



2025-2030 Enabling Strategies

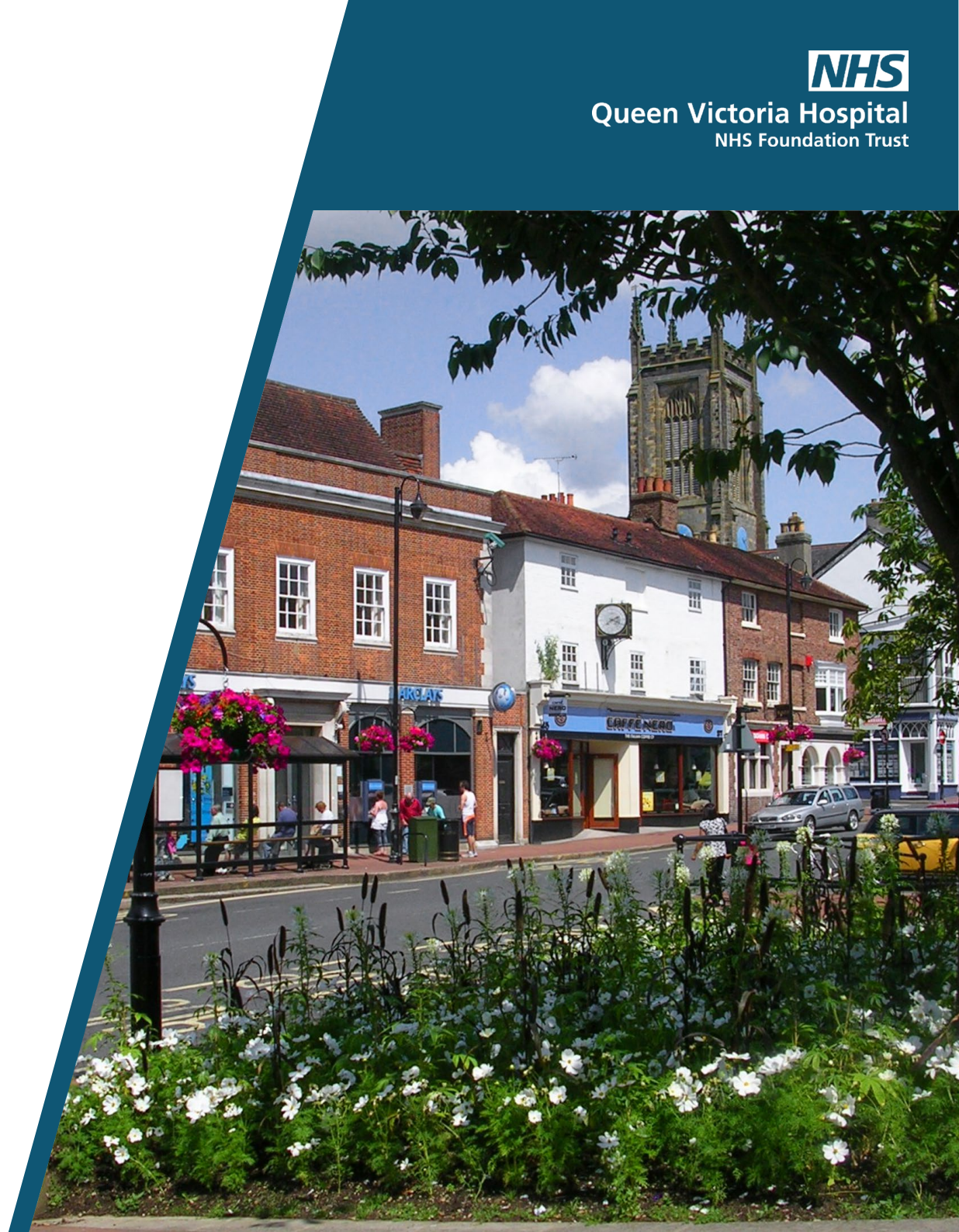
PILLAR 1

Anchor Institution Strategy

2025-2030



Queen Victoria Hospital
NHS Foundation Trust



Strategic Context

This document illustrates our strategy supporting Pillar 1:

Anchor Institution



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INTRODUCTION

An anchor institution is one that, alongside its main function, plays a significant and recognised role within a locality, by making a strategic contribution to the local economy. 'Anchors' tend to be large, spatially immobile, and include bodies such as councils, universities, colleges, and the NHS. The NHS is the fifth largest employer globally and the largest in the UK. In most towns and cities, it is the single biggest employer and makes a vital contribution to the local economy through job creation, purchasing of local services, and keeping people healthy for work.

The economic activity of a local area and how productive it is, is heavily influenced by its inhabitants' health. NHS organisations have the size, workforce, procurement budget, environmental impact, and general economic, social, and civic influencing power to be important anchor institutions. They also operate in every part in the country, meaning the NHS voice matters whether you are in a rural, urban, or metropolitan economy. The link between health and wealth is well understood; social and economic development can improve health. NHS organisations functioning as an anchor institution will foster a holistic approach to supporting people where they live, learn and work, alongside a longer-term move to preventative health.

A holistic view of how people's lives can be improved via access to good education, accessible healthcare, quality housing and meaningful employment.

This strategy sets out the ambition of QVH within the parameters of 'being an anchor institution'. This document will outline why being an anchor institution is important to us, how it aligns with our visions and values and the strategic objectives of the Trust. QVH's approach will support the anchor institution approach of the NHS Sussex Integrated Care System (ICS), based on evidence from the King's Fund model, and it has utilised the University College London (UCL) Partners anchor institution toolkit in the development of the ambitions and priorities. This strategy will balance the ambition of QVH to improve social and economic outcomes for Sussex communities, against cost and resource pressures, as well as considering where we can build on what we already influence as a part of our operational business.



IN THE WORDS OF PATIENTS, CARERS AND STAFF

It starts with us. Everything we aim to achieve in this anchor institution strategy is about making sure we have a role in social and economic development by supporting our local community's health and wellbeing, reducing health inequalities, by prioritising our actions on the things that matter the most and will make the biggest difference.

The four pillars of being an anchor institution that will be discussed in this strategy are employment and skills, procurement, environmental sustainability and social, economic and civic impact. Here's what being an anchor institution means in the words of our patients, carers and staff...



“Being the heart of the local community.”

“Be seen as an employer of choice for the local population.”

“To serve local community in as many specialties as possible to avoid lengthy and costly travel elsewhere.”

“Closer links with bigger institutions would build on the work of QVH.”

“Partnerships with primary care, local authorities and local communities could all help to improve services.”

VISION AND VALUES

Our vision has been co-produced with patients and staff and aligns to the Trust ambition to be a provider of specialist and regional services and to deliver an innovative offer for the local population.

We want all of our staff to feel valued and supported in their personal wellbeing and their professional ambition, to be proud of the work they do for our patients and each other, and to embody the Trust vision. Our vision is underpinned by our values, which have been refreshed alongside the development of our five year strategy.

Living our values requires us to:

- Regularly and purposefully review what our values and strategy mean for QVH, as individuals, as teams and as an organisation.
- Recognise the prejudice in all of us, even when we cannot see it for ourselves.

Our vision is:

To be a centre of excellence that rebuilds lives and supports communities for a healthier future

To achieve that, our values are:

We are caring and inclusive
over all else

We treat everyone with respect, kindness and compassion.
We are inclusive and celebrate diversity.

We are supportive and challenging
over staying comfortable

We take time to support and look out for one another.
This includes sometimes challenging and holding one another to account, even if it feels uncomfortable.

We listen to improve
over always knowing best

We seek out and listen to feedback from patients, colleagues and partners with openness, and act with honesty and transparency to continuously improve the quality of our care.

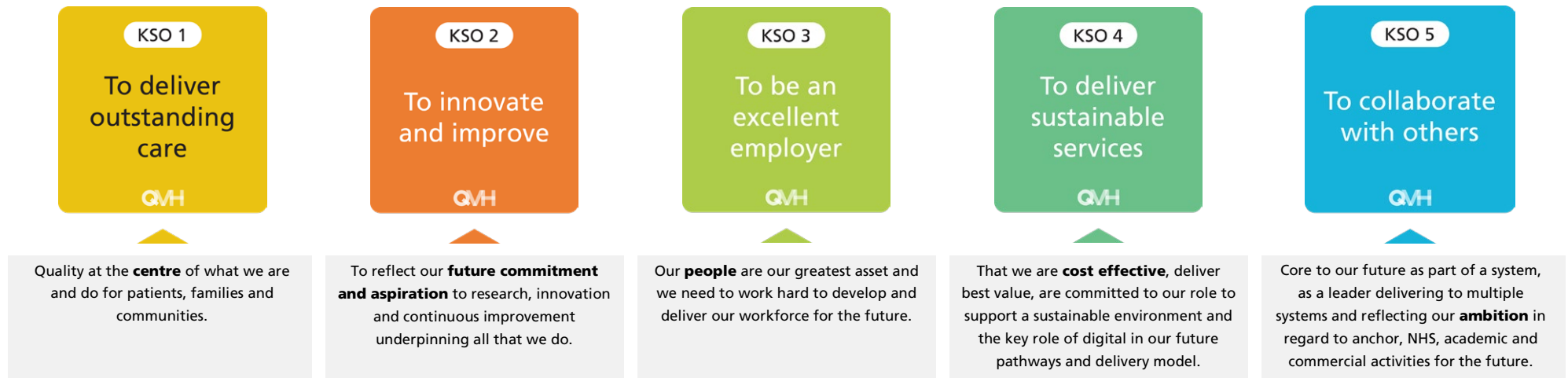
We succeed together
over achieving alone

We value working together in teams, within QVH and with local partners, to provide outstanding care and support each other to deliver shared goals.

TRUST STRATEGIC OBJECTIVES

Our new key strategic objectives guide our priorities and focus. They frame everything from significant service level decisions through to individual objectives with a view to delivering improved outcomes for our patients and populations and improving our staff experience. Our role as an anchor institution is key to our future ambition.

Our objectives are:



CONTEXT (NATIONAL AND SYSTEM CONTEXT AND DRIVERS)

The NHS is the largest employer in Sussex, with over **£3bn** spending power and considerable and diverse estates. We therefore consider QVH as being one of several anchor institutions in our local area.

As an NHS provider, QVH will align the principles of being an anchor institution to the ambition of the Sussex Integrated Care System. We will take the opportunity to embed these principles across all areas of our work to support new approaches at different levels of the system and local governance, where the most positive impact can be affected. This will require developed partnerships with a range of NHS and non-NHS anchors across the system, all pulling and participating in the same strategic direction for the economy and for the shared communities.

As a part of the 'Improving Lives Together' Shared Delivery Plan, Sussex Health and Care seeks to improve the social and economic wellbeing of Sussex communities. In alignment to this, QVH will have a role in supporting local communities to thrive, understanding that community and patient insight will help guide the right actions and ensure we are held to account. QVH also seeks to support NHS Sussex by improving outcomes for Core20PLUS5 groups, Inclusion Health groups and groups with protected characteristics, recognising the impacts of wider determinants of health. More detail on this is provided within the Trust's health inequalities strategy. QVH will work to support staff to consciously adopt anchor principles as well as benefit from the organisational culture these principles create.

In line with Sussex, our ambition is that our actions will support inclusive growth and economic productivity in Sussex and strengthen the economic case for health.



WHY WE NEED TO CHANGE

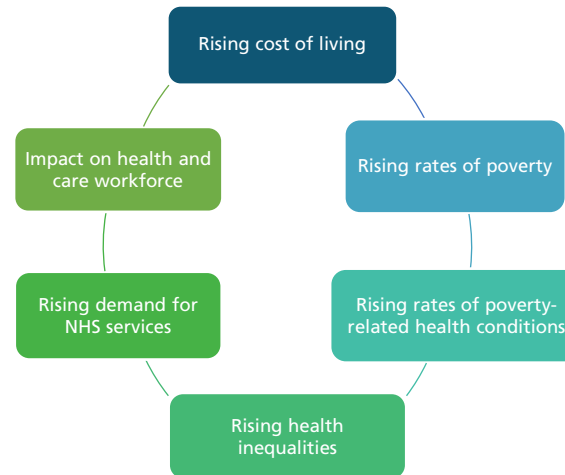
Evidence from The Health Foundation suggests that challenges in the British economy, where wages and living standards are stagnating and **22%** of the population live in poverty, mean that the NHS conversation about prevention and broader influence in local communities is becoming increasingly relevant.

Figures suggest that people from the most socially deprived areas of England die nearly a decade earlier and spend 18 fewer years in good health than people born in the least deprived areas.

The NHS is the largest employer in the country, spending billions on goods and services each year and controls significant land and physical assets, all of which make it a powerful 'anchor institution'. Each element of the NHS has a role to play in overcoming the inequalities caused by the social determinants of health, and the existing economic challenges.

While the root causes of poor health and health inequalities may be driven by factors outside the control of the NHS, it is predominantly the NHS that deals with the consequences.

NHS services face increased demand from preventable behavioural and socioeconomic causes. The NHS should therefore be extracting the most value from its organisations from their role in their local communities.



Adapted from NHS Confederation: The cost-of-living crisis and health

By being deliberate in how QVH employs staff, purchases goods, manages its estate, uses physical resources and engages with the local community, as an anchor institution, there is an opportunity to tackle the local underlying drivers of poor health and health inequalities.



NHS organisations as anchor institutions can have a positive impact on local communities in two key areas: the local economy and the environment. Both of these areas have the potential to improve the health of individuals and communities.

Working through an Integrated Care Board (ICB) there are four key aims:

<p>Improving outcomes in population health and healthcare</p>	<p>Tackling inequalities in outcomes, experience and access</p>	<p>Enhancing productivity and value for money</p>	<p>Helping the NHS to support broader social and economic development</p>

Providers as an anchor institution can support the ICS's with all of these aims, but particularly the fourth purpose, helping the NHS to support broader social and economic development. As an NHS provider, QVH has a responsibility to support our local community to be healthy and to thrive, providing support and stability in the local community, making the neighbourhood healthier and stronger. The anchor approach provides a strong link between the social determinants of health, a crucial and urgent area for action, and the central operational functions of NHS providers.

Anchor work captures an opportunity, not requiring large or new investment, but also a challenge, needing a deliberate change in how we think about and how we do business.



BEST PRACTICE AND EVIDENCE BASE

NHS England notes that while the main function of the NHS is to provide health services, it also has a significant part to play in supporting partner organisations and communities to address the wider determinants of health; the physical, social and environmental factors which can cause ill health.

NHS England (NHSE) states that 80% of health outcomes are determined by non-health related inputs, e.g. education, employment, income, housing and access to green space.

Similarly, The Health Foundations' report 'Building healthier communities: the role of the NHS as an anchor institution' argues that the size, scale and reach of the NHS means that it has the potential to have a significant influence on the health and wellbeing of local populations and that the extent of that impact is determined by choices around how it functions and leverages its resources, to maximise the social and economic value it brings to local communities.

Additionally, the King's Fund published a long-read in 2021 on anchor institutions and how the approach can affect people's health. Discussing opportunities for health and social care organisations it notes that the NHS has typically focused on employment to date. The NHS Long Term Plan and NHS People Plan both outlined ambitions to create new opportunities for people from more deprived areas to enter employment within the NHS by expanding access to apprenticeships, providing routes into

employment for volunteers and working more closely with educational establishments. The King's Fund also suggests the benefit of creating new opportunities for those most at risk of the negative health effects of long-term unemployment, while also helping the NHS address workforce shortages.

The King's Fund highlight the importance of the ICS's role in working in collaboration with local authorities, voluntary sector and other local organisations in addressing these social issues, and the potential benefit to the communities as these organisations come together and act as local anchor institutions.



STRATEGIC PRIORITIES

QVH’s strategic priorities to be an anchor institution deliberately align to the ambitions of Sussex ICS. As a provider sitting within the ICS, QVH also recognises that the greatest impact will happen as more organisations address actions under the same principles of need. This will involve a strategic and aligned focus on what the ICS wants to change, which has been developed in partnership with the range of other NHS and non-NHS anchors across the system, all pulling and participating in the same strategic direction for the economy and for the shared communities.

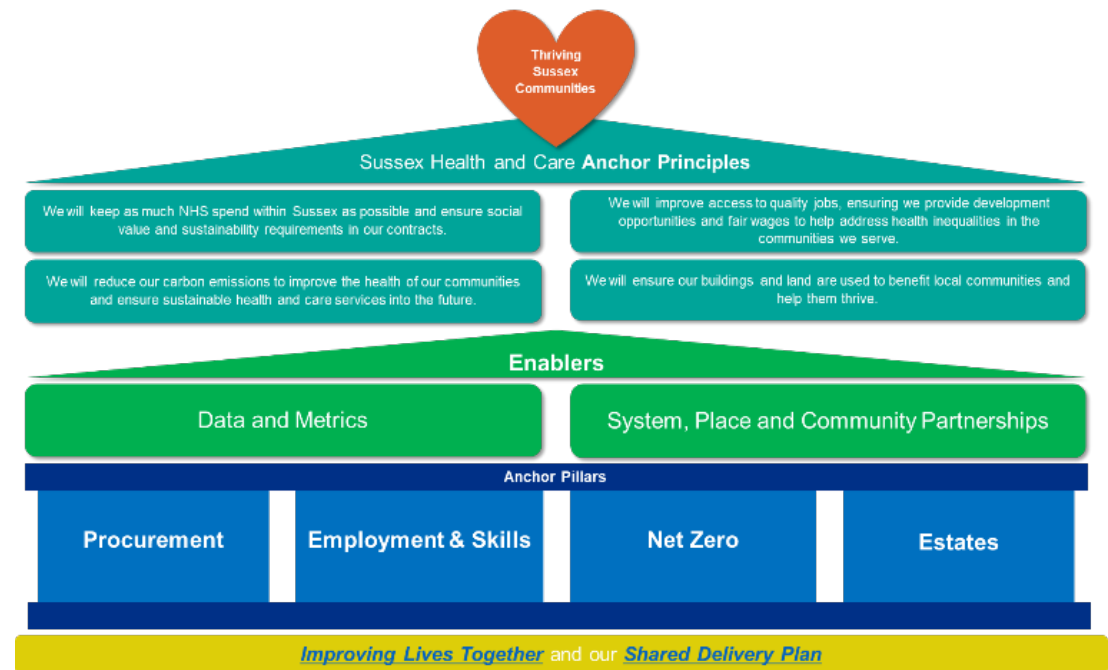
QVH’s principles and ambitions are developed in accordance with Sussex ICS Thriving Communities Framework.

The strategic priorities are laid out against the four pillars, meeting the ambition of the anchor principles.

- Procurement
- Employment and skills
- Net zero / environmental impact
- Estates and general social, economic and civic impact.

For each of these pillars, QVH’s strategy reviews and outlines:

- National and QVH context
- QVH strategic ambition.



Pillar 1 - Employment and skills

ICS Principle:

“We will improve access to quality jobs, ensuring we provide development opportunities and fair wages to help address health inequalities in the communities we serve.”

QVH’s approach to employment and skills will be to move away from asking ‘how can we recruit the staff QVH requires?’ to asking ‘how can we support the development of a more productive place?’ and ‘how can we develop a future workforce?’ This approach requires working in partnership with other local anchor institutions to understand the skill needs between local employment sectors, such as health and care, across our local area. It also requires understanding of the full training and education offer necessary to support long-term local recruitment, retention and reputation, and the principles of being a good employer. This approach may generate further conversation outside QVH’s remit such as housing, infrastructure, research and transport.

QVH has developed an “Education and Development Group” to provide a central focus on the education and development opportunities for the Trust. The group meets bi-monthly and provides oversight on how the Trust can address challenges about workforce shortages and upskilling staff. Recently the Group has reviewed its function to align with the Health Education England (HEE) Star Framework model to support workforce

transformation, focussed on five key pillars of; Supply, Upskilling, New Roles, New ways of Working, and Leadership. The group also provides a governance structure for HEE finance spending in accordance with the Trust’s educational contract.

Apprenticeship approach

QVH encourages internal departments to include apprenticeships within their workforce planning as part of service development and sustainability. The aim of this is to provide a more structured approach to apprenticeship provision. To improve inclusion, QVH has worked on ensuring that communications are inclusive and equitable. Widening participation is complex and further work is needed to improve take up by diverse groups, e.g. those with a disability and those who are ethnically diverse. Apprentices are often newer staff and the key to improving diversity is in the recruitment of more diverse staff.

Work experience approach

QVH offers both work experience events and face to face placements. Face to face placement numbers are limited



to 16 per annum, due to other training placement requirements (e.g. apprenticeships, university students, etc.), staffing supervision availability, administrative logistics, safeguarding and risk. Events are offered to provide wider participation.

Onsite recruitment events

QVH currently runs an annual onsite recruitment event. The Education and Development Group is looking to expand the number of sessions undertaken in a year and broaden the scope to include support roles as well as clinical. This will showcase the Trust's work and provide the opportunity to interview and offer positions.

Other programmes

Apprenticeship Ready: QVH offers maths and English Functional skills up to Level 2 to build confidence, skills and knowledge, and to help staff meet entry criteria for apprenticeships.

English support workshops: A range of English for Speakers of Other Languages (ESOL) workshops to improve language skills for QVH staff.

NCFE Level 2 short courses: QVH facilitates a range of level 2 short courses for those wanting continuing professional development (CPD) or to build their knowledge and skills prior to undertaking a more complex qualification.

What is our strategic ambition?

To introduce a QVH core offering, covering a wide range of careers, to build an inclusive future workforce, and be an outstanding employer for all, and specifically local employees.

Principles:

Building the future workforce:

Strengthen the link from QVH to career fairs and events in the local community and educational institutions.

Widening workforce participation:

Take an increasingly inclusive approach to recruitment of staff from a more diverse range of people, including targeting areas of socio-economic deprivation and those from inclusion health groups.

Collaborate with charities and services that support routes to employment that support equity, diversity and inclusivity.

Create a wider range of entry level roles as apprenticeships and increase the internship offer to widen participation and increase inclusivity.

Engage and collaborate with the local Job Centre Plus to offer vacancies and support application completions.

Developing skills in the community to support local people develop skills in NHS areas, even when we can't provide a career at QVH.

Being a good employer:

Commit to paying a real living wage and ensuring terms and conditions are good for health.

Tackle pay gaps by gender, ethnicity, or for other target populations.

Provide support for staff wider needs (e.g. health and wellbeing support or childcare) - with different and targeted offers for lower paid staff.

Provide support for career progression, especially for local populations.



Pillar 2 – Procurement

ICS Principle:

“We will keep as much NHS spend within Sussex as possible and ensure social value and sustainability requirements in our contracts.”

Decisions about what NHS providers such as QVH decide to buy, and how, have ramifications on local population health and wellbeing. Procuring and commissioning more goods and services from local small and medium-sized enterprises and voluntary and community sector organisations can have an important economic impact.

Resources spent locally have a multiplier effect and are reinvested in the local community at a faster rate than resources spent with national corporations. QVH is at the beginning of the social value journey, building into tenders in line with national requirements, and understanding the principles of reinvesting in the local area, by giving local suppliers greater weight in procurement processes, to create new employment locally. QVH adheres to the social value elements mandated in procurement, including a mandatory 10% weighting for social value in all NHS procurement.

What is our strategic ambition?

For QVH to purchase supplies and services from local organisations that embed social value, in order to make positive environmental, social and economic impacts.

Principles:

Shifting more spend locally

Review and adapt internal procurement policies to increase, where possible to do so, spend with local organisations, embedding social value into purchasing decisions.

Provide support to local organisations to access procurement opportunities, building local capacity and supporting local supply chains.

Prioritising and monitoring social value

Ensure social value is given appropriate weighting in all procurement.

Work with suppliers to help them understand and maximise their social value in bidding and delivering contracts.



Pillar 3 – Environmental impact

ICS Principle:

“We will reduce our carbon emissions to improve the health of our communities and ensure sustainable health and care services into the future.”

NHS organisations have a significant impact on the environment and are some of the largest contributors to climate change and air pollution. The NHS alone is responsible for 40% of public sector emissions in England.

The NHS has committed to delivering the world’s first net zero health service with key targets as follows:

- Net zero for emissions we control directly (NHS Carbon Footprint) by 2040
- Ambition to reach an 80% reduction by 2028 to 2032
- Net zero for emissions we can influence (NHS Carbon Footprint Plus) by 2045
- Ambition to reach an 80% reduction by 2036 to 2039.

The Health and Care Act 2022 placed new duties on NHS England and all trusts and ICBs to contribute towards statutory emissions and environmental targets. The Act requires providers to address the UK net zero target; the environmental targets within the Environment Act 2021; and to adapt to any current or predicted impacts of clinical change identified within the 2008 Climate Change Act. QVH’s annual report is required to include information about Board oversight of this work, and the Care Quality Commission (CQC) assessment framework includes a quality statement on environmental sustainability.

QVH also has a Green Ambassadors staff group. This is an informal group of staff who are passionate about sustainability and making a positive impact in their areas of the Trust, and since its establishment has already had some success in actions such as staff showers for cyclists. The Green Ambassadors also champion our Trust-wide green initiatives by spreading the word and encouraging green engagement in their areas.

What is our strategic ambition?

Optimising our level of activity and resource use by helping people to stay well and by making our processes as efficient as possible and reducing the carbon intensity of the care we provide. In embedding and delivering against these principles we will meet our net zero carbon target.

Principles:

Estates

Delivery of the estates strategy and estates masterplan in 2024 as a critical success factors for the environmental impact pillar. This will provide baseline data and the actions to deliver on the largest contributor to QVH’s carbon footprint.

We will consider climate resilience in any new buildings, ensuring sustainable design and redesign of healthcare estate wherever possible and relevant.

Travel

We will support active and sustainable travel (e.g. providing showers, bike parking, information on travel).

Deliver support to reduce the use of carbon emitting vehicles by staff, patients and the community.

Work in partnership with local authority on public transport, parking and electric vehicle (EV) charging.

Waste

Deliver programmes to reduce waste and dispose of waste in environmentally sustainable ways.

Pillar 4 – General social, economic and civic impact

ICS Principle:

“We will ensure our buildings and land are used to benefit local communities and help them thrive.”

The NHS is one of the largest landowners in England, with an estimated 889.5 hectares of surplus land in its portfolio in 2018/19, an area three times the size of the City of London. Some of this has been sold for housing, but within the principles of becoming anchor institutions, there may be opportunities to use NHS land to improve health and wellbeing, for example, redeveloping unused high-street real estate that is owned by or available to the NHS to create new convenient places for people to access health and other services, particularly in more deprived areas.

QVH is the smallest acute trust in the country, and therefore has a limited estate with little to no surplus space. The existing space does not meet patient need, is aging and in need of constant repair. The estate is energy inefficient, and many areas of the site have been constructed on a temporary basis and need replacing.

What is our strategic ambition?

Given the challenges of being a smaller trust, opportunities will typically be limited to co-producing new spaces, and ambitions within this pillar will be heavily reliant on partnership.

Partnerships

- Create and develop strong place-based partnerships with other local organisations.
- Join partnerships with other health anchors at multiple levels - place, system, region and nationally.
- Community co-production in the design, delivery and evaluation of anchor approaches.

Estates

- Work with the local community to design new developments regionally and nationally.
- Design, redesign or co-locate NHS estates to maximise accessibility and contribution to wider regeneration.
- Offer land and buildings to local and target organisations to use, recognising the limitations of the size of the estate and the growing demand for space for clinical services.
- Create an environment that is pleasant to visit and work in and maximises health opportunities (e.g. green space).



INTERDEPENDENCIES

The anchor institution approach is deliberately aligned to the Trust's health inequalities strategy; both address social need as a determinant of health. Health inequalities work is driven by health access and outcomes; how we adapt NHS care to account for patients' social needs, how we link patients with resources to address these social needs, and how we align local resources to improve population health.

The anchor institution strategy is directed towards how we use NHS resources to be a good citizen and to improve social conditions in the community.

Additionally, the anchor institution strategy is aligned to, and will be delivered in parallel with, the Trust's green strategy. The anchor institution strategy sets out our green ambition and intentions within the parameters of improving social conditions in the community, which has included high level principles on estates, waste and travel.

These ambitions are in alignment with the Trust's existing green strategy, which has been developed around the eight elements of the 'Care without Carbon' framework, designed to ensure we continue to have an integrated and holistic approach to our sustainable healthcare programme.

Pillar 1 within the anchor institution strategy is also closely aligned to the Trust's overall workforce and organisational development strategy, with both strategies supporting the ambitions to create strong partnerships, create an inclusive workforce and be a good employer.

