NHS Boards as Anchor Institutions

Analysis of baselines of NHS Anchor activity

October 2024

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Executive summary

Background

Beyond providing excellent care, our health and social care bodies have a vital role to play in reducing inequality in Scotland. Through the Anchors workstream, the Scottish Government is supporting NHS Boards to address the wider determinants of health by contributing to the wider Community Wealth Building agenda and operating as effective 'Anchor' institutions.

As 'Anchor' institutions, NHS Boards can use their significant spending power to improve the lives of people in the communities they serve by taking deliberate decisions to: increase fair employment opportunities for target groups; procure more goods and services locally; and use or dispose of their land and assets for the benefit of their local community.

As part of the NHS Scotland Delivery Plan Guidance, issued in February 2023, all NHS Boards were asked by the Scottish Government to develop Anchor Strategic Plans to set out how they plan to progress Anchor activity in the three key strands of workforce, local procurement, and use or disposal of land and assets for the benefit of the community. In March 2024, all NHS Boards were asked to submit a baseline of their Anchor activity in relation to those strands, using a set of metrics that had been agreed in consultation with NHS Boards and other stakeholders.

This report sets out the findings from an analysis of the baseline data provided by each of the fourteen territorial and the eight national Boards. The data relates to the financial year 2022/2023 unless stated otherwise.
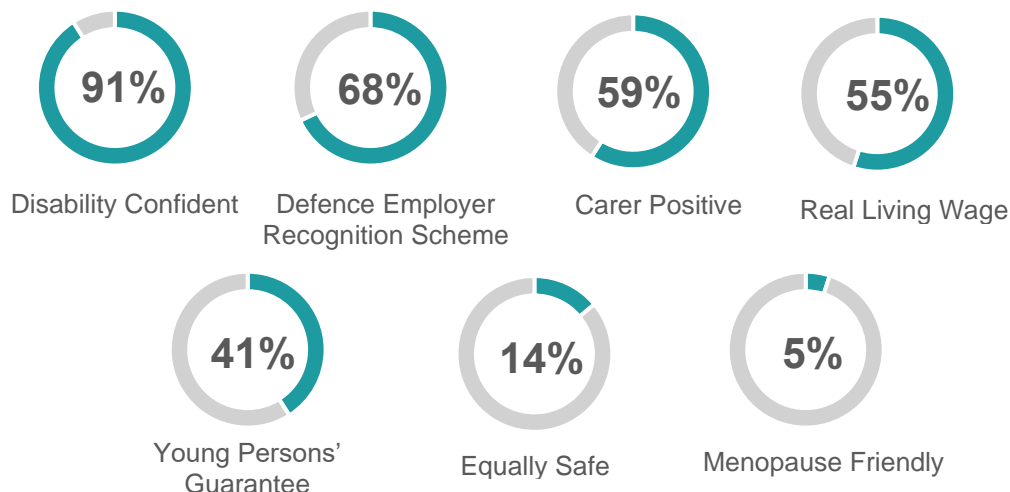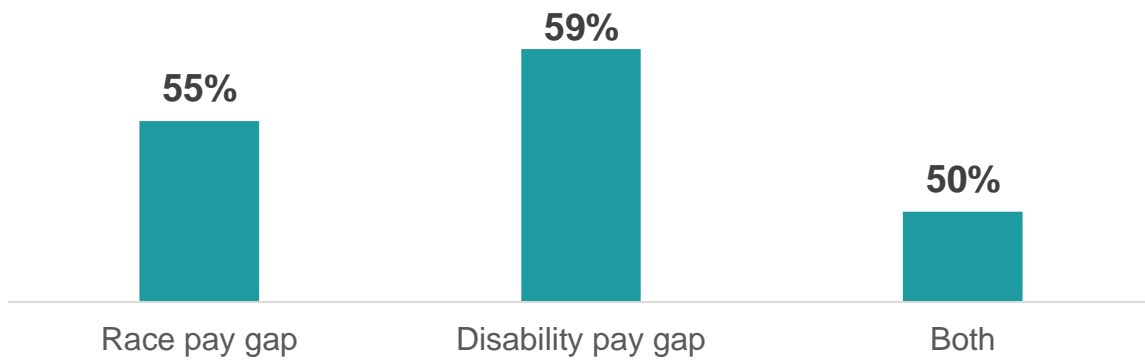
Key findings

Workforce

NHS Scotland is Scotland's largest employer, with over 180,000 employees.

Over **1,700 people** engaged in **86 employability programmes** offered by NHS Boards in 2022/2023.

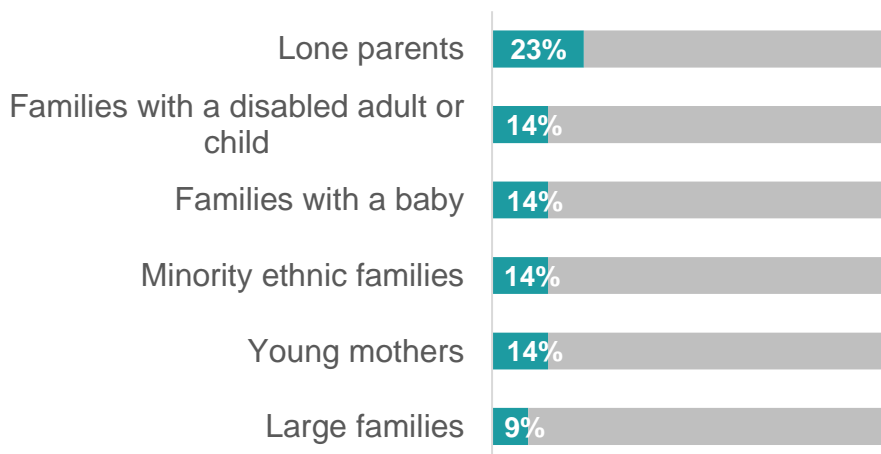NHS Boards were accredited with various **workplace schemes**:

91% Disability Confident

68% Defence Employer Recognition Scheme

59% Carer Positive

55% Real Living Wage

41% Young Persons' Guarantee

14% Equally Safe

5% Menopause Friendly

The majority of Boards published a **race and/or pay gap**:

55% Race pay gap
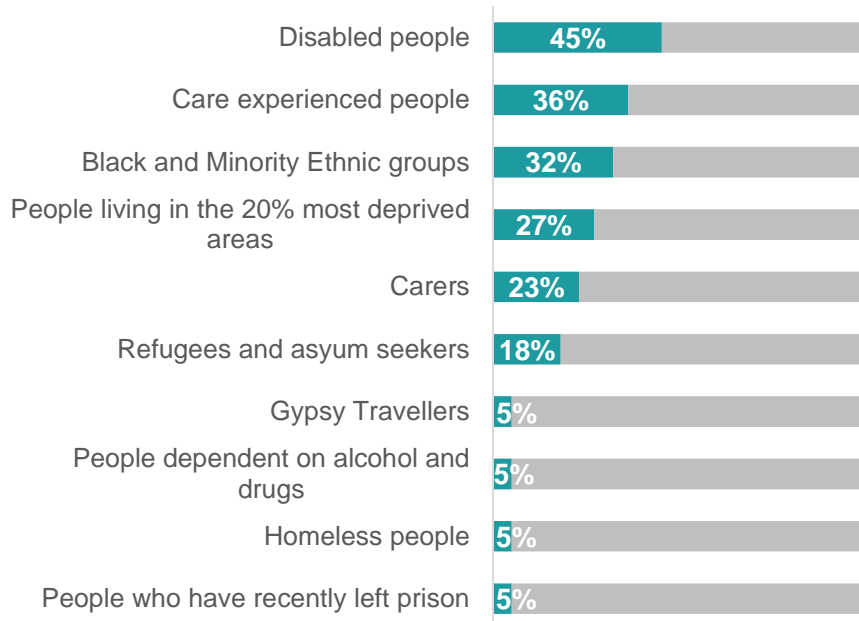**59%** Disability pay gap
50% Both

The majority of NHS Boards had a clear strategy for engaging with **Local Employability Partnerships** (LEPs) and an identified representative to engage with their LEP(s):
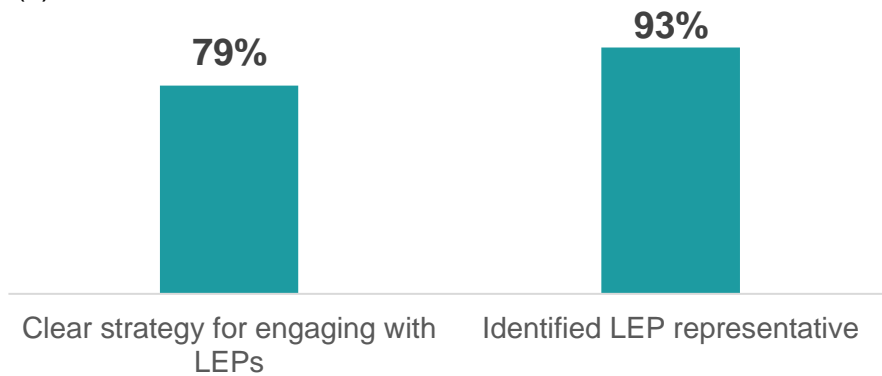
79% Clear strategy for engaging with LEPs
93% Identified LEP representative

Six Boards were targeting their employability programmes on at least one of the **family priority groups** outlined in Best Start, Bright Futures, with **lone parents** being the most commonly targeted group:

Group	
Lone parents	23%
Families with a disabled adult or child	14%
Families with a baby	14%
Minority ethnic families	14%
Young mothers	14%
Large families	9%

Twelve Boards were targeting their employability programmes on other groups who are more likely to experience **poverty and/or health inequalities**, with disabled people and care experienced people the most commonly targeted groups:

Group	Percentage
Disabled people	45%
Care experienced people	36%
Black and Minority Ethnic groups	32%
People living in the 20% most deprived areas	27%
Carers	23%
Refugees and asyum seekers	18%
Gypsy Travellers	5%
People dependent on alcohol and drugs	5%
Homeless people	5%
People who have recently left prison	5%

Just under half (47%) of NHS employees reported having no **religion** in 2023. This is lower than the percentage of the working age population in Scotland who identified as having no religion in the 2022 Census (59%).

A minority (3%) of NHS employees reported having a long-term **health problem or disability** in 2023. The proportion of the working age population in Scotland that reported having a long-term health problem or disability in the 2011 census was higher at 15%.

Procurement

NHS Scotland purchases around £3.6bn of goods and services each year.

Territorial Boards spent just under **£765m** on businesses located **within their geographical areas** in 2022/2023 while national Boards spent just under **£100m** with businesses located **in Scotland**.

Boards as a whole spent:

£1.45bn
on Small to Medium Enterprises (SMEs)

£96m
on goods and services from third sector organisations

£2.3m
on supported businesses

Ten Boards awarded contracts which delivered **community benefits**, ranging from employment opportunities to construction projects.
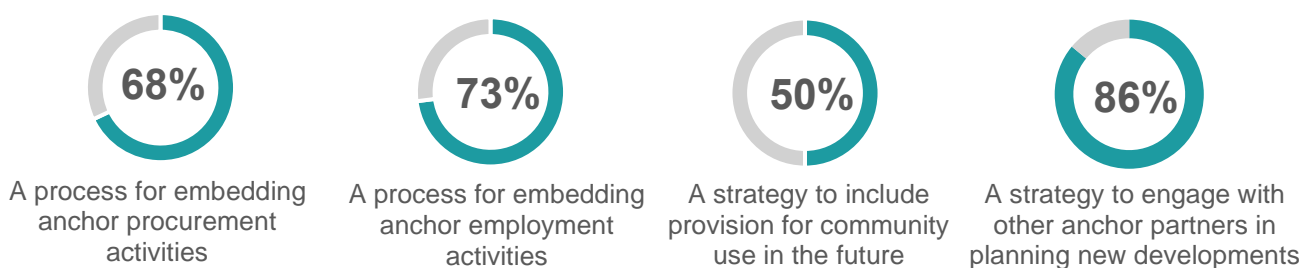
Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were **Real Living Wage Accredited** or committed to pay the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

Land and assets

There are over 270 NHS hospital sites and buildings in Scotland.

To date, seven Boards have received a total of 15 requests for **asset transfers**, of which four have been **awarded** by four different Boards.

The majority of NHS Boards reported having processes or strategies in place around **new developments** to support Anchor activity and engage their local community:

68%	**73%**	**50%**	**86%**
A process for embedding anchor procurement activities	A process for embedding anchor employment activities	A strategy to include provision for community use in the future	A strategy to engage with other anchor partners in planning new developments

Over half (55%) of Boards had a process in place to embed Anchor activities within their **existing sites**, while 64% had a strategy in place to include provision for **community use** on their estate (for example, access to green spaces, a café or bookable multipurpose spaces).

The majority of Boards had a process in place for engaging with the local community in planning the design and use of **new developments**, while smaller proportions had a policy in place for local community use of existing lands and buildings, a process for the local community to request use of existing sites, and a mechanism in place for the community and partners to be notified of surplus assets:

Process in place for engaging with the local community in planning the design and use of new developments	**73%**
Mechanism in place for community and partners to be notified of surplus assets that could be transferred	**50%**
Process for the local community to request use of existing sites	**36%**
Policy or strategy in place for local community use of existing land and buildings	**27%**
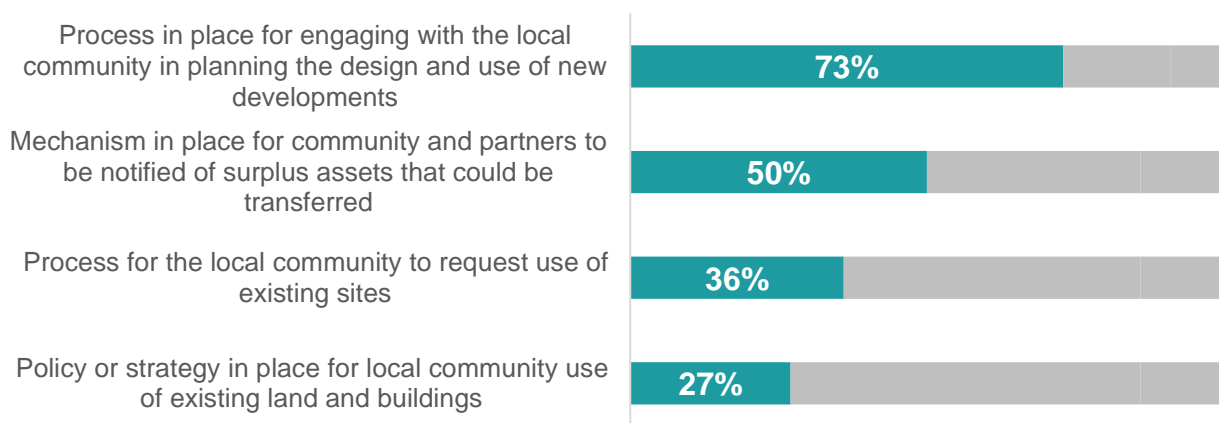
The type of groups who **made use of NHS land and buildings** included third sector organisations, social enterprises, private nurseries and local councils.

Barriers to community groups accessing or taking on NHS assets included legal and regulatory barriers, such as the complexity of the Community Asset Transfer process, operational and resource barriers, as well as concerns around security and health and safety.

1.   Introduction

The links between poverty and health inequalities are well established. We know that health inequalities limit the quality and length of people's lives, and that they contribute to a large proportion of preventable demand on health and care services in Scotland.

Through the Anchors workstream, the Scottish Government is supporting NHS Boards to address the wider determinants of health by contributing to the wider Community Wealth Building agenda and operating as effective 'Anchor' institutions.

Anchors institutions are large organisations that employ a significant number of people, spend large sums on goods and services, and have multiple buildings, land and other assets. These institutions already have a major presence and impact in their local area, but through adopting an anchors approach, they have the potential to do more.

NHS Boards are acknowledged to be Anchor institutions given that they can use their significant spending power to improve the lives of people in the communities they serve by taking deliberate decisions to: increase fair employment opportunities for target groups; procure more goods and services locally; and use or dispose of their land and assets for the benefit of their local community.

By working in partnership with other local Anchors (including local authorities, universities, and colleges), NHS Boards can maximise the positive impact they have within their local communities.

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, all NHS Boards were asked by the Scottish Government to develop Anchor Strategic Plans to set out how they plan to progress Anchor activity in three key strands: workforce; local procurement; and use or disposal of land and assets for the benefit of the community. In March 2024, all NHS Boards were asked to submit a baseline of their Anchor activity in relation to those three key strands, using a set of metrics that had been agreed in consultation with NHS Boards and other stakeholders.

This report sets out the findings from an analysis of the baseline data provided by each of the fourteen territorial Boards (which are responsible for frontline healthcare services in Scotland), and the eight national Boards (which each cover the whole of the country, for example, the Scottish Ambulance Service and NHS24).

It should be noted that national Boards differ in a number of ways from territorial Boards which affects how they operate as Anchor institutions. For example, in general they have far fewer employees and fewer buildings or large estates than the territorial Boards. In addition, with the exception of NHS National Services Scotland, the national Boards have smaller budgets, and, as they are operating at a national level, are not as well placed to contract with local suppliers or to work in partnership with local Anchor institutions. For these reasons, for some metrics, the data that was returned from the national Boards has been reported separately.

The findings provide a picture for the first time of how the NHS in Scotland is contributing to Community Wealth Building to address the wider determinants of health. While the concept of Community Wealth Building as an economic development model is relatively new, much of the activity and processes that contribute to it within NHS Boards predate the model. That said, as the findings illustrate, NHS Boards are each at very different stages as Anchor institutions with noticeable between Boards, for example, in the number who are accredited as Real Living Wage employers or who are actively engaging with local communities, in addition to significant variability in the proportion of spend with local suppliers.

The conclusion suggests reasons that might explain some of those differences and provides further detail on how the findings in the report will be used.

More detailed analysis of the baselines is set out in Annex 1, while the metrics that the baselines are derived from are set out in Annex 2. The reporting period for the baselines in this report is the financial year 2022/2023, unless stated otherwise.

2.   Workforce

Employability programmes

Poverty and income inequality continue to drive high and persistent levels of health inequalities in Scotland. Enabling and supporting individuals to increase their income through paid work and earnings is a direct way to tackle poverty. With over 180,000 employees, the NHS is Scotland's largest employer, and holds significant levers for tackling inequality through the provision of fair work opportunities.

The baselines from both the national and territorial Boards illustrate that there is a range of employability activity underway to attract different groups into NHS roles in Scotland. In 2022/2023, 17 Boards had at least one employability programme in place. Across these 17 Boards, there were 86 employability programmes underway in total, with a proportionally higher number of employability programmes in the territorial Boards (68), compared with the national Boards (18). The number of employability programmes underway within these 17 Boards ranged from two to 10.

The number of people engaged in these 86 employability programmes was 1,730. This included 1,570 people participating in the programmes offered by territorial Boards and 160 participating in the programmes offered by national Boards.

Examples of employability programmes that were underway within Boards included apprenticeships (such as Modern, Graduate and Clinical Apprenticeships), work experience opportunities (such as Work Experience Weeks and placements), and specialised programmes such as Project Search and Demonstrator[1]. The number of people participating in such programmes within Boards ranged from one to 600[2].

There is also possible double counting of national Board activity to support boards across Scotland, then reporting of activity delivered locally.

Of the five Boards that had no employability programmes in place in 2022/2023, four were national Boards while one was a territorial Board.

Accreditations and pay gap information

Payment of the Real Living Wage not only directly improves the income of employees on low incomes but is also a significant indicator of an employer's commitment to Fair Work practices. It demonstrates that the employer takes a positive approach to its workforce and helps to recruit and retain staff.

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[1] The *Project Search* programme supports disabled young adults into employment. Participating Health Boards provide three rotational work placements alongside training in essential employability and profession specific skills. The Demonstrator Programme provides ~6 month paid placements via Parental Employability Support Fund / No One Left Behind. In 22/23 the Demonstrator laritgely targeted lone parents over the age of 25.

[2] It should be noted that some Boards included in their response the number of people that had attended events, such as Careers Fairs. This is likely to have caused inconsistencies in the data, with some boards including Careers Fairs as employability programmes and others omitting this activity. In future years, metrics will be refined to distinguish employability programmes from outreach activity.

The majority of Boards (12 Boards or 55%) reported being accredited as a Real Living Wage employer in 2022/2023, with a further four Boards (18%) working towards becoming accredited. This means that of the 22 Boards, 16 (or 73%) were either accredited as a Real Living Wage employer or working towards becoming accredited, while six Boards (or 27%) were neither accredited nor working towards accreditation.

Accreditation to other workplace schemes demonstrates that an employer takes a positive approach to attracting and retaining staff from different sections of the community. The majority of Boards have demonstrated such a positive approach by being accredited with the following schemes: Disability Confident (20 Boards or 91%); the Defence Employer Recognition Scheme (15 Boards or 68%); and Carer Positive (13 Boards or 59%). In addition, a number of Boards are accredited as Equally Safe (three Boards or 14%), or signed up to the Young Person's Guarantee (nine Boards or 41%). One Board (5%) is also accredited as Menopause Friendly.

The majority of Boards publish a race and/or a disability pay gap, with 12 Boards (55%) publishing a race pay gap and 13 Boards (59%) publishing a disability pay gap.

Local Employability Partnerships

Within each local authority area, Local Employability Partnerships (LEPs) bring together Anchor institutions and other partners to take a strategic approach to identifying and offering ways to improve job opportunities for particular target groups in the local area. Engagement with LEPs can be a key way for the territorial Boards to access funding and work with other employers, such as local authorities, to maximise fair work opportunities for local people.

Of the 14 territorial Boards, 11 (79%) reported that they had a clear strategy for engaging with LEPs, while 13 (93%) stated that they had an identified representative to engage with their LEP(s). It should be noted that of the 13 who had an identified representative this may not cover all of the LEPs within a Board's area.

Target groups

The drive behind the Anchors workstream is to support a reduction in health inequalities. The focus of the workforce strand is therefore on providing and sustaining employment for those groups most likely to experience poverty as well as those groups most likely to experience health inequalities, such as Gypsy Travellers, refugees and asylum seekers and those who have lived experience of addiction, homelessness, or the criminal justice system.

For that reason, Boards were asked which, if any, of the following groups they were targeting through their recruitment, employability programmes or progression schemes, or through partners' employability programmes:

- Care experienced people
- Carers
- BME groups

- People living in the 20% most deprived areas
- Disabled people
- Gypsy Travellers
- People dependent on alcohol and drugs
- Homeless people
- People who have recently left prison
- Refugees and asylum seekers

Twelve Boards (seven territorial and five national) were targeting their employability programmes on one or more of the groups listed above. The most common groups being targeted were disabled people (10 Boards or 45%) and care experienced people (eight Boards or 36%), followed by BME groups (seven Boards or 32%), people living in the 20% most deprived areas (six Boards or 27%) and refugees and asylum seekers (four Boards or 18%).

No territorial Boards were targeting Gypsy Travellers, people dependent on alcohol and drugs, homeless people, or people who had recently left prison, while one national Board said it was targeting all of these groups. More detail can be found in Annex 1, Figure 3.

Given the size of the NHS workforce, the Anchors workstream is increasingly viewed as a vehicle to address child poverty, a key Scottish Government priority. Boards were therefore also asked about whether they were targeting any of the family priority groups outlined in Best Start, Bright Futures[3]:

- Lone parents
- Young mothers (under 25 years old)
- Minority ethnic families
- Large families (with three or more children)
- Families with a baby (under one)
- Families with a disabled adult or child

Six Boards (five territorial and one national Board) were targeting their employability programmes on at least one of the family priority groups. Of those, two Boards (one national and one territorial) were targeting all six priority groups, while other Boards targeted one, two or three of them. Five Boards (23%) were targeting lone parents, three Boards (14%) were targeting young mothers, minority ethnic families, families with a baby or families with a disabled child respectively, and two Boards (9%) were targeting large families. More detail can be found in Annex 1, Figure 4.

Overall, 12 Boards (55%) were targeting at least one of the groups likely to experience health inequalities and/or the family priority groups, while 10 (45%) Boards were not targeting any of them.

Future data collection

Boards were also asked to report whether they had plans to systematically collect data on any of the groups listed above. While workforce data in 2022/2023 captured

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[3] [Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026](#)

BME groups, people living in the 20% most deprived areas, and disabled people, the NHS Scotland Equality and Diversity monitoring form for recruitment and HR was updated in April 2024 so that all Boards will collect data on socioeconomic background, care experience, caring responsibilities, and Gypsy Travellers.

One Board reported that they plan to collect data on veterans in future but no Boards reported having plans to collect data on: people dependent on alcohol and drugs; homeless people; people who have recently left prison; or refugees and asylum seekers.

Three Boards reported having plans to collect data on the family priority groups, including one Board who reported that they plan to collect data on lone parents, one Board who reported that they plan to collect data on lone parents and young mothers, and one Board who reported that they plan to collect data on all six family priority groups.

Distribution of NHS employees and leavers

Boards were asked to provide information on the distribution of their workforce employees and leavers by protected characteristics and SIMD. These statistics were provided centrally by NHS Education for Scotland (NES), to enable consistent reporting across all Boards[4]. Comparisons are drawn with the Scottish population aged 16-64 using data from Scotland's Census 2022 where available, and Scotland's Census 2011 where the 2022 data has not yet been published. For SIMD, comparisons are drawn with National Records of Scotland (NRS) population estimates 2021.

It should be noted that there are limitations with the NES data, including issues with data completeness. High proportions of NHS employees and leavers have not disclosed information regarding protected characteristics, meaning the figures presented are likely to be an underestimate.

The NES data and census/NRS data are also not directly comparable, for reasons which include the categorisation of respondents who do not provide information. For the purposes of this report NHS employees and leavers who did not provide valid information were excluded from the analysis. This means that the workforce figures contained within this report are not comparable to those published by NES[5].

While census and NRS data has been used for this report to provide an indication of differences that are likely to be of interest, comparisons should be interpreted with caution.

The workforce data on ethnicity showed that of those who responded, 93% of NHS employees and 91% of NHS leavers identified as being white in 2023, similar to the

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[4] Due to the recency with which access to this data was gained, statistics based on the calendar year (i.e. year ending 31 December 2023) are provided for this cycle to ensure accurate reporting. This is different to the reporting period requested for other metrics (year ending 31 March 2023). For future cycles, data will be available for the financial year period.
[5] NHS Scotland Workforce Data

proportion of the working age population in Scotland that identified as being white in the 2022 Census (92%).

Just under half (47%) of NHS employees reported having no religion in 2023. This is lower than the percentage of the working age population in Scotland who identified as having no religion in the 2022 Census (59%).

A minority (3%) of NHS employees reported having a long-term health problem or disability in 2023. The proportion of the working age population in Scotland that reported having a long-term health problem or disability in the 2011 census was 15%.

The distribution of NHS employees and leavers by SIMD in 2023 appears broadly comparable with the distribution of the working age population in 2021, though there are slightly fewer NHS employees and leavers living in the 20% most deprived areas of Scotland (15% of both employees and leavers, compared with 20% of the working age population).

Further analysis would be required to understand whether employees with certain characteristics or from particular areas are more or less likely to leave employment with the NHS.

More detail can be found in Figures 5-10, Annex 1.

3.   Procurement

Through its national and territorial Boards, NHS Scotland purchases around £3.6bn of goods and services each year. Like all Anchor institutions, Boards can have a significant impact on the conditions of people not directly employed by the health sector through procuring more goods and services from local businesses, Small to Medium Enterprises (SMEs), the third sector and from supported businesses.

In 2022/2023, the 14 territorial Boards spent just under £765m on local businesses (i.e. with suppliers whose postcodes were located within the local authority areas covered by their Board). The percentage of overall spend with local businesses within the territorial Boards ranged from 4.4% to 48.7%. The variation in spend with local businesses will be influenced by a number of factors, particularly the geographical location of the Board and the number of businesses within that location able to supply the goods and services that the Board puts out to tender.

The eight national Boards spent just under £100m with businesses located in Scotland, with the percentage of overall spend on those businesses within the national Boards ranging from 0.6% to 63.9%.

The total spend on SMEs reported across all Boards was £1.45bn (including £1.18bn spent by the territorial Boards in addition to £274m by the national Boards), with the percentage of overall spend on SMEs across all Boards ranging from 18.2% to 76.9%.

Based on the 19 Boards who provided a response (13 territorial and six national), in 2022/2023 at least £2.3m of the NHS budget was spent purchasing goods and services with supported businesses. In addition, based on the 16 Boards who responded (10 territorial and six national), over £96m was spent by the NHS purchasing goods and services from third sector organisations.

NHS Scotland can also positively impact the employment opportunities, services and environment of local people by building fair work and community benefit clauses into their procurement contracts.

In 2022/2023, 10 Boards awarded contracts which delivered community benefits. The types of benefits reported included:

- Employment and training initiatives (e.g. work experience placements, apprenticeships, skills development programmes)
- Community support and development initiatives (e.g. support for charities, donated products and services and volunteering opportunities)
- Infrastructure and facility improvements (e.g. furnishing and equipment provision, construction projects, renovation of community spaces)

Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage. Five Boards (three territorial and two national)

reported that this information is not currently recorded or available, while one Board stated that they had not awarded any such contracts in the reporting year.

4. Land and assets

The NHS owns significant land and buildings – with over 270 hospital sites and buildings alone in Scotland – some of which can be sold or made available for community benefit. For example, the NHS can work in partnership with other Anchor institutions and/or community organisations to co-design new buildings or to dispose of their assets to meet the needs of local communities, such as for affordable housing. In addition, Boards can share assets with community and voluntary organisations, open up green spaces for community use, and provide building space for community services or to support community activities, such as fruit and vegetable sales.

Asset transfers

To date, seven Boards have received a total of 15 requests for asset transfers. Of those 15 requests received, four transfers (or 27%) have been awarded by three different Boards.

Fifteen Boards have received no asset transfer requests to date, four have received one request, two have received two requests and one has received seven requests.

New developments

The majority of Boards reported having processes or strategies in place around new developments to support Anchor activity and engage their local community. For example, for new developments: 15 Boards (68%) had a process in place for embedding anchor procurement activities; 16 Boards (73%) had a process in place for embedding anchor employment activities; 11 Boards (50%) had a strategy to include provision for community use in the future; and 19 Boards (86%) had a strategy to engage with other anchor partners in planning new developments. More detail can be found in Annex 1, Figure 11.

The territorial Boards were more likely than the national Boards to have strategies in place around new developments to support Anchor activity and engage their local community. This likely reflects the larger estates that territorial Boards generally manage compared to the nationals, and the greater potential the territorial Boards have to both define and engage with their local communities (as well as other local Anchors) and to offer them the use or transfer of their assets. More detail can be found in Annex 1, Figures 12 and 13.

Existing sites

For their existing sites, 12 Boards (55%) reported having a process in place to embed Anchor activities, while 14 Boards (64%) had a strategy in place to include provision for community use on their estate, for example by offering communities access to green spaces, a café or bookable multipurpose spaces. More detail can be found in Annex 1, Figures 14-16.

Community engagement

Community engagement, particularly in relation to new builds as well as use and disposal of existing NHS land and assets, is a key aspect of Anchor activity.

Overall, 16 Boards (73%) reported that they had a process in place for engaging with the local community in planning the design and use of new developments. Of those Boards, their engagement with the community included engaging with target populations and/or organisations. More detail can be found in Annex 1, Figure 17.

In addition, six Boards (27%) reported having a policy or strategy in place for community use of their existing land and buildings, while eight Boards (36%) had a process for the local community to request use of existing sites. Of the Boards who engage with the community on existing sites, half (11) engage with target populations and/or target organisations. Half of all Boards (11) also had a mechanism in place for their community and partners to be notified of surplus assets that could be transferred.

Use of existing land and assets

Boards were asked to list the current use of their land and assets by community groups and activity type. It was mainly the territorial Boards who responded to this question, although one of the territorial Boards said that no community groups were making use of their land and assets currently.

The types of group mentioned by Boards who were making use of their land and buildings included third sector organisations, social enterprises, private nurseries and local councils. The types of activity being undertaken by these groups included social support services, leisure and sport activities, community gardening projects, retail and hospitality services and farming.

Barriers faced by community groups to use, or transfer, NHS assets

Ten of the territorial Boards and two of the national Boards cited a number of barriers to community groups either accessing or taking on NHS assets. They included legal and regulatory barriers, such as the Community Asset Transfer process being complex and intensive, financial barriers, operational and resource barriers, and barriers relating to community engagement and expectations, as well as concerns around security and health and safety.

5. Conclusion

This report sets out the current position of NHS Boards as Anchor institutions, providing an overview of the contribution of NHS Scotland to Community Wealth Building.

The concept of Community Wealth Building as an economic development model is still relatively new and, as illustrated in this report, there is considerable variability between the NHS Boards as Anchor institutions.

As outlined in the introduction, some of this difference is explained by the distinct nature of the national Boards which, in general, compared with territorial Boards, employ far fewer employees and have far fewer buildings or large estates. In addition, with the noticeable exception of NHS National Services Scotland, the national Boards have much smaller budgets, and, as they are operating at a national level, are not as well placed to contract with local suppliers or to work in partnership with other local Anchor institutions.

However, there are also noticeable differences between the territorial Boards in their current position, for example, in the proportion of spend with local suppliers, the number of employability schemes in operation, and the number who are actively engaging with communities and partners over the use and disposal of their land.

There are a number of factors that may explain these differences, such as geographical location which will determine the number of local suppliers who can realistically bid for the goods and services put out to contract. In addition, some territorial Boards are operating across several local authorities while others are operating across just one, which can impact the ease of establishing and maintaining partnerships with other local Anchor institutions to progress action. Economies of scale may also impact the stage that Boards are at as Anchors, as Boards with bigger budgets are arguably better placed to dedicate more staff to establish Anchor activity. In addition, a number of Boards, particularly those serving predominantly urban populations, are located within regions or local authorities where there has been a lot of activity underway for some time to support Anchors to work in partnership to progress Community Wealth Building.

In addition to providing an overview of how NHS Scotland is currently contributing to Community Wealth Building, the findings in this report will be used by the Scottish Government alongside other evidence to define priority areas and set minimum expectations of NHS Boards as Anchor institutions.

It is also anticipated that the report will be of interest to, and used by NHS Boards and their local partners to assess how and where they might target their resources in the future to maximise the proportion of wealth that is retained in their in local communities to tackle the wider determinants of health.

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Annex 1: Analysis of NHS Boards' baselines of Anchor activity

This Annex contains the full analysis of the baseline Anchors data provided to the Scottish Government by NHS Boards. The baseline reporting period for the metrics is the financial year 2022/2023. The data relates to this period unless stated otherwise. Some metrics were not applicable to all Boards, and some Boards were not able to provide responses to certain metrics. The number of Boards on which the analysis is based is therefore specified for each measure.

1. Workforce

1.1. Number of employability programmes

Boards were asked to report how many employability programmes were underway within their Board in the reporting year.

All 22 Boards provided a response to this question. Five Boards (one territorial Board and four national Boards) had no employability programmes underway.

Across the 17 Boards who had at least one employability programme underway, the total number of employability programmes in place was 86.

Across the 13 territorial Boards who had at least one employability programme underway, the total number of employability programmes in place was 68. The number of programmes underway in territorial Boards ranged from two to nine.

Across the four national Boards who had at least one employability programme underway, the total number of employability programmes in place was 18. The number of programmes underway in national Boards ranged from two to 10.

1.2. People engaged through employability programmes

Boards were asked to report how many people they engaged through employability programmes in the reporting year.

Of the 22 Boards, 20 provided a response to this question. Two Boards (both territorial) were unable to confirm the number of people they engaged during the reporting year.

Across the 20 Boards who provided a response, the total number of people engaged was 1,730.

Across the 12 territorial Boards who provided a response, the number of people engaged was 1,570.

Across the eight national Boards, the number of people engaged was 160.

Of the 20 Boards, five did not engage anyone through employability programmes in the reporting year. Of the 15 Boards who engaged at least one person, the number of people engaged ranged from one to 600.

It should be noted that some Boards included in their response the number of people that had attended events, such as Careers Fairs. This is likely to have caused inconsistencies in the data, with some boards including Careers Fairs as employability programmes and others omitting this activity. In future years, metrics will be refined to distinguish employability programmes from outreach activity.

here is also possible double counting of national Board activity to support boards across Scotland, then reporting of activity delivered locally.

1.3. Workplace accreditations

Boards were asked to report whether they were accredited with various workplace schemes.

All 22 Boards provided responses to these questions.

The proportions reporting being accredited with each of the schemes are displayed below.

Figure 1: Percentage of all Boards with various accreditations in 2022/23
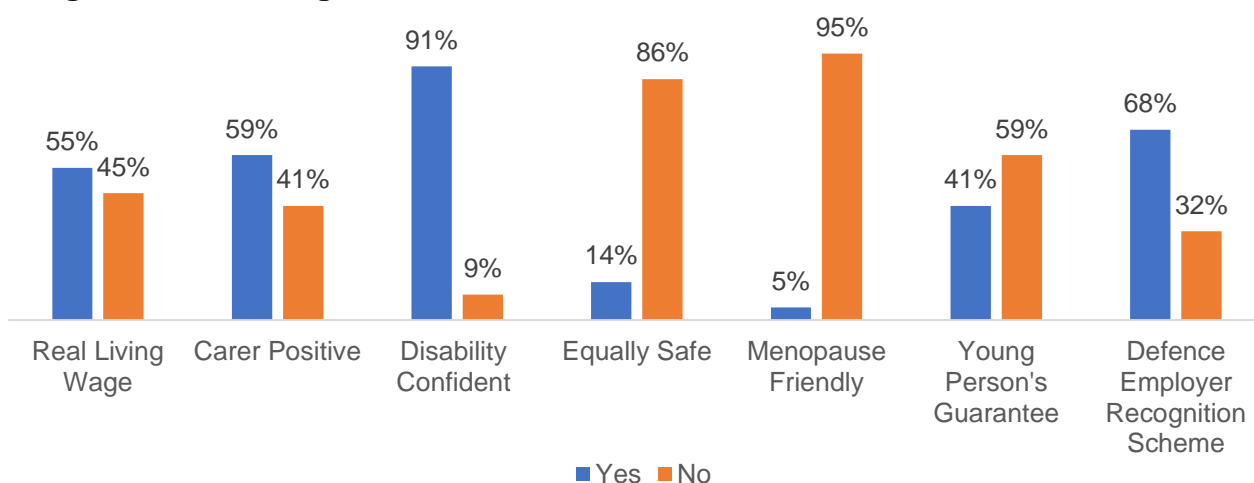
Source: Anchors baseline returns 22/23
Frequencies: Real Living Wage: Yes – 12, No – 10, Carer Positive: Yes – 13, No – 9, Disability Confident: Yes – 20, No – 2, Equally Safe: Yes – 3, No – 19, Menopause friendly: Yes – 1, No – 21, Young Person's Guarantee: Yes – 9, No – 13, Defence Employer Recognition scheme: Yes – 15, No – 7

1.4. Pay gap publication

Boards were asked to report if they published a race and/or pay disability gap.

All 22 Boards provided responses to these questions.

Of the 22 Boards, 12 (55%) published a race pay gap, while 10 (45%) did not.

Of the 22 Boards, 13 (59%) published a disability pay gap, while nine (41%) did not.

Half of Boards (11; 50%) published both a race and disability pay gap, while eight Boards (36%) published neither.

1.5. Local Employability Partnerships

Territorial Boards were asked to report if they had a clear strategy for engaging with Local Employability Partnerships (LEPs) within their Board area in the reporting year.

All 14 territorial Boards responded to this question.

Of the 14 territorial Boards, 11 (79%) reported that they had a clear strategy for engaging with LEPs, while three (21%) reported that they did not.

Territorial Boards were also asked to report if their Board had an identified LEP representative, who regularly attends LEP meetings and contributes to the development, implementation and continuous improvement of the LEP Investment Plan, in the reporting year.

All 14 territorial Boards responded to this question.

Of the 14 Boards, 13 (93%) reported that they had an identified LEP representative, while one (7%) reported that they did not.

Figure 2: Percentage of territorial Boards with a clear strategy engaging with LEPs/who had an identified LEP representative in 2022/23
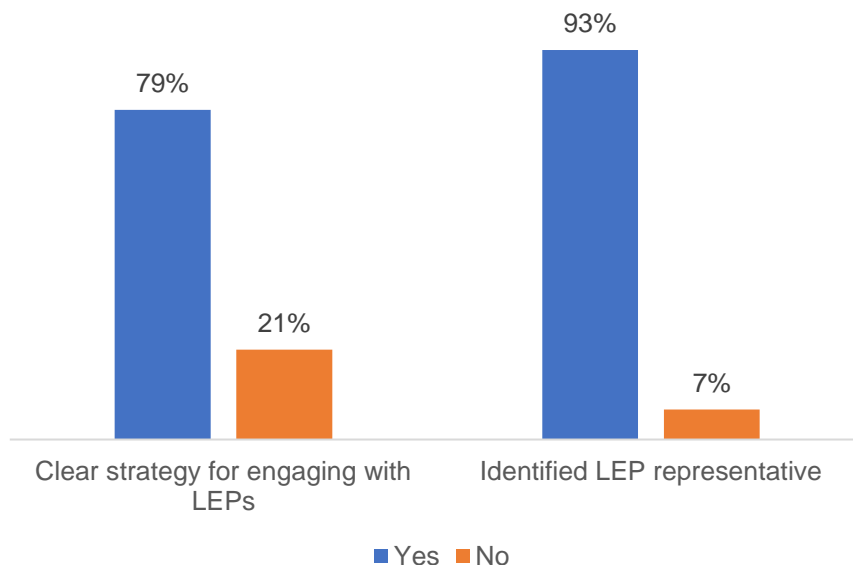
Source: Anchors baseline returns 22/23
Frequencies: Clear strategy for engaging with LEPs: Yes – 11, No – 3, Identified LEP representative: Yes – 13, No – 1

1.6. Target groups

Boards were asked to report whether they are targeting one or more of the following groups more likely to experience poverty and/or health inequalities, either through recruitment, employability programmes or progression schemes, or through working with partners (for example LEPs, colleges, or universities):

- Care experienced people

- Carers
- Black and Minority Ethnic (BME) groups
- People living in the 20% most deprived areas
- Disabled people
- Gypsy Travellers
- People dependent on alcohol and drugs
- Homeless people
- People who have recently left prison
- Refugees and asylum seekers

As well as the following family priority groups at risk of child poverty (outlined in Best Start, Bright Futures[6]):

- lone parents
- young mothers (under 25 years old)
- minority ethnic families
- large families (with three or more children)
- families with a baby (under one)
- families with a disabled adult or child

All 22 Boards provided a response to this question.

Of the 22 Boards, 10 (45%) reported that they were not targeting any of the groups stated, while 12 Boards (55%) were targeting at least one group. One Board was targeting all of the groups stated.

1.6.1. Groups likely to experience poverty and/or health inequalities

Figure 3: Proportion of all Boards, territorial Boards and national Boards targeting other groups through recruitment, employability programmes or progression schemes, or through working with partners, in 2022/2023
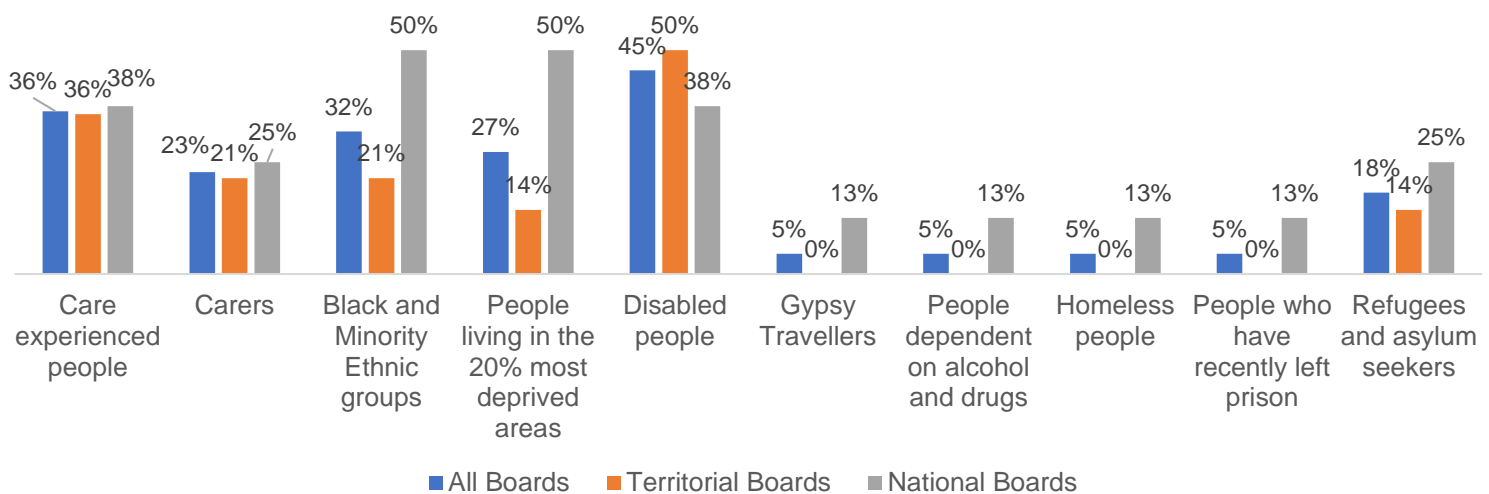
Source: Anchors baseline returns 22/23

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[6] Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026

Frequencies: ALL BOARDS = Care experienced people – 8, Carers, 5, Black and Minority Ethnic groups – 7, People living in the 20% most deprived areas – 6, Disabled people – 10, Gypsy Travellers – 1, People dependent on alcohol and drugs – 1, Homeless people – 1, People who have recently left prison – 1, Refugees and asylum seekers – 4, TERRITORIAL BOARDS = Care experienced people – 5, Carers – 3, Black and Minority Ethnic groups – 3, People living in the 20% most deprived areas – 2, Disabled people – 7, Gypsy Travellers – 0, People dependent on alcohol and drugs – 0, Homeless people – 0, People who have recently left prison – 0, Refugees and asylum seekers – 2, NATIONAL BOARDS = Care experienced people – 3, Carers – 2, Black and Minority Ethnic groups – 4, People living in the 20% most deprived areas – 4, Disabled people – 3, Gypsy Travellers – 1, People dependent on alcohol and drugs – 1, Homeless people – 1, People who have recently left prison – 1, Refugees and asylum seekers – 2

1.6.2. Family priority groups

Figure 4: Proportion of all Boards, territorial Boards and national Boards targeting family priority groups through recruitment, employability programmes or progression schemes, or through working with partners, in 2022/2023
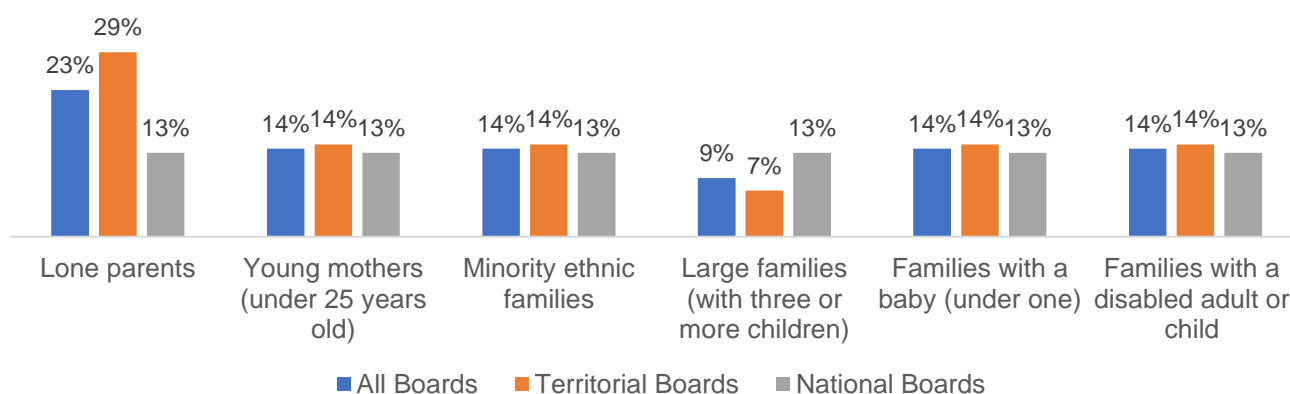
Source: Anchors baseline returns 22/23
Frequencies: ALL BOARDS = Lone parents – 5, Young mothers – 3, Minority ethnic families – 3, Large families – 2, Families with a baby – 3, Families with a disabled adult or child – 3, TERRITORIAL BOARDS = Lone parents – 4, Young mothers – 2, Minority ethnic families – 2, Large families – 1, Families with a baby – 2, Families with a disabled adult or child – 2, NATIONAL BOARDS = Lone parents – 1, Young mothers – 1, Minority ethnic families – 1, Large families – 1, Families with a baby – 1, Families with a disabled adult or child – 1

Six Boards were targeting at least one of the family priority groups. Of those, two were targeting one of the groups, one was targeting two of the groups, one was targeting three of the groups, and two were targeting all of the groups.

1.6.3. Future data collection

Boards were also asked to report whether they had plans to systematically collect data on any of the groups listed above. While workforce data in 2022/2023 captured BME groups, people living in the 20% most deprived areas, and disabled people, the NHS Scotland Equality and Diversity monitoring form for recruitment and HR was updated in April 2024 so that all Boards will collect data on socioeconomic background, care experience, caring responsibilities, and Gypsy Travellers.

One Board reported that they plan to collect data on veterans in future but no Boards reported having plans to collect data on: people dependent on alcohol and drugs; homeless people; people who have recently left prison; or refugees and asylum seekers.

Three Boards reported having plans to collect data on the family priority groups, including one Board who reported that they plan to collect data on lone parents, one Board who reported that they plan to collect data on lone parents and young mothers, and one Board who reported that they plan to collect data on all six family priority groups.

1.7. Distribution of NHS employees and leavers compared to population level data

Boards were asked to provide information on the distribution of their workforce employees and leavers by protected characteristics and SIMD. These statistics were provided centrally by NHS Education Scotland (NES), to enable consistent reporting across all Boards[7].

Figures 5-10 below show the distribution of employees and leavers across all 22 Boards by protected characteristics and SIMD compared with population level data. For the protected characteristics, comparisons are drawn with the Scottish population aged 16-64 using data from Scotland's Census 2022 where available, and Scotland's Census 2011 where the 2022 data has not yet published. For SIMD, comparisons are drawn with National Records of Scotland (NRS) population estimates 2021.

It should be noted that there are limitations with the NES data, including issues with data completeness. High proportions of NHS employees and leavers have not disclosed information regarding protected characteristics, meaning the figures presented are likely to be an underestimate.

The NES data and census/NRS data are also not directly comparable, for reasons which include the categorisation of respondents who do not provide information. For the purposes of this report NHS employees and leavers who did not provide valid information were excluded from the analysis. This means that the workforce figures contained within this report are not comparable to those published by NES[8].

While census and NRS data has been used for this report to provide an indication of differences that are likely to be of interest, comparisons should be interpreted with caution.

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[7] Due to the recency with which access to this data was gained, statistics based on the calendar year (i.e. year ending 31 December 2023) are provided for this cycle to ensure accurate reporting. This is different to the reporting period requested for other metrics (year ending 31 March 2023). For future cycles, data will be available for the financial year period.
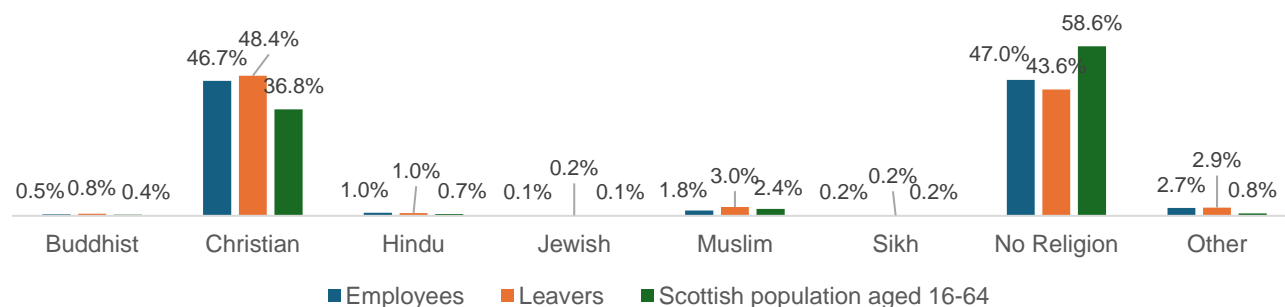[8] NHS Scotland Workforce Data

Figure 5: Distribution of NHS employees and leavers by ethnicity across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
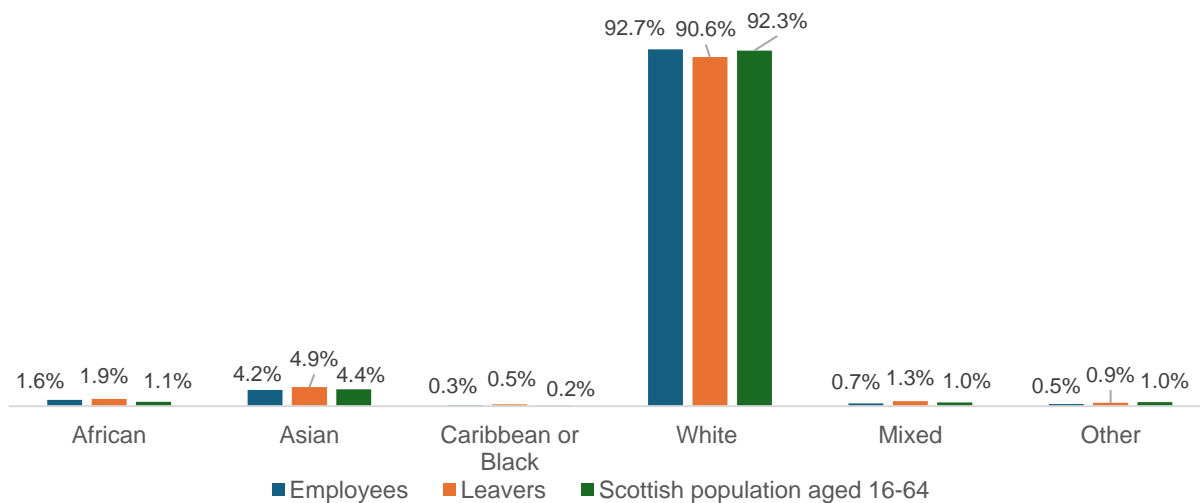
Source: NES Anchors data, Scotland's Census 2022[9]

Figure 6: Distribution of employees and leavers by religion across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
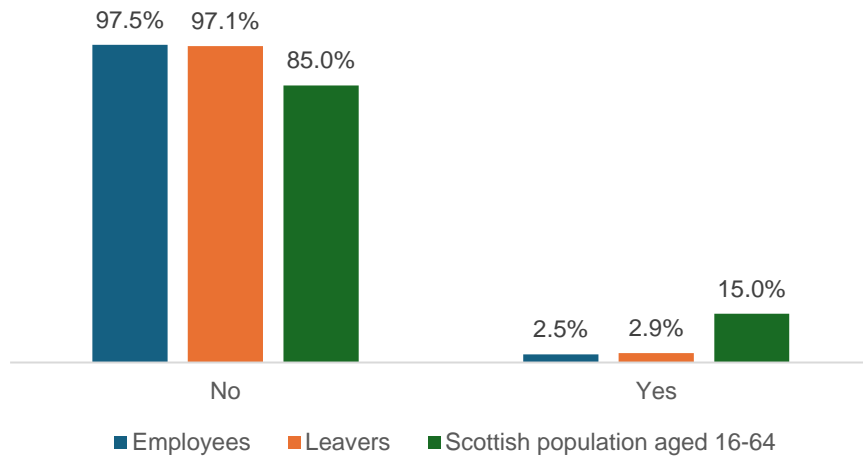

Source: NES Anchors data, Scotland's Census 2022[10]

[9] Scotland's Census 2022 - Ethnic group, national identity, language and religion
[10] Scotland's Census 2022 - Ethnic group, national identity, language and religion

Figure 7: Distribution of employees and leavers by disability across all Boards in 2023, compared with the Scottish population aged 16-64, 2011

Source: NES Anchors data, Scotland's Census 2011[11]

Figure 8: Distribution of employees and leavers by sexual orientation across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
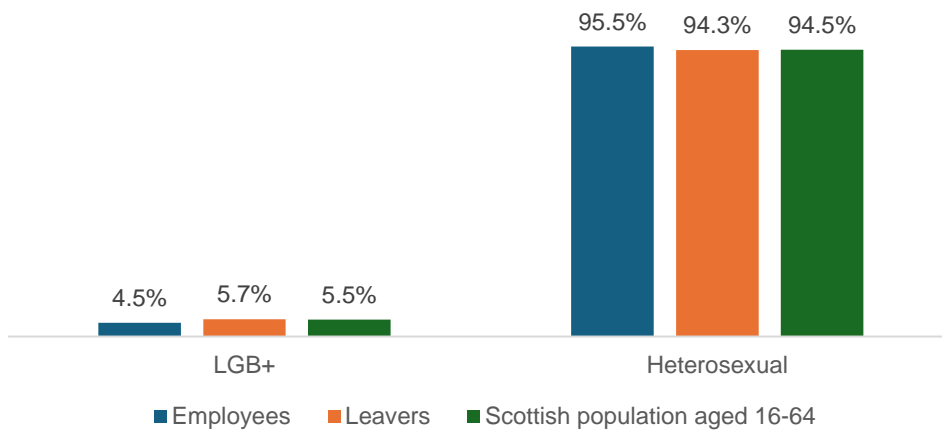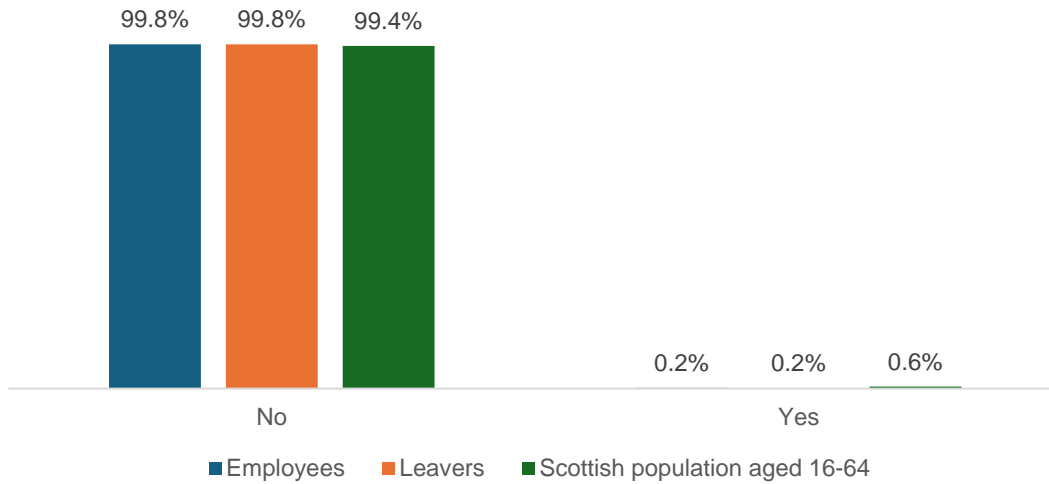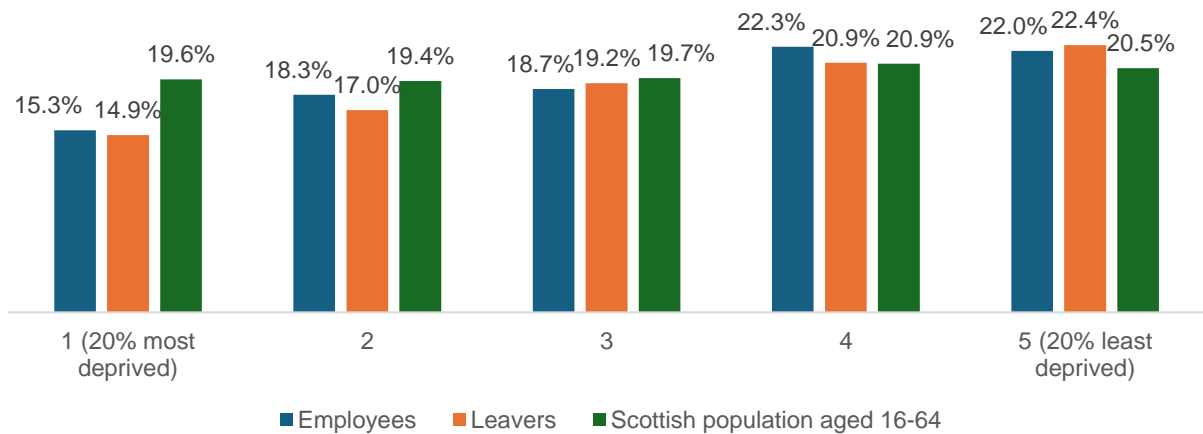

Source: NES Anchors data, Scotland's Census 2022[12]

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[11] Health | Scotland's Census
[12] Scotland's Census 2022 - Sexual orientation and trans status or history

Figure 9: Distribution of employees and leavers by whether transgender across all Boards in 2023, compared with the Scottish population aged 16-64, 2022

Source: NES Anchors data, Scotland's Census 2022[13]

Figure 10: Distribution of employees and leavers by SIMD across all Boards in 2023, compared with the Scottish population aged 16-64, 2021

Source: NES Anchors data, NRS Population Estimates by Scottish Index of Multiple Deprivation (SIMD) 2021[14]

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[13] Scotland's Census 2022 - Sexual orientation and trans status or history
[14] Population Estimates by Scottish Index of Multiple Deprivation (SIMD) | National Records of Scotland

2. Procurement

2.1. Spend on local businesses

Boards were asked to report both their total spend on local businesses, and the percentage of their overall spend on local businesses, in the reporting year.

All 22 Boards provided responses to these questions.

Across the 14 territorial Boards, the total spend on local businesses (i.e. expenditure with suppliers whose postcodes were located within the local authority areas covered by the Board) was £764,914,504.72. The percentage of overall spend on local businesses within these Boards ranged from 4.4% to 48.7%.

Across the eight national Boards, the total spend on businesses located in Scotland was £99,532,647.66. The percentage of overall spend on local businesses within these Boards ranged from 0.6% to 63.9%.

2.2. Spend on Small to Medium Enterprises (SMEs)

Boards were asked to report both their total spend on Small to Medium Enterprises (SMEs), and the percentage of their overall spend on SMEs, in the reporting year.

All 22 Boards provided responses to these questions.

Across all Boards, the total spend on SMEs was £1,453,093,916.47. The percentage of overall spend on SMEs across all Boards ranged from 18.2% to 76.9%.

Across the 14 territorial Boards, the total spend on SMEs was £1,179,298,239.51. The percentage of overall spend on SMEs within these Boards ranged from 18.2% to 51.7%.

Across the eight national Boards, the total spend on SMEs was £273,795,676.96. The percentage of overall spend on SMEs within these Boards ranged from 19.2% to 76.9%.

2.3. Spend on contracts with supported businesses

Boards were asked to report their total spend on contracts with supported businesses in the reporting year.

Of the 22 Boards, 19 provided a response to this question. Three Boards (two national and one territorial) reported that this information is not currently recorded or available.

Across the 19 Boards, the total spend on contracts with supported businesses was £2,345,095.87.

Across the 12 territorial Boards that provided a response, the total spend on contracts with supported businesses was £652,824.87.

Across the seven national Boards that provided a response, the total spend on contracts with supported businesses was £1,692,271.

2.4. Spend on third sector bodies

Boards were asked to report their total spend with third sector bodies in the reporting year.

Of the 22 Boards, 16 provided a response to this question. Six Boards (four territorial and two national) reported that this information is not currently recorded or available.

Across the 16 Boards, the total spend with third sector bodies was £96,071,695.19.

Across the 10 territorial Boards that provided a response, the total spend on contracts with third sector bodies was £94,798,586.56.

Across the six national Boards that provided a response, the total spend on contracts with third sector bodies was £1,273,108.63.

2.5. Community benefits delivered

Boards were asked to report community benefits delivered through procurement in the reporting year.

All 22 Boards provided a response to this question.

Of the 22 Boards, 10 reported that they awarded contracts with community benefits during the reporting year. These included employment and training initiatives (e.g. work experience placements, apprenticeships, skills development programmes), community support and development initiatives (e.g. support for charities, donated products and services and volunteering opportunities), and infrastructure and facility improvements (e.g. furnishing and equipment provision, construction projects, renovation of community spaces).

2.6. Contracts with Real Living Wage Accredited Suppliers

Boards were asked to report the percentage of their newly awarded contracts which were with Real Living Wage Accredited suppliers during the reporting year.

Of the 22 Boards, 16 provided a response to this question. Five Boards (three territorial and two national) reported that this information is not currently recorded or available, while one territorial Board reported that they did not award any contracts in the reporting year.

Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of

their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

Looking at the 10 territorial Boards only, four awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage, while the remaining six awarded between 0% and 56% to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

For the six national Boards, two awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage, while the remaining four awarded between 14% and 36% to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

3. Land and assets

3.1. Asset transfer requests

Boards were asked to report how many asset transfer requests they have received and awarded to date.

All 22 Boards provided responses to these questions.

Across the 22 Boards, a total of 15 requests have been received by seven Boards.

The number of requests received ranged from none to seven, with 15 Boards having received no requests, four having received one request, two having received two requests and one having received seven requests.

Of the 15 requests received by seven Boards, four have been awarded (27%) by four Boards (with each awarding one).

3.2. New developments

Boards were asked to report on what processes they had in place for new development to embed anchor activities and engage with their local community and/other anchor organisations.

All 22 Boards provided responses to these questions, although some national Boards responded that certain questions were not applicable to them.

Figure 11: Proportion of all Boards who had processes/strategies in place for new developments, 2022/23
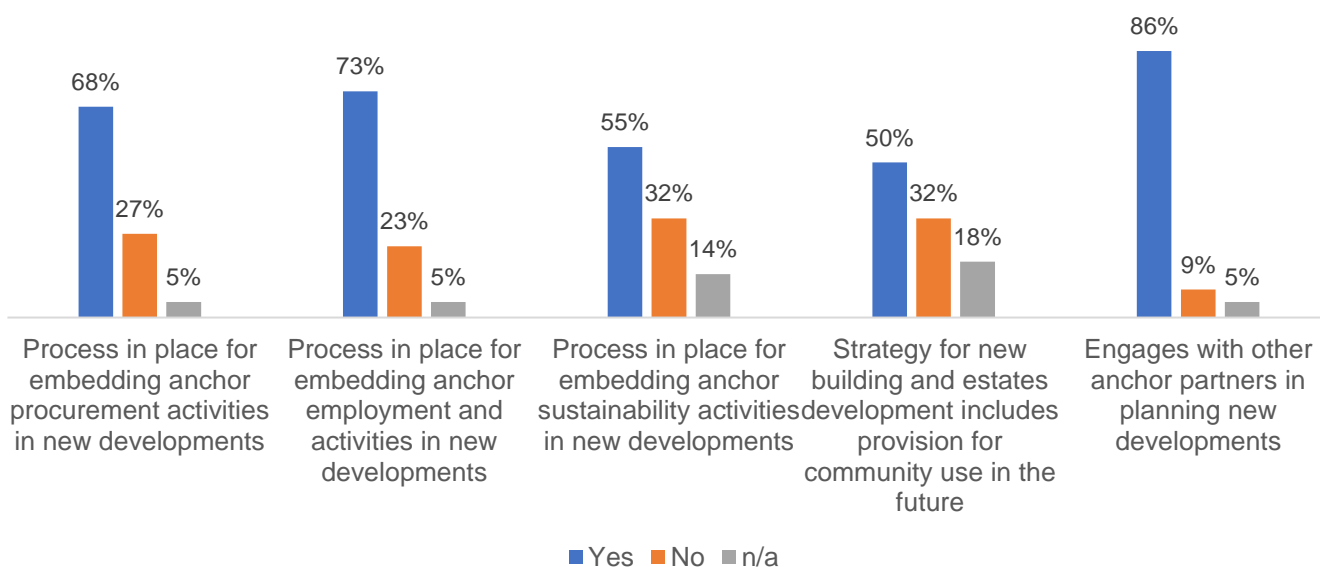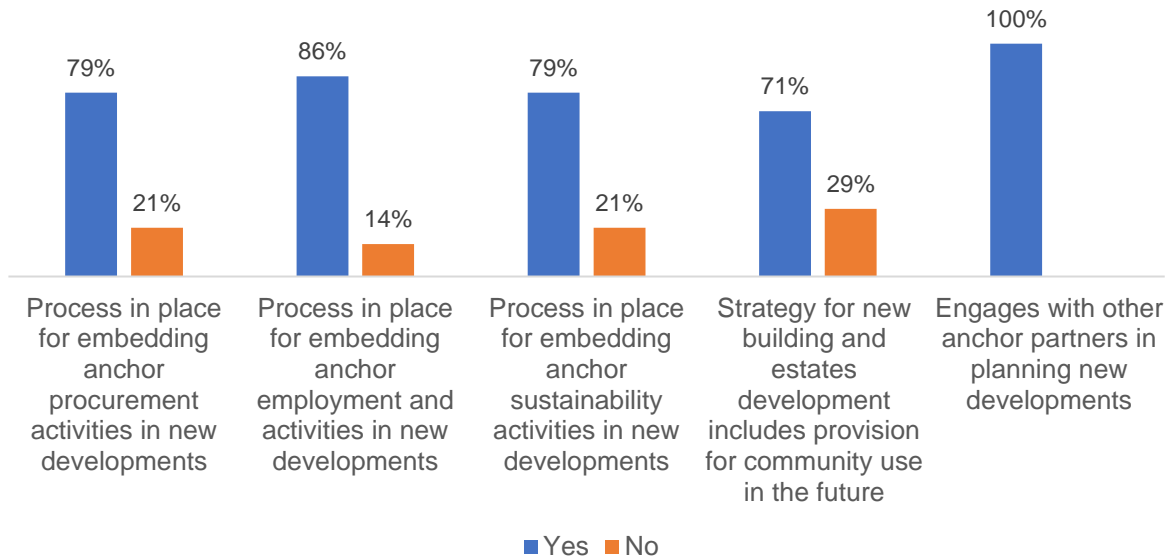

Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor procurement activities in new developments: Yes – 15, No – 6, n/a – 1, Process in place for embedding anchor employment and activities in new developments: Yes – 16, No – 5, n/a – 1, Process in place for embedding anchor sustainability

activities in developments: Yes – 12, No – 7, n/a – 3, Strategy for new building and estates development includes provision for community use in the future: Yes – 11, No – 7, n/a – 4, Engages with other anchor partners in planning new developments: Yes – 19, No – 2, n/a – 1
Percentages do not total 100 due to rounding

Figure 12: Proportion of territorial Boards who had processes/strategies in place for new developments, 2022/23

Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor procurement activities in new developments: Yes – 11, No – 3, Process in place for embedding anchor employment and activities in new developments: Yes – 12, No – 2, Process in place for embedding anchor sustainability activities in developments: Yes – 11, No – 3, Strategy for new building and estates development includes provision for community use in the future: Yes – 10, No – 4, Engages with other anchor partners in planning new developments: Yes – 14
Percentages do not total 100 due to rounding

Figure 13: Proportion of national Boards who had processes/strategies in place for new developments, 2022/23
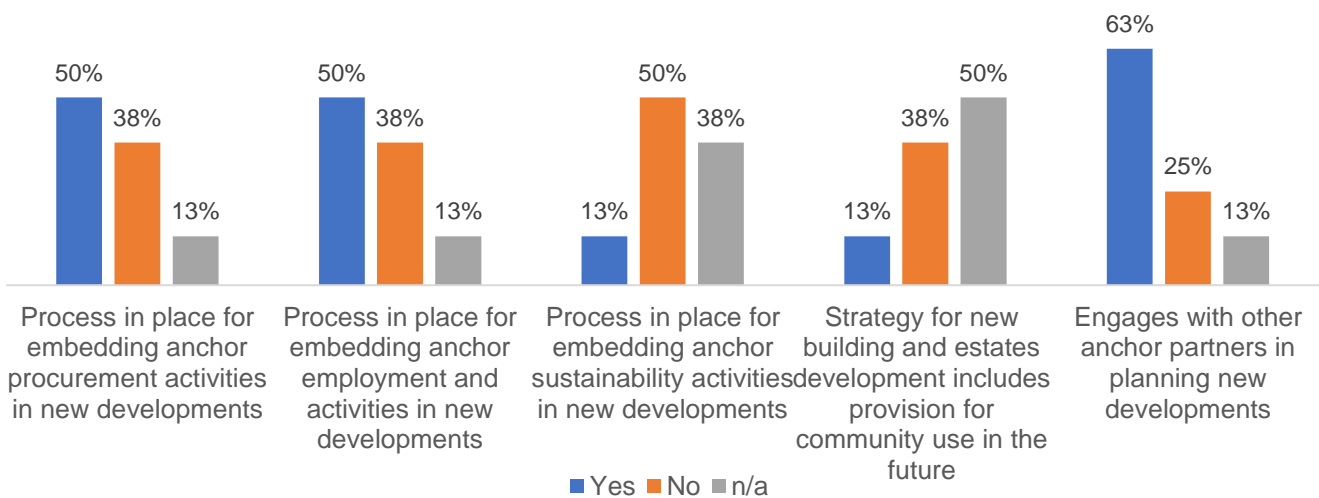
Source: Anchors baseline returns 22/23

Frequencies: Process in place for embedding anchor procurement activities in new developments: Yes – 4, No – 3, n/a – 1, Process in place for embedding anchor employment and activities in new developments: Yes – 4, No – 3, n/a – 1, Process in place for embedding anchor sustainability activities in developments: Yes – 1, No – 4, n/a – 3, Strategy for new building and estates development includes provision for community use in the future: Yes – 1, No – 3, n/a – 4, Engages with other anchor partners in planning new developments: Yes – 5, No – 2, n/a – 1
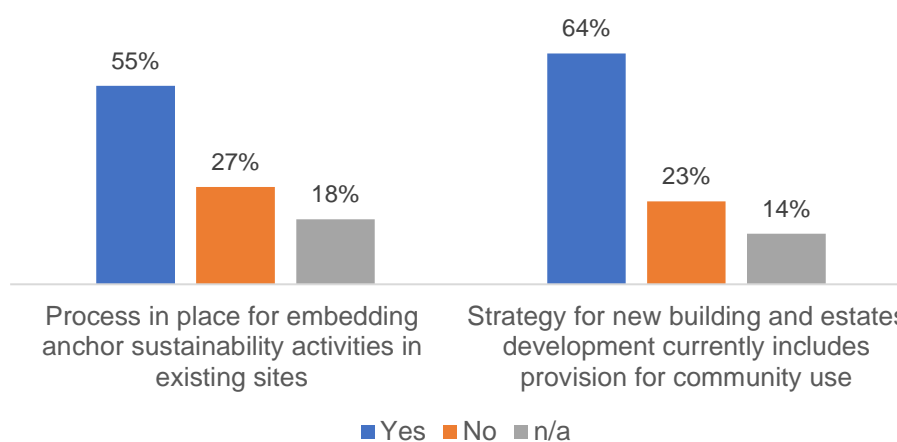Percentages do not total 100 due to rounding

3.3. Existing sites

Boards were asked to report:

- Whether they have a process in place for embedding anchor sustainability activities in existing sites.
- Whether their strategy for new building and estates development currently includes provision for community use.

All 22 Boards provided responses to these questions, although some national Boards responded that the questions were not applicable to them.
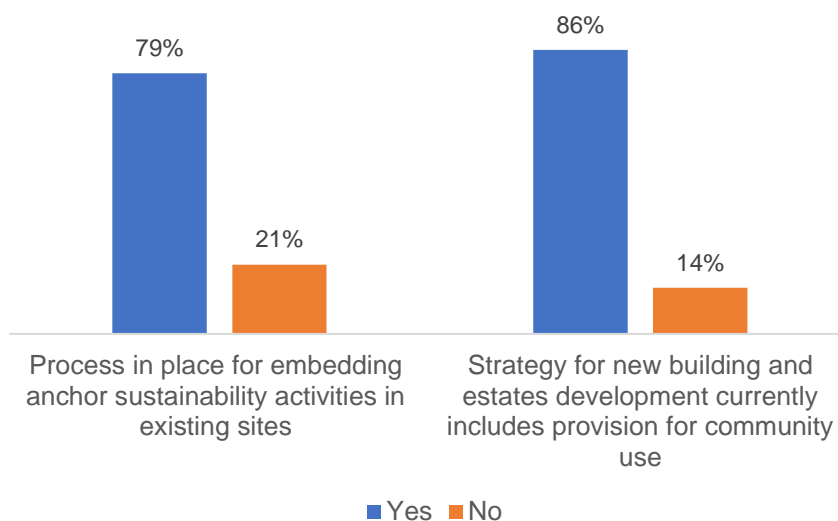
Figure 14: Proportion of all Boards who had processes/strategies in place for existing sites

Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes – 12, No – 6, n/a – 4, Strategy for new building and estates development currently includes provision for community use: Yes – 14, No – 5, n/a – 3
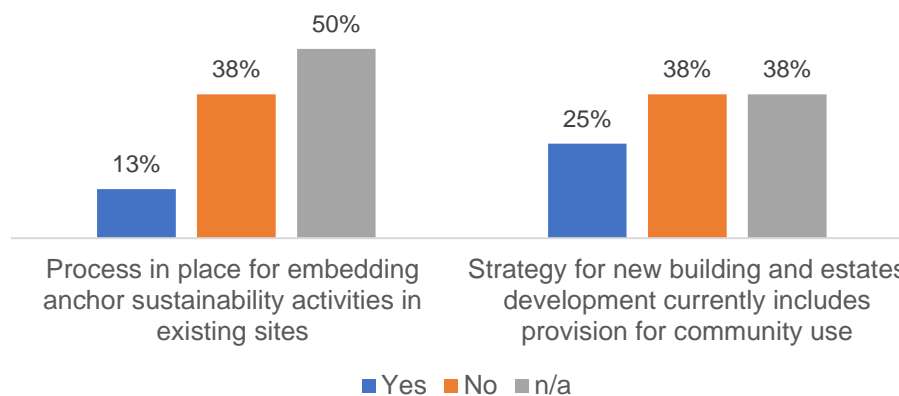Percentages do not total 100 due to rounding

Figure 15: Proportion of territorial Boards who had processes/strategies in place for existing sites

Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes – 11, No – 3, Strategy for new building and estates development currently includes provision for community use: Yes – 12, No – 2

Figure 16: Proportion of national Boards who had processes/strategies in place for existing sites

Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes – 1, No – 3, n/a – 4, Strategy for new building and estates development currently includes provision for community use: Yes – 2, No – 3, n/a – 3
Percentages do not total 100 due to rounding

3.4. Community engagement

Boards were asked to report what strategies they had in place around community engagement.

All 22 Boards provided responses to these questions, although some Boards responded that certain questions were not applicable to them.
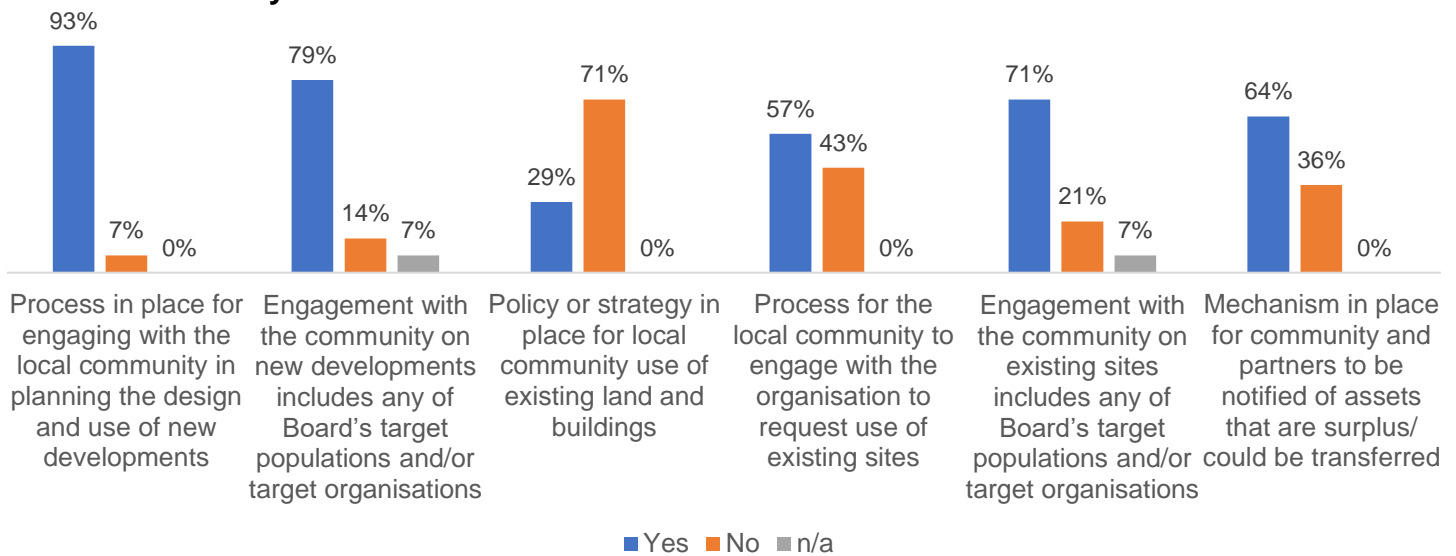
Figure 17: Proportion of all Boards who engage with community in various ways
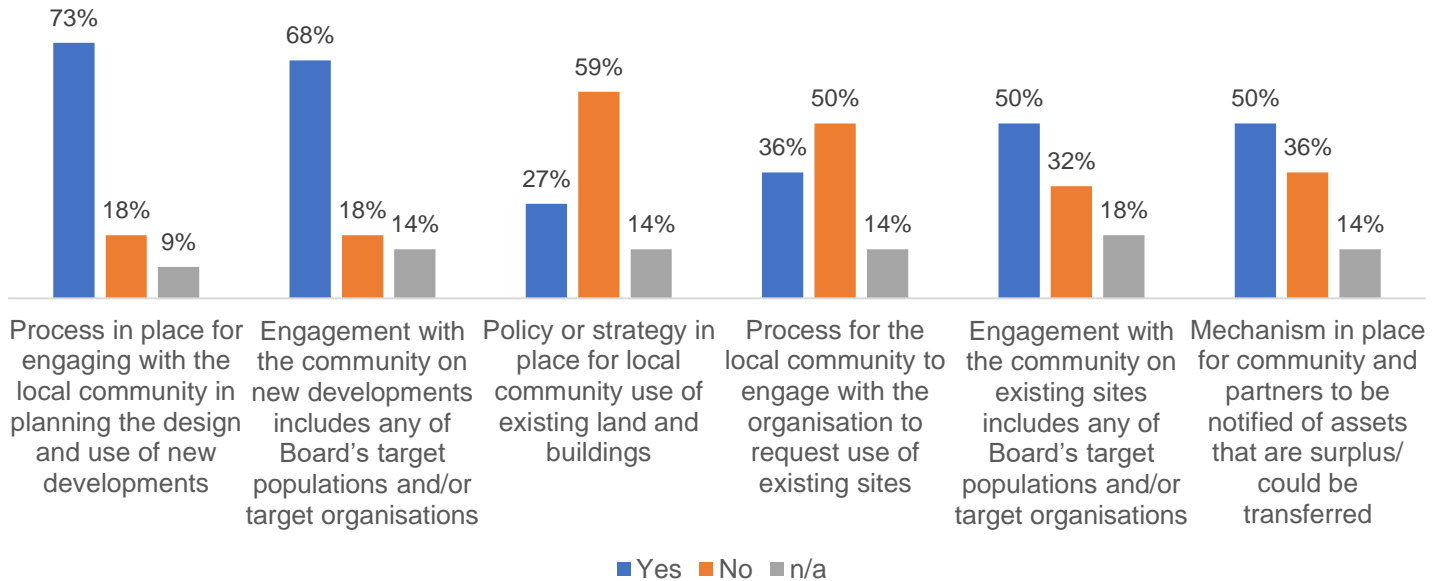
Source: Anchors baseline returns 22/23
Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 16, No – 4, n/a – 2, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 15, No – 4, n/a – 3, Policy or strategy in place for local community use of existing land and buildings: Yes – 6, No – 13, n/a – 3, Process for the local community to engage with the organisation to request use of existing sites: Yes – 8, No – 11, n/a – 3, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 11, No – 7, n/a – 4, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 11, No – 8, n/a – 3
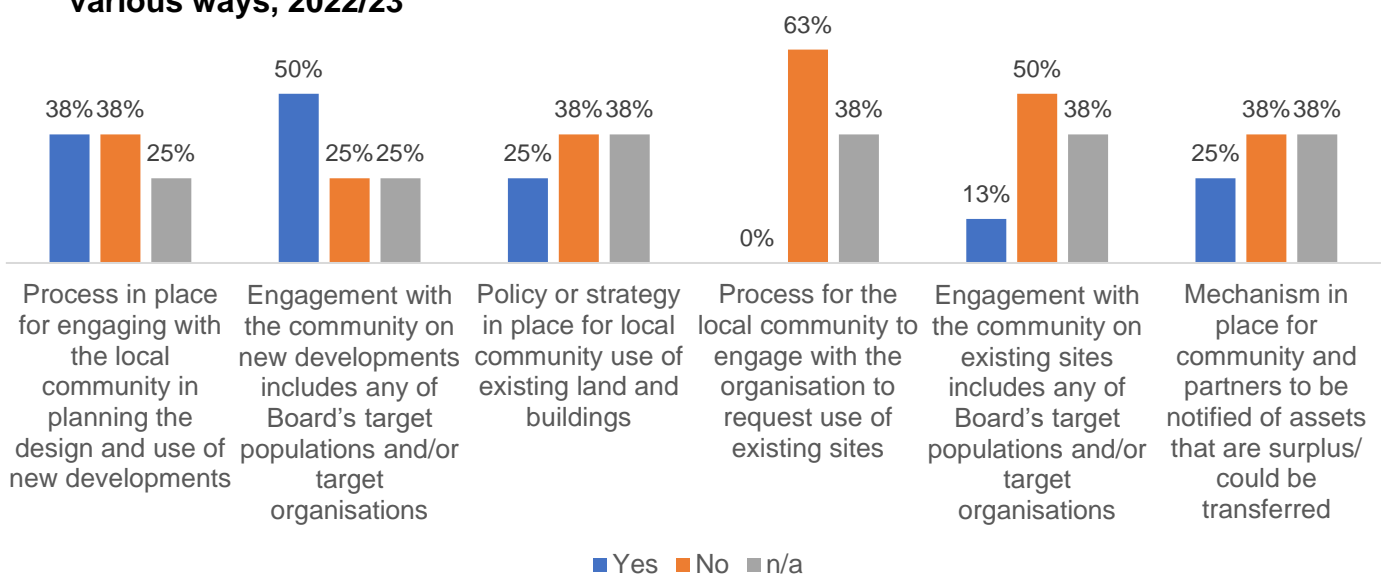
Figure 18: Proportion of territorial Boards who engage with community in various ways

Yes No n/a

Source: Anchors baseline returns 22/23
Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 13, No – 1, n/a – 0, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 11, No – 2, n/a – 1, Policy or strategy in place for local community use of existing land and buildings: Yes – 4, No – 10, n/a – 0, Process for the local community to engage with the organisation to request use of existing sites: Yes – 8, No – 6, n/a – 0, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 10, No – 3, n/a – 1, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 9, No – 5, n/a – 0

Figure 19: Proportion of national Boards who engage with community in various ways, 2022/23

Yes No n/a

Source: Anchors baseline returns 22/23
Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 3, No – 3, n/a – 2, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 4, No – 2, n/a – 2, Policy or strategy in place for local community use of existing land and buildings: Yes – 2, No

– 3, n/a – 3, Process for the local community to engage with the organisation to request use of existing sites: Yes – 0, No – 5, n/a – 3, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 1, No – 4, n/a – 3, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 2, No – 3, n/a – 3

Annex 2: Baseline metrics

1. Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year?	
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:

Code	Metric	Response

W15	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	☐ Care experienced
		
		 ☐ Carers
		
		 ☐ Black and Minority Ethnic groups
		
		 ☐ People living in the 20% most deprived areas
		
		 ☐ Disabled people
		
		 ☐ Gypsy Travellers
		
		 ☐ Dependent on alcohol and drugs
		
		 ☐ Homeless people
		
		 ☐ Recently left prison
		
		 ☐ Refugees and asylum seekers
		
		 Priority family groups at risk of child poverty, please state which:
		
		     ☐ lone parents
		
		     ☐ young mothers (under 25 years old)
		
		     ☐ minority ethnic families
		
		     ☐ large families (with three or more children)
		
		     ☐ families with a baby (under one)
		
		     ☐ families with a disabled adult or child
		
		 Other (please state):

W16	Do you have plans to systematically collect data on any of these groups?	Yes/No If yes, which groups:

Code	Metric	Response
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year?	
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year?	
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year?	

2. Procurement

Code	Metric *(Please refer to guidance notes for each question below)*	Response
P1	What is your total spend on local businesses in the reporting year?	
P2	What percentage of your overall spend is on local businesses in the reporting year?	
P3	What is your total spend with SMEs in the reporting year?	
P4	What percentage of your overall spend is with SMEs in the reporting year?	
P5	What is your total spend on contracts with supported business in the reporting year?	
P6	What is your total spend with third sector bodies in the reporting year?	
P7	Please list all community benefits delivered through procurement during the reporting year.	
P8	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?	

3. Land and assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date?	
LA2	How many asset transfers have been awarded to date?	
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 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) b) existing sites (e.g. green space, café, bookable multipurpose spaces)?*)*	a) Yes/No b) Yes/No
LA6	Does your strategy for new building and estates development include provision for community use a) now (e.g. green space, café, bookable multipurpose spaces) b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?	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 Board's target populations and/or target organisations?	Yes/No

Code	Metric	Response
LA9	Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)?	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.	