

The background of the page features a photograph of an elderly man with white hair and glasses, wearing a blue button-down shirt, leaning over a table. He is holding a red pen and looking at a document with colorful illustrations. A woman with dark hair and glasses, wearing a white top and a red necklace, is standing next to him, also looking at the document. The entire image is overlaid with a semi-transparent blue geometric pattern of overlapping squares and triangles. The text is centered over this image.

**IMPLEMENTING THE *FORWARD VIEW*:**  
Supporting providers to deliver  
**SUMMARY**

# Implementing the *Forward View*

## Supporting providers to deliver

### SUMMARY

**Version number: 1**

**First published: 11 February 2016**

**Prepared by:** NHS Improvement in collaboration with a range of provider leaders, NHS Providers, NHS Confederation, NHS Clinical Commissioners, NHS Partners and the Local Government Association.

**This document is for:** Boards, senior leaders and clinicians, and interested staff in NHS trusts and NHS foundation trusts as well as their commissioners.

This document is designed for NHS provider organisations. It is part of a series of roadmaps that draw on messages from the [NHS Planning Guidance](#) and set out the key priorities for specific audiences that are responsible for delivering high quality health and care this year and beyond. Each roadmap draws on a shared vision for the health and care sector as set out in the [Five Year Forward View](#) (5YFV) – about the challenges ahead and the choices we face about the kind of health and care service we want and need in 2020. This is not just about stabilising services for today, but about driving the necessary scale of transformation required to meet the needs of future patients in a sustainable way and to help close the three gaps identified in the 5YFV: health and wellbeing; care and quality; and finance and efficiency.

The solutions to today's problems lie in a radical upgrade of prevention and new models of service delivery. This means working differently, and collaboratively, on identifying solutions and sharing problems, at both national and local levels and with wider stakeholders, such as local government, individuals and community partners. This will be increasingly important as we move further towards place-based planning, commissioning and delivery of preventative, person-centred and co-ordinated care in which individuals are increasingly empowered to take responsibility for their own care where relevant, thereby reducing pressure on existing services. Success will require us all to think beyond our statutory and organisational borders to meet the needs of the people we serve. Further strengthening of collective system leadership at both national and local levels is essential to ensure that we succeed.

## 1 Introduction

All providers of NHS services have been under increasing pressure in recent years, most acutely from slowing growth in the NHS budget, but also from rising expectations, an ageing population and an expanding range of treatments and therapies. Managing this increase in demand during a period of limited funding growth was the key challenge identified in the NHS Five Year Forward View (5YFV).

In response to the 5YFV, the government has pledged an additional £8.4 billion of real-term investment in the NHS by 2020, heavily weighted to the earlier years of the spending period. This gives NHS providers a window in which to invest in lasting improvements in the quality and efficiency of care, so they can sustain higher standards as funding growth slows later in the period.

*Implementing the Forward View: supporting providers to deliver*, summarised below, describes for provider boards and leadership teams the task they face, how to build the capability they need to achieve it, and what NHS Improvement and other arm's length bodies will do to support them.

## 2 The provider task to 2020

The challenge facing providers to 2020 is to deliver patient care of outstanding quality, regain NHS Constitution access standards, return to financial balance and eliminate unwarranted variation across all these areas, while at the same time making the transformation needed to ensure long-term sustainability.

Getting the 'quality, access, finance' triangle right while transforming care adds up to an ambitious and stretching task. Provider boards will need clear strategies for achieving it, using their local Sustainability and Transformation Planning process to plan elements needing action across local health systems. Providers will also need to develop a new partnership with patients and their families.

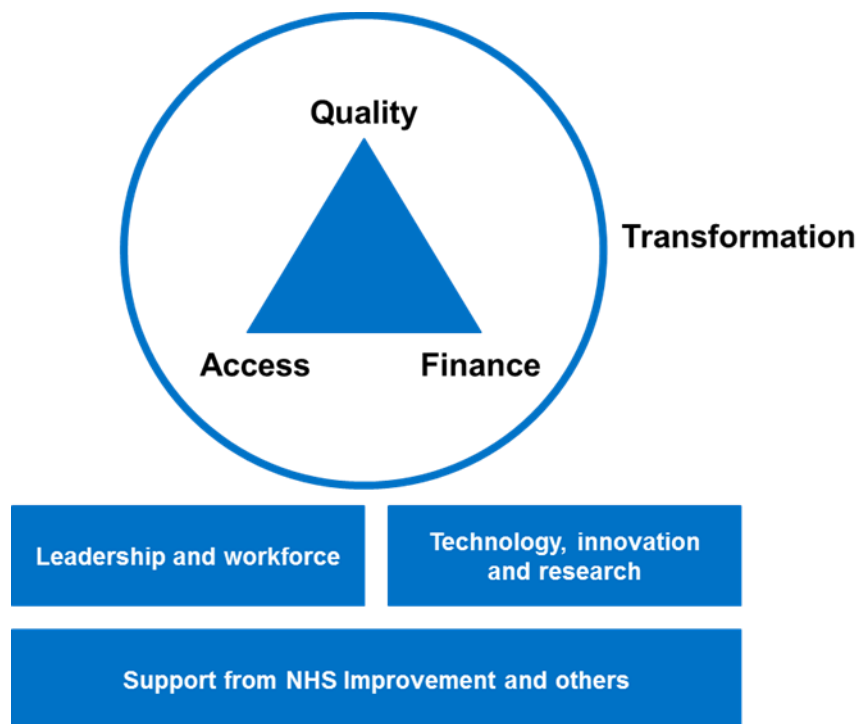
**Quality:** The vision for 2020 is that the vast majority of NHS providers will have an 'Outstanding' or 'Good' CQC rating and no trusts will be in special measures. At the same time, all providers will have made the improvements specified by national taskforces in the priority areas of cancer, mental health, maternity, dementia, and urgent and emergency care. They will also have made significant progress in eliminating unwarranted variation in clinical performance. Patient safety will have consistently improved and all providers will be delivering seven-day services in line with the priority clinical standards.

**Access:** The vision is that by 2020 all NHS providers will be delivering the agreed NHS Constitution access standards for urgent and emergency care, elective care and cancer care, and be meeting the new access standards for mental health services. Providers' recovery plans will include measures such as better demand and capacity planning, better use of better quality data, better operational management

within providers and across local systems, and improved referral management, responding to patient choice.

**Finance:** The vision for 2020 is that all NHS providers will have balanced their books and released significant efficiency savings, maximising value for patients and improving the quality of care. Fortunately, quality and efficiency are two sides of the same coin in healthcare. To start with, providers need to achieve the best possible outturn position in 2015/16 and develop a plan for 2016/17 based on agreed control totals. Providers are expected to become less reliant on temporary staff by sticking to recent guidance on agency staff controls. Acute trusts will need to plan to achieve the savings of up to 10% of their expenditure identified in Lord Carter’s recent report. All providers may need to take action to release the value in surplus NHS estate: for example, by co-locating primary and secondary care where possible.

**Transformation for sustainability:** The vision for 2020 is of providers joining up with other organisations to transform services in ways that best meet the needs of their local population. Providers will drive a shift of emphasis in NHS financial, regulatory and performance management processes from individual organisation performance to the performance of whole local health and care systems, recognising that the success of individual organisations remains important. NHS Improvement and NHS England will support this shift by increasingly engaging jointly with local health and care economies, encouraging joint planning and collaboration across boundaries. All local health and care systems will need clear plans to move to new care models – such as the five the sector is currently testing – and to reconfigure services where required. Providers will play a big part in developing these plans, and a more prominent role in prevention, early intervention and improving life expectancy.



### 3 Building capability for the task

Providers do not yet have enough capability to achieve the task to 2020, summarised above. Provider boards will need to increase their capability by investing in workforce and leadership, and in technology, innovation and research.

**Workforce and leadership:** A highly skilled, motivated and healthy workforce, deployed in the right place and at the right time, will continue to be the driving force behind high quality, innovative, patient-centred care. Providers will need to equip staff to deliver even greater value and the shape of the workforce will change.

So provider boards will need to devote significantly more time and focus to strategic workforce issues. First, providers will need to recruit, develop and retain the right workforce for the future. Far more care will be delivered closer to home, by multiprofessional teams with more generalist skills, able to operate between different care settings and with more specialist colleagues. Staffing levels will be appropriate to the needs of patients and care models, and providers will be using tools such as e-rostering and caring hours per patient day to ensure their services are both safe and efficient.

Providers will also need to improve their performance on equality and diversity, so NHS organisations have leadership teams that more closely resemble the communities they serve. They should make sure the workforce plans they submit to Health Education England match staff projections in local Sustainability and Transformation Plans, so the supply of suitably trained staff is more likely to meet future patient needs.

Providers will need to help staff increase their productivity, especially by developing managers and leaders, including clinical leaders. Their NHS culture will recognise and value the role and importance of provider leadership and management. In line with growing evidence of a strong correlation between organisational performance and staff engagement, providers will foster a culture in which staff feel valued and engaged, where bullying and harassment are not tolerated, and staff health and wellbeing are paramount. This goes hand in hand with creating the culture of learning and improvement that underpins achieving the task to 2020.

To support these developments, NHS Improvement is working with arm's length bodies and other expert organisations on several workforce measures, including a national strategy for leadership development and improvement. This will also cover talent management in the NHS, from graduate to board level.

**Investing in technology, innovation and research:** The vision for 2020 is of providers fully exploiting the benefits of technology to interface between different parts of the health and care system and to enable efficient, patient-centred ways of working. Clinicians and patients will benefit from improved information, less paper and rapid access to services facilitated by new technology.

Provider boards will therefore consider technology investments to support, for example, basing staff and asset management on real-time supply and demand information to improve patient flows, or enable complete and up-to-date records to accompany patients around the health and care system. Providers should engage in and lead on the development of digital roadmaps by local health economies, as well as broader strategic planning for innovation. NHS Improvement and NHS England plan jointly to appoint a chief information and technology officer to support local joint working.

Advances in the use of data and technology are also critical to research and innovation. Providers need to support high quality research and innovation and its rapid translation into clinical practice, so patients and the population benefit from leading-edge, cost-effective care. Academic health science centres and networks lead on diffusing such innovations. Provider boards should therefore clearly define their role in science, education and training, and research and innovation, including how they will work with their local academic health science network.

## 4 Support from NHS Improvement

NHS Improvement's first and most important purpose is to support providers to deliver their task to 2020, summarised above. To support providers we will:

**Develop a new oversight model.** In the short term, the scale of financial and operational challenges faced by many providers will necessitate more involvement than we intend long term. But we recognise the limitations of such an approach. Our ambition is to develop an oversight model where we support first, building deep and lasting relationships with providers, and working alongside them to help them to improve, and only intervene when we have to.

**Develop the right relationships.** In our relationships with providers and local health and care systems we will put patients' interests first, respect and empower provider boards and hold them to account against a single, clear definition of success. We will give leaders space to innovate and take well-managed risks. Our practical, evidence-based support will recognise and share good practice to drive continuous improvement. We will strive to eliminate unnecessary data reporting requirements and lighten other regulatory burdens.

With our national system partners, we aim to create an environment for provider and system success through national policy, pricing and other levers. We will collaborate instinctively and naturally with NHS England and CQC at national, regional and local levels, so we all speak with one voice to the service.

**Create a single definition of success.** We will align with CQC and NHS England to create a single, simple definition of success for providers. It will cover quality, finance and use of resources, operational performance, leadership and strategic change.



**Allow autonomy for good performers.** Providers that meet the definition of success will earn greater autonomy, while those that do not will receive more intensive support from NHS Improvement in line with the scale of the challenges they face. Providers facing the biggest challenges – including foundation trusts in breach of their licence, NHS trusts in similar circumstances and providers in special measures – will receive more directive support.

**Support providers in adopting evidence-based improvement approaches.** To help providers address unwarranted variations in quality, access and efficiency, NHS Improvement will support all trusts in developing the capability to apply evidence-based improvement approaches. The kind of approaches we want to test and develop going forward include the Sign up to Safety campaign, the Emergency Care Improvement Programme, the Virginia Mason Institute's work with five NHS trusts, and the NHS Leadership Academy's leadership development programmes.

Much of the expertise needed to address the challenges set out in this document already exists in the system. We will work collaboratively across the sector to support improvement and to broker support between providers. We will also share our analysis and insights, enabling more systematic sharing and adoption of best practice among providers.

We will continue to provide dedicated support and development for providers in, or at risk of being in, special measures. This includes expanding senior leadership capacity and buddying with high-performing providers at home and abroad, in health and other sectors. We will support acute providers in implementing the recommendations of the Carter Review and work with non-acute providers to apply similar methodologies and tools.

At the same time, NHS Improvement will embed the principle of continuous improvement in the way we work. We will monitor and evaluate the effectiveness of our support, and will refine our methods in line with evidence of what works, including the feedback we get from providers.

The background of the image is a complex, abstract pattern of overlapping squares and rectangles in various shades of blue, ranging from light sky blue to deep navy blue. The pattern is dense and creates a sense of depth and movement. 

**#FutureNHS**