

NHS PROVIDERS FOUR-YEAR STRATEGY 2021-2025

From the voice of NHS providers
to the voice of NHS providers
working in local systems

April 2021



Our vision and mission

Our values

Our strategic objectives

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 enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

INFLUENCE

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

VOICE

To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.

NHS
Providers

SUPPORT

To help our members and their local system partners 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, driven by our values.

Respectful

"We act with honesty, compassion, openness and integrity and recognise the contribution each of us makes."

Inclusive

"We celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination."

NHS
Providers

Collaborative

"We work as a team internally, and with our members, stakeholders and partners to deliver positive results."

Effective

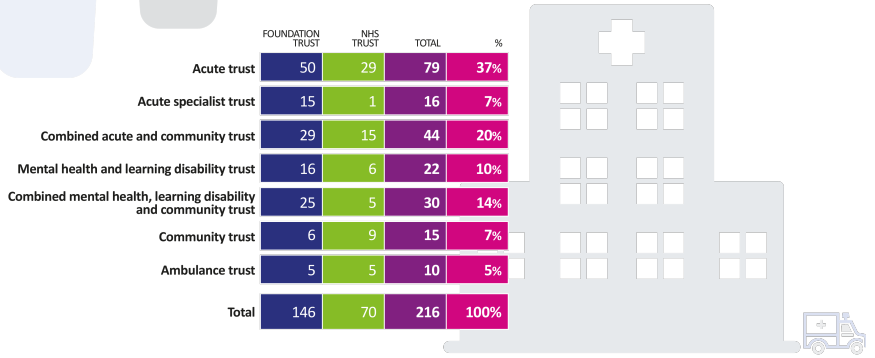
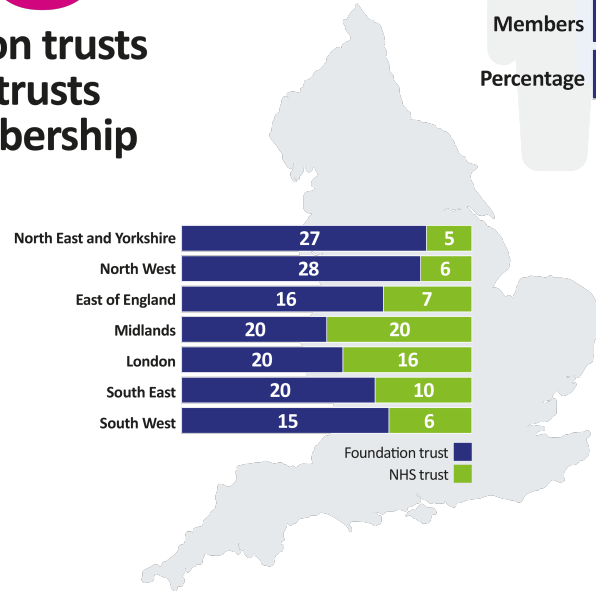
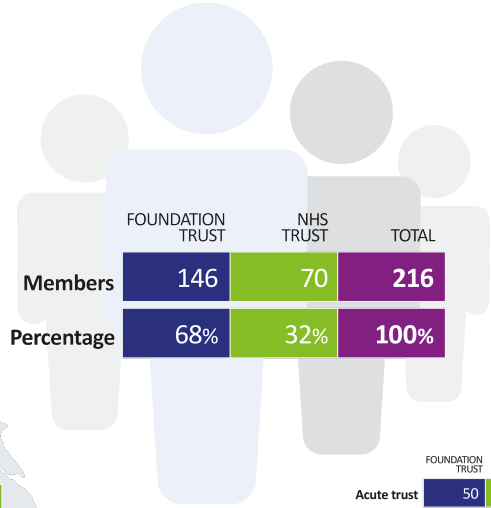
"We deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients."

Our membership

Key partners in our work

Our place in the health and care sector

100%
of foundation trusts
and NHS trusts
are in membership



CORE FULL MEMBERSHIP

Voluntarily taken up by 100% of NHS foundation trusts and trusts.

Open to community interest companies.

Membership principles:

- Secondary care providers
- Origin of the organisation
- Majority of work is NHS
- More than 50% owned by NHS
- Core purpose: public rather than profit.

ASSOCIATE and CONNECT

We offer **associate membership** to commercial partners, ICS/STP leads and other parties to enable them to access our briefings/newsletters.

We offer **Connect membership** to commercial organisations and NHS bodies to pool expertise and support trusts to make helpful connections. We currently support four Connect partners to share the learning from services that some trusts have benefitted from.

We are developing a **'panel' approach** to access input from legal and consultancy firms.

Over the next four years, we must adapt our membership offer...

...to reflect
consolidation
in the
trust sector

- We will sustain our influence and voice on behalf of all trusts and foundation trusts in different sectors, geographies and of different sizes.
- We will need to ensure our offer of influence, voice and support mirrors the challenges and opportunities created by a more consolidated provider landscape, in the context of system working.

...to reflect
new
organisational
forms

- We will need to ensure our membership offer, and services, mirror the organisational forms that trusts adopt over time.
- This may include groups, provider collaborations, integrated care providers/trusts and new models of horizontal and vertical integration.
- It may also include new partnerships with primary care, social care and other partners.

We must adapt but we will...

- Maintain our focus on our core membership of NHS trusts and foundation trusts and any new organisational forms they adopt.
- Continue to comment on system working through the provider lens and sustain our focus on provider specific issues.
- Explore the potential for new partners to make a financial contribution to our work, understanding that expanding our membership base will take time.
- Consult our board and membership before introducing membership for different types of provider.

Over the next four years, we must adapt our membership offer...

...to reflect the role providers will play as leaders and co-leaders of place and systems

- Providers will play a key role both as the unit of delivery for high quality secondary care services, and as leaders and co-leaders of systems
- NHS Providers must mirror the changes taking place at the frontline, reflect the new partnerships trusts are forming, and take a more proactive role in supporting different levels of system working; pan ICS, ICS, system, place and neighbourhood.

...to open up our membership to other types of provider

- We are currently working with an established group of large-scale primary care providers to develop a partnership of influence and support.
- We have strengthened our relationship with National Association of Primary Care and plan to work closely with them to support integrated care.
- We will seek to strengthen existing relationships with other providers and their representative bodies including the independent and voluntary sectors and social care.

We must adapt but we will...

- Maintain our focus on our core membership of NHS trusts and foundation trusts and any new organisational forms they adopt.
- Continue to comment on system working through the provider lens and sustain our focus on provider specific issues.
- Explore the potential for new partners to make a financial contribution to our work, understanding that expanding our membership base will take time.
- Consult our board and membership before introducing membership for different types of provider.

NHS Providers' distinct place in the health and care sector is as the voice of NHS providers working in local health and care systems

A voluntary membership organisation (i.e. members choose whether or not to join).

Provider focused, seeing sector wide issues such as commissioning, integration and system working through a provider lens.

With core membership spanning the breadth of the trust sector (not just a segment based on sector, size or type)...

...and developing partnerships with other groups of health and care providers and their representative bodies.

Focusing on voice, influence and practical support for trusts and, increasingly, their partners at pan-ICS, ICS, place and neighbourhood levels.

Using our access to, and our credibility with, the number and diversity of our members to be effective and evidence based.

Using our access to, and our credibility with stakeholders, partners and the media to ensure effective influence, voice and support.

Putting the practicalities and accountabilities involved in leading a large scale provider (not general theory) centre stage and helping the board, chair and chief executive lead and improve the running of their organisation in their local system.

Explicitly balancing two key roles: acting as an influential advocate of our members' interests and a solutions-focused player in the overall national health and care landscape.

Our reputation as the credible voice of NHS providers means we are well placed to forge new and innovative partnerships with national bodies, commercial partners and other representative bodies which benefit members, reflecting the move to system working. We will embrace partnerships which add value for our membership. **However we will not compromise our independence or our ability to speak truth to power.**

NATIONAL NHS BODIES

We will explore partnerships with NHSE/I and other national bodies which help support our members:

- Building on our recent successful partnership with NHSX and Public Digital to develop a tailored offer for boards on digital transformation
- Given our mutual interest in supporting trusts to work together, develop system working and successfully create new organisational forms, we will seek greater financial support from NHSE/I to fund new activity in these areas. We will ensure this does not compromise our independence or our ability to speak truth to power
- Other national bodies including the Care Quality Commission (CQC), Health Education England (HEE), the new National Institute of Health Protection (NIHP) and the Health and Safety Investigations Bureau (HSIB) are important partners in our work.

REPRESENTATIVE BODIES AND THINK TANKS

We will work with other key partners to add value and maximise our collective influence for members:

- As system working develops, our relationship with the NHS Confederation will need to change to avoid overlap and duplication and to maximise value for money for members
- We will continue to work closely with other provider groups: Shelford Group, Federation of Specialist Hospitals, Children's Alliance, Association of Ambulance Chief Executives, Mental Health Network
- National Association of Primary Care and an established group of large scale primary care providers are key partners in our work to support the secondary and primary care interface
- Local Government Association and Association of Directors of Adult Social Services remain key partners as we shape system working
- The Royal Colleges and NHS Employers remain important as we seek a more impactful role in shaping solutions to workforce challenges
- Think tanks and organisations with particular topic expertise continue to be important partners in terms of influence and support.

Today

- NHS Confederation is currently a key partner.
- To date our offers have been largely complementary given that NHS Providers has approached its influencing and support activities through a unique 'provider lens' and the NHS Confederation has taken a broader perspective across the health and care system.
- There are many examples of our two organisations working well together, for example to jointly support the Community Network. We are also active participants of coalitions in which NHS Confederation brings partners together to maximise influence on issues of shared concern such as the Brexit Healthcare Alliance and Health for Care.
- The memberships of both organisations rightly want NHS Providers and NHS Confederation to work together and to ensure our respective offers are fully complementary. There are areas of real, and potential, overlap and duplication which are likely to grow as we move towards system working.

Going forward

- We will therefore seek, at pace, to develop a different and closer relationship with NHS Confederation that:
 - minimises duplication and overlap and maximises member for value for money
 - draws on the respective strengths of both organisations – NHS Providers' strong and detailed understanding and advocacy of the provider perspective and NHS Confederation's ability to convene and represent the entire health and care sector.
- We will seek to rapidly explore the best organisational form to deliver this different, closer, relationship.

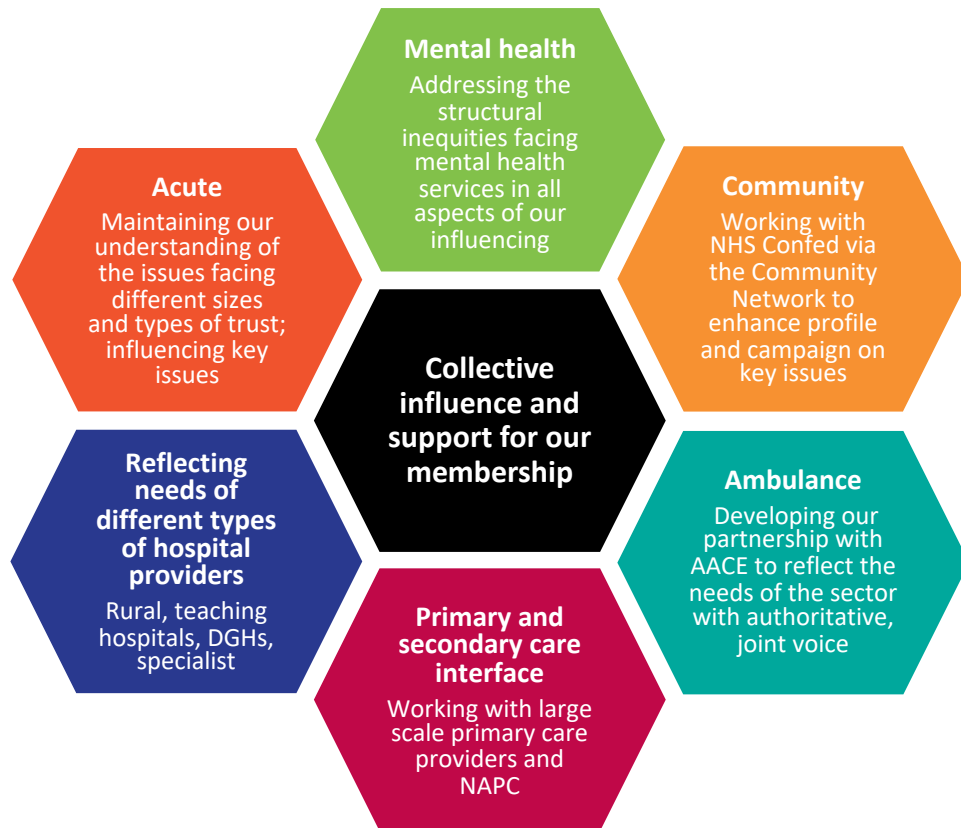
Our offer

INFLUENCE	VOICE	SUPPORT	EXCELLENT ORGANISATION
<ul style="list-style-type: none"> 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 and coalitions with other bodies as appropriate. 	<ul style="list-style-type: none"> 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 bulletins Blog programme from a range of internal and external contributors Publications including a number of regular outputs such as <i>Provider voices</i>, <i>Providers Deliver</i> and <i>State of the provider sector</i> Corporate communications and marketing (membership and events). 	<ul style="list-style-type: none"> Networks: 13 functional or sector-specific all at board level 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 <i>Governor focus</i> conference, <i>In conversation with</i> series to bring members into direct dialogue with key stakeholders Membership engagement and support. 	<ul style="list-style-type: none"> Corporate functions including: <ul style="list-style-type: none"> finance HR IT and member management database system internal governance leadership support internal communications Commercial income Website development.

ACROSS KEY CONTENT AREAS

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

We will continue to develop our current segmented offer



We provide our core membership offer to the NHS provider sector as a whole.

We will continue to provide segmented offers in mental health, community and ambulance, recognising that each of these sectors has different needs.

We will develop our partnerships with different types of provider and their representative bodies, for examples in primary care and social care, over the next four years to reflect how trusts are integrating their services locally within a system context.

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

NHS Providers must also mirror the significant changes trusts face

Trusts and the provider landscape

Trusts as the key unit of delivery and co leaders of systems: Trusts will continue to be the primary delivery mechanism for high quality, NHS secondary care services meaning all the current issues around quality, regulation, workforce, finance and governance remain important. Trusts will need to operate within an integrated approach to health and care at neighbourhood, place, ICS and pan-ICS levels and will be the primary / co-leader of system working forging stronger partnerships including with primary care and social care.

System working at different levels: Trusts will work with partners to develop new system working structures and care delivery models at neighbourhood, place and system levels. This needs investment of leadership time in relationship building, and innovation across areas such as workforce, estates and finance.

Population health: Trusts will need to focus more on maximising the health of the populations they serve, not just treating illness, with greater focus on prevention and reducing health inequalities. Trusts will lead research and innovation, adding significant social and economic value. Progress on equality, diversity and inclusion is also critically important.

Consolidation and collaboration: The trust sector is likely to consolidate further. Over time, trusts will change organisational form with greater vertical and horizontal collaboration and a significant new emphasis on provider collaboratives. Trusts may forge new partnerships with primary and social care colleagues, and the private and commercial sectors.

NHS Providers

Trusts as the key unit of delivery and co leaders of systems: NHS Providers' core purpose will continue to be supporting trusts and foundation trusts. Our existing work to influence policy and support trusts on quality, regulation, workforce, finance, governance and system working will be undiminished. But to mirror the emerging landscape, we need to support members to co-lead their systems, build our understanding of primary care and social care, and develop relationships with other health and care providers and their representative bodies.

System working at different levels: NHS Providers will need to support trusts to develop innovative new care delivery models at neighbourhood, place and system levels, working with partner organisations as appropriate. This will include policy work, support and sharing good practice.

Population health: NHS Providers will need to support trusts to broaden their strategic focus on population health management, prevention, research and innovation, and their contribution to local economic development, through our policy work, support and sharing best practice. We will develop our emerging programme of influence and support on equality, diversity and inclusion, starting with tackling race inequality.

Consolidation and collaboration: NHS Providers will need to support trusts to develop new organisational forms, collaboratives and partnerships. We also need to adapt ourselves, considering membership classes and offers that embrace new organisational forms, and testing appetite to become the voice for all large scale health and care providers, whilst retaining our core focus. We will develop our relationship with NHS Confederation to avoid duplication.

Areas where change and additional activity is required

Sustaining new work
created by COVID-19
and the 'new normal'

Influencing
the development
of system working

Supporting provider
collaboration and new
organisational forms

Helping make
integrated care
a reality

Tackling health
inequalities
and supporting
inclusion

Acting as the established voice of NHS providers in local systems
and the emerging voice of health and care providers

Sustaining new work created by COVID and the 'new normal'

We must sustainably resource delivery of our well established core offer of influence, voice and support, closing a current significant NHS Providers workload and resource mismatch. We must take account of the experience of the pandemic and the learning from this unprecedented period, the implications of which will be long lasting for the NHS, its staff and the communities it serves. Our membership survey shows that trusts valued our expert media and communications work during the pandemic and want us to sustain a significantly higher level of activity, particularly given growing levels of public scrutiny of the NHS' performance during the pandemic.

Context

The NHS and its staff showed resilience and innovation during the pandemic and the NHS was not overwhelmed. But the impact will be long lasting with a need to support staff wellbeing, recover the care backlog, meet rising demand and tackle health inequalities.

There is an important role for NHS Providers to sustain a significantly increased media profile and proactive reputation management on behalf of the sector.

We must highlight the damaging impact the pandemic has had on many staff and the risk to retention and recruitment in the NHS going forwards.

Outcomes

A clear, informed voice providing a narrative of the experience of the pandemic on the frontline from a provider perspective and what the provider sector needs going forward.

A voice that effectively challenges misinformation and inaccurate perceptions.

Trusts' achievements – and that of the wider NHS - are fully recognised publicly and rightly commended.

Learning from the pandemic is captured and fed into national policy.

Our activities

Sustaining significantly increased media work and strategic reputation management arising from COVID-19 and the "new normal".

Making the case for a long term, funded People Plan which addresses the issue of retention and support for staff following the experience of the pandemic.

Addressing the need for a realistic 'ask' of the NHS in future years.

Ensuring we resource current, and any additional, activity appropriately.

Influencing the development of system working

There is universal support for the strategic direction of greater system working to improve outcomes and efficiency and reduce health inequalities. Within this context, the role of trusts as leaders and co-leaders of system working will be key. NHS Providers must play a central role in influencing the NHS Bill and accompanying policy frameworks to strengthen and embed system working with an appropriate provider focus. Members and stakeholders want us to play a significantly greater role in this space, supporting providers to fully embrace system working.

Context

The legislative and policy frameworks are set to change radically. Placing ICSs on a statutory footing would mark a significant shift in the culture and delivery model of the NHS.

Trusts will remain the key delivery unit of quality secondary care, working in collaboratives and with local partners to integrate services at pan-ICS, ICS, place and neighbourhood levels.

NHS Providers must seek a rounded view and play a key role in shaping the mechanics supporting system working including financial flows, governance, accountability, regulation and oversight.

Outcomes

An effective and enabling legislative framework which supports the aims of system working by allowing sufficient flexibility over different delivery models to meet population need.

Aligned policy and regulatory frameworks, including a new financial architecture, will support systems and trusts to plan effectively and to develop clear governance and accountability.

Our activities

Substantially increasing our capacity to work closely with NHSE/I colleagues to constructively shape system working structures including finances, governance, oversight and commissioning.

Detailed lobbying work on the NHS Bill in close contact with a range of stakeholders.

Seeking a rounded view of system working proposals through dialogue with a range of providers, including trusts and their delivery partners, and stakeholders.

The development of effective collaborations between providers will be critical in the implementation of system working. NHS Providers must work with NHSE/I to help shape an enabling framework for provider collaboratives, and collaboration more generally – and to step up our offer of dedicated support on a host of associated issues, building on our governance expertise and unique knowledge of the provider landscape.

Context

Trusts and their partners will require an enabling policy framework which supports the development of provider collaboration – and provider collaboratives – and which works for different services and at different levels of population.

Trusts are well equipped for collaboration in local systems. However the development of multiple layers and footprints of collaboration will increase the complexity of the landscape within which they operate and support staff and patients.

Outcomes

An enabling policy framework which supports trusts to develop different models across different footprints, services and levels of population – and avoids a ‘one size fits all’ approach.

Greater clarity on how trust and foundation trust governance meshes with any new governance for provider collaboratives.

A step change in NHS Providers’ capacity to support different types of providers to develop collaborative models.

Our activities

Policy research and publications on the features, pros and cons of provider consolidation and different organisational forms including collaborations and collaboratives, mergers, group models and integrated care partnerships (ICPs).

Board development support for individual trust boards and/or trusts and their partners incorporating peer learning.

Events, podcasts, briefings and case study repository to share learning and best practice.

As well as helping shape the national policy frameworks for system working and provider collaboration, NHS Providers will also offer a step change in its support for trusts and their partners to develop detailed integrated health and care delivery models at the levels of pan-ICS, ICS, place and neighbourhood. We will work closely with NHSE/I and other partners to ensure our offer does not duplicate other support.

Context

As system working becomes embedded at pace, trusts and their partners will wish to share good practice, learn from each other and access support.

There will be a particular need for detailed support on the 'plumbing and wiring' of system working such as robust governance, supporting and developing a flexible workforce, financial and contract management and estate reconfiguration.

Outcomes

Trusts and their partners will be able to seek support by accessing:

- a case study evidence base to share good practice
- peer support to learn from others with similar challenges
- bespoke board support.

NHS Providers hosts practice from a range of providers and partnerships – including those involving primary care and social care – reflecting integrated delivery at the frontline.

Evidence and intelligence from our support offer underpins our thought leadership and influencing work.

Our activities

Develop repository of case studies building on existing web hub.

Build on our successful peer support offer (in partnership with NHS Confederation and LGA); develop the option of tailored support for organisational boards individually or in partnership.

Build relationships with other health and care providers, and those who represent them, focusing initially on the role of primary care, social care and the third sector in integrating care.

Tackling health inequalities and supporting inclusion

As trusts become leaders/co-leaders in local systems, they will need to focus much more effectively, with partners, on improving whole population health, tackling health inequalities and directly supporting preventative approaches. They will also develop their role as 'anchor institutions' to create economic and social value for their communities. There is also a pressing need to tackle race inequality and improve diversity in the NHS.

Context

The impact of the pandemic in exacerbating health inequalities will be long lasting. Trusts will be a key partner in addressing this, improving whole population health and creating economic and social value for local communities.

Trusts will build on existing work to adopt more preventative approaches to care.

There is a pressing need to tackle racism and race inequality and to improve diversity in the NHS and its leadership.

Outcomes

Trusts will be playing a much larger role in improving whole population health, reducing health inequalities, and acting as 'anchor institutions' in their communities.

National bodies and other stakeholders will be better sighted on the leading contribution trusts make individually and with partners to both primary and secondary prevention.

NHS Providers will have supported a step change in policy makers' approach to championing diversity within the NHS and a step change in trust boards' ability to tackle structural racism.

Our activities

New focus, in partnership with other thought leaders (such as think tanks) where appropriate, to highlight the key role trusts play in improving whole population health, reducing health inequalities and generating economic and social value for their communities.

Sustained focus on influencing activity and shared practice on prevention.

Programme of influence and board support to tackle race inequality and over time other inequality diversity and inclusion issues.

As system working develops, NHS Providers has an opportunity to become more of a voice for wider health and care providers, while maintaining our clear focus, and established position in representing our current foundation trust and trust members. We need to develop broader relationships, mirroring the process our members are going through at local levels and assess how these relationships develop, as we go.

Context

Effective local system working will require our current members to develop much closer partnerships with other health and care providers. NHS Providers needs to mirror this process at a national level. This will enable us to support our members to effectively lead and co-lead local systems.

As we develop deeper relationships with other large scale health and care providers – for example in primary care, social care and the third sector – we should be ready to become a broader voice for all health and care providers whilst maintaining a core focus on our existing membership.

Outcomes

NHS Providers adapts to remain the credible, authoritative voice of the NHS provider sector.

Over the four year period, NHS Providers develops its understanding of a broader spectrum of provision, including larger scale primary care and social care, CICs and the third sector.

NHS Providers increasingly shapes its work, where appropriate, to become the voice of a larger range of health and care providers – without compromising our core offer for trusts.

Our activities

Acting as the publishing platform for the views of broader health and care providers.

Rolling annual membership review to determine how and whether to reshape NHS Providers to reflect the changing system working context.

We will seek to work with NHS Confederation to develop a different and closer relationship.

Our business model

We must maintain the independence that sits at the core of our success and forms the central plank of our business model.

We will therefore ensure that approximately two-thirds of our income comes from core membership fees each year for the duration of the strategy.

We need to increase and diversify our income to sustain our current levels of activity on behalf of trusts, and respond to changes in the external environment and increased demand from the membership.

We have researched other equivalent membership organisations (LGA, Association of Colleges and National Housing Federation) and found:

- Our turnover is considerably lower than comparable organisations, showing we punch above our weight in terms of impact
- We are more heavily reliant on core member fees than other comparable bodies.

We will therefore continue to improve our own efficiency and develop a mixed funding model over the next four-year period by:

- Increasing commercial income based on appropriate criteria
 - Seeking additional statutory income without compromising our independence
 - Growing our project income to deliver support programmes for members working with partners such as the Health Foundation
 - Prudently drawing down the reserves we have built up, reducing the need to increase membership fees
 - Making an uplift in membership fees over a two-year period which includes protections for trusts with a lower turnover.
- No trust will be asked to pay more than a £10K increase over the two-year period.

Although we propose deepening our relationships with other types of provider and their representative bodies over the period of the strategy, we are not in a position to make bold financial projections based on income from other forms of membership offer. We will review any such opportunities incrementally in close dialogue with our board and members over the four year period.

A robust business model to underpin the strategy

We need to increase and diversify our income to sustain our current workload, respond to changes in the external environment and meet new demands from our membership. We will continue to deliver best value for members, with an annual cost improvement plan to ensure we remain efficient.

Commercial income	Project income	Reserves	Membership fees
<ul style="list-style-type: none">• We work with select commercial partners whose work has benefitted trusts to share learning.• We do not endorse specific commercial offers.• There is potential to grow our commercial income significantly in 21/22 (by at least 50%) and in 2022/23 (by a further 25%) without relaxing our partnership criteria by:<ul style="list-style-type: none">• creating a new panel offering consultancy and legal advice• growing commercial opportunities associated with our existing offers, e.g. annual conference and exhibition.	<ul style="list-style-type: none">• We will seek to work in partnership with national bodies (including NHSE/I) and other partners (such as think tanks) on shared priorities to expand our support offers for trusts and their partners.• We plan to grow project income from just under £1 million in 20/21, to £1.8 million in year four of our strategy.• We would not make financial commitments or grow our cost-base for these projects ahead of securing the funding.• Sustaining our independence and ability to speak truth to power is critical. We will therefore ensure that membership fees continue to make up at least 65% of our overall income.	<ul style="list-style-type: none">• Our reserves are in a healthy position.• We are therefore able to make use of reserves to fund appropriate, one off activity in support of the membership.• This will bring reserves closer to a recommended revised minimum of £1.3m.• Thereafter, we plan for expenditure to grow in line with income, so that we maintain reserves at or slightly above this level.	<ul style="list-style-type: none">• We have reviewed, and plan to increase, all other sources of income to contain any required increases in membership fees.• We are proposing an uplift of membership fees to cover the additional activity trusts have asked us to undertake that cannot be funded in any other way. This increase is deliberately spread over a two-year period with protections for trusts with lower turnover. No trust will be asked to pay more than a £10K increase over the two-year period.• We will seek to maintain the total income we receive from core membership if trusts merge or leave.

Our strategy on a page

Strategy on a page: from the voice of NHS providers to the voice of NHS providers working in local systems

OUR PURPOSE

1

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 enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

STRATEGIC OBJECTIVES

Influence – to shape the environment in which our members operate in a system context.
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 value for money, support staff and continually improve.

FAST CHANGING CONTEXT

2

EXTERNAL ENVIRONMENT

The external environment has become much volatile due to the impact of the pandemic and Brexit and strong pressure on public finances. The implications of the pandemic will be long-lasting for staff and health inequalities. The prospect of legislative and policy change to rapidly embed system working marks a significant change in approach for the health and care sector at a time of unprecedented operational pressure.

PROVIDER SECTOR

Trusts will become leaders and co-leaders of systems and in their local place, developing new organisational forms, collaboratives and delivery partnerships with primary care, social care, the voluntary and independent sectors.

MEMBERSHIP

We will sustain our core focus on foundation trusts and trusts, seeking to retain 100% membership. We will seek to strengthen relationships with other types of providers and their representative bodies, to mirror the relationships trusts are forming at the frontline.

OUR OFFER

3

INFLUENCE

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

VOICE

Media relations, reputation management, digital and social media, bulletins, blogs, publications, marketing and corporate communications.

SUPPORT

13 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.

MIRRORING THE CHALLENGES FACING PROVIDERS

4

1

Sustaining new work created by COVID-19 and the 'new normal'.

2

Influencing the development of system working.

3

Supporting provider collaboration and new organisational forms.

4

Helping make integrated care a reality.

5

Tackling health inequalities and supporting inclusion.

6

Acting as the established voice of NHS providers in local systems and becoming the emerging voice of health and care providers.

OUR BUSINESS MODEL

5

EFFICIENT

We will ensure we continue to operate efficiently, supported by an internal annual cost improvement programme.

INCREASING AND DIVERSIFYING OUR INCOME

Our turnover is lower than many comparable organisations, and we have historically been more reliant on membership fees. To respond, as members have asked, to the new challenges facing our sector, particularly the move to system working, we will therefore:

- work with select commercial partners to increase commercial income considerably in the strategy period
- seek more funding from statutory bodies and partners to offer programmes which benefit members while preserving our independence
- reduce our reserves to an appropriate level and ensure member subscriptions provide value for money
- ensure member fees continue to make up at least 65% of our income so that we can speak truth to power.

OUR VALUES

Our values reflect those of our membership: we are respectful, inclusive, collaborative and effective.