

Strictly embargoed until 00.01, Tuesday 11
November 2025

State of the Provider Sector 2025

Key findings

Sample

Operational performance and resilience: this winter and beyond

Financial sustainability and productivity

Workforce challenges and morale

System reform and planning

Conclusion

Key findings

Operational performance and resilience: this winter and beyond

- Perceptions around high-quality care being provided both now (52%) and in future (2025: 47% in one years' time, 48% in two years' time) have increased since last year (2024: 41% currently, 33% in one years' time, 35% in two years' time).
- Although trust leaders are less worried about having the capacity to meet demand than last year, worry remains high overall (2025: 63% worried, 2024: 79%).
- In mental health services specifically, only 9% of trust leaders feel the level of investment is proportionate to demand. Only a quarter (25%) feel they have the capacity and resources to bring mental health waiting times down and intervene earlier.
- Over 80% of trust leaders are concerned about winter and 67% are expecting it to be worse than last year.
- Half of trust leaders (50%) do not think it's likely that the 18-week standard will be met in the next 5-years, with a further 15% feeling unsure. Meanwhile, only a quarter (24%) think it's unlikely that the 28-day faster diagnostic standard for cancer will be met.

Financial sustainability and productivity

- Around half (52%) of those we surveyed were confident that their trust will deliver its financial plan for 2025/26. 20% were neither confident nor unconfident. 28% were not confident their trust would deliver its financial plan for 2025/26.
- While over half (54%) believe their trust's planned efficiency savings rate is deliverable, 34% do not. These trusts tend to face higher required savings rates and larger gaps between what is required and what is forecasted.
- Trust leaders are taking widespread cost-saving actions; 97% told us their organisation is cutting agency and bank spend. 80% of those surveyed see this as having a major impact on increasing productivity within their organisation this year.

Workforce challenges and morale

- Over 70% of trust leaders are highly concerned about staff burnout (79%), discrimination towards staff from patients and the public (77%), as well as staff morale (74%).
- Heavy workloads (66%) alongside additional periods of industrial action (64%) are also prominent concerns for trust leaders.

- Trust leaders' confidence in the current skill mix and overall number of staff has increased from last year (2025: 53% confident, 2024: 40%), but this confidence declines as they look ahead to next year (39%) and beyond (33%).

System reform and planning

- Whilst trust leaders generally feel clear on the role their trust will play in delivering the 10YP as part of their local system (67% confident), confidence is lower in the likelihood of tangible improvements to care over the next 3-years, especially in relation to IHOs and multi-neighbourhoods.
- Trust leaders are generally split on both the potential impact of structural changes to NHSE (52% extremely to moderately concerned vs 48% slight to no concern), as well as to whether league tables can provide fair representation of their trusts (44% agree, 41% disagree).
- Over 80% of trust leaders cite finance and capital as a top concern for delivering the ambitions of the 10-year health plan.
- Over 70% of leaders are prioritising neighbourhood health (70%) and digital transformation (72%) to support delivery of 10-year health plan ambitions, and 80% told us that system integration and transformation is one of the top actions needed to shift care into the community meaningfully over the short to medium term.
- Trusts leaders highlight achievements that contribute to the ambitions of the 10-year health plan, particularly in integrated care and collaboration, neighbourhood health, digital transformation, and operational improvement and financial savings. Examples include reduced out-of-area placements and increased mental health collaboration leading to financial savings, virtual health hubs supporting care at home, AI-driven neighbourhood models reducing hospital admissions, expanded diagnostic and surgical services, and innovative workforce development initiatives that strengthen local partnerships and neighbourhood health for the future.

Sample

We sent this survey to leaders from all trusts. The survey was carried out online and open during September and October 2025.

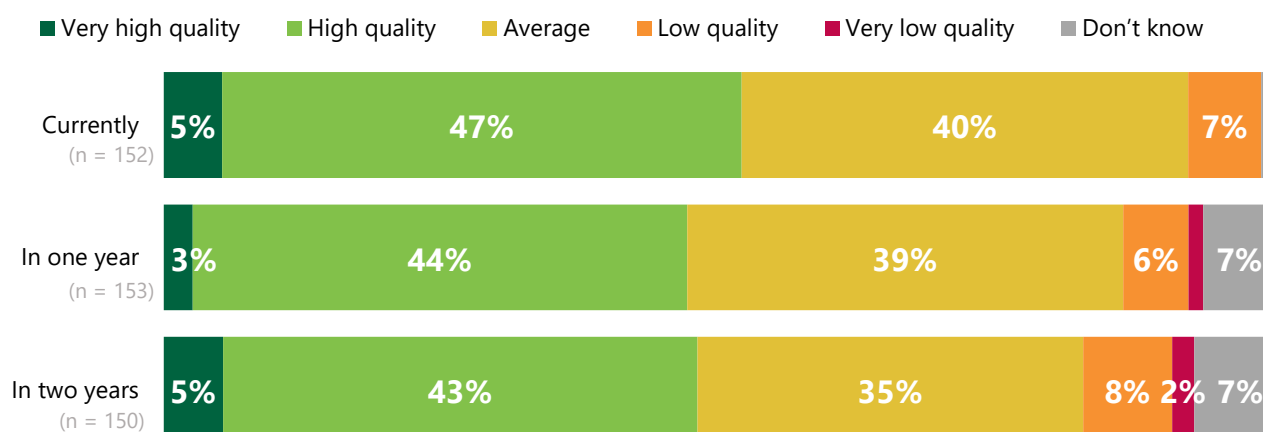
- 172 trust leaders from 106 trusts responded to the survey, accounting for 52% of the provider sector. All trust types and regions were represented in the survey.
- 28% of those surveyed were from acute trusts, 18% were from combined mental health/learning disability and community trusts, 17% were from combined acute and community trusts, 16% were from mental health/learning disability trusts, and the remaining 22% were from either acute specialist, community, or ambulance trusts.
- Nearly 40% of respondents were either chief executives (21%) or chairs (17%), with other executive roles accounting for the remaining sample.

Operational performance and resilience: this winter and beyond

Quality of healthcare provided by your local area now and in the future

FIGURE 1

How would you rate the quality of healthcare provided by your local area now and in the future?



- 52% of trust leaders rated the current quality of healthcare as very high (5%) or high (47%). This figure has increased from 41% last year and 47% in 2019, before the pandemic.
- 47% of trust leaders predicted that the quality of healthcare provided by their local area would be very high (3%) or high (44%) in one year, up from 33% last year.
- Almost half (48%) of trust leaders felt that the quality of healthcare provided by their local area in the coming two years would be very high (5%) or high (43%), up from 35% last year.
- Leaders from mental health and learning disability trusts were less likely than others to rate care as high-quality now or in the future.
- Comments highlight persistent systemic issues, variation across services, and concerns about access due to long waits.

Quotes

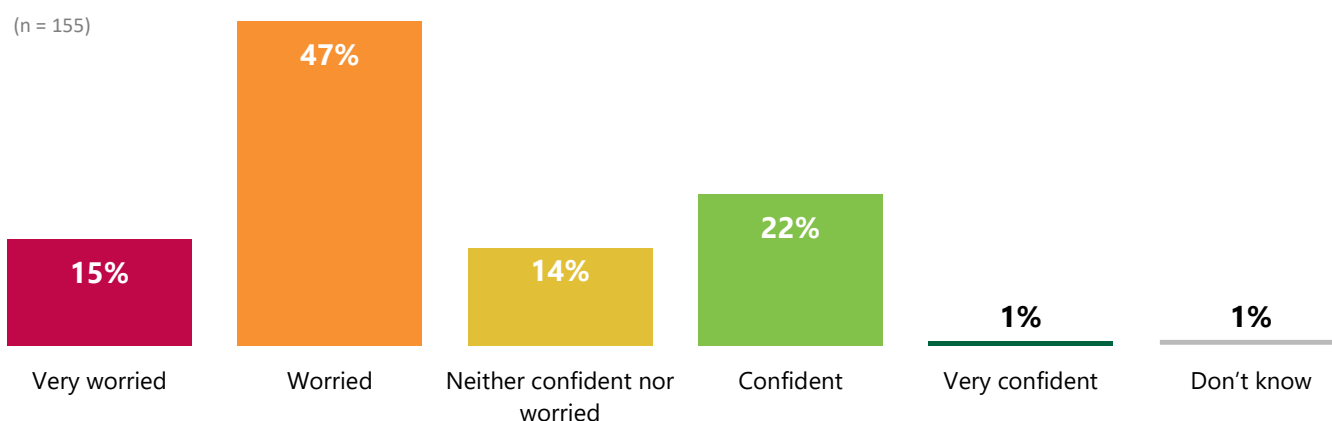
"If we keep cutting services every year, I am fearful of what the NHS will look like in 5 or 10 years time. Sometimes we need to 'invest to save' e.g. spending on digital solutions will cost more but speed up processes in the long run." Director, community trust

"A high quality service is provided to patients once they get seen. The problem is the waiting times for virtually everything: diagnostics, waiting for social care, waiting in ED, waiting for a bed to become available for an un-planned admission, a huge backlog of out-patient follow-ups, and waiting times for routine surgery and first out-patient appointments." Chair, combined acute and community trust

Confidence around trusts' capacity to meet demand for services

FIGURE 2

Over the next 12 months, how confident are you that your trust has the capacity to meet demand for services?



- 63% of trust leaders worried about whether their trust has the capacity to meet demand for services over the next 12 months, down from last year (79%) but slightly higher than before the pandemic (61% in 2019).
- Those who were not confident about meeting their financial plan were much more worried than average that their trust has capacity to meet demand for services over the next 12 months.
- In the comments, respondents raised concerns about specific specialist services, with some highlighting rising demand in mental health provision. Many noted that demand is increasing faster than capacity, putting additional strain on already stretched systems. Others cited rising waiting lists, workforce shortages, and lack of long-term planning, with several pointing to disruption within ICBs. While productivity initiatives are underway in some trusts, there remains caution about their effectiveness given financial pressures, low staff morale, and an evolving system landscape.

Quotes

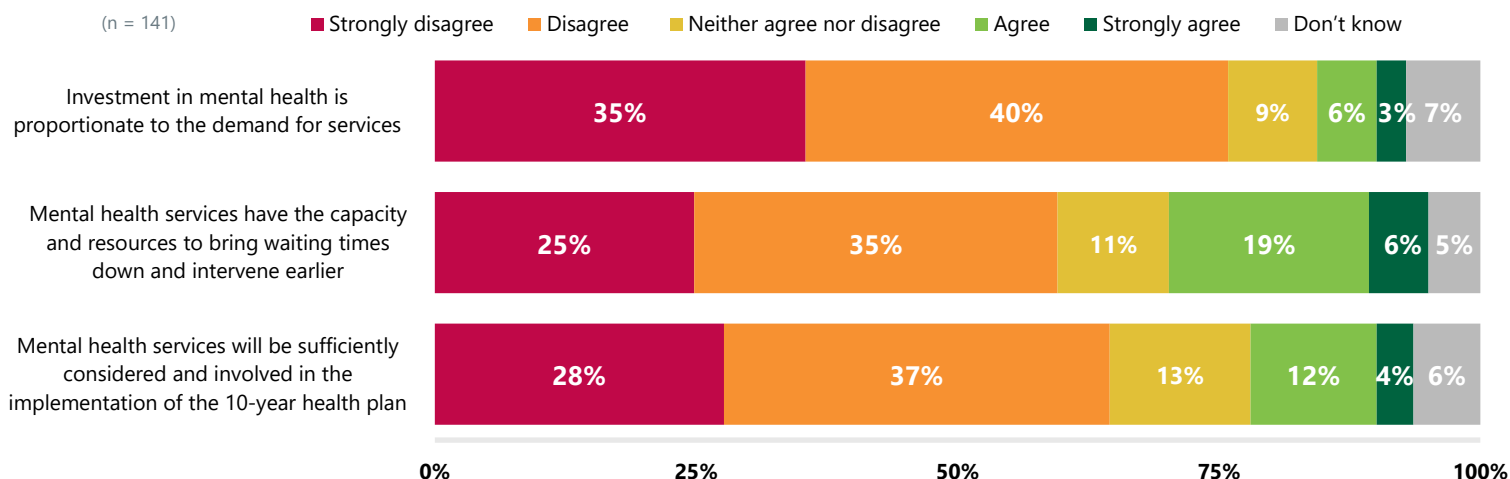
"The Trust is implementing productivity initiatives such as virtual wards, discharge improvements and digital upgrades but I remain cautious due to risks remaining in terms of workforce morale and staffing gaps, financial constraints and seasonal pressures and continued rising demand. It requires more system wide collaboration and continued support from NHSE." Director, acute trust

"This is difficult to answer as it varies by service. For inpatient mental health services, ADHD and CAMHS we are very challenged. For other services there is typically greater confidence to meet demand." Chief executive, combined mental health / learning disability and community trust

Mental health services in your trust and system

FIGURE 3

To what extent do you agree with the following statements about mental health services in your trust and local system?



- Only 9% of those surveyed agreed that investment in mental health is proportionate to the demand for services, while three quarters (76%) disagree.
- 16% of respondents agreed that mental health services will be sufficiently considered and involved in the implementation of the 10-year health plan.
- A quarter (25%) agreed that mental health services have the capacity and resources to bring waiting times down and intervene earlier.
- In the comments, respondents expressed concern about the state of mental health services, covering a lack of investment, parity of esteem, limited understanding of scope and complexity and neurodiversity needs.

Quotes

"Mental health services remain under significant pressure with demand outpacing investment and capacity, while there are efforts to integrate mental health into broader strategic planning, concerns persist about whether these services will receive prioritisation and the resources needed to meet any future goals" Director, acute trust

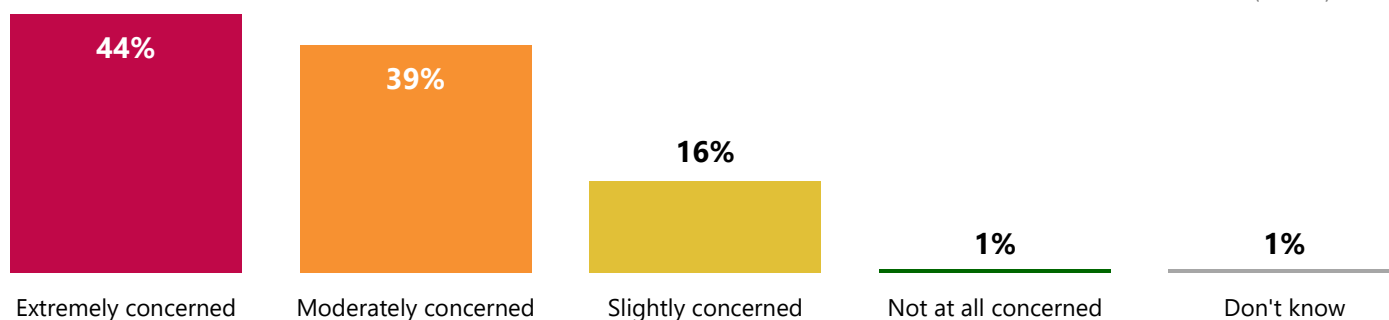
"Unfortunately the wording of the 10-year health plan is such (in my opinion) that it does not come across strongly enough as a significant priority. There is even less mention of learning disabilities, autism and ADHD" Chief executive, combined mental health / learning disability and community trust

Concerns about seasonal pressures over winter

FIGURE 4

How concerned are you about the impact of seasonal pressures over winter on your trust and system(s)?

(n = 172)



- 83% of trust leaders said they were extremely (44%) or moderately concerned (39%) about the impact of seasonal pressures over winter, down from 96% last year.
- The proportion of acute trusts expressing extreme concern about seasonal pressures over winter was markedly higher than the average across the survey.
- Respondents raised concerns about the upcoming winter period, citing a combination of systemic, financial, capacity, and workforce pressures.

Quotes

"Winter pressures pose a serious risk to the Trust and the wider system. Demand surges from seasonal illnesses, staff fatigue, delayed discharges, and stretched community services all contribute to heightened safety and operational risks. Despite proactive measures like virtual wards and urgent response teams, systemic fragility remains. Strategic mitigation through integrated planning, workforce support, and discharge coordination is essential to maintain patient safety and service resilience." Director, acute trust

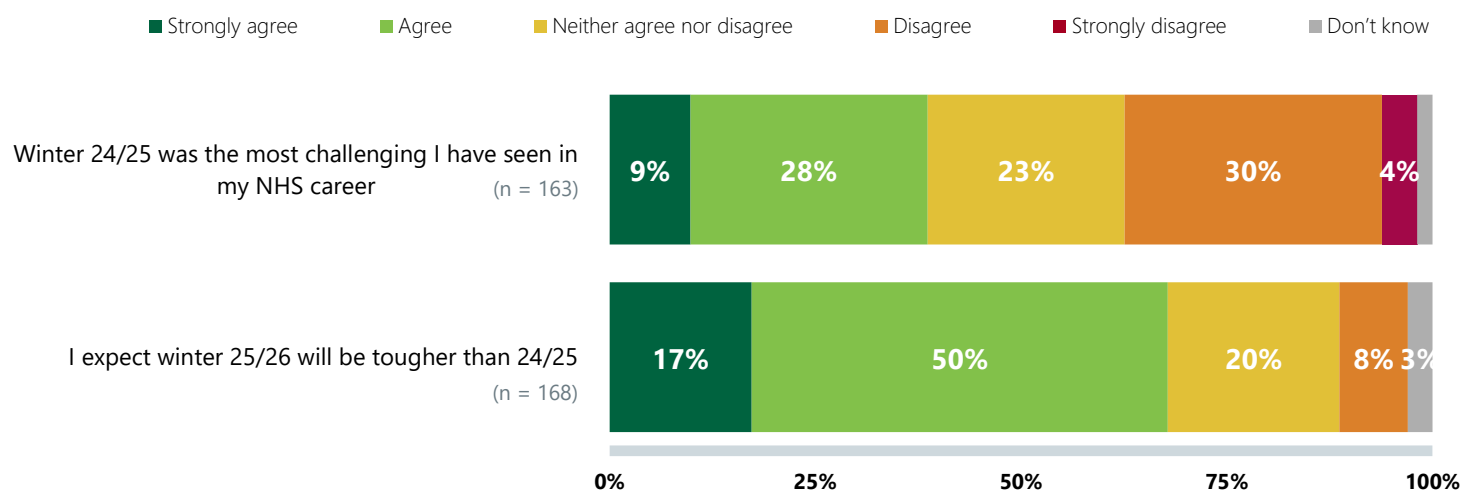
"We go into the winter with less resilience than in previous years. We have been holding posts and delaying recruitment and the financial pressures have been impacting on morale. This is not a good start point for the winter." Chief executive, acute trust

"Seasonal peaks in demand have become less discernible in our mental health services in the post-pandemic era, though pressures will come from increased sickness over winter which impact on patient flow" Director, combined mental health / learning disability and community trust

Winter compared to previous years

FIGURE 5

To what extent do you agree with the following statements?



- 37% of respondents strongly agreed (9%) or agreed (28%) that last winter was the most challenging of their NHS career, down from 41% last year.
- 67% expect winter 2025/26 will be tougher than 2024/25, fewer than last year when 82% strongly felt the upcoming winter would be tougher than the previous winter.
- Concerns shared include rising demand, higher patient acuity, severe financial constraints, and persistent workforce pressures as major concerns, alongside systemic flow issues and limited capacity for long-term solutions.

Quotes

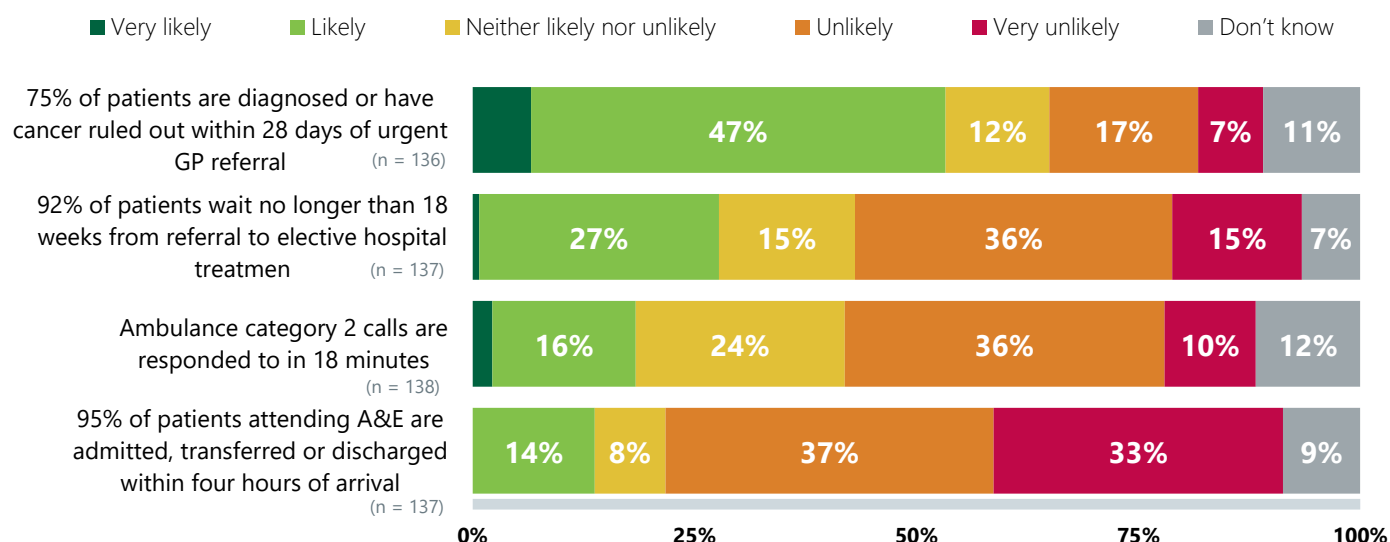
"The convergence of high seasonal illness rates, workforce exhaustion, and system-wide flow issues created a perfect storm. It wasn't just operational, it was existential. The resilience of staff and the adaptability of the system were tested like never before. If this winter taught us anything, it's that winter planning must now be year-round, and that risk management must evolve from reactive to predictive." Director, acute trust

"ED performance and urgent care pathway challenges through the first part of the year are evident in our performance figures, Winter demand and acuity will only increase this challenge. This will most likely impact upon RTT, which we know is a political priority. Difficult to see how we can hit all the targets at once." Director, acute trust

National standards

FIGURE 6

Thinking about the next five years, how likely do you think it is that the NHS will meet each of the following national standards?



- 53% of those surveyed felt that it was likely that 75% of patients are diagnosed or have cancer ruled out within 28 days of urgent GP referral in the next five years.
- 70% of those surveyed felt it was unlikely that 95% of patients attending A&E are admitted, transferred or discharged within four hours of arrival in the next five years.
- Around half of respondents felt that it was unlikely that 92% of patients wait no longer than 18 weeks from referral to elective hospital treatment or that ambulance category 2 calls are responded to in 18 minutes in the next five years (50% and 46% unlikely, respectively).
- Comments cite rising demand and funding cuts as key barriers, with calls for target reform and investment to enable progress.

Quotes

"Demand escalating in a way that makes these unlikely without further investment / reform"
Director, acute trust

"Would like to see a focus on waiting times in community services in the national standards - the focus on elective hospital treatment is far too narrow and reinforces the acute model of healthcare delivery." Director, community trust

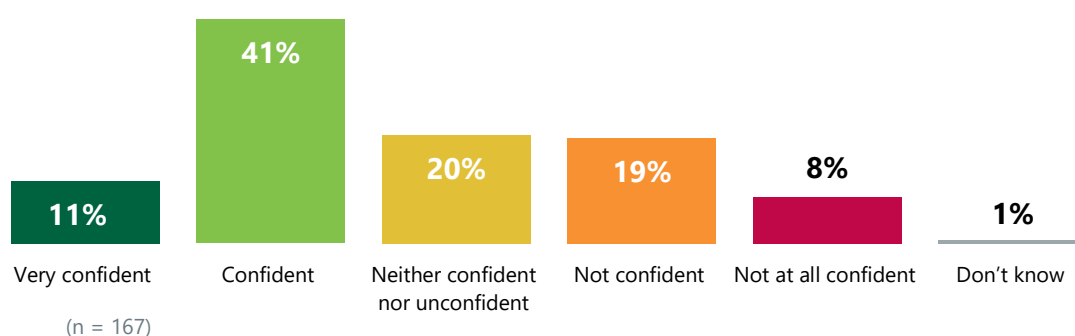
"Assuming we make some big shifts in pathways and use of digital and that funding continues for elective recovery and that social care model is funded - it is possible" Chief executive, acute trust

Financial sustainability and productivity

Confidence in financial plan delivery

FIGURE 7

How confident are you that your trust will deliver its financial plan for 2025/26?

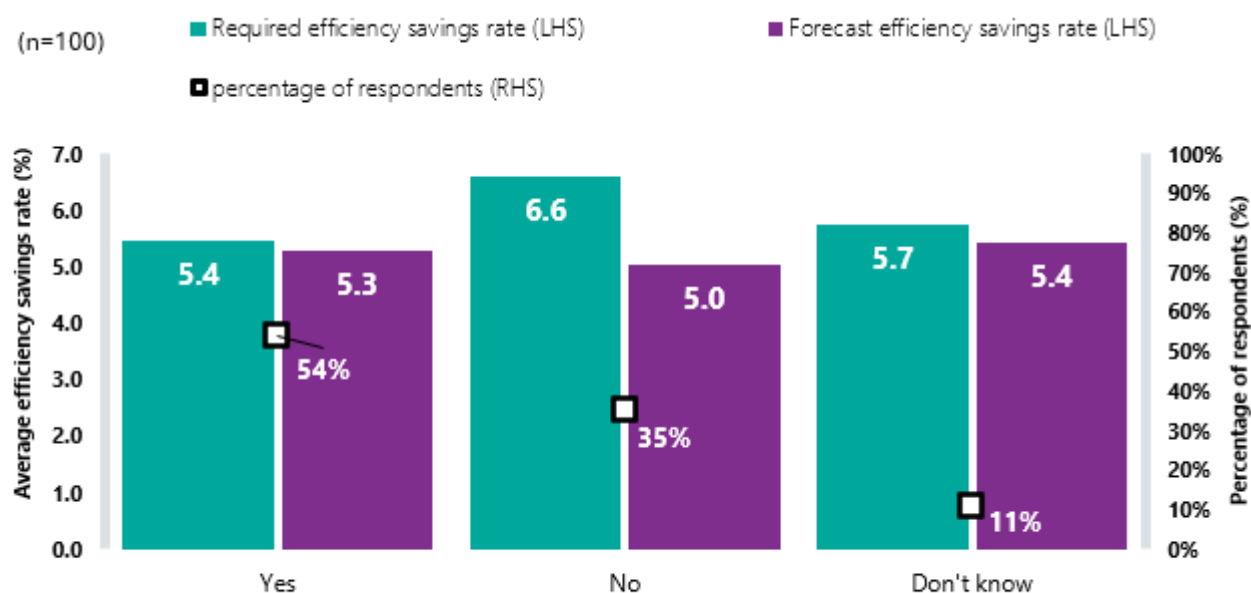


- Around half (52%) of those we surveyed were confident that their trust will deliver its financial plan for 2025/26. 20% were neither confident nor unconfident. 28% were not confident their trust would deliver its financial plan for 2025/26.
- Confidence in meeting 2025/26 financial plans varied widely by trust type: ambulance and community trusts were more confident about meeting financial plans for 2025/26 than the survey average, whereas acute and combined acute and community trusts were less confident.

Efficiency savings rates

FIGURE 8

Do you think your trust's 2025/26 planned efficiency savings rate is deliverable?



Note: to ensure accuracy, where there were multiple respondents from one trust, a lead respondent was selected for calculating averages.

- The sample of trusts we surveyed are required to deliver an average 5.9% efficiency savings rate in 2025/26, but forecast achieving only 5.2%, leaving a 0.7 percentage point gap.
- 54% of respondents believe their target is deliverable, with a small gap (0.1 percentage points) between required and forecasted rates.
- 35% do not believe their target is achievable, facing higher required rates (6.6%) and a larger gap (1.6 percentage points) with forecasted rates.
- 11% are unsure, with a gap of 0.5 points between required and forecasted savings.
- Reasons provided for the gap included being compelled to agree to unrealistic plans, challenges finding recurrent savings, high levels of demand, a slow pace of change, reduced turnover and a lack of redundancy funding.

Quotes

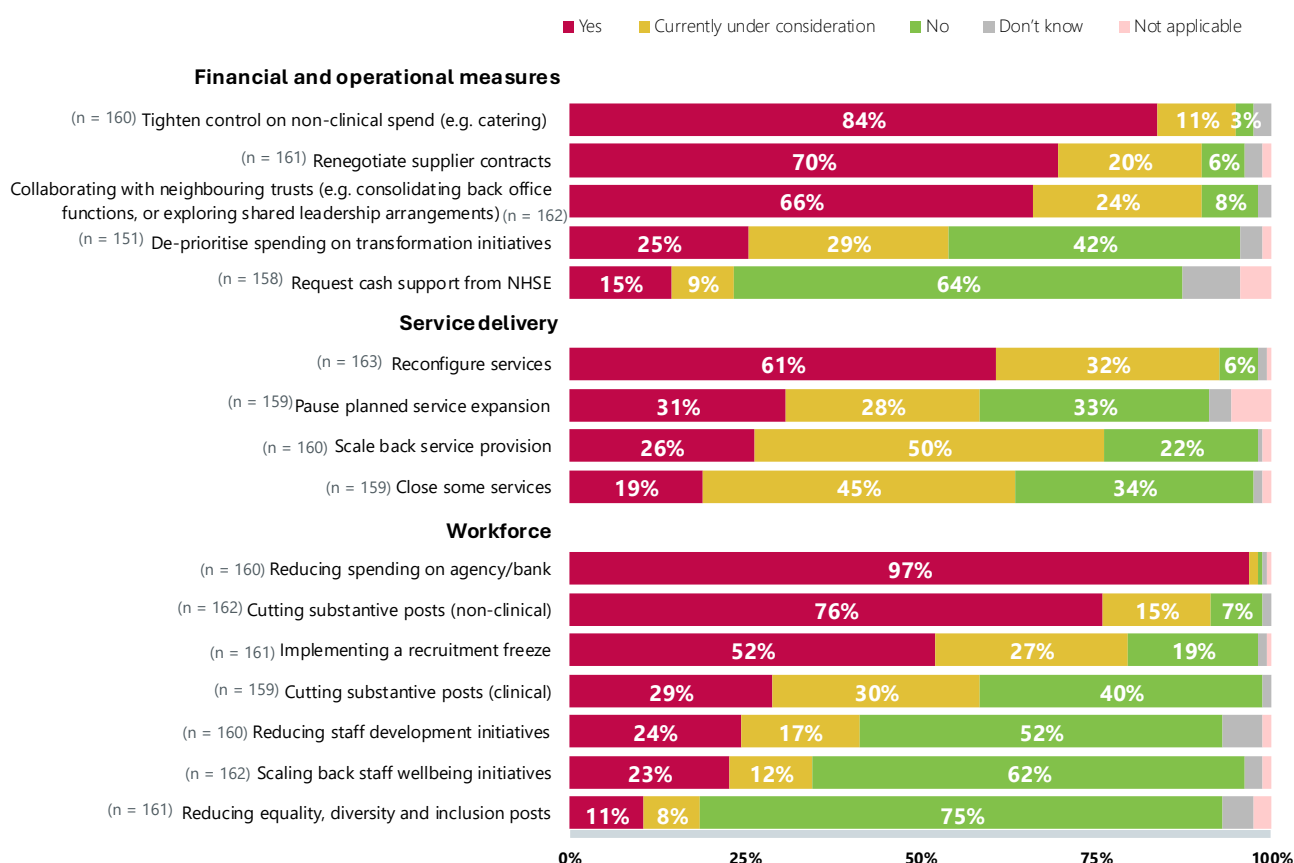
"we are already in the lowest cost quartile of the model hospital with a huge gap between demand and our capacity to meet demand. It is not obvious where there is waste that leads to cash savings as opposed to closing the capacity gap." Chair

"Very challenging to find recurrent cost reductions. There are a lot of one-off / non-recurrent actions being taken to try and meet the in year challenge, but we are not delivering significant transformation that is leading to cost reductions." Chief executive

Actions to help manage or improve financial position

FIGURE 9

Is your trust currently taking any of the following actions to help manage or improve its financial position this year?



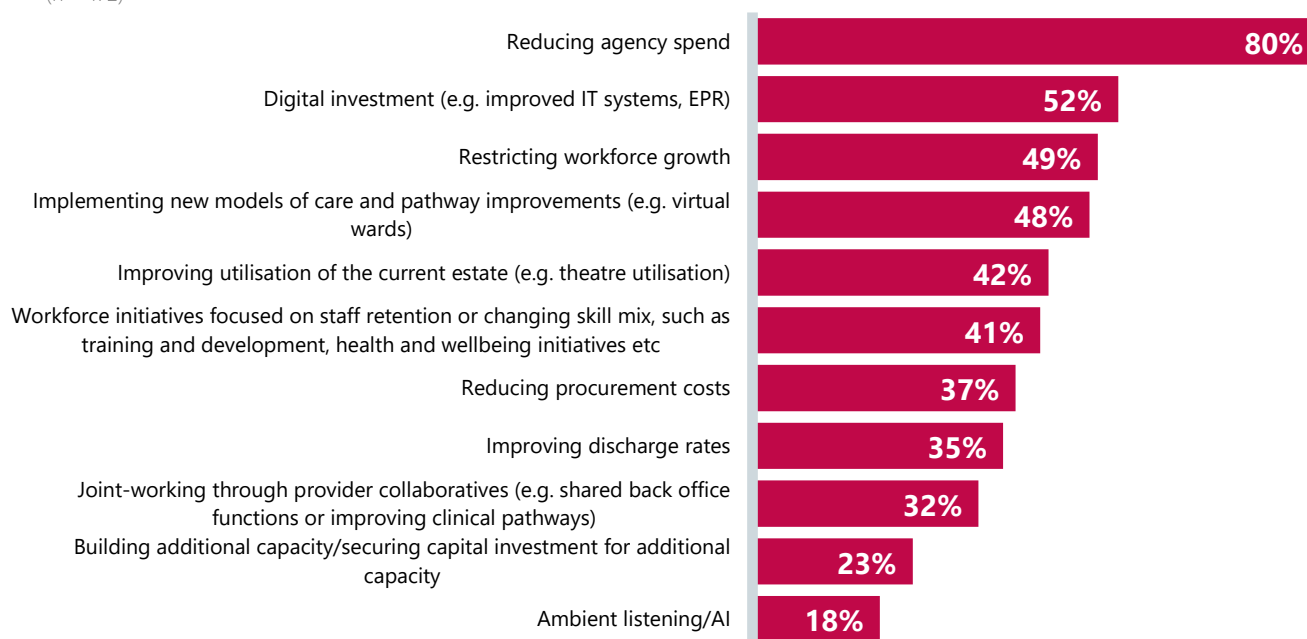
- **Workforce:** 97% of trust leaders are cutting agency and bank spend. Many are reducing non-clinical posts (76%) but cuts to substantive posts are less common (29%). Over half are implementing recruitment freezes (52%).
- **Financial and operational measures:** Most trusts are tightening control on non-clinical spend (84%), renegotiating supplier contracts (70%), and collaborating with neighbouring trusts (66%).
- **Service delivery:** 61% are reconfiguring services, while fewer are scaling back provision (26%) or closing services (19%).

Initiatives that have had a major impact on increasing productivity

FIGURE 10

Which initiatives have had a major impact on increasing productivity within your organisation this year?

(n = 172)



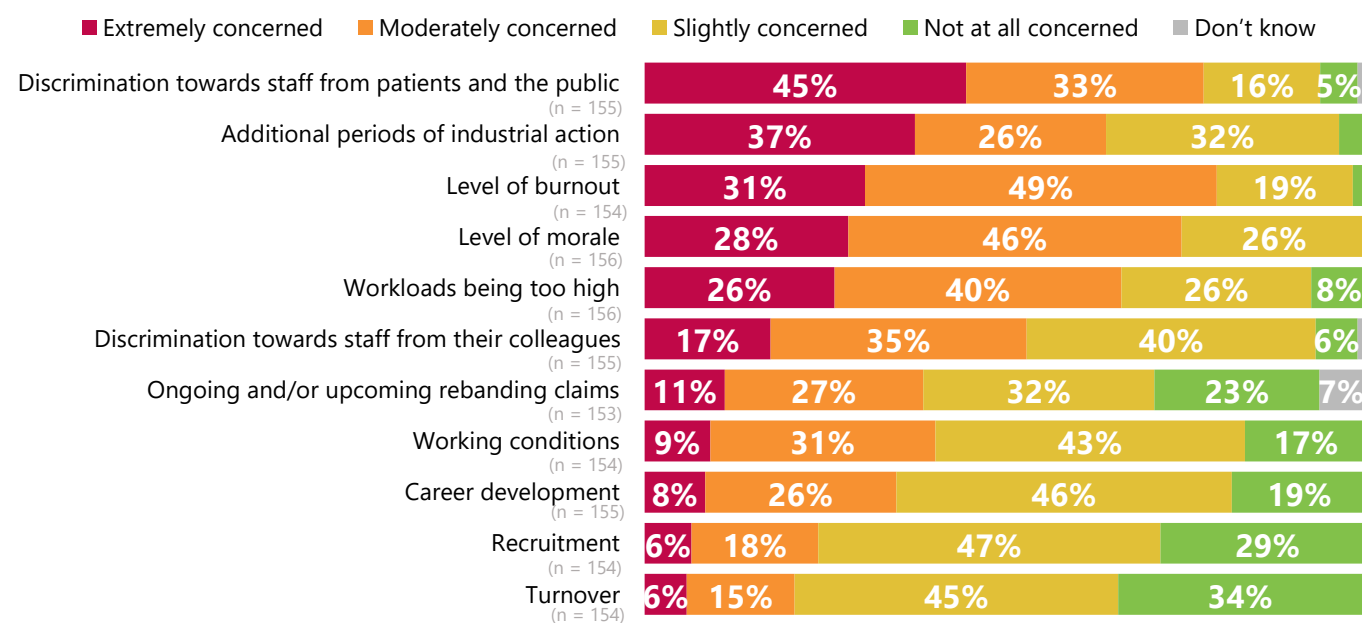
- Agency spend reduction is increasingly seen as a key productivity driver, with 80% of respondents citing that it has had a major impact this year, up from 55% in a survey on finance we ran in April 2024.
- Other initiatives that have had a major impact on increasing productivity include digital investment (52%), restricting workforce growth (49%), and implementing new care models and pathway improvements (48%).
- Ambient listening/AI has had a more limited impact so far, with 18% selecting this option.

Workforce challenges and morale

Workforce concerns

FIGURE 11

Thinking about your workforce, how concerned are you about...



- Trust leaders have high levels of moderate to extreme concern about burnout (79%), and discrimination towards staff from patients and the public (77%), and morale (74%).
- Heavy workloads (66%) alongside additional periods of industrial action (64%) are also prominent concerns.
- Comments highlight efforts to address these issues through culture and wellbeing initiatives, anti-racism plans, and union engagement, but note broader social and political pressures are exacerbating strain.

How are you addressing concerns?

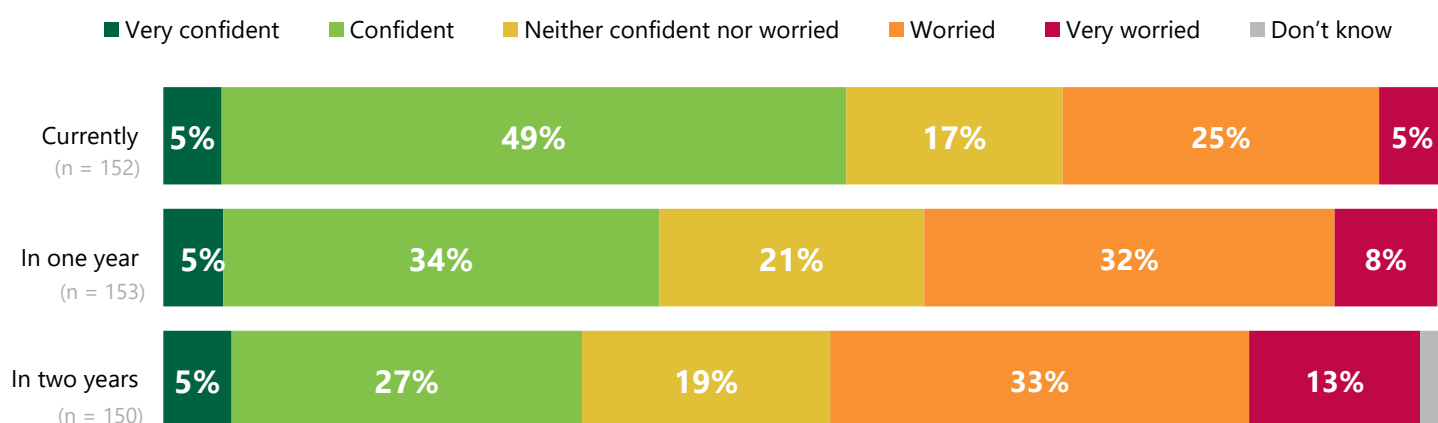
"Visible leadership on the floor; Honest and open conversations in terms of our challenges; Organisation owned financial plan - we are all in this together; Journey to become an anti-racist organisation." Chair, acute trust

"The Trust has strong, compassionate leadership on workforce related matters from the Chief Executive, Chief People Officer and wider Executive Team, strongly supported by our NEDs. Discrimination is regularly discussed and the Trust has action plans to address, with a focus on culture. The Trust has taken highly effective action to reduce staff turnover, particularly in the first two years' of service. My main concern is staff workload and impact on morale/burnout due to under-investment / funding of community services to meet demand." Director, community trust

Confidence in the right number, quality and mix of (clinical and non-clinical) staff to deliver high quality healthcare now and in the future

FIGURE 12

How confident are you that your trust has the right numbers, quality and mix of (clinical and non-clinical) staff in place to deliver high quality healthcare to patients and service users now and in the future?



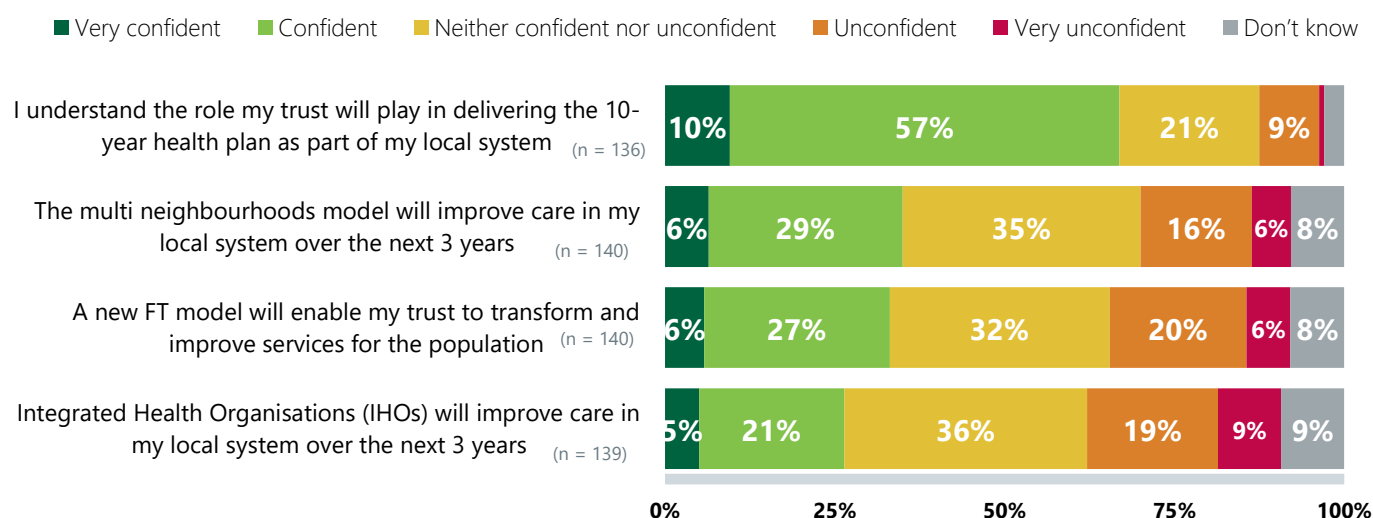
- 53% of trust leaders confident they have the right numbers, quality and mix of staff to deliver high quality healthcare, up from 40% last year. Worry has dropped to 30% from 42% last year.
- Confidence declines for one years' time (39%), though it's improved since last year (25%). 40% were worried, which is down from 50% last year.
- Looking two years ahead, a third of trust leaders feel confident (33%), slightly higher than last year (29%). 46% of trust leaders said they are worried, down from 55% last year.
- Those that were not confident about their financial plan were markedly more worried about having adequate staff in one years' time.

System reform and planning

Confidence about role in 10-year health plan, multi-neighbourhoods, IHOs and the new FT model

FIGURE 13

To what extent do you feel confident about the following statements:



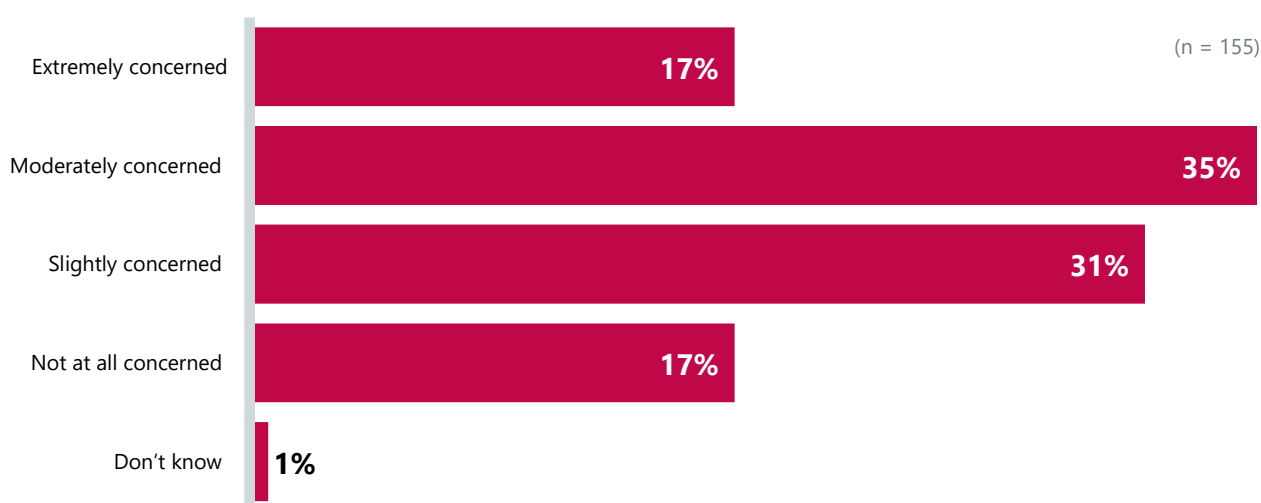
- Two thirds (67%) of respondents were confident that they understood the role their trust will play in the delivering the 10-year health plan as part of their local system.
- Confidence was much lower towards IHOs and the multi-neighbourhood model improving care over the next three years and new FT models improving services (IHOs: 26% confidence, multi-neighbourhood: 35% confidence, new FT model: 33% confidence).

Reforms of NHS national bodies

FIGURE 14

In 2025, the government announced it would be reforming NHS national bodies. It has recently initiated a restructure of DHSC and NHS England to form a joint executive team and regional delivery model, with implications for ICSs.

How concerned are you about the impact of the reforms to NHS national bodies on the delivery of high-quality services in your area?



- Over half (52%) of respondents were moderately (35%) or extremely (17%) concerned about the impact of the reforms to NHS national bodies on the delivery of high-quality services in their area. 17% were not concerned at all.
- Respondents shared concerns around uncertainty over timelines, loss of capacity and expertise, and disruption to leadership and morale. There was some support the principle of streamlining, if delivered effectively.

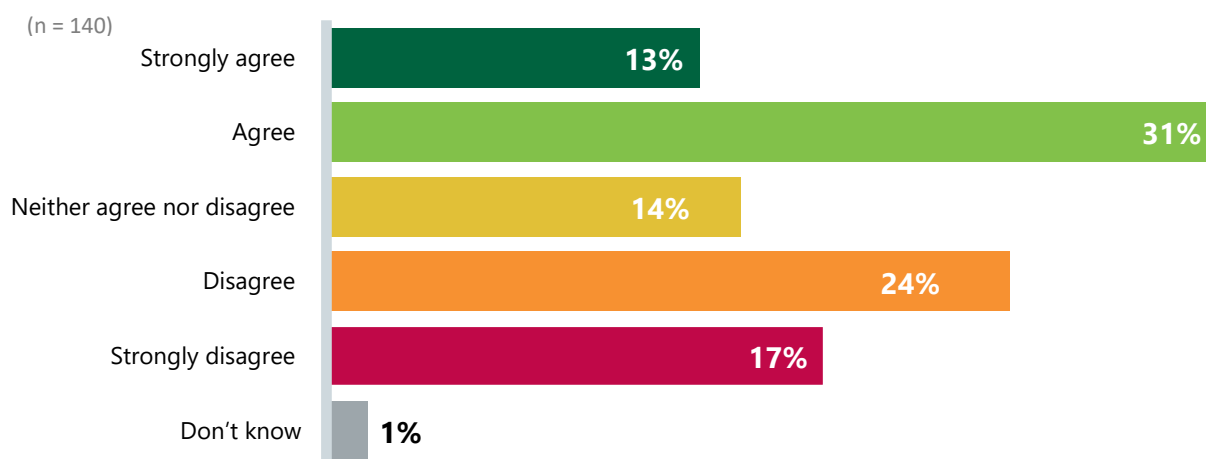
"...I do not object to the principle of reforming national bodies — there is a strong case for simplification and clearer accountability. My concern is how the reforms are being delivered and the immediate impact on local systems. At a time when demand and pressure are already unprecedented, the process of restructuring risks drawing focus and capacity away from maintaining high-quality services..." Director, mental health / learning disability trust

"This level of uncertainty and change at time when we need to perform better than we ever have, as an NHS, to recover core operating standards is very unsettling and morale is low."
Director, acute trust

League tables

FIGURE 15

To what extent do you agree with the following statement: Our trust's position in recent NHS performance league tables reflects the organisation's performance fairly



- Responses to this question were relatively evenly split: 44% of respondents felt that their trust's position in NHS performance league tables reflected their organisation's performance fairly. A similar proportion 41% disagreed.
- Combined acute and community trusts were far more likely to agree than others that their trust's position in recent NHS performance league tables reflects their organisation's performance fairly.
- Concerns focused on the methodology, with particularly lack of nuance across trust types, a narrow set of measures, and perceived bias toward smaller trusts. There were calls for more contextual and qualitative data to improve understanding.

Quotes

"Measures are blunt and equal rating is ridiculous. Favours specialist and non-complex smaller trusts. The model and what/how it works is not well understood and causing unnecessary noise." Chief executive, acute trust

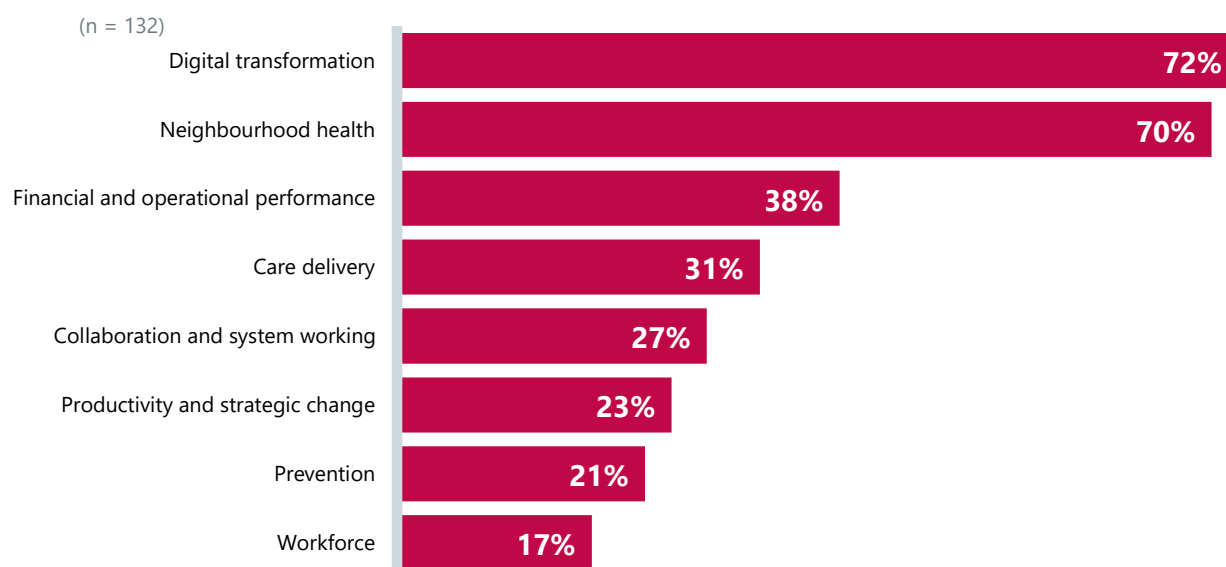
"The position is reflective of where we are against the metrics, but it doesn't help the general public to understand if their health system is good, bad or indifferent. As an individual I want to know whether across the whole pathway what level of service I will receive and the areas that I need to be concerned about." Director, ambulance trust

"... The financial override to a level 3 feels unfair to punish honesty. Data quality needs investment to ensure apples are compared with apples." Chief executive, mental health / learning disability trust

The 10-year health plan: priorities

FIGURE 16

To support the delivery of the 10-year health plan, what three things are you currently prioritising?



Note: each respondent could share three written responses, which have been categorised. One respondents answer may be represented across several categories.

- **Digital transformation** was the most commonly prioritised area for delivering the NHS 10-year health plan, with 72% of respondents focusing on digital tools such as AI, electronic patient records, and the NHS app.
- **Neighbourhood health** 70% are prioritising neighbourhood health through community integration and the left shift.
- **Financial and operational performance** was a priority for 38% of respondents, including efforts to stabilise finances, improve estates, and meet recovery targets.
- **Care delivery** was highlighted by 31%, with a focus on safe, high-quality care, service redesign, and specific attention to mental health and children's services.
- **Collaboration and system working** was cited by 27%, reflecting efforts to strengthen joint working across trusts and within systems.
- **Productivity and strategic change** was a priority for 23%, with emphasis on efficiency and transformational change.
- **Prevention** was mentioned by 21%, including population health and reducing health inequalities.
- **Workforce** was the least mentioned priority (17%), though still recognised as essential in terms of recruitment, retention, morale, and leadership.

The 10-year health plan: concerns

FIGURE 17

What are your three biggest concerns around delivery of the 10-year health plan?



Note: each respondent could share three written responses, which have been categorised. One respondents answer may be represented across several categories.

- **Finance and capital** are the top concerns for delivering the 10-year health plan, cited by 80% of respondents, with worries about short-termism, budget constraints, and a lack of capital investment.
- **Integration of sectors and external partners** was a major concern for 40%, reflecting challenges in coordinating care across acute, community, mental health, and externally with social care services and local government teams.
- **Workforce and staffing** was highlighted by 38%, with issues around recruitment, retention, leadership, and culture.
- **Delivery of the plan** was a concern for 30%, particularly due to unclear implementation details and the scale of change required.
- **Capacity and resources** was cited by 26%, with respondents noting high demand and limited ability to deliver transformation.
- Less commonly mentioned concerns included **policy and governance** (17%), **alignment of vision and incentives** (15%), **external factors** such as political change and socio-economic conditions (10%), and **digital** maturity and data availability (10%).

The 10-year health plan: achievements

What is your trust most proud of achieving so far that contributes to the ambitions of the 10-year health plan?

An example of **integrated care and collaboration** and improved **financial and operational performance**:

"In mental health - we have invested in the voluntary sector and now collaborate on three key areas: safe havens, crisis houses, and triaging referrals together within our community mental health framework.

Acute - community investment in totalling a six-figure sum, returned greater savings and costs and reduced bed usage significantly." [some details removed to reduce risk of identification] Chair, mental health/learning disability trust

"Actively engaged in determining a range of collaborative improvements with a neighbouring trust - already reduced to almost nothing our Out of Area Placements, producing eight-figure savings to be used in transforming community services" [some details removed to reduce risk of identification] Chair, mental health/learning disability trust

Examples of **integrated care and collaboration**, **digital transformation** and **neighbourhood health**:

"Our virtual health hub which provides immediate secondary care support to care homes, paramedics, GPs and community teams. Keeping people safe at home. It has been transformational..." Chief executive, acute trust

"Our early adopters of neighbourhood health are using AI to risk stratify and are already able to show a reduction in non-elective (NEL) for frailty" Chief executive, combined mental health and community trust

Several examples of **operational expansion** leading to improvements in **waiting lists** and **patient care**:

"...Establishment of a Community Diagnostic Centre (CDC), which has increased local access to tests and scans, supporting earlier diagnosis and easing pressure on acute hospital sites.

Introduction of robotic-assisted surgery, bringing state-of-the-art technology that improves surgical precision, shortens recovery times and enhances patient experience..." [some details removed to reduce risk of identification] Chief executive, acute trust

An example of **workforce development** in support of **neighbourhood health**:

"...We have recruited a number of students across multiple healthcare professions including adult and mental health nursing, physiotherapy and occupational therapy. The students will have placements in local settings such as GP practices, community trusts and social care

teams with the aim to place them as third year students in Integrated Neighbourhood...The project benefits both students and local residents, supports NHS, social care and council partners and is expected to improve workforce readiness, strengthen partnerships and provide evidence for wider adoption in line with the NHS 10-year health plan and three Darzi shifts."
..."[some details removed to reduce risk of identification] Director, acute trust

Conclusion

The findings from this year's survey highlight a sector under sustained pressure yet demonstrating resilience and adaptability in the face of complex challenges. Trust leaders remain deeply concerned about winter pressures, workforce burnout, and financial sustainability, with many, but not all, expecting the coming months to be more difficult than last year. Despite these concerns, there are signs of cautious optimism, particularly in perceptions of care quality and confidence in delivering financial plans.

Workforce issues continue to dominate, with high levels of concern around morale, discrimination, and the impact of industrial action. While there is some improvement in optimism around skill mix and retention, trust leaders are less confident about this in the future. Mental health services also remain a particular area of concern, with limited confidence in investment, capacity, and integration into the 10-year health plan.

The future landscape presents both opportunities and uncertainties. While most trust leaders understand their role in delivering the 10-year health plan, confidence in the impact of new models such as IHOs and multi-neighbourhoods remains mixed. Financial and capital constraints are the most cited concerns around delivery of the 10-year health plan, alongside integration and workforce.

However, the sector continues to innovate and collaborate. Examples of digital transformation, neighbourhood health initiatives, and integrated care models show promising strides toward the ambitions of the 10-year health plan already taking place. These achievements underscore the importance of sustained investment and cross-sector collaboration to support meaningful transformation and improve outcomes for patients and communities.