NHS PROVIDERS
THREE YEAR STRATEGY
2019 - 2022

April 2019

NHS Providers three year strategy on a page

NHS Providers

1 OUR PURPOSE

VISION
To support members to deliver high quality, sustainable NHS care for patients and service users.

MISSION
An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

STRATEGIC OBJECTIVES

Influence – to shape the environment in which our members operate.

Voice – to be the collective voice of NHS providers and champion their interests.

Support – to drive improvement and innovation through shared development and learning.

Excellent organisation – to provide outstanding value for money, support staff and continually improve.

2 CONTEXT

EXTERNAL ENVIRONMENT
Brexit dominates, with political uncertainty.
NHSE/I operating as a two in one organisation with drives to consolidate providers and move to system working.
Social care is a burning platform.

PROVIDER SECTOR
Major demand, workforce, financial and performance pressures continue. Welcome extra £20.5bn keeps pace with costs/demand but doesn't fund scale of transformation needed.
Focus on efficiency and productivity.

MEMBERSHIP
Trusts are increasingly complex, working across new functions, in new forms and with new partners.
Balancing governance demands of institutional delivery with leadership demands of local systems.
Unitary board autonomy critical feature.

3 OUR CORE OFFER

INFLUENCE
Stakeholder management, parliamentary engagement, analysis, consultation responses, briefings and sense-making, thought leadership, alliances and coalitions.

VOICE
Media relations, digital and social media, regular bulletins, blog programme, publications, corporate communications and marketing.

SUPPORT
14 networks, development programmes including tailored support for boards and governors, NED and executive induction, major conferences, membership support.

EXCELLENT ORGANISATION
Corporate functions – finance, HR, IT and CRM, internal governance, leadership support; commercial strategy and website development.

4 OUR EXPANDED OFFER

1 Promoting appropriate local board autonomy as NHS landscape changes.

2 Ensuring rapid development of right short and long term solutions to current workforce challenges.

3 Securing a sustainable solution to social care and supporting reform of primary care.

4 Responding to new national policy priorities in technology and prevention.

5 Demonstrating that providers are delivering and sharing learning and good practice.

6 Growing our support offer to provider boards.

5 AND BUSINESS MODEL

LEAN AND EFFICIENT ORGANISATION
Ensure we continue to operate efficiently, meeting a 2% annual efficiency saving ambition and reviewing our priorities annually.

INCOME
Develop our commercial offer, including associate membership, growing commercial income by 3% annually. Explore new, funded delivery partnerships to deliver our expanded support offer.
Ensure member subscriptions provide value for money and continue to make up the majority of our income to ensure we can speak truth to power.

OUR WAYS OF WORKING
Our ways of working reflect our own values and that of the membership. We will ensure we are:
Member led; patient and quality led; collaborative, innovative, inclusive; living the values of equality and diversity; and professional.

Part one

Vision
Mission
Strategic objectives
Ways of working

VISION
An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members

MISSION
To support members to deliver high quality, sustainable NHS care for patients, and service users

Our strategic objectives

INFLUENCE

To shape the environment and culture in which our members operate – with a specific focus on finances, quality, workforce, governance, regulation, transformation, integration and system working.

VOICE

To be the collective voice of NHS providers, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider healthcare community.

NHS Providers

SUPPORT

To help our members drive improvement and innovation through effective, shared development, support and learning.

EXCELLENT ORGANISATION

To provide outstanding value for money to our members, create a supportive environment for staff and continually improve.

Our ways of working

MEMBER LED

We are a membership organisation. To be effective, we need to be excellent at identifying our members' needs and meeting them. We must be fully accountable and transparent to our members in all that we do.

PATIENT AND QUALITY LED

The NHS needs to be truly patient and service user led to improve health outcomes. Our members also need to continuously improve the quality of the services they provide. This emphasis on patient and service quality therefore needs to sit at the heart of all our work.

COLLABORATIVE

We work in a complex, highly interdependent, system with many influential players. We rely on our members to generate the evidence we need and we can only deliver our objectives by working collaboratively. We therefore need to be a highly effective strategic partner.

INNOVATIVE

If the NHS is to meet the challenges it faces, it needs to innovate and transform, creating radically different patterns of healthcare delivery. Our members are in a unique position to help drive this change. We need to support and enable this innovation and, if required, help lead it.

INCLUSIVE

We will embed equality, diversity and inclusion as a central tenet of our work, embracing this as a moral imperative and a business need. This is the case for us as much as it is for our members. We will live these values, offer support and help lead change.

PROFESSIONAL

We aspire to a high degree of professionalism and rigour in all that we do, including our governance. Our work will be evidence based and underpinned by robust data. We will recruit, retain and develop the right level of professional skill, experience and expertise.
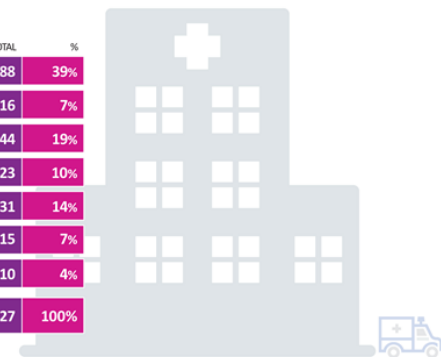
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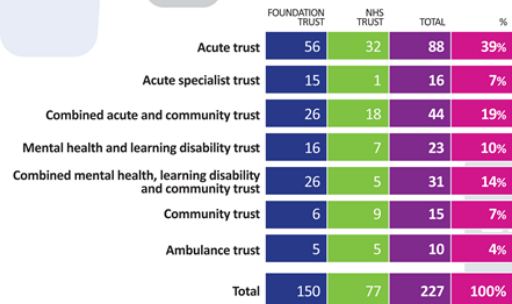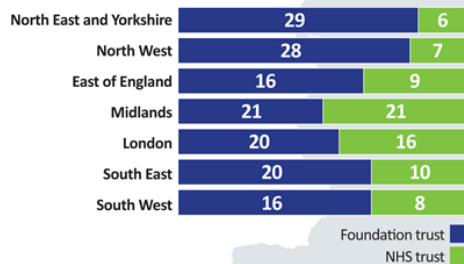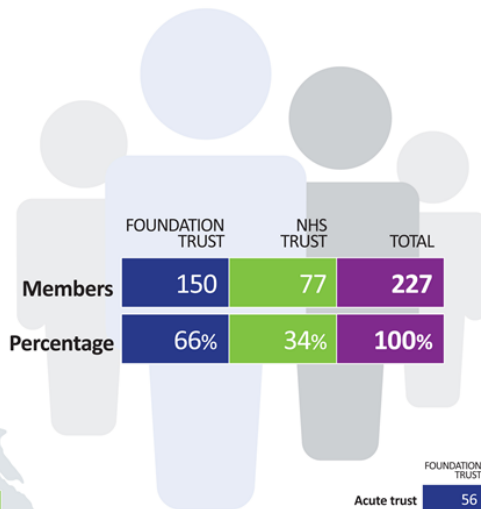
Our current and future membership base

Our partners and competitors

Our place in the health and care sector

Governance and the role of the unitary board

100% of foundation trusts and NHS trusts are in membership

	FOUNDATION TRUST	NHS TRUST	TOTAL
Members	150	77	227
Percentage	66%	34%	100%

Region	Foundation trust	NHS trust
North East and Yorkshire	29	6
North West	28	7
East of England	16	9
Midlands	21	21
London	20	16
South East	20	10
South West	16	8

Foundation trust ■
NHS trust ■

	FOUNDATION TRUST	NHS TRUST	TOTAL	%
Acute trust	56	32	88	39%
Acute specialist trust	15	1	16	7%
Combined acute and community trust	26	18	44	19%
Mental health and learning disability trust	16	7	23	10%
Combined mental health, learning disability and community trust	26	5	31	14%
Community trust	6	9	15	7%
Ambulance trust	5	5	10	4%
Total	150	77	227	100%

Our current and future membership base

FOUNDATION TRUSTS and NHS TRUSTS

- Our existing membership base comprises 100% of NHS foundation trusts and trusts
- Membership criteria allows for organisations such as community interest companies and social enterprises to join – but not private providers commissioned by the NHS
- Maintaining our existing membership base regardless of what form trusts seek to take in the future is essential.

ASSOCIATE MEMBERSHIP

- Open to commercial and non-healthcare organisations
- Not full membership status, a different offer to NHS-funded providers.

NHS Providers membership

THE NEXT THREE YEARS

- Integrated models of care are increasingly relevant
- We will deliver collaborative projects with bodies supporting primary care and social care, and assess how we can best support the interface between secondary and primary care.

PRINCIPLES UNDERPINNING OUR MEMBERSHIP

- Origin of the organisation
- Majority of work is NHS
- More than 50% owned by NHS
- Core purpose – public or profit?

Key partners and competitors

MEMBERSHIP BODIES

There are numerous membership bodies reflecting different parts of the health and care sector, however few have the traction and reputation we have established with our members and stakeholders. Key partners include:

- NHS Confederation, Shelford Group, University Hospitals Association, Federation of Specialist Hospitals, Children's Alliance, Association of Ambulance Chief Executives, Mental Health Network, Health Finance Managers Association, Association of Groups
- Local Government Association, NHS Clinical Commissioners, Association of Directors of Adult Social Services, and National Association of Primary Care are key partners for our expanded offer on integration and system working
- The Royal Colleges and NHS Employers are increasingly important as we seek a more impactful role in shaping solutions to workforce challenges
- NHS-wide coalitions, particularly those led by NHS Confederation, remain of core importance on issues of common concern such as Brexit and social care. We will continue to support them as appropriate.

NATIONAL BODIES AND OTHER KEY PARTNERS

Our membership and business model is sufficiently robust to ensure that new opportunities for collaboration with NHS Improvement and NHS England on support offers (and areas of common ground on policy) do not compromise our ability to speak truth to power with an independent voice. NHSI has expressed a desire to move into the improvement space and NHSE's current role encompasses a mix of policy development, oversight and support.

Think tanks continue to be important partners in terms of influence and position – and potentially in terms of our expanded support offer.

Opportunities

Our reputation means partners are keen to collaborate with us on joint projects and to share intelligence. We have well established connections with the media.
This enables us to develop our role as a trusted commentator on provider issues within the context of system working and to expand our thought leadership.

Risks

We must adapt and expand our offer to support the membership and remain relevant and credible in fast changing times.
We need to remain vigilant about protecting the quality associated with our brand, and prioritise our limited resource carefully for maximum effect.
We need to ensure we maintain a constructive relationship with key partners as we expand our offer on system working and workforce.

Our place in the health and care sector

Among the plethora of statutory and representative organisations in the health sector, NHS Providers occupies a distinctive place

- A voluntary membership organisation (i.e. members choose whether or not to join)
- Provider focused (seeing health wide issues such as commissioning, integration and system working through a provider lens)
- Focusing on public not private provision
- Spanning the entire breadth of the public provider sector (not just a segment based on sector, size or type)
- Using our access to, and our credibility with, the number and diversity of our members to be effective
- Putting the practicalities of leading and running a provider organisation (not general theory) centre stage
- Helping the trust board, chair and chief executive lead and improve the running of their trust (less about activity below board level)
- Focusing on whole institution level issues (e.g. overall clinical quality assurance as opposed to improving stroke care)
- Explicitly balancing two key roles: acting as an influential advocate of our members' interests and a solutions-focused system player

Promoting robust governance and the role of the unitary board

NHSProviders

We have a strong focus on promoting the key principles of good governance within the context of system working

Appropriate provider autonomy and independence, including operating, commercial and financial freedoms

Centrality of a unitary board responsible and accountable for the successful operation and delivery of services. In the context of system working, providers alone have a unitary board structure

Clear lines of local accountability to the public

Strong emphasis on provider organisations as key, collaborative, co-leaders of STPs/ICSs which are well placed to help lead the creation of new and more integrated models of care

Strong commitment to public sector and NHS values, offering strong local leadership and embracing innovation

We recognise that the evolution of system working and new care models means organisational forms will change, but we remain strongly committed to these principles. We will seek to develop and promote them for providers and to ensure system working arrangements develop in a way that is well governed and provides accountability to the public.

Part three

Our core offer

Our sector offer

Our extended offer

Our business model

Our core offer, objective by objective

NHS Providers

INFLUENCE

- Stakeholder management and intelligence gathering
- Parliamentary engagement, including relationships and briefing for select committees, parliamentary debates and influential individuals, and legislative change
- Maintaining a robust evidence base: analysis, research, surveys
- Consultation responses
- Member briefings, sense-making, horizon scanning including an extensive suite of written briefing products
- Thought leadership and solutions development
- Alliances/coalitions with other bodies as appropriate.

VOICE

- Media relations including 24/7 media service and promotion of key messages/campaigns
- Digital and social media: website, videos, podcasts, twitter
- Regular member and stakeholder programme of bulletins
- Blog programme from a range of internal and external contributors
- Publications including a number of regular outputs such as *Provider voices* and our *State of the provider sector* reports
- Corporate communications and marketing (membership and events).

SUPPORT

- Networks:
  14 functional or sector specific all at board level, including growth of a new 'integrated care' network
- Development programmes including tailored and 'off the shelf' support: governor support, board development programme, NED and executive induction
- Events:
  Annual conference and exhibition, bi-annual quality and governance conferences, annual *Governor focus* conference, member dinners
- Membership engagement and support.

EXCELLENT ORGANISATION

- Corporate functions including:
  - finance
  - HR
  - IT and CRM
  - internal governance
  - leadership support
  - internal communications
- Commercial income
- Website development.

ACROSS KEY CONTENT AREAS

NHS provider sector finances, performance, quality, workforce, governance, regulation, transformation, integration, system working and Brexit – and with a focus on sector specific issues for ambulance, acute, community, mental health and specialist trusts.

Our sectoral offer

We provide our core membership offer to all of our members:
the NHS provider sector as a whole.

The NHS provider sector is diverse and contains a number of sectors
(acute, ambulance, community, mental health, specialist)
and sub sectors (DGHs, specialist trusts e.g. children's, integrated trusts including primary care, social care, group models).

We will continue to ensure bespoke elements of our core offer represent and support these sectors and sub sectors.

We will continue to provide sectoral offers in mental health, community and ambulance, recognising that
each of these sectors has different needs. In the next three years we will do more to share learning from the emergence
of integrated delivery models, particularly as trusts work more closely with social care and primary care.

We will ensure best value for members by working in partnership with other relevant membership bodies
(NHS Confederation, Shelford Group, AACE, FSH etc) to amplify our influencing activities and support.

We will be most active in those areas of policy work where we have considerable expertise, for example finance and funding.

The six areas where we want to extend our activity

Promoting appropriate local board autonomy as the NHS landscape changes

Ensuring rapid development of the right short and long term solutions to current workforce challenges

Securing a sustainable solution to social care and supporting reform of primary care

Responding to new national policy priorities in technology and prevention

Demonstrating providers are delivering, and sharing learning

Growing our support offer for provider boards

Robust business model to fund extra activity

Promoting local board autonomy as the NHS landscape changes

We need to promote the importance of appropriate local board autonomy, ensure the right journey to system working, and challenge any inappropriate move of power from local boards to the national bodies as the landscape in which providers work goes through a profound shift.

CHANGES IN CONTEXT

- Move to system working at pace via STPs/ICSs

- New NHSI/E structure creating powerful new regions and potentially more extensive and directive national frameworks

- Likely to see rapid NHSE/I drive to consolidate provider sector

- Possible NHSE/I assumption of more directive powers over providers developed through/alongside programme of NHS legislative change arising from *Long term plan*.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Extend and mainstream influencing activities and sharing of best practice on system working

- Build relationships with key players in new NHSE/I structure e.g. regional directors and key new national directors

- Push hard for a more collaborative approach to developing behaviours, systems and processes in new NHSE/I structure and ensure appropriate provider input into this work

- Stimulate and participate in a major new debate on provider sector consolidation and learning from the past

- Keep a close eye on the everyday approach adopted by the national bodies and emerging legislative proposals to challenge any inappropriate power shift

- Make a strong public case for the centrality of local board autonomy.

Ensuring rapid development of right solutions to workforce challenges

NHS Providers

Workforce shortages are provider boards' current number one concern. This is a crowded space in which to seek a stronger influencing voice. However, given the failure of government, national bodies and other organisations to secure sustainable short and long term solutions, we now need to exert a stronger voice for NHS providers as employers.

CHANGES IN CONTEXT

- The absence of an effective national workforce strategy and a fragmented structure struggling to address workforce shortages effectively

- The impact of Brexit and immigration policy

- Enduring high vacancy rates matched to pressure on agency/locum spend

- The introduction of new and blended roles

- The need to improve retention and tackle low morale

- The prospect of trusts and systems being handed additional accountabilities for workforce issues without the required resource.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Increase workforce policy and influencing activity until sustainable short term and long term solutions are found

- Work collaboratively to develop a set of short term solutions that are then implemented at pace e.g. overseas recruitment, pensions issue, credentialing

- Support implementation of long term plan workforce approach, as appropriate

- Push hard to get a proper and effective re-organisation of confused national bodies' policy structure in this area

- Promote provider views and protect provider interests as greater responsibility and resources shift to local systems and institutions.

- Work with trusts to develop supportive cultures and help them in the ongoing endeavour to support and retain staff.

Securing sustainable social care; supporting reform of primary care

NHS Providers

Providers depend on sustainable social care and primary care, both of which form essential building blocks for integration. However social care and primary care now face severe workforce, finance and demand challenges. The government's imminent social care green paper will provide a "once in a generation" opportunity to secure a sustainable social care solution. Trusts want us to be more active on primary care: influencing policy, sharing best practice and supporting the interface between primary and secondary care.

CHANGES IN CONTEXT

- The continued under-funding of social care has an adverse impact on NHS providers. Repeated, failed attempts over the last ten years to find a sustainable solution

- The social care green paper creates window of opportunity to find a sustainable solution, but political sensitivities are likely to mean government remains cautious

- Primary care is increasingly fragile but essential in underpinning system working and enabling trusts to deliver their responsibilities effectively

- Providers are adopting variety of different models to partner more closely with primary care

- Large primary care providers are seeking to expand into secondary care and potentially seeking influencing support.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Work with NHS partners, particularly NHS Confederation, to get a strong, united, health voice pushing for a sustainable social care system which recognises its interdependency with the NHS

- Deepen our relationship with the LGA

- Push for rapid reform of primary care to ensure it can operate effectively at scale and has robust solutions to current workforce, funding and demand challenges

- Work with members to share appropriate detail of emerging best practice around trust/primary care collaborations

- Open dialogue with largest GP federations and super practices to test where we might work together, potentially moving towards a more formal support/membership arrangement over time.

New national policy priorities: technology and prevention

NHS Providers

The new NHS long-term plan is expected to require a significant increase in the pace of change and the requirements of trusts in both rolling out digital and focusing on prevention. We need to invest in our capacity to track and make sense of these new national priorities on members' behalf. This includes identifying and sharing best practice and ensuring that any new requirements are reasonable, deliverable and properly resourced.

CHANGES IN CONTEXT

- The long-term plan sets out a significantly enhanced set of minimum digital requirements for all trusts, with a detailed implementation timetable

- The long-term plan strongly promotes population based health approaches, with a strong emphasis on increased investment in prevention and new obligations for providers.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Monitor emerging long-term plans on digital roll out/minimum digital standards and ensure member views are reflected in plans. Push, in particular, for appropriate delivery timescale and levels of investment

- Collect and share best practice as trusts develop digital approaches, drawing on the experience of the digital exemplars. Ensure policy and support to share best practice is aligned with our new board support offer in this area (see later section)

- Support members to seize the opportunity of the prevention and whole population health management agendas. Identify and share emerging approaches where trusts are successfully delivering these agendas

- Again, monitor emerging long-term plans on prevention and ensure member views are reflected in plans. Push, in particular, for appropriate delivery timescale and levels of investment with due regard to other required priorities.

Demonstrating providers are delivering and sharing learning

As public expectations of the NHS rise following the government's extra £20.5bn investment, it is vital that the provider sector demonstrates it is delivering. Given that operational and financial performance will still be stretched, we must develop an extensive, compelling, well-evidenced narrative of how much providers are delivering for this increased investment in a way we haven't done before, sharing learning in the process.

CHANGES IN CONTEXT

- NHS seen as by far the biggest beneficiary of recent Budget but, in reality, finances still very tight versus expected demand and cost increases

- Range of fresh demands set out in the long-term plan

- Continued operational and financial pressures translate into a longer and slower than desired recovery trajectory with potential continuing negative "providers still missing targets" narrative

- Critics of the NHS model and provider sector use continuing performance pressures to argue that model/sector irretrievably flawed.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Identify series of activity areas (e.g. new mental health investment, development of ambulance see and treat, development of acute hospital ambulatory care/same day admissions, extension of at home treatment) to demonstrate what and how much providers are delivering

- Work with members and other partners (e.g. NHSI) to develop compelling, evidence based, narratives on chosen areas

- Develop new formats, supported by media and stakeholder management, to communicate these narratives to key national opinion formers and journalists

- Promote a positive narrative around trusts' achievements and support members to share learning and good practice.

Expanding our support offer

There will be pressure from the national bodies for provider boards to improve their performance in system working, digital, diversity and inclusion, and to adopt a formal approach to quality improvement. We will therefore build on our existing board development offer to support boards in these areas, ensuring that our work is tailored to add value, joined up and fully funded.

CHANGES IN CONTEXT

- National bodies apply pressure to improve trust performance on equality and diversity

- The long-term plan requires trusts to accelerate use of digital requiring enhanced board leadership

- CQC and NHSE/I requirement on trusts to formally adopt a structured improvement methodology as part of core activity

- The long-term plan sets an ambition for all local systems to become high performing effective STPs/ICSs by 2021

- More pressure on trust chairs/CEOs creates demand for more support for them in their roles.

NHS Providers' response
NEW AND EXTRA ACTIVITY

- Extend our existing board support offer building on the key strengths of our current offer, using partnership funding and based on principles of sharing best practice and peer support

- Extend our existing NHSE/I funded peer support offer for systems (STPs/ICSs), as appropriate

- Develop new, funded support programmes, in partnership with other bodies where appropriate, to support boards in leading the digital and diversity and inclusion agendas within their trusts

- Develop a new programme to support boards to meet the emerging requirement to adopt a formal approach to improvement, drawing on a range of emerging trust best practice

- Work with chairs and chief executives to identify development needs and support for these roles.

Our business model

MEMBERSHIP SUBSCRIPTIONS

- We will continue to rely on membership subscriptions for the vast majority of our work as it guarantees our independence and ensures we can speak truth to power.

- To help fund our expanded offer we propose to ask members for an upfront investment through a carefully sized increase in subscriptions in year one. We aim to freeze subscriptions in years two and three.

COMMERCIAL INCOME AND PARTNERSHIPS

- To reduce the burden on members we will continue to grow our commercial income. We are setting a formal ambition of growing that income by 3% a year over the duration of this strategy.

- We will fund the expansion of our support offer through partnerships with NHSI/E and others. We will only be able to extend our support offer if we can secure this funding.

AN EFFICIENT AND LEAN ORGANISATION

- To reduce the burden on members we will continue to improve the efficiency of our own organisation.

- We are setting ourselves a formal ambition of realising a 2% annual efficiency saving in each year of the three year strategy.

- We will also formally review what we can stop as part of each annual planning cycle.

NHS Providers three year strategy on a page

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