



**Meeting:** NHS Highland Board  
**Meeting date:** 28 November 2023  
**Title:** Draft Anchors Strategic Plan  
**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive  
**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

**1 Purpose**

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Argyll & Bute Strategic Plan
- Joint Strategic Plan with The Highland Council
- Together We Care
- Government policy/directive

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well	X	Stay Well	X	Anchor Well	X
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	X
Perform well	X	Progress well	X				

The Anchors Strategic Plan especially relates to Anchor Well, Plan Well and Perform Well as directly link to the Anchors pillars and ambitions. This also directly links to the Argyll & Bute Joint Strategic Plan key priorities and commissioning intentions and Living Well Programme, within the 4 outcomes of People, Communities, Workforce and Leadership.

## 2 Report summary

### 2.1 Situation

As part of the NHS Scotland Delivery Plan Guidance of 28 February 2023, and further detail in June we were asked to develop an Anchors Strategic Plan by 27 October 2023 (Appendix A). This Plan sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community. This plan will continue to be developed as we receive the key performance indicators and address how we implement these.

These 3-year plans will help the Scottish Government to understand both the current position of NHS Boards as Anchor institutions and the additional support that could be provided at a national level by the Scottish Government and Public Health Scotland (PHS) to assist their work.

This Plan (Appendix A) looks at how we can maximise the “anchoring effect” and use this to reduce social, economic and health inequalities. The Plan sets out the governance and partnership arrangements to progress our current and planned anchor activity and a clear baseline in relation to workforce, local procurement, and the use or disposal of land and assets for the benefit of the community. We believe that we contribute a significant amount to local communities and the economy, for example, as employers, contractors, service delivery and asset ownership. This NHS Highland (NHSH) Anchors Strategic Plan is shaped by Together We Care (TWC), the Board’s 5-year strategy for transformation, and the Argyll & Bute Joint Strategic Plan 2022-25 and Commissioning Strategy. TWC and the Joint Strategic Plan, both launched in 2022, clearly communicate the strategic vision, mission, and objectives to achieve over the next three to five years. Development of Joint Strategic Plans with our local authority partners will also impact on the success of delivering the Anchors Strategic Plan.

The draft Plan submitted is collaboratively for Highland and Argyll & Bute areas.

The Board is asked to be **AWARE** of the draft Anchors Strategic Plan.

### 2.2 Background

Submission of Anchors Strategic Plans are required by all NHS Boards to identify our initial 2023-26 plans. As per guidance, the Plan has been framed with reference to how it will support a ‘prevention’ public health approach and contribute to both community wealth building and reducing child poverty. Although climate action is a central anchor activity, activity in relation to this aspect of community wealth building is already be picked up within our Annual Delivery Plan and therefore the Government is not asking for this to be explicitly set out in the Anchors Strategic Plan.

The Anchors Strategic Plan sets out the following information:

- How we are currently working and intend to work in partnership, with other local anchors to progress our plan and/or develop joint plans. This includes specific reference to engagement with Local Employability Partnerships and Community Planning Partnerships.
- The actions we have taken and/or plan to take to:
  - maximise local, progressive procurement of goods and services;
  - provide fair work opportunities for new employment and for existing staff;
  - use and/or dispose of our land and assets for the benefit of the local community and local economy.
- The governance arrangements within the Board to progress the Anchors Strategic Plan.
- Cross-reference to the relevant part of our Strategic Workforce Plan that sets out how we will ‘enhance local supply pipelines and cement our role as an ‘Anchor institution’, e.g., our approach to apprenticeships and community outreach’.

We have also shared the external link for our Community Wealth Building plan.

As part of the NHS Scotland Delivery Plan Guidance, the Government also asked NHS Boards to include the following in their Anchors Strategic Plans to measure their impact at a local level:

‘a clear baseline in relation to workforce; local procurement; and [if relevant], use or disposal of land and assets for the benefit of the community.’

The challenge of identifying appropriate metrics and data in some areas means that the Government do not expect NHS Boards to include a baseline in the Anchors Strategic Plans that they will submit in October.

Further guidance on this was issued on 2 November 2023 and is included in Appendix B.

The timetable for this submission and future quarterly ADP updates is included in Appendix C.

## 2.3 Assessment

Since receipt of the Commission of June 23, Strategy and Transformation have been working with intention leads to develop our Anchors Strategic Plan.

A series of self-assessment forms are being completed for the following areas:

1. Employer (linked to Plan Well)
2. Procurement (linked to Perform Well)
3. Environment, sustainability and assets (linked to Perform Well)
4. Service design and delivery, and
5. Being an exemplar anchor institution (both linked to anchor Well).

Community Wealth Building Plans for A&B and north Highland have also been referenced to develop the draft Anchors Strategic Plan.

There are 46 reportable areas in the self-assessment templates in total.

The following table summarises the count of items requested by each template, current scores based on current collaborations and work as an Anchor Institution within NHS Highland and planned scores over the next three years.

<b>Self-assessment template Dimension</b>	<b>Count of Information requested in template</b>	<b>Total Self-assessment Score (out of Total possible Score)</b>	<b>Planned Score over medium term (out of Total possible Score)</b>
Employer – <i>provide fair work opportunities for new and existing staff</i>	13	39 / 52	47 / 52
Procurement – <i>champion local and progressive procurement of goods and services</i>	11	18 / 44	38 / 44
Environment, sustainability and assets – <i>Use land and assets in an environmentally friendly way to the benefit of communities and the local economy</i>	10	24 / 40	31 / 40
Service design and delivery – <i>Our social responsibility will become standard practice in service design and delivery</i>	5	12 / 20	13 / 20
Being an exemplar anchor institution – <i>Work in partnership with communities to improve health and wellbeing</i>	7	14 / 28	18 / 28
<b>Total</b>	<b>46</b>	<b>107 / 184</b>	<b>147 / 184</b>

The Government is prioritising the areas of Employer, Procurement and Environment, Sustainability and Assets for the first iteration of the Plan.

The process has used operational, Programme Board and Delivery Plan information to draft the templates. As this work covers a number of Strategic Ambition areas, we have established the Anchors Strategic Plan Working Group

to focus on the Plan. This has involved input from intention leads and relevant support colleagues, from Strategy & Transformation, Estates and Facilities, People and Culture, Finance and Procurement, and Public Health.

As the Plan develops, consultation with the IJB and HHSC will be required as partners of delegated services. The Strategic Plan was drafted using the templates and approved by the SRO (Head of Strategy & Transformation) and Executive Lead (Deputy Chief Executive).

The draft Anchors Strategic Plan was submitted to the:

1. Board on 26 September, for awareness
2. EDG on 23 October, for approval. This included revisions and the Quarter 2 Annual Delivery Plan update, for approval

The ADP Quarter 2 update (July – September) and Draft Anchors Strategic Plan was submitted to the Government on 27 October 2023.

The Plan will be further developed to establish a baseline to inform it using the Government metrics, published in November. This baseline is in relation to workforce, procurement and use of land and assets for the benefit of the community. 42 metrics have been identified which we are required to evaluate and return to the Government by 29 March 2024.

Using the above process and team, the second phase of the Anchors Strategic Plan will be submitted to:

1. Population Health Programme Board for ongoing development of the Plan
2. EDG at the end of February 2024, for approval;
3. The Board on 28 March 2024, for awareness.

It is anticipated that the ADP 2024-25 will also be submitted at the same time.

The development and assurance process will follow the timetable in Appendix C. Monitoring of the Plan will be integrated into the ADP quarterly update process.

In summary:

- The commission is part of the evolution of the planning process and in line with our expectations.
- The commission will develop during 2023/24 but the impact of this is not known until we develop phase 2 of the Plan.
- The content of the Anchors Strategic Plan directly correlates with Together We Care Strategy and A&B Joint Strategic Plan

- The process for monitoring the Anchors Strategic Plan will be integrated into the ADP reporting process, with deliverables included in our delivery plan tracker (“ADP2”). The updates included in ADP2 will be monitored through the Programme Board process.
- As an Anchor Institution, NHS Highland will be able to have a positive impact on local communities in the local economy and the environment. e.g. as an employer we can create opportunities for people from more deprived areas to enter employment within NHSH by expanding apprenticeships and working more closely with educational establishments. The way we spend money and use our assets can also have a positive impact on communities. Being more sustainable and climate aware will also improve health and wellbeing. Working closely with other organisations will help us to reduce health inequalities within our communities.

**Risks and Challenges**

Not applicable

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

**Comment on the level of assurance**

KPIs have been nationally developed and issued on 2 November. This will enable us to establish a baseline before March 2024, to inform the Plan, but the current version of the Plan has been developed via relevant teams, as described above.

**3 Impact Analysis**

**3.1 Quality / Patient Care**

National KPIs will be developed in phase 2 the Plan for submission in March 2024.

**3.2 Workforce**

Impact and KPIs will be developed in the Plan for submission in March 2024. Achievability within resource will be assessed and the plan revised accordingly.

**3.3 Financial**

Impact and KPIs will be developed in the next version of the. Achievability within resource will be assessed and the plan revised accordingly.

**3.4 Risk Assessment/Management**

Risks will continue to be identified in each deliverable of the Plan with controls and mitigations developed, as part of the quarterly reporting template process.

**3.5 Data Protection**

This does not involve personally identifiable information

**3.6 Equality and Diversity, including health inequalities**

We are seeking to reduce inequalities as part of the strategic intent, although at this time an impact assessment has not been completed. It is proposed that EQIAs are established and updated where relevant.

**3.7 Other impacts**

The potential impact on IJB and HHSC around governance and any changes brought about by this Board wide plan, to be assessed. Appropriate links to be accordingly made to Annual Delivery Plan documents, Argyll & Bute Strategic Plan and Living Well Programme.

**3.8 Communication, involvement, engagement and consultation**

Involvement and consultation continue to be carried out through the performance framework process via Programme Boards, Anchors Strategy Working Group and individual discussions. The published Plan be shared across the organisation

**3.9 Route to the Meeting**

This has been compiled through discussion with the Anchors Strategy Working Group intention leads and facilitation of Strategy and Transformation team.

**4 Recommendation**

Action being requested:

**Awareness** – Board to be aware of the draft Anchors Strategic Plan submitted to Government in October 2023.

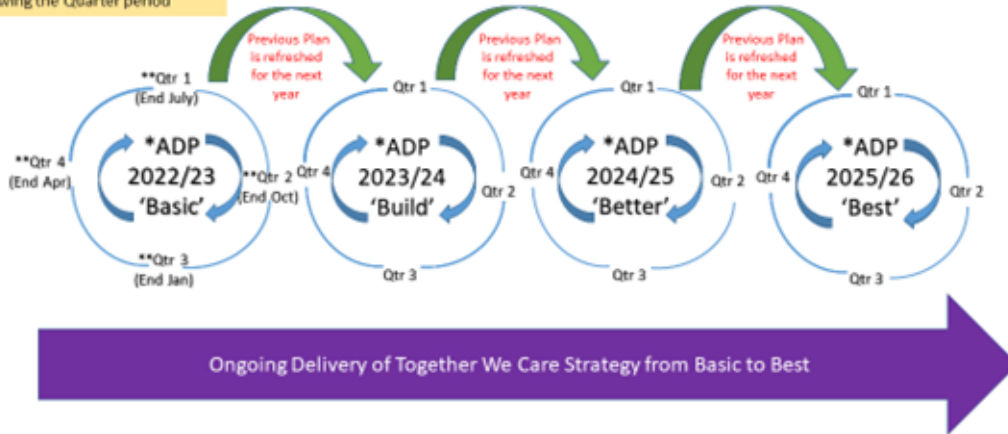
**4.1 List of appendices**

The following appendices are included with this report:

- Appendix A – Draft of Anchors Strategic Plan (attached)
- Appendix B - 1 November 2023 Guidance on establishing a baseline (attached)
- Appendix C - Planning cycle for ADP, Anchors Strategic Plan and updates (below)

## Annual Delivery Plan Submissions and Quarterly updates cycle

\*Each year's Plan will be required in early June.  
\*\*Quarterly updates will be submitted at the end of the month following the Quarter period



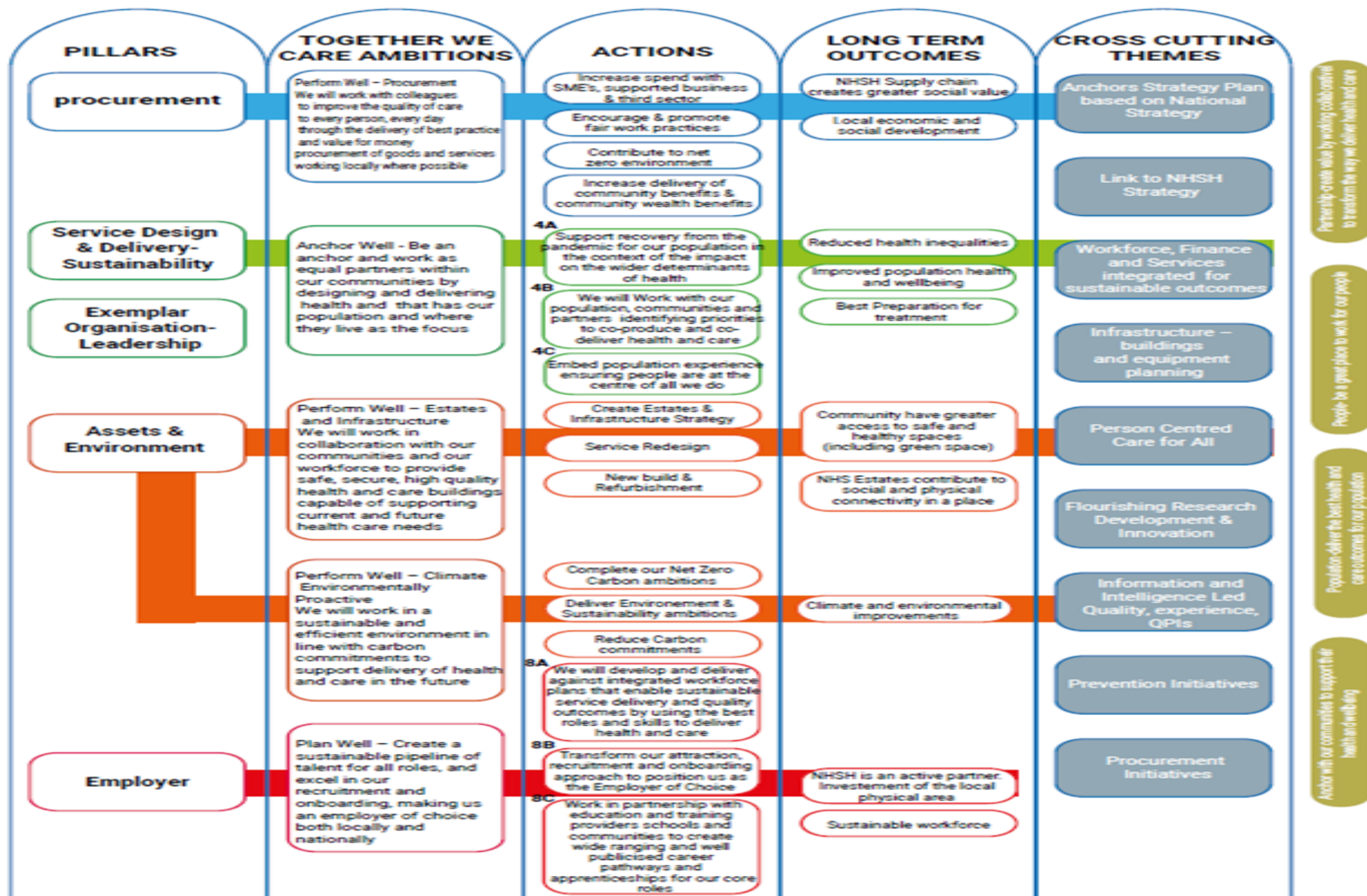
### Timetable for 23-24 with intent to publish ADP 24-25 & Anchors Strategy phase 2 in March 24

Applies to all Ambitions and Programme Boards

Financial Quarter	Prog Mgr engage with teams to update the deliverables	Programme Board approval	SRO/s approval	Final checks / Overview ppt and letter at S&T Senior Mgr Mtg	EDG approval (estimated date)	SG submission (estimated date)	Comment
Qtr1 (April-June)	May23, June23	May23, June23	by 14 July 23	w/c 17 July 23	26-Jul-23	28-Jul-23	Anchors Strategic Plan to be submitted at same time. Also supporting mid-year review papers for ADP to FRPC, Clinical Governance
Qtr2 (July-September)	Aug23, Sept23	Aug23, Sept23	by 13 Oct 23	w/c 16 Oct 23	23-Oct-23	27-Oct-23	Anchors Strategic Plan metrics to be developed, and integrated into ADP
Qtr3 (October-December)	Nov23, Dec23	Nov23, Dec23	by 12 Jan 24	w/c 15 Jan 24	22-Jan-24	26-Jan-24	Also supporting ADP and MTP year end papers to FRPC, Clinical Governance. <b>All to develop plan for ADP 24-25</b>
Qtr4 (January-March)	Feb24, Mar24	Feb24, Mar24	by 12 Apr 24	w/c 15 April 24	22-Apr-24	26-Apr-24	SG Commission expected Nov/Dec 23 Plan Mgr to distil commission for S&T, Programme Boards, Anchors Group, EDG Nov / Dec 23
ADP 24-25 & Anchors Strategic Plan (phase 2 – establish the baseline)	Nov23, Dec23, Jan24	Dec23, Jan24	by week 1 Feb 24	By week 2 Feb 24	EDG week 4 Feb 24 FRP c. 3 Mar 24 CG / Staff c. 8 Mar 24 Board c. 28 Mar 24	31 Mar 24	



# Anchors Strategic Plan





# Delivery Plan Guidance

**Additional guidance on establishing  
a baseline to inform Anchor  
Strategic Plans**

**November 2023**



**Scottish Government**  
Riaghaltas na h-Alba  
gov.scot

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## Introduction

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, the Scottish Government asked NHS Boards to develop the following:

***a clear baseline** in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community<sup>1</sup>.*

The aim of the baseline is to support NHS Boards measure progress on their anchor activity to inform their Anchor Strategic Plans, as well as to provide an overview of the current position of NHS Scotland as an anchor institution.

This communication includes a template ([Annex A](#)) that NHS Boards should use to establish their baseline and which should be submitted to the Scottish Government by Friday 29 March 2024.

Further information on how the metrics were developed is outlined below along with a note on some caveats and limitations in relation to the proposed metrics and data sources.

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<sup>1</sup> See Section 6.5 of the [NHS Scotland Delivery Plan Guidance](#).

# 1. Background

## 1.1 Process to develop appropriate metrics

Scottish Government Health and Social Care Analysts, in collaboration with NHS Boards, have developed a set of metrics to support NHS Boards establish a baseline to measure their impact at a local level as anchor institutions.

The process of developing a set of metrics involved extensive engagement with stakeholders to explore and review existing data sources and metrics. Other existing frameworks, such as the UCL Partners Anchors measurement framework, were also reviewed. Three Boards – NHS Ayrshire and Arran, NHS Forth Valley, and NHS Lothian – tested the final set of metrics to identify any practical issues in reporting.

Feedback received through this engagement process was fundamental in ensuring that the final set of metrics are feasible, manageable, and proportionate for NHS Boards to report on. The metrics were signed off by the Place and Wellbeing Programme Board on 12 October 2023.

## 1.2 Caveats and limitations

While we are confident that the proposed metrics are robust and feasible measures to support NHS Boards baseline their impact as anchor institutions, there are a number of caveats that should be acknowledged.

Some of the metrics are relatively blunt measures for the complex and nuanced outcomes around reducing health inequalities at a local level. However, as such outcomes are challenging to measure with the existing data, the proposed metrics should provide the most robust measurement possible with the available data.

For the land and assets strand, identifying appropriate metrics proved particularly challenging due to the lack of meaningful data as well as the complexity of outcomes. We have therefore included two qualitative questions to elicit a narrative on community use and barriers, which we recognise will not lend themselves to year-on-year comparison. However, they will provide some of the nuance needed to understand the current position around use and disposal of land and assets.

There are some issues around data incompleteness for the agreed metrics, in particular for the self-reported workforce equalities data. Incompleteness of self-reported staff equalities data is an analytical issue across all employers and sectors, and while this limits conclusions and interpretation, such data still provide valuable insights and are used widely in analysis and policy development.

For workforce, we have asked about Scottish Index of Multiple Deprivation (SIMD) to capture deprivation data relating to the proportion of staff, applicants, and leavers, which will provide amongst other things useful insights into the workforce geographical spread. However, as SIMD is primarily a measure of area-based deprivation we recognise there are limitations to the conclusions that can be drawn using SIMD, particularly in remote and rural areas.

It should also be noted that in a number of instances, we are asking NHS Boards to report on data that they report elsewhere. This is to signal that these data should be included and monitored as part of their Anchor Strategic Plans.

## 2. Reporting

All NHS Boards are asked to establish a baseline for their anchor activity using the template in [Annex A](#). The template should be completed and submitted to [PAWSecretariat@gov.scot](mailto:PAWSecretariat@gov.scot) by **Friday 29 March 2024**.

To avoid additional burden on NHS Boards, the metrics draw on existing data. Data sources and additional notes to help complete the template are set out in [Annex B](#).

The baseline reporting period for the metrics will be the financial year 2022/2023.

If you have any comments or questions regarding the completion of the template in [Annex A](#), please contact [PAWSecretariat@gov.scot](mailto:PAWSecretariat@gov.scot).

## 3. Future reporting

The main aim of asking each NHS Board to establish a baseline is to support them measure progress on their anchor activity which should in turn inform future iterations of their Anchor Strategic Plans.

We recognise that if the metrics had been included with the guidance issued in June 2023, NHS Boards could have baselined their current activity to inform their Anchor Strategic Plan for 2023/24. However, the process of establishing appropriate metrics took significantly longer than anticipated due to the lack of appropriate data to measure complex outcomes.

Our intention is to ask NHS Boards to measure their progress against their baseline on an annual basis, and we will issue further guidance in 2024 on submitting data for the reporting year 2023/24.

It should be noted that we have agreed to review the metrics set out in [Annex A](#) once we have received the baselines, taking on board any feedback and comments from NHS Boards and other stakeholders.

Finally, we would like to recognise the significant input of the many individuals from the groups listed in [Annex C](#) who contributed to the process of identifying and agreeing the final set of metrics.

**Una Bartley** Team Leader, Place and Wellbeing Programme



### **Return dates**

**Baseline for Anchor Strategic Plans 2023/24**  
**Friday 29 March 2024**

## Annex A – Baseline of anchor activity

Reporting year: 2022/2023

NHS Board:

Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year? ( <i>Please refer to guidance note</i> )	
W2	How many people have you engaged through employability programmes in the reporting year?	
W3	Are you accredited as a Real Living Wage employer?	Yes/No If no, are you working towards being a Real Living Wage employer?
W4	Are you accredited as Carer Positive?	Yes/No
W5	Are you accredited as Disability Confident?	Yes/No
W6	Are you accredited as Equally Safe at Work?	Yes/No
W7	Are you accredited as Menopause Friendly?	Yes/No
W8	Are you accredited with the Young Person's Guarantee?	Yes/No
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes/No
W11	Do you publish a race pay gap?	Yes/No
W12	Do you publish a disability pay gap?	Yes/No
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?	Yes/No
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) within your Board.	Yes/No  Name and title:



Official

Code	Metric	Response
W15	<p>Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting). (<a href="#">Please refer to guidance note</a>)</p>	<p> <input type="checkbox"/> Care experienced  <input type="checkbox"/> Carers  <input type="checkbox"/> Black and Minority Ethnic groups  <input type="checkbox"/> People living in the 20% most deprived areas  <input type="checkbox"/> Disabled people  <input type="checkbox"/> Gypsy Travellers  <input type="checkbox"/> Dependent on alcohol and drugs  <input type="checkbox"/> Homeless people  <input type="checkbox"/> Recently left prison  <input type="checkbox"/> Refugees and asylum seekers         </p> <p>Priority family groups at risk of child poverty, please state which:</p> <p> <input type="checkbox"/> lone parents  <input type="checkbox"/> young mothers (under 25 years old)  <input type="checkbox"/> minority ethnic families  <input type="checkbox"/> large families (with three or more children)  <input type="checkbox"/> families with a baby (under one)  <input type="checkbox"/> families with a disabled adult or child         </p> <p>Other (please state):</p>
W16	<p>Do you have plans to systematically collect data on any of these groups?</p>	<p>Yes/No</p> <p>If yes, which groups:</p>

## Official

Code	Metric	Response
<b>W17</b>	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? ( <a href="#">Please refer to guidance note</a> )	
<b>W18</b>	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? ( <a href="#">Please refer to guidance note</a> )	
<b>W19</b>	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year? ( <a href="#">Please refer to guidance note</a> )	

## Procurement

Code	Metric ( <a href="#">Please refer to guidance notes for each question below</a> )	Response
<b>P1</b>	What is your total spend on local businesses in the reporting year?	
<b>P2</b>	What percentage of your overall spend is on local businesses in the reporting year?	
<b>P3</b>	What is your total spend with SMEs in the reporting year?	
<b>P4</b>	What percentage of your overall spend is with SMEs in the reporting year?	
<b>P5</b>	What is your total spend on contracts with supported business in the reporting year?	
<b>P6</b>	What is your total spend with third sector bodies in the reporting year?	
<b>P7</b>	Please list all community benefits delivered through procurement during the reporting year.	
<b>P8</b>	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	

Official

Land and Assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date? ( <a href="#">Please refer to guidance note</a> )	
LA2	How many asset transfers have been awarded to date? ( <a href="#">Please refer to guidance note</a> )	
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes/No
LA4	Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.	Yes/No
LA5	Do you have a process in place for embedding anchor sustainability activities in <ul style="list-style-type: none"> <li>a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations)</li> <li>b) existing sites (e.g. green space, café, bookable multipurpose spaces)?</li> </ul> ( <a href="#">Please refer to guidance note</a> )	a) Yes/No  b) Yes/No
LA6	Does your strategy for new building and estates development include provision for community use <ul style="list-style-type: none"> <li>a) now (e.g. green space, café, bookable multipurpose spaces)</li> <li>b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?</li> </ul> ( <a href="#">Please refer to guidance note</a> )	a) Yes/No  b) Yes/No
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes/No
LA8	Does engagement with the community on new developments include any of your	Yes/No

## Official

Code	Metric	Response
	Board's target populations and/or target organisations?	
LA9	Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? ( <a href="#">Please refer to guidance note</a> )	Yes/No
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	Yes/No
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	Yes/No
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes/No
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Yes/No
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	

## Annex B – Data sources and additional notes

### Workforce metrics

**Key data sources:** Staff Governance Monitoring; NES TURAS.

#### Additional notes on Workforce metrics

- **W1:** Definition of Employability: Employability covers a range of activity to help participants gain skills, confidence and experience supporting them to progress towards and access employment opportunities, and to sustain and progress in work.
- **W15:** When we ask about the following groups – dependent on alcohol and drugs, homeless people, recently left prison – we are referring to a people with lived experience of addiction, homelessness and the criminal justice system.  
  
When we ask about ‘Priority family groups at risk of child poverty’ we are referring to those identified within the Government’s [Best start, Bright Futures: tackling child poverty delivery plan](#). We recognise the challenge in identifying these groups as they are quite specific, however we are seeking this information to understand where NHS employment could help to mitigate against child poverty, which we know can lead to health inequalities.
- **W17 – W18:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024. When available, we will write to Anchor Leads with instructions on how to access the data.
- **W19:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024, providing data sharing agreement is reached with sufficient time to undertake analysis and quality assurance. If available, we will write to Anchor Leads with instructions on how to access the data.

### Procurement metrics

**Key data source:** Procurement Annual Report Annex A.

#### Additional notes on Procurement metrics

- **P1 – P2:**
  - ‘Local’ is defined using the invoice address as registered on Spike Cavell/DXC.
  - For territorial NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within the local authority areas covered by the territorial Health Board.
  - For national NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within Scotland.
- **P3 – P4:** ‘Small and medium enterprises’ (SMEs) means businesses with no more than 250 employees.

## Official

- **P4:** We are aware this is not reported as part of procurement annual reports. This should be calculated by dividing the total spend with SMEs in reporting year (metric P3) by your total overall procurement spend in the reporting year.
- **P5:** 'Supported business' means an organisation whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the organisation are disabled or disadvantaged persons.
- **P7:** Community benefits are defined as relating to training and recruitment or availability of sub-contracting opportunities; or which is otherwise intended to improve the economic, social or environmental wellbeing of the contracting authority's area in a way additional to the main purpose of the contract in which the requirement is included.

### Land and Assets metrics

**Key data source:** Asset Transfer Request annual report.

#### **Additional notes on Land and Assets metrics**

- **LA1 – LA2:** This should be counted from the earliest available data on asset transfers up to and including the reporting year 2022/23.
- **LA5, LA6 and LA9:** We have provided examples of the types of activities that may feature as part of Anchors Land and Assets work however, these are not exhaustive.

## Annex C – Engagement

To develop the metrics to support NHS Boards establish a baseline, we engaged with representatives from the following groups and organisations:

- Anchors Delivery Group
- Anchors Workforce Strategic Group
- Land and Assets Task and Finish group
- National Services Scotland
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS Lothian
- NHS Education for Scotland
- NHS Procurement Services Senior Management Team
- Procurement Task and Finish group
- Public Health Scotland
- Scottish Property Advisory Group
- Scottish Government NHS Workforce Policy
- Scottish Government Procurement Policy and Analysis
- Scottish Government Wellbeing Economy Analysis
- Supplier Development Programme
- UCL Partners (Health Foundation).