say that they have received initial training, while the proportion of governors who were invited to further training increased from 73% in 2007 to 87% in 2014. Those who had participated in training were more likely to say that they were clear about their roles and responsibilities and were more confident in their ability to represent the needs of the community and hold the trust board to account (via the non-executive directors).
- Governors' levels of satisfaction with training remained stable, with 80% stating that they were very or fairly satisfied (77% in 2007).
- 55% of governors felt they would benefit from further training on practical ways to carry out their statutory role. This was the most requested topic in 2010 (54%) and 2014. Other popular topics included help to understand the different roles of organisations in the NHS (38%) and information on NHS finances (31%).
- Of the governors who had taken part in the GovernWell training programme delivered by NHS Providers, 83% were very or fairly satisfied with the quality of the training received.
- 93% of governors said that they felt Monitor's guides for governors were very or fairly useful and 66% had referred to one or both of them.

4.1. Support to carry out the governor role

Support to carry out the role (survey question 15)

Governors taking part in the survey were asked to state whether they agreed with a series of statements relating to the support provided by their trust.

74% of respondents strongly or tended to agree that their trust had put support in place to help them hold the board to account (via the non-executive directors), with 13% disagreeing. This statement was rated highest, followed by support to engage with trust members (66%), and patients and service users (65%). The statement with

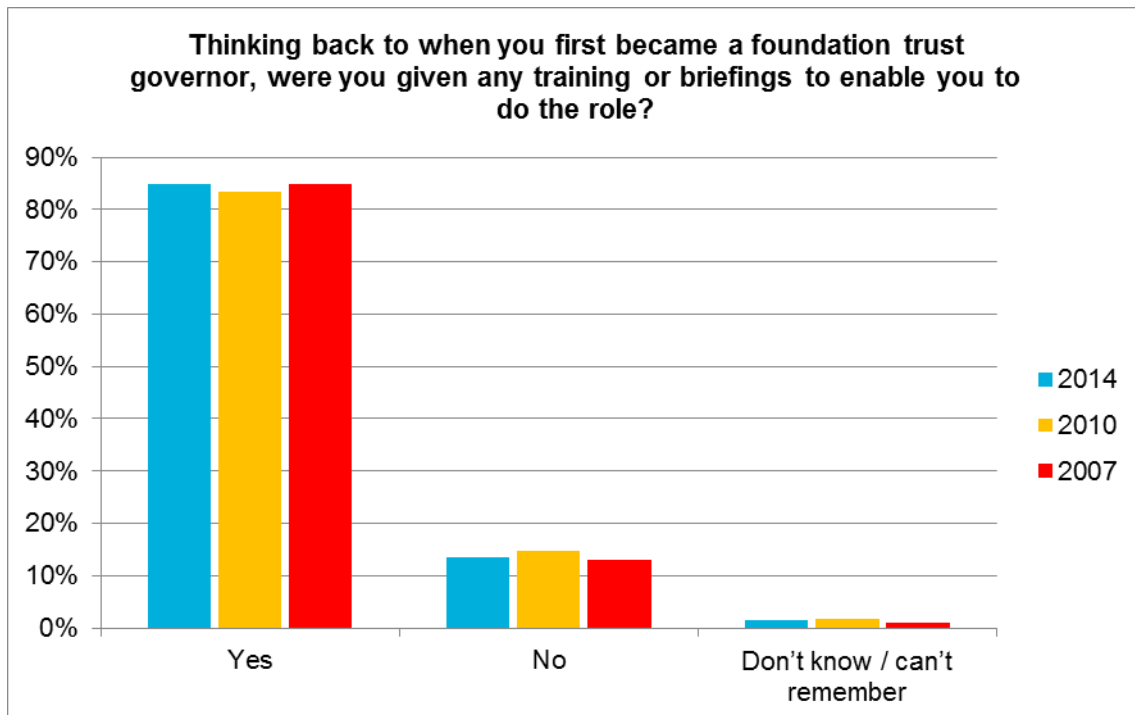
the lowest rating related to support to help governors communicate what the trust was doing for the public. Only 58% of governors agreed with this statement, while 20% disagreed. This result is consistent with findings that indicate governors would like more training on communicating with the public (see suggested topics for further training).

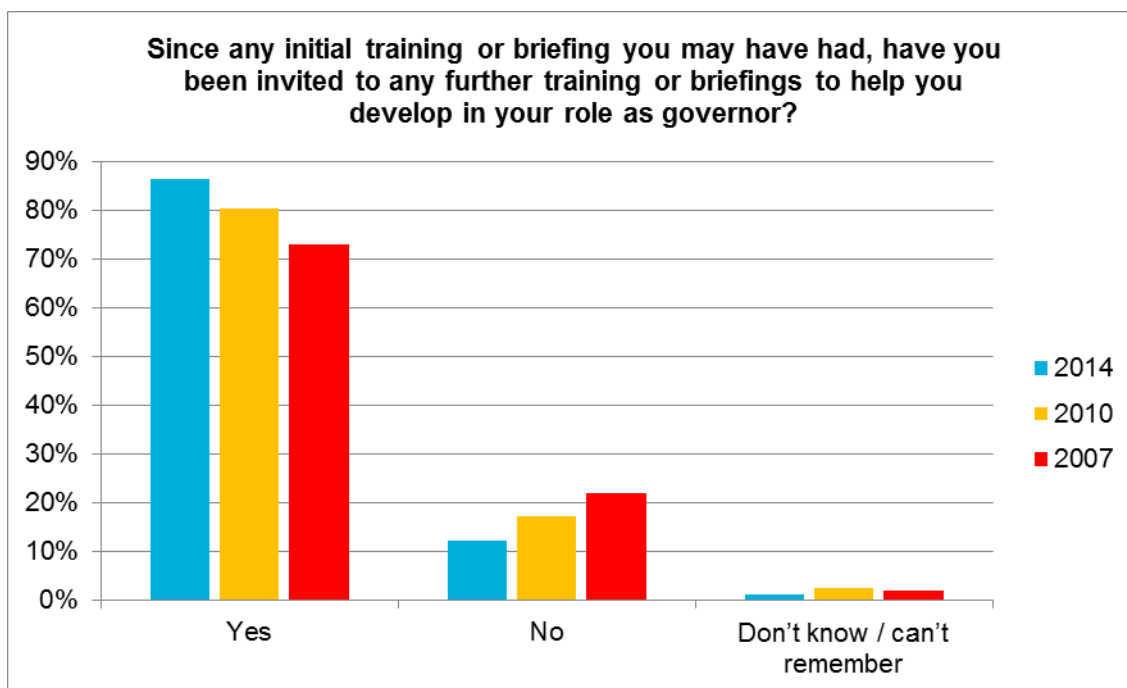
4.2. Training for governors

What training have governors received? (survey questions 24 and 25)

85% of respondents said that they were given training when they first became a governor. This proportion has remained stable since the first survey in 2007. A slightly higher percentage of governors (87%) said they had been invited to participate in further training, this figure has steadily increased since 2007, when 73% answered that they had been offered additional training.

Figure 19: Governor training and briefings (2007-2014)





Governors who received initial or further training were more likely to say they were clear about their roles and responsibilities compared to those who did not receive any training (see table 2). This trend is repeated across the questions indicating that providing training does help governors in carrying out their statutory duties.

Table 2

	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 (% strongly agree or tend to agree)	92	75	92	71
I am clear about what the priorities are for my trust's patients and service users (% strongly agree or tend to agree)	92	79	92	80
I am confident that as a governor I could represent / I am representing the needs of the public (% strongly agree or tend to agree)	79	69	78	70
I am confident that as a governor I could represent / I am representing the needs of the trust's members (% strongly agree or tend to agree)	79	69	78	70

	Governors who received initial training	Governors who did not receive initial training	Governors who received further training	Governors who did not receive further training
agree or tend to agree)				
I am confident that as a governor I could represent / I am representing the needs of the trust's patients and service users (% strongly agree or tend to agree)	82	69	81	77
I understand what it means to hold my trust's board of directors to account through the non-executive directors (% strongly agree or tend to agree)	94	86	94	82
I feel I have the power as a governor to hold my trust's board of directors to account through the non-executive directors (% strongly agree or tend to agree)	75	66	77	59

Quality of training (survey question 26)

Overall 80% of governors were very or fairly satisfied with the quality of training they had received from the trust, while 7% of governors were fairly or very dissatisfied compared to 6% in 2010. 69% of patient governors were very or fairly satisfied, compared to 80% of public and staff governors and 83% of stakeholder governors.

10% of governors reported that they felt their training didn't fully clarify their role in holding the non-executives to account. For example, the quote below suggests some governors still mistakenly believe their role is to hold the board to account (via the non-executive directors) for the performance of the trust, rather than for the performance of the board.

“ The key difficulty reflects the fact that one of the duties of governors is to hold the board of a trust to account for the performance of the trust. I don't know what sensible criteria to judge the board's performance on.”

Several respondents stated that they would benefit from follow-up training or the development of an ongoing programme. We were told that the quality of training is variable, with some governors having access to comprehensive training, tailored for their needs, while others said that training could be improved, for example, by extending its scope or by tailoring sessions to different levels of knowledge and experience. Some mentioned the value of having opportunities to meet governors

from other trusts and felt that the training programme had improved substantially since they became a governor.

“ When I joined in 2010 there was no training and no induction. That has now been remedied for new governors. ”

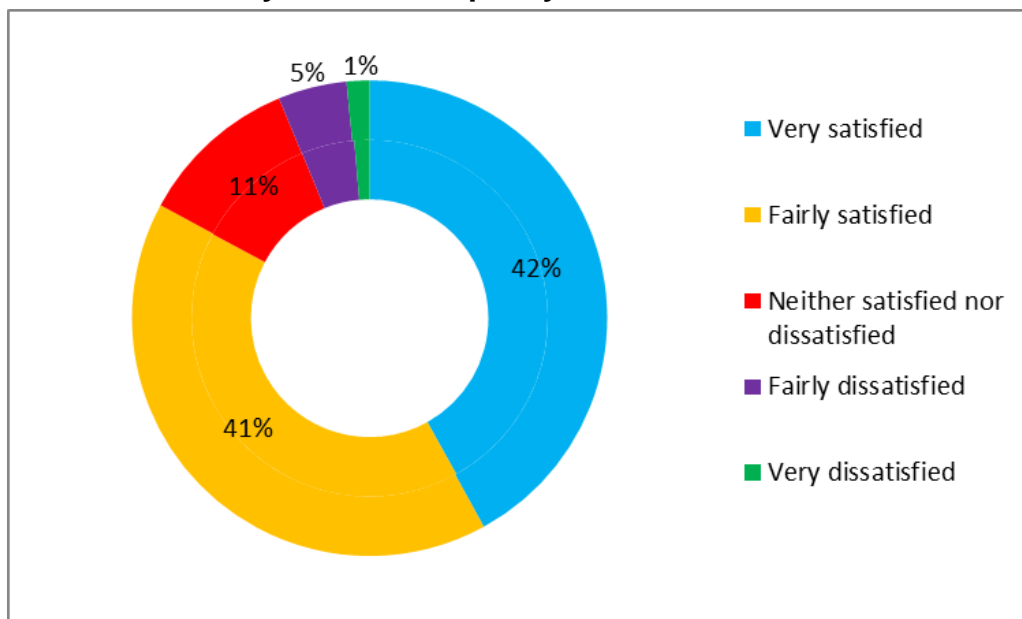
“ The training sessions built up on each other and I also had [the] opportunity to meet with governors from other trusts. It was [a] good learning experience which enhanced my confidence ”

Participation in and quality of the national training programme ‘GovernWell’ (survey questions 27 and 28)

29% of governors responding to the survey had participated in the national training programme for governors, ‘GovernWell’, run by NHS Providers. 20% had taken part in the core modules and 9% in the specialist modules.

Of the governors who had taken part in the training programme, 83% were very or fairly satisfied with the quality of the training received.

Figure 20: If you have participated in the ‘GovernWell’ training programme, how satisfied are you with the quality of this?



Total number of responses: 1,133

Chart excludes 842 respondents who answered ‘Not applicable’ or ‘Don't know’

Suggested topics for further training (survey question 30)

Over half of governors (55%) said that they would benefit from further training on practical ways to carry out their statutory role. This was also the most requested topic in 2010 (54%), suggesting that further work is needed to address this training

need. It also mirrors comments made by some governors that they weren't always clear on how to carry out their role of holding the non-executive directors to account for the performance of the board. The next most requested topics were help to understand the different roles of organisations within the NHS (38%), NHS finances (31%) and the structure of the NHS (27%). Slightly more governors felt that training in communication would be beneficial in 2014 (24%) than in 2010 (20%), while fewer governors wanted training on the role of a foundation trust governor and quality accounts.

Figure 21: Please indicate below which, if any, types of further training you might find beneficial? Please tick all that apply (2010-2014)



Topics requested in qualitative responses by five or more governors included better information on and training in equality and diversity (a theme in 2010), communicating effectively with the trust membership, how the trust interacts with other local services and bodies, and ways to share information between trusts to 'save time when developing good working practices'.

Response from NHS Providers on the findings on governor training

NHS Providers is pleased that these survey results have highlighted the importance of quality based training. We have focused on achieving high quality training, as we believe it is the route that will achieve the highest quality healthcare possible. Of the 1,200 governors that have participated in GovernWell since 2013, 98% would recommend it to other governors. The national programme offers open and bespoke training in all topic areas raised by governors in this report. More details at www.nhsproviders.org/governwell.

4.3. Use of Monitor's guidance

Use of guides for governors (survey questions 31, 32 and 33)

Governors answering the survey were asked if they had used either of Monitor's guides for governors 'Your statutory duties: a reference guide for NHS foundation trust governors' or 'Your duties: a brief guide for NHS foundation trust governors'. 66% of respondents had referred to one or both of the guides, 24% were aware of them but hadn't used them and 11% had not heard of the guides. 93% of governors who had used them said that they felt these guides were very or fairly useful.

Suggestions on how to improve the guides included adding 'practical scenarios or examples' particularly in relation to holding the non-executive directors to account for the performance of the board.

5. The future role of governors

Chapter summary

In this chapter we examine what governors think is needed to make their role more effective and highlight key areas where trusts can and have supported governors in fulfilling their duties.

- Over a quarter of respondents (26%) felt that governors should have more support for their role in holding the non-executive directors to account for the performance of the board, and in recognising the time and input required to fulfil the role effectively. 12% suggested that the recruitment process should be improved to increase the diversity of the council and attract more skilled governors, while 11% said that governors should engage more with the public, patients and trust members to improve lines of communication into and out of the board.
- Governors gave a number of examples where trusts could, and were, supporting them in the role. This included finding new ways to encourage greater participation of governors, improving the breadth of training and ensuring that governors had access to mentoring or other schemes to enable them to get up to speed quickly and effectively.

5.1. Improving and strengthening the role of governors

Governors were asked what needs to happen to make their role more effective. 1,117 respondents answered this question.

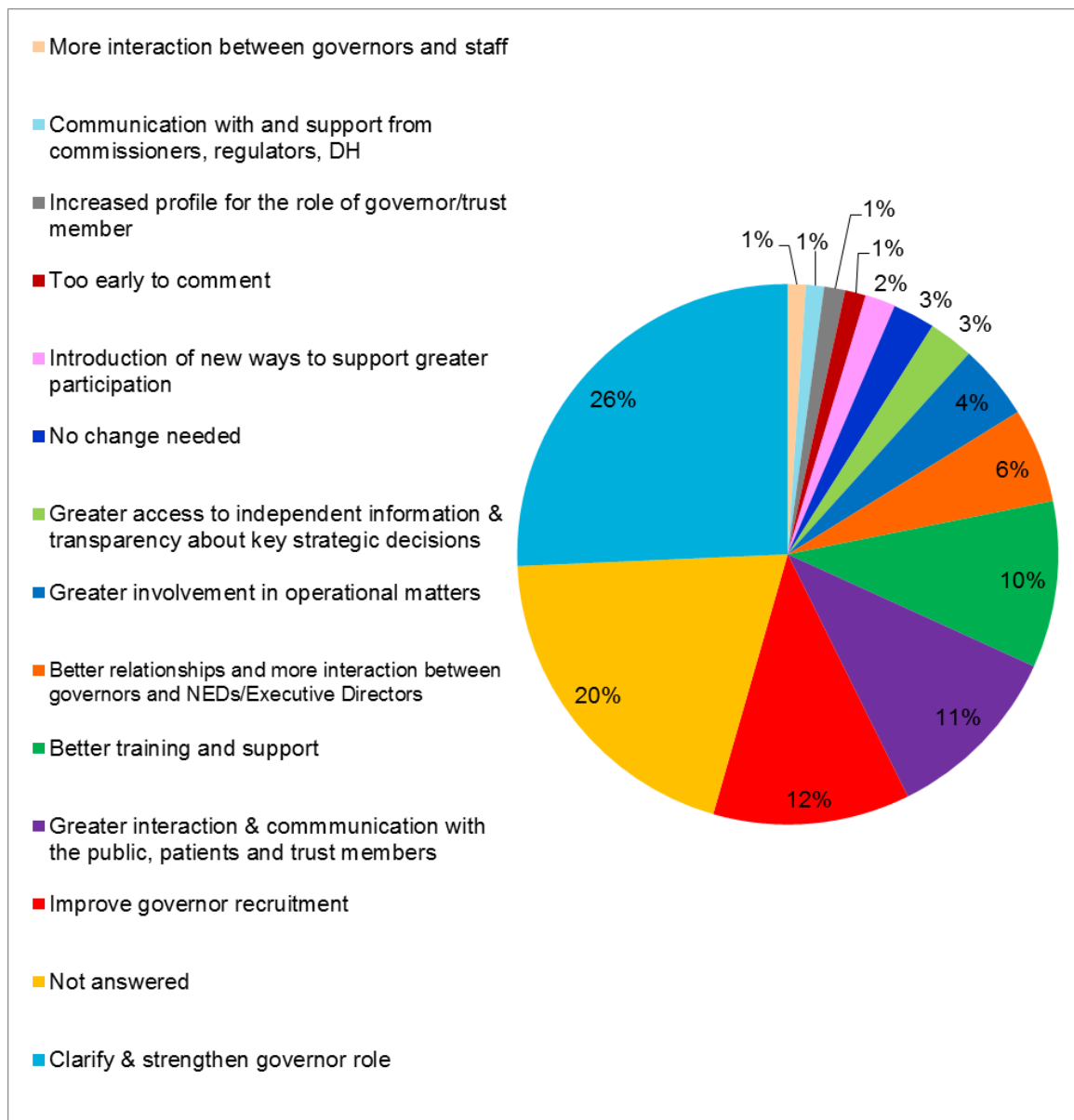
Over a quarter of governors responding to this question (26%) felt that the governor role would benefit from clarifying their responsibilities in holding the non-executive directors to account for the performance of the board, and professionalising the role. Examples included reducing the number of governors and increasing their term of office, clarifying the staff governor role, providing some remuneration for the role or giving them a formal place at trust board meetings.

“ There needs to be a better understanding by boards of what it means for governors to hold boards to account through the non-executive directors and to act accordingly, for instance in deciding on what information to bring to the attention of the governors. It is very difficult for governors to enact their role when non-executive directors and boards do not understand this. ”

“ [Trusts should be able to] re-consider rules regarding period of tenure of governors. My trust has recently lost some excellent, experienced governors whom it will take a long time to replace, in terms of their knowledge base. ”

“ The role of staff governor is fraught with difficulties as you have a foot in both camps. I find it difficult to be critical and yet be a good employee. ”

Figure 22: Thinking about the role of foundation trust governors in the future, what, if anything, needs to happen to make it more effective? (2014)



12% of respondents felt the recruitment of governors should improve to increase the diversity of governors and trust members and ensure they reflect the membership (for example by having young people on the council). In addition, several comments highlighted the challenges faced by governors in full-time employment.

“ To be more effective, I think the election of public governors needs to change... [We] need to find ways to draw on a wider base and promote elections to get best possible candidates.”

“ There should be more national advertising regarding the importance of the role and responsibilities of NHS foundation trust governors in order to attract more individuals to volunteer.”

11% felt that they would benefit from improving communication and engagement with stakeholders such as the public, patients and wider community.

“ [We need to] find a better way of ascertaining the public's views and representing them.”

“ [I would like] a better and more effective way of communicating with the trust members and the general public.”

“ Being elected as a governor has been an affirming experience for me, and I feel hugely privileged to be part of such a committed and professional team. The frustration is we have no structures available to enable us to reach out into our constituencies”

“ [I] want to be more involved with the general public and in supporting staff and not just with statutory duties.”

10% of respondents highlighted a need to provide better, and more frequent, training for governors. This included mentoring from experienced governors and access to online training or governor networks to interact with other colleagues. Several comments also highlighted a need to ensure that trust board members receive training about governors.

“ Every new governor should be supported by an existing governor as a mentor. It should be mandatory for new governors to attend an induction course and have [a] refresher each year.”

“ New chairs, non-executive directors and chief executive officers need more training about our role... I was told that our job is to support the trust in an ambassadorial role... [Some board members] are reluctant to accept the challenge and accountability aspects of our role.”

Developing stronger relationships between governors, non-executive and executive directors were expressed by 6% of respondents.

“ Non-executive directors and [governors] must develop a much better understanding of each's role. This will lead to improving effectiveness and greater challenge of the [board of directors].”

20% of respondents did not respond to this question.

5.2. How trusts can support governors

Throughout the survey, governors highlighted examples of how trusts could support them in their role. For example, governors felt that their role would be strengthened by broadening the membership of the council of governors and ensuring that working

people were able to participate fully. Twenty respondents suggested innovative ways to support greater participation by governors, such as:

- ““ Allowing people to participate by video conferencing and other remote methods.””
- ““ Delegation of specific tasks to reduce the work load [as] currently only non working members can cope with the work load. It would be nice to have working members’ views too.””
- ““ Meetings and activities need to be held outside of working hours to make the roles accessible for working age adults.””
- ““ Governors need better support. I've been trying to get a specialist office set up from which governors can work with at least one dedicated member of staff and at least one desk/computer which can be used by any governor working on specific issues. [It will provide a] place where small groups of governors can meet up to work together.””

Respondents highlighted a need to improve their ability to hold the trust board to account by clarifying the governor role, improving training for both governors and trust boards and ensuring they have access to information on issues of importance to their trust. For example:

- ““ We are given the opportunity to observe trust sub committees and see our non-executive directors in action, as well as attending the board meetings as observers. This enables all governors to be much more in touch with the workings of the organisation.””
- ““ Training with other (similar) foundation trusts is always helpful [as it allows me] to compare different practices.””
- ““ There is need for a much better, more accessible and more comprehensive training system for governors [for example] a modular system which can be conducted on-line (such as that run by the Scout Association). This would be cheap, efficient and more responsibility for training could be put on governors themselves, rather than upon the trust to provide it.””

As part of improving the functioning of the council of governors, several respondents suggested reducing the size of the council:

- ““ We changed the Constitution and reduced the number of governors on our council from 43 to 26...and reduced [the] sub-committee structure.””
- ““ Reduce the size of the board of governors, it is too unwieldy.””



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